



Motivational Interviewing



Key Continuous Quality Improvement (CQI) Considerations

CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based programs (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. **This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Motivational Interviewing (MI)**, a well-supported evidence-based program approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families. As you review this information, consider how you will measure the success of MI within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement.

Counties and providers can use this Brief to facilitate county, agency, and community discussions aimed at identifying best practices for tracking and sharing data. These conversations should also incorporate the CQI prompts to evaluate program delivery, address implementation challenges, and make necessary adjustments. Additionally, the Briefs should be used to establish feedback loops for collecting qualitative data on family needs, helping shape future efforts to support families.



As you review, consider how you will measure the success of MI in your county and how you might enhance implementation to ensure IV-E reimbursement eligibility and achieve better outcomes for children and families.

The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with MI developers/purveyors and California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Advisory Committee, and IV-E Advisory Committee.

Key Terms

Developer/Purveyor: The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

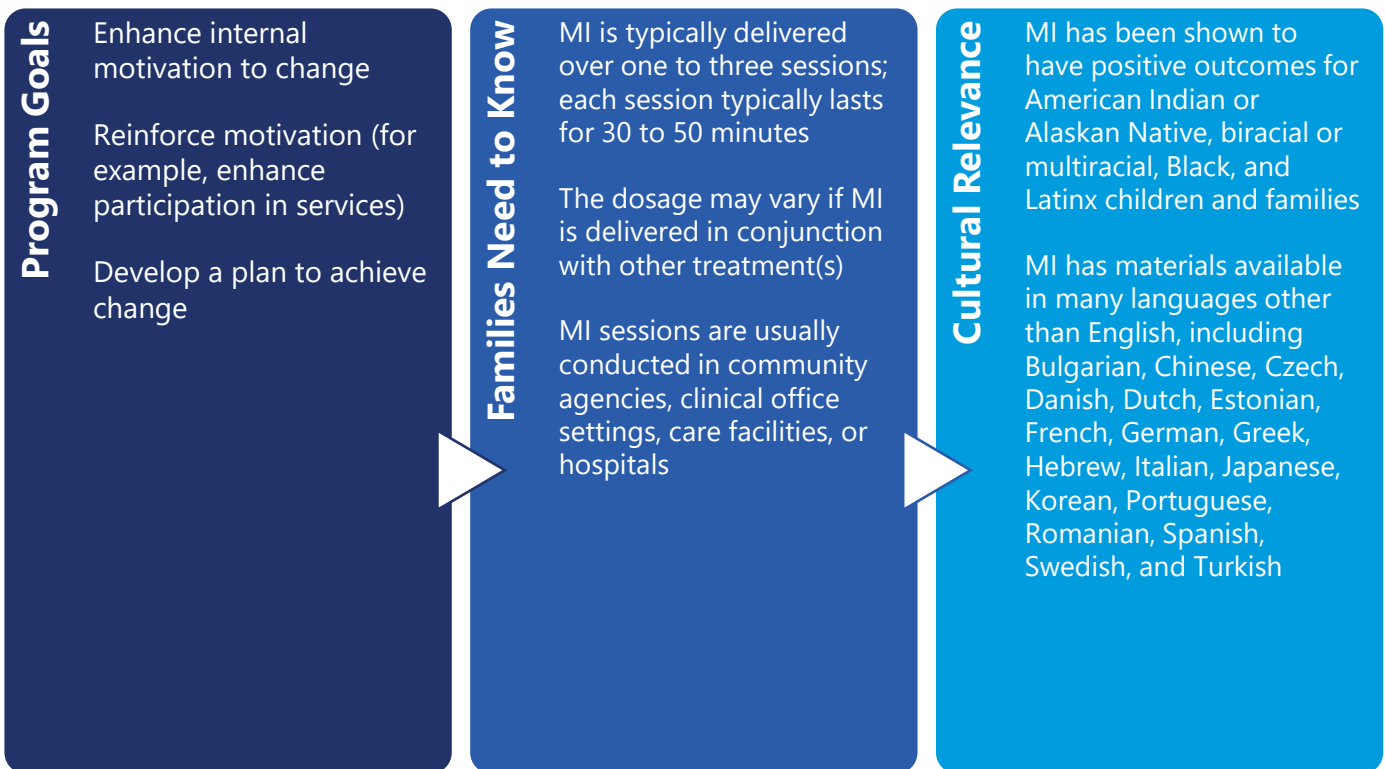
Provider: The individual or organization delivering the EBP services directly to children and families.

MOTIVATIONAL INTERVIEWING PROGRAM OVERVIEW

Motivational Interviewing (MI) is a method of engaging clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. MI aims to identify ambivalence about change and increase motivation by helping clients progress through five stages of change: precontemplation, contemplation, preparation, action, and maintenance. This method encourages clients to consider their personal goals and how their current behaviors may prevent attaining those goals. MI uses clinical strategies like open-ended questions and reflective listening to help clients identify reasons to change their behavior and reinforce that behavior change is possible. MI can be used as a standalone intervention or in combination with other services.

Who is Eligible?

MI can be used to promote behavior change with a range of target populations and for a variety of problem areas.



MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of MI. Regular quality assurance monitoring ensures this adherence.

Data Collection for Federal IV-E Reimbursement

Under the Family First Prevention Services Act (FFPSA), federal IV-E reimbursement for evidence-based programs (EBPs) is contingent upon several requirements described on pages 27, 39, and 52 of the federally approved [California Prevention Plan](#). To meet these requirements and ensure accurate cost tracking:

- **MI providers will enter reach and capacity data into the CARES provider portal on a monthly basis.**
- Tracking both outcome and fidelity data is required for IV-E reimbursement.
- **Outcome and fidelity data will be reported by MI providers and submitted to CARES using the designed provider template provided in Appendix A.**

The **CDSS FFPS Program** will:

- **Upload outcome and fidelity data** into the backend of CARES.
- **Translate the reach, capacity, outcome and fidelity data into Tableau reports for use in state- and county-level FFPS CQI processes.**

Key Metrics for Continuous Quality Improvement (CQI)

To measure the success of MI, it's important to regularly review data in four key areas:

- 1 **Capacity** – *staff requirements*
- 2 **Reach** – *the extent to which children and families are being served*
- 3 **Fidelity** – *adherence to model implementation requirements*
- 4 **Outcomes** – *impact of services on children and families*

These metrics provide a comprehensive view of program effectiveness. More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

MI MEASUREMENT FRAMEWORK

The **MI Measurement Framework** provides standardized metrics for California counties and EBP providers to evaluate **capacity, reach, fidelity, and outcomes**, supporting continuous quality improvement (CQI) and compliance with the Family First Prevention Services Act (FFPSA) for federal IV-E reimbursement. The following data tables outline these measures and expectations for tracking critical program components. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability.

Table 1 outlines key capacity measures required to monitor program implementation. **MI providers will submit capacity data monthly for each provider site through the CARES provider portal.** Counties should review capacity data and conduct CQI activities monthly.

Table 1. Description of MI Capacity Data Elements

| Measure | Indicator |
|--|---|
| Staffing | Total # of provider agency sites |
| | Total # of full-time model-trained or certified practitioners |
| | Total # of supervisors |
| Supervisor / Practitioner Ratio | Agency-specific |
| Full-time Caseload <i>(Part-time practitioners are not permitted)</i> | Agency-specific |
| Service Duration | As needed |

Capacity CQI Prompts:

- **Assess Coder and Coach Availability:** Evaluate whether each county has sufficient access to coders and coaches. If gaps exist, identify strategies to increase availability.
- **Monitor Training Completion:** Track the completion of foundational MI training by staff. Determine the number of training cohorts needed in each county to ensure full staff coverage.
- **Analyze Advanced Training Trends:** Compare completion rates for advanced training versus foundational training to identify any drop-offs. Assess the timeframe for completing both components and address delays.
- **Close Gaps Between Training Levels:** Identify and address significant gaps in time between foundational and advanced training completion. Implement targeted strategies to streamline timely progression through both training components.
- **Review Supervisor-to-Clinician Ratios:** Determine if current ratios align with contractual requirements. If not, consider options to increase the number of supervisors.
- **Evaluate Practitioner Capacity:** Ensure there are sufficient full-time and part-time practitioners to meet service demand. Align staffing levels with contractual expectations and adjust as needed.

Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services.

Table 2 lists the reach data elements to be tracked for effective outreach and engagement. **MI providers will submit reach data monthly through the CARES provider portal.** Counties should review reach data and conduct CQI activities monthly.

Table 2. Description of MI Reach Data Elements

| Measure | Indicator |
|--|--|
| Eligible Child Welfare & Probation Candidates <i>(This data will come from the Title IV-E agency)</i> | Total # of FM/VFM/602 youth who come to the attention of the agency* |
| | Total # identified as a Family First candidate <ul style="list-style-type: none"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition** |
| | Total # identified as a Family First pregnant or parenting youth in care (PPY) |
| | Total # not identified as a candidate |
| Eligible Community Pathway Candidates <i>(This data will come from the Title IV-E agency)</i> | Total # of community pathway children granted IV-E agency candidacy approval |
| | Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> • Reason for denial <ul style="list-style-type: none"> ○ MH, SA, or PS imminent risk/need not identified |
| Case Management or Substance Use Intervention | Total # of candidates receiving MI for case management |
| | Total # of candidates receiving MI for substance use |

*Total number of referrals to Probation (inclusive of citations and arrests)

**Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition

Reach CQI Prompts:

- **Analyze MI Application by Case Type:** Assess the use of MI within the county, differentiating between case management and substance use treatment.
- **Examine Population-Specific MI Use:** Review MI application with youth versus parents to identify trends and areas for increased utilization.
- **Identify Service Gaps:** Determine the total number of eligible individuals not receiving MI and explore opportunities to expand service reach.
- **Evaluate Frequency of MI in Substance Use Treatment:** Measure how often MI is being used for both adolescents and adults in substance use cases, and identify strategies to increase consistent application.

Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether MI is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **MI providers will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for state and county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of MI Outcome Data Elements

| Measure | Indicator | Target Level | Data Collection Instrument | Frequency | Standardized Reports |
|---|---|--------------|------------------------------|-----------|----------------------|
| Increased Parent/Caregiver Engagement <i>(This data will be automated from CARES)</i> | % of families with an open child welfare or probation case that had one or more in-person contacts per month. | 100% | Included in the case contact | Quarterly | County-specific |
| | % of families with an open child welfare or probation case where staff documented MI was used during the monthly contact. | 100% | Included in the case note | Quarterly | County-specific |
| | # of staff delivering MI that demonstrate "Competent," "Proficient," or "Good" work on the relevant measurement tool in the last month. | N/A | MICA 3.2 or MITI 4.2.1 | Quarterly | County-specific |
| Completion of Substance Use Treatment | # of adolescents receiving MI for substance abuse in the last month. | N/A | County-specific | Quarterly | County-specific |
| <i>(This will not be automated from CARES; providers will need to enter this data)</i> | # of adults receiving MI for substance abuse in the last month. | N/A | County-specific | Quarterly | County-specific |
| Federally Required Measures | # of adolescents who received MI, whose Child Specific Prevention Plan (CSPP) ended, and who entered foster care within 12 months. | N/A | County-specific | Quarterly | County-specific |

| | | | | | |
|---|---|-----|-----------------|-----------|-----------------|
| <i>(This data will be automated from CARES)</i> | # of adolescents who received MI, whose Child Specific Prevention Plan (CSPP) ended, and who entered foster care within 24 months. | N/A | County-specific | Quarterly | County-specific |
| | # of adults who received MI, whose Child Specific Prevention Plan (CSPP) ended, and their child entered foster care within 12 months. | N/A | County-specific | Quarterly | County-specific |
| | # of adults who received MI, whose Child Specific Prevention Plan (CSPP) ended, and their child entered foster care within 24 months. | N/A | County-specific | Quarterly | County-specific |

Outcomes CQI Prompts:

- **Evaluate MI Documentation: Compare the number of documented MI contacts to the total family contacts to identify any compliance or utilization gaps. If discrepancies are found, consider implementing additional training or support.**

Fidelity

Fidelity is the extent to which the service is carried out with adherence to the intended approach. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

Table 4 outlines the fidelity measures required to assess program adherence. **MI providers will use a standardized template (see Appendix) to submit fidelity data to CDSS biannually (twice a year). The CDSS FFPS team will upload provider fidelity data into the CARES backend for state and county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Until a trainee reaches “Competent” or “Proficient” on the MICA or “Good” on the MITI, they are required to participate in ongoing training every six months and receive coding and coaching on a monthly basis. Once a trainee has reached a score of “Competent”, “Proficient”, or “Good”, coding and coaching will be required every six months.

Table 4. Description of MI Fidelity Data Elements (* future guidance will include more detail)

| Measure | Indicator | Target Level | Data Collection Instrument | Frequency | Standardized Reports |
|---|--|--------------|----------------------------|-----------|----------------------|
| Provider Received & Maintained Required Training | # of staff who have completed approved MI Foundational Training. | N/A | County-specific | Monthly | County-specific |
| | # of staff who have completed approved MI Advanced Training. | N/A | County-specific | Monthly | County-specific |
| | # of supervisors who have completed approved MI Foundational Training. | N/A | County-specific | Monthly | County-specific |
| | # of supervisors who have completed approved MI Supervisor Training. | N/A | County-specific | Monthly | County-specific |
| <i>(This will not be automated from CARES; providers will need to enter this data)</i> | # of staff who received a "Client-Centered" score and participated in *ongoing training every six months. | N/A | County-specific | Monthly | County-specific |
| | # of staff who received a "Generally Inconsistent" score and participated in *ongoing training every six months. | N/A | County-specific | Monthly | County-specific |
| | # of staff who received a "Fundamentally Inconsistent" score and | N/A | County-specific | Monthly | County-specific |

| | | | | | |
|--|--|-----|-----------------|---------|-----------------|
| | participated in *ongoing training every six months. | | | | |
| | # of staff who received a "Fair" score and participated in *ongoing training every six months. | N/A | County-specific | Monthly | County-specific |
| Meets Trainer Qualification Requirements | Who is training your staff? (e.g., RTA, MINT trainers, other) | N/A | County-specific | Monthly | County-specific |
| <i>(This will not be automated from CARES; providers will need to enter this data)</i> | Total # of qualified MI trainers. | N/A | County-specific | Monthly | County-specific |

Approved Fidelity Monitoring Instruments

The California Department of Social Services (CDSS) has approved two instruments for monitoring fidelity to Motivational Interviewing: The **Motivational Interviewing Competency Assessment (MICA) 3.2** and the **Motivational Interviewing Treatment Integrity (MITI) 4.2.1**. Additionally, CDSS is evaluating **Lyssn** as a potential fidelity monitoring tool for California providers and will provide further updates in the coming months.

Counties and providers are required to select and utilize only one fidelity monitoring tool. The tables below outline the fidelity monitoring requirements for both the MICA and the MITI to assist in selecting the tool that best meets your needs. Following the completion of foundational and advanced training, each agency will need to implement a coding and coaching session for each trainee using the MICA or MITI. Based on the trainee's score, additional coding and coaching will occur within one-month or six-months. (See the MICA and MITI tables below to understand which score results in which frequency).

Table 5. Description of MI Fidelity Monitoring Requirements for the MICA 3.2

| Measure | Indicator | Target Level | Data Collection Instrument | Frequency | Standardized Reports |
|---|---|--------------|----------------------------|-----------|----------------------|
| Meets fidelity monitoring requirements (MICA) <i>(This will not be automated from CARES; providers will need to enter this data)</i> | # of staff delivering MI who achieved a "Proficient" coding score (on the relevant tool) in the last month. | N/A | MICA | Monthly | County-specific |
| | # of staff delivering MI who achieved a "Competent" coding score (on the relevant measurement tool) in the last month. | N/A | MICA | Monthly | County-specific |
| | # of staff delivering MI who achieved a "Client-Centered" coding score (on the relevant measurement tool) in the last month. | N/A | MICA | Monthly | County-specific |
| | # of staff delivering MI who achieved a "Generally Inconsistent" coding score (on the relevant measurement tool) in the last month. | N/A | MICA | Monthly | County-specific |
| | # of staff delivering MI who achieved a "Fundamentally Inconsistent" coding score (on the relevant measurement tool) in the last month. | N/A | MICA | Monthly | County-specific |

| | | | | |
|---|-----|------|------------|-----------------|
| # of staff delivering MI who received coding/coaching within one month after receiving a "Client-Centered" coding score. | N/A | MICA | Monthly | County-specific |
| # of staff delivering MI who received coding/coaching within one month after receiving a "Generally Inconsistent" coding score. | N/A | MICA | Monthly | County-specific |
| # of staff delivering MI who received coding/coaching within one month after receiving a "Fundamentally Inconsistent" coding score. | N/A | MICA | Monthly | County-specific |
| # of staff delivering MI who received ongoing coding/coaching every six months after receiving a "Competent" coding score. | N/A | MICA | Biannually | County-specific |
| # of staff delivering MI who received ongoing coding/coaching every six months after receiving a "Proficient" coding score. | N/A | MICA | Biannually | County-specific |

Table 6. Description of MI Fidelity Monitoring Requirements for the MITI 4.2.1

| Measure | Indicator | Target Level | Data Collection Instrument | Frequency | Standardized Reports |
|---|---|--------------|----------------------------|------------|----------------------|
| Meets fidelity monitoring requirements (MITI) <i>(This will not be automated from CARES; providers will need to enter this data)</i> | # of staff delivering MI who achieved a "Good" coding score (on the relevant measurement tool) in the last month. | N/A | MITI | Monthly | County-specific |
| | # of staff delivering MI who achieved a "Fair" coding score (on the relevant measurement tool) in the last month. | N/A | MITI | Monthly | County-specific |
| | # of staff delivering MI who received coding/coaching within one month after receiving a "Fair" coding score. | N/A | MITI | Monthly | County-specific |
| | # of staff delivering MI who received ongoing coding/coaching every six months after receiving a "Good" coding score. | N/A | MITI | Biannually | County-specific |

Fidelity CQI Prompts:

- **Verify Training and Qualifications:** Regularly review MI fidelity data to verify compliance with training requirements and staff qualifications.
- **Address Implementation Challenges:** If staff are not meeting suggested coding scores and issues are identified, collaborate with providers and training entities to develop solutions.
- **Assess Coder and Coach Fidelity:** Establish a tracking system to monitor responsibility for coding and coaching. Regularly review fidelity trends to identify variations between coders and coaches over time and address inconsistencies as needed.

RESOURCES

To ensure the successful implementation of MI, it is crucial to establish a strong relationship between the MI provider and the county. Here are the steps to initiate this process:

Providers Contact MINT: Reach out to the Motivational Interviewing Network of Trainers (MINT). Contact information can be found on their website: <https://motivationalinterviewing.org/>. Initiate a conversation to discuss your interest in implementing MI and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties interested in implementing MI for IV-E reimbursement should begin by reaching out to your local Comprehensive Prevention Planning lead to discuss your plans for implementing MI to ensure that your efforts align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact: <https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-e-agency-county-contact-list.pdf>

You can also submit additional questions to the FFPS Inbox at FFPSAPreventionServices@dss.ca.gov

STAY TUNED!

In the coming months, the CQI Subcommittee and statewide advisory committees (see Page 1) will be drafting a comprehensive California Continuous Quality Improvement Plan. The content will include governance structure recommendations, CQI focused resources/policies, data analysis, and feedback loops. Stay tuned for these updates as we enhance our statewide CQI practices for Family First Prevention Services.

REFERENCES

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APPENDIX A: PROVIDER OUTCOME & FIDELITY TEMPLATE

MI Outcome Measures

| Motivational Interviewing (MI) | | | | | |
|---|---|--|---|--|---|
| Provider sends the percentage for <u>each location</u> in a data file every 6 months . | | | | | |
| Measure | Increased parent/caregiver engagement | | | | |
| Indicator | # of families with open child welfare or probation case that had one or more in-person contacts in last month | # of families with open child welfare or probation case where staff documented MI was used in last month | # of staff delivering MI who achieved a " Proficient " coding score (on the MICA) in the last month. | # of staff delivering MI who achieved a " Competent " coding score (on the MICA) in the last month. | # of staff delivering MI who achieved a " Good " coding score (on the MITI) in the last month. |
| Target Level | N/A | N/A | N/A | N/A | N/A |
| Automated from CARES? | Yes | Yes | No | No | No |
| Site 1 | | | | | |
| Site 2 | | | | | |
| Site 3 | | | | | |

Motivational Interviewing (MI)

*Provider sends the percentage for each location in a data file **every 6 months**.*

| Measure | Completion of substance use treatment | | Federally-required measures | | | | |
|-----------------------|---------------------------------------|--|---|---|---|--|--|
| | Indicator | <i># of adolescents receiving MI for substance abuse in last month</i> | <i># of adults receiving MI for substance abuse in last month</i> | <i># of adolescents who received MI, whose Child Safety and Permanency Plan (CSPP) ended, and who entered foster care within 12 months.</i> | <i># of adolescents who received MI, whose Child Safety and Permanency Plan (CSPP) ended, and who entered foster care within 24 months.</i> | <i># of adults who received MI, whose Child Safety and Permanency Plan (CSPP) ended, and who entered foster care within 12 months.</i> | <i># of adults who received MI, whose Child Safety and Permanency Plan (CSPP) ended, and who entered foster care within 24 months.</i> |
| Target Level | | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> |
| Automated from CARES? | | Yes | Yes | Yes | Yes | Yes | Yes |
| Site 1 | | | | | | | |
| Site 2 | | | | | | | |
| Site 3 | | | | | | | |

MI Fidelity Measures

Motivational Interviewing (MI)

Provider sends the percentage for each location in a data file **every 6 months**.

| Measure | Provider received and maintained required training | | | | | | | | Meets trainer qualification requirements | |
|-----------------------|--|--|--|--|--|---|---|---|---|-----------------------------------|
| Indicator | # of staff who have completed approved MI foundational training. | # of staff who have completed approved MI advanced training. | # of supervisors who have completed approved MI foundational training. | # of supervisors who have completed approved MI supervisor training. | # of staff who received a "Client-Centered" score and participated in ongoing training/booster/community of practice every six months. | # of staff who received a "Generally Inconsistent" score and participated in ongoing training/booster/community of practice every six months. | # of staff who received a "Fundamentally Inconsistent" score and participated in ongoing training/booster/community of practice every six months. | # of staff who received a "Fair" score and participated in ongoing training/booster/community of practice every six months. | Who is training your staff? (e.g., RTA, internal MINT trainers, other (name)) | Total # of qualified MI trainers. |
| Target Level | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Automated from CARES? | No | No | No | No | No | No | No | No | No | No |
| Site 1 | | | | | | | | | | |
| Site 2 | | | | | | | | | | |
| Site 3 | | | | | | | | | | |

Motivational Interviewing (MI)

Provider sends the percentage for each location in a data file **every 6 months**.

| Measure | Meets fidelity monitoring requirements (MICA) | | | | | | | | | |
|-----------------------|--|---|---|--|--|--|---|---|--|---|
| Indicator | # of staff delivering MI who achieved a "Proficient" coding score (on the MICA) in the last month. | # of staff delivering MI who achieved a "Competent" coding score (on the MICA) in the last month. | # of staff delivering MI who achieved a "Client-Centered" coding score (on the MICA) in the last month. | # of staff delivering MI who achieved a "Generally Inconsistent" coding score (on the MICA) in the last month. | # of staff delivering MI who achieved a "Fundamentally Inconsistent" coding score (on the MICA) in the last month. | # of staff delivering MI who received coding/coaching within one month after receiving a "Client-Centered" coding score. | # of staff delivering MI who received coding/coaching within one month after receiving a "Generally Inconsistent" coding score. | # of staff delivering MI who received coding/coaching within one month after receiving a "Fundamentally Inconsistent" coding score. | # of staff delivering MI who received ongoing coding/coaching every six months after receiving a "Competent" coding score. | # of staff delivering MI who received ongoing coding/coaching every six months after receiving a "Proficient" coding score. |
| Target Level | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Automated from CARES? | No | No | No | No | No | No | No | No | No | No |
| Site 1 | | | | | | | | | | |
| Site 2 | | | | | | | | | | |
| Site 3 | | | | | | | | | | |

Motivational Interviewing (MI)

Provider sends the percentage for each location in a data file **every 6 months**.

| Measure | Meets fidelity monitoring requirements (MITI) | | | |
|-----------------------|---|-----|-----|-----|
| Indicator | <div style="display: flex; justify-content: space-between;"> <div style="width: 24%;"> <p><i># of staff delivering MI who achieved a "Good" coding score (on the MITI) in the last month.</i></p> </div> <div style="width: 24%;"> <p><i># of staff delivering MI who achieved a "Fair" coding score (on the MITI) in the last month.</i></p> </div> <div style="width: 24%;"> <p><i># of staff delivering MI who received coding/coaching within one month after receiving a "Fair" coding score.</i></p> </div> <div style="width: 24%;"> <p><i># of staff delivering MI who received ongoing coding/coaching every six months after receiving a "Good" coding score.</i></p> </div> </div> | | | |
| Target Level | N/A | N/A | N/A | N/A |
| Automated from CARES? | No | No | No | No |
| Site 1 | | | | |
| Site 2 | | | | |
| Site 3 | | | | |