CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based practices (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. Motivational Interviewing (MI) is a well-supported EBP approved by the Family First Prevention Services Clearinghouse for addressing the diverse needs of at-risk youth and families.

This policy brief guides counties and providers in applying Continuous Quality Improvement (CQI) activities to support the effective implementation of MI under **California's Five-Year State Prevention Plan**. It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the Family First Prevention Services Act (FFPSA)** and **state expectations for CQI activities outlined in California's CQI Plan**. Together, these activities support real-time program monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.

Counties and agencies delivering MI should use this brief as a guide for measuring the success of MI in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements. This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and families.

The information in this brief—including service descriptions, target populations, data requirements, and CQI expectations—has been informed by national guidance on Motivational Interviewing, input from trainers and subject matter experts, and discussions with the California Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Advisory Committee, and IV-E Advisory Committee.
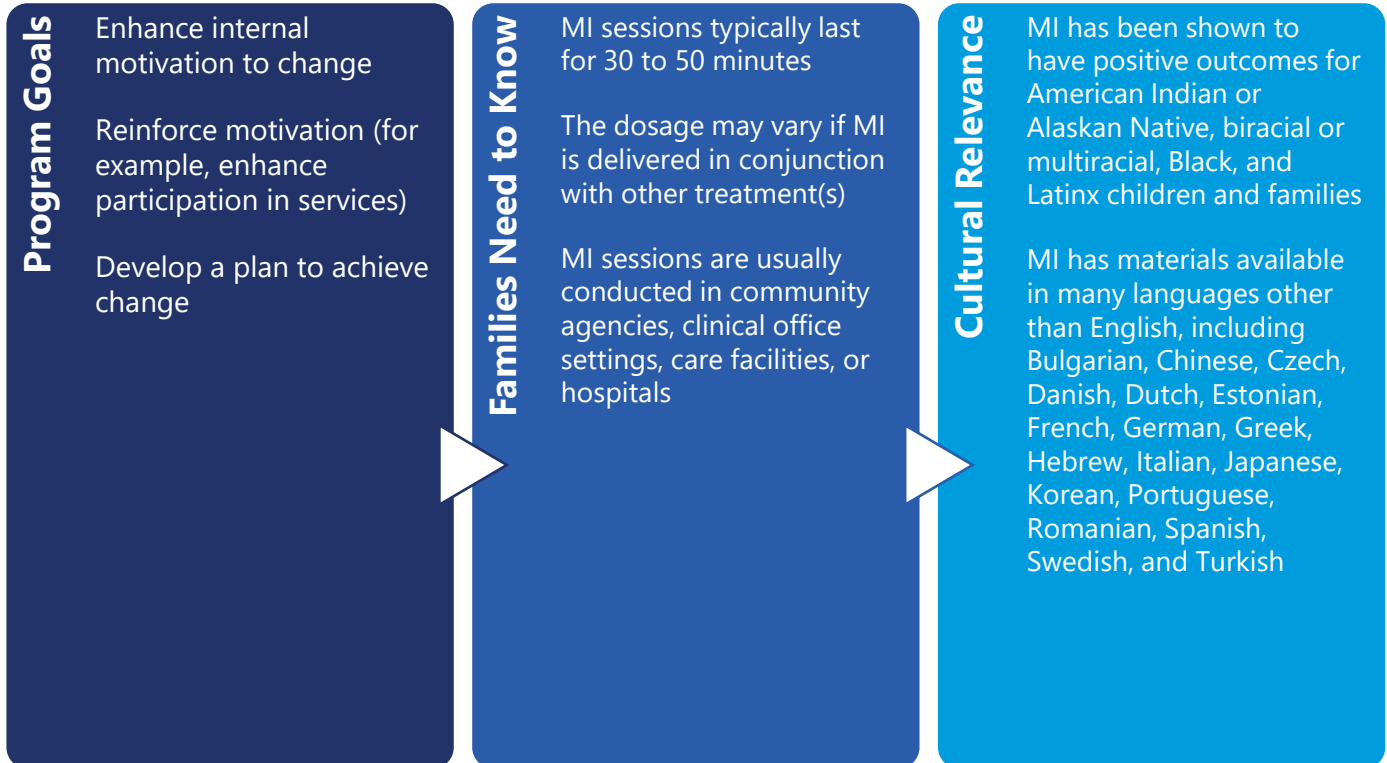
> **Key Term**
> **Provider**: The individual or organization delivering the EBP services directly to children and families.

MOTIVATIONAL INTERVIEWING PROGRAM OVERVIEW

Motivational Interviewing (MI) is a collaborative, strengths-based approach to engaging individuals and supporting behavior change. It is designed to help people explore and resolve ambivalence, strengthen their motivation and commitment, and move toward self-directed, meaningful change. MI uses core strategies such as open-ended questions, reflective listening, and affirmations to evoke an individual's own reasons, values, and confidence for making change and empower them to have an active role in establishing and achieving goals.

Who is Eligible?

MI can be used on its own or alongside other services, and it is applicable across a wide range of settings and populations. In the context of Family First, MI is often used to support youth and families who are navigating complex challenges related to child welfare involvement, mental health, or substance use. Its flexibility makes it a valuable tool for prevention-focused interventions.

Program Goals

Enhance internal motivation to change

Reinforce motivation (for example, enhance participation in services)

Develop a plan to achieve change

Families Need to Know

MI sessions typically last for 30 to 50 minutes

The dosage may vary if MI is delivered in conjunction with other treatment(s)

MI sessions are usually conducted in community agencies, clinical office settings, care facilities, or hospitals

Cultural Relevance

MI has been shown to have positive outcomes for American Indian or Alaskan Native, biracial or multiracial, Black, and Latinx children and families

MI has materials available in many languages other than English, including Bulgarian, Chinese, Czech, Danish, Dutch, Estonian, French, German, Greek, Hebrew, Italian, Japanese, Korean, Portuguese, Romanian, Spanish, Swedish, and Turkish

DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EBPs as part of California's Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

1   *Capacity –* *Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.*

2   *Reach –* *Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.*

3   *Outcomes* *– Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.*

4   *Fidelity –* *Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.*

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here:
[Measurement Framework for Implementing and Evaluation Preventive Services](#).

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to MI are provided in **Appendix A**.

MI-SPECIFIC DATA REQUIREMENTS

The **MI Measurement Framework** outlines how counties and EBP providers delivering MI should collect and use data across the four CQI domains—capacity, reach, outcomes, and fidelity. This section builds on the general data expectations by specifying how these requirements apply to MI and providing additional detail on fidelity monitoring, training, and coaching.

Data Collection, Reporting and Use

Child Welfare Agencies, Probation Agencies, and Community-Based Organizations (CBOs) delivering MI must track utilization daily.

Site-Level Capacity Data

- *Collection:* Entered into CARES for child welfare and probation-involved families and entered into the CARES Provider Portal for families served by CBOs. Elements are listed in **Table 3** of **Appendix A.**
- *Use:* CARES capacity reports will be pulled by County CQI Workgroup leads in preparation for their county CQI Workgroups and by the CDSS for statewide monitoring.

Individual-Level Reach Data

- *Collection:* Entered into CARES for child welfare and probation-involved families and entered into the CARES Provider Portal for families served by CBOs. Elements are listed in **Table 4** of **Appendix A.**
- *Use:* CARES reach reports will be pulled by County CQI Workgroup leads in preparation for their county CQI Workgroups and by the CDSS for statewide monitoring.

Individual-Level Fidelity and Outcomes Data

- *Collection:* Partially collected and entered into CARES for child welfare and probation-involved families and entered into the CARES Provider Portal for families served by CBOs. Some outcome and all fidelity data elements are not captured in CARES and must be tracked separately. These elements are listed in **Appendix A** and **Appendix C.**
- *Use:* MI providers will prepare and share this data quarterly with County CQI Workgroup leads, using either the standardized template or exports from their own database management system or spreadsheets.

Aggregate-Level Fidelity and Outcomes Data

- *Collection:* MI providers will submit aggregate fidelity and outcomes data to the CDSS biannually for upload into the backend of CARES.
- *Use*: County CQI Workgroup leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES every six months for use in county CQI Workgroups.

For counties and EBP providers using Lyssn[1], **Lyssn will generate a custom CQI report that mirrors all state-required MI fidelity data elements outlined in Appendix A and Appendix C. The data will be accessible on-demand and updated in real-time as data is collected.** Additionally, the CDSS and Lyssn will determine a set of data points accessible on-demand to appropriate users at the state and county levels to eliminate or minimize the need to collate and share data manually through other means.

The CDSS will upload provider fidelity data from Lyssn into the CARES backend to support state and county CQI activities.

MI Fidelity Requirements and Implementation Supports

Fidelity data is directly influenced by training completion, monitoring practices, and the frequency of coding and coaching. The following sections outline required activities that support fidelity measurement for MI, including expectations for training, use of fidelity monitoring tools, and how staff performance is reviewed and supported through coaching. These components help ensure that fidelity data reflects meaningful and actionable insight into MI delivery across agencies.

Training

All staff delivering MI within the FFPS Program must complete both MI Foundational and Advanced Skills Training. Supervisors must complete MI Foundational Training and Supervisor Advanced Skills Training. This may include instructor-led training from a state-approved curriculum or the asynchronous Lyssn-based training modules.

Ongoing (booster) training is provided to help staff build competence in MI and to prevent skill drift over time. Ongoing (booster) training frequency depends on each staff member's demonstrated proficiency.

- Staff who receive a **score below 'Competent' on the MICA** or **below 'Good' on the MITI** must complete **ongoing (booster) training every six months**.

- Once a staff member has reached **'Competent,' Proficient,' or 'Good,' ongoing (booster) training is no longer required.** However, annual refresher training is recommended to reinforce competency, support ongoing skill growth, and maintain the quality and effectiveness of their MI delivery over time. Supervisors may determine the frequency of additional training based on needs and locally determined schedule.

Fidelity Monitoring

Agencies delivering MI must select one of the approved fidelity monitoring tools, the **Motivational Interviewing Competency Assessment (MICA) 3.2** or the **Motivational Interviewing Treatment Integrity (MITI) 4.2.1**, and ensure staff receive regular coding and coaching based on their performance.

The Lyssn platform may be used as a tool to support fidelity monitoring, including coding and coaching, using either the MICA or the MITI. Lyssn is not a separate fidelity instrument, but a system that generates fidelity scores based on these two approved coding systems. It allows providers to assess practitioner performance, generate reports, and support CQI using standardized MICA or MITI scoring.

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[1] The CDSS recognizes Lyssn as an MI training and fidelity monitoring option for FFPSA. Use of the platform for these purposes may be subject to state and federal approval requirements. In some cases, alternative funding sources such as State Block Grant (SBG) may be required. See Appendix C for more information about Lyssn.

Coding and Coaching

Coding and coaching are key strategies for maintaining fidelity and supporting ongoing CQI in the delivery of MI. Coding involves a structured review of a staff member's MI performance through the use of one of the approved fidelity monitoring tools. Coaching uses the coding data to provide targeted feedback to staff to increase their skill in the practice of MI.

Coding and coaching may be delivered by a variety of supports, including the **Lyssn Learn & Practice (Training) platform, Lyssn's Quality Improvement (QI) platform, a Regional Training Academy (RTA), the county, community agencies, or an external consultant/contractor.** For Lyssn users, coding and coaching will consist of either **additional skill practice on the Learn & Practice platform** or **recording brief role plays on Lyssn QI**. Staff will complete a self-reflection coaching exercise in consultation with their supervisor.

Frequency of coding and coaching depends on a practitioner's demonstrated proficiency:

- Staff who receive a **score below 'Competent' on the MICA** or **below 'Good' on the MITI** must receive **coding and coaching every 6 months**. To support more timely skill development, staff are encouraged to participate in additional coding and coaching sessions between required intervals until they reach the expected proficiency level.

- Once a staff member has reached **'Competent,' Proficient,' or 'Good,' coding and coaching are required annually**, though supervisors may increase frequency if needed.

For a full list of required MI measures and indicators, see **Appendix A**. Counties and providers not using Lyssn must also use the standardized templates in **Appendix B** to submit data to the CDSS.

CQI TRAINING

To support the implementation of California's FFPS CQI Plan and the MI program, required training will be provided to county FFPS leads and MI providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the California Family First Prevention Services Continuous Quality Improvement Implementation Plan.

RESOURCES

Review the Fact Sheet and Training Plan: For additional information about Motivational Interviewing, review the Fact Sheet: https://cfpic.org/wp-content/uploads/2026/01/MI-Training-Fact-Sheet-v1.1.pdf and the Statewide Training Plan: https://cfpic.org/wp-content/uploads/2025/09/MI-Training-Plan-v1-090825.pdf.

Agencies 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.

Agencies Contact Lyssn: To learn more about Lyssn's products and to request a demonstration, contact california@lyssn.io, and a Lyssn representative will follow up with you.

Agencies and County Leaders Contact Your Local CPP Lead: EBP providers or counties interested in implementing MI for IV-E reimbursement should begin by reaching out to your local Comprehensive Prevention Planning (CPP) 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-eagency-county-contact-list.pdf

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

STAY CONNECTED!

The California Family First Prevention Services Continuous Quality Improvement (CQI) Plan was developed with input from the CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the CQI Implementation Plan and other prevention resources. Check for updates at Prevention Resources – Child and Family Policy Institute of California, and reach out to FFPSAPreventionServices@dss.ca.gov to share questions, experiences, or lessons learned.

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APPENDIX A: MI MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. The included CQI prompts are intended to guide county teams in using the data to support shared learning, highlight successes, identify barriers, and improve service delivery.

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. Adequate capacity is essential for successful implementation of MI and influences the program's ability to meet community needs.

Table 3 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

Note: All indicators listed apply to both families being served by the IV-E agency and/or community-based EBP providers. The table uses color shading to distinguish the slightly different data submission required for each entity. Rows shaded in gray reflect IV-E agency expectations; rows shaded in blue reflect CBO/EBP provider expectations.

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Data Reporting Cadence Counties	CDSS
Staffing	Total # of provider agency sites	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained practitioners[2]	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of part-time model-trained practitioners[2]	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of internal coaches	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly

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[2] *Staff must meet the requirements outlined in the California Statewide Training Standards for Motivational Interviewing (MI) to be considered "model-trained."*

		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of internal model trainers	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of external coaches	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of external model trainers	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # available model slots	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Supervisor / Practitioner Ratio[3]	Average supervisor-to-practitioner ratio	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Caseload[4]	Average monthly caseload per full-time practitioner	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Average monthly caseload per part-time practitioner	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Service Duration	N/A – As needed	IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
		CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Capacity CQI Prompts:

- **Assess Practitioner Capacity:** Review the number of full-time and part-time model-trained MI practitioners across county and provider agencies to determine whether staffing is sufficient to meet service needs.

- **Evaluate Supervision and Coaching Support:** Review supervisor-to-practitioner ratios to assess whether current supervision structures are adequate. Supervisors may also support coaching activities, so this measure can help inform broader staff development efforts.

- **Review Caseload Trends:** Analyze average monthly caseloads for full-time and part-time MI practitioners to understand workload distribution and identify where adjustments may be needed to maintain service quality.

- **Monitor Model-Trained Staffing:** Track the number of full-time and part-time staff who meet California's MI training standards. Use trends to inform ongoing training needs or identify areas where additional training support may be needed.

- **Assess Coaching and Training Resources:** Review the number of internal and external coaches and model trainers available to support MI implementation. Identify whether current capacity is sufficient to meet local training and coaching needs.

- **Track Provider Site Coverage:** Monitor the number of provider sites delivering MI to assess geographic distribution and ensure equitable access to services across the county.

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 4 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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Data Reporting Cadence Counties	CDSS
Eligible Child Welfare & Probation Candidates[5]	Total # of FM/VFM/602 youth who come to the attention of the agency	Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition[6]	Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
Eligible Community Pathway Candidates[5]	Total # of community pathway children granted IV-E agency candidacy approval	Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # of community pathway children denied IV-E agency candidacy approval • Reason for denial ○ MH, SA, or PS imminent risk/need not identified	Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly

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[5] *This data will come from the Title IV-E agency.*
[6] *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:

- **Review MI Use by Intervention Type**: Examine whether MI is being applied for case management, substance use, or both. Use this analysis to understand current patterns and identify opportunities for expansion where appropriate.
- **Compare Reach Across Candidate Populations**: Analyze MI use among eligible child welfare/probation and community pathway candidates to identify variation in application across systems.
- **Identify Gaps in MI Delivery**: Compare the number of eligible Family First candidates to those receiving MI to assess whether the model is reaching all appropriate populations.
- **Explore Alignment Between Service Needs and MI Use**: Use denial reason data to assess whether children with identified needs—such as substance use, mental health, or parenting support—are being connected to MI where applicable.
- **Identify Opportunities to Expand MI Use**: Review trends in IV-E candidacy denials and MI utilization to explore missed opportunities for application in eligible or underutilized areas.

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 5 outlines the key outcome measures needed to monitor and evaluate program success**. Individual-level outcome data is partially collected and entered into CARES for child welfare and probation-involved families and entered into the CARES Provider Portal for families served by CBOs. Aggregate outcome data will be reported to the CDSS biannually using the standardized EBP Provider Template in Appendix B.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of MI Outcome Data Elements

Note: All indicators listed apply to both families being served by the IV-E agency and/or community-based EBP providers. The table uses color shading to distinguish the slightly different data submission required for each entity. Rows shaded in gray reflect IV-E agency expectations; rows shaded in blue reflect CBO/EBP provider expectations.

Measure	Indicator	Data Collection Instrument	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level — Counties	Data Submission Level — CDSS	Data Submission Format — Counties	Data Submission Format — CDSS	Data Reporting Cadence — Counties	Data Reporting Cadence — CDSS
Increased Parent/ Caregiver Engagement	# of families with an open child welfare, probation, or community pathway case that had one or more in-person contacts.[7]	CARES – included in case contact	IV-E Agency	Monthly	Individual-level	Aggregate	CARES	CARES	Quarterly	Biannually
		Provider Portal	CBO/EBP Provider	Monthly	Individual-level	Aggregate	Provider Portal	Provider Portal	Quarterly	Biannually
	# of families with an open child welfare, probation, or community pathway case where staff documented MI was used during the monthly contact.[8]	CARES – included in case contact	IV-E Agency	Monthly	Individual-level	Aggregate	CARES	CARES	Quarterly	Biannually
		Provider Portal	CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI that Demonstrate 'Competent,' 'Proficient,' or 'Good' work on the relevant measurement tool in the last month.	MICA 3.2 or MITI 4.2.1	IV-E Agency	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
		MICA 3.2 or MITI 4.2.1	CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
Increased Substance Use Treatment Engagement[8]	# of adolescents receiving MI for substance abuse in the last month.	Agency-specific	IV-E Agency	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
		Agency-specific	CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of adults receiving MI for substance abuse in the last month.	Agency-specific	IV-E Agency	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
		Agency-specific	CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
Long-Term Outcomes	# of adolescents who received MI, whose Child Specific Prevention Plan (CSPP) ended, and who entered foster care within 12 months.	CARES	IV-E Agency / CSW or PO	Monthly	Individual-level	Aggregate	CARES	CARES	Quarterly	Biannually
		Provider Portal	EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of adolescents who received MI, whose Child Specific Prevention Plan (CSPP) ended, and who entered	CARES	IV-E Agency / CSW or PO	Monthly	Individual-level	Aggregate	CARES	CARES	Quarterly	Biannually
		Provider	EBP Provider	Monthly	Individual-	Aggregate	County-	EBP Provider	Quarterly	Biannually

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[7] This data will be automated from CARES.

[8] This will **not** be automated from CARES; providers will need to collect and report on this data separately.

Measure	Indicator	Data Collection Instrument	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
	foster care within 24 months.	Portal			level		specific	Template		
	# of adults who received MI, whose Child Specific Prevention Plan (CSPP) ended, and their child entered foster care within 12 months.	CARES	IV-E Agency / CSW or PO	Monthly	Individual-level	Aggregate	CARES	CARES	Quarterly	Biannually
		Provider Portal	EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of adults who received MI, whose Child Specific Prevention Plan (CSPP) ended, and their child entered foster care within 24 months.	CARES	IV-E Agency / CSW or PO	Monthly	Individual-level	Aggregate	CARES	CARES	Quarterly	Biannually
		Provider Portal	EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually

Outcomes CQI Prompts:

- **Evaluate MI Documentation Rates**: 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.

- **Review Fidelity and Outcomes Together**: Examine staff fidelity scores (e.g., MICA/MITI) alongside family outcome trends—such as documented MI use or in-person contacts—to explore whether higher-quality delivery is associated with better engagement. Use findings to guide coaching and training supports.

- **Disaggregate Outcome Data to Identify Disparities**: Break down outcome measures by key demographic and case characteristics (e.g., race, ethnicity, gender, case type, pathway) to uncover disparities or unintended differences in MI delivery or outcomes. Use this analysis to inform equity-focused CQI strategies.

- **Track Progress Over Time**: Compare MI-related outcome data to pre-implementation baselines or prior reporting periods. Identify patterns that signal progress or regression and use this to support continuous improvement efforts.

- **Use Data to Tell the Story**: Pair quantitative data with family, youth, or staff reflections to contextualize what the numbers mean. Data storytelling can help build shared understanding and support system learning around MI implementation and impact.

- **Monitor MI Use in Substance Use Cases**: Review the number of adolescents and adults receiving MI for substance use intervention. If usage is low, explore whether referral practices, staff training, or documentation procedures are limiting appropriate application.

- **Examine Foster Care Outcomes Following Case Closure**: Examine foster care entry outcomes for children whose Child-Specific Prevention Plans (CSPPs) ended. Use this data to identify whether MI was used in those cases and discuss whether earlier or more intensive use might have supported better outcomes.

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 6 outlines the fidelity measures required to assess program adherence. **Individual-level fidelity data is partially collected and entered into CARES for child welfare and probation-involved families and entered into the CARES Provider Portal for families served by CBOs. Aggregate fidelity data will be reported to the CDSS biannually using the EBP Provider Template in Appendix B.** Counties should review outcome data and conduct CQI activities quarterly.

Table 64. Description of MI Fidelity Data Elements

Measure	Indicator	Data Collection Instrument	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Provider Received & Maintained Required Training[9]	# of staff who have completed approved MI Foundational Training.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff who have completed approved MI Advanced Training.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of supervisors who have completed approved MI Foundational Training.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of supervisors who have completed approved MI Supervisor Training.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff who received a 'Client-Centered' score and participated in ongoing training every six months.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff who received a 'Generally Inconsistent' score and participated in ongoing training every six months.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff who received a 'Fundamentally Inconsistent'	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually

[9] This will **not** be automated from CARES; providers will need to collect and report on this data separately.

Measure	Indicator	Data Collection Instrument	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
	score and participated in ongoing training every six months.									
	# of staff who received a 'Fair' score and participated in ongoing training every six months.	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
Meets Trainer Qualification Requirements[10]	Who is training your staff? (e.g., RTA, MINT trainers, Lyssn-based training, other)	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	Total # of qualified MI trainers (if applicable).	Agency-specific	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually

The following tables outline the fidelity monitoring and data submission requirements for the two approved Motivational Interviewing fidelity tools: MICA 3.2 (Table 7) and MITI 4.2.1 (Table 8). Counties and EBP providers must select one of these tools for fidelity monitoring and ensure their data collection, reporting cadence, and submission formats align with the corresponding requirements. These tables detail what must be tracked, how frequently, and how data should be submitted at both the county and state levels.

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

Measure	Indicator	Data Collection Instrument	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Meets Fidelity Monitoring Requirements (MICA)[10]	# of staff delivering MI who achieved a 'Proficient' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who achieved a 'Competent' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who achieved a 'Client-Centered' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who achieved a 'Generally Inconsistent' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who achieved a 'Fundamentally Inconsistent' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received coding/coaching within six months after receiving a 'Client-Centered' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received coding/coaching within six months after receiving a 'Generally Inconsistent' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received coding/coaching within six months after receiving a 'Fundamentally Inconsistent' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received ongoing coding/ coaching annually after receiving a 'Competent' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received ongoing coding/ coaching annually after receiving a 'Proficient' coding score.	MICA	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually

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[10] This will **not** be automated from CARES; providers will need to collect and report on this data separately.

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

Measure	Indicator	Data Collection Instrument	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level Counties	CDSS	Data Submission Format Counties	CDSS	Data Reporting Cadence Counties	CDSS
Meets Fidelity Monitoring Requirements (MITI)[11]	# of staff delivering MI who achieved a 'Good' coding score	MITI	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who achieved a 'Fair' coding score.	MITI	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received coding/coaching every six months after receiving a 'Fair' coding score.	MITI	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually
	# of staff delivering MI who received ongoing coding/ coaching annually after receiving a 'Good' coding score.	MITI	IV-Agency or CBO/EBP Provider	Monthly	Individual-level	Aggregate	County-specific	EBP Provider Template	Quarterly	Biannually

Fidelity CQI Prompts:

- **Monitor Training Compliance and Maintenance**: Regularly review training completion data (Foundational, Advanced, Supervisor, and ongoing six-month training) to ensure staff and supervisors meet required standards. Use this review to flag gaps in completion and plan additional training opportunities.
- **Assess Fidelity Scores and Follow-Up Support**: Analyze MICA or MITI scores across staff to identify trends in fidelity (e.g., "Client-Centered," "Fair," "Proficient"). Review whether staff receiving lower scores are receiving timely follow-up coaching, and adjust coaching capacity or structure as needed.
- **Evaluate Trainer and Coach Qualifications**: Review who is providing training and coaching (e.g., RTA, MINT, Lyssn-based, other) to ensure alignment with required qualifications. Use this information to inform system-level decisions about expanding or improving training supports.
- **Track Coaching and Coding Follow-Up**: Monitor whether required follow-up coaching is occurring within designated timeframes for staff who receive lower coding scores (e.g., "Fundamentally Inconsistent," "Generally Inconsistent," "Fair"). Use this to ensure consistency and reinforce fidelity expectations.
- **Review Fidelity Trends Across Time and Providers**: Compare fidelity scores over time and across agencies or provider sites to identify implementation strengths and areas that may need targeted support or retraining.

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[11] This will **not** be automated from CARES; providers will need to collect and report on this data separately.

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. MI providers and CBOs will either pull all of the fidelity and outcome data fields depicted in the tables below from their own systems or spreadsheets on a quarterly basis for review during county CQI Workgroup meetings, or complete the MI Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at this link. The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Workgroup.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template.

Fidelity: Training			
Agency Name:		Site Name:	
Provider Received & Maintained Required Training		Meets Trainer Qualification Requirements	
# of staff who have completed approved MI Advanced Training.	# of staff who have completed approached MI Foundational Training.	Total # of qualified MI trainers.	

Outcomes										
Agency Name:			Site Name:							
Child Identifier										
DCFS/Probation Unique Identifier	Program ID (if receiving MI from an outside agency)	Child Date of Birth	Child Sex	Child Hispanic or Latino Ethnicity	Child Race: White	Child Race: Black or African American	Child Race: Asian	Child Race: Native Hawaiian or Other Pacific Islander	Child Race: American Indian or Alaska Native	Child Race: Declined	Child Race: Unknown

Outcomes		
Was there an open case (child welfare, probation, or community pathway) for this child during the quarter?	How many in-person contacts occurred with a parent or caregiver during the quarter?	Did each of these in-person contacts with a parent or caregiver have MI use documented?

APPENDIX C: PROVIDER OUTCOME & FIDELITY TEMPLATES

This template must be used by counties and EBP providers delivering MI who are not using the Lyssn platform for data reporting. Providers will complete the aggregate fidelity and outcomes templates provided below and will submit these to the CDSS biannually. The CDSS will upload them into the backend of CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

Agencies using Lyssn should refer to Appendix A for aligned measures but are not required to complete this template manually for Lyssn-generated data.

MI Outcome Measures

Motivational Interviewing (MI)					
Outcomes data should be collected at the individual-level (e.g., family or staff) on a monthly basis. County CQI Implementation Workgroups will review these data during quarterly meetings. EBP providers will send aggregate data to the CDSS for <u>each provider site </u>every 6 months using this EBP Provider Template.					
Measure	**Increased Parent/Caregiver Engagement**				
Indicator	*# of families with an open child welfare, probation, or community pathway case that had one or more in-person contacts in last month.*	*# of families with an open child welfare, probation, or community pathway 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?[12]	*Yes*	*Yes*	*No*	*No*	*No*
Site 1					
Site 2					
Site 3					

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[12] *For the indicators with "Yes" in the "Automated from CARES" row, these data will be reported and stored in CARES. For CQI activities, agencies delivery MI will pull these values from CARES and enter the values in this EBP Provider Template.*

Motivational Interviewing (MI)

Outcomes data should be collected at the individual-level (e.g., adolescent or adult) on a monthly basis. County CQI Implementation Workgroups will review these data during quarterly meetings. Providers will send aggregate data to the CDSS for each provider site every 6 months using this EBP Provider Template.

Measure	Completion of Substance Use Treatment		Long-Term Outcomes			
Indicator	*# of adolescents receiving MI for substance abuse in the last month.*	*# of adults receiving MI for substance abuse in the last month.*	*# of adolescents who received MI, whose Child Specific Prevention Plan (CSPP) ended, and who entered foster care within 12 months.*	*# of adolescents who received MI, whose Child Specific Prevention Plan (CSPP) ended, and who entered foster care within 24 months.*	*# of adults who received MI, whose Child Specific Prevention Plan (CSPP) ended, and their child entered foster care within 12 months.*	*# of adults who received MI, whose Child Specific Prevention Plan (CSPP) ended, and their child entered foster care within 24 months.*
Target Level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Automated from CARES?[13]	*No*	*No*	*Yes*	*Yes*	*Yes*	*Yes*
Site 1						
Site 2						
Site 3						

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[13] *For the indicators with "Yes" in the "Automated from CARES" row, these data will be reported and stored in CARES. For CQI activities, agencies delivery MI will pull these values from CARES and enter the values in this EBP Provider Template.*

MI Fidelity Measures

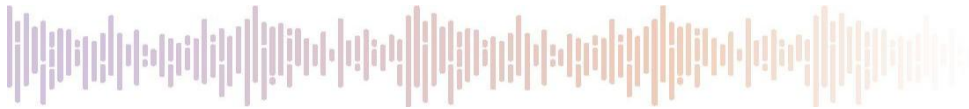|	Motivational Interviewing (MI)									
Fidelity data should be collected at the staff-level on a monthly basis. County CQI Implementation Workgroups will review these data during quarterly meetings. Providers will send aggregate data to the CDSS for <u>each provider site</u> every 6 months using this EBP Provider Template.										
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 every six months.*	*# of staff who received a '**Generally Inconsistent**' score and participated in ongoing training every six months.*	*# of staff who received a '**Fundamentally Inconsistent**' score and participated in ongoing training every six months.*	*# of staff who received a '**Fair**' score and participated in ongoing training every six months.*	*Who is training your staff? (e.g., RTA, MINT trainers, Lyssn-based training, other)*	*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)

Fidelity data should be collected at the staff-level on a monthly basis. County CQI Implementation Workgroups will review these data during quarterly meetings. Providers will send aggregate data to the CDSS for <u>each provider site</u> every 6 months using this EBP Provider Template.

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 **six months** after receiving a '**Client-Centered**' coding score.*	*# of staff delivering MI who received coding/coaching within **six months** after receiving a '**Generally Inconsistent**' coding score.*	*# of staff delivering MI who received coding/coaching within **six months** after receiving a '**Fundamentally Inconsistent**' coding score.*	*# of staff delivering MI who received ongoing coding/coaching **annually** after receiving a '**Competent**' coding score.*	*# of staff delivering MI who received ongoing coding/coaching **annually** 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										

Measure	Meets Fidelity Monitoring Requirements (MITI)			
Indicator	*# of staff delivering MI who achieved a '**Good**' coding score (on the MITI) in the last month.*	*# of staff delivering MI who achieved a '**Fair**' coding score (on the MITI) in the last month.*	*# of staff delivering MI who received coding/coaching within **six months** after receiving a '**Fair**' coding score.*	*# of staff delivering MI who received ongoing coding/coaching **annually** after receiving a '**Good**' coding score.*
Target Level	*N/A*	*N/A*	*N/A*	*N/A*
Automated from CARES?	*No*	*No*	*No*	*No*
Site 1				
Site 2				
Site 3				

APPENDIX D: LYSSN PRIMER

Lyssn Platform: A Quick Overview Primer

WHAT IS LYSSN?

Lyssn is an AI-powered platform that helps child welfare agencies meet Family First Prevention Services Act (FFPSA) training and skill practice for Motivational Interviewing (MI) along with model fidelity monitoring. Lyssn utilizes audio data, so users verbally engage with the platform to complete the tasks.

The CDSS recognizes Lyssn as an MI training and fidelity monitoring option for FFPSA[14] and has reviewed workflows that align with California's CQI and fidelity expectations. Lyssn provides on-demand access to custom MI reports tailored to the CDSS's FFPSA and CQI reporting requirements to make data collection and reporting quick and easy. The platforms are ready to use with no technical setup required. To learn more about their products/request a demo, contact California@lyssn.io and a Lyssn representative will follow up.

Counties using Lyssn can access two products and flexible pre-approved workflows to fit their needs:

Learn & Practice (Training): An AI-based skill practice platform that offers:
- MI training content with expert videos and child welfare-specific scenarios
- Interactive client vignettes for skill practice and demonstration
- Immediate AI feedback on responses
- Flexible, self-paced learning and fidelity checks

Lyssn Quality Improvement (QI): A platform that evaluates full-length conversations for EBP fidelity, providing:
- Speech-to-text transcripts
- Analysis of over 75 quality metrics
- Reports at individual and organizational levels

IMPLEMENTATION BENEFITS
- **Easy Adoption**: Minimal bandwidth requirements
- **High Accuracy**: 92.4% agreement with human MI raters
- **Secure**: HIPAA and SOC 2 compliant
- **Flexible**: Standalone or API integration with existing systems
- **Scalable**: Monitor every interaction, not just a small sample
- **Versatile**: Suitable for diverse HHS professionals of all backgrounds.

ADDITIONAL CONSIDERATIONS
- Lyssn can rate English and Spanish spoken language for MI fidelity
- Participating counties receive dedicated support for adoption, setup, and ongoing technical help.
- The platform meets state requirements on its own or as part of a hybrid training/CQI plan

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[14] Use of the platform for training or fidelity monitoring may be subject to state and federal approval requirements. In some cases, alternative funding sources such as State Block Grant (SBG) may be required.