

**Motivational Interviewing in
Comprehensive Community Services:
Implementation Project Evaluation
2022-2023**



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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The purpose of this report is to describe the Motivational Interviewing Implementation Project and its preliminary results in the Rock County Human Services Department Comprehensive Community Services (CCS) program. This project represents a unique collaboration between Rock County CCS and the Wisconsin Department of Health Services (DHS) for staff to adopt, learn, and implement motivational interviewing (MI) into routine services. Based on an implementation model,¹ the project involves a stage-based approach to implementing MI as an evidence-based practice. Implementing any evidenced-based practice is an ambitious goal because it requires participating staff to engage new ways of working across a two-to-four-year process.² This report describes the stage-based activities completed by a Rock County CCS-DHS team and preliminary results from January 2022 through December 2023 (see **Table 1**). First, team activities in the exploration stage will be described. Then, team activities in the installation stage will highlight the development of implementation drivers. Next, the initial implementation stage will be discussed with key results from coaching and MI fidelity reviews. Finally, highlights of the evaluation will be summarized with recommendations for how Rock County CCS can work toward the full implementation stage. The goal of this project, ultimately, is for Rock County CCS to reach full implementation of MI in routine services so that CCS participants can experience its anticipated benefits.

Table 1. MI implementation project in Rock County CCS is proceeding across stages.

Exploration	Installation	Initial Implementation
<ul style="list-style-type: none"> • January 2022: Team formed to gather information about two evidence-based practices • May 2022: Team completed hexagon analysis, decision was made to select MI for implementation • July 2022: Team rolled out project and considered staff readiness for implementation 	<ul style="list-style-type: none"> • June 2022: Team initially assessed, resourced, and developed implementation drivers • September 2022: Staff in cohort one completed initial training • September 2023: Staff in cohort two completed initial training 	<ul style="list-style-type: none"> • November 2022: Monthly coaching launched • December 2022: Quarterly fidelity reviews of staff MI practice began • January 2023: Clients begin to experience MI • July 2023: Team reassessed implementation drivers with planning for continued to development

Exploration Stage of Implementation

The purpose of the exploration stage is to gather information for making informed decisions about EBP selection. Although few provider organizations engage exploration, completing the activities in this stage are essential for establishing the foundation from which successful implementation can launch.²

In January 2022, a Rock County CCS exploration team was formed (see **Appendix** for membership) and spent several months gathering information, examining data, and engaging discussions in biweekly meetings regarding two evidence-based practices: MI and DBT (dialectical behavioral therapy). The team used an exploration tool (hexagon analysis³) to examine six domains of each practice: need, evidence, fit, usability, capacity, and supports. Based on the information gathered, the team used a 1 (low) to 5 (high) scoring rubric to assess the domains of each practice. As shown in **Figure 1**, MI scored consistently higher than DBT across all domains.

Figure 1. Results of the hexagon analysis showed MI to be favorable for implementation in Rock County CCS.

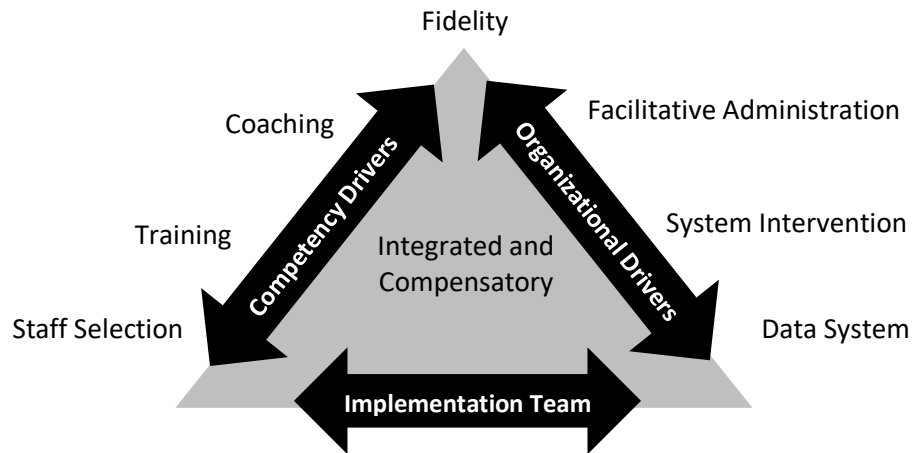


The team shared hexagon results with CCS staff during a July 2022 all-staff meeting and engaged discussion about the upcoming implementation project. Anticipated benefits of MI were identified: better client engagement in services, fewer no-shows, positive client changes on a wide range of behavioral health challenges, and increased client satisfaction with services. Additionally, expectations of project participation were discussed. The team responded to staff questions, handled concerns, and invited staff to self-select into project participation.

Installation Stage of Implementation

Because MI involves new ways of working, program infrastructure and supports must be put into place—that is, installed—for provider staff to successfully make changes to service delivery. Such infrastructure and supports are called “drivers” which literally drive successful implementation.^{2,4} As shown in **Figure 2**, drivers relate to developing organizational capacity and staff competence with an implementation team grounding the project.

Figure 2. During the installation stage, the MI team developed implementation drivers.



Entering the installation stage, the team transitioned from exploration to become an indispensable implementation team. After completing a standardized assessment of drivers,⁵ the team identified driver elements to develop and created a plan. Biweekly team meetings continued to coordinate and execute driver development activities. As shown in **Table 2**, the team made significant progress. At the beginning of the installation stage (Time 1), drivers were assessed as mostly not-yet-in-place; one year later (Time 2), most drivers were assessed as partially- or full-in-place. These results underscore the research that shows human service agencies with a well-functioning implementation team achieve evidence-based practice implementation success at a much higher rate compared to agencies without such a team.^{2,4,6} Key activities that the team engaged to develop organizational (facilitative administration, system intervention, data system) and staff competency drivers (training, coaching, fidelity) will now be described.

Table 2. The MI team made significant progress in developing implementation drivers.

Implementation Driver		Time 1 (June 2022) 0-2 scale	Time 2 (July 2023) 0-2 scale
Organizational Drivers	Facilitative administration	0.1	1.8
	System intervention	0.7	1.0
	Data system	0.0	1.5
Staff Competency Drivers	Training	0.0	1.3
	Coaching	0.0	1.5
	Fidelity	0.0	1.3

Note: 0-2 rating scale was 0 (not yet in place), 1 (partially in place), 2 (in place). Scores represent the average of multiple items within each driver.

Facilitative administration and system intervention

Facilitative administration and system intervention drivers were led by the CCS program manager. Facilitative administration involved aligning CCS structures, personnel, policies, procedures, and resources to support staff in new ways of working with MI. System intervention involved addressing agency dynamics that could influence MI implementation in CCS. Both drivers involved communication with key collaborators. The CCS program manager (who was a member of the MI implementation team) kept a meticulous log of all project communication during 2023 with these results:

- There were 80 communications. Number of communications by collaborator group:
 - MI staff learners and MI coaches (42)
 - MI coaches (22)
 - Rock County Human Services Department management team (5)
 - CCS coordinating committee (4)
 - CCS-MI integration workgroup (4)
 - Rock County Human Services Board (1)
- Communication themes (percentage of total communication):
 - Reminder regarding MI learning task or activity (53%)
 - Learning MI (22%)
 - Importance of effective implementation (15%)
 - Designing solutions together (7%)
 - Appreciation/recognition (3%)
- Formats of communication that were two-way, that is, seeking input or feedback from stakeholder groups: 39%

Data system

Data was an important driver because it provided insights into the successes and challenges of implementation while serving as a basis for useful decision-making. The Rock County CCS MI data system was created specifically for this project by the MI team data lead with technical assistance from DHS. The data system comprised implementation and fidelity measures. Implementation measures assessed the quality of implementation such as: rate of staff attendance in coaching sessions; in-session coaching activities completed; staff evaluation of coaching; and rate of staff practice sample submission for fidelity review. Fidelity measures assessed the extent to which staff were able to demonstrate requisite skills or integration of MI into services. All data was submitted, entered, and compiled in customized spreadsheets. The MI team regularly aggregated, analyzed, and used data to monitor and improve implementation drivers. All data within this system provided the basis for the evaluation described in this report.

Initial training

An initial three-day training launched staff participation in the implementation project. There were two cohorts: staff in cohort 1 launched in September 2022; staff in cohort 2 launched in August 2023. To date, 29 staff (about 50% of total Rock County CCS staff) have self-selected into the project (see **Appendix** for staff participants by cohort). Training content was based on the essential components (relational foundation, technical component), processes (engaging, focusing, evoking, planning), core skills (OARS+I: Open questions, Affirmations, Reflection, Summarizing, Informing), strategies (cultivating change talk, softening sustain talk), and key concepts of MI as described in the foundational text⁷ and a skills workbook.⁸ Each staff participant received a binder of training materials including tools and a one-page protocol to support integration into services. Each training day was highly participatory, experiential, and skill focused with many opportunities for practice. When training was conducted virtually, Zoom functions maximized participation (chat, polls, whiteboard) and opportunities for practice (breakout rooms). DHS developed the training curriculum, lead training delivery, and was joined by members of the MI team as co-facilitators in 2023.

A unique feature of training as a driver of implementation is that training offers an opportunity to assess staff fidelity as a baseline measure of practice (that is, Time 1). During the last day of training, staff paired up with a training partner and completed a ten-minute audio recorded practice sample. In the practitioner role, staff used MI engaging to connect with the colleague in a “real play” discussion about a particular life topic. Recordings were collected for later fidelity review and feedback.

At the conclusion of initial training, each staff cohort completed a standardized evaluation administered electronically. The evaluation comprised seven items with a 1-4 response scale: poor (1), fair (2), good (3), excellent (4). The final item asked staff to rate level of recommendation using a 0(not at all recommend this training) to 10 (highly recommend this training) scale. This item represented the well-established net promoter score⁹ ranging from -100% to +100% reflecting the difference between staff promoters (scores of 9 and 10) and staff detractors (scores of 0 to 6). A net promoter score of 50% or higher is considered the benchmark of a successful training. Staff completed 47 evaluations and results showed highly positive ratings and net promoter scores ranging from +65% to +92% to exceed the benchmark (see **Table 3**).

Table 3. Staff evaluation of initial training was consistently positive.

Evaluation Item	Cohort 1 3-days (November 2022)	Cohort 2 2-days (August 2023)	Cohort 1 and 2 1-day (September 2023)
1. How would you rate the content of the workshop?	3.8	4.0	3.7
2. How would you rate the usefulness of the experiential and skill practice activities?	3.9	3.9	3.8
3. How would you rate the facilitators on presentation clarity, knowledge, and preparation?	3.9	4.0	3.8
4. Please rate the extent to which stated workshop objectives were met.	3.8	3.8	3.8
5. How would you rate the scope and depth of the workshop?	3.6	3.9	3.7
6. How would you rate the usefulness of this workshop to your work?	3.9	3.8	3.7
7. How would you rate the accompanying materials and handouts?	3.6	3.8	3.7
Average of items by training	3.8	3.9	3.7
Would you recommend this training to others? (Net Promoter Score)	NPS = +82%	NPS = +92%	NPS = +65%

Coaching

Because staff cannot be expected to “just do it” with implementing an evidence-based practice following initial training,¹⁰ regular coaching is necessary for implementation success. Research consistently shows that coaching is a driver of successful implementation in general^{2,4} and of MI specifically.^{11,12} Coaching is necessary for several reasons: it supports staff to persist through the initial awkwardness and discomfort of trying new ways of working with MI; it helps develop staff skills and confidence to achieve fidelity; and it provides specific on-the-job guidance for how to integrate MI into routine services.

During the installation stage, the MI team focused much time and attention to develop the Rock County CCS MI coaching service. Several activities were completed. First, a coaching service delivery plan was created to detail the structure, procedures, responsibilities, and expectations of coaching. Based on minimum standards for effective coaching,^{4,5} the plan featured monthly coaching sessions with quarterly submission of practice samples by staff for fidelity review. Second, 10 Rock County CCS staff stepped up to provide MI coaching (see **Appendix**). Coaches included CCS supervisors and staff MI champions. These coaches went above and beyond their existing roles and responsibilities to learn and provide this unique service. Third, after participating in the three-day initial training with staff, coaches completed a separate

two-day MI coaching training with DHS for an introduction to the MI coaching model¹³ and how to use an MI fidelity assessment instrument. Finally, the MI team created a coaching session checklist based on the model for coaches to use to guide delivery of sessions and as a key part of the project's data system.

Fidelity

Fidelity is an important driver of implementation to understand the extent to which staff use MI as intended—that is, with fidelity. The anticipated benefits of MI are premised on the practice being used with fidelity. Because MI experts note there is “no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples,”¹⁴ staff were asked to submit quarterly a 10-15 minute audio recorded sample of MI practice for review. The Motivational Interviewing Treatment Integrity (MITI)¹⁵ instrument was used to assess staff MI fidelity. The MITI comprised global ratings to assess the relational foundation (partnership, empathy) and technical component (cultivating change talk, softening sustain talk) of MI. The MITI also comprised counting and coding staff skills into mutually exclusive categories: questions (open vs. closed), reflective listening statements (simple vs. complex), MI adherent behaviors (affirmation, asking permission), and “non-adherent” behaviors, that is, behaviors inconsistent with the practice (warning, confronting, advising without permission). Results of MITI fidelity reviews were provided by coaches to staff during individual coaching sessions with feedback emphasizing staff strengths and goal setting for practice improvement.

Initial Implementation Stage

With the MI team's development of implementation drivers (coaching, fidelity, data system, facilitative administration) and completion of initial training, staff entered an ongoing learning process which is a hallmark of initial implementation. This stage featured monthly coaching sessions, learning activities in-between sessions, and staff submission of quarterly MI practice samples for MITI fidelity review. According to implementation researchers, initial implementation is the most fragile stage of implementation because the awkwardness of trying new ways of working with an evidence-based practice and the difficulties associated with changing old routines are strong motivations for staff to give up and return to what is familiar and comfortable, that is, services-as-usual.^{2,4}

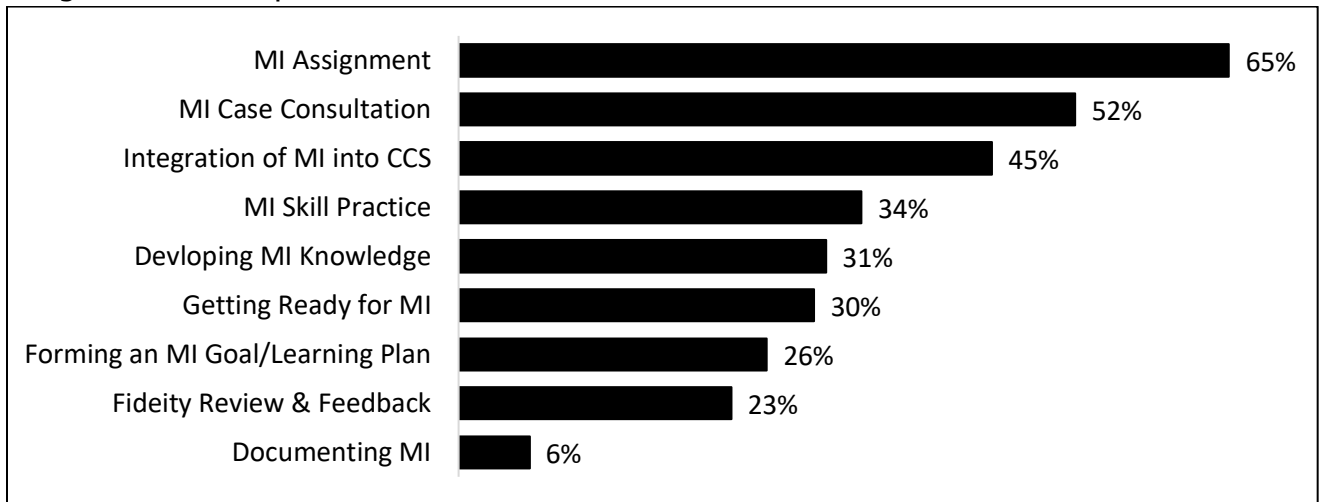
In this section, preliminary results of initial implementation are reported based on data from the project's data system. DHS provided evaluation by importing de-identified datasets into a statistical software program for detailed analyses. Aggregate results are reported in terms of descriptive statistics (average or mean [M]) and inferential

statistics (t-tests, analysis of variance) by the number (N) of staff. Inferential statistics were useful to examine possible differential outcomes by staff subgroups. A statistically significant difference between groups was assessed when the probability (p) of a result due to chance was less than or equal to five in 100, that is, $p \leq .05$. Results are presented for MI coaching, staff coaching session evaluations, staff MI fidelity, and staff MI self-assessments.

MI Coaching Results

From November 2022 through December 2023, Rock County CCS coaches provided 183 sessions. Staff settled into a routine of monthly coaching with an 84% attendance rate. As depicted in **Figure 3**, coaches facilitated a range of in-session activities. The most frequent activity was giving staff learners an assignment (typically from the MI skills workbook) and this is a best practice for “keeping MI alive” in-between monthly sessions.¹⁶ Least frequent activity was reviewing staff documentation of MI in CCS notes.

Figure 3. The most frequent in-session coaching activity was giving staff an MI assignment to complete before the next session.



Coaching Session Evaluation Results

At the conclusion of each coaching session, staff were invited to complete a brief anonymous evaluation. Administered electronically, staff completed 102 evaluations from November 2022 through December 2023. As shown in **Table 4**, staff rated MI coaching as a very positive experience. Analysis showed these results were consistent across quarters and there were no significant differences between coaches in cohort 1 versus cohort 2.

Table 4. Staff consistently rated MI coaching as a positive experience.

Evaluation Item In the session, to what extent did your MI coach...	Average Ratings (0-3 scale)
1. Act as a partner in your learning of MI.	2.7
2. Help you get ready to integrate MI into everyday work.	2.6
3. Listen to you to understand your perspectives and experiences with MI.	2.8
4. Show you that she/he believes in your ability to learn MI to fidelity.	2.8
5. Help you feel confident in your ability to implement MI.	2.6
Average Evaluation Result	2.7

Staff MI fidelity results

Staff MI fidelity represented an outcome of learning and is a critical metric for assessing the quality of implementation. Staff struggled to submit work samples for fidelity review. Anecdotally, staff reported awkwardness of delivering MI during audio recordings with associated performance anxiety; this experience is normal and expected during the initial implementation stage when new skills are being established.⁴

Staff MI fidelity results are based on DHS or Rock County CCS MI coach review of 67 staff practice samples using the Motivational Interviewing Treatment Integrity (MITI). Staff fidelity results are summarized in **Table 5**. Each MITI measure is presented with the corresponding standards for basic fidelity of practice.^{7,15} Data was aggregated and presented by assessment time, such that the first review completed immediately following training was Time 1 regardless of staff cohort. For each staff result, the seven MITI measures were combined into a single score reflecting the number of measures demonstrated at or above basic fidelity, thus creating a 0 (no measures at basic fidelity) to 7 (all measures at basic fidelity) MITI summary score.

Some caution is warranted in interpreting fidelity results due to several factors: practice sample submission was uneven with attrition across time (small sample sizes); about half were reviewed by the external DHS consultant and the other half by the internal coaches without full assessment of inter-rater reliability; staff recorded some practice samples with CCS clients (after first having obtained written consent) and other staff recorded with a colleague in a role or “real” play. Despite these limitations, several key findings emerged from analysis.

Table 5. Staff fidelity of MI was, on average, moderate and consistent across time.

MITI Measure	Basic Fidelity Standard	Time 1 (n = 27)	Time 2 (n = 20)	Time 3 (n = 11)	Time 4 (n = 6)	Time 5 (n = 3)
1. Relational Foundation Rating (1-5)	≥ 3.5	3.5*	3.6*	3.5*	3.4	3.7*
2. Technical Component Rating (1-5)	≥ 3.0	--	2.7	2.9	2.8	3.7*
3. Percentage of Open Questions	≥ 50%	56%*	46%	45%	53%*	49%
4. Percentage of Complex Reflections	≥ 40%	31%	39%	38%	59%*	61%*
5. Ratio of Reflection to Question	≥ 1.0	1.7*	1.1*	1.2*	1.0*	2.1*
6. Number of MI Adherent behaviors	≥ 1	1.1*	1.8*	2.0*	1.0*	1.0*
7. Number of Non-Adherent behaviors	= 0	0.1	0.3	0.5	0.5	0.3
MITI summary score	= 7	3.9	4.3	3.8	4.2	5.7

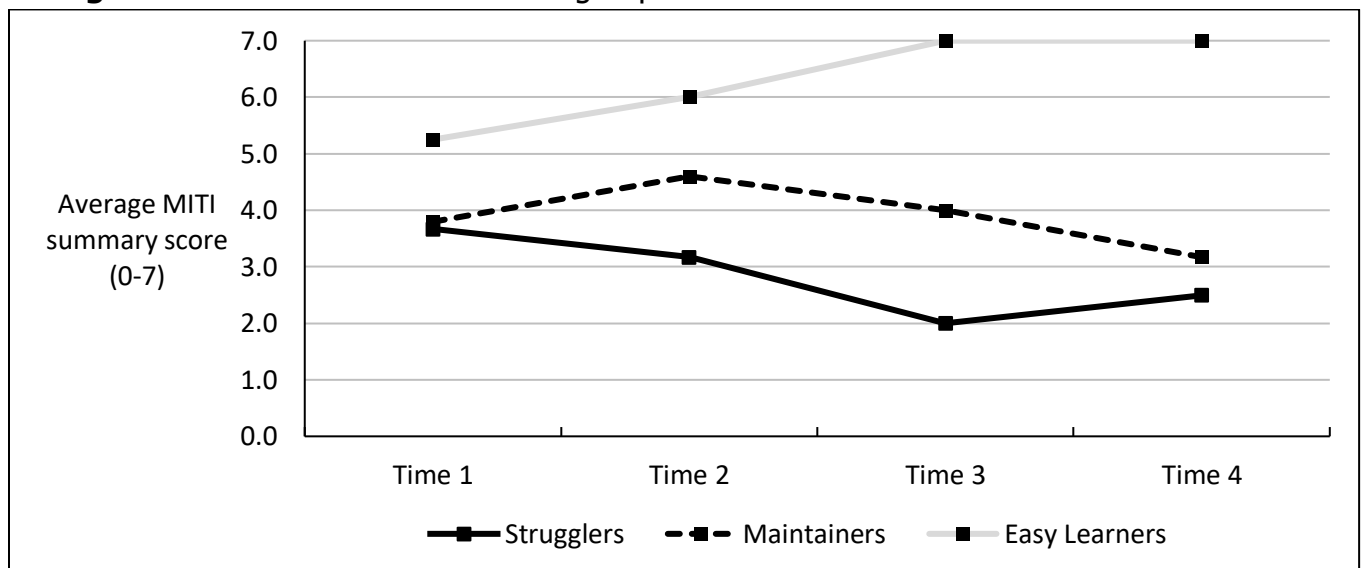
Note: MITI is Motivational Interviewing Treatment Integrity. Asterisk (*) indicates staff average result met basic fidelity standard.

Analysis of fidelity data showed several key findings:

- Training yielded skill gains. At the conclusion of initial training (Time 1), staff were able to demonstrate 65% of basic MI fidelity (3.9/6 MITI measures). This finding is consistent with the MI research that shows staff can demonstrate a moderate degree of skillfulness immediately following MI training.^{17,18}
- Regular coaching maintained skill gains. A series of t-tests were conducted to make pair-wise comparisons of each MITI measure across all assessment times. With the exception of two comparisons, all were statistically non-significant which means, on average, staff maintained skills across time. This finding is consistent with the MI research that shows coaching helps to maintain staff skills following initial training.¹²
- Submitting a practice sample for fidelity review was a new routine. Because Time 1 practice samples were collected during the initial training, there was a high rate (90%) of fidelity review completion; rate of staff practice sample submission at Time 2 dropped to 69%.
- MI was not easy to learn. Only 11 practice samples (16% of total) were assessed at six or seven MITI measures at or above basic fidelity. Staff particularly struggled with the technical component of MI for having change conversations. This finding is consistent with expert opinion that, because MI involves new ways of having change conversations, it not easy an easy practice to learn.¹⁹
- The fidelity data showed three distinct groups of learners. Based on staff who completed at least two fidelity reviews (n = 20), analysis showed three distinct groups of MI learners comprising easy learners, maintainers, and strugglers.

As depicted in **Figure 4**, easy learners (n = 4) showed relatively high average MITI summary scores in Time 1 and were able to demonstrate seven of seven MITI measures (100% basic fidelity) by Time 3. The maintainers (n = 10) showed moderate fidelity at Time 1 then mostly maintained that level of fidelity across time. Strugglers (n = 6) also showed moderate fidelity at Time 1, however, fidelity declined from Time 1 to Time 3. Of note is that there was no statistically significant difference between learner groups at Time 1. What elements of MI practice seemed to separate learner groups? Trends in the data pointed to the following: easy learners and maintainers showed more frequent reflective listening (as a ratio to questions), deeper reflective listening (percentage complex reflection of total reflection), and higher global ratings for the relational foundation.

Figure 4. There were three distinct groups of MI learners.



Staff MI self-assessment results

Integrating MI into services is the hallmark of the initial implementation. Integration is critical for successful implementation because clients cannot experience the anticipated benefits of MI unless it is experienced.^{2,4} As an integration support, staff were asked to complete a weekly MI self-assessment based on an encounter with selected CCS participant during a one-month period following the September 2023 training. The self-assessment captured key elements of MI engaging learned during training. Staff self-assessed aspects of their MI engaging using a dichotomous (yes/no) or 1-5 response scale: 1 (not at all), 2 (a little bit), 3 (somewhat), 4 (quite a bit), 5 (extensively). Staff completed 73 self-assessments with several findings depicted in the following figures.

Figure 5. The most frequently reported MI engaging items were asking open questions (96%) and spending the first few minutes engaging (93%); least frequently MI engaging elements were avoiding the “chat” trap (63%) and offering a summary to conclude engaging (57%).

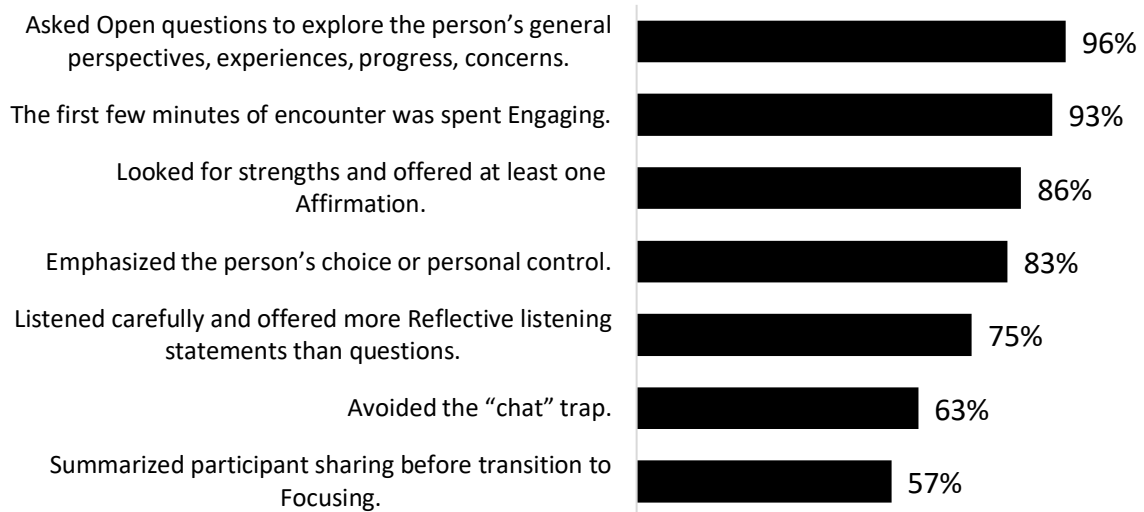


Figure 6. MI engaging items were combined into a single average for each self-assessment. Analysis showed staff significantly increased MI engaging from pre-training baseline (M = 59%) to week one immediately following training (M = 84%), then maintained into weeks two and three.

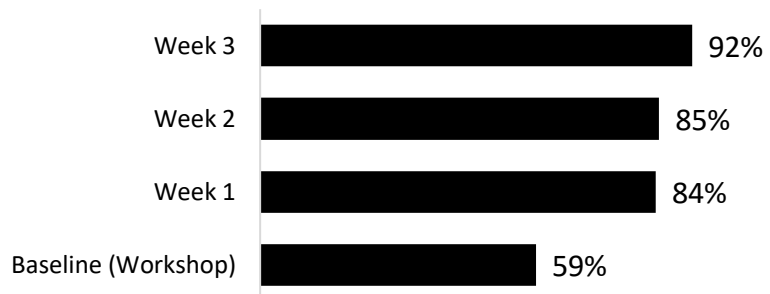


Figure 7. When staff reported frequent use of the MI protocol, significantly more MI engaging happened ($p < .001$) such that when staff frequently used the protocol during client encounters, significantly more MI engaging happened (M = 93% of all MI engaging items) compared to when staff infrequently used the protocol (M = 57%).



Summary and Recommendations

In the two years since launching the MI implementation project, Rock County CCS made significant advances in supporting staff to learn and integrate MI into routine services. Due to the outstanding work of the MI team, ten coaches, and 29 staff participants, the project has progressed to the initial implementation stage. Carefully compiled data offered unique glimpses into the successes and challenges of implementing MI with these highlights:

- **Using an implementation model has been indispensable.** From the beginning of this project, the team endeavored to learn and use tools from the National Implementation Research's Active Implementation Frameworks model.^{1,2,3,4,5} This model has proven to be indispensable for guiding stage-based activities.
- **Implementation can be accomplished with existing resources.** Although DHS provided limited in-kind services, it is remarkable how Rock County CCS creatively allocated existing resources to this project. The biggest resource was the investment of time and attention: by the MI team to develop implementation drivers; by the internal coaches to learn the coaching model, deliver monthly sessions, and conduct quarterly fidelity reviews; and by staff to engage ongoing learning and try new ways of working with MI. An alternative to building this internal capacity would be hiring external MI experts to come in and provide all coaching, fidelity reviews, and feedback to staff. Unfortunately, this approach is cost-prohibitive and not sustainable.²⁰
- **Coaching has been a success.** Several results point to initial successes of the Rock County CCS MI coaching service: staff regularly attended sessions; staff consistently reported positive experiences with the coaching; coaches are using a range of in-session activities; and most importantly, staff MI skill gains initially acquired during training were maintained across time consistent with past evaluations of MI coaching.^{11,12,13}
- **The project has clearly entered the initial implementation stage.** It seems clear that some staff are using some aspects of MI with some CCS participants some of time. However, the fidelity data shows underdeveloped staff skills and attrition with submitting practice samples. Although these observations are normal and expected during initial implementation,^{2,4} the challenges must be effectively addressed if staff are to move through the awkwardness of new ways of working with MI to solidify gains made.

To meet the challenges of initial implementation with ambition toward full MI implementation in 2025, the following is recommended:

MI team

- Address staff struggles with new ways of working by increasing communication around key themes (for example, importance of effective implementation, identifying barriers and designing solutions together, and appreciation/recognition of staff efforts to implement MI).
- Continue codifying CCS-MI integration into policy, procedures, and program structures (for example, MI integration as a standing agenda item in CCS Coordinating Committee meetings).
- Monitor more closely and improve fidelity activities (for example, staff completion of audio recordings with clients after obtaining consent, ensure coaches can demonstrate reliable MITI coding).

DHS

- Work with the MI team to produce video demonstrations of skillful MI integration into CCS.
- Work with the MI team to design half-day booster sessions for advanced MI practice.
- Work with the MI coaches for developing staff learning plans, tailoring supports for strugglers (for example, use of the MI protocol), and tailoring supports for maintainers (for example, documenting MI into CCS notes).

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Appendix

Participants of the Rock County CCS MI Implementation Project, 2022-2023.

<p>MI Implementation Team (Driver Role)</p>	<p>Jenna Singer (Facilitative Administration, System Intervention) Jenna Beeler (Facilitative Administration) Claire MacLennan (Data System) Jason Cliffgard (Coaching, Fidelity) Alyssa Tatge (Coaching, Fidelity) Scott Caldwell (DHS consultant) Kenya Bright (DHS supervisor) Mike Van Sistine (DHS observer, January 2022 - August 2023) Theresa Kuehl (DHS observer, January 2022 - May 2022) Heather Carlson (DHS observer, August 2023 - December 2023)</p>		
<p>Ten MI Coaches</p>	<p>Jenna Singer Jason Cliffgard Alyssa Tatge Sandy Frinzi Tanya Peterson Tim Featherstone Lisa Peterson Ruth Tracy Rachel Bach Zach Melms</p>		
<p>29 MI Staff</p>	<p>Cohort One Angie Wiemiller William Walker Annabelle Strzyzkowski Rebecca Westrick Tina Day Jennifer Cerros Sandra Williams John Strahan Terresa Kinna Beth Jesse Teresa Van Zandt</p>	<p>Cohort Two Nicole Meunchow Melissa Suter Shelley McGinley Nicole Goff Alex Harris Kayla Tucholke TJ Henneberry Janella Atlas Mary Ann Pounds</p>	<p>Lisa Wells Brandi Gaches Julie Stohr Justin Notto Jess Dillard Grace Frey Erin Curtis Sarah Nelson Dana Kruse</p>