Motivational Interviewing Implementation Project in Community Forensics: Report for State Fiscal Year 2020

P-02994 (05/2021)

The purpose of this report is to describe the Motivational Interviewing Implementation Project in two community forensic programs managed by the Wisconsin Department of Health Services: the Conditional Release Program and the Opening Avenues to Reentry Success Program. This multiyear project guides contracted case management agencies to implement motivational interviewing (MI) into these statewide programs. This report describes key activities and results of the project during state fiscal year 2020 (July 1, 2019, through June 30, 2020). First, the rationale for MI is made and a project overview is provided. Next, key project activities are detailed within an implementation framework. Then, results and outcomes are presented. Finally, conclusions are drawn and recommendations are made for state fiscal year 2021.

Why MI?

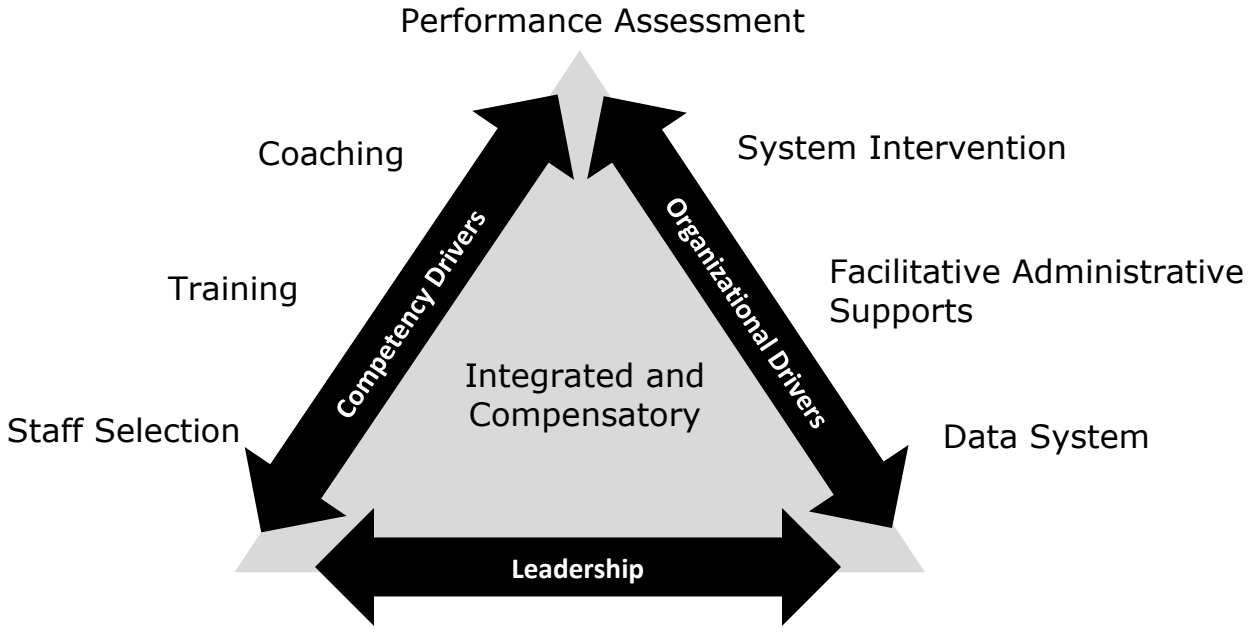
MI is a well-established evidence-based practice in human services designed to promote consumer motivation for positive behavior change.[1] Leadership in the Bureau of Community Forensics Services selected MI as a foundational practice in case management services for five reasons. First, with hundreds of randomized clinical trials, MI has a broad base of evidence for effectiveness.[2] Second, MI is effective across a range of concerns that consumers frequently present in mental health[3] and corrections systems[4, 5] such as illicit substance use, mental health challenges, medication adherence, engagement in services, and following rules of probation; thus MI allows case managers to flexibly use the practice in routine service delivery. Third, as a brief intervention, MI is efficient and cost-effective.[6] Fourth, its emphasis on the relational foundation of services fits with the strengths-based, person-centered care values of the Wisconsin Department of Health Services and contracted case management agencies. Fifth, MI can be learned by anyone regardless of professional background, educational degree, or years of experience, thus making the practice accessible for all case management staff.[7]

Project Overview

Although MI is a well-established evidence-based practice, few human service agencies actually implement the practice.[8] Implementation means that selected providers integrate MI into routine practice with fidelity—that is, delivering the practice as intended. This is an ambitious goal because implementation requires new ways of working. Yet it is only through

implementation that consumers can experience the anticipated benefits of MI. Using the National Implementation Research Network's implementation model,[9] the Wisconsin Department of Health Services partnered with contracted agencies to create, develop, monitor, and improve implementation "drivers" in order to support case manager implementation of MI. Drivers are the necessary infrastructure at system, agency, and provider levels that support the new ways of working. As shown in **Figure 1**, the National Implementation Research Network's implementation drivers framework comprised three sets of integrated drivers including staff competency drivers (staff selection, training, coaching, performance assessment), organizational drivers (system intervention, facilitative administrative supports, data system), and leadership.[10, 11]

Figure 1. The implementation drivers framework from the National Implementation Research Network identifies three sets of integrated drivers.



Project Activities by Implementation Driver

Activities in the MI Implementation Project were guided by the implementation drivers framework for the purpose of building infrastructure and supports for MI. The following provides a brief description of those activities related to organizational drivers (facilitative administrative supports,

data system) and case manager competency drivers (staff selection, training, coaching, performance assessment).

Facilitative Administrative Supports

One of the most important facilitative administrative supports is an implementation team. Research consistently shows that agencies with a well-functioning implementation team have higher rates of implementation success in shorter periods of time compared to agencies without such a team.[12] Implementation teams are a critical resource because they do the work of implementation in terms of monitoring, guiding, coordinating, and improving the process of implementation. In this project, the Wisconsin Department of Health Services and contracted agencies each formed an implementation team comprising key leaders and MI champions (see **APPENDIX**). Implementation teams met within their agencies to oversee the implementation of MI at the agency level. Quarterly, all agency teams met with the state team to recognize successes, to identify implementation challenges, and to engage ongoing quality improvement using the Plan-Do-Study-Act approach.

Implementation teams are a critical resource because they do the work of implementation.

Data System

Data is an important driver because it provides insights into successes and challenges of implementation while serving as a basis for useful decision-making. An MI data system was created specifically for this project. The implementation teams used data to assess, monitor, and improve the implementation process. The data system comprised several sources (see **Table 1**) underscored by implementation and fidelity measures. Implementation measures assessed the quality of implementation such as case manager attendance in coaching sessions and submission of practice samples for fidelity reviews. Fidelity measures assessed the extent to which case managers were able to deliver MI as intended. These measures used standardized, performance-based assessments based on direct observation of practice. The agency implementation teams routinely submitted implementation and fidelity data to the state team, then the state team aggregated, analyzed, and provided quarterly results in a dashboard format. Dashboard results served as the basis for the "study" part of agency Plan-Do-Study-Act quality improvement. At the end of the state fiscal year, data was

compiled, analyzed, and used as the basis of this report (see **Project Results** section below).

Table 1. The MI data system comprised implementation and fidelity measures across multiple sources.

Data Source	Purpose	Type of Measure	Format and Schedule
MI performance assessment based on direct observation (provided by coaches)	Examine the extent to which case managers were able to demonstrate MI fidelity in terms of practice samples (global practice, skills) and knowledge (test)	Fidelity (results of performance assessments) and implementation (rate of completion)	Fidelity data entered into the Department of Health Services SharePoint system quarterly
MI coaching session checklist (completed by coaches)	Examine frequency of in-session coaching activities and rate of case manager attendance	Implementation (rate of session completion, in-session coaching activities)	Electronic Department of Health Services survey completed monthly
MI coaching session evaluation (completed by case managers)	Examine case manager experiences with coaching sessions	Implementation (coaching quality)	Electronic Department of Health Services survey completed monthly
MI self-assessment (completed by case managers)	Examine case manager experiences with integrating MI into practice	Implementation (integration into practice)	Electronic Department of Health Services survey completed monthly

Staff Selection and Training

Case manager competency for implementing MI ideally begins with the hiring process. Several of the contracted agencies have now incorporated questions regarding MI background into the job interview. Because of the importance of accurate empathy and reflective listening for successfully delivering MI, MI researchers recommend that the interviewing process includes direct assessment of applicant listening skills through a behavioral vignette or simulated practice activity.[7, 13] Although there has been consideration among some agencies for incorporating such an activity into their internal interview process, administrative barriers have precluded such a change. Once new case managers are hired, agencies are responsible for onboarding them into the MI Implementation Project. During state fiscal year 2020, 10 new case managers were hired for a total of 52 case managers involved in the project. In March 2020, the state implementation team was prepared to provide a

two-day MI workshop for all case managers, but the event was canceled due to the COVID-19 pandemic.

Coaching

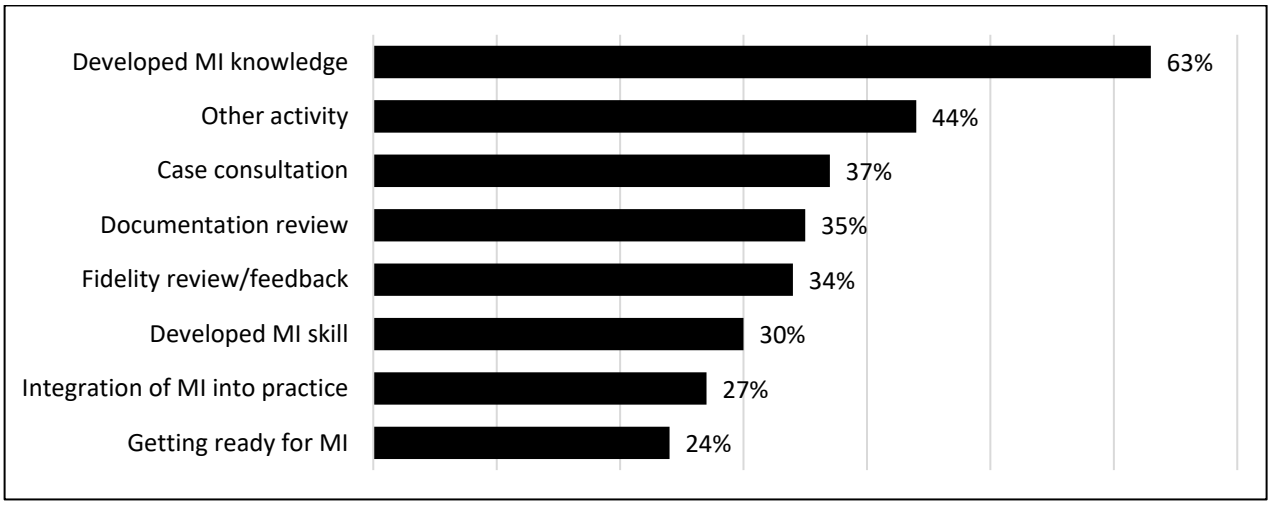
Because providers cannot be expected to "just do it" with evidence-based practice implementation following initial training,[14] regular coaching is necessary for implementation success. Research consistently shows that effective coaching is a driver of evidence-based practice implementation in general[9, 11] and MI specifically.[15, 16] Coaching is necessary for several reasons: it supports case managers to persist through the initial awkwardness and discomfort of trying new ways of working with MI; it helps develop case manager skills and confidence to achieve fidelity; and it provides specific on-the-job guidance for how to integrate MI into routine case management services. In June 2017, the state implementation team rolled out a coaching program for case manager peer coaches. Coaches were selected by their agency director due to their aptitudes, interest, and leadership in MI. There were 11 coaches during state fiscal year 2020 (see **APPENDIX**). The coaches used a coaching model created specifically for the project by the Wisconsin Department of Health Services. The model identified coaching competencies, processes, activities, and tools for working with case managers. A coaching session checklist was developed to guide coaching sessions and to track completion of in-session coaching activities as part of the data system. Each agency implementation team was encouraged to develop a coaching service delivery plan using a template[17] to tailor the structure, procedures, and expectations.

Coaching is necessary following training to support case managers in new ways of working with MI.

As a minimum standard of an effective coaching program,[11] all case managers were expected to participate in monthly coaching sessions. Collectively, MI coaches facilitated 189 sessions. As depicted in **Figure 2**, coaches conducted a range of in-session activities. The most frequent coaching activity was developing case manager knowledge (63% of all coaching activities) followed by case consultation (37%); least frequent activities were discussions about integrating MI into routine practice (27%) and getting ready to learn MI (24%). Of the seven standard coaching activities (not including "other activity"), coaches completed, on average, 2.9 activities per session.

MI coaches facilitated 189 coaching sessions.

Figure 2. Developing case manager MI knowledge was the most frequent coaching activity reported.



Another feature of the MI coaching program was "coaching the coaches." Like learning any complex skill, becoming an effective MI coach takes practice, feedback, and support. The state implementation team provided initial training on the coaching model and periodic one-to-one sessions with each coach to discuss use of the model and develop coach fluency in MI.

Performance Assessment

Performance assessment was a critical driver of implementation because it allowed examination of the extent to which each individual case manager was able to demonstrate fidelity. Without assessing fidelity, it is not possible to know if consumers are experiencing MI as it is intended to be delivered. There were three sets of performance assessments. First, case managers were expected to submit a quarterly audio sample of MI practice for coach fidelity review because there is "no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples."[18] Results of fidelity reviews were provided to case managers during coaching sessions (fidelity review/feedback comprised 34% of total coaching session activities; see **Figure 2**). Feedback emphasized case manager strengths and highlighted areas to improve. Coaches collectively conducted 82 fidelity reviews using the well-established Motivational Interviewing Treatment Integrity (MITI)

Performance assessment based on direct observation was necessary to reliably assess MI fidelity. Coaches conducted 82 assessments of case manager skills and knowledge.

instrument.[19, 20] Coaches were trained to use the MITI to assess case manager global aspects of MI practice, including relational (partnership, empathy) and technical components (cultivating change talk, softening sustain talk) as well as use of skills. To assess skills, coaches coded each case manager utterance into mutually exclusive skill categories, including questions (open vs. closed), reflective listening statements (simple versus complex), and MI adherent behaviors (affirmation, asking permission). Any "non-adherent" or behaviors that were inconsistent with the MI method were also coded (warning, confronting, advising without permission). Fidelity reviews produced seven MITI measures. The second performance assessment was a test of knowledge. Administered quarterly as a written two-page test (fill-in-the-blank, short answer format), the test assessed case manager knowledge of the key concepts, processes, skills, and strategies that comprise the MI method. Coaches administered 82 tests. Finally, case managers were expected to complete a brief monthly self-assessment to examine the extent to which MI was integrated into a particular session with consumer. Case managers collectively completed 364 self-assessments.

Project Results

The state implementation team conducted the data analysis based on the MI data system. Agency implementation and fidelity data was compiled then imported into a statistical software program for detailed statistical analyses. Aggregate results for case managers are reported in terms of descriptive statistics (example: average or mean [M]) and inferential statistics (example: t-tests, analysis of variance, correlation). Inferential statistics were useful to examine differential outcomes of case manager subgroups. A statistically significant difference between groups was assessed when the probability (p) of results due to chance was less than or equal to 5 in 100, that is, $p \leq .05$. Project results are presented for case manager MI performance assessment (fidelity reviews, test of knowledge), case manager self-assessment, coaching outcome, and coaching session evaluation.

Performance Assessment

Case manager submission of practice samples for coach fidelity review and completion of knowledge test was inconsistent across quarters. (Performance assessments were waived during the fourth quarter [April, May, June 2020] due to COVID-19.) Therefore, performance assessment data was aggregated by time of completion. For example, the first assessment completed was

considered "Time 1" regardless of the quarter. For Time 1 performance assessments, the completion rate for fidelity review and test of knowledge was 57% and 88%, respectively; for Time 2 it was 74% and 62%, respectively; no case manager completed a third performance assessment during state fiscal year 2020. As presented in **Table 2**, results showed that average global ratings (relational foundation, technical component) and skills across the seven MITI measures were assessed, on average, above basic fidelity standards on six of seven measures. Fidelity standards were taken from well-established MI sources.[1,19] To simplify analyses, the seven MITI measures were combined into a single MITI summary score for each case manager. The MITI summary score was based on the number of measures each case manager demonstrated at or above basic fidelity to comprise a 0 (no measures at basic fidelity) to 7 (all measures at basic fidelity) scale. Results of analysis of variance showed no statistically significant differences between any MITI measure nor the MITI summary score from Time 1 to Time 2. However, case manager MI knowledge showed significant improvement from Time 1 to Time 2 as evidenced by test scores (see last row, **Table 2**). Improved test scores makes sense given that the most frequent coaching activity was helping case managers to develop MI knowledge (63% of all coaching activities; see **Figure 2**).

Table 2. Average performance assessment results for case managers across time.

MITI Measure	Basic MI Fidelity Standard	Time 1	Time 2	Statistically significant difference between T1 and T2?
Relational Global Ratings Average (1-5)	≥ 3.5	3.8	4.0	No, p = .20
Technical Global Ratings Average (1-5)	≥ 3.0	3.6	3.9	Almost, p = .08
Percentage of Open Questions	≥ 50%	67%	71%	No, p = .53
Percentage of Complex Reflection	≥ 40%	58%	62%	No, p = .43
Ratio of Reflection to Question	≥ 1.0	1.3	1.7	No, p = .23
Number of MI Adherent Behaviors	≥ 1	1.7	2.0	No, p = .43
Number of Non-Adherent Behaviors	= 0	0.2	0.4	No, p = .44
MITI Summary Score Average (0-7)	= 7	5.5	5.8	No, p = .39
Test of Knowledge score	≥ 75%	76.8%	84.0%	Yes, p = .006

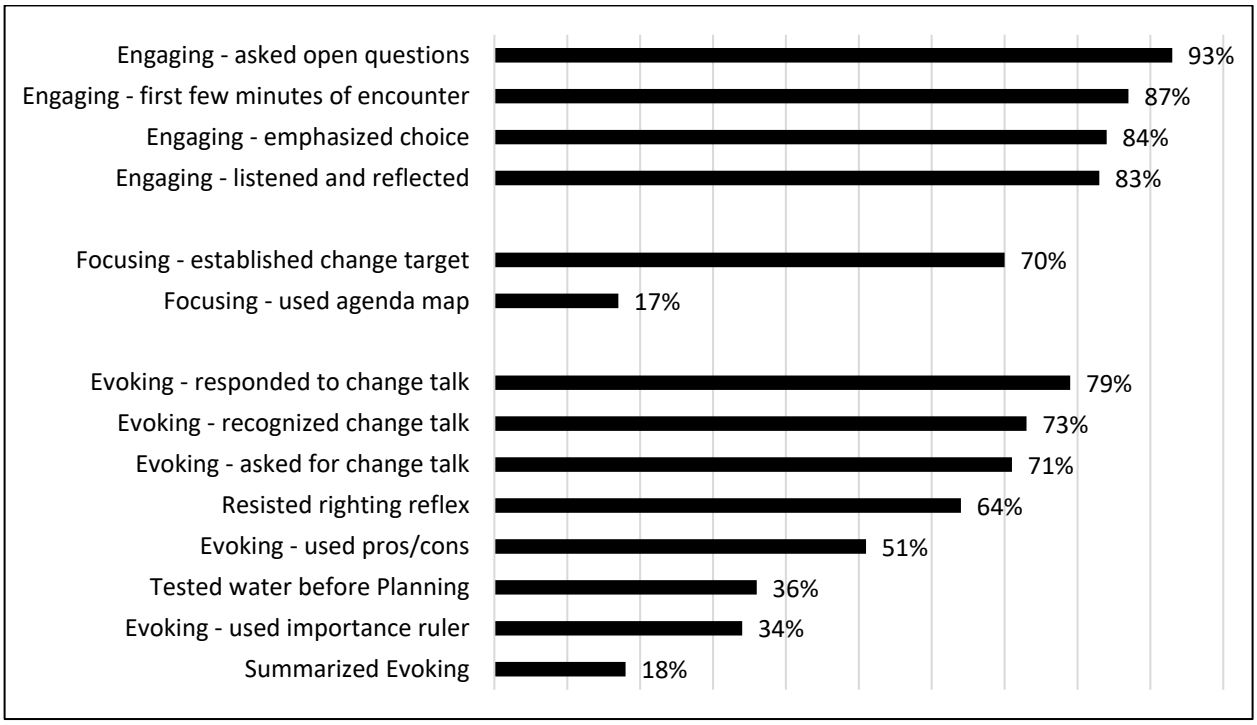
Note. MITI is Motivational Interviewing Treatment Integrity instrument. Basic MI fidelity standards are from well-established MI sources.[1, 19]

Self-Assessment

Case managers completed a monthly self-assessment to examine MI integration during a consumer encounter. The assessment comprised items related to process-specific elements of MI and were assessed as completed or not completed (checklist format). The final item asked case managers to rate the extent to which a MI protocol was used. The MI protocol comprised a one-page summary of MI elements based on the fundamental processes (engaging, focusing, evoking, planning).[1] This protocol was created and disseminated in 2015 as part of an MI toolkit for case managers. In the self-assessment case managers rated the extent to which the protocol was used on this 0-5 scale: 0 (not at all), 1 (a little), 2 (somewhat), 3 (quite a bit), 4 (considerably), or 5 (extensively). Analysis here covered self-assessments completed by case managers during state fiscal year 2019 and state fiscal year 2020 for a total of 708 self-assessments. As shown in **Figure 3**, frequency of MI elements used in practice ranged from 17% (used agenda map during the focusing process) to 93% (asked open questions during the engaging process). Case manager responses to the protocol use item revealed three unique groups: low frequency users (n = 20 self-assessments, 2.8% of total), moderate frequency users (n = 371 self-assessments, 52.6%), and high frequency users (n = 312, 44.0%). Analysis showed that MI elements were integrated into practice at significantly higher rates based on use of protocol use. For example, 33% more engaging and twice as many evoking elements were completed by high frequency protocol users compared to low frequency users. Moreover, high frequency protocol users reported having a change target with consumers twice as often compared to low frequency users. These are important findings because successfully integrating MI into practice requires the presence of these (and other) elements. Another interesting finding was that the number of engaging elements completed was strongly correlated ($r = .25$, $p < .001$) with case manager report of resisting the "righting reflex." Because the righting reflex comprises behaviors that are inconsistent with the MI method (examples: warning, confronting, advising without permission),[1] it makes sense that case manager integration of engaging elements—which promotes a collaborative, productive working relationship with consumers—was associated with less presence of the righting reflex.

Case managers integrated more elements of MI into their work when a protocol was frequently used.

Figure 3. Average frequency of case manager-assessed MI elements (by process: engaging, focusing, evoking) during encounters with consumers.



Coaching

Because research consistently shows that effective coaching is a driver of successful implementation,[9, 11, 15, 16] it was reasonable to expect that regular coaching session attendance by case managers would result in positive learning outcomes. To examine this, three unique groups of case managers were identified in terms of coaching attendance during state fiscal year 2020: no coaching, some coaching, and regular coaching attendance (see **Table 3**).

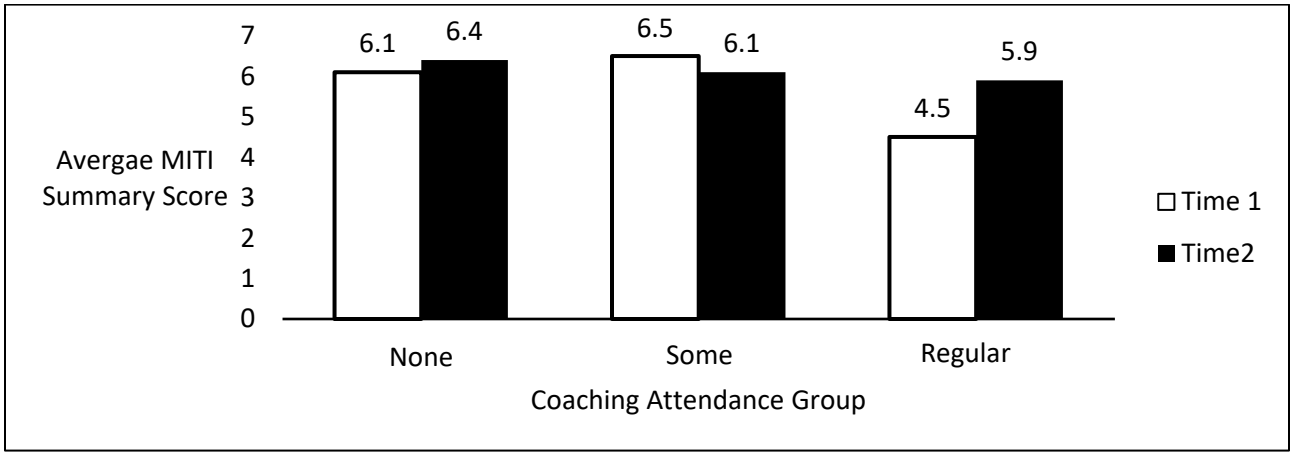
Table 3. Case manager coaching session attendance.

Coaching attendance group	Average number of sessions attended	Standard deviation
No coaching attendance (n = 13, 25% of all case managers)	0.0	0.0
Some coaching attendance (n = 18, 35%)	1.8	1.2
Regular coaching attendance (n = 21, 40%)	7.3	1.5

The *no coaching* attendance group comprised 25% of all case managers and these case managers did not attend any coaching sessions. The *some coaching* attendance group comprised 35% of case managers and these case

managers attended, on average, about two sessions during the year. Finally, the *regular coaching* attendance group comprised the largest number of staff (40%) who attended, on average, about seven sessions. Based on this coaching attendance variable, case manager MITI summary scores (0-7 scale) were examined for Time 1 and Time 2. Analysis of variance showed a statistically significant interaction effect for attendance such that, at Time 1, case managers who were starting regular coaching showed a significantly lower MITI summary score (M = 4.5) compared to those who would attend some sessions (M = 6.5) or no sessions (M = 6.1). However, at Time 2, case managers who had regularly attended coaching sessions showed an increase in MITI summary scores (M = 5.9) to the point that there was no statistical difference with case managers who attended some (M = 6.1) or no coaching (M = 6.4). This interaction effect is depicted in **Figure 4**.

Figure 4. Average MITI summary scores for coaching attendance groups by assessment time.



Coaching Session Evaluation

At the conclusion of each coaching session, case managers anonymously completed a coaching session evaluation survey. The survey comprised five items and case managers rated their experience in the session using a 1-4 response scale with the following anchors: 1 (not at all), 2 (sometimes), 3 (quite a bit), or 4 (extensively). Analysis examined three years of evaluations (fiscal years 2018, 2019, and 2020). A total of 496 evaluations were completed by case managers across 14 coaches. Average results for each evaluation item is presented in **Table 4**. A reliability analysis of the five items showed excellent scale reliability (Cronbach's alpha = .904). Overall aggregated evaluation score was 3.79. Results across time showed that case

managers consistently rated coaching sessions with high levels of satisfaction. Yet further analysis showed some statistically significant differences in evaluation results between individual coaches and agencies. Additionally, results showed a statistically significant effect for time ($p < .001$) such that coaching evaluations completed during state fiscal year 2018 showed significantly higher overall scores ($M = 3.9$) compared to evaluation completed during state fiscal year 2019 ($M = 3.8$) or state fiscal year 2020 ($M = 3.6$). Despite a decline in overall evaluation scores, scores remained relatively high across time.

Case managers consistently rated coaching sessions with high levels of satisfaction.

Table 4. Case manager average ratings of coaching sessions by item.

In the session, to what extent did your MI coach…	Average Score (1-4 scale)
Act as a partner in your learning of MI.	3.78
Help you get ready to integrate MI into everyday work.	3.73
Listen to you to understand your perspectives and experiences with MI.	3.84
Show you that she/he believes in your ability to learn MI to fidelity.	3.84
Help you feel confident in your ability to implement MI.	3.76

Conclusions for State Fiscal Year 2020

The MI Implementation Project represents an innovative and ambitious effort in the Bureau of Community Forensic Services to guide contracted agencies in the process of implementing MI. Carefully compiled data for state fiscal year 2020 provided a unique glimpse into the successes and challenges of MI implementation. The following were key findings in this report.

- **Using an implementation model is critical.** Because implementing an evidence-based practice like MI is a complex process involving multi-level change (system, agency, provider), using an implementation model was critical to conceptualize, plan, and execute the project. The state implementation team selected the National Implementation Research Network's model because it is well-established, available at no cost, and offers useful resources.[9, 17] In particular, the drivers framework was indispensable for identifying what it takes for agencies to support case managers to successfully implement MI.
- **Implementation teams are necessary.** Implementation teams provide a critical resource for agency implementation. The creation of such teams

during state fiscal year 2020 infused energy and focus into the project. Agency teams put attention on developing implementation drivers. In particular, protocols were created for collecting, analyzing, communicating, and using data to improve the project. Teams experimented with using data provided by the state team for improving aspects of the project using the Plan-Do-Study-Act approach. Team focus on quality improvement was important because of the multiple challenges case managers face with getting MI into routine practice with fidelity.

- **Creative use of existing resources can support implementation.** MI in the Conditional Release Program and the Opening Avenues to Reentry Success Program has transformed from an annual train-and-hope event to an ongoing multi-year implementation project. Implementation has required creative use of existing resources and the agency teams partnered with the state team to identify and allocate resources to support implementation. The most important resource was likely staff time. Implementation required time in terms of participating in team meetings, coaching sessions, learning activities, fidelity reviews, and data collection.
- **Coaching makes a difference.** While it was impressive that the case managers who completed performance assessments were able to, on average, demonstrate basic MI fidelity on most measures, it was the case managers with regular coaching attendance who showed the biggest gains in MI skills. Research consistently shows that coaching is critical driver of implementation[9, 11, 15, 16] and this evaluation provides "practice-based evidence" for coaching in three ways. First, case managers who regularly attended coaching sessions showed statistically significant improvements in fidelity review results suggesting that coaching directly contributed to the skill gains. Second, developing case manager knowledge of MI was the most frequently delivered coaching activity and this focus likely drove the statistically significant increase in case manager test scores from Time 1 to Time 2. Third, case managers clearly had very positive experiences with their coaches with consistently high ratings of coaching sessions.
- **Using a protocol promotes MI integration.** Detailed analysis of case manager MI self-assessments revealed that using a simple protocol to guide MI in practice was highly effective. When case managers frequently used the protocol during encounters with consumers, significantly more MI elements were integrated into practice compared to case managers who infrequently used it. This was an important finding because consumers cannot benefit from MI unless they experience it.[9]

Recommendations for State Fiscal Year 2021

Based on the results of this evaluation, there are several recommendations for the state and agency implementation teams to consider. Some of these recommendations are already being acted upon in state fiscal year 2021.

- **Invest in implementation team functions and processes.** Agency teams should consider meeting regularly (examples: bi-weekly to monthly), including a quarterly meeting with the state team, with a focus partly on developing team functions and processes based on best practice guidelines.[11, 12] For example, having clear roles, an agenda, and notes that identify action items are some processes that support effective team meetings. Additionally, having fluency in the National Implementation Research Network's implementation model (examples: the drivers framework, quality improvement with the Plan-Do-Study-Act approach) is important for team members to possess.
- **Continue focused attention on developing implementation drivers.** Agency teams should continue to complete an annual assessment of implementation drivers with strategic planning for how to develop key driver elements. In particular, attention to developing and integrating the overlapping elements of coaching, performance assessment, and data system drivers with facilitative administrative supports will likely increase case manager success with MI implementation.
- **Continue investing in the MI coaching program.** Developing coach competencies is critical for positive case manager learning outcomes. Each agency team should develop and refine their coaching service delivery plan to clarify the structure, expectations, and accountability of coaching. The state team should provide more consistent coaching-the-coaches. Additionally, coaching-the-coaches should focus on increasing coach confidence, comfort, and confidence in using the Wisconsin Department of Health Services MI coaching toolkit. This recommendation is based on the in-session coaching activity data that showed "other activity" as the second most frequently delivered activity (44% of all coaching activities). Given that the MI coaching toolkit includes essential coaching activities, it is unclear what "other" activities coaches are delivering.
- **Better utilize data.** To increase the efficiency and effectiveness of data, the state implementation team should make several revisions to the MI data system. First, electronic surveys (examples: MI coaching session checklist, MI self-assessment) should be revised to ensure efficient

completion, meaningful analysis, and timely feedback. Second, a standardized procedure is needed for agency submission of case manager performance assessment results (examples: practice sample fidelity reviews, test of knowledge scores). The state team should create a central database (example: SharePoint MI folder) so that agencies can upload their data. Standardization will save time and will reduce the human error that comes with re-entering data from multiple sources. Third, data should be made available to the agency implementation teams. For example, case manager MI self-assessment results should be made available to their assigned coach as part of the coaching process; coaching session attendance data should be routinely provided to agency teams to identify case managers who are not attending coaching sessions. This last point is important because during state fiscal year 2020 coaching session attendance was minimal or nonexistent for 60% of case managers. With the state team more routinely reporting data, the agency teams will be better positioned to make informed decisions to improve implementation.

- **Certify case managers in MI.** An important use of fidelity data should be to identify those case managers who are consistently demonstrating MI with fidelity as evidenced by results of performance assessments. It is recommended that agencies describe a clear policy in their coaching service delivery plan for certifying case managers at basic and advanced levels of MI fidelity. It is recommended that certification criteria is based on case manager demonstration of all fidelity measures assessed at or above the standards (see **Table 2** for basic fidelity standards) in two consecutive practice samples within a 6 month period. When case managers become certified in advanced MI fidelity (same criteria), frequency of practice sample submission should decrease.

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APPENDIX

Participation by agency and role

- Adult Care Consultants
  - Implementation Team: Kim Buyeske, Katie Schellinger, Donna Derengowski, Brooke Bornemann, Tony Stapel
  - MI Coaches: Donna Derengowski, Eric Meyer, Katie Schellinger

- Journey Mental Health Center
  - Implementation Team: Kim Fisher, Jeanne Louther
  - MI Coach: Jeanne Louther

- Lutheran Social Services – North
  - Implementation Team: Sally Fleischman, Ann McDonald, Rachel Harrison
  - MI Coaches: Ann McDonald, Rachel Harrison

- Lutheran Social Services – West
  - Implementation Team: Travis Gaetz, Jessica Olson, Sara Spoehr, Sherfeng Vue
  - MI Coach: Sara Spoehr

- Wisconsin Community Services
  - Implementation Team: Lori Akstulewicz, Lisa Reichenberger, Andrea Gage, Brittany Taff, Matt Ziegler
  - MI Coaches: Matt Ziegler, Terrell Harris, LaTosha Logwood, Hannah Schneider, Brittany Taff

- Wisconsin Department of Health Services
  - Implementation Team: Scott Caldwell, Alyssa Fisher, Katie Martinez
  - Coaches of the MI Coaches: Scott Caldwell, Alyssa Fisher