# Center for Care Innovations

# *PHASE and TC3 Motivational Interviewing Community of Practice*

# Request for Applications

## **Organization Narrative Questions**

Organization Name:

Please respond to the following questions in a Word or PDF document and upload it to the Application Form.

1. Please share with us some of the ways your organization already supports skilled communication with patients.
2. Your organization may already be engaged in supporting MI practices. Tell us a bit more about what your organization does currently to embed motivational interviewing principles and skills in care delivery.
3. Why is your organization applying for the MI CoP and how does it align with your planned work for PHASE or TC3?

There is an expectation for participating organizations to send the same 2 or 3 individuals to the following 4 MI workshops, and for those individuals to become MI facilitators for your organization or clinic network.

* Tuesday, January 21, 2020, 9:30am- 3:30pm
* Tuesday, February 18, 2020, 9:30am- 3:30pm
* Tuesday, March 17, 2020, 9:30am- 3:30pm
* Tuesday, April 14, 2020, 9:30am- 3:30pm
1. What are your initial thoughts on how to ensure the individuals you send will have protected time between January and April for the workshops, homework, and practice (approximately 10 hours a month)?
2. What are your initial thoughts about infrastructure support for the MI facilitators conducting workshops during and after the course? (For example, who will schedule workshops? how will participants be informed? who will make room reservations? etc.)
3. How competent and effective do you feel your workforce is in regard to using MI communication techniques? (1-10, 1 is not competent at all, 10 is incredibly competent and effective)
4. At your organization (or if you represent a consortium, among your member health centers), how widespread is MI expertise? (1-10, 1 is very localized, only a few people use MI; 10 is every single person in the organization uses MI competently and consistently)
5. What are the names of the selected to participate in the MI CoP? How and why were they selected?

Please have the chosen individuals each fill out the attached Facilitator Narrative Response and submit with this form.