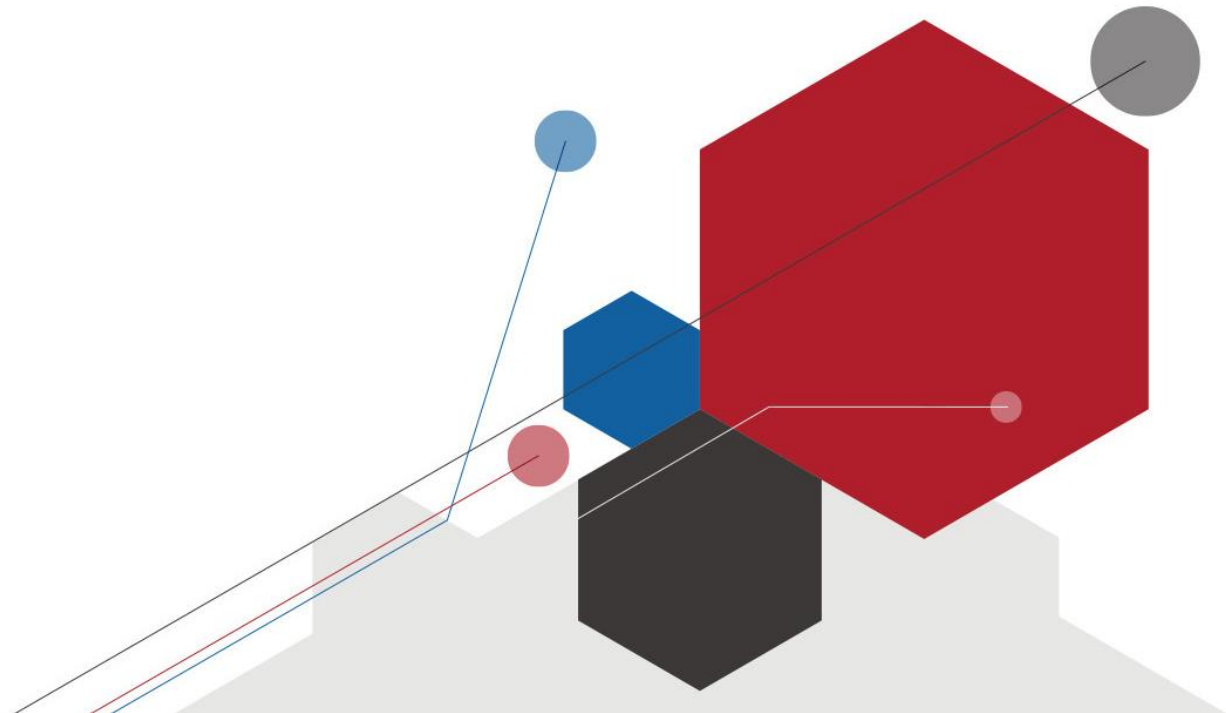# MOTIVATIONAL INTERVIEWING RESEARCH FINDINGS

August 2016   Social Research and Demonstration Corporation

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1. Introduction

2. Project scope and implementation

3. Client reach and participant profile

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MI is part of a system-wide response to supporting growing caseload

The EIA caseload in Winnipeg has been growing dramatically since 2011, largely due to growth in the GA caseload:

- While the number of new GA cases per month has remained relatively stable, exit rates have decreased.

- Employment service participation rates have also dropped, which is reflected by staff concerns that many clients want to move forward, but appropriate programming is not available.

In response to this trend, Manitoba has launched several system-wide initiatives to better support EIA clients in their transition to independence and labour market attachment, including:

- More accurate, efficient, and timely client assessment and service allocation using ETA and ETA 2.0.

- A transformed employment programming continuum that better meets client needs, including innovative programs such as Manitoba Works for clients facing greater labour market barriers.

- Moving from a context of compliance to one of engagement at EIA offices to better support clients in making the first steps towards employment.

Motivational Interviewing represents a key pillar of the transformation within EIA, by equipping caseworkers with the tools needed to support clients to take the next steps towards independence and collaboratively plan how to get there.

SUMMARY OF KEY FINDINGS

1. **MI clients were more likely to exit EIA**

- **6.8%** more of the GA and SP participants who received MI exited the EIA caseload 9 – 12 months after enrolment, and after adjusting for differences between MI and non-MI clients this impact only decreases slightly to **6.3%.**

- After factoring in training costs this saves a net of **$405 per client** on average in EIA payments over this period, resulting in overall savings of **$161,595,** with more savings likely to accrue over time.

2. **MI was effective for a range of clients**

- Participants who received MI closely resembled the overall GA and SP caseload.

3. **Staff viewed MI as effective, but were more comfortable with existing practices**

- In focus groups, staff noted that MI improved their self-efficacy in supporting clients and the quality of their interactions with clients.

- Survey results showed that while the majority of caseworkers trained in MI viewed it positively, caseworkers who were not trained in MI indicated greater confidence in the effectiveness of their practice.

4. **System barriers and availability of programming may limit the effectiveness of MI**

- Staff felt that internal EIA processes and regulations may limit the effectiveness of MI by reducing the chances to engage clients in effective change conversations.

- Staff noted limited referral options, and long wait times may have prevented motivated clients from taking next steps to programming.

Project scope and implementation

Implementing and evaluating MI

Evaluation measures effectiveness, feasibility, and key implementation factors

SRDC was engaged to answer four primary questions:

- **Which clients do caseworkers use MI with? –** What are the characteristics of EIA clients that received MI? What are their goals, and what barriers do they face?

- **Is MI effective? –** Are clients who receive MI more likely to make positive life changes, such as accomplishing personal goals, connecting to employment services, and exiting the EIA caseload?

- **Is integrating MI into Manitoba's EIA system feasible? –** Can caseworkers effectively integrate MI into their day-to-day practice, and do they view it as a valuable addition to their case management skill set? Is the program a high-value public investment, and would a sufficient number of EIA clients benefit from it?

- **What key factors affect MI's effectiveness? –** Does MI work better for some client groups than others? What factors have caseworkers identified as critical to the success of MI?

Design compared using MI to using broader "intentional practice"

- To evaluate effectiveness, we compared the outcomes of clients who received two different interventions – Motivational Interviewing (MI) and Intentional Practice (IP).

- Comparing MI to another intervention allowed us to assess the effect of a change in the type of counselling a client received rather than the amount of counselling of they received.

- This allowed us to be confident that any effects on clients were due to the unique features of the MI approach, rather than to specific factors, such as greater caseworker attention and interaction.

- It also helped to ensure that caseworkers who were not trained in MI remained engaged in the study.

Motivational Interviewing is a collaborative, goal-oriented style of communication that focuses on the language of change.

➢ Designed to strengthen personal motivation and commitment to goals by exploring an individual's own reasons for wanting to change.

➢ Applied in situations where people have mixed feelings about change or face difficulty in following through with plans to change.

Intentional Practice encourages caseworkers to have more deliberate conversations with their clients to help them reach their goals, but it does not specify how this should occur.

Design isolated effect of MI while accounting for EIA system restrictions

EIA system features were taken into consideration when designing the evaluation

- EIA processes and programming referrals/pathways were changing during the study period, so the design needed to separate the effect of MI from the effect of other adjustments.

- Different EIA offices serve client groups with different profiles, so direct comparisons between individual offices would likely produce misleading results.

- Transfer of staff between offices, turnover, and community of practice within offices meant that having only some case coordinators (CCOs) receive training within a given office would not usually be feasible.

With these considerations in mind, we developed a quasi-experimental evaluation approach

- Historical statistics of EIA offices were analyzed to generate two groups of offices with similar client profiles.

- Each group was randomly assigned to either receive MI training (program group) or not (control group), with the exception of Training and Employment Services (TES) and Centralized Services (CS) offices, where training was randomly assigned at the staff level.

- This assignment allowed as unbiased a comparison as possible, by providing two large pools of clients which were similar on all aspects except for whether they had received MI.

Caseworkers at half of Winnipeg's EIA offices received MI training

- In Fall – Winter 2014-15, EIA offices were divided into two groups – an MI group who received training, and a non-MI group who did not.

- Training entire offices allowed communities of practice to develop, while also testing the feasibility of implementing MI across all staff within an office (instead of limiting it to specialists).
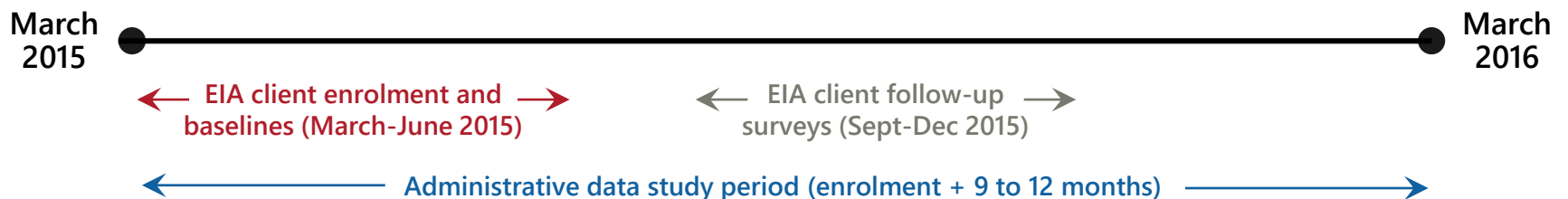
MI	Non-MI
St. James Assiniboia	Access River East
Downtown Point Douglas	Access Transcona
Inkster	Downtown East
St. Boniface	Downtown West
St. Vital	Fort Garry / River Heights
	Seven Oaks

Centralized Services *(CCOs randomly assigned to receive training)*

Training and Employment Services *(CDCs randomly assigned to receive training)*

Staff played crucial role in evaluation by enrolling clients and collecting data

207 MI and non-MI staff delivered MI / IP and supported the evaluation throughout the study period.

- Staff enrolled over **1,100** clients from three sources – a randomly assigned list from their existing caseload, clients they selected from their existing caseload, and new intakes.

- Staff encouraged each client they enrolled to complete a baseline survey, as well as client-perspective surveys after each MI or IP conversation.

- Both MI and non-MI staff provided feedback on indicators of client progress and survey design.

- Non-MI staff engaged in research activities and focused on "intentional practice" (IP) counselling with clients, to ensure that detailed data was collected for the non-MI group, and to minimize differences between the activities of the two groups that weren't directly related to MI.

- Staff also completed baseline, follow-up, and field-notes surveys, and participated in focus groups.

- Office supervisors and EIA policy and management staff provided ongoing support for design and implementation through strategic discussions and EIA Common Table meetings.

March 2015 ●——————————————————————————● **March 2016**

←— **EIA client enrolment and baselines (March-June 2015)** —→   ←— **EIA client follow-up surveys (Sept-Dec 2015)** —→

←———————— **Administrative data study period (enrolment + 9 to 12 months)** ————————→

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EVALUATION DATA SOURCES

Administrative data	Client surveys	Staff focus groups	Staff surveys
- SAMIN (EIA) and SPRS/ICM (employment service) datasets - Provide baseline client characteristics, demographics, and case history - Track EIA receipt and employment service use outcomes	- Baseline, follow-up, and perspectives surveys - Provide baseline information on client motivation, confidence, and goals - Track changes in these factors and progress toward goals	- Focus groups with CCOs, CDCs, and supervisors - Capture detailed staff insights into experience of delivering MI or IP, including barriers, key success factors, and overall impression of approach	- Baseline, follow-up, and field-notes surveys - Measure staff experiences delivering MI or IP, including reflections on individual client conversations, and how MI / IP affected their overall self-efficacy at work
Used to answer	**Used to answer**	**Used to answer**	**Used to answer**
- What are baseline client demographics / case characteristics? - Who engaged in employment services? - Who exited the caseload? - Did MI impact these outcomes?	- What are baseline client levels of motivation and goals? - Do motivation levels change over time? - Do clients accomplish their goals? - Did MI impact these outcomes?	- What do staff view as the main barriers to implementing MI / IP? - What do they view as key factors needed for it to work? - Do staff view MI as a valuable approach, and why?	- What are baseline levels of staff self-efficacy in working with clients? - Did MI impact staff self-efficacy? - What do staff view as the overall barriers to implementing MI and key success factors? - Do staff view MI as a valuable approach overall?

Client reach and participant profile

Which clients do caseworkers use MI with?

MI and non-MI clients have a range of characteristics, barriers, and goals

Analyzing who was enrolled helps us to understand:

- The differences between clients who received MI and those who did not receive MI on a number of dimensions, to determine the degree to which the study made a fair comparison between groups.

- The barriers that clients face that MI/IP may help them overcome, and the goals that MI/IP helped clients to achieve, to identify the areas in which MI/IP may be effective in supporting clients.

- The differences between clients who received MI/IP and the overall EIA caseload, to determine the degree to which the clients served during the pilot are representative of the caseload in general.

Clients who received MI were very similar to those who did not

		Total (N=1,114)	Program (N=445)	Control (N=669)
Age (avg.)		35.3	35.6	35.0
Male		27.1%	27.6%	26.8%
Aboriginal		54.0%	57.5%	51.7%
Immigrant		11.6%	11.5%	11.7%
Education	No high-school diploma	64.4%	64.9%	64.0%
	High-school diploma	25.7%	24.0%	26.8%
	Post-secondary credential	4.9%	5.6%	4.5%
Total years on EIA over past decade (avg.)		4.7	4.7	4.7
Case category	General Assistance	37.0%	43.1%	32.9%
	Single Parent	48.5%	46.5%	49.8%
	Disability	14.5%	10.3%	17.3%

Clients face a range of barriers that vary by case category

- A substantial proportion of participants reported facing barriers to functioning individually and within the community, and these were more common among participants on the disability caseload.

- Participants on the GA caseload were more likely than single parents to face barriers in solving problems and learning new things.

- Single parents were more likely to face other day-to-day barriers and perceived judgement from others.

- Some participants, particularly those on the disability caseload, reported difficulty in maintaining habits, such as waking up at a scheduled time and eating healthy meals.

- Certain barriers predict staying on the caseload – in particular, clients who had difficulties remembering to do important things, dealing with new people, getting along with close friends and family, and dealing with day-to-day barriers were more likely to remain on the caseload at follow up (March 2016).
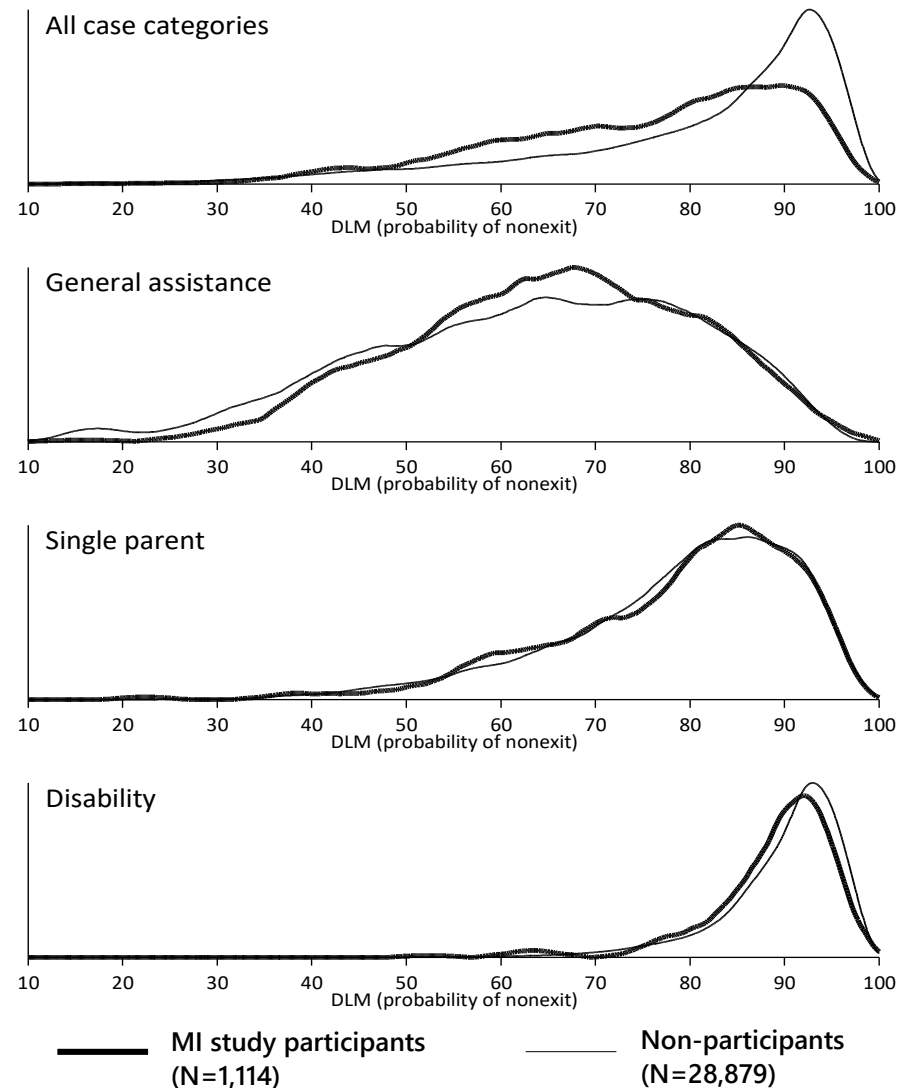
CLIENT BARRIERS

	Barrier	Case category		
		GA (N=412)	**SP** (N=540)	**DIS** (N=162)
% of clients who agree or strongly agree that they have difficulty with –	Remembering important tasks	42.6%	40.9%	59.0%
	Learning new things	35.5%	24.9%	31.6%
	Solving day-to-day problems	39.7%	32.8%	46.8%
	Dealing with new people	34.4%	26.5%	48.4%
	Getting along with friends and family	37.8%	32.2%	42.4%
	Dealing with day-to-day barriers	39.8%	42.8%	63.1%
	Perceived judgement from others	29.2%	35.2%	44.0%
	Joining activities in the community	36.9%	37.7%	52.9%
% of clients who 'almost never' or 'rarely' –	Wake up at a scheduled time	9.4%	6.9%	30.0%
	Eat healthy meals	19.1%	16.2%	26.9%
	Make it to appointments on time	3.9%	3.9%	7.7%

Source – Baseline survey

Study participants had estimated probabilities of caseload exit that were similar to non-participants in their case category

- Using historical EIA data, we built models predicting the probability of clients exiting the caseload within 12 months, as a measure of overall labour market barriers.

- Overall, MI participants had a lower average probability than the total caseload due to a lower portion of MI participants being drawn from the disability caseload.

- However, within each case category, probabilities are similar for MI study participants and non-participants.

- GA study participants had higher probabilities than the overall GA caseload, while DIS study participants had slightly lower probabilities than the overall DIS caseload.

All case categories
DLM (probability of nonexit)

General assistance
DLM (probability of nonexit)

Single parent
DLM (probability of nonexit)

Disability
DLM (probability of nonexit)

MI study participants (N=1,114)   Non-participants (N=28,879)

Source: SAMIN and MI study data.

Source – SAMIN data for enrolled clients and the general caseload

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PARTICIPANT GOALS, MOTIVATION, AND CONFIDENCE

Participants identified a range of goals but mostly focused on education & employment

- Steps identified by participants at baseline were categorized into 9 different goal types.

- Most GA and SP participants identified job- or education-related goals.

- A much smaller proportion of DIS participants identified a job-related goal, and almost one-third had a health-related goal.

Goal type	Case category		
	GA (N=372)	**SP** (N=490)	**DIS** (N=144)
Job	26.1%	22.7%	9.0%
Education	43.3%	53.1%	31.9%
Childcare	1.3%	6.5%	–
Health	11.6%	6.5%	31.3%
Housing	3.0%	4.3%	6.9%
Language	2.2%	0.6%	–
Motivation and planning	10.2%	8.2%	8.3%
Stabilization	3.5%	1.8%	2.1%
Other	9.9%	8.6%	18.1%

Source – Baseline survey data for clients who identified at least one goal

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PARTICIPANT GOALS, MOTIVATION, AND CONFIDENCE

Participants were confident in their ability to take next steps and achieve goals

- **96%** of participants agreed that it was important they achieved their goal.

- **85%** of participants agreed that they were confident that they could achieve their goal.

- Confidence was lower for goals related to health and housing, and higher for education-related goals.

- All of the participants who identified language or stabilization goals agreed that their goal was important, but they had the lowest confidence in their ability to achieve it.

- Self-reported confidence is only one aspect of motivation, so client responses may not be representative of overall level of motivation.

Goal type	Importance "Taking this step is important to me."	Confidence "I am confident I can take this step."
Job	96.3%	84.9%
Education	96.8%	89.6%
Childcare	97.3%	86.1%
Health	94.0%	76.5%
Housing	97.6%	81.0%
Language	100.0%	72.7%
Motivation and planning	95.5%	79.8%
Stabilization	100.0%	72.0%
Other	87.3%	83.5%

Source – Baseline survey data for clients who identified at least one goal (N=1,006)

Impact of MI on client-caseworker conversations

How did caseworkers and clients experience MI / IP?

MI and non-MI clients viewed their conversations with staff positively

- After meeting with their CCO, both MI and non-MI clients reported that their caseworker supported their autonomy, helped them see their strengths, helped them see both sides of a problem, and was interested in their solutions.

- Clients who worked with MI CCOs were more likely to say that the CCO was interested in the client's own solutions and less likely to say that the CCO helped them plan.

- This suggests that MI conversations may have been less directive than the conversations that non-MI trained staff had with clients.

		MI (N=233)	Non-MI (N=277)	Impact
% of clients who agree or strongly agree –	Caseworker thinks I know what is best for me	77.2%	74.9%	2.3%
	I felt hurried talking with my caseworker	3.4%	5.8%	-2.4%
	Caseworker helped me see my strengths	77.2%	78.5%	-1.3%
	Caseworker told me what to do	14.3%	16.0%	-1.7%
	Caseworker was interested in my solutions	87.1%	79.9%	7.2%
	Caseworker helped me see both sides of a problem	79.6%	79.9%	-0.3%
	Meeting was helpful in helping me move forward	88.8%	87.5%	1.3%
	Caseworker helped me plan	81.3%	86.9%	-5.6%

Source – Client Perspectives survey

MI caseworkers less likely to perceive clients as having motivational or system barriers

- After meeting with their clients, an equal proportion of both MI and non-MI caseworkers indicated that personal factors unrelated to motivation were preventing their clients from moving forward and exiting EIA.

- However, MI caseworkers were significantly less likely than non-MI caseworkers to believe that motivational and system factors were preventing clients from making progress towards independence.

- This suggests that MI training may have changed caseworkers' understanding of motivational barriers or their ability to identify client motivation.

- Although the impact on system factors is more difficult to explain, it is possible that by emphasizing the importance of each client's own solutions, MI-trained caseworkers were less likely to rely on referrals or other system supports.

		MI (N=143)	Non-MI (N=153)	Impact
% of caseworkers who agree or strongly agree that following factors are a barrier to client exiting EIA –	Motivational factors (e.g. motivation to seek employment or participate in programming)	26.2%	40.0%	-13.8%
	Other personal factors (e.g. life stability, health)	61.9%	63.1%	-1.2%
	System factors (e.g. difficulties in referrals, unavailable supports)	22.7%	38.5%	-15.8%

Source – Staff Field Notes survey

MI caseworkers more likely to report increases in client motivation and confidence after conversations

- After meeting each client, caseworkers were asked to rate the extent to which they thought clients recognized that taking next steps was important and that they were confident in taking these steps, at the start and end of the conversation.

- MI-trained caseworkers were more likely than non-MI caseworkers to report that client recognition of the importance of taking steps toward exiting EIA increased during their conversations.

- They were also more likely to indicate that they saw an increase in their client's confidence to take these steps by the end of the conversation, compared to non-MI caseworkers.

		MI (N=143)	Non-MI (N=153)	Impact
% of caseworkers who reported that the following increased by the end of the conversation –	Client's recognition of the importance of taking steps toward EIA exit	27.9%	16.9%	11.0%
	Client's confidence in taking steps toward EIA exit	27.1%	20.0%	7.1%

Source – Staff Field Notes survey

Impact of MI on client outcomes

Does MI represent an effective intervention for EIA clients?

We estimate the impact of MI on three key client outcomes

1. **EIA exit –** Whether the client was no longer drawing EIA benefits in March 2016 (9 to 12 months after enrolment)

2. **Employment service usage –** Whether the client started receiving employment services any time after the first month of the study (up until November 2015)

3. **Pursuit of goals –** Whether the client made progress towards, completed, or identified a goal at follow-up

Adjusting for client characteristics increases accuracy of impact estimates

- We estimate the impact of MI for each outcome as the difference in the outcome across the program and control group.

- Although the assignment process created MI and non-MI groups with very similar profiles, we found some small differences between the two groups that could cause minor biases in impact estimates.

- To account for these small differences, we considered an *adjusted* version of the estimate, which statistically adjusts each result to reflect what we would expect if the groups were the same on all observable characteristics.

- As the unadjusted and adjusted results were very similar, we present unadjusted impact estimates for the three key outcomes (unless otherwise specified).

EIA EXIT OUTCOMES AND IMPACTS

MI clients are more likely to exit EIA

- Among the GA and SP caseload, **21.0%** of non-MI clients were no longer drawing EIA in March 2016.

- MI further improved upon this result with **27.8%** of MI clients no longer drawing EIA in March 2016.

  - ➢ MI clients were **6.8 percentage points** more likely than non-MI clients to have exited the EIA caseload 9 to 12 months after enrolment.

  - ➢ After adjusting for differences between MI and non-MI clients, this impact decreases slightly to **6.3 percentage points**.

- This is equivalent to a GA or SP client being **30% more likely** to exit if they received MI than if they didn't (after adjusting for differences).

- MI did not have a significant impact on EIA exit among disability clients.

Source – SAMIN data for enrolled clients

Non-MI group (N=553)

MI group (N=399)
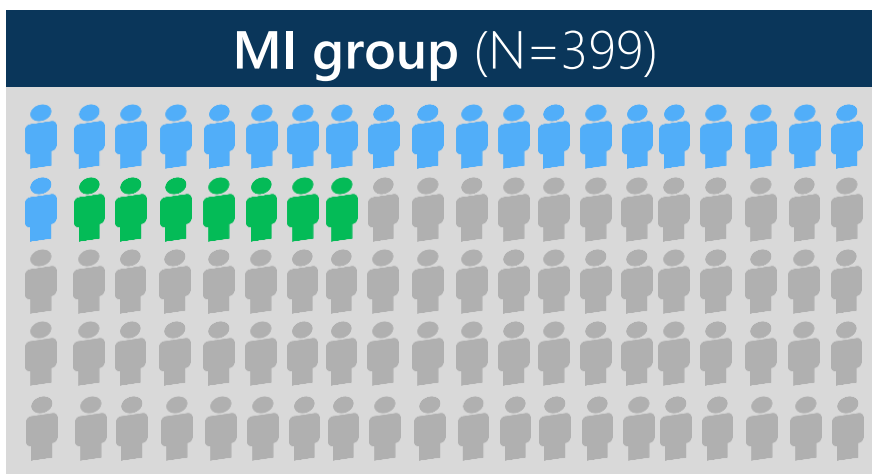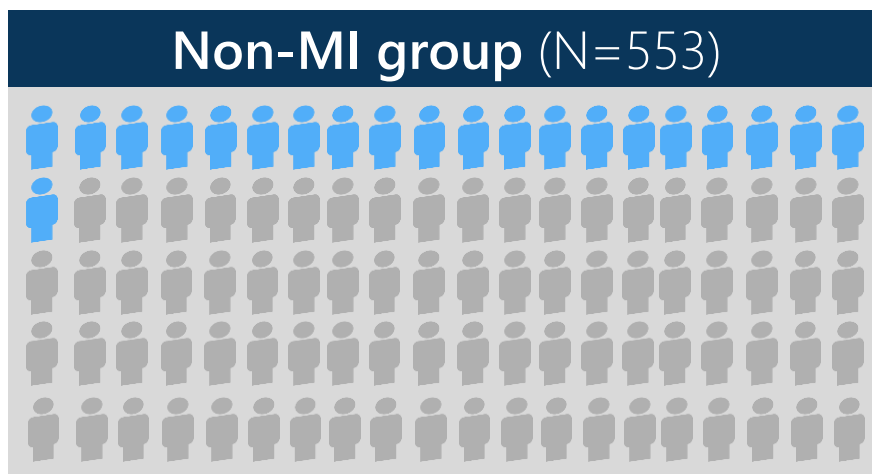
Left EIA due to non-MI factors   Left EIA due to MI   Did not leave EIA

MI impacts EIA exit quickly

- The difference between percentage of MI and non-MI clients who exit EIA grows over time

- MI takes some time to fully work, but starts to produce some effects quickly

- MI's impact stabilized within 4 to 7 months of the enrolment period, and this impact has been sustained over the medium-term

- Additional data for the months following March 2016 would allow for a better understanding of MI's long-term impact on EIA exit

Proportion of participants who exited caseload

Source – SAMIN data for enrolled GA (N=412) and SP (N=540) clients

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Recidivism was not higher among MI clients, and MI may have reduced it

- Of the 15.4% of GA and SP non-MI clients who exited EIA during the study, 30.6% (*N*=26) returned to the caseload by March 2016.

- In comparison, of the 23.6% GA and SP MI clients exited EIA during the study and 25.5% (*N*=24) of these clients returned to the caseload by March 2016.

  ➢ MI clients who exited were 5.1 percentage points less likely to return to EIA than non-MI clients who exited.

- This impact difference is <u>not statistically significant</u>, so we can't confidently say that MI reduces the number of individuals who return to the caseload after exit.

- However, this finding does strongly suggest that MI clients who exited the caseload are not at increased risk of returning to EIA, and that clients who exit EIA due to MI tend to stay off of the caseload in the short term.

Source – SAMIN data for enrolled GA and SP clients

MI did not have an impact on employment service usage

- Clients who received MI were no more likely than non-MI clients to start employment services between study enrolment and November 2015.

- These findings may be related to the lack of referral options and/or long wait times identified by CCO during focus groups.

- There was also no significant relationships between starting EAS or TES and exiting EIA 5 to 8 months after enrolment, suggesting that it may take a greater period of time for employment services to help clients become independent of EIA.

Type		MI (N=399)	Non-MI (N=553)	Impact
EAS	Unadjusted	25.8%	28.0%	-2.2 percentage points
	Adjusted for client characteristics	25.7%	27.3%	-1.6 percentage points
TES	Unadjusted	27.8%	24.4%	3.4 percentage points
	Adjusted for client characteristics	26.8%	26.2%	-0.6 percentage points

Source – SAMIN, SPRS, and ICM data for enrolled GA and SP clients
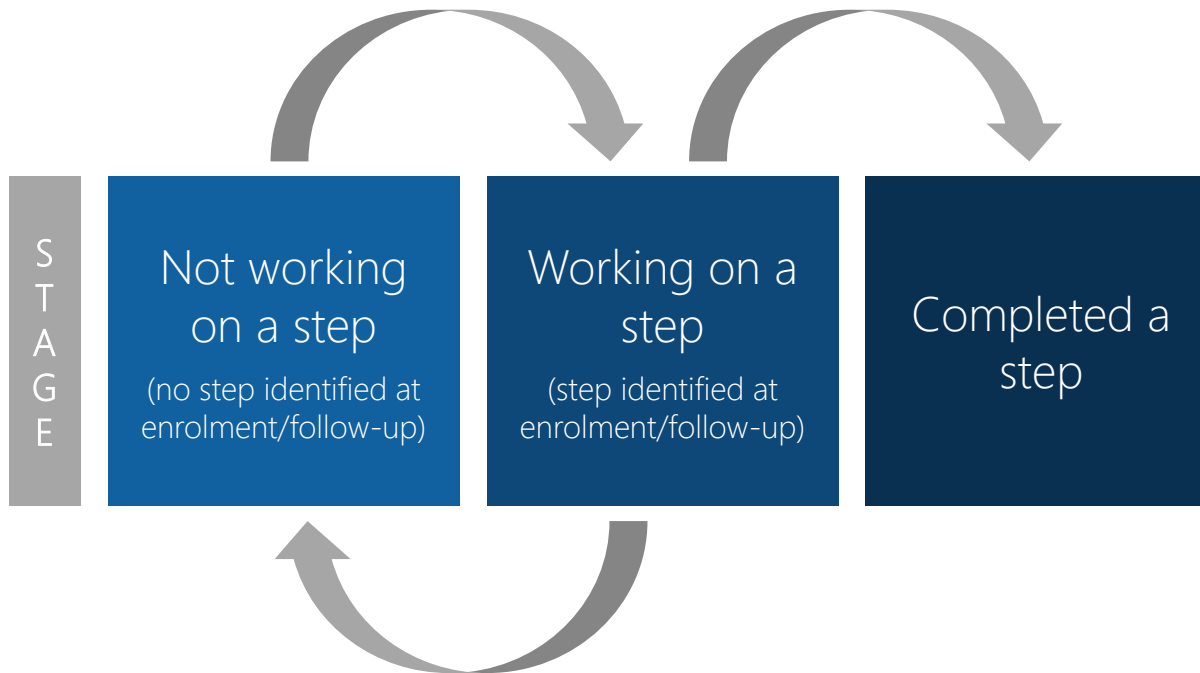
MEASURING CLIENT ACHIEVEMENT OF GOALS

We used client survey data collected at baseline and follow-up to measure clients' progress towards goals

- At baseline, participants were asked to write down a step that they needed to take to move forward with their life.

- Clients were asked to recall this step at follow-up and answer questions about the progress they had made toward completing it.

- Based on their responses, we categorized each participant into one of three stages: not working on the step anymore, still working on the step, or completed the step.

- We compared the stage that each participant was in at baseline and follow-up to categorize the progress they had made.

- We use three 'progress' categories:

1. **Moving forward –** Participant completed the step identified at baseline, or they didn't identify a step at baseline but did identify a step at follow-up.

2. **Moving backwards –** Participant identified a step at baseline but hasn't completed it and is not working on it.

3. **Unchanged –** Participant is still working on the step identified at baseline, or they didn't identify a step at both baseline and following.

MI had a positive impact on clients' progress towards goals

Moving forward: Identifying a new step <u>or</u> completing a step

15.0% MI clients vs. 11.7% non-MI clients

STAGE

Not working on a step	Working on a step	Completed a step
(no step identified at enrolment/follow-up)	(step identified at enrolment/follow-up)	

Moving backward: Not working on a step anymore

5.6% MI clients vs. 9.3% non-MI clients

MI had a positive impact on client progress

- Program group participants were **3.3 percentage points** more likely to move forward (either by completing their step or by identifying a step at follow-up when they hadn't at baseline) and **3.7 percentage points** less likely to move backward

- The net progress of participants, calculated as the difference between the proportion of participants who moved forward and backward, was **7.0 percentage points** higher for the program group
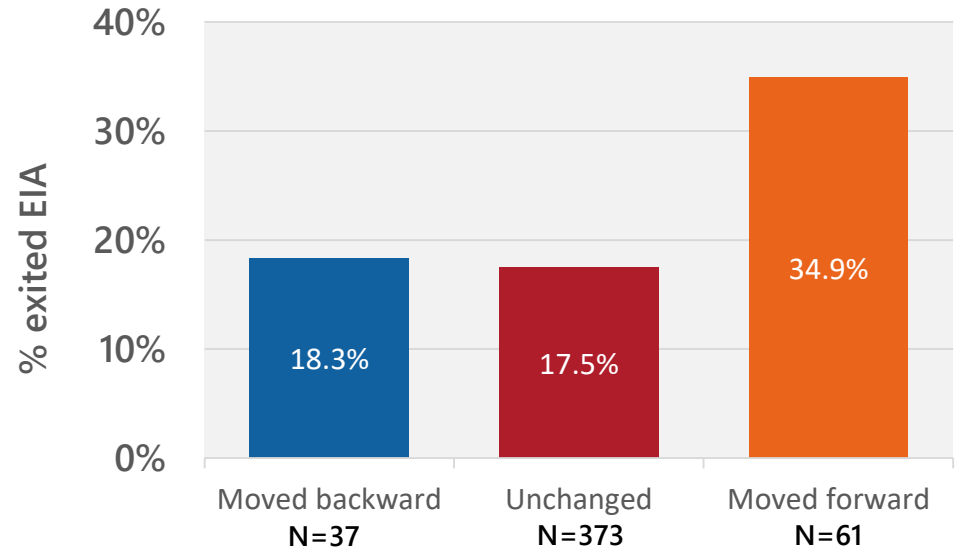
Participant progress	MI (N=180)	Non-MI (N=291)	Impact
Moved backward (1)	5.6%	9.3%	-3.7 percentage points
Unchanged (2)	79.3%	79.1%	+0.2 percentage points
Moved forward (3)	15.0%	11.7%	+3.3 percentage points
Net progress (3) – (1)	+9.4%	+2.4%	+7.0 percentage points

Source – Client baseline and follow-up surveys (GA, SP, and DIS clients, N=471)

Client progress was a strong predictor of EIA exit

- Clients who progressed with their goals, either by completing goals they had previously identified, or identifying new goals when that had not identified any at baseline, were significantly more likely to exit EIA by March 2016.

- **34.9%** of clients who moved forward with their goals also exited EIA, compared to **18.3%** of those who moved backward (stopped working on a goal they had previously identified), and **17.5%** of those who neither moved forward nor backward.

- Of those who moved forward with a goal, clients with employment goals were particularly likely to exit EIA, with **59.5%** of this group exiting as of March 2016.

- Only **40.5%** of this group had exited at the point that they reported having progressed with an employment goal, indicating that for a substantial number of these clients completing an employment goal represented an important intermediate step to exiting EIA by March 2016.

EIA exit by client progress

Bar chart titled "EIA exit by client progress" with y-axis "% exited EIA" ranging 0% to 40%:
- Moved backward, N=37: 18.3%
- Unchanged, N=373: 17.5%
- Moved forward, N=61: 34.9%

Source – Client baseline and follow-up surveys, SAMIN data for enrolled clients

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Participants were more likely to complete certain types of goals

- **13%** of participants who identified a step at baseline had completed the step by follow-up.

- Clients with childcare, housing, and stabilization goals were more likely to have completed the steps.

Goal type	Moved backward (N=37)	Unchanged (N=373)	Moved forward (N=61)
All types (N=471)	7.9%	79.2%	13.0%
Employment (N=92)	8.7%	82.6%	8.7%
Education (N=207)	9.7%	84.5%	5.8%
Childcare (N=17)	11.8%	70.6%	17.6%
Health (N=53)	5.7%	92.5%	1.9%
Housing (N=16)	6.3%	81.3%	12.5%
Language (N=6)	0.0%	100.0%	0.0%
Motivation and planning (N=34)	2.9%	94.1%	2.9%
Stabilization (N=8)	0.0%	87.5%	12.5%

Source – Client baseline and follow-up survey data for GA, SP, and DIS clients who identified a step at baseline

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Given its effectiveness, should MI be scaled?

- Our findings suggest that MI is an effective tool that helps caseworkers better support EIA clients in their transition to independence and labour market attachment.

- Providing MI training to all caseworkers is a logical next step, but it is important to assess the feasibility of scaling MI before it is implemented at all offices in Winnipeg.

- It is also important to identify any barriers that may be limiting MI's effectiveness before it is fully scaled.

Feasibility of scaling MI

Is implementing MI feasible in the context of the EIA system?

Financial, demographic, and operational viability should be assessed before MI is scaled up

Three questions should be taken into consideration before MI is implemented for all staff in Winnipeg:

1. **Does MI produce a positive cost-benefit? –** To ensure that MI remains a valuable investment of public funds, the benefits gained from MI's impact on client outcomes should exceed the costs of implementing it.

2. **Is a sufficient pool of clients for whom MI may be effective available? –** To ensure that MI can continue to produce the client impacts found in this evaluation, it must have the potential to be effective for a large number of clients on the current EIA caseload, as well as new intakes.

3. **Do caseworkers view MI as a valuable approach? –** To ensure that MI is applied effectively and universally, caseworkers must view MI as a tool that improves their ability to work with clients.

Our analysis provides a conservative approach to estimating MI's cost-benefit

- Ideally, we would compare MI's complete cost (including coordination, and opportunity cost of using MI) to its overall benefits (including the full range of benefits associated with leaving EIA) to understand the overall cost-benefit of MI.

- In this evaluation, we only measure the core drivers of each:

  - **Cost** – The total cost of all MI training, plus the costs of facilities

  - **Benefit** – The total reduction in EIA payments to the program group over the study period (from enrolment to 9 – 12 months after) as a result of MI

  - We calculate the cost-benefit of MI over the study period by comparing the benefit per MI client to the cost per MI client.

- Even though some costs aren't included, our approach likely gives a conservative estimate of MI's cost-benefit because it excludes two potentially substantial sources of EIA savings:

  - Savings accrued beyond the study period by clients who were enrolled (we've included some projections in our analysis).

  - Savings accrued for clients who receive MI, but were not enrolled in the study (either during the study period, or afterwards).

MI produces savings quickly

- We use the following calculations to estimate the cost and benefit per client:

  - **Cost –** (Cost of all MI training + facilities for training) / # of program group clients = $210 per client, total of $84,040

  - **Benefit –** Total adjusted difference in EIA payments over study period between program and control / # of program group clients = $615 per client, total of $245,385

  - Unadjusted benefit per client is higher than this adjusted figure ($838) due to a higher rate of enrolment of SP clients at the start of the study by the non-MI group, compared to the MI group

  - As a result, we use benefit figures that statistically adjust for client characteristics and month of enrolment to control for any differences in enrolment patterns between the two groups
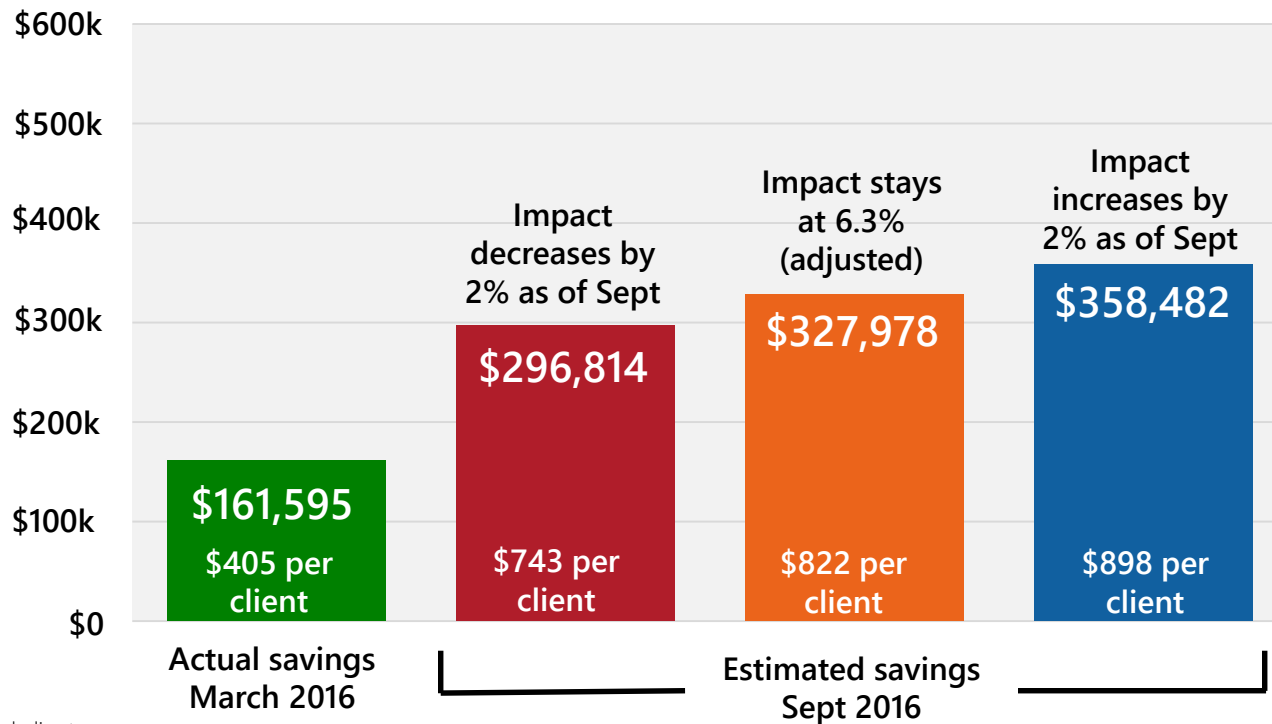
This results in a net benefit (measured as savings to EIA) of $405 per program participant, and a total net savings of $161,595 by the end of the study period (March 2016).

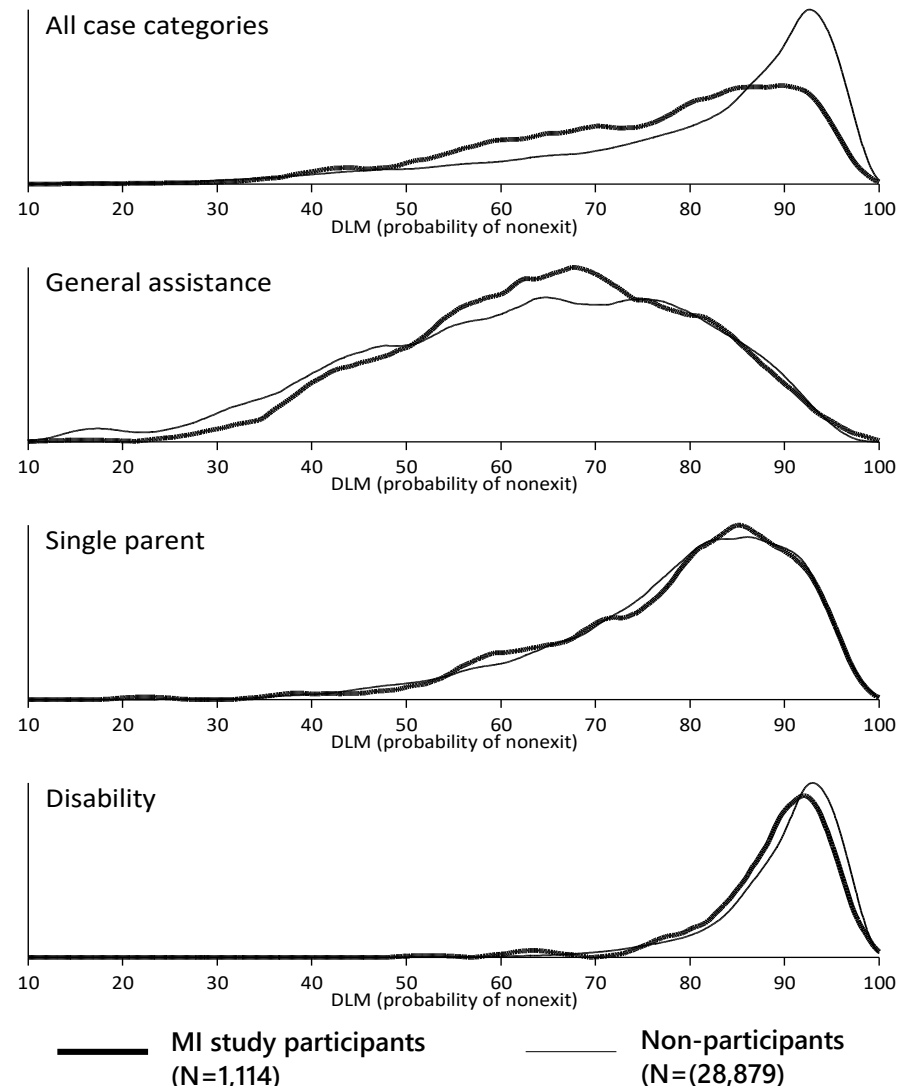# MI will likely produce additional savings over time

- Client impacts are likely to continue after the study period and result in additional savings, depending on how much clients who left EIA due to MI stay off of the caseload, and the exit rate of non-MI clients.

- The diagram below outlines projected savings as of September 2016 (the study period plus the following 6 months), for three possible impact scenarios.

	Impact decreases by 2% as of Sept	Impact stays at 6.3% (adjusted)	Impact increases by 2% as of Sept
	$296,814	$327,978	$358,482
$161,595			
$405 per client	$743 per client	$822 per client	$898 per client
Actual savings March 2016		**Estimated savings Sept 2016**	

MI appears to be effective for a large proportion of the EIA caseload

- MI participants closely resembled the overall EIA population, especially for clients in the GA and SP caseload.

- Since MI proved to be effective for this diverse profile of clients, it is likely to be effective for the GA and SP populations in general.

- Further research is needed to determine the effectiveness of MI for clients with disabilities and/or those furthest from the labour market.

- The characteristics of MI participants are aligned with those of the overall EIA caseload, suggesting that at scale, a substantial portion of EIA clients could benefit from MI.

All case categories

DLM (probability of nonexit)

General assistance

DLM (probability of nonexit)

Single parent

DLM (probability of nonexit)

Disability

DLM (probability of nonexit)

MI study participants (N=1,114)   Non-participants (N=(28,879)

Source: SAMIN and MI study data.

Source – SAMIN data for enrolled clients and the general caseload

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More information is needed to determine the overall cost-benefit of scaling MI

- Although our findings indicate that a substantial portion of EIA could benefit from MI, it is difficult to estimate exactly *how* effective MI would be for the remaining caseload.

- There are two reasons why MI may be more or less effective for the overall caseload:

  ➢ Because CCOs were able to select a number of clients to enroll in the study, the distribution of characteristics (e.g. gender, age, or time on EIA) of enrolled clients may be different from the overall distribution of characteristics of the EIA caseload.

  ➢ The clients who agreed to participate in the study may be different from the overall caseload in ways that we can't observe in the data. For example, it is possible that the clients who participated in the study did so because they were slightly more motivated or more open to engaging in MI.

- With the data collected for this evaluation, precisely estimating these differences is not possible – however we can consider what savings would be under different possible scenarios:

  ➢ For example, in the 2014/2015 fiscal year Winnipeg had an average GA caseload of approximately 5,000 cases and 4,000 SP cases.

  ➢ If all of these clients received MI, and it had a similar level of effectiveness to study participants for half of them, and no effect for the other half (i.e. effective for 4,500 clients), MI would save an additional $2,767,500 in reduced EIA payments over the 12 months after these clients received MI.

  ➢ This suggests MI could result in substantial savings if used across the whole GA and SP caseload, even when conservatively estimating its effectiveness.

Source – SAMIN data for enrolled clients and the general caseload

"I don't see MI as separate from other strategies I use with clients in my daily work – I see it as an additional tool in my tool box. It helps me pick up on change talk and engage clients in their change processes."

– Program group CCO

"MI is about creating a culture of engagement"

- Control group CCO

Focus groups suggest staff view MI as both valuable and effective

- 35 staff members and supervisors attended focus groups in October 2015.

- Staff who were trained in MI noted that it improved their self-efficacy in supporting clients and the quality of their interactions with clients.

- Program group staff also indicated that they believed MI was highly effective in supporting clients to take next steps.

- Control group staff felt that 'intentional practice' (IP) improved their relationships and rapport with clients, however they also viewed MI as an intuitively valuable tool.

- These results suggest that a broader implementation of MI training for staff – both for control group offices and new hires – would be effectively adopted as a valued addition to CCO / CDC case management tools.

Surveyed caseworkers had more favourable attitudes towards IP than MI

MI-trained caseworkers

- Most MI-trained caseworkers thought that MI improved trust, increased client engagement, helped make their relationship with clients feel like a partnership, and helped them do their job more effectively.

  - But less than half agreed that MI made them support client goals and make positive changes in their clients' lives.

  - Most caseworkers who <u>did not agree</u> that MI improved factors – such as trust and engagement –had neutral views of MI rather than negative views, suggesting that some caseworkers may have been ambivalent about the value of MI in improving client relationships and outcomes.

Control-group caseworkers

- Caseworkers who were not trained in MI had highly favourable views of intentional practice (IP).

- A higher proportion thought that IP helped clients and improved the way they did their jobs in a number of different ways.

Source – Staff follow-up survey (N=102)

Differences may be due to high expectations of MI, and comfort with IP

Why were non-MI caseworkers more positive about IP?

- Survey results differ significantly from focus group findings that suggested that MI was viewed more favourably than IP.

- MI represented a big change in the way many caseworkers worked with clients. MI staff may have felt they were under greater scrutiny and faced greater expectations to help clients achieve measurable positive outcomes. MI caseworkers who weren't seeing noticeable gains in client progress may have had less positive views of MI's effectiveness.

- MI training may have also changed how caseworkers viewed trust, engagement, relationships with clients and other factors, leading them to look for different signs of improvement.

- IP may have allowed caseworkers to continue their existing practices – which they already believed were effective – or to change practices in ways that they thought would be most effective.

Overall attitudes to training

- Results for both program and control groups strongly suggest that caseworkers are open to change and see value in developing new case management skills.

Source – Staff follow-up survey (N=102)

Understanding key success factors

What is needed to ensure that MI is effective?

Is MI more effective for some clients? Is MI being delivered effectively?

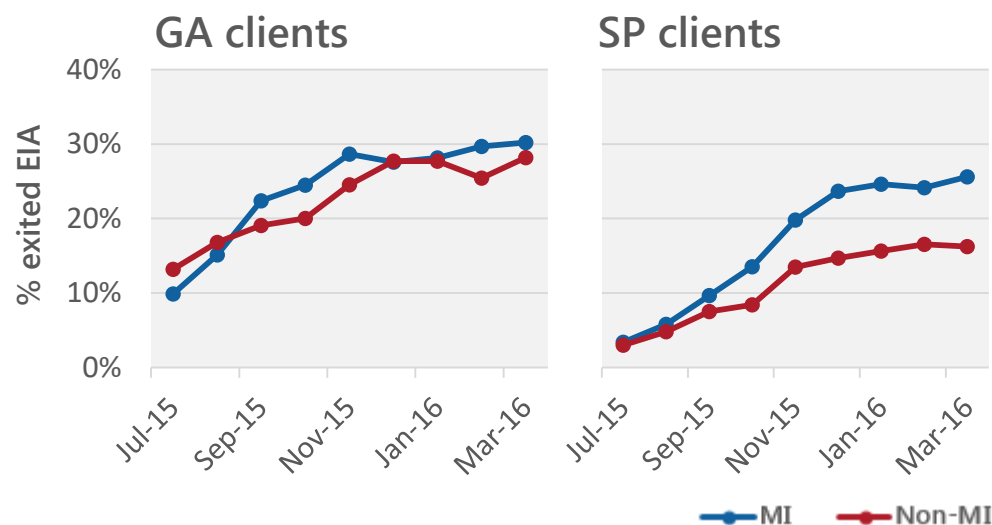We consider two potential drivers of MI's effectiveness:

1. Whether some client characteristics are associated with greater impacts on EIA exit.

   ➢ Understanding the relationship between client characteristics and impacts can help staff target MI to the clients who could benefit the most from it.

2. The contextual factors that affect the ability of CCOs / CDCs to deliver MI as effectively as possible.

   ➢ Analyzing implementation and delivery data provides insight about how MI could be improved to maximize its impact.

Few characteristics were strongly related to impacts on EIA exit, but MI may be particularly effective for SP clients

- To determine whether certain client or case characteristics were associated with greater impacts than others, we analyzed whether program impacts varied by gender, Aboriginal status, age, case category, EIA usage history, baseline goal types, and other client characteristics.

- We found no statistically significant differences in impacts related to these factors, suggesting that for most sub-groups of clients MI's effectiveness does not vary substantially.

- However, results do suggest that MI may be more effective for SP clients than GA clients – while each group experienced impacts on EIA exit due to MI, as of March 2016 this impact was **9.4 percentage points** for SP clients, compared to **2.0 percentage points** for GA clients.

- The impact difference is not statistically significant, however, and may be partly driven by higher month-to-month variance in impacts for GA clients.

- During focus groups, staff noted that MI appeared to be more effective for clients with non-EIA support structures in their lives, and for those that had a sufficient level of existing motivation.

GA clients

SP clients

% exited EIA

MI — Non-MI

Process, skill, context, and system factors may hinder MI's effectiveness

"It was always very hard to transition from being the person holding and releasing benefits to the counsellor. It's difficult to build trust with clients."

– Program group CCO

"It can be challenging to apply the spirit of MI while still enforcing and maintaining EIA policies."

- Program group CCO

- **Process-related barriers –** Staff found that the administrative processes required for case management frequently prevented them from making the time commitment needed to carry out effective MI conversations with clients.

- **Skill-related barriers –** While staff found the initial MI training valuable, they noted that they still did not feel as if they had suitably specific skills to apply MI to clients facing multiple barriers, and that they could benefit from additional, focused training.

- **Context-related barriers –** Many staff found that the financial context of EIA made it difficult to establish the level of trust needed for effective MI conversations, and that it led to suspicion and a lack of openness on behalf of clients.

- **System-related barriers –** Finally, staff often found that a lack of suitable referral options and long wait times limited the effectiveness of some MI conversations by eliminating the momentum they had developed with clients.

Source – Staff focus groups (N=35)

Community of practice and existing client relationships support effective MI

"It was easier to use MI with existing clients that I had a history and rapport with. I already had an understanding of their situation."

– Program group CCO

- **Community of practice –** Staff noted that the support received from managers, colleagues, and MI champions as part of the MI community of practice helped them maintain and improve their skills, and ensure that they continued to effectively practice MI well after the training occurred.

- **Existing client relationships –** Many staff found that their existing relationships with clients allowed them to identify the clients for whom MI might be most effective, and provided a strong basis for MI conversations.

Source – Staff focus groups (N=35)

Next steps

Conclusions and recommendations

MI is an effective intervention for a broad range of EIA clients

- MI produces significant impacts on EIA use and goal attainment for a range of clients in both the GA and SP caseloads.

- These impacts translate to substantial ongoing savings to EIA, which both quickly covered training costs and are expected to continue to accrue over time.

- Staff view MI positively as an effective tool for supporting clients and improving their professional capacity, though they still have greater confidence in the effectiveness of existing practices.

- MI may be particularly effective for SP clients and may have lower impacts on EIA exit for disability clients; however, more investigation is needed to fully understand how effectiveness varies across case and client characteristics.

- Staff identified a number of factors that may represent opportunities to better deliver MI, including updating EIA processes to be MI-consistent, further training, de-emphasizing compliance aspects of the caseworker-client relationship, and ensuring that referral opportunities are in place to maintain client momentum.

1. **Implement MI across system –** Ensure that all EIA and TES client-facing staff are trained in MI, training is available for staff to maintain and improve skills, and training is delivered by professional trainers to maintain fidelity to a proven MI delivery approach.

2. **Build and maintain communities of practice –** Implement ongoing initiatives to build communities of practice within EIA offices and across the system, to ensure staff have the necessary supports in place to integrate delivering MI into their day-to-day practice.

3. **Redesign EIA processes to better align with MI –** Where possible, redesign EIA policies and practices to better align with the principles of MI and support its effective delivery, including streamlining administrative requirements for CCOs and decreasing the compliance role of some staff.

4. **Develop an accessible continuum of services for clients –** A wide set of services aligning with client needs, as well as their employment, training, and life-stabilization goals, should be available to clients receiving MI to ensure that they can maintain momentum and access services that can allow them to progress without facing undue wait times or complex referral pathways.

5. **Solicit client perspectives to monitor progress and MI implementation –** Continue to systematically ask clients about their goals, progress, and experiences working with CCOs, to both emphasize supporting and tracking client progress and monitor the degree to which MI is being delivered as intended.

6. **Monitor long-term outcomes –** Continue to track outcomes for MI and non-MI clients to determine whether impacts on EIA exit are maintained over the long term.

Technical appendices

- To identify which CCOs and supervisors received MI training, EIA offices were divided into two groups.

- A random assignment process could have been ineffective because there were too few offices to ensure that the randomly assigned groups would be as similar as possible in both number and type of clients served.

- Instead, we used SAMIN intake data from February 2013 to July 2014 to create two office groupings that were balanced on three types of factors, which all were found to predict long-term EIA use:

  ➢ Client demographics – age, gender, education, marital status, Aboriginal status, immigrant status

  ➢ Case characteristics – case category, FEMS code, and work expectations, as recorded at intake

  ➢ EIA usage – avg. number of months on EIA over 12 months before current spell

- We looked at all possible groupings of offices and selected the pairing that was the closest match in overall case category composition, demographic profiles, and size.

- After the two groups were selected, staff at one group of offices were randomly assigned to receive MI training and staff at the other group were not.

- CDCs were randomly assigned to the MI and non-MI groups at the individual- rather than office-level.

- This assignment process ensured that the group of clients enrolled by MI and non-MI CCOs and CDCs would be similar on demographic and case characteristics, allowing us to better isolate the impact of MI.

- We determined whether or not an EIA client was in the program (MI) or control (non-MI) group based on the assignment of their CCO or CDC.

- Clients who did not complete the baseline survey were dropped from the study.

- CCOs and CDCs were asked to submit the names of clients that they enrolled in the study. If the client is included on this enrolment list, they are assigned to the program group if their CCO/CDC received MI-training, and to the control group if their CCO/CDC did not receive training.

- Some CCOs and CDCs did not submit enrolment information. If the client is not included on the enrolment list, we used SAMIN/SPRS/ICM data to determine which office they visited and which CCO/CDC they met with. Clients were assigned to program and control groups using the following rules:

1. **New intakes –** Client assigned to the program group if the CCO/CDC they met with in their intake month received training, and to the control group if their CCO/CDC did not receive training. Clients who visited an MI office but didn't meet with an MI-trained CCO were dropped.

2. **Existing clients –** Client assigned to program group if they met with an MI-trained CCO at either an all-program or mixed office, and they are assigned to the control group if they visited an all-control office or met with an untrained CCO at a mixed office. TES clients were assigned to the program group if they met with an MI-trained CCO, and to the control group if they did not. Clients who visited an MI office but didn't meet with an MI-trained CCO or who met with both trained and untrained CCOs/CDCs during the study were dropped.