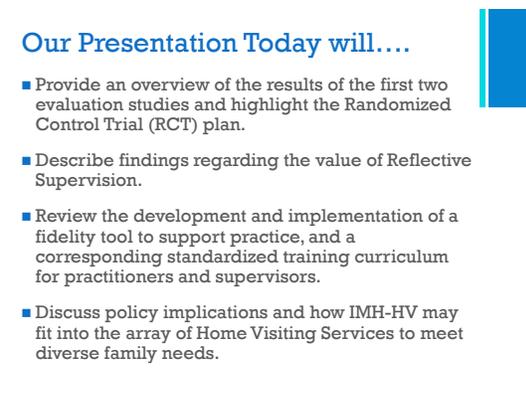


Evaluation of the Michigan Model of Infant Mental Health - Home Visiting (IMH-HV)
 Eighth National Summit on Quality in Home Visiting Programs
 Washington DC
 January 2019
 Kate Rosenblum, PhD, Mary Ludtke, Amy Zaagman



Presentation Overview

- Landscape & Current Legislation in Michigan
- Previous Evaluation and Planning
- The Michigan IMH-HV Evaluation
- Overview of initial study findings:
 - Fidelity tool
 - Role of reflective supervision
 - Enhancing parenting
 - Use of video feedback
 - Training curriculum
- Reflections on Implications
- Small Group Discussion



Our Presentation Today will....

- Provide an overview of the results of the first two evaluation studies and highlight the Randomized Control Trial (RCT) plan.
- Describe findings regarding the value of Reflective Supervision.
- Review the development and implementation of a fidelity tool to support practice, and a corresponding standardized training curriculum for practitioners and supervisors.
- Discuss policy implications and how IMH-HV may fit into the array of Home Visiting Services to meet diverse family needs.

Landscape and Legislation

Amy Zaagman, Executive Director
Michigan Council for Maternal and Child Health

Landscape in Michigan

- Seven Models
 - Early Head Start
 - Family Spirit
 - Healthy Families America
 - Infant Mental Health
 - Maternal Infant Health Program
 - Nurse-Family Partnership
 - Parents as Teachers
- State Oversight and Collaboration
 - Michigan Department of Health and Human Services
 - Michigan Department of Education
 - Multiple collaborative bodies across agencies to regulate and communicate with home visiting providers as one system
 - State sponsors a variety of CQI opportunities and an annual Home Visiting conference

Public Act 291 of 2012
Michigan's Home Visiting Act

- Defines "home visitation" as a voluntary service delivery strategy that is carried out in relevant settings, primarily in the homes of families with children ages 0 to 5 years and pregnant women.
- Limits expenditures through our state budget to only support evidence-based, or promising programs advancing to evidence-based, home visitation programs that include periodic home visits to improve the health, well-being, and self-sufficiency of parents and their children.
- Home visitation programs supported under this act shall do 1 or more of the following:
 - (a) Work to improve maternal, infant, or child health outcomes including reducing preterm births.
 - (b) Promote positive parenting practices.
 - (c) Build healthy parent and child relationships.
 - (d) Enhance social-emotional development.
 - (e) Support cognitive development of children.
 - (f) Improve the health of the family.
 - (g) Empower families to be self-sufficient.
 - (h) Reduce child maltreatment and injury.
 - (i) Increase school readiness.
- Requires annual report that is used as an opportunity to demonstrate outcomes.

Michigan's Infant Mental Health Model and Planning for Evaluation of the Model

Mary Ludtke, Consultant, Mental Health Services to Children and Families, Behavioral Health and Developmental Disabilities, Michigan Department of Health and Human Services

Infant Mental Health-Home Visiting

- Implemented in the public Mental Health System in Michigan since 1980's based on Selma Frieberg's work at the University of Michigan.
- Evaluation activities of the prevention funded service were focused on the implementation of the model, was done at different points in time, at different sites (length of intervention, who provided the service, model intervention provided by team, etc.). Previous evaluation activities were not focused on the 8 domain areas identified by HOMVEE.
- Unable to implement a Randomized Control Trial in the public mental health system since, with Medicaid, you cannot place a child/family into a control group and not provide the service for which they qualify (Medicaid is an entitlement).

Infant Mental Health-Home Visiting

- The Infant Mental Health model is provided across the state by masters-prepared practitioners within the Community Mental Health System as part of the required Medicaid funded Home-based Services (birth--age 18 years).
- For Home-based Services to infants/toddlers, birth to age 3, practitioners are required to be endorsed by the Michigan Association for Infant Mental Health or have a Waiver of Provider Qualifications from the Michigan Department of Health and Human Services.

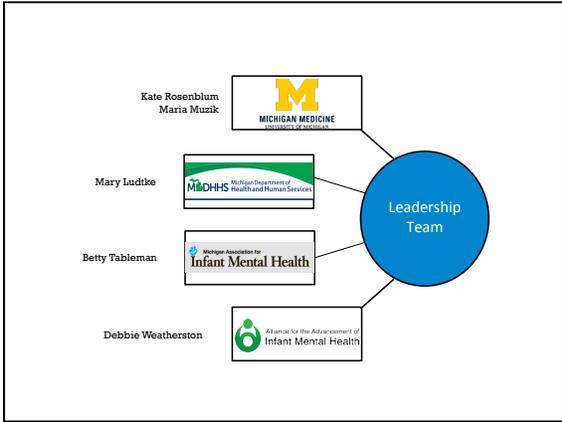
Planning for Evaluation of IMH-HV Model

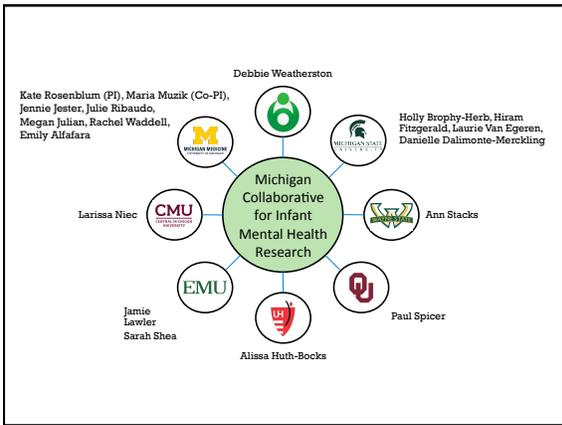
- With the passage of PA 291, it was imperative that The Department evaluate the Infant Mental Health model to ensure state funding continued for this model.
- The Department consulted with University of Michigan (Rosenblum, Muzik) regarding the feasibility of an evaluation where all 8 domain areas were evaluated, the cost of an evaluation (including RCT) and the timeframes to meet the requirements of PA 291.
- Leadership team was identified and began working to identify funding, sites for the evaluation.

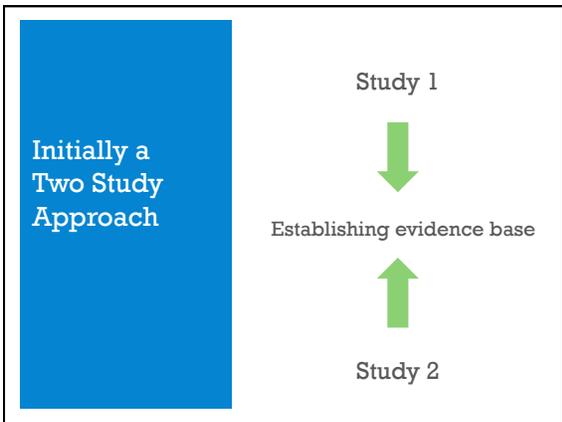
Evaluation approach

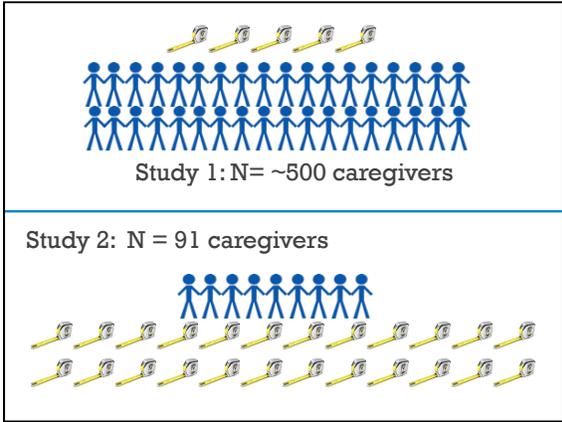
Evaluation? why now?

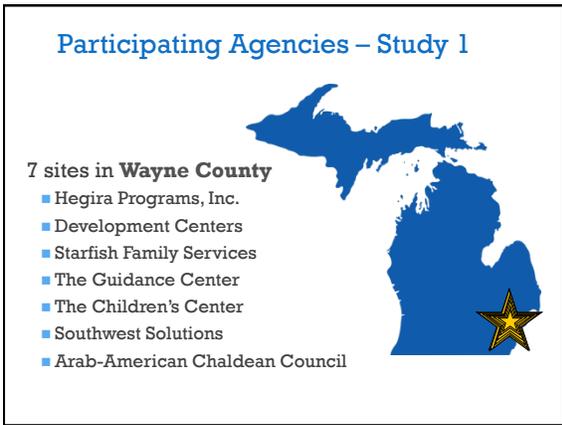
- With our evaluation studies (Studies 1 & 2) we aim to meet **state legislative requirements**
- AND
- Current (ongoing) randomized controlled trial is a more rigorous test of IMH-HV intervention, and of a model-specific training protocol, to meet **HomVEE standards for evidence-based**













Participating Agencies – Study 2

7 counties, 12 sites

Wayne

- Hegira Programs, Inc.
- Development Centers
- Starfish Family Services

Jackson/Hillsdale

- The Guidance Center
- The Children's Center
- Highfields, Inc.
- Integro, LLC

Midland

- Central Michigan CMH



Oakland

- Oakland County Easter Seals

St. Clair

- St. Clair CMH

Genesee

- Genesee Health System
- Genesee County Easter Seals

Community-University-State Partnership

A Collaborative Process for Evaluating Infant Mental Health Home Visiting in Michigan

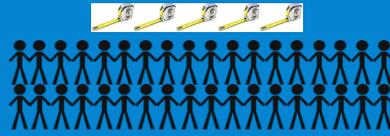
Jamie M. Lawler, Ph.D., Katherine L. Rosenblum, Ph.D., Maria Muzik, M.D., M.S., Mary Ludtke, M.A., Deborah J. Weatherston, Ph.D., Betty Tableman, M.P.A.

The column describes an innovative collaboration in Michigan that could serve as a model for meaningful community-university-state partnerships. Recent legislation in Michigan threatened the infant mental health home visiting program, a service for Medicaid-eligible infants, toddlers, and families affected by mental illness. The University of Michigan is overseeing two major studies in collaboration with the

Michigan Department of Health and Human Services, the Michigan Association for Infant Mental Health, the Michigan Infant-Toddler Research Exchange faculty network, and community health service providers to determine the evidence base for the program and ensure its future success.

Psychiatric Services in Advance Epub. 10.1176/appi.ps.201700047

Study 1



Study 1 "mile wide, inch deep"

WHAT?

Quarterly assessments of 5 measures

- eDECA (development)
- PHQ-9 (depression)
- PSI-SF (parenting stress)
- ASQ (development)
- Demographic Profile

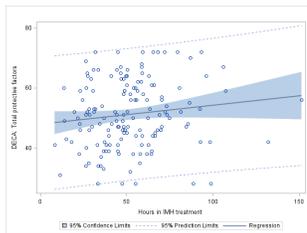
WHO?

All families with children ages 0-36 months engaged in IMH services enrolled during study period

WHERE?

Detroit-Wayne County

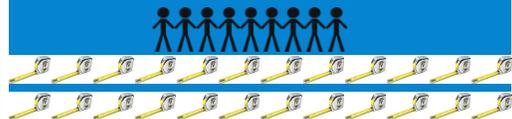
IMH-HV dose-response improvement in infant social-emotional wellbeing Detroit-Wayne County



N>500 families; n= 96 families with data for 3 or more quarterly assessments
 60% total household income < \$15K
 ~50% of sample Caucasian, 40% African-America, 10% other

Munik, Rosenblum, Jester et al., in prep

Study 2



Study 2 “mile deep, inch wide”

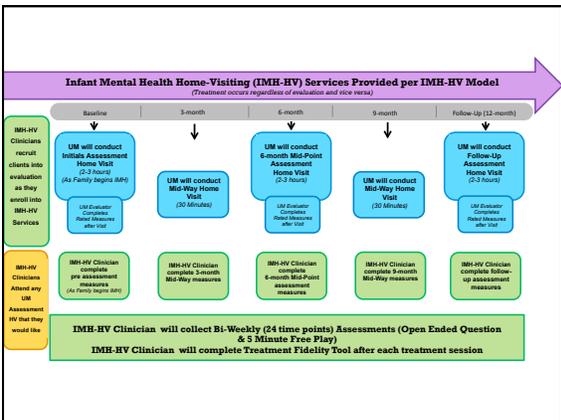
WHAT?
 Many assessments collected on families and clinicians at the start of IMH services, and then 3, 6, 9, and 12 months into treatment, as well as bi-weekly videos and clinician ratings

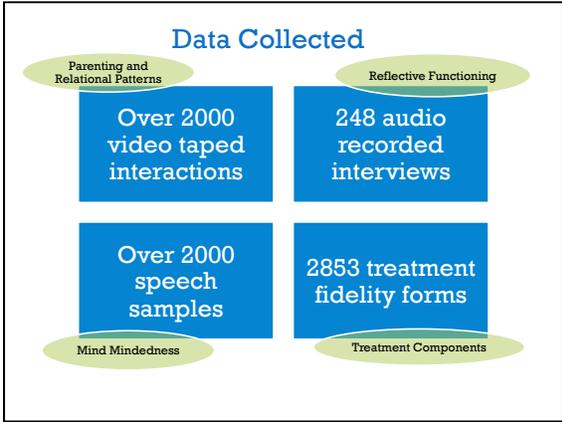
WHO?
 New families enrolling in IMH services with children ages 0-24 months during study period

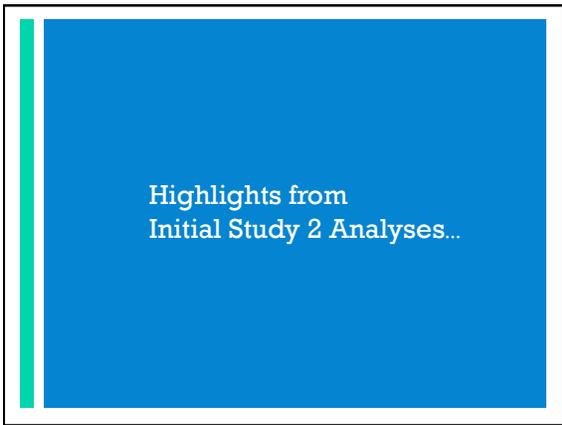
WHERE?
 12 sites in 7 counties across Michigan

HomVEE Benchmark Domains +1

- Maternal Health
- Child Health
- Positive Parenting
- Linkages & Referrals
- Reductions in Child Maltreatment
- Family Economics &
- Self-Sufficiency
- Child Development & School Readiness
- Reductions in Juvenile Delinquency & Family Violence & Crime
- Therapist / Therapy / Reflective Supervision







- Highlights from Initial Analyses...**
- IMH-HV in Michigan- Study 2 therapist and family sample characteristics
 - Reflective supervision- workforce implications
 - Fidelity- key ingredients
 - Predicting termination
 - Efficacy for improving parenting
 - Video feedback
 - Parent voice/s...

IMH-HV Study 2
Therapist and Family Characteristics

Study 2 – The Clinicians

12 Sites

65 clinicians

48.5% Waiver 33.3% Level II 18.2% Level III

Study 2 – The Clinicians

On average...

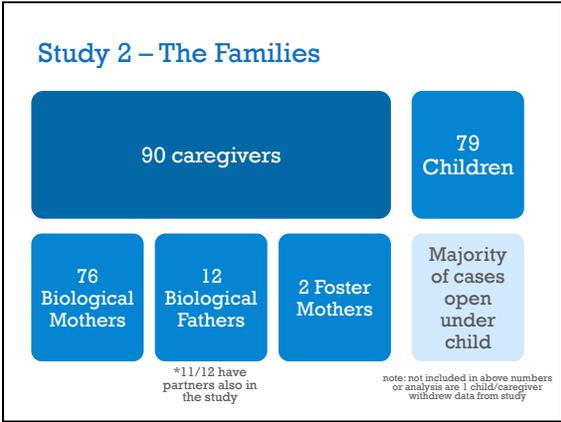
3.3 years at agency (2 months – 16 years)

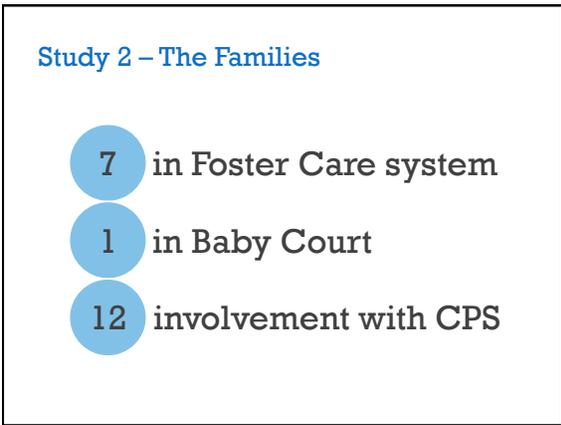
4.7 years practicing other early childhood services (0 – 19 years)

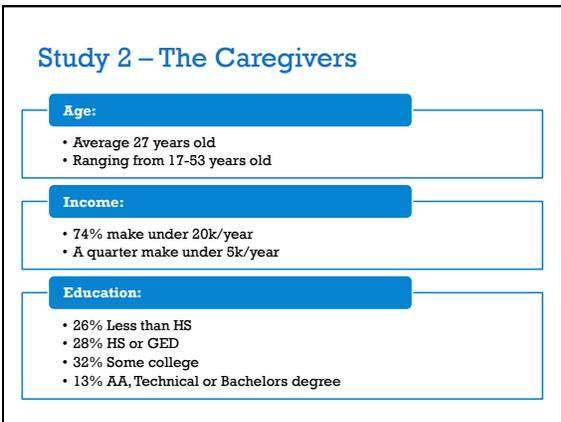
3.2 years practicing IMH (2 months – 16 years)

5 IMH cases (1 – 12 IMH cases)

9 total cases (2 – 22 total cases)







Study 2 – The Caregivers

Race/Ethnicity:

- 57% White
- 43% Black or African American
- 0% Asian
- 7% American Indian or Alaskan Native
- 1% Native Hawaiian or Pacific Islander
- 7% Latino

Marital Status:

- 68% Never Married
- 21% Married

Study 2 – The Children

Age: Average 10 months on average

- Range: Newborn-28 months at Pre assessment
- 7 pregnant caregivers (target child in utero)

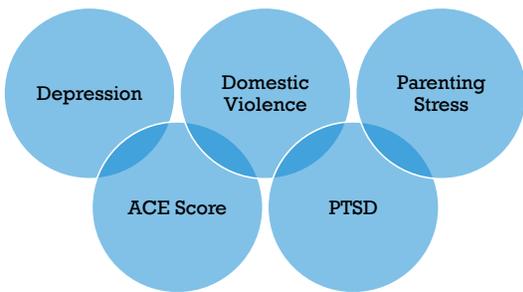
Race:

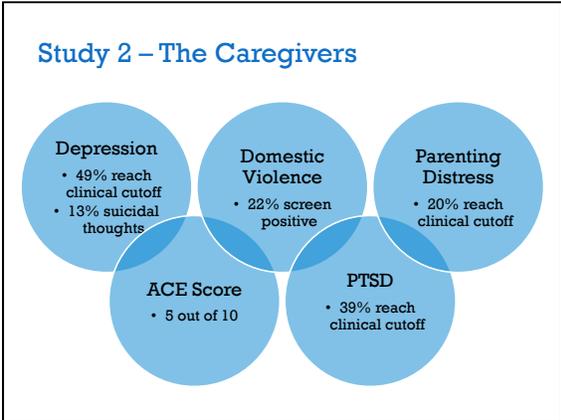
- 61% White
- 50% Black or African American
- 8% American Indian or Alaskan Native
- 1% Native Hawaiian or Pacific Islander
- 13% Latino

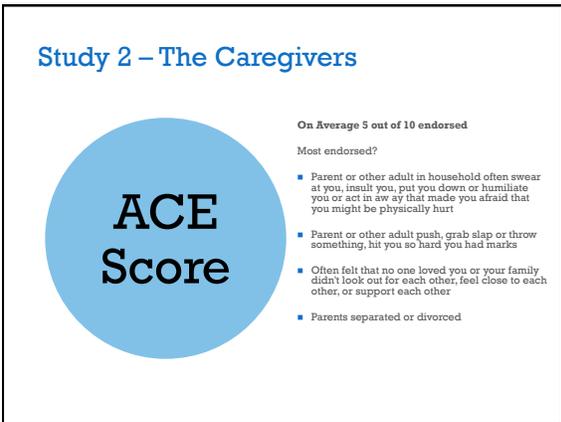
Birth experiences:

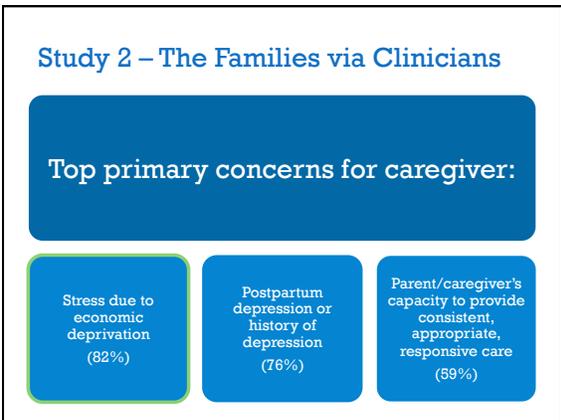
- 18% Premature
- 47% Complications at birth
- 14% Born with medical condition or disability

Study 2 – The Caregivers





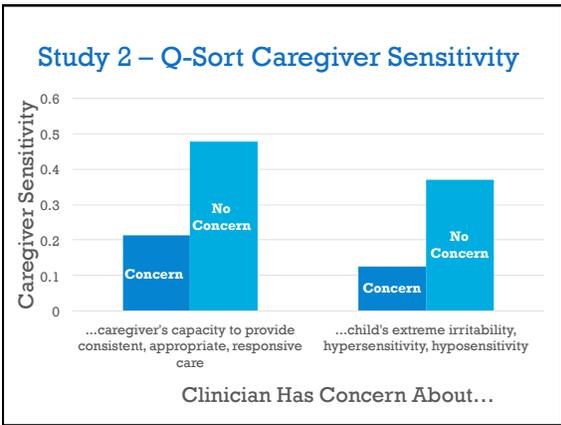




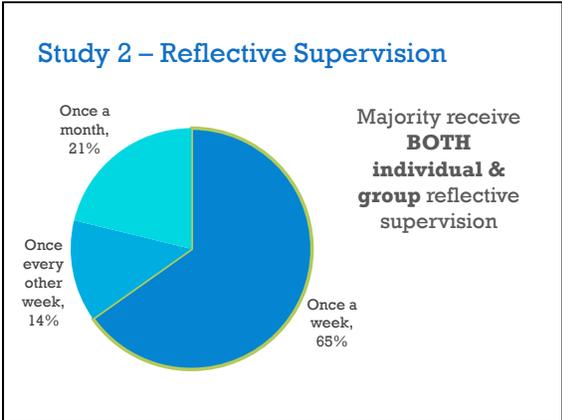
Study 2 – The Families via Clinicians

Top primary concerns for child:

- Attachment relationship with parent/primary caregiver (70%)
- Communicating wants/needs (44%)
- Developmental delay in any domain (43%)



**Study 2:
Reflective Supervision**



Reflective Supervision – Impact on Workforce

Results revealed link between clinician self-rated reflective supervision self-efficacy and **job satisfaction** and **burnout**.

Table 4
Job Burnout Predicting Subscale Intercept and Slope (N=56)

Subscale	Beta predicting intercept (SE)		beta predicting slope (SE)	
		p		p
Use of Supervisory Relationship	-1.6 (.46)	.001	.025 (.072)	.73
Use of Reflective Practice Skills with Families	-.48 (.36)	.17	-.006 (.06)	.92
Use of Observational Skills	-.55 (.25)	.029	-.05 (.04)	.23
Use of Self-Awareness	-.76 (.41)	.067	.017 (.078)	.83

Table 5
Job Satisfaction Predicting Subscale Intercept and Slope (N=56)

Subscale	Beta predicting intercept (SE)		beta predicting slope (SE)	
		p		p
Use of Supervisory Relationship	2.05 (.60)	.001	.059 (.10)	.55
Use of Reflective Practice Skills with Families	-.838 (.41)	.039	.094 (.068)	.17
Use of Observational Skills	.709 (.33)	.032	-.037 (.051)	.47
Use of Self-Awareness	1.48 (.52)	.004	-.012 (.102)	.90

Shea et al., in prep



**Study 2:
Predictors of Termination**

Study 2 – Treatment Discontinuation

45 of the 90 caregivers discontinued IMH-HV Treatment in the first year of treatment

7 complete treatment because they meet mutually agreed upon goals
Average length of treatment: 8 months

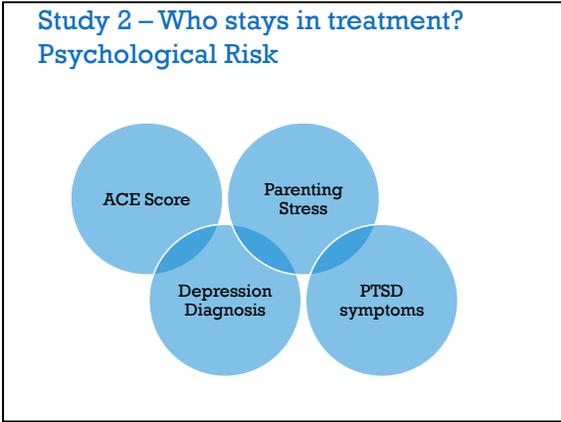
38 discontinue for other reasons
Average length of treatment: 5.5 months

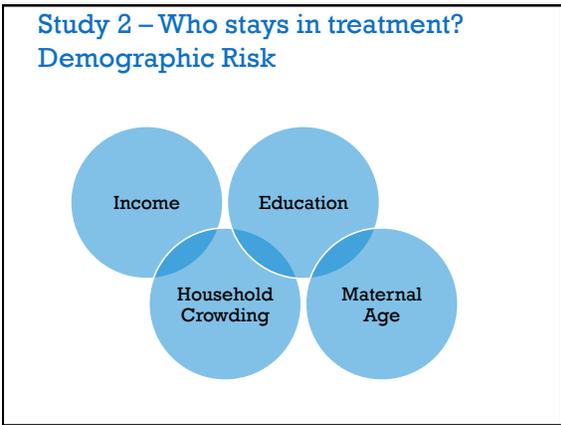
Study 2 – Treatment Discontinuation

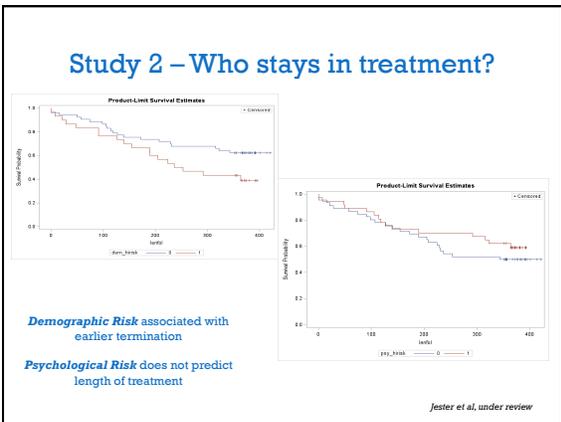
Clinicians provided reasons for discontinuing treatment (in order of most endorsed):

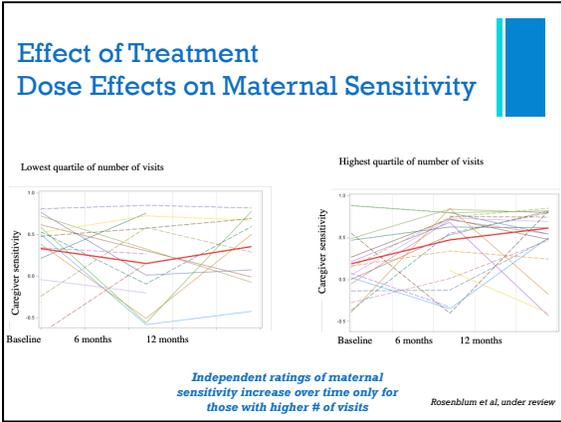
- Family not able to schedule and/or keep regular appointments Other
- Family lost to follow up/contact
- Child removed from care of parents and not possible for therapy to continue
- Family moved out of region
- Child referred to other services in place of IMH-HV

Termination interviews with families and clinicians currently being coded

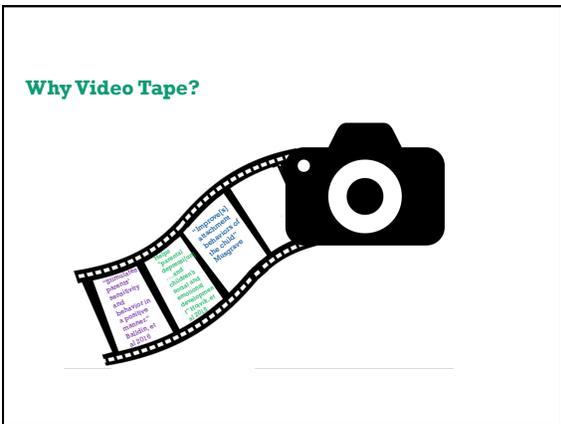








Study 2: Use of Video Feedback



Why Video...?



- Video observation and reflection...
 - Recognizes the parent as the expert
 - Focuses on strengths
 - Provides a record for monitoring change
 - Promotes reflective functioning and perspective-taking
 - Affirms the individuality of the child
 - Allows provider to highlight reciprocity & mutual influence- "serve and return"
 - Can engage multiple caregivers & family members

Video Observation Provider Strategy



- Goal of the providers' comments are:
 - to be non-judgmental and collaborative,
 - to be open -- encourage and support parental observation and insights,
 - to hold in mind the IMH diversity informed tenets, and
 - to support the parent to discover and own the knowledge

Findings



- More experienced clinicians more likely to use video feedback
- Despite biweekly recording protocol, very low frequency
- Any use of video feedback associated with greater improvement in parenting sensitivity (controlling for clinician experience)
- Implications for training..

Research Article

Video Feedback Intervention With Children: A Systematic Review

Sima Bullock¹, Philip A. Fisher², and Ingegerd Westberg³

Journal of Family Psychology, 2014, Vol. 28, No. 4, 683–691

© 2014 American Psychological Association

1200-0446/14/\$12.00 DOI: 10.1037/xap0000018

© 2014

Rosenblum et al. under review

How does this look? Video feedback in the home...



Shaping practice Fidelity Tool

- Support for structured self-reflection following a visit
- Develop and maintain focus on key components

5. Emotional Support		
a. Supported parents/family in crisis or life transitions for family		
6. Developmental Guidance		
a. Interpreted child's behavior and needs from a developmental perspective		
b. Observed and/or discussed current and/or anticipated future stages of development with parent		
c. Encouraged parent-child interaction and relationship development (e.g. promoting parent involvement, following child's lead, singing songs, finger play, peek a-boo)		
d. Encouraged play and language development		
7. Infant Parent Psychotherapy		
a. Explored child's emotional experience in relation to current or past experiences (e.g. wondering with parent about child's feelings in interaction and relationship with parent, speaking for child to give voice to feelings)		
b. Acknowledged or discussed parent's perceptions and representations of child and/or self as parent		
c. Explored parent's capacity to nurture and respond to child		
d. Explored or linked current issues or conflicts to parent's responses to child or relationship (e.g. parent's return to work, birth of a sibling, financial hardship, housing instability, conflict in the family)		
e. Focused on parent emotion regarding child (e.g. provided parent with opportunity to express emotions regarding child, and/or helped parent contain overwhelming emotion about child)		
f. Addressed negative experiences and/or unresolved loss/trauma that may be affecting relationship with child (e.g. "difficult in the nursery" or negative attributions or distortions in the representation of child)		
g. Addressed and supported positive internal resources that may strengthen relationship with child (e.g. "strong in the nursery" or positive attributions)		
8. Life Planning		
a. Discussed education, job training, employment		
b. Discussed family planning and/or deferral of next birth		
c. Discussed childcare in quality setting and/or linkage to the regional resource center		

Shaping Practice *Video Taping*

- Incentive to establish video-taping as a regular practice
- Creating memories/something tangible to look back on to see growth
- Bringing focus back to the parent/child dyad
- Material to bring back to supervision

Agency and State Practices

Agency

- Guidance regarding frequency and type of assessments used
- Reinforce workforce value of reflective supervision

State

- Movement toward gaining recognition for the "Michigan Model" of IMH-HV
- Building the Michigan Community-University-State Partnership
- Establishment of an IMH Research Collaborative

A Parent's Voice....

Next Steps

Next Steps: More Rigorous Evaluation of IMH

- Funded by the **MICHIGAN HEALTH ENDOWMENT FUND** and Michigan Medicaid Match
- Randomized Controlled Trial- “Thriving Together”
- Testing an IMH-HV Training Curriculum

Infant Mental Health-Home Visiting and Continuum of HV Services

- Infant Mental Health – Home Visiting is currently available in Community Mental Health Services System (predominately funded by Medicaid).
- Infant Mental Health – Home Visiting is one of the most intensive HV model (number of hours provided, masters-prepared providers, access to the service)
- Limited number of “non-CMHSP” Infant Mental Health – Home Visiting providers in the state.
- MDHHS has made commitment to sustain the model as an EBP.

Discussion Questions....

- Is IMH-HV a model that can be embedded in or work in conjunction with other models?
- How are we providing Home Visiting services to parents/families experiencing domestic violence, mental health issues, trauma, substance use issues?
- What are "take homes" from the presentation that you can take back and discuss at your program, agencies/organization?

Thank you to...

All participating **agencies**
All participating **clinicians**
All participating **families**
All collaborating **researchers**

Thank you to our funders...

**MICHIGAN HEALTH
ENDOWMENT FUND**



**ETHEL & JAMES
FLINN FOUNDATION**



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