Q & A
Incorporating Infant Mental Health Principles in "Everyday" MIHP Practice: A Follow-up Webinar

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NOTE: PowerPoint slides are posted on MIHP web site, but audio is not available.

1. **Most Infant Mental Health (IMH) specialists ask for a higher rate of reimbursement than we can provide. They also say that 9 visits aren't enough. How are we supposed to maintain the MIHP IMH Specialist position under these circumstances?**

   Some providers have dealt with the reimbursement issue by encouraging their staff social workers to become endorsed by the Michigan Association for Infant Mental Health (MI-AIMH). This allows the social workers to function as MIHP IMH Specialists.

   In a few months, a new policy will go into effect that will allow providers to request additional professional visits during pregnancy, if a client still needs MIHP services after the first 9 visits are completed. Providers will submit these requests to the MIHP state consultants.

   Currently, providers can:
   - Make 9 additional infant visits after the first 9 are completed, when requested in writing by the medical care provider.
   - Make 18 additional infant visits (total of 36) if the infant is substance-exposed, when requested in writing by the medical care provider.

   A standing order for the second 9 infant visits and for the additional 18 substance-exposed infant visits may be obtained from the agency medical director or a medical care provider who sees the value of the additional visits. (JONI – how exactly do you want this to read?) For more information on additional professional visits, see the *MIHP Operations Guide*, pages 20-21.

2. **Our team used to have reflective supervision, but it was cut due to budget problems. We see this as a loss. Any ideas?**

   You might try talking with upper-level administrators about the fact that investing in reflective supervision pays off. Reflective supervision helps staff keep going when they are overwhelmed by working with severely over-burdened families. It keeps staff energized about their work, decreases burnout, and helps agencies retain staff. This is important, because it's very expensive to keep having to hire and train replacement staff and to get new hires up to high productivity levels. Furthermore, clients are more likely to be there for

visits if the staff is enthused and engaging, rather than burned out, which reduces costs associated with no-shows and with drop-outs.

For information on distinguishing between administrative, clinical and reflective supervision, go to: **Reflective Supervision**/Consultation | Michigan Association for **...**

If upper-level administrators are still unwilling to invest in reflective supervision given current budget restrictions, here are a few ideas:

- Build in time for reflection during staff meetings. Staff are "reflecting" all the time anyway, but it's mostly venting, which is not as constructive as it could be.
- Consider having staff participate in reflective supervision groups. Group supervision is more economical than individual reflective supervision. MI-AIMH has talked about helping to organize reflective supervision groups on a regional basis to keep costs down. Joni Detwiler will discuss this with Debbie Weatherston, MI-AIMH Executive Director.

3. **Could Joni also ask Debbie Weatherston about the possibility of using teleconferencing for reflective supervision?**

   Yes, she will.

4. **When the MIHP policy changed so that case conferencing meetings were no longer required in order to develop care plans, our administration interpreted it to mean that we don't need meetings at all, so group reflective supervision would not be an option for us.**

   Joni will take this to the MIHP Administration Team.

5. **We've been asking to have the line lengthened under interventions on the progress note, so we could add more words and staff will be better able to remember where they (or other professional staff) left off with the client. We would also be able to describe more about mother-infant relationship issues.**

   You can use always use a blank intervention form to make additional notations.

6. **Beneficiaries resist an IMH referral when they have a lot of different workers coming in. They don't want to deal with another home visitor, especially if they have a PS worker.**

   Yes, this is our experience too (Melissa). We deal with it by trying to work out a schedule based on what works for a particular family. One agency will start, and then step back when another agency steps up.

7. **We have no money for training – we've recently had staffing cuts. MI-AIMH endorsement is expensive and time-consuming. Is having an IMH Specialist on staff going to be required?**

   No, it will not be required. However, we strongly recommend doing everything possible to move in this direction. Research continues to document the negative effects of maternal depression, substance abuse, and domestic violence on the health and life trajectories of young, low-income children. Many MIHP families would benefit greatly from IMH services.

   Keep in mind that social workers and nurses need to earn CEs in order to maintain their licenses. You can suggest that they participate in IMH-related trainings that offer CEs. Even if they don't get endorsed by MI-AIMH right away, they can build a portfolio over time. Some staff may be willing to pay for part or all of their own endorsement costs because they are passionate about promoting mother-infant attachment and understand that this credential is becoming increasingly valuable in the job market.

   Even if you aren't able to support your staff to obtain MI-AIMH endorsement, you can encourage them to learn as much as possible about promoting mother-infant attachment and to KEEP THE MOHTER-INFANT RELATIONSHP IN MIND AT ALL TIMES.

   Remember that there are free IMH trainings available online at www.michigan.gov/mihp.

   MI-AIMH maintains a list of available trainings at http://www.mi-aimh.org.

   If you have questions about MI-AIMH endorsement, call Debbie Weatherston or Nichole Paradis at (734) 785-7705.

8. **A higher reimbursement rate would be awesome. Any possibility?**

   That *would* be awesome, but we don't see it happening any time soon.

9. **What's next?**

   On September 12, DCH will host a videoconference on *Infant Social-Emotional Development* at five locations around the state. Our presenter will be Mary Mackrain, MDCH Mental Health Services to Children and Families. The videoconference will be archived. Watch for details.