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Possible Reasons for Referral to an MIHP Infant Mental Health (IMH) Specialist or to Community Mental Health (CMH) for an Assessment

This document is a guide for MIHP professionals to help determine when referral to the MIHP Infant Mental Health Specialist or to Community Mental Health (CMH) for a behavioral health assessment is indicated. Possible reasons for referral for an assessment are categorized under the headings of *During Pregnancy* and *After Birth of Infant*. MIHP professionals may conclude that a particular reason applies to a beneficiary based on information obtained through administration of the *MIHP Maternal and Infant Risk Identifiers,* subsequent conversations with the pregnant woman/mother, or observations of mother-infant interactions. Referral for an assessment does not replace the need to implement the applicable MIHP interventions in related risk domains that have been identified for a given beneficiary, including the maternal depression, alcohol abuse, drug abuse, or domestic violence domains.

During Pregnancy	After Birth of Infant
Tier 1. If any of the reasons below applies to the beneficiary, a referral is in order. 1. According to her *Risk Identifier* results, is at <u>high-moderate</u> risk for: a. Depression (or you see signs of depression or anxiety) b. Alcohol abuse (or you see signs of alcohol abuse) c. Drug abuse (or you see signs of drug abuse) d. Domestic violence (or you see signs of domestic violence) 2. Is having difficulty accepting the pregnancy; states she did not want to be pregnant now or at any time in the future; makes hostile statements about her fetus. 3. Has a history of treatment for mental illness/mental health problems. 4. Feels very overwhelmed, abandoned, alone or unsupported; baby's father has abandoned mother, is absent (e.g., deployed) or unknown. 5. Has experienced stillbirth or infant death.	**If any of the reasons below applies to the beneficiary, a referral is in order.** 1. The reasons listed in the first column are applicable to mother. 2. Infant score on *Ages and Stages Questionnaire: Social-Emotional (ASQ: SE-2)* is above the cutoff, indicating that "further assessment with a professional may be needed." (NOTE: Also refer the infant to *Early On* for a comprehensive developmental assessment.) 3. Infant meets the drug-exposed infant criteria specified in the MIHP Chapter of *the Medicaid Provider Manual*. (NOTE: Suspected Fetal Alcohol Syndrome Disorder meets the criteria.) 4. Infant is in neonatal intensive care or otherwise separated from mother. 5. Mother does not appear to be "connecting" with infant, for example: a. Mother did not adequately prepare home for infant. b. Mother has a hard time consoling the infant. c. Mother fails to respond to infant's cries or need for comfort; ignores infant when infant appears hungry, tired, cold or lonely. d. Mother does not speak endearingly to infant. e. Mother does not feel that feeding time is pleasurable. f. Mother does not touch infant lovingly or frequently.

During Pregnancy	After Birth of Infant
Tier 2. If any of the reasons below applies to the beneficiary, a referral may or may not be in order, depending on how the beneficiary is dealing with the situation. If a number of these reasons apply to the beneficiary, the likelihood increases that a referral is in order. 6. Has a history of trauma or loss before age 18: a. Experienced abuse or neglect (with or without child protective services involvement) b. Household member abused alcohol and/or drugs c. Household member was incarcerated d. Household member was chronically depressed, mentally ill, institutionalized, or suicidal e. Mother was treated violently f. Had only one or no parents g. Was in foster care h. Separated from family, death of loved one [a. – f. above: Adverse Childhood Experiences (ACE) Study] 7. Experiences ongoing, intense family conflict, including conflict with father of the baby. 8. Has cognitive limitations or developmental delay.	g. Mother does not smile in response to infant's smiles; does not initiate smiling interaction. h. Mother does not make eye contact while holding infant. i. Mother does not read infant's cues or respond sensitively or appropriately (not in tune with infant). j. Mother responds to the infant inconsistently. k. Mother seems angry or hostile toward infant; says negative things about infant. l. Mother has unrealistic expectations of infant; thinks infant should be able to do things he/she is not developmentally ready to do. m. Mother believes infant behaves with negative intentions (e.g., "dirties diaper on purpose;" "does things to make me mad;" "misbehaves just to upset me." n. Mother is very anxious with infant. o. Mother shows little interest in infant or experiences little pleasure with infant. 6. Sibling is exhibiting unusually strong aggression toward the infant. 7. Infant is premature, has feeding problems (including frequent vomiting), has sleeping problems, is failing to gain, is failing to thrive, or has a serious medical condition or developmental delay. 8. Infant is difficult to care for: cries for long periods of time, is irritable, difficult to sooth, difficult to feed, unresponsive, listless, highly active, or hypersensitive to sound, light, touch, or stimulation. 9. Infant or sibling is, or has been, involved with child protective services or mother previously lost parental rights to a child. 9. Infant's home environment is chaotic or unstable. 10. Infant is exposed to domestic violence or community violence.