

2025 Annual Report

Michigan Model of Infant Mental Health Home Visiting



The 2025 Annual Report highlights recent developments and progress of our ongoing quality improvement work to strengthen the Michigan Model of Infant Mental Health Home Visiting (IMH-HV) and better meet the needs of families. We also summarize several key new findings from our research that demonstrate the impact of IMH-HV on outcomes for infants, toddlers, and their families.

This year we aimed to...

- Provide ongoing training opportunities to clinicians who participated in one of our prior IMH-HV learning cohorts
- Improve the availability and responsiveness of IMH-HV training resources
- Strengthen the quality of IMH-HV training curriculum
- Promote the sustainability and availability of IMH-HV through program evaluation and dissemination of findings
- Demonstrate the long-term impact of IMH-HV services

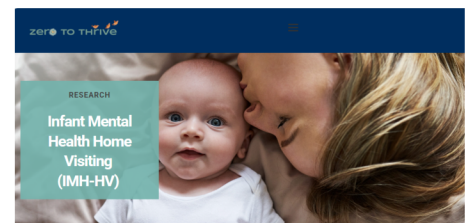
Background & Acknowledgements



IMH-HV is a needs-driven, multifaceted psychotherapeutic home visiting model. It was initially developed at the University of Michigan by Selma Fraiberg and colleagues. IMH-HV was designed to promote the health and wellbeing of infants, toddlers, and their families.

You can learn more about the history of this work, how it has been implemented in communities, and access a complete list of published studies on our website at <https://zerotothrive.org/research/imh-hv/>.

On this website you can also see a list of contributors to this work. We are particularly grateful to the parents, providers, agencies, and policy makers who have engaged in IMH-HV in the community, and who have supported its implementation and evaluation. Through their generosity we have learned much, and this work has helped to sustain and make this resource available to others across Michigan.



What is Infant Mental Health Home Visiting?

The Michigan Model of Infant Mental Health Home Visiting (IMH-HV) is a needs-driven, relationship-focused intervention for parents and infants/toddlers aged 0 (pregnancy) to 36 months. IMH-HV aims to meet the needs of families at risk for relationship problems, child abuse and/or neglect and behavioral health concerns. Families are eligible for IMH-HV if either the parent or child have concerns that make them more susceptible to...

Training
Information

What's New?

IMH-HV Training and Resources

Over the past year we engaged in a number of activities including trainings and resource development and dissemination. In July 2025 we held a booster training session to provide continued learning and ongoing support to IMH-HV providers. Dr. Kate Rosenblum, Dr. Brandie Bentley, and Karen Smith delivered a presentation titled: “Infant Mental Health Practice with Parents with Disabilities: Advancing Equity from Pregnancy through Early Childhood”.

We are also excited to announce an upcoming launch of an educational and training resource directory webpage for IMH-HV providers who have participated in the IMH-HV Learning Collaboratives. These resources were identified or developed to be responsive to trainee and provider identified needs and will help provide additional support to providers outside of the learning collaborative and booster sessions. The directory includes materials and resources on a range of topics, such as perinatal depression, working with families with disabilities, and technology-based resources.

One of the things we have learned from providers in the field is that they would appreciate an updated manual to support their learning both during and following the learning collaborative. Drs. Kate Rosenblum and Julie Ribaudó have led an initiative to develop a companion manual for the IMH-HV curriculum. The manual will include reflections and contributions from a diverse team of leaders in infant and early childhood mental health, both in Michigan and across the US. Ultimately this will serve as an additional guide and learning tool for individuals being trained in and delivering the Michigan Model of IMH-HV.



IMH-HV Research

In FY25 we undertook a follow up study of families who participated in the IMH-HV randomized controlled trial, the Thriving Together Study. Families were contacted for a 7-year follow-up, and data collection wrapped up in September 2025. We were able to contact 82% of the eligible sample (54 families) and a total of 40 families completed data collection.

Measures and data collected included:

- **Demographic information**
- **Self-rated health symptoms for mom and child (e.g., GAD-7, PHQ-9, overall family health)**
- **Child development and behavior ratings**
- **Child development measures (e.g., WISC)**
- **Parent Interviews**
- **Parent-child play-based observations**
- **Connection to schools for additional information**

The team is planning to analyze data in the upcoming year, and we are excited to share outcomes and findings.

In addition to the new follow up, members of the Michigan Collaborative for Infant Mental Health Research (MCIMHR) team successfully published a three papers related to IMH-HV in FY25.



These include:

Improvement in Mental Health Symptoms for Women Receiving Infant Mental Health Home Visiting (Jester et al., in press).

This paper compares maternal depression scores from participants in the treatment and control group up to 12 months after baseline data was collected. Levels of depression symptoms were lower among those who received IMH-HV compared to those who did not at 12-month follow-up, suggesting that IMH-HV impacts maternal depressive symptoms.

The Michigan Model of Infant Mental Health – Home Visiting Increases Preventative Services while Decreasing Emergency Services for Children (Pitzen et al., 2025)

This paper examines the impact of IMH-HV services on referrals and receipt of physical health services for infants and children. Results indicate that families in the treatment group were more likely to receive and follow up on referrals and found them more helpful compared to families in the control group. Children in the control group were more likely to receive services in the Emergency Department and miss well-child visits. Findings suggest that IMH-HV services may increase access and use of resources, which can reduce harmful impacts social determinants of poor health, developmental, and relational outcomes.

Infant Toddler Court Teams, Reunification, Time to Permanency, and Placement Stability: Evidence from a Study Using Matched Controls (Stacks, A.M., Rousson, A., Kondor, L., Perron, B.E., Ryan, J.P., & Victor, B. (2025). Infant Toddler Court teams, Reunification, Time to Permanency, and Placement Stability: Evidence from a Study Using Matched Controls. Child Maltreatment, doi: 10.1177/1077559525 *

This paper examined the impact of an infant-toddler court program in Wayne County, Michigan by comparing outcomes for court cases assigned to the specialized docket (receiving IMH-HV services adapted for families in the court system) with matched controls receiving services as usual. Results indicate that infant-toddler court cases were twice as likely to achieve reunification compared to matched controls. Findings suggest that implementing infant-toddler courts more broadly could significantly improve reunification outcomes for young children in the child welfare system.

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