



Investing When It Matters Most

CMHWG Prenatal-5 Relational Health Subcommittee Recommendations (01-27-20)

- The Children’s Mental Health Work Group (CMHWG), to be renamed Children’s Behavioral Health Work Group (CBHWG), strives to prevent and interrupt costly cycles of inter-generational trauma, abuse and neglect that can result in behavioral challenges, poor health, low academic performance and involvement in the criminal justice system.
- Fortunately, evidence-based “two-generation” approaches can make a difference by: 1) supporting parents with skills and tools to build safe, stable, secure relationships with their children, and 2) providing children developmentally appropriate, relationship-based therapies that build social emotional skills children need to be successful in their lives.
- This year, the subcommittee is seeking support for some important steps in this effort.



Recommendations



1. Reauthorize the Children’s Behavioral Health Work Group with a prenatal-five emphasis.

The CBHWG researches and makes recommendations for evidence-based behavioral health services and strategies that reduce and eliminate the impact of trauma on children’s lives. Washington needs re-authorization of the CBHWG and its policy expertise and guidance to help our state develop coordinated, accessible, evidence-informed strategies that will pay dividends in human and economic terms.

Policy Recommendation: Reauthorize the CBHWG beyond December 2020, with a focus on prenatal to five relational health so that policymakers, experts, stakeholders, and advocates can continue finding solutions to prevent and reduce behavioral health challenges and increase academic performance early. [Support [HB 2737](#) and [SB 6588](#)]

2. Research what it will take to create a developmentally appropriate behavioral health system for young children.



Science today shows that even very young children can suffer from behavioral health conditions, especially after experiencing trauma or cumulative stress. However, the diagnostic manual created for older children and adults could lead to misdiagnosis and the wrong treatment (for example, treating phantom ADHD or autism rather than trauma). We can see the negative impact of this in our behavioral health system and in our schools.

Budget Recommendation: Direct and invest in Health Care Authority (HCA) analysis of the fiscal impact of changing policy to create a developmentally appropriate behavioral health system that meets the specific needs of babies and young children 0-5 and the families that care for them.

3. Train those who are uniquely positioned to help parents and children succeed.



A child's earliest experiences shape their lifelong development. Yet, 1 in 7 new moms (and 38% of mothers of color), 1 in 10 dads, and 1 in 8 adoptive mothers experience post-partum depression or other perinatal mood or anxiety disorder that can affect the behavioral health and well-being of the mom, the child, and the entire family. Fortunately, Maternity Support Services (MSS) and Infant Case Manager (ICM) providers are uniquely situated to promote positive parent and infant behavioral health – *except that they are provided no evidenced-based training in perinatal or infant/early childhood behavioral health.*

Budget Recommendation: Invest in specialized training

- Deliver perinatal and infant behavioral health training across Washington.
- Provide targeted scholarships for professionals who cannot afford training but who reach moms and children at greatest risk.

***Note:** The subcommittee also supports efforts to extend maternal Medicaid coverage to one-year post-partum to ensure families get the critical, high-quality care they need in the first year of baby’s life.

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