The Bree Collaborative
Opioid Use Disorder Treatment Charter and Roster

Problem Statement

Drug overdose is the leading cause of accidental health in the United States, driven predominantly by opioid addiction.\(^1\) In King County, heroin treatment admissions surpassed alcohol in 2015 for the first time.\(^2\) However, almost 90% of individuals with identified substance use disorders do not receive appropriate care or treatment partially due to substance use being highly stigmatized and patients not being likely to receive or seek treatment themselves.\(^3\) Access to care and variation in treatment are also barriers to recovery.

Aim

To increase access to and align care delivery with existing evidence-based standard of care for the treatment of opioid use disorder while decreasing variation in quality of treatment across the State of Washington.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Increasing access to opioid use disorder treatment.
- Early identification of opioid use disorder in primary care as part of integrated behavioral health care in coordination with other Bree Collaborative workgroups and work within Washington State.
- Supportive referrals to opioid use disorder treatment.
- Treating opioid use disorder as a lifelong, chronic conditional across the age span using supported recovery.
- Measuring improvements and access to opioid use disorder treatment.
- Identifying additional areas for recommendations.

Duties & Functions

The Opioid Use Disorder Treatment workgroup will:

- Research evidence-based guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.

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• Create and oversee subsequent subgroups to help carry out the work, as needed.
• Revise this charter as necessary based on scope of work.

**Structure**

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

**Meetings**

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Charissa Fotinos, MD (Co-Chair)</td>
<td>Deputy Medical Officer</td>
<td>Health Care Authority</td>
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<tr>
<td>Andrew Saxon, MD (Co-Chair)</td>
<td>Director, Center of Excellence in Substance Abuse Treatment and Education (CESATE)</td>
<td>VA Puget Sound Health Care System</td>
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<tr>
<td>Jane Ballantyne, MD, FRCA</td>
<td>Professor, Department of Anesthesiology and Pain Medicine</td>
<td>University of Washington School of Medicine</td>
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<td>Caleb Banta-Green, PhD, MPH, MSW</td>
<td>Senior Scientist</td>
<td>Alcohol and Drug Abuse Institute, University of Washington</td>
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<tr>
<td>David Beck, MD</td>
<td>Immediate Past President</td>
<td>Washington Society of Addiction Medicine</td>
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<td>Mary Catlin, BSN, MPH</td>
<td>Consultant</td>
<td>Department of Health</td>
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<td>Nancy Lawton, MN, ARNP, FNP</td>
<td>President</td>
<td>ARNPs United of Washington State</td>
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<td>Darin Neven, MD, MS</td>
<td>President and Founder</td>
<td>Consistent Care</td>
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<tr>
<td>Richard Ries, MD</td>
<td>Director, Addiction Psychiatry Residency Program</td>
<td>University of Washington</td>
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<td>Terry Rogers, MD</td>
<td>Medical Director</td>
<td>Lakeside Milam Recovery</td>
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<td>Vania Rudolf, MD, MPH</td>
<td>Addiction Recovery Services</td>
<td>Swedish Medical Center</td>
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<td>Mark Stephens</td>
<td>President</td>
<td>Change Management Consulting</td>
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<td>Milena Stott, LICSW, CDP</td>
<td>Chief Of Inpatient Services</td>
<td>Valley Cities Counseling</td>
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