

**The Bree Collaborative**  
**Perinatal/Maternal Mental Health Charter and Roster**

**Problem Statement**

Perinatal depression is one of the most common pregnancy complications, affecting one in seven women,<sup>1</sup> and may contribute to adverse neonatal, infant, and child outcomes.<sup>2</sup> Both the US Preventative Services Task Force and the American College of Obstetrics and Gynecology recommend screening for depression and anxiety during pregnancy and the post-partum period, as well as initiating treatment or referring to mental health care providers for maximum benefit.<sup>1,3</sup> Despite these recommendations, stigma around mental illness, lack of insurance coverage for behavioral health, and structural barriers all prevent access to quality mental health care.<sup>4</sup>

**Aim**

To improve the mental health care continuum in Washington State along the reproductive or family building journey including the perinatal and postpartum period.

**Purpose**

To propose practical and evidence-informed recommendations to the full Bree Collaborative on reducing the burden of perinatal/maternal mental health including:

- Defining topic area and scope.
- Expand inclusive definitions and services.
- Advancing equity and addressing inequities in perinatal/maternal mental health prevention, treatment, resources, and supports.
- Uplift culturally, relevant, and linguistically appropriate care.
- Acknowledge the impact of interpersonal and structural racism on people’s perinatal mental health and overall health.
- Identifying at-risk populations and increasing screening activities.
- Identifying mechanisms for following-up with brief interventions, treatment, or referrals to mental health services.
- Improving access to quality mental health services.
- Addressing structural determinants and other barriers to perinatal/maternal mental health.

**Duties & Functions**

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Make recommendations for inclusive care and language.
- Acknowledge how current structures contribute to inequality.
- Identify current barriers and future opportunities for implementing interventions.

<sup>1</sup> American College of Obstetrics and Gynecology. 2018. ACOG Committee Opinion No. 757: Screening for Perinatal Depression. 132:5(208-212). doi: 10.1097/AOG.0000000000002927

<sup>2</sup> Howard L & Khalifeh H. 2020. Perinatal mental health: a review of progress and challenges. World Psychiatry. 19:3(213-327).

<sup>3</sup> US Preventive Services Task Force. 2019. Interventions to Prevent Perinatal Depression: US Preventive Services Task Force Recommendation Statement. JAMA. 321(6):580-587. doi:10.1001/jama.2019.0007

<sup>4</sup> Shuffrey L, Thomason M, & Brito, H. 2022. Improving Perinatal Maternal Mental Health Starts With Addressing Structural Inequities. JAMA Psychiatry. 79(5):387-388. doi:10.1001/jamapsychiatry.2022.0097

- 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(s) 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 including metrics or a process for measurement.
- 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. The Bree Collaborative director and program coordinator 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. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Colleen Daly, PhD (chair)	Director, Global Occupational Health, Safety and Research	Microsoft
Trish Anderson, MBA, BSN	Senior Director, Safety and Quality	Washington State Hospital Association
Aphrodyi Antoine, MPH, MBA	Deputy Regional Administrator	Health Related Services Administration
Christine Cole, LCSW	Infant and Early Childhood Mental Health Program Manager	WA Health Care Authority
Melissa Covarrubias		Community Health Plan of Washington
Billie Dickinson	Associate Director, Policy	Washington State Medical Association
Andrea Estes, MBA	Sexual and Reproductive Health Programs Innovation Manager	WA Health Care Authority
Cindy Gamble, MPH	Tribal Public Health Consultant	American Indian Health Commission
Kristin Hayes, MSW	Perinatal Mental Health Counselor	Evergreen Health
Libby Hein, LHMC	Community Director	Children's Home Society of Washington

Mandy Herreid, MN	Maternal Health Program Manager	United Healthcare
Kay Jackson, CNM, ARNP	Midwife	Off the Grid Midwifery and Health
Ellen Kauffman, MD, FACOG	Obstetrician	
Jillian King, DNPc		University of Washington
Gina Legaz, MPH	National Director, Prematurity Collaborative	March of Dimes
Jennifer Linstad, CNM	Midwife	Center for Birth
MaryEllen Maccio, MD	Family Medicine	Valley Medical Center
Patricia Morgan, ARNP	Psychiatric Nurse Practitioner	Evergreen Health
Sheryl Pickering	Health Services Consultant/WIC Tribal Liaison	WA Department of Health, WIC
Ashley Pina		WA Health Care Authority
Sarah Pine	Behavioral Health Program Manager	WA Health Care Authority
Katie Price, LICSW	Clinical Social Worker	Katie Price Therapy
Brianne Probasco	Reproductive Health Coordinator	WA Association of Community Health
Monica Salgaonkar, MHA	Program Manager, Continuing Medical Education	Washington State Medical Association
Nicole Saint Clair, MD	Executive Medical Director	Regence
Caroline Sedano, MPH	Perinatal Unit Supervisor	WA Department of Health
Lewissa Swanson, MPH	Regional Maternal and Child Health Consultant	Health Related Services Administration
Beth Tinker, PhD, MPH, MN, RN	Nursing Consultation Advisor, Clinical Quality Care Transformation	WA Health Care Authority
JanMarie Ward, MPA	Private Consultant	American Indian Health Commission
Josephine Young, MD, MPH, MBA	Medical Director, Commercial Markets	Premera