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**Bree Collaborative | First Episode Psychosis**May 7<sup>th</sup>, 2025 | 3-4:30PM**Hybrid**

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**MEMBERS PRESENT VIRTUALLY**

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Darcy Jaffe, ARNP (chair) WSHA  
Brian Allender, MD, KC-BHRD  
Maria Monroe-Davita, PhD, UW  
Carolyn Brenner, MD, Harborview Medical Center  
Becky Daughtry, LICSW, CMHS, Washington HCA  
Tobias Dang, MD, KP  
Christina Warner, MD, Seattle Children's  
Kim Moore, MD, VM Franciscan Health  
Ryan Robertson, CHPQ, WSHA  
Stephanie Giannandrea, MD, Confluence

Sarah Kopelovich, PhD, UW  
Oladunni Oluwoye, PhD, WS  
  
Tawnya Christiansen, MD, CHPW  
Cammie Peretta, MSW, LICSW, UW  
Greg Jones, DNP PMHNP-BC, CPC, Lucid Living  
Chivonne Mraz, LCSW, Regence  
Anne Marie Patterson, ARNP  
Rebekah Woods, LMFT, CMHS, KC-BHRD  
Deepa Yerram, MD, MHA, FAAFP, United Healthcare

**STAFF AND MEMBERS OF THE PUBLIC**

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Beth Bojkov, MPH, RN, Bree Collaborative  
Karie Nicholas, MA, GDip, Bree Collaborative

**WELCOME**

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Beth Bojkov, Bree Collaborative, welcomed everyone to the May Bree First Episode Psychosis Workgroup. Beth invited the guests to introduce themselves.

**Action:** April Minutes Approval

**Outcome:** April Minutes Approved

**PRESENT & DISCUSS: CLINICAL HIGH RISK FOR PSYCHOSIS**

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Beth started the workgroup off by initiating a discussion on addressing clinical high risk for psychosis group, seeking feedback on how to incorporate this population into the workgroup. Discussion key points:

- Environmental factors such as neighborhood characteristics increase stress vulnerability and risk for developing psychosis, so could emphasize early intervention in these communities
- There is a general lack of services and established evidence for patients who are clinical high risk but not yet experiencing psychosis.
- Potentially could be a good topic for the Children's Behavioral Health Workgroup from WA HCA
- Evidence-base not as substantial for clinical high risk groups -> out of scope for the group

**PRESENT & DISCUSS: EARLY IDENTIFICATION & RAPID ACCESS DRAFT GUIDELINES**

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Beth transitioned the workgroup to editing the draft guidelines on early identification and rapid access guidelines. The group discussed the following:

- Primary care providers should meet specific competencies to comanage psychosis with coordinated specialty care

- Behavioral health agencies without coordinated specialty care programs should refer patients with first episode psychosis on to agencies that do have it, knowing that they can return for other services after they're done
- There's need for ongoing education and outreach to behavioral health providers and organizations to improve their identification and referral to CSC programs given high turnover in the system
- Providers should refer out for stabilization, and can occur in parallel to other services
- Further discussion is needed around recommendations for BHAs that do not already offer CSC, and how they should go about assessing if they can provide CSC

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**PUBLIC COMMENT AND GOOD OF THE ORDER**

Beth invited final comments or public comments, then thanked all for attending. The workgroup's next meeting will be on Wednesday, June 4<sup>th</sup> from 3-4:30PM.

**Note:** Public survey for topic selection for the Bree Collaborative will open in May. Please consider ideas for the Bree Collaborative to address in 2026!

Submit ideas here: <https://arcg.is/10m55P0>