
Bree Collaborative | First Episode PsychosisSeptember 3rd 2025 | 3-4:30PM**Hybrid**

MEMBERS PRESENT VIRTUALLY

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
Christina Warner, MD, Seattle Children's
Ryan Robertson, CHPQ, WSHA
Libby Hein, LMHC, Molina
Rebekah Woods, LMFT CMHS

Tawnya Christiansen, MD, CHPW
Chivonne Mraz, LCSW, Regence
Oladunni Oluwoye, PhD, WS
Stephanie Giannandrea, MD, Confluence
Delika Steele, OIC
Gregory Jones, DNP, PMHNP-BC, CPC, Lucid Living
Dixie Weber, MSN, DOH
Tobias Dang, MD, Kaiser Permanente
Sunny Lovin, Harborview Medical Center

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Mike Franz, Regence

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the September Bree Collaborative First Episode Psychosis Workgroup. The workgroup provided corrections to the August minutes.

Action: Motion to approve August minutes

Outcome: August minutes approved

PRESENT & DISCUSS: TRANSITIONS OF CARE

Beth transitioned the meeting to revisit the transitions of care conversation as a group. The group raised challenges, current practices and potential standards for transitions of care.

- LOCUS and CALOCUS used by payors to determine level of care based on medical necessity and service intensity, most CSC programs aligning with level 3
- Step down practices are variable across programs and across states, with some programs offering dedicated step down services, some integrating it into their CSC process and others without a formal process
- The group debated the ability to set a minimum standard of step down services above LOCUS/CALOCUS level 2 - consensus leaning towards individualized approaches and extending CSC participation based on clinical need rather than fixed time limits
- Many complexities to billing for step down services, including use of encounter rate and challenge of transitioning client to private insurance or less intensive services
- Gradual transitions are best practice, there are many gaps in care when clients move from CSC to outpatient services. The Criticla Time Intervention is a good example of standardized approach to transition from the NY CSC programs.

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- **Review and Feedback on Draft Report and Guidelines:** Beth presented the structure and content of the draft report and guidelines, inviting detailed feedback from the group and outlining the process for public comment, with Darcy, Mike, and Karie providing clarification on timelines and next steps.
 - **Draft Report Overview:** Beth reviewed the main sections of the draft report, including stakeholder-specific guidelines for primary care, behavioral health agencies, CSC teams, hospital systems, payers, employers, schools, and academic institutions, as well as sections on equity, measurement, and resources.
 - **Public Comment Process:** Darcy and Beth explained that the draft will be finalized based on group feedback, then presented to the Bree Collaborative for approval before being posted for a 30-day public comment period, after which further edits will be made prior to final adoption.
 - **Request for Feedback:** Beth requested that participants review the draft and provide feedback by September 17th (or 24th if needed), offering to meet individually to discuss concerns or suggestions.
 - **Theory of Change and Evaluation Materials:** Karie introduced the evaluation subcommittee's theory of change document, explaining its purpose in outlining expected impacts of the guidelines and inviting feedback, while clarifying it will not be part of the public comment process.
- **Upcoming Events and Next Steps:** Beth and Karie announced upcoming meetings and events, including the next workgroup meeting, evaluation forums, and conferences, and outlined the immediate next steps for report review and feedback.
 - **Upcoming Meetings and Events:** Beth listed several upcoming events, such as the October 1st workgroup meeting, the Catalyst for Change webinar, the Northwest Patient Safety Conference, and the Health and Action Summit, encouraging participation and noting relevant speakers.
 - **Next Steps for Report Finalization:** Beth confirmed that the group should review the draft report and provide feedback by the specified deadline, after which the updated draft will be circulated for a vote to move it forward to the Bree Collaborative.

Follow-up tasks:

- **Meeting Minutes Corrections:** Update the attendance records to accurately reflect Rebekah's participation and correct her credentials in the meeting minutes. (Beth)
- **Draft Report Feedback:** Review the draft report and send feedback to Beth by September 17th (or by the 24th if more time is needed). (All participants)
- **Draft Report Approval for Public Comment:** Incorporate received feedback into the draft report and send an updated version to participants for an email vote to approve posting for public comment at the September Bree Collaborative meeting. (Beth)
- **Theory of Change Feedback:** Review the theory of change document and send feedback to Karie as part of the evaluation materials package. (All participants)

REPORT FEEDBACK

Beth transitioned the workgroup to discuss the draft report and ask for feedback. Beth presented the structure and content of the draft report and guidelines.

- **Beth asked for feedback on the draft report and guidelines by the 17th**
- **The theory of change and evaluation materials were also introduced, with request for further feedback.**

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. Beth highlighted the workgroup should provide feedback on the draft by Sept 17th then the group will vote to put the report up for public comment. The workgroup's next meeting will be on Wednesday, October 1st 3-4:30PM.