

Measuring Change: Using Bree Collaborative Tools - Moving from Implementation to Understanding



HOUSE KEEPING



1. Drop any questions into the chat box and we will answer them at the end of the webinar.
2. This webinar is being recorded.

AGENDA



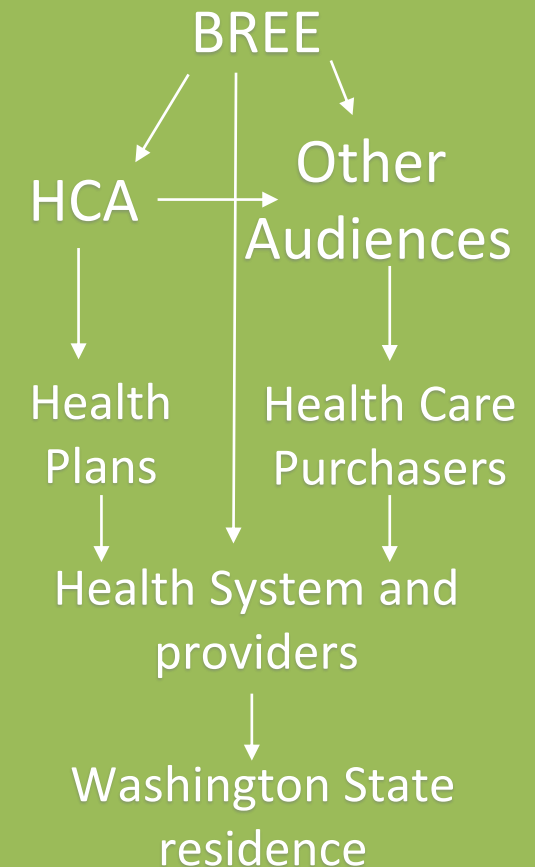
1. Tour of the Bree Collaborative Evaluation Program and tools
 - a) Overview of the types of tools
 - b) Deep dive into topic specific tools
2. Presentation: Dr. Nkeiruka Duza and Dr. David Mayo provide examples of how they have used Bree Tools to plan and measure their implementation and improvement work

Brief Overview of the Bree Collaborative



- Established by legislative statute in 2011
- Collaborative members are appointed by the Governor
- Represent public and private purchasers, health plans, health care providers, hospitals, and QI organizations.
- 40 plus guideline reports

So that public and private health care stakeholders would have the opportunity to identify specific ways to improve health care quality, outcomes, and affordability in Washington State



Evaluation is an important part of the iterative process of quality improvement

1. Help organizations answer their own questions about the usefulness of the Bree guidelines
2. Provide alignment for a system wide look at the usefulness of Bree guidelines
3. Measure the system-wide impact of Bree guidelines

Types of Tools and Supports



General Tools

To help organizations design and conduct their own evaluations

Collaborative Tools

To help organizations align evaluations and share evaluation methods and measures

Report-specific Tools

To help organizations align topic-specific evaluations, to provide an evaluation framework, and to conceptualize how each organization contributes to system-wide change

General Tools



What are they for?

- Education and Training
- Templates

Theory of Change Tools

Developing a Theory of Change slides and lecture notes (LSHTM)

Developing a Theory of Change (Swiss Academy of Science)

Theory of Change Template

Action and Logic Model Tools

Sample Evaluation Monitoring Questions Form

Logic Model and Monitoring Plan

Implementation Monitoring Plan Form

Developing a Useful Logic Model (CDC)

General Tools



What are they for?

- Education and training
- Examples
- Templates

Implementation Description Tools

Understanding Stakeholder Perspectives Form

Sample Stakeholder Perspective Questions

Organizational Characteristics Form

Network and Multilevel System Description Form

Identifying Stakeholders and their Roles in an Evaluation

Evaluation Planning and Program Development Tools

Building a Strategic Learning and Evaluation System for Your Organization

Planning an evaluation step by step

Evaluation Plan Template

Evaluation framework template

General Tools



What are they for?

- Quantitative data Analysis support
- Data Collection planning

Data Collection and Data Management Tools

Data Management Checklist

Template for Analysis and Triangulation of Data Sources

Indicator Metric Checklist

Create Your Own Data Collection Tool (NIH)

Collecting Evaluation Data: Designing Surveys

Data Sharing Agreement Template

Software

Epi Info (Software Download)

Taguette

UC Irvine Qualitative Data Analysis Software Resources (free and paid)

General Tools



What are they for?

- Qualitative data analysis support
- Standards and frameworks
- Training and education

Ethical and Cultural Evaluation Resources

AES First Nations Cultural Safety Framework

Statement on Cultural Competence in Evaluation

Ethical considerations in quality assurance and evaluation activities

Program evaluation standards and cultural competence

Involving children in evaluation

Qualitative Research Tools

Choosing Qualitative Software

NYU Qualitative Data Analysis Support (Resources and software)

Qualitative Data Respository (Templates and Resources)



Where are they?



https://www.qualityhealth.org/bree/

Customize 1,546 + New Edit Page Check PageSpeed Score WPForms SEO Edit with WPBakery Page Builder Events Duplicate Post Howdy, knic

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Bree Collaborative

- Bree Collaborative Reporting
- Current Evaluation Projects
- [Evaluation Tools and Banks](#)
- Bree Collaborative Awards
- Bree Collaborative Case Studies
- Dashboards and Reports

- Question Bank
- Survey Bank
- Measurement Bank
- [Evaluation Tool Depot](#)

Working together to improve health care quality, outcomes, affordability, and equity.

Collaborative Tools



What are they for?

- Share individual questions, including formats, scales, audiences and responses
- Create large data sets to validate questions

The screenshot shows the website for the Foundation for Health Care Quality and Dr. Robert BREE Collaborative. The 'Question Bank Categories' section is highlighted with a red circle. The categories listed are: GENERAL QUESTIONS, TIME AND SCHEDULE QUESTIONS, COST QUESTIONS, GOALS AND OBJECTIVES QUESTIONS, INTERVENTION WORKFLOW QUESTIONS, KNOWLEDGE FACTORS QUESTIONS, ENGAGEMENT FACTORS QUESTIONS, ROLES AND IDENTITIES QUESTIONS, SKILLS AND TRAINING QUESTIONS, GENERAL SKILLS AND CAPABILITIES FACTORS QUESTIONS, and EMOTIONAL FACTORS QUESTIONS. To the right of the categories, there is a detailed description for 'Question QA1: Please describe your staffs awareness of Bree Collaborative Guidelines.' including answer options, format, scale or measurement, status, audience, and notes.

Question Bank Categories

- GENERAL QUESTIONS
- TIME AND SCHEDULE QUESTIONS
- COST QUESTIONS
- GOALS AND OBJECTIVES QUESTIONS
- INTERVENTION WORKFLOW QUESTIONS
- KNOWLEDGE FACTORS QUESTIONS
- ENGAGEMENT FACTORS QUESTIONS
- ROLES AND IDENTITIES QUESTIONS
- SKILLS AND TRAINING QUESTIONS
- GENERAL SKILLS AND CAPABILITIES FACTORS QUESTIONS
- EMOTIONAL FACTORS QUESTIONS

Question QA1: Please describe your staffs awareness of Bree Collaborative Guidelines.

Answer Options:

- 1) ...no awareness of Bree Collaborative Guidelines
- 2) ...basic level of awareness; content not known
- 3) ...general awareness; some specific content known
- 4) ...advanced knowledge of awareness; content known and staff interest in implementation

Format: Scale for each answer option and total score 1-10

Scale or Measurement: Count of answers in each strata

a) 1
b) 2-4
c) 5-7
d) 8-10

Status: In review

Audience: General, Delivery site staff, other TBD

Notes: This survey tool called the "Bree Collaborative Behavioral Health Integration

Collaborative Tools



What are they for?

- Use validated surveys
- Share complete surveys
- Share survey results to create large data sets

The screenshot shows the website for the Dr. Robert BREE Collaborative, which is part of the Foundation for Health Care Quality. The top navigation bar includes links for ABOUT US, CURRENT WORK, PUBLIC COMMENT, BREE GUIDELINES, IMPLEMENTATION, EVALUATION (highlighted in blue), CALENDAR, and BLOG. A 'JOIN US' button is located in the top right corner. The main content area has a blue header with the text 'Survey Bank' circled in red. Below this, a paragraph states: 'These surveys can be use to measure elements or components of an implementation project.' Two survey examples are listed: 'School Nurse Survey – Asthma Care Plans, ESD105' and 'CAHPS Patient Experience Surveys'. Each example includes details about the publisher, a description of the survey, the audience, and notes.

FOUNDATION FOR Health Care Quality | **DR. ROBERT BREE COLLABORATIVE** [JOIN US](#)

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Survey Bank

These surveys can be use to measure elements or components of an implementation project.

[School Nurse Survey – Asthma Care Plans, ESD105](#)

Publisher: Educational Service District 105, Washington State

Description: The survey will establish a baseline to understand the way in which school nurses decide when to get a care plan for students with Asthma, how they identify students that need a care plan, and what policies or procedures they have in place to collect and/or update care plans.

Audience: School District Nurses and Nurse Corps Members

Notes: This survey focuses on policies and procedures and barriers for documenting care plans in public school districts. Questions can also be found as stand alone questions in other sections of this question bank.

[CAHPS Patient Experience Surveys](#)

Publisher: Agency for Healthcare Quality and Research



Description: CAHPS surveys ask patients to report on their experiences with a range of healthcare services at multiple levels of the delivery system.

Collaborative Tools



What are they for?

- Share home-grown measures definitions
- Share process measure concepts and definitions
- Share queries
- Share data elements



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Measurement Bank Topics

FIRST EPISODE PSYCHOSIS (2025)
BLOOD PRESSURE EQUITY (2025)
SURGERY OPTIMIZATION (2025)
IMPACTS OF HEAT RELATED ILLNESS AND WILDFIRE SMOKE (2024)
EARLY INTERVENTIONS: YOUTH BEHAVIORAL HEALTH (2024)
OPIOID TREATMENT DISORDER (2024 REVISION)
PERINATAL BEHAVIORAL HEALTH (2023)
DIFFICULT TO DISCHARGE (2023)
SOCIAL NEED AND HEALTH EQUITY

Labor and Industries Data Elements (Heat) – Occupational Injury Illness Classification System (OIICS) and International Classification of Disease (ICD) codes used to identify suspected cases in the Washington State Fund Database

DOH HRI Query (coming soon)

DOH AQI Query (coming soon)

Measurement Bank Submission Form

Use this form to submit document to share in this measurement bank. Documents may include queries, measurement descriptions, definitions, code sets, etc.

Name *

First

Last

Where are they?



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Bree Collaborative

Bree Collaborative Reporting

Current Evaluation Projects

[Collaborative Evaluation Tools and Banks](#)

Bree Collaborative Awards

Bree Collaborative Case Studies

Dashboards and Reports

Question Bank

Survey Bank

[Measurement Bank](#)

Evaluation Tool Depot

Working together to improve health care quality, outcomes, affordability, and equity.

[Read our Reports](#)

[Attend a Meeting](#)

[Implementation Resources](#)
[Evaluation Resources and Tools](#)

Report Specific Tools



Evaluation Frameworks

- Definitions and key concepts
- Principles and standards
- Information on resources to help align evaluations across system actors
- Guidelines for setting priorities and what, when and ways, to evaluate
- Health ecosystem roles and responsibilities



Published January 14th, 2025

2.4 Monitoring

It is proposed that this evaluation be conducted by: health plans, health systems, and public health agencies.

This evaluation type should focus on monitoring variation in standards of care for OUD treatment to address equity, to identify gaps in the care system (e.g. areas or populations in Washington State or clinics within health systems), and to establish benchmarks for standards of care at a system-level or state-wide level.

Organizations with population health focus should consider conducting a monitoring evaluation plan for the purposes of policy or program modifications and accountability. Direct care organizations may include some aspect of monitoring in their programs; however, this section is primary addressing system-wide (i.e. a health plan network or a health system) and state-wide (i.e. public health agencies) monitoring.

In doing so, this type of evaluation activity may be able to support impact evaluations and help assess the performance of the guideline's recommendations in achieving its goals (increased screening, initiation to treatment, retention to treatment) at a system or state-wide level.

Strong recommendations:

- Washington State should implement a tracking system using the standards of care metrics outlined in section 2.0 with data collected from the preferred data sources, for Medicaid, at a minimum.

Soft recommendations:

11

Bree Collaborative | Evaluation Framework

- Health care systems should monitor their progress on the guideline goals by using standards of care metrics.
- The Washington State Health Care Authority should consider using the identified standards of care metrics in VBP programs.

2.5 Impacts

It is proposed that this evaluation be conducted by: State Agencies

Report Specific Tools



Evaluation Matrix

- Outlines objectives for audiences, by component
- Outlines measures for each component

F6						
A	B	C	D	E	F	G
Components	Health System Actors	Recommendations	Objectives	Intermediate Goal	Long-term Goal	Metric/other measures
Components are ...	Health system actors represent the audiences identified in the Bree Guidelines.	These are broad summaries of the recommendations made in the report to help you align your improvement project(s) with objectives, goals, and metrics.	These define the general objectives of the recommendations for all individual audiences.	This defines the short term objective(s) of the guideline component.	This defines the long term objective(s) of the guideline component.	These are the recommended metrics or measurement concepts that have been identified to measure progress on each guideline component across the health care eco system.
Education				To improve the content and reach of education for OUD treatment and referrals	all health system actors receive regular and evidence-based education for OUD treatment	Percent of organizations that include guideline aligned training for their patients or providers
	Health plans	Educate members on services provided to them and evidence-based treatment options for opioid use disorder. Education providers destigmatizing language.	Increase guideline aligned content in educational materials			
	Primary Care	Educate clinicians on diagnosing, treating and managing opioid use disorder, including use of medications such as methadone and buprenorphine and the importance of approaching opioid use disorder as a chronic condition. Education patients on how to use naloxone	Increase guideline aligned content in educational materials and protocols			
	Providers with a brief touch (ER, Urgent Care, Mobile units, telehealth,) (list what they should be educated on)- shared decision making conversations;	Educate clinicians on diagnosing, treating and managing opioid use disorder, including use of medications such as methadone and buprenorphine and the importance of approaching opioid use disorder as a chronic condition. Education patients on how to use naloxone	Increase guideline aligned content in educational materials and protocols			
	Specialty/Addiction Care (list what to be education on, who to educate)	Educate clinicians on diagnosing, treating and managing opioid use disorder, including use of medications such as methadone and buprenorphine and the importance of approaching opioid use disorder as a chronic condition. Education patients on how to use naloxone	Increase guideline aligned content in educational materials and protocols; increase educational outreach to providers			
	Academic Training Programs (list what they should be educating on)	Incorporate evidence-based information on substance use disorders, including opioid use disorder, into the curriculum for all licensed clinicians. Support use of MOUD in all Measure success of integration of evidence-based information. Measure success of post- service trainings by whether evidence-based prevention and treatment of opioid use disorder is institutionalized, practiced, and monitored in care settings. If possible, measure attitudes towards substance use disorders including the use of current, non-stigmatizing language related to substance use disorder.	Increase guideline aligned content in educational materials Measure success of integration of evidence-based information			
	Employers	Educate employees on guideline aligned services	Increase communication about EAPs to all employees Increase participation in EAPs			
	Public health (DOH)	Offer education and training on medication first MOUD.	Update best practices for OUD prevention, overdose prevention and treatment for OUD in public education Increase access to clinician training			
	Correctional Facilities	Train correctional health care staff on treatment of OUD and patient monitoring Education patients on how to use naloxone	Increase number of staff trained in guideline aligned treatment and monitoring of MOUD			
	Substance Use Disorder Programs	Support patient decision to use medication for opioid use disorder. Education patients on how to use naloxone	Increase alignment of policies and procedures with evidence-based guidelines			
Access				To reduce financial barriers to care, proximity barriers to care, and increase access points for appropriate care		Initiation of OUD Treatment; (2a. Use of pharmacotherapy for OUD (cascade measure) Percentage of individuals with an OUD diagnosis who filled a prescription for or were administered or dispensed an MOUD, overall and by type of MOUD (methadone, buprenorphine, naltrexone). 2b. OUD provider availability (supporting measure) Number of providers who can prescribe buprenorphine, number of providers who do prescribe buprenorphine, number of opioid treatment programs that dispense methadone and/or buprenorphine.)

Report Specific Tools



Score Cards

- Created for each type of guideline audience
- Measure your processes against recommendations
- Use to plan for evaluation
- Share with the Bree to be included in reports and compare your data with others
- Submit to win awards for best practices

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SECURITY WARNING Automatic update of links has been disabled Enable Content									
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A	B	C	D	E	F	G	H	I	J
		I. Your Organization							
		Name of Health System:	Example: Primary care	Example: specialty care	Stand alone ED's				
		Person Completing Survey:							
		Title:							
		Phone:							
		Email:							
		Read full report here: https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2024/12/Bree-OUO-Treatment-Report-24-HCA-1203.pdf							
			SCORE	SCORE	SCORE	Comments			
			#DIV/0!	#DIV/0!	#DIV/0!				
		0 - No action taken; 1 - Actively considering adoption; 2 - Some/similar adoption; 3 - Full adoption							
		Organization established expectations that clinicians and care teams are education on and/or should understand regulations around prescribing of MOUD (e.g., 72-hour rule)							
		Establish expectations that clinicians and care teams provide trauma-informed care according to most updated evidence-based guidelines (i.e., ASAM, PCSS)							
		Staff should be educated on and/or understand how to have shared decision-making conversations with patients to present evidence-based choices for treatment.							
		Organization has policies and/or procedures in place for providers to utilize a patient decision aid to guide discussion. (some are certified by Washington State HCA)							
		Distribute copies of language guidelines to be used when discussing substance use disorder such as https://www.recoveryanswers.org/addiction-ary/#gateway-hypothesis							
		Organization draws from available provider facing resources for education, such as learnabouttreatment.org							
		Organization ensures that practice workflows to align with principles of low-barrier treatment, including:							
		Item 7 Minimizing delays to MOUD initiation (start patients on medications for opioid use disorder on the same day if possible).							
		Item 8 Not discharging patients from treatment for initial or ongoing polysubstance use or for ongoing substance use.							
		Item 9 Not delaying or discontinuing care due to sporadic engagement.							
		Item 10 Counseling and other adjunct therapies offered but not mandated for treatment.							
		Item 11 Engaging patient in creating an individualized follow up plan after visits.							
		Item 12 Outpatient facilities and programs should expand hours to include drop-in visits, and/or weekend/night hours without appointment requirements.							
		Item 13 Organization has capacity to provide a range of medical, harm reduction, treatment, and social services on site to minimize the need for transitions of care.							
		Health System offers MOUD in accordance with established guidelines (e.g., ASAM, PCSS) in the following:							
		Item 14 primary care							
		Item 15 behavioral health clinics/programs							
		Item 16 mental health clinics							
		Item 17 hospitals, (inpatient and emergency departments)							
		Item 18 mobile vans							
		Item 19 street medicine teams							
		Item 20 syringe service programs							
		Item 21 Organization is aware of and provides community resources for access to medications for							

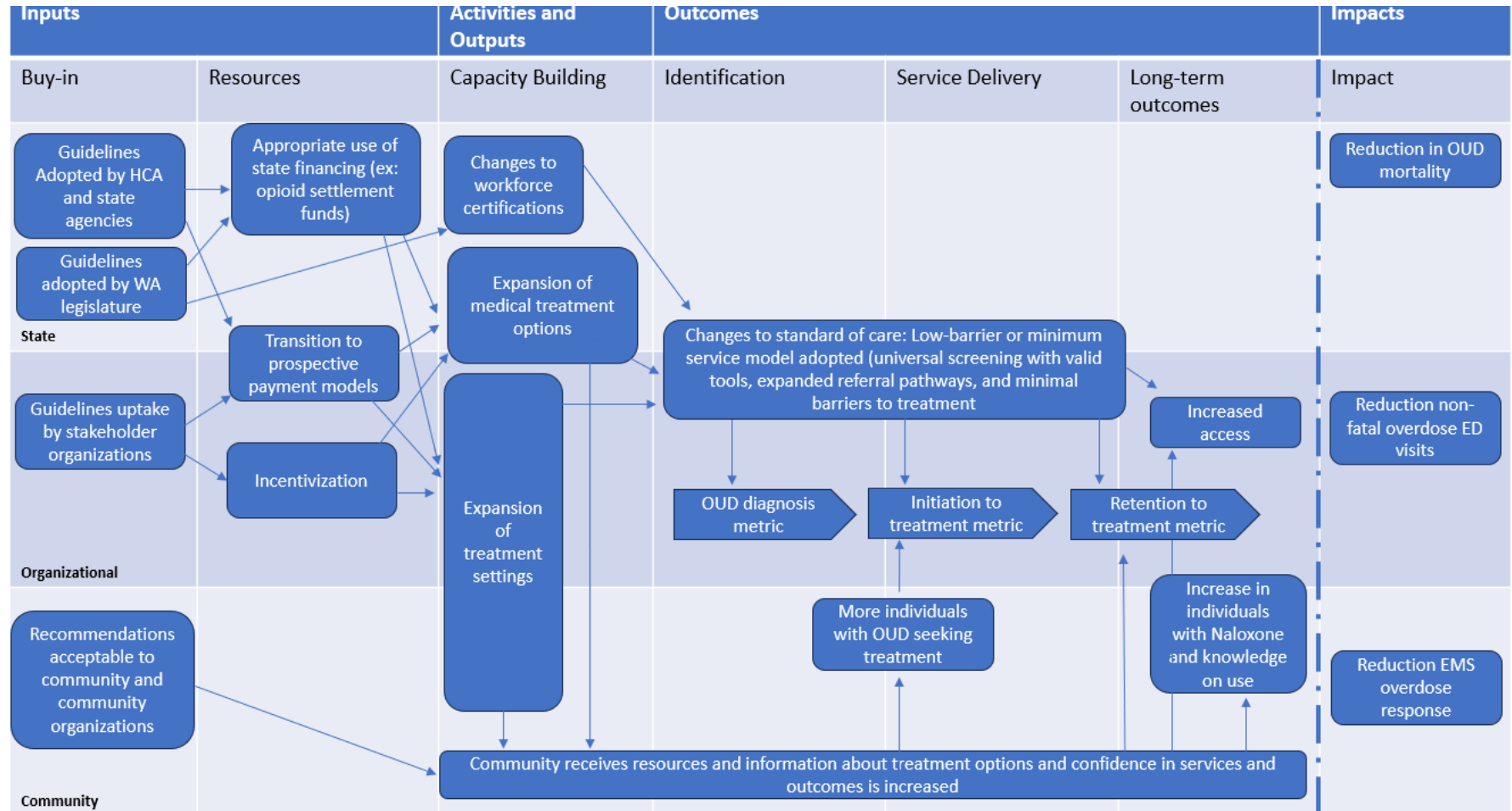
Report Specific Tools



What questions can it help answer?

How does the Bree work group envision these guidelines creating change in the health care ecosystem ?

Where does your organization fit in?



Where are they?



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ABOUT US CURRENT WORK PUBLIC COMMENT [BREE GUIDELINES](#) IMPLEMENTATION EVALUATION

Bree Collaborative

Working together to improve health care quality, affordable

Aging >
Behavioral Health >
Care Transitions >
Chronic Disease Management >
General >
Infectious Disease Management >
Managing Pain >
Oncology >
Reproductive Health >
Surgery Bundles and Payment Models >

General

Health Impacts of Extreme Heat and Wildfire Smoke - NEW!

GUIDELINE INFORMATION
READ ON-LINE
IMPLEMENTATION CHECKLIST BY AUDIENCE
RESOURCES AND TOOLS
METRICS AND EVALUATION TOOLS
EXAMPLES OF IMPLEMENTATION - IN DEVELOPMENT
WORKGROUP MEMBERS
ARCHIVED MEETING MATERIALS
AWARD WINNERS

Guideline title: Health Impacts of Extreme Heat and Wildfire Smoke

Publication Status: January 2025

Date of publication: 2025

Date of last evidence search: 2024

Scope: TBD

Methods: Current guidelines and literature review and expert consensus

Description: This report's main aim is to reduce morbidity and mortality related to extreme heat and wildfire smoke. Heat-related illnesses and health impacts due to poor air quality can be prevented or reduced by implementing evidence-informed, coordinated efforts across sectors, such as early detection and warning systems, education and communication, and standardized protocols for responding to heat-related illnesses and exacerbation. Addressing the underlying social and environmental determinants of health that make certain populations more vulnerable to heat and wildfire smoke can reduce disparities and promote health equity in the face of our changing climate.

Today's Speaker



Measuring Change: Using Bree Collaborative Tools - Moving from Implementation to Understanding on Perinatal Behavioral Health

Who we are

The Puget Sound High Value Network (PSHVN) is a network comprised of the highest quality health care organizations in Washington State that provide flexible, affordable health care for members of the School Employee and Public Employee Benefit Boards in King, Kitsap, Pierce, Snohomish, and Yakima counties.



Care Transformation at PSHVN

- PSHVN collaborates with the Health Care Authority (HCA) to select Bree Collaborative quality improvement initiatives with the goal of transforming care within our network.
- The objective of care transformation expands beyond the PSHVN populations; the goal is to improve the quality of care for all Washingtonians.
- This is the first year that PSHVN is working on perinatal behavioral health for our Quality Improvement Project (QIP).

Why PBH for our QIP?

- Perinatal mental health conditions are the most common complications of pregnancy and the first year following childbirth, affecting upwards of **1 in 5** perinatal individuals.
- The most recent data from 36 maternal mortality review committees (MMRCs) revealed that perinatal mental health conditions are the leading cause of pregnancy-related deaths.
- Reports from 14 MMRCs determined that all perinatal mental health–related deaths were preventable.

Source: Institute for Healthcare Improvement (IHI) and Alliance for Innovation on Maternal Health (AIM)

Why Bree Collaborative PBH guidelines for our QIP?

Evidence based guidelines that lead to improved outcomes.

Provides **framework and tools** for implementing their guidelines and tracking progress.

Collaborative team that is very responsive and supportive.

PSHVN PBH QIP - Step 1



The Bree Collaborative developed several checklist tools. In the checklist tools, guidelines are arranged into a level system for clinicians, delivery site and health systems.

Levels 1, 2, and 3 correspond to the perceived level of difficulty in implementing the guidelines.

We began our journey of implementing the Bree Collaborative PBH guidelines with the Level 1 checklist tools for clinicians, outpatient clinics, and birthing hospitals.

Using the Bree Collaborative PBH Level 1 checklist tools, PSHVN was able to understand the big picture current state of PBH across our network and identify gaps

PSHVN PBH QIP - Step 2



Bree Collaborative created evaluation scorecards that are designed to help measure progress on the implementation of their guidelines. These scorecards are aligned across audience types such as clinicians, outpatient clinics, and hospitals.


The scorecards provided us a framework for choosing our goals, tracking our targets, and outcomes across our network.

Using the Bree Collaborative evaluation scorecards, we established our baseline scores. Our baseline scores for each guideline, highlighted the areas of greatest opportunity across our network from which we chose two as the goals for our QIP.

Sample Scorecard - Perinatal Care Providers

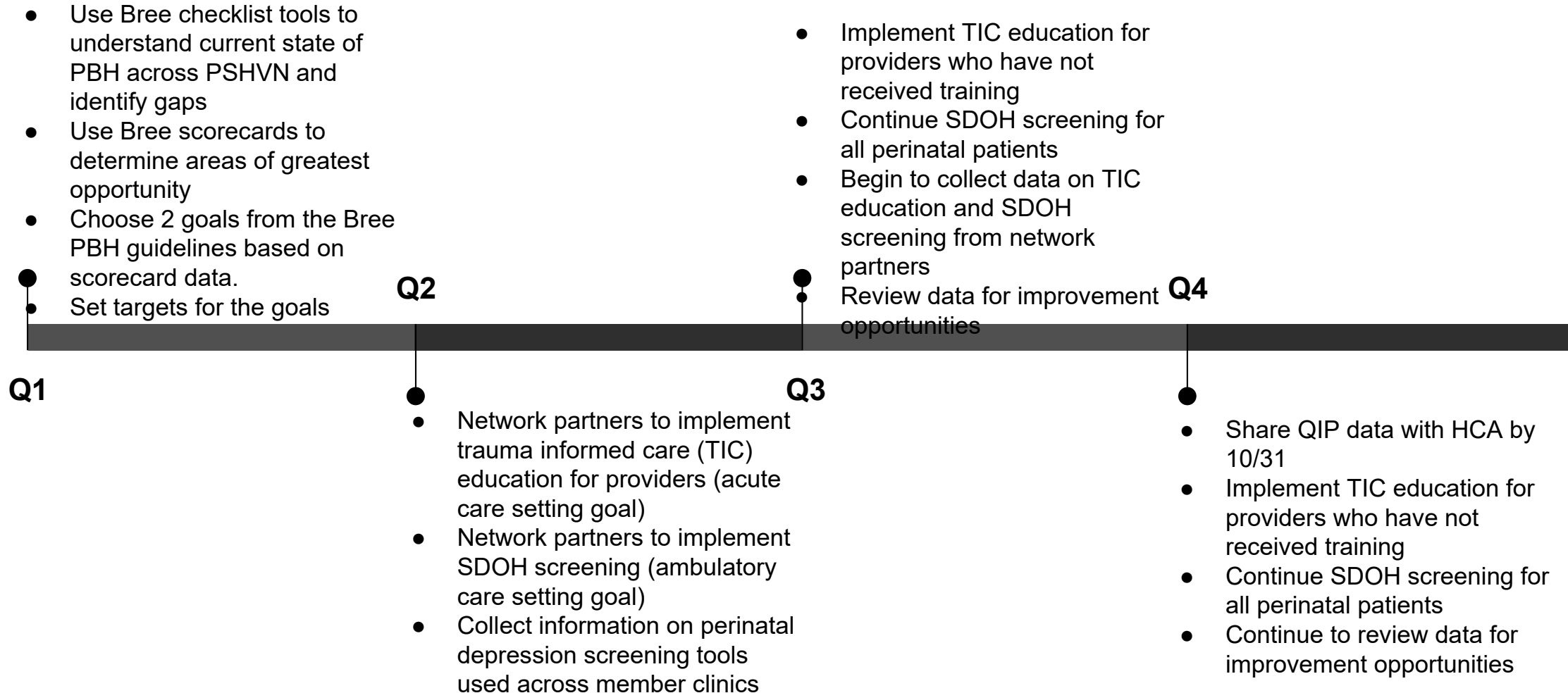
		Organization Name
		SCORE
	0 -No action taken; 1 -Actively considering adoption; 2 -Some/similar adoption; 3 -Full adoption	
	Every pregnant person is screened using a validated tool at intake, at least every trimester, and at routine postpartum visits for the following:	
Item 1	Depression (e.g. Edinburgh Postnatal Depression Scale or the Patient Health Questionnaire-2, -3, or-9) AND bi-polar disorder if appropriate	
Item 2	Anxiety (e.g., Generalized Anxiety Disorder-2)	
Item 3	Suicidality: (e.g. if positive on PHQ-9 or EPDS use C-SSRS, first and second	
Item 4	Tobacco, marijuana, alcohol (e.g., AUDIT-C), and drug use (e.g., single-item	
Item 5	Social Determinants of Health (e.g., PRAPARE)	
Item 6	Intimate Partner Violence (e.g. HITS, PVS) following ACOGs recommendations	
	Protocols and policies are in place to document the following:	
Item 7	Patient education rational for depression and substance use screening	
Item 8	Patient interest in having a doula present at the labor and delivery	
Item 9	anticipated and document connection to family and community support and	
	Treatment protocols and/or referral systems are in place for:	
Item 10	Doulas	
Item 11	Behavioral Health services for Depression and Anxiety	
Item 12	Behavioral health services for Suicidality	
Item 13	Alcohol use	
Item 14	Tobacco use	
Item 15	Opioid and other substance use	
Item 16	Intimate Partner Violence	
Item 17	Social Determinants of Health	
Item 18	Providers facilitates inclusion of external/community-based care coordinators	
Item 19	Providers educate patients on signs and symptoms of behavioral health	

PSHVN PBH QIP Goals

 PSHVN Perinatal Behavioral Health Improvement Plan Updated: 01/20/2025 Next Update: 07/31/2025			
Objectives/Goals		Measurements (Success Targets)	Year 1 Target
Goal 1	Providers have received training on Trauma Informed Care (acute care setting goal)	Carry out Trauma Informed Care Education at all 8 PSHVN Hospitals that carry out deliveries	8
Goal 2	Every pregnant person is screened using a validated tool at intake, at least every trimester, and at routine postpartum visits for food insecurity, homelessness and housing insecurity, and transportation insecurity Social Drivers of Health (ambulatory care setting goal)	Implement SDOH Screenings at 6 OB/GYN Clinics	6

In addition to the above goals, PSHVN is collecting information on perinatal depression screening tools used across member clinics

PSHVN BPH QIP -2025 Action Plan At A Glance



Thank you!



Upcoming Events: Evaluation



Evaluation Webinar Series: Measuring Change

July 2025, date TBD – Using Bree Collaborative Guidelines and Metrics to Inform Provider-facing Opioid Prescribing Dashboards

September 2025, date TBD – Comparing and aligning frameworks



Evaluation Forums

May 28th, 2025 - Perinatal Behavioral Health

June 25th, 2025 - Outpatient Infection Control

July 24th, 2025 - Impacts of Extreme Heat and Wildfire Smoke

August 27th, 2025 – Opioid Use Disorder Treatment Revision

September 25th, 2025 - Behavioral Health: Early Interventions for Youth

Stay Connected



Bree Collaborative Website



Evaluation Blog



Our Guest Speakers

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