

**The Bree Collaborative**  
**Behavioral Health Early Intervention for Youth Charter and Roster**  
**January 24<sup>th</sup>, 2024**

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**Problem Statement**

In 2021, 35% of 8 graders in Washington reported depressive symptoms for 2 weeks straight within the past year, almost 16% had a plan to commit suicide and about 1 in 10 had previously attempted suicide.<sup>1</sup> Instead of waiting for a crisis to arise and overwhelming the already limited psychiatric crisis support, Washington state youth require support and treatment in addressing a short-term behavioral health condition; however, support is difficult to find, receive, and afford. Youth need to receive high-quality timely interventions to promote their mental health and well-being, learn skills to build resiliency to manage mental health symptoms as they arise and health promotion interventions involving children, youth and families to support their growth into healthy adults.

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**Aim**

To develop and/or promote a preventative, universal and responsive behavioral health system for children, youth and families/caregivers.

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**Purpose**

To propose evidence-informed guidelines to the full Bree Collaborative on preventative, universal and responsive behavioral health strategies, including:

- Defining topic area and scope
- Evidence-informed and culturally consistent early identification and treatment for behavioral health concerns across healthcare, school and community settings to prevent youth behavioral health crisis
- Strategies to increase equitable access to evidence-informed and best practices, especially for vulnerable populations
- Health promotion strategies to empower children, youth and families to support their own behavioral health
- Identify areas for promoting and expanding upon other relevant Bree reports (Behavioral Health Integration, Telehealth, Suicide Care, etc)
- Funding mechanisms for and barrier to high-quality behavioral health care for youth

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**Duties & Functions**

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- 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.
- Revise this charter as necessary based on scope of work.
- Identifying measures and metrics that are meaningful to understanding the effectiveness of guidelines

## 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
Terry Lee, MD ( <b>chair</b> )	Senior Behavioral Health Medical Director	CHPW
Linda Coombs, MSW, LCIS	Behavioral Health Clinical Director	UnitedHealth Community
Jennifer Wyatt, LMHC, MAC, SUDP	SBIRT Coordinator	King County
Delaney Knottnerus LICSW, MSW	School Based SBIRT Manager	King County
Brittany Weiner	Director, Opioid Stewardship and Behavioral Health	WSHA
Libby Hein, LMHC	Director of Behavioral Health	Molina Healthcare
Santi Wibawantini, MA, LMFT, CMHS	Child Therapist	KP, Everett Medical Center
Christine Cole	IECMH Manager	HCA
Sarah Rafton	Executive Director	WCAAP
Kevin Mangat	Manager Child & Family Team	Multicare/Navos
Sally McDaniel	Clinical Manager/Child & Family Services	Greater Lakes Mental Healthcare
Thatcher Felt, MD	Pediatrician	Yakima Valley Farm Workers Clinic
Jeffery Greene, MD	Pediatrician	Seattle Children's
Nicole Hamberger	Community Engagement Specialist	Southwest Washington Accountable Community of Health
Erin Wick	Executive Director	Integrated Student Supports (ESD 113)
Katie Eilers	Director of Office of Family and Community Health Improvement	DOH
McKenna Parnes, PhD	Postdoctoral Research Fellow	UW CoLab
Sarah Danzo, PhD	Clinical Psychologist/Assistant Professor	UW CoLab/Seattle Children's

Diana Cockrell	Section Manager Prenatal to 25 Lifespan; Mental Health and Substance Use Disorders	Washington HCA
Denise Dishongh	Director of Behavioral Health	ESD 112

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<sup>1</sup> Washington State Department of Health. (2021). Healthy Youth Survey [Healthy Youth Survey Data Dashboard]. Available at <https://www.askhys.net/SurveyResults/DataDashboard>. Accessed on 1/29/24.