

**Children and Youth Behavioral Health Work Group (CYBHWG)**

Attendees					
<input checked="" type="checkbox"/>	Representative Noel Frame, Co-Chair	<input type="checkbox"/>	Lacy Fehrenbach	<input type="checkbox"/>	Steve Kutz
<input checked="" type="checkbox"/>	MaryAnne Lindeblad, Co-Chair	<input checked="" type="checkbox"/>	Dr. Thatcher Felt	<input type="checkbox"/>	Amber Leaders
<input type="checkbox"/>	Randon Aea	<input checked="" type="checkbox"/>	Tory Gildred	<input type="checkbox"/>	Nickolaus Lewes
<input type="checkbox"/>	Dr. Avanti Bergquist	<input checked="" type="checkbox"/>	Camille Goldy	<input checked="" type="checkbox"/>	Laurie Lippold
<input type="checkbox"/>	Ruth Bush	<input checked="" type="checkbox"/>	Libby Hein	<input type="checkbox"/>	Rep. John Lovick
<input type="checkbox"/>	Representative Michelle Caldier	<input checked="" type="checkbox"/>	Dr. Robert Hilt	<input type="checkbox"/>	Joel Ryan
<input checked="" type="checkbox"/>	Diana Cockrell	<input checked="" type="checkbox"/>	Kristin Houser	<input checked="" type="checkbox"/>	Mary Stone-Smith
<input checked="" type="checkbox"/>	Senator Jeannie Darneille	<input checked="" type="checkbox"/>	Avreayl Jacobson	<input type="checkbox"/>	Jim Theofelis
<input checked="" type="checkbox"/>	Peggy Dolane	<input type="checkbox"/>	Lonnie Johns-Brown	<input checked="" type="checkbox"/>	Dr. Eric Trupin
<input checked="" type="checkbox"/>	Jamie Elzea	<input checked="" type="checkbox"/>	Kim Justice	<input checked="" type="checkbox"/>	Sen. Judy Warnick
<input type="checkbox"/>	Representative Carolyn Eslick	<input checked="" type="checkbox"/>	Judy King	<input checked="" type="checkbox"/>	Dr. Larry Wissow

Agenda Items	Meeting Notes
<p><b>Celebrate successes – 2020 Session</b>  <b>Passed bills and budget provisos</b>            o Handout 1: 2020 Legislative Successes</p>	<ul style="list-style-type: none"> <li>Unprecedented success – all of the work group’s prioritized recommendations were passed in one form or another.</li> <li>The Governor has signed 2SHB 2737-Children’s mental health wk grp and SHB 2883-Adolescent behavioral health into law.</li> <li>Given the COVID-19 crisis, we may need to revisit priorities next week after the budget bill is signed.</li> </ul>
<p><b>COVID-19 Update (HCA)</b></p>	<ul style="list-style-type: none"> <li>Significant increases in Medicaid enrollment.</li> <li>Working with CMS – funding, 1135 and 1115 waivers, providing procedural and regulatory relief on telemedicine.</li> <li>Limited ability to offer Zoom licenses and laptops to providers for telemedicine.</li> <li>For information: <a href="https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19">https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19</a></li> </ul> <p>Resources:</p> <ul style="list-style-type: none"> <li>COVID-19 billing, coding, or telehealth policy questions: <a href="mailto:HCAAH_COVID19@hca.wa.gov">HCAAH_COVID19@hca.wa.gov</a></li> <li>COVID-19 behavioral health questions: <a href="mailto:HCADBHRBHCVID19@hca.wa.gov">HCADBHRBHCVID19@hca.wa.gov</a></li> <li>Zoom licenses: <a href="https://www.hca.wa.gov/hca-offers-limited-number-no-cost-telehealth-technology-licenses-providers">https://www.hca.wa.gov/hca-offers-limited-number-no-cost-telehealth-technology-licenses-providers</a></li> <li>Virtual parenting classes: <a href="mailto:Prevention@hca.wa.gov">Prevention@hca.wa.gov</a></li> <li>Finding childcare: <a href="https://www.childcare.org/ckfinder/userfiles/files/COVID%20Response%20and%20Referral%20Center_Outreach.pdf">https://www.childcare.org/ckfinder/userfiles/files/COVID%20Response%20and%20Referral%20Center_Outreach.pdf</a></li> <li><a href="#">Washington’s Mental Health Referral Service for Children and Teens</a> is a free, telephone-based referral service connecting children and teens with evidence-supported outpatient</li> </ul>

	<p>mental health services. Call 1-833-303-5437, Monday through Friday from 8 a.m. to 5 p.m.</p>
<p><b>Reporting out: CYBHWG changes/plans for this year</b></p> <p>Membership/Governor's appointments</p>	<ul style="list-style-type: none"> <li>• All Governor-appointed positions must go through re-appointment process. HCA staff will share information with members of the re-appointment process when we know it.</li> <li>• There are 6 new positions: 1 representative each from an organization that represents people with developmental disabilities, a private insurance organization, a substance use disorder (SUD) professional, and the Family Youth System Partner Round Table (FYSPRT), as well as two youth with lived experience. One of the two parent positions on the work group must have a child under the age of six.</li> <li>• Our goal is for new members to be appointed before the June meeting and to have a new co-chair from the Legislature at the August meeting. (Rep. Frame will be on maternity leave.</li> <li>• <b>Members and others can send recommendations for the new positions to <a href="mailto:cmhgw@hca.wa.gov">cmhgw@hca.wa.gov</a>.</b></li> </ul>
<p>Standing subgroups</p>	<ul style="list-style-type: none"> <li>• The Student Behavioral Health and Suicide Prevention subcommittee is now a standing committee in statute; staff support is included in the budget.</li> </ul>
<p>Report/subgroup expectations</p> <ul style="list-style-type: none"> <li>o Handout 2: CYBHWG 2020 timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Need to complete recommendations sooner (early October) and deliver to Governor/Legislature by Nov.1 (see timeline). <i>This timeline is tight, but it will be critical to meet it; with a potential recession on the horizon, it will be important for us to advocate for the most vulnerable.</i></li> <li>• We need to ensure that all stakeholders are represented in subgroups. You do not need to be a work group member to be a subgroup member.</li> <li>• <b>To volunteer or recommend others (individual, organizations, stakeholder constituencies) to be part of a subgroup, contact <a href="mailto:cmhgw@hca.wa.gov">cmhgw@hca.wa.gov</a>.</b></li> <li>• HCA will be staffing subgroups this year. To honor public meetings act/information sharing, HCA staff will create brief notes from subgroup meetings for public posting that include decisions and action items. The subgroup lead will review the notes prior to posting. Until we hire someone, we will do our best to attend and support the subgroups; we should be able to provide more consistent support after the new staffperson is on board.</li> <li>• Agreement that subgroup leads meetings were very helpful for coordination.</li> <li>• <b>HCA staff will schedule subgroup leads meetings.</b></li> </ul>
<p><b>Grounding: Goals and status of previous recommendations</b></p> <p>Review Mission and Vision</p> <ul style="list-style-type: none"> <li>o Handout 3: Mission, vision, and strategic targets</li> </ul>	<ul style="list-style-type: none"> <li>• We are honoring the focus on prenatal to age 25, agreed upon in 2019, though it will not be put in statute.</li> <li>o <b>DECISION: On the Target Cover Sheet for subgroups, add <b>Early Intervention</b> to the Service Continuum (Prevention, Early intervention, Identification, Screening, Assessment, Treatment &amp; supports).</b></li> </ul>
<p>Review unimplemented recommendations (by subgroup)</p> <p>Are the recommendations that have not been implemented still</p>	<p><i>Assessment and notes related to specific recommendations are included in the updated version of Handout 4 (attached).</i></p> <p><b>New groups to add to subgroups:</b></p> <ul style="list-style-type: none"> <li>• Youth (multiple suggestors)</li> </ul>

<p>priorities? Are strategies identified correctly?</p> <ul style="list-style-type: none"> <li>o Handout 4: Unimplemented Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage &amp; Family Counselors (Sarah Stewart)</li> <li>• School-Based Counselors (Lucinda Young, WEA)</li> <li>• Behavioral Health Advocacy Organization (i.e. NAMI) (Melanie Smith)</li> </ul> <p><b>Prenatal to Five Relational Health</b></p> <ul style="list-style-type: none"> <li>• There may be another phase around the Early Achievers.</li> <li>• Additional Trauma Informed Care / training needs; funding additions were for a very specific audience.</li> <li>• Subgroup will be meeting very soon.</li> </ul> <p><b>Workforce and Rates</b></p> <ul style="list-style-type: none"> <li>• Key issue: coordinating with other groups addressing workforce issues – particularly the Workforce Board –to avoid duplicating efforts and support others’ work; how to develop a shared set of recommendations for the 2021 session. <ul style="list-style-type: none"> <li>➢ Laurie will connect with the Workforce Board about having CYBHWF representatives involved in their work.</li> </ul> </li> <li>• Review rates issues after Governor signs budget.</li> </ul> <p><b>Student Behavioral Health and Suicide Prevention</b></p> <ul style="list-style-type: none"> <li>• Scope will be defined by the language in statute; this focus was developed in light of the recommendations made in the 2019 interim around tiered, integrated supports.</li> <li>• Need to re-evaluate membership to create a manageable size committee (potential membership application). <ul style="list-style-type: none"> <li>➢ Camille, Rep. Frame, and HCA staff to meet to strategize approach.</li> </ul> </li> </ul> <p><b>Youth and Young Adult (was HB 1874 Followup)</b></p> <ul style="list-style-type: none"> <li>• Still many issues around access – do these belong in this group or in a separate Access subgroup?</li> <li>• More discussion has to happen around the Youth and Young Adult subgroup and the FYSPT subgroup – regarding scope and who should be at the table.</li> <li>• Important not to duplicate work happening in other arenas (e.g. juvenile justice).</li> <li>➢ Rep. Frame to convene discussion in next two weeks.</li> <li>➢ Those who are interested in being part of this conversation, send e-mail to <a href="mailto:cmhwg@hca.wa.gov">cmhwg@hca.wa.gov</a>.</li> </ul>
<p><b>2020 interim &amp; Steps to get there:</b></p> <p>Subgroup review</p>	<ul style="list-style-type: none"> <li>• New stakeholders to include in/invite to subgroups: Marriage and family counselors, school counselors, broader behavioral health organizations. <ul style="list-style-type: none"> <li>➢ Rep. Frame will connect subgroup leads with contacts for these stakeholders.</li> <li>➢ If work group members or others are interested in joining any of these subgroups, send e-mail to <a href="mailto:cmhwg@hca.wa.gov">cmhwg@hca.wa.gov</a>.</li> </ul> </li> </ul> <p>Overall goal: Broader, more diverse representation on all subgroups. If people have suggestions, send them to: <a href="mailto:cmhwg@hca.wa.gov">cmhwg@hca.wa.gov</a>.</p> <p><b>Prenatal to Five (Jamie Elzea)</b></p> <ul style="list-style-type: none"> <li>• Goals and scope: 2019 was a great starting point. Group will be meeting and reassessing very soon. Not expecting a very different list.</li> <li>• Who else to invite: Marriage and family counselors, broader mental health advocacy groups. Looking for more voices, diverse points of view.</li> <li>➢ Rep. Frame to connect Jamie with resource people – marriage and family counselors, behavioral health – 0-5.</li> </ul> <p><b>Student Behavioral Health an Suicide Prevention (Camille Goldy)</b></p> <ul style="list-style-type: none"> <li>• Goals and scope: Shift to language in statute.</li> <li>• Who else to invite: Washington School-based committee, Rep. Thai.</li> </ul> <p>Other groups to coordinate with: Social Emotional Learning Committee, Educational Opportunity Gap Oversight and Accountability Committee, School Safety and Student Well-being Advisory Committee, Special Education Advisory Committee, School-based Health Alliance.</p>

	<p><b>Workforce and Rates</b> (Laurie Lippold)</p> <ul style="list-style-type: none"> <li>• Goals and scope: Areas previously identified still in scope. Priorities: training, coordinating efforts with Workforce Board, paperwork. Make sure not to duplicate efforts around rates; stage efforts.</li> <li>• Other groups to coordinate with: HCA (identify scope of their work around rates and then move it toward rates that are sustainable), Workforce Board. <ul style="list-style-type: none"> <li>➤ Need to identify a co-lead.</li> <li>➤ Those interested in co-leading, e-mail <a href="mailto:cmhwg@hca.wa.gov">cmhwg@hca.wa.gov</a>.</li> </ul> </li> </ul>
<p><b>Wrap up</b></p>	<ul style="list-style-type: none"> <li>• Future meeting dates: <ul style="list-style-type: none"> <li>○ June 5, 9 a.m. to 1 p.m.</li> <li>○ Tentative: September 3, 9 a.m. to 1 p.m.</li> <li>○ Tentative: October 6, 11 a.m. to 3 p.m.</li> </ul> </li> </ul>
<p><b>Public Comment</b></p>	<p><b>Penny Quist</b> (Parent with lived experience)</p> <ul style="list-style-type: none"> <li>• Having coordination and mapping of work groups and agencies would be very helpful for parents navigating services.</li> <li>• Also important to map grants since there are many that are studying and implementing the same topics. Concerns around funding going out to these groups – sometimes in the same entity – and they’re not coordinated with each other.</li> <li>• Suggestion re workforce – as in nursing crisis, forgive student loans.</li> <li>• Workforce – need to look at retention; option beyond pay increases is to offer the same salary and have the workweek be 30 hours instead of 40 hours.</li> <li>• Importance of recommendation #4 for Student BH group ( Enlist local health districts and other appropriate venues/providers to provide behavioral health screening to children ages 0-20) – early intervention and assessment would have made a huge difference; autism – using an early milestone and referral to services through annual wellness checks – opportunity to do early identification and wrap-around services.</li> </ul> <p><b>Alicia Ferris</b> (Community Youth Services)</p> <ul style="list-style-type: none"> <li>• CYBHWG has done some amazing and powerful things over the past few years.</li> <li>• It would be very unfortunate to exclude adolescents and YA from this group.</li> <li>• Underserved population – don’t get the same outcomes as children and adults.</li> <li>• They don’t get the attention elsewhere – providers, EBPs, legislation – fall through the cracks.</li> <li>• Onset behavioral health issues in adults – start in adolescence.</li> <li>• Encourage this group continue to tackle this.</li> <li>• Workforce: paying interns has been an issue. Barriers with Dept of Labor regulations without having a formal apprenticeship category. Apprenticeship program at a state level would be extremely helpful for providers and students.</li> </ul>

#	Action Item	Assigned To:	Date Due:	Status
1	Send partial hospitalization details to list.	HCA Staff	4/3	DONE
2	Send recommendations for new members to fill the new positions on the work group to <a href="mailto:cmhgw@hca.wa.gov">cmhgw@hca.wa.gov</a> .	Everyone	ASAP	In process
3	Send information to members regarding re-appointment process.	HCA Staff	TBD	As soon as information is available.
4	Send e-mail to <a href="mailto:cmhgw@hca.wa.gov">cmhgw@hca.wa.gov</a> to volunteer for a subgroup or send recommendations for other individuals, organizations, or stakeholder constituencies to be invited to a subgroup.	Everyone	ASAP	In process
5	Schedule subgroup leads meetings/phone calls at key points in process.	HCA staff	4/7	In process – 1 <sup>st</sup> meeting scheduled for May 1.
6	Send information about scheduled subgroup meetings to <a href="mailto:cmhgw@hca.wa.gov">cmhgw@hca.wa.gov</a> .	Subgroup leads	ASAP	In process
7	Post subgroup meeting information to website.	HCA staff	W/in 3 days of receiving	
9	Determine where/whether unimplemented Student BH subgroup recommendations #3 and #4 fit in CYBHWG's work.*	Rep. Frame/ MaryAnne		
10	Schedule Youth/Young adult discussion	HCA/Rep. Frame	4/7	Scheduled for April 20.
11	Coordinate meeting with HCA, Camille Goldy, and Rep. Frame about participant #s/involvement	HCA staff	4/7	Scheduled for April 17.
12	Connect Jamie Elzea with marriage counselors/BH organization contacts for 0-5 subgroup.	Rep. Frame		

\*Student BH subgroup recommendations:

3. Fund a Community Care Coordination System for integrated behavioral health for the 1 percent of youth with the most costly, complex, chronic behavioral health problems.
4. Enlist local health districts and other appropriate venues/providers to provide behavioral health screening to children ages 0-20.

**Handout 4**

**Children & Youth Behavioral Health Work Group - Unimplemented Recommendations (draft)**

Note: The following chart is a preliminary draft. We’ve noted in some places where research remains to be done. Work group members, agency staff, and others who know of updates, particularly around implementation, we welcome your feedback; please send comments to [cmhwg@hca.wa.gov](mailto:cmhwg@hca.wa.gov). *Includes updates from March 27, 2020 work group meeting.*

Topic/Recommendations	Year	Status			Notes/Status	Subgroup Lead’s Assessment (3/27)
		No passed legislation	Not implemented by agency	Other		
<b>Prenatal to Five Relational Health</b>						
1. Trauma informed care - Pilot full model from DCYF recommendations with all components in 2 communities.	2019	✓			<i>Need more research before finalizing.</i>	Keep
2. Provide increased funding for infant mental health services and training.	2016			✓	<i>ESSB 6168 provides funding for assessment. Need more research before finalizing.</i>	Keep
3. DEL Early Achievers program to provide funding to assist participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).	2016			✓	<i>Need more research before finalizing.</i>	Keep
<b>Behavioral Health Rates &amp; Workforce</b>						
1. Additional children’s Medicaid behavioral counseling and psychotherapy rates to increase by 8% or to the Medicaid reimbursement rate: <ul style="list-style-type: none"> <li>• Intake, Assessment, Treatment Planning – H0031, H0032</li> <li>• Medication management – 99211, 99212, 99213, 99214, 9921</li> </ul>	2020	✓			<b>ESSB 6168 budget proviso</b> (Delivered to Governor – 3/12) <i>2020: Rates for counseling and psychotherapy, care coordination, family and group therapy for children <b>and</b> adults raised by up to 15%, not to exceed the Medicare rate or a reasonable equivalent.</i>	Wait  <i>Reevaluate after Governor signs budget. Review approach.</i>
2. Increase <i>all</i> behavioral health Medicaid rates to Medicare levels. After two years, require an outcome-based study on providers.	2016	✓				Wait  <i>Reevaluate after Governor signs budget. Review approach.</i>
3. Direct HCA to build payment models that adequately reimburse for multi-disciplinary team-based services, such as shared appointments, care conferences, and team meetings.	2020			✓	<i>Work planned for 2020.</i>	Wait  <i>Reevaluate after Governor signs budget. Review approach.</i>
4. Provide increased funding for treatment for eating disorders.	2016	✓			<i>Need more research before finalizing.</i>	Wait  <i>Reevaluate after Governor signs budget. Review approach.</i>

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Topic/Recommendations	Year	Status			Notes/Status		Subgroup Lead's Assessment (3/27)
		No passed legislation	Not implemented	Other			
5. Provide increased funding for interventions and services that are culturally and linguistically appropriate.	2016	✓			<i>Need more research before finalizing.</i>	Keep	<i>Reevaluate after Governor signs budget. Review approach.</i>
6. Expand capacity in the WA Student Achievement Council's (WSAC) Behavioral Health Loan Repayment Program and initiate a Conditional Scholarship Program targeted towards those serving the highest needs populations, those who increase opportunities for the provision of culturally-responsive care, and individuals going into behavioral health fields.	2020			✓	<i>Need more research before finalizing.</i>	Keep	Things may have changed in statute to make conditional scholarships more doable.
7. Require diversity, equity, and inclusion training for licensed/certified behavioral health professionals.	2020	✓			<i>Need more research before finalizing.</i>	Keep	
8. Direct the WSAC and/or the Board of Community and Technical Colleges to develop (or expand) apprenticeships within the field of behavioral health that would begin in 2021.	2020			✓	<i>Need more research before finalizing.</i>	Keep	Currently, an effort underway to do this.
9. Request that HCA work with DOH as they are re-writing the rules related to paperwork reduction – as well as legal, business process, and accreditation standards for children's BH professional credentialing - and that they identify barriers associated with reducing paperwork requirements, and report to CYBHWG.	2020			✓	<i>Future work planned for 2020.</i>	Keep	Need to review where we are in terms of 2017 legislation post-integration.
10. Review the 2019 Behavioral Health Workforce Report and Recommendations (CYBHWG) following submission to the Legislature and Office of the Governor. Participate and designate representatives in Phase 2 of the Workforce Board's proviso work, including the Background Check Subcommittee and subcommittee focused on incentives for supervision of interns and trainees. Advance specific recommendations to the CYBHWG for consideration in 2021.	2020			✓	<i>Need more research before finalizing.</i>	Keep	Need to connect with Workforce Board about having CYBHWG representation in this work.
11. Provide funding for pediatric residents to learn from child and adolescent psych fellows or attending's.	2019			✓	<i>Need more research before finalizing.</i>	Not sure	<i>Investigate.</i>

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**Children & Youth Behavioral Health Work Group - Unimplemented Recommendations (draft)**

Topic/Recommendations	Year	Status			Notes/Status	Subgroup Lead's Assessment (3/27)	
		No passed legislation	Not implemented	Other			
12. Develop a fee-based certificate program in Children's Behavioral Health Evidence-Based Practice; explore funding sources to promote access for those who serve Medicaid-funded children.	2019	✓				Not sure	Investigate.
13. Incentivize clinical supervision of therapists by restricting supervisory ratios in MCO/BHO contracts and/or capping supervisors' caseloads.	2016	✓				Keep	
14. Increase options for payments and variety of professionals who can help provide mental health interventions to increase diversity of settings where services can be provided.	2016		✓		Need more research before finalizing.	Keep	
15. Require WSIPP to conduct a study, with stakeholders and communities, to evaluate the children's mental health system, available workforce, and children's outcomes.	2016	✓				Not sure	Investigate.
16. Fund development of expanded behavioral health training and coaching opportunities for early learning through K-12 providers, educators, administrators, and parents (that are culturally competent, employ para-professionals and peers).	2016	✓			Also Prenatal through Five subgroup.	Keep	Could tie in with work at the Workforce Board; need to coordinate.
<b>School-based Behavioral Health Services and Suicide Prevention</b>							
1. Build upon previous Suicide Prevention work in the broader work on school-based recognition and response to emotional and behavioral distress (HB 1336) – address the urgency of need across the K-12 system and foundational strength; include student voice.	2020		✓		<b>ESSB 6168 budget proviso</b> (Delivered to Governor – 3/12) <i>Not fully funded; details of OSPI budget still in process.</i>	Keep	
2. Support state initiatives to integrate physical and behavioral health in the school setting.	2020	✓				Keep	
3. Fund a Community Care Coordination System for integrated behavioral health for the 1 percent of youth with the most costly, complex, chronic behavioral health problems.	2020	✓				Remove	Beyond scope, as defined in statute. Co-chairs will discuss if and where it fits in the work group's work.

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Topic/Recommendations	Year	Status			Notes/Status	Subgroup Lead's Assessment (3/27)
		No passed legislation	Not implemented	Other		
4. Enlist local health districts and other appropriate venues/providers to provide behavioral health screening to children ages 0-20.	2016	✓			<i>Also could be covered in Prenatal to Five subgroup.</i>	<p><i>Remove/move/evaluate</i></p> <p><i>Beyond scope, as defined in statute. Further discussion needed: Can this go to another subgroup? Is this work happening outside of this work group? Should this recommendation be retired?</i></p> <p><i>Data points:</i></p> <ul style="list-style-type: none"> <li>• <i>Screening for K-12 is part of MTSS.</i></li> <li>• <i>Often occurring btwn community BH and schools.</i></li> <li>• <i>Kristin Houser drafted a white paper on this.</i></li> </ul>
<b>HB 1874 -&gt; Youth and Young Adult</b>						
1. Explore whether to create a licensing category for Wilderness Therapy and Therapeutic Boarding Schools that would be considered residential treatment under Family Initiated Treatment.	2020	✓			<b>SB 6637-Wilderness therapy license</b> <i>Not passed</i>	Keep
2. Identify Wraparound with Intensive Services (WISe) in the definition section of 71.34 as Intensive Outpatient Treatment for admission under Family Initiated Treatment. Exempt WISe from the monitoring and reporting guidelines and data tracking system, since there are already processes in place to gather and track youth in WISe.	2020	✓				Keep <i>Needs additional work.</i>