

Exhibit B

“Settlement Outcomes Matrix”

Plaintiff's Status report--Updated May 14, 2026

Status of Jeff D. Settlement Agreement *Outcomes*

Outcomes	Status	Comments Evidence
71.a. Establish and annually update the range of expected Class Members service utilization, as set forth in paragraph 24.	See Class Counsel Status for Commitments ¶ 24.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 24
71.b. Develop statewide capacity to timely provide Services and Supports in appropriate scope, intensity and duration to Class Members for whom it is medically necessary;	Incomplete	Data showing lack of services provided demonstrates that statewide capacity is inadequate. Moreover, Defendants have shared estimated service capacity needs for very few services.
71.c. Provide the full array of Services and Supports, as defined in Appendix C, statewide as needed by and clinically appropriate for Class Members	See Class Counsel Status for Commitments ¶ 18.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 18.
71.d. Timely provide Class Members with Services and Supports that are appropriate in scope, intensity and duration to meet to their individual strengths and needs, as described in paragraphs 18, 22, 23 and 36;	See Class Counsel Status for Commitments ¶¶ 18 and 36.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶¶ 18 and 36.
71.e. Provide ICC, as defined in Appendix C, to Class Members with more intensive needs, as set forth in paragraphs 19 through 21.	See Class Counsel Status for Commitments ¶ 19.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 19.

Plaintiff's Status report--Updated May 14, 2026

Outcomes	Status	Comments Evidence
72.a. Develop, adopt, and deliver Services and Supports to Class Members with fidelity to the Practice Model statewide and consistent with the Principles of Care and the Agreement, as set forth in paragraphs 25 through 27;	See Class Counsel Status for Commitments ¶ 25.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 25.
72.b. Require that contracted mental health providers or mental health managed care contractors deliver services to Class Members consistent with the Principles of Care and Practice Model.	Incomplete.	Mental health managed care contractors frequently do not deliver services to Class Members consistent with the Principles of Care and Practice Model, as demonstrated by the lack of adequate or appropriate screening, ICC, CFTs, and intensive home and community-based services, and by failing to identify and serve thousands of putative Class Members.
73.a. Develop, adopt, and consistently use the Access Model statewide to identify, screen, assess, refer, and link Class Members to services and supports, as described in paragraphs 28 through 36 and Appendix A.	See Class Counsel Status for Commitments ¶ 29.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 29.

Plaintiff's Status report--Updated May 14, 2026

Outcomes	Status	Comments Evidence
73.b. Implement and use the CANS tool statewide, as described in paragraph 32, to: i. Screen potential Class Members for unmet mental health needs; ii. Assess Class Member's individual and family strengths and needs; iii. Support clinical decision-making and practice; and iv. Measure and communicate client outcomes; and Improve service coordination.	See Class Counsel Status for Commitments ¶ 32.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 32.
73.c. Develop, adopt, and use statewide a uniform, age-appropriate screen, described in paragraph 33, to identify potential Class Members with unmet mental health needs.	See Class Counsel Status for Commitments ¶ 33.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 33.
73.d. Develop, adopt, and use statewide a standard mental health assessment, described in paragraph 34, to determine class membership status for potential Class Members referred for an assessment.	See Class Counsel Status for Commitments ¶ 34.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 34.

Plaintiff's Status report--Updated May 14, 2026

Outcomes	Status	Comments Evidence
73.e. Establish threshold levels of functional impairment as measured by the CANS tool, in consultation with clinical expert(s) mutually agreed by the Parties, as described in paragraph 35, to be used by Defendants in determining eligibility (i) to become Class Members and (ii) to receive ICC services;	See Class Counsel Status for Commitments ¶ 35.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 35.
73.f. Use the threshold levels of functional impairment established pursuant to paragraph 35 when determining eligibility for class membership;	See Class Counsel Status for Commitments ¶ 35.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 35.
73.g. Make descriptions or explanations of this Agreement, the Services and Supports, the Principles of Care and Practice Model, and the Access Model easily and publicly accessible to Class Members, their families, and other stakeholders, including, but not limited to, posting information on Defendants' websites, as described in paragraphs 36 and 37;	See Class Counsel Status for Commitments ¶ 37.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 37.

Plaintiff's Status report--Updated May 14, 2026

Outcomes	Status	Comments Evidence
73.h. Develop and implement a statewide communication plan for outreach and education of the community, stakeholders, and families, as described in paragraph 38;	See Class Counsel Status for Commitments ¶ 38.	See Class Counsel Status for Commitments ¶ 38.
73.i. Require that contracted mental health providers or mental health managed care contractors deliver services to Class Members consistent with the Access Model.	Incomplete.	See Comment to 72.b. above.
73.f. Use the threshold levels of functional impairment established pursuant to paragraph 35 when determining eligibility for class membership;	See Class Counsel Status for Commitments ¶ 35.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 35.
74.a. Develop and implement a workforce development plan, as described in paragraph 39	See Class Counsel Status for Commitments ¶ 39.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 39.
74.b. Develop and adopt a Practice Manual, as described in paragraph 40.	See Class Counsel Status for Commitments ¶ 40.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 40.
74.c. Consistently use a Practice Manual to guide clinical and programmatic activities statewide, as described in paragraph 41.	See Class Counsel Status for Commitments ¶ 41.	

Plaintiff's Status report--Updated May 14, 2026

Outcomes	Status	Comments Evidence
74.d. Educate and train agency staff, providers, and other community and system partners, as set forth in paragraphs 41 and 42, to use and follow the Access Model, Practice Model, and Practice Manual: i. To identify and refer potential Class Members for screening; and Deliver services and supports to Class Members;	See Class Counsel Status for Commitments ¶ 42.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 42.
74.e. Educate and train agency staff and providers to use the CANS tool.	Incomplete.	Many CANS practitioners do not complete and use the CANS as intended, including for treatment planning or care coordination. There are no evident standards or best practices for using CANS.
75.a. Develop, adopt, and consistently use a complaint process, as described in paragraph 43, as part of the Practice Model's CFT approach	See Class Counsel Status for Commitments ¶ 43.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 43.
75.b. Provide written notices of action when the circumstances defined in paragraph 44 apply	See Class Counsel Status for Commitments ¶ 44.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 44.
75.c. Provide written notices of action that comply with the criteria defined in paragraph 45.	See Class Counsel Status for Commitments ¶ 45.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 45.

Plaintiff's Status report--Updated May 14, 2026

Outcomes	Status	Comments Evidence
75.d. Provide informational materials regarding the circumstances in which Class Members have a right to receive a written notice of action and request a fair hearing on their respective websites	See Class Counsel Status for Commitments ¶ 46.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 46.
75.e. Make modifications to contracts necessary to establish the complaint and due process protocols as defined in paragraphs 43 through 46	See Class Counsel Status for Commitments ¶ 47.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 47.
75.f. Develop, adopt, and use a process to monitor and periodically report on compliance with the complaint and due process protocols as defined in paragraphs 43 through 46;	Incomplete.	The Parties agree the Due Protocol needs to be updated but there has not been any action on this for months. In addition, Contested Case Rules have been adopted as a General Order by the Office of Administrative Appeals, but the Rules contradict and do not address youth/parent rights as required by the Due Process Protocol and federal Medicaid regulations. See below for reporting issues.
75.g. Collect and report data on written notices of action, complaints, and fair hearing requests and outcomes.	See Class Counsel Status for Commitments ¶ 48.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 48.
76.a. Establish and use an Interagency Governance Team, as described in paragraph 49 and Appendix D	See Class Counsel Status for Commitments ¶ 49.	See Class Counsel Status for Commitments ¶ 49.

Plaintiff's Status report--Updated May 14, 2026

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76.b. Adopt and use operational guidelines for the Interagency Governance Team, as described in Appendix D	See Class Counsel Status for Commitments ¶ 50.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 50.
76.c. Include a current or former Class Member representative, a parent or family member of a current or former Class Member representative, and a children's mental health consumer or family advocacy organization representative as part of the Interagency Governance Team.	See Class Counsel Status for Commitments ¶ 51.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 51.
77.a. Develop and implement a QMIA plan, as described in paragraph 52.	See Class Counsel Status for Commitments ¶ 52.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 52.
77.b. Develop and operate a QMIA System with capabilities consistent with the criteria defined in paragraph 53.	See Class Counsel Status for Commitments ¶ 53.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 53.
77.c. Measure and publicly report QMIA indicators, including, but not limited to, those required in paragraph 55	See Class Counsel Status for Commitments ¶ 55.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 55.
77.d. Jointly develop with Plaintiffs' counsel a QR process, as described in paragraph 56.	See Class Counsel Status for Commitments ¶ 56.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 56.
77.e. Conduct QRs, as described in paragraph 57	See Class Counsel Status for Commitments ¶ 57.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 57.

Plaintiff's Status report--Updated May 14, 2026

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77.f. Publicly report on the results of the QRs, as described in paragraph 58	See Class Counsel Status for Commitments ¶ 58.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 58.
77.g. Achieve improved overall outcomes for Class Members, as measured by improvements in aggregated CANS domain scores and/or relevant clinical items from the CANS tool, in each Region	Incomplete.	There do not appear to be any formal assessments of CANS performance over time, or matching and analysis of CANS and service utilization data.
78.a. Develop an Implementation Plan for this Agreement, as described in paragraphs 59 through 62;	Completed.	
78.b. Receive District Court approval of its Implementation Plan, as described in paragraph 63; and	Completed.	
78.c. Timely execute the Implementation Plan as approved or amended by the District Court.	See Class Counsel Status for Commitments ¶ 64.	See Class Counsel Comments with Evidence / Indicators for Commitments ¶ 64.