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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

JEFF D., et al., By and Through Their Next Friend Howard A. Belodoff,

Plaintiffs,

vs.

BRAD LITTLE, et al.,

Defendants.

Case No. 4:80-CV-04091-BLW

PLAINTIFFS' RESPONSE TO DEFENDANTS' ANNUAL REPORT DKT. 789

## I. Introduction

On June 12, 2015, the Parties entered into a statewide Settlement Agreement ("SA") with the explicit purpose of developing and implementing " . . . a sustainable, accessible, comprehensive, and coordinated service delivery system for publicly-funded community-based mental health services to children and youth with serious emotional disturbances ("SED") in Idaho , . . ." in which ". . . Class Members will receive individualized, medically necessary services in their own communities, to the extent possible, and in the least restrictive environment appropriate to their needs." Dkt. 741, Ex. A ¶1. Now, as we pass the 10-year anniversary of the Court's adoption of the Settlement Implementation Plan, Dkt. 752-1, the Department has not completed the fundamental planning and design documents that define services and detail how Class Members will access them. The Department also lacks a functional screening and assessment process to appropriately identify Class Members and provide them with notice of their rights to services. Core services, such as the flagship Wraparound Program and Intensive Care Coordination, designed to help youth and their families with more intensive needs navigate systems of care and thrive in their communities, are woefully understaffed and serve a very small number of Class Members. More commitment of resources, coordination between systems, and accountability is needed to ensure Class Members are identified, assessed and provided access to critical behavioral health services as required by the SA.

Class Counsel provides this Response to Defendants' Sixth Implementation Progress Report (Defendants' Report) (Dkt. 789-1), filed with the Court on October 30, 2025. At the time Defendants filed their Report, the parties were engaging in mediation about multiple compliance-related issues. For this reason, Class Counsel delayed providing a separate Response to Defendants' Report pursuant to paragraph 68 of the SA. While that mediation prescribed an

exchange of drafts of the much-delayed YES system design documents, more recently, the parties have reached impasse on critical commitments in the SA and its implementing documents. Class Counsel has initiated dispute resolution on several of those commitments pursuant to Section VIII of the SA as described herein. SA ¶s 86-90. Of particular concern are the strikingly low numbers of Class Members with more intensive mental health needs who receive critical, required services designed to meet those needs, such as Child and Family Teaming, Intensive Care Coordination and Wraparound services. Given the significant implementation delays and the lack of access to core YES services, which are not adequately addressed in Defendants' Report, Class Counsel has filed this Response to Defendants' Report pursuant to paragraph 68 of the SA.[1]

Class Counsel's Response to Defendants' report addresses the status of the Commitments required by the Settlement Agreement (SA ¶s 16-68) and the required Outcomes (SA ¶s 71- 78), as well as the status of the Implementation Assurance Plan ("IAP") Objectives. *See* Dkt. 770-1. The Response focuses on core settlement Commitments that need immediate attention and does not specifically address every item covered by the SA and its implementing documents. For reference, Class Counsel attaches as Exhibits A-C the Parties' Settlement Commitments, Settlement Outcomes, and IAP Objectives matrices, which provide additional detail on the status

[1] After receiving Defendants' initial draft of their Report in April 2025, Class Counsel provided significant feedback, raising several of the concerns addressed in this Response. Although Defendants provided an updated draft on June 17, 2025, it included only minor changes and failed to adequately address Class Counsel's concerns. Thus, Class Counsel notified Defendants' Counsel of their decision to file a separate Response as prescribed in paragraph 68 of the SA. However, shortly thereafter the Parties entered into mediation and Class Counsel waited to file their Response pending the outcome of the mediation. Now that the parties have reached impasse on several additional critical areas of non-compliance that are fundamentally impeding access to YES services for Class Members, Class Counsel has proceeded with this Response.

of compliance. The Response also summarizes the status of the dispute resolution Class Counsel has initiated pursuant to Section VIII of the SA on several core compliance failures and discusses proposed next steps.

## II. Status of Defendants' Compliance with Required Settlement Commitments, Outcomes and IAP Objectives and Any Remedial Efforts

### *A. Overall Access to YES services*

The primary Settlement Commitment, and, indeed, the core of the SA, requires the Department to provide Class Members with ". . . all of the services set forth in the Services and Supports document, defined in Appendix C, that are necessary to meet their individualized mental health strengths and needs as recommended by a practitioner of the healing arts." SA at ¶s 18 & 71. Defendants, after ten years, have not fulfilled this obligation according to the Department's Quality Management Improvement & Accountability ("QMIA") Reports, which indicate that thousands of Class Members have no access to needed services in their local communities, or at all.

Although Defendants' quality management reporting is flawed, the data does show that 9,160 Class Members were assessed using the Child and Adolescent Screen (CANS) tool,[2] out of

[2] The CANS tool assesses a broad array of youths' strengths and needs and uses an algorithm to quantify the level of intensity and complexity for each child with a Level of Care (LOC) number. A LOC of 0 means the youth is not SED and not a Class Member. LOC 1 meets SED criteria and qualifies for Class Membership. LOC 2 and 3 are the most challenging Class Members who are typically multi-system involved and in, or at risk of, out-of-home care, and entitled to enhanced services including Intensive Care Coordination and a formal Child and Family Team.

an estimated Class Member population of 21,800[3] in SFY 2025.[4] A CANS assessment is required to access almost all YES behavioral health services.[5] It is unlikely that Class Members who are not assessed would be offered or receive YES services and supports.

Because Defendants do not formally identify or notify youths of their Class Member status as required under the SA, it is not possible to determine from the reported data how many assessed Class Members were provided YES services. During the fourth quarter of 2025, QMIA data indicates that *at most* about 700[6] out of the 4,700 Class Members with more intensive needs who were assessed[7] received *any* Intensive Outpatient Treatment Services as required under the SA.[8] None of the thousands of youths with SED who were not assessed likely received mandated YES services.

Class Counsel has initiated the SA's Dispute Resolution Process due to both Defendants' failure to meet their paragraph 18 obligation to provide all Class Members "all of the services set forth in the Services and Supports document . . . that are necessary to meet their individualized

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[3] Boise State University ("B.S.U.") annually estimates the range of Class Members who may be expected to access covered Services and Supports, as required under the SA. In December 2025, B.S.U. estimated that range to be between 21,427 and 22,181. QMIA Quarterly YES Report SFY 2026 Q2, Appendix H, at p. 53, available at: https://yes.idaho.gov/wp-content/uploads/2026/04/FINAL_QMIA-Quarterly-YES-Report-Q2-2026.pdf

[4] *See* QMIA Quarterly YES Report SFY 2025 Q4 at Section 1, (CANS Level of Care ("LOC") 1-3 = 9,160), available at: https://yes.idaho.gov/wp-content/uploads/2025/11/FINAL_QMIA-Quarterly-YES-Report-Q4-2025.pdf

[5] Crisis and assessment services may be provided without first completing a CANS assessment; however, all other YES services require a CANS assessment.

[6] Sum of the Count of Medicaid Members Accessing Intensive Outpatient Treatment Services, QMIA Quarterly YES Report SFY 2026 Q2, *supra* note 2, Section 2, Table 2b4 at p.11.

[7] QMIA Quarterly YES Report SFY 2025 Q4, *supra* note 3, at Section 1 (CANS Level of Care ("LOC") 2 & 3 = 4,704).

[8] Youth with more intensive needs, (SA ¶ 19), require a higher level of care than other Class Members and represent at least one-third of all Class Members.

mental health strengths and needs," and their failure to meet this same requirement for Class Members with more intensive needs as defined in paragraph 19 of the SA.

### *B. Providing ICC and CFT to Youths with More Intensive Needs*

The SA requires the Department to provide Intensive Care Coordination ("ICC") services to Class Members with more intensive needs. SA at ¶s 19 & 71. Youths with more intensive needs are identified using the CANS assessment tool or as a result of serious challenges they have experienced resulting from their intensive mental health disorders. SA at ¶ 19.[9] The SA also requires the Department to afford class members who are provided ICC with a formal Child and Family Team ("CFT") in accordance with the Practice Model set forth in Appendix B. SA at ¶ 20. These two services are the bedrock of the YES Principles of Care and Practice Model, and are essential services for youths with intensive and complex needs, multi-system involvement, and at high risk of expensive and restrictive out-of-home placement.

ICC ensures that the youths' treatment plans are well coordinated among agencies and providers, and the scope, intensity, and duration of needed services are proactively identified and provided in order to prevent escalation of symptoms and to avoid adverse outcomes—especially out-of-home placement, including expensive foster care, residential care and juvenile detention facilities. SA at Appendix C, ¶ B.2. Formal Child and Family Teaming (CFT), as facilitated by the ICC coordinator, is the essential practice needed to provide positive family involvement and community engagement in a youth's treatment and recovery. The CFT brings together youths, their parents, community supports such as a coaches, teachers, or pastors, behavioral health

[9] Categorical eligibility due to unmet mental health needs criteria include, inter alia: at substantial risk of out-of-home placement; has experienced three of more foster placements within 24 months; under age 12 and has been detained or hospitalized within six months; or experienced more than one hospitalization within the last 12 months.

clinicians and case managers, and other youth-serving agencies, to assess needs, plan and implement treatment, advocate for resources, and provide support to youths with Serious Emotional Disorders. SA at Appendix B, ¶s B.3 and 4; and C. ICC and CFT are essential services for managing behavioral health supports for high-needs Class Members in a complex, multi-system, resource-challenged environment.

As related above, approximately five thousand Class Members with more intensive needs were initially assessed in FY 2025. Many more Idaho youths are likely Class Members with more intensive needs but have not been identified or assessed. Once again, the data reported is inconsistent and inadequate and does not provide a clear picture of access to ICC. What is clear is that Defendants' have set up ICC as an "administrative service" that can only be provided by the Managed Care Contractor's ("Magellan") 12 dedicated staff,[10] which cannot possibly meet the needs of Class Members and comply with the SA. Indeed, Magellan has reported that just 950 of the five thousand youths assessed in 2025 received ICC.[11] On April 17, 2026, Class Counsel initiated dispute resolution pursuant to the SA to address Defendants' failure to ensure eligible Class Members with more intensive needs receive ICC services. SA at ¶ 86-87. The parties engaged in extended discussions that resulted in Defendants accepting a proposal from Magellan to provide ICC services using its network of community-based providers, along with commitments to train those clinicians and monitor the access to treatment. Following this change, Class Counsel notified Defendants that they considered the dispute to be resolved under the Magellan plan.[12] However, the switch to community providers and training of those

[10] *See* Exhibit D, Magellan ICC Caseload Estimate, January 2026.
[11] *Id.*
[12] The parties continue to negotiate the scope and content of ICC services as well as how class members will be assessed and referred for ICC services in connection with the negotiations concerning the YES system design documents.

clinicians will take at least a year, increasing the already-extensive delays that youth with more intensive needs will face in accessing this critical service.

As also related above, Class Members who are provided ICC shall be afforded a formal Child and Family Team SA ¶ 20. At least 4,700 youths are presumptively eligible for CFTs. However, the number of youths actually receiving CFTs at this time is miniscule. Only 157 Class Members were reported to be receiving the CFT service in the most recently reported quarter.[13] Defendants have offered no plan to rectify this continuing failure. As a result, on May 29, 2026, Class Counsel initiated dispute resolution to address Defendants' lack of performance on ensuring youth with more intensive needs receive this critical service.

### *C. Screening and Assessment*

The SA requires Defendants to implement the Child and Adolescent Needs and Strengths ("CANS") tool for assessing and delivering services and supports to Class Members (SA ¶ 20) and to inform screening, assessment, care planning, level of care decisions, and more. SA at ¶s 12 & 73.b. The SA also requires Defendants to develop, adopt, and administer an age-appropriate screen for children with unmet mental health needs in order to identify potential Class Members and refer children who screen positive for an assessment. SA at ¶s 33 & 73c. The SA further requires Defendants, in consultation with clinical expert(s) mutually agreed to by the Parties, to use a transparent process to establish the threshold levels of functional impairment to identify, through use of the CANS tool, potential Class Members who are eligible: (a) to be a Class Members, pursuant to paragraph 2, and (b) for ICC services, pursuant to paragraph 19. SA

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[13] QMIA Quarterly YES Report SFY 2026 Q3 at pgs. 43, 46, available at https://yes.idaho.gov/wp-content/uploads/2026/06/FINAL_QMIA-Quarterly-YES-Report-Q3-SFY-2026.pdf

at ¶s 35 & 73e-f. The CANS tool is the essential mechanism for identifying and assessing youths to determine Class Member status and inform youths and their families about their entitlement to behavioral health services under the SA.

Although CANS assessments have been broadly implemented and include a Level of Care decision algorithm, CANS screening to identify potential Class Members and referral for full assessment have not been implemented. CANS screening and referral is essential because it allows parents and youths, clinicians, providers, and system managers to quickly and cost-effectively identify potential Class Members and promptly initiate a full assessment or needed treatment. The Implementation Work Group ("IWG")[14] formally challenged the Department's failure to implement the CANS screening and referral requirement pursuant to IAP Objective B, ¶ e. iii.[15] In response, the Director reported that the Department declined to implement CANS screening.[16] While acknowledging that its approach was not ". . . exactly the way it is stated in the Settlement Agreement . . .," the Director claimed that the Department's approach was more appropriate.[17]

In addition to refusing to comply with the screening and referral requirements in the SA, Defendants do not have a means to determine potential Class Members' eligibility and admit to not notifying Class Member of their status.[18] Refusing to determine whether youths are Class

[14] The IWG is composed of Plaintiff's counsel, Defendants' counsel, and children's mental health stakeholders with knowledge relevant to system, beneficiaries, services and processes, per paragraph 59 of the Agreement. The IWG is intended to help facilitate successful implementation planning as prescribed by the Agreement. SA at ¶ 59.
[15] *See* Exhibit E, IWG Statement of Decision at pgs. 9, 13-14.
[16] *See* Exhibit F, Department Director's Response to IWG Statement of Decision at p. 12.
[17] *Id*.
[18] The Department has asserted that a qualifying CANS score does not establish Class Member eligibility. In correspondence, it also acknowledged that, ". . . it does not currently have a process to send formal notification of class membership to potential class members." *See* Exhibit G, E-mail correspondence from A. Foutz, dated September 4, 2025.

Members and to provide them with notice fundamentally undermines the core purposes and benefits of the SA by failing to acknowledge and inform Class Members of their rights.

More recently, Defendants proposed to unilaterally change the CANS Level of Care scoring algorithm to make it more difficult to establish a substantial functional impairment and thereby meet Class Membership eligibility. *See* SA at ¶ 2. Information provided by the Department suggests this unilateral change has the potential to exclude thousands of youths who are, or would be, Class Members under the CANS Level of Care scoring method used since July 1, 2019. Defendants offered no evidence that the existing CANS methodology is overinclusive or otherwise flawed. Nor did Defendants present any plans to provide notice to youths denied Class Membership under the new CANS algorithm and the rational for such denials, in violation of the due process requirements of the SA. *See* SA Sections E, D. Rather, Defendants repeatedly stated that they planned to proceed unilaterally with the change on July 1, 2026, despite Class Counsel's objections and request for the clinical justification for the change. To date, Defendants have not provided Class Counsel with verifiable information about the impact of the new CANS algorithm on Class Member eligibility.

Class Counsel has initiated dispute resolution to address Defendants' refusal to develop and implement CANS screening to identify potential Class Members, pursuant to the SA, paragraphs 32 and 33, and Defendants' failure to determine and notify youths of their Class Member status pursuant to the SA, paragraphs 33 and 34. Class Counsel has requested an expedited mediation under the SA, paragraph 90, on the issue of unilaterally and arbitrarily changing the CANS methodology to potentially disqualify thousands of Class Members, in

violation of the SA, paragraphs 2, 35, 44 and 45, and the Parties have held initial videoconferences with the mediator.[19]

***D. Access to Care and Practice Model design documents***

The SA requires that Defendants provide descriptions or explanations of the Services and Supports, Principles of Care, the Practice Model, and the Access Model that are easily and publicly accessible to Class Members, their families and other stakeholders. SA at ¶s 37 & 73g. This is a fundamental cornerstone of the *Jeff D.* SA. It requires Defendants to plainly describe the *Jeff D.* System of Care. The centrality of this obligation is reinforced in the Idaho Implementation Plan, Dkt. 752-1, and again in the Implementation Assurance Plan, ("IAP"), Dkt. 770-1. The IAP specifically detailed what Defendants were required to describe regarding the design of its System of Care:

> **Objective A: Services and Supports**
> YES Defendant Agencies will complete and maintain an authoritative Services and Supports Crosswalk document that describes the Services and Supports outlined in Appendix C. Dkt. 770-1, IAP Objective A, ¶ 1.
>
> Services and Supports descriptions in the Crosswalk shall include: pre-approval requirements; service descriptions; scope, intensity and duration constraints; service delivery methods and timelines; financial and categorical eligibility; eligible service location and accessibility; provider qualifications (licensing, certification, supervision, training, etc.); other policies or rules that impact access to care, service delivery agency or agencies; funding source(s); and statutory or regulatory authority for the foregoing, for each YES Class Member discrete population served including Class Members with more intensive needs, dual diagnosis youth (including those with Serious Emotional Disturbance (SED) and Developmental Disabilities (DD)), juvenile justice-involved youth, child welfare-involved youth, special education youth, youth in families over 300% FPL, 1915(i) eligible youth, youths needing out-of-home placement, and any other group(s) with substantively different benefits or eligibility criteria relating to receipt of YES Services and Supports. *Id*., IAP Objective A, ¶2.
>
> **Objective C: Access Model**

[19] In the context of the ongoing dispute resolution, Defendants have agreed to delay implementation of the unilateral change in the CANS algorithm by one month.

> Defendant Agencies will complete an authoritative Access Pathways Map that details how discrete YES populations described in Objective A are intended or expected to move into, through, and out of the YES [System of Care]. *Id*., IAP Objective C, ¶ 1.
>
> The Access Pathways Map pathway descriptions shall set forth every limitation, opportunity, condition, requirement, and decision that may influence or determine access to care relating to: identification; informing; engagement; screening; assessment; diagnosis or functional impairment; risk factors; referral; teaming; treatment, case or care planning or management; care coordination; service authorization; service delivery; level of care; service scope, intensity, and duration; services or treatment plan modification; choice of provider; funding source; timing or timeliness; and transition. The authoritative Access Pathways Map will include each discrete YES service provider pathway for every YES service and support included in the Services and Supports Crosswalk. With the parties' agreement, any of the forgoing items may be included in the Practice Manual or Service and Supports Crosswalk rather than in the Access Pathways Map. *Id*., IAP Objective C, ¶ 2.

Although Defendants provided proposed drafts of these essential YES system design documents, they were incomplete and inadequate—and on October 2, 2024, nearly three years after the IAP was finalized and filed with the Court, the IWG issued a Statement of Determination, pursuant to IAP Objective B, ¶ e. iii, detailing the inadequacies of the Department's proposed drafts.[20] Because the Department has not completed the Crosswalk or the Access Map, no Class Members, their parents, clinicians, providers, other stakeholders, Defendants' agency managers, or their contract providers have access to clear and authoritative descriptions of the services that are required to be provided under the SA or how Class Members can access those services.[21]

[20] *See* Exhibit E, IWG Statement of Determination.

[21] The Agreement also requires Defendants to develop a Practice Manual to guide and facilitate access to services set forth in the Services and Supports document that includes instructions and guidance for agency staff, providers, and other system and community stakeholders. SA at ¶ 40. The initial Practice Manual is out of date and is undergoing revision as required by the IAP. *See* Dkt. 770-1, Objective B, ¶2. Completing the Practice Manual, however, without first completing the Services and Supports Crosswalk and Access Pathways Map, on which it is based is impractical. An updated Practice Manual that does not incorporate these authoritative documents cannot provide accurate instructions and guidance on access to services and will not achieve

The Department's Director responded to the IWG's Statement of Determination defending its proposed draft documents and refusing to provide the corrective steps needed to resolve the delays.[22] Class Counsel therefore initiated dispute resolution in November 2024. The Parties subsequently agreed to mediate the dispute. This resulted in an agreement that Class Counsel would provide their proposed final drafts of the Crosswalk and Access Map for Defendants' consideration and the Department would respond with its amended proposed final drafts of the documents. Class Counsel provided Defendants their proposed Services and Supports descriptions on April 17, 2026. Defendants' response is due on or before July 16, 2026. Class Counsel anticipates providing input on the Access Map on or about the July 16, 2026, deadline for the Department's completion of the Services and Supports descriptions. The Department has 90 days thereafter to complete its proposed final draft of the Access Map.

### *E. Workforce Training and Development*

The SA requires Defendants to develop and implement a Workforce Development Plan: (a) to develop and strengthen the workforce in order to deliver Services and Supports pursuant to the SA; and (b) to operationalize system-wide the Principles of Care and Practice Model. SA at ¶s 39 & 74.a. The Workforce Plan shall also include a proposal to address any identified gaps in the workforce capacity necessary to meet the needs of Class Members. *Id*; Dkt. 770-1 at 13-14, IAP Objective D. Defendants' QMIA Reports have identified significant regional disparities and substantial gaps in YES services capacities in rural areas and concerns regarding the build-out of

compliance with the Agreement. Accordingly, Class Counsel has not requested dispute resolution on this matter pending resolution of the other required authoritative documents.

[22] *See* Exhibit F, Department Director's Response to IWG Statement of Determination.

YES services designed for Class Members with more intensive needs.[23] A functional Plan is critical to address these gaps and to ensure Defendants and their managed care contractors have an adequately trained workforce in sufficient numbers to meet the needs of Class Members. Defendants circulated a draft Workforce Development Plan that Class Counsel commented on, identifying extensive needed amendments, and then failed to provide an updated Plan or any status information for several months. Class Counsel thus requested dispute resolution due to Defendants' delays in producing an adequate Workforce Development Plan pursuant to paragraph 39 of the SA. Following an initial dispute resolution meeting, Defendants produced an updated Plan on June 30, 2026, which Class Counsel is in the process of reviewing.

***F. Due Process***

The SA requires that Defendants provide a written notice of action to an individual upon determining that they are not a Class Member following an assessment, upon denying or limiting a requested service, upon reducing, suspending or terminating a currently authorized service, or upon denying, in whole or in part, payment for a service. SA at ¶s 44 & 75b. Defendants acknowledge that they do not determine whether an individual is a Class Member following assessment or provide written notice to the individual assessed.[24] Defendants' managed care contractor, Magellan, does appear to provide notices if Class Members have been denied services or have services limited in most cases.

The SA also requires the Department to provide specific content in the notices. SA at ¶s 45 & 75c. Defendants' notices provide different levels of information, including some but not all

[23] *See* QMIA Quarterly YES Report SFY 2026 Q1, at Chart 3a2, available at https://yes.idaho.gov/wp-content/uploads/2026/05/FINAL_QMIA-Quarterly-YES-Report-Q1-2026.pdf; QMIA Quarterly YES Report SFY 2026 Q2, *supra* note 2, at Chart 3a2.

[24] As discussed in Section II.C, Class Counsel has initiated dispute resolution regarding Defendants' failure to identify and provide notice to potential class members of their eligibility.

of the required elements. Similarly, Defendants have only partially complied with Paragraph 46, which requires them to inform Class Members of the circumstances in which they have a right to receive a notice of action and request a fair hearing through written informational materials. While such information is available on the Department's website, it is not provided with individual decisions and the proposed notice procedure is currently limited to after a youth/parent has filed an appeal. Further, there continue to be problems with providing Class Members with timely expedited appeals which has resulted in premature discharges from residential placements back to the community without a plan for the provision of community-based services.

Additionally, the Due Process Protocol, agreed to by the Parties, describes the procedures and Medicaid regulations that must be followed by the Department in fair hearing appeals. However, the Department's hearing officers are still applying the archived Contested Case Rules in fair hearing appeals, in violation of the Parties' agreement to use the Protocol during fair hearings.

### *G. Quality Management, Improvement, and Accountability*

The SA requires Defendants to develop and implement a Quality Management, Improvement and Accountability (QMIA) plan for monitoring and reporting on Class Member outcomes, system performance, and progress on implementation of the SA, as well as for ensuring continuous quality improvement at the clinical, program, and system levels. SA at ¶s 52 & 77.a; Dkt. 770-1 at 21-23, IAP Objective G. An update to the initial QMIA Plan was required pursuant to IAP Objective G, ¶ 1. The QMIA plan update has been in the works for years, and

its completion is still not expected for many more months.[25] In the meantime, implementation of Defendant's quality management and accountability measures are uncertain at best and dysfunctional at worst.

Defendants do provide Quarterly QMIA Reports pursuant to paragraph 55 of the SA that contain some useful information. Improvements are needed to ensure that essential information is available to monitor and manage implementation and compliance. One glaring omission in these Reports is the lack of CANS assessment data since Magellan became the managed care contractor two years ago. Other examples of critical information that is not reported include:

a. number of youth screened and referred, or determined to be eligible Class Members;

b. annualized, unduplicated number of youths entering and exiting the System of Care, or the total number served, stratified by agency, level of care, and region;

c. quality, scope, intensity, and duration of service and supports;

d. number of youths with more intensive needs that receive mandated ICC and CFT services;

e. timeliness of access to services; and

f. expenditures by service line and agency.

Class Counsel has initiated dispute resolution to address the Defendants' lack of an adequate, updated QMIA Plan and to resolve the deficiencies in collecting and reporting necessary information for monitoring Implementation progress and compliance with the SA in Defendants' quarterly QMIA Reports.

[25] Defendants provided a draft QMIA plan update for review and comment to the IWG on July 1, 2026, following Class Counsel's request for dispute resolution on this issue.

**III. Conclusion and Next Steps**

Ten years after the Court's approval of the Settlement Implementation Plan, filed May 17, 2016, thousands of Class Members are unable to access critical YES services because the service capacities and network providers are inadequate to address the need, especially for more intensive services. Defendants' assurances that a new managed care organization would resolve all existing compliance issues has failed to materialize. Defendants build-out of core services for youth with more intensive needs is woefully behind, and Defendants still do not have functioning systems in place to identify Class Members, provide them notice of class membership, and refer them for assessments and necessary mental health services. Class Counsel has had to initiate dispute resolution on several critical compliance issues because Defendants have not presented adequate plans and deadlines to remedy the majority of these compliance deficiencies. While there have been some positive developments, including Defendants' stated intention to use network providers to deliver ICC, far more actual service capacity is needed, especially for youth and families with more intensive needs and Class Members living in rural Idaho. Though Class Counsel is willing to collaborate with Defendants to address barriers to compliance, Idaho youth with SED cannot wait another ten years to receive the promised and needed mental health services set forth in the SA. Class Counsel knows the Court is already weary that the Parties have not resolved the compliance issues in this case. Class Counsel will in good faith engage in dispute resolution but additional enforcement options may be necessary to finally achieve the purposes of the SA.

DATED this 10th day of July, 2026.

/s/ Howard A. Belodoff
Attorney for Plaintiffs