

YOUTH EMPOWERMENT SERVICES

SIXTH IMPLEMENTATION PROGRESS REPORT

October 2025

Submitted under the
Settlement Agreement in
Jeff D. et al. vs Brad Little et. al.
U.S. District Court, Case No. 4:80-CV-04091-BLW

YOUTH EMPOWERMENT SERVICES SIXTH IMPLEMENTATION PROGRESS REPORT

I. INTRODUCTION

This lawsuit was filed “in August 1980 on behalf of Idaho children suffering from severe emotional disturbances against the Governor of Idaho and other state officials, alleging that Defendants were failing to provide adequate and appropriate treatment...” Jeff D. Settlement Agreement, at 2, Docket 741, filed June 18, 2015 (“2015 Settlement”). “[I]n April 1983, the parties entered into a settlement agreement, approved and entered by this Court as a consent decree, that offered the injunctive relief the class members sought in their complaint.” *Id.* Two additional Consent Decrees were entered in December 1990 and December 1998 “to provide community-based mental health services to class members.” *Id.*

On June 12, 2015, the State of Idaho finalized a Settlement Agreement with plaintiffs regarding the Jeff D. et al. vs. Brad Little, Case No. 4:80-CV-04091-BLW class action lawsuit.¹ In the Settlement Agreement (Agreement), the State of Idaho (state) committed to developing a community-based mental health system of care that is sustainable, accessible, comprehensive, and coordinated for children and youth with serious emotional disturbance (SED). The objective of the Agreement was to develop and successfully implement a service array that meets the needs of children, youth, and families. The state worked with youth and other stakeholders to help brand the effort and chose the name “Youth Empowerment Services” (YES) for the new system of care.

The Agreement required the defendants — the State of Idaho, including the Idaho Department of Health and Welfare (DHW) Divisions of Behavioral Health (DBH), Medicaid, and Child, Youth, & Family Services (CYFS); the Idaho Department of Education (IDE); and the Idaho Department of Juvenile Corrections (IDJC) — to develop an implementation plan and provide an annual progress report to the Court and Plaintiffs’ counsel on the progress the state has made operationalizing the implementation plan. The Defendants (YES Partners) submitted the Idaho Implementation Plan to the Court on April 29, 2016 (Docket No. 754), which was subsequently approved. The Implementation Plan was organized around seven objectives and the proposed strategies to accomplish the commitments of the Agreement.

In 2019, the parties engaged in a collaborative process to address problems related to fulfilling the terms of the Implementation Plan and agreed to engage with expert consultants to develop a new Implementation Assurance Plan (IAP) to address

¹ Brad Little became the Governor of Idaho on January 7, 2019, replacing Butch Otter as the previously named Defendant in this matter.

several barriers to full implementation. After much collaboration and negotiation, the parties submitted the IAP to this Court for approval in early 2022. This Court approved the IAP in an order requiring timely compliance with the IAP on January 24, 2022. (Docket Nos. 770, 771).

As with the Implementation Plan, the IAP that was approved in January 2022 follows the requirements of Paragraph 61 of the Agreement, which requires the implementation plan to:

- a. Identify and sequence tasks necessary to fulfill the Commitments and achieve the Outcomes provided in this Agreement;
- b. Develop and use quality assurance and improvement procedures to measure, assess, manage and report on the implementation process;
- c. Set clear and accountable timelines for compliance, including interim progress until compliance is achieved;
- d. Identify responsible agencies and divisions for achieving tasks identified;
- e. Outline processes for the Implementation Work Group (IWG) to monitor progress, provide feedback, and resolve problems in meeting Defendants' obligations under this Agreement and carrying out the Implementation Plan;
- f. Identify the staffing and financial resources necessary to fulfill the Commitments and achieve the Outcomes required by this Agreement; and
- g. Describe the communication and outreach activities that Defendants will undertake in order to inform Class Members, their families, stakeholders and the community about services and procedures provided under this Agreement.

While much of the work in improving access and services falls within the requirements of the Implementation Assurance Plan that are described in more detail below, the state is also involved in efforts outside of the plan that will ultimately help the state fulfill the settlement agreement commitments, outcomes, and exit criteria. While Idaho has made significant progress since March of 2023, plaintiffs assert, and DHW acknowledges, that a number of deadlines established for implementation of Settlement Agreement and IAP provisions, have gone unmet.

This report details the ways the YES partners are working together to implement YES, meet the requirements in the Settlement Agreement, and transform the mental health services for children and youth into a comprehensive integrated system of care. The report includes a summary of achievements and provides a brief overview of the state's progress in developing and implementing the YES system of care (SoC). The report also identifies implementation challenges and continuing work needed.

II. PROGRAM ACCOMPLISHMENTS AND CHALLENGES

A. Accomplishments

1. Implementation of the new IBHP Contract

The most critical accomplishment over the past 24 months has been the implementation of the new contract for the Idaho Behavioral Health Plan (IBHP) contract.

The new IBHP contract creates a single access for services for children, youth and families with Medicaid and for those who need services but do not have Medicaid. The contract also combines outpatient, inpatient, and residential behavioral health services, including mental health, substance use disorder, and crisis services and supports, under one organization.

The IBHP is required to provide a minimum of 700 families with Intensive Care Coordination (ICC) and 300 families with Wraparound Intensive Services (“WInS” or “Wraparound”, a high-fidelity model of ICC) by the end of SFY 2025. As of February 28, 2025, Magellan has served 900 youth in ICC, which is provided by Magellan clinical staff. Also as of February 28, 2025, 66 youth have been served in WInS, some of which are being served by DBH staff and some of which are being served by community agencies (of which there were 2 from July to December 2024). For comparison, 62 youth were served in WInS by DBH staff in SFY 2024.

The state and Magellan recognize the need is greater than the number being served. Because of this, Magellan is working diligently to increase capacity for intensive care coordination services. In January 2025, Magellan contracted with seven (7) additional WInS providers across the state. Magellan has also employed more ICCs for youth. There are 13 ICCs on their team and an addition 3 ICCs that specialize in working with families engaged in residential treatment.

Magellan has placed significant focus on expanding the network of residential treatment providers. As of February 2025, they were contracted with 15 psychiatric residential treatment facilities (PRTFs) across 20 locations and 6 residential treatment centers (RTCs) across 11 locations. Previously, Medicaid was only contracted with approximately 13 PRTFs and 1 RTC. Magellan continues to work closely with DHW and other partners to identify and contract with additional facilities and use single case agreements as needed to meet the needs of youth and their families.

Additional services that have been a focus of Magellan in their first year include Mobile Response Teams (MRTs) and Youth Peer Support. As of January 1, 2025, MRTs are available 7 days a week from 8:00 am to 11:00 pm Mountain Time and by July 1, 2025, they will be available 24/7/365. Mobile Response Teams are accessed by calling the Idaho Crisis and Suicide Hotline (ICSH) at 988. MRTs had never been available statewide until this year. Youth Peer Support Endorsement training has been in high demand. As of February 2025, 40 new youth peer support providers had been trained, and the next training in April was already full and had a waitlist.

Magellan identified offsets to implement a 3% payment increase for all services and increase case management rates to match targeted care coordination (which was

phased out at the end of 2024). As a result of these and other efforts, Magellan is on track to develop a network that is more robust than the previous contractor.

2. DBH's Centers of Excellence (CoE) Role in Workforce Development and next steps

In the Spring and Summer of 2024, the DBH CoE began to provide training and coaching support to the IBHP Provider Network in several areas targeted to support YES system development. Competency centers focused on:

- **Wraparound:** The creation of an IBHP wraparound provider network strengthens the system's capacity to coordinate care and reduce the strain on individual case managers. As previously mentioned, as of January 2025, 9 Wraparound agencies are contracted with Magellan. The CoE has trained 10 Wraparound Coordinators as of January 2025. As of February 2025, 27 new Wraparound Coordinators are currently engaged in the Wraparound Foundation Training which will continue through June 2025. A third cohort of training is anticipated to start in June 2025. As of February 2025, 66 youth have been served in Wraparound, some of which are being served by DBH staff and some of which are being served by community agencies.
- **Parenting with Love and Limits (PLL):** The expansion of the PLL into the IBHP provider network and the availability of Medicaid reimbursement has increased access to this evidence-based program. As of December 2024 there are 4 providers running group cohorts and there are 21 families currently receiving PLL services. There are plans for 3 more certification training sessions in the first half of 2025.
- **Transformational Collaborative Outcomes Management (TCOM)/ Child and Adolescent Needs and Strengths (CANS):** There are 1,800 TCOM certifications throughout Idaho. This represents providers who are trained on the CANS, CAT, FAST and ANSA. The CoE has also developed a CANS in Practice and Ethics curriculum with Magellan.
- **Crisis-Mobile Response Teams (MRTs):** To strengthen the capabilities of our MRTs, the state is investing in:
 - **Specialized Training:** Providing MRT staff with advanced training in crisis assessment, de-escalation techniques, and trauma-informed care.
 - **Continuous Learning:** Supporting ongoing professional development opportunities to keep MRTs up to date on best practices and emerging trends in crisis intervention.

3. Overall Access to Services

It is estimated that approximately 33,600 children and youth in Idaho could qualify as having serious emotional disturbance (SED). Of those, 55% are insured through their family or have some other non-group insurance. The remaining 45% have Medicaid or no insurance. Based on the model of prevalence and expected rate of

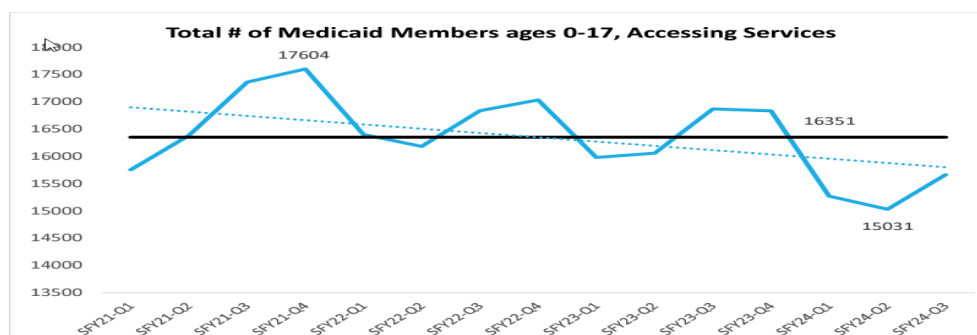
utilization of publicly funded services the State expects that between 20,000 and 20,500 children and youth will benefit from YES services.

It is notable that the estimated number of children and youth who need publicly funded services has decreased slightly from the expected range in 2023 of 20,860 to 20,174 in SFY 2024, or a drop of about 3.3%. This drop is due primarily to a drop in the number children and youth who have Medicaid.

SFY 2024 Annual Estimation of Need²

	Employer	Non-Group	Medicaid	Uninsured	Total
+ Insured rate	50.50%	5%	37.80%	7.10%	100.40%
Population based on estimated census 2023	236,140	23,380	176,754	33,200	469,474
Estimated prevalence	6%	6%	8%	11.90%	
Estimated need	14,168	1403	13,420	3951	32,942
Expected utilization Lower Estimate 15%	2,134	210	13,420	3,951	19,715
Expected utilization Higher Estimate 18%	2550	253	13,420	3,951	20174

The number of children and youth that accessed YES services in Q3 of 2024 was over 15,000



The chart below is from the QMIA Quarterly report from SFY 2024, Q3 and shows that outpatient services, such as CANS Assessments, Psychotherapy, and Medication Management, are available statewide. However, it can also be noted that several of the YES services are unavailable in specific regions (e.g., Regions 1 and 5 had zero utilization of Intensive Outpatient Treatment Service and Support Services). Further, intensive outpatient services such as partial hospitalization, day treatment, and intensive home and community-based services are not available statewide, and overall, are very limited even in regions in which they are offered.

² This model for estimating need has been used for the past few years for YES.

SFY 2024, Q3	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS Billed to Medicaid	516	176	1,217	1,823	532	378	1,553	7	6,199
Psych and Neuropsych Testing	40	10	85	93	41	91	213	0	573
Behavior Assessment	47	0	26	54	0	0	0	0	127
Outpatient Treatment Services									
Psychotherapy	979	406	1,969	2,642	932	746	2,637	15	10,264
Case Management	32	53	107	273	101	64	510	6	1,140
Med Management	57	116	548	711	194	257	472	1	2,354
Skills Building (CBRS)	39	91	230	660	88	121	614	5	1,833
Targeted Care Coordination (TCC)	14	55	175	465	60	101	414	1	1,282
Substance Use Services	30	2	23	30	62	25	109	0	278
Child and Family Interdisciplinary Team (CFIT)	13	6	26	47	21	13	35	0	161
Skills Training and Development (STAD)	0	0	0	0	78	0	82	1	161
Behavior Modification and Consultation	76	0	46	78	0	0	0	0	200
Crisis									
Crisis Intervention	1	1	4	2	11	9	44	0	72
Crisis Psychotherapy	22	5	24	40	13	6	55	0	165
Crisis Response	1	3	13	13	0	0	2	0	32
Crisis Services	23	8	38	52	22	14	99	0	256
Intensive Outpatient Treatment Services									
TASSP ²	0	4	0	20	0	0	2	0	26
Partial Hospitalization (PHP)	1	0	22	52	1	1	6	1	84
Day Treatment	0	0	0	0	0	0	0	0	0
IHCBS ³	3	2	22	31	1	35	4	0	98

Support services									
Respite	3	61	31	59	14	75	138	1	382
Youth Support Services	6	17	34	110	42	12	59	0	278
Family Support	0	2	16	8	4	7	128	0	160
Family Psychoeducation	7	0	2	0	9	0	0	0	18

It is noteworthy that a total of 195 youth received Intensive Home and Community-Based Services (IHCBS) during SFY 2024; this is an increase of 124% from SFY 2023 when 87 youth received IHCBS. The largest increases occurred in Regions 2, 4, and 6 indicating that access to IHCBS is improving in both rural and urban areas of the state.

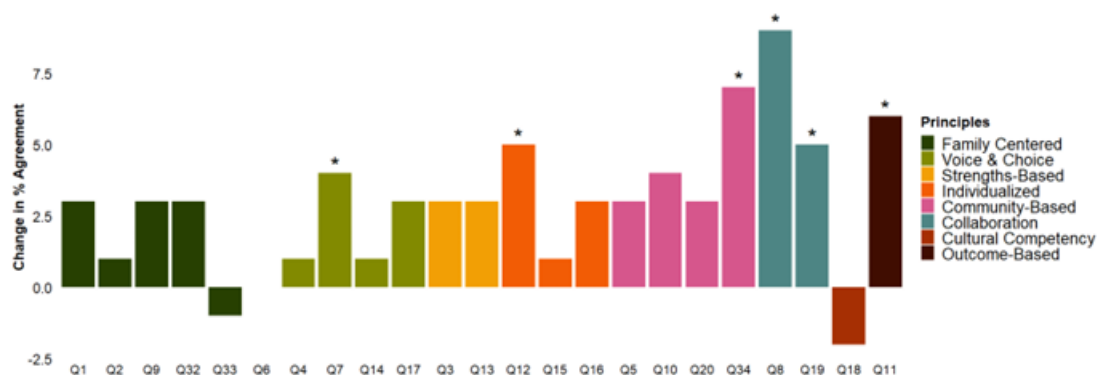
4. Annual Administration of YES Family Survey³

YES Family Survey results demonstrate steady and sustained improvement in caregiver perceptions of youth mental health and day-to-day functioning at home, at school, and in the community. Between 2022 and 2024 there was a 4% increase in the percentage of caregivers indicating their child's behavior at home had improved in the last six months (68% to 72%). During the same period a higher percentage of caregivers also indicated their child's overall mental health had improved (67% to 71%); their performance at school had improved (57% to 62%); and their behavioral in the community had improved (57% to 61%).

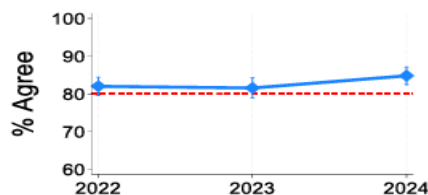
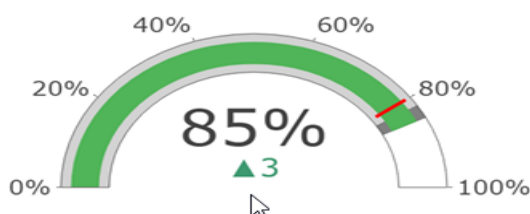
YES Family Survey results revealed that fidelity to YES Principles of Care has been established (85% or more caregivers agreed with the YES Quality Indicator) in three areas. In 2024, 91% of caregivers agreed the goals they were working on were the ones they believed were most important; 88% agreed the provider respected them as an expert on their child/youth; and 87% agreed that the provider encouraged them to share what they know about their child/youth.

³ Full report can be found at the following link: <https://yes.idaho.gov/wp-content/uploads/2024/07/2024YESFamilySurveyResults.pdf>.

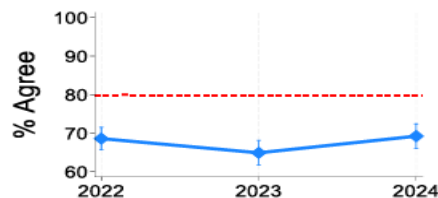
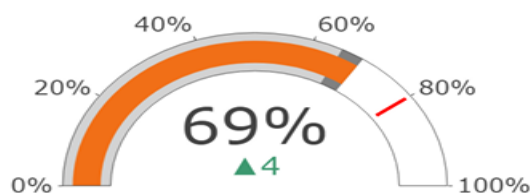
Figure 3. Change in Percentage of Families who Agreed with YES Quality Indicators, 2023-2024



Q5: MEETINGS OCCUR AT TIMES AND LOCATIONS THAT ARE CONVENIENT FOR ME.



Q10: MY FAMILY CAN EASILY ACCESS THE SERVICES MY CHILD/YOUTH NEEDS MOST.



5. Family Engagement

Idaho has worked to increase family and youth voice and choice in the YES system of care but has also worked to provide opportunities for input into the YES system through various methods including workgroups, meetings, and special projects. Recognizing the valuable perspectives of youth and families, the Department has intentionally created multiple opportunities for them to contribute their knowledge and experiences to support the State's efforts in building and improving the YES system of care. Below are just a few contributions from some of the opportunities.

Quality Management Improvement and Accountability (QMIA) Council	IGT Family and Advocates Meeting (FAM) Subcommittee
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<ul style="list-style-type: none"> • Reviewed quarterly QMIA Report • Reviewed results and recommendations for the YES Family Survey • Reviewed results and recommendations for the Quality Review (QR) 	<ul style="list-style-type: none"> • Reviewed and providing feedback on the Quick Reaction Team (QRT) • Provided feedback on intensive home and community-based services • Provided feedback on crisis services
<p>QMIA Family Advisory (QFAS) Subcommittee</p> <ul style="list-style-type: none"> • Reviewed reports on issues experienced by families, which were shared with the QMIA Council for Quality Improvement Project (QIP) consideration 	<p>Implementation Workgroup (IWG)</p> <ul style="list-style-type: none"> • Provided feedback on the transition to Magellan • Provided updates and feedback on the Jeff D. Settlement Agreement and Implementation Assurance Plan (IAP) deliverables • Provided updates and feedback on YES and Magellan services
<p>YES Annual Family Survey</p> <ul style="list-style-type: none"> • Surveys are sent to 6000 families who received services within the previous year. 	<p>Parent Coordination Meeting</p> <ul style="list-style-type: none"> • Discussed experiences and needs with families to provide assistance and clarification, identify system-wide issues, etc.
<p>YES Quality Review (QR)</p> <ul style="list-style-type: none"> • Intensive reviews including youth/family interviews, record reviews and interviews with providers. 	<p>Due Process Workgroup</p> <ul style="list-style-type: none"> • Reviewed and provided feedback on the Magellan member notices • Reviewed and provided feedback on new YES due process workgroup materials • Developed resources for families included updated information in the YES Practice Manual, Frequently Asked Questions for the website, a pamphlet for appeals, and pamphlet for complaints. • Began work on an Appeals Guidebook for Families
<p>FYIdaho Advocacy, Training, & Support</p> <ul style="list-style-type: none"> • Youth and Family engagement opportunities • Stakeholder meetings • Children's Mental Health Awareness Campaign 	<p>One Kid One CANS Workgroup</p> <ul style="list-style-type: none"> • Provided feedback on Magellan's Assessment System, P-CIS • Provided feedback on Magellan's Member Portal • Reviewed and provided feedback on training curriculums

<ul style="list-style-type: none"> Regional community engagement including State Hospital West Collaboration Family Support Line 	
<p>Interagency Governance Team (IGT)</p> <ul style="list-style-type: none"> Provided feedback on the transition to Magellan Provided updates and feedback on the Jeff D. Settlement Agreement and Implementation Assurance Plan (IAP) deliverables Reviewed results for the YES Family Survey 	<p>Quick Reaction Team (QRT) Workgroup</p> <ul style="list-style-type: none"> Survey creation to gather data to inform Department of trends pointing to SoC gaps and needs
<p>IGT Clinical and Training (ICAT) Subcommittee</p> <ul style="list-style-type: none"> Provided feedback on the transition to Magellan Provided feedback and recommendations on the Magellan trainings 	<p>YES Communications Strategic Planning Workgroup</p> <ul style="list-style-type: none"> Completed YES website updates for the transition to Magellan Reviewed and provided feedback on new YES materials Developed a YES Communications Strategy

B. Challenges

1. YES Workforce

Consistent with previous years, based on the Family Survey administered by Boise State University, a significant proportion of caregivers (31%) reported difficulty accessing mental health services they believed their child needed. Additionally, nearly a third (32%) indicated challenges obtaining services recommended by providers. Almost half (48%) of caregivers faced barriers to care due to wait times when their child needed to see someone.

Despite ongoing efforts, Idaho continues to experience significant difficulties in recruiting and retaining qualified mental health professionals, particularly in rural areas. The lack of providers offering a comprehensive range of services, such as Intensive Outpatient Programs (IOP), Intensive Home and Community-Based Services (IHCBS), and Day Treatment, creates acute care shortages for youth with the most pressing needs. The limited availability of qualified providers contributes to access and wait time challenges especially services for youth with the most intensive needs..

Key Challenges:

- The number of licensed mental health professions in Idaho does not meet the need. The Department of Health and Human Services (HHS)

designated every county in Idaho as a Mental Health Professional Shortage Area.

- Providers can not hire new staff when there is staff turnover
- There is a shortage of providers offering intensive services, particularly in rural areas.
- Low Provider Engagement: Some providers have shown limited interest in offering intensive services.
- Limited Awareness: Families and referring agencies may not be fully aware of the benefits and availability of intensive services such as Inten Home and Community Based Services (IHCBS).
- Sustainability Challenges: Implementing and sustaining intensive services such as IHCBS programs can be costly and require ongoing support.

2. Providing Services to Populations not Funded by Medicaid

In June 2024, DHW informed YES stakeholders regarding a temporary suspension or reduction in non-Medicaid funded Children’s Mental Health services. This action was necessitated by a significant increase in expenses incurred by the Division of Behavioral Health, most notably in the cost of treating youth in residential care. Historically, the Division of Behavioral Health (DBH) has managed the non-Medicaid budget and services, and as of July 1 2024, those services have been managed by Magellan, whose contract is managed by the Department’s Idaho Behavioral Health Plan Bureau.

Although all Idaho youth placed in residential facilities are Medicaid recipients, not all facilities at which youth are placed qualify for Medicaid reimbursement. DBH has been the source of funding for youth who are placed in facilities that are not eligible for Medicaid reimbursement. DBH experienced higher than ever residential care placements in fiscal year 2024, and as a result, the budget was overspent. Although fiscal rules in Idaho allow a transfer from other program budgets up to 10%, and the Department transferred in the maximum funding, the number of children/youth in care at that time resulted in there being no additional funding to provide services in fiscal year 2025 and fulfill the obligation of the current families. Therefore, at the beginning of FY2025, a hold was placed on new non-Medicaid services. However, the department was able to develop and implement strategies to mitigate the impact of this funding shortfall by July 2024 such that the full array of services paid for by DBH were once again available by April 2025.

It is important to note that as of July 1, 2024, Idaho Code § 39-3140 provides that individuals receiving behavioral health services from the department may be charged for such services. The department serves as the payer of last resort in cases in which the individual qualifies for Medicaid or has third-party coverage. The amount charged will be determined based on the cost of services and the individual’s ability to

pay. In no case will the annual costs to parents or an adult patient exceed five percent (5%) of adjusted gross income of the family household, following all other coverage. Therefore, there is actually very little initial impact to the non-Medicaid budget hold, but there will impacts from implementing the cost sharing provisions of IC 39-3140.

Furthermore, the State of Idaho waived the collection of (sliding scale) fees during COVID and the Department had not collected fees ever since. However, with the roll out of the Magellan contract, the cost sharing provisions of IC 39-3140 have been reimplemented.

Additionally, all kids currently in a Residential Treatment Center are paid for out of non-Medicaid funding although they do have Medicaid. The Department is developing strategies to maximize the use of Medicaid funding to free up non-Medicaid funds and resume new services.

3. Quality Management, Improvement, and Accountability (QMIA) Data⁴

One of the challenges that should be acknowledged is the collection of timely and accurate data. Although required Quarterly Management Improvement and Accountability (QMIA) quarterly reports were delayed by a couple of months past the due dates over the past SFY, Q1 and Q2 of SFY 2025 have both been published with all data, Q3 was published with data on utilization of services to be added once it has been delivered, and Q4 will be delivered in October 2025. The reports have been delayed due to delayed delivery of data that is typically included.

Challenges with accurate and timely data from Magellan that is used for the QMIA-Q has been a challenge through SFY 2025 and beyond. Early SFY 2026, renewed and focused effort was put into correcting this issue, and significant improvement has occurred. The majority of all QMIA-Q related reporting has been corrected and is now being utilized for QMIA reporting as required.

4. Access to care in Rural and Frontier areas of the State

	Total Eligible Members SFY 24-Q3 (Jan-Mar)	Expenditures SFY 24-Q3 (Jan-Mar)	\$ per Distinct Eligible Member	% Eligible Members	% Expenditures
Region 1	20,031	1,922,614.88	\$96	12.0%	10.6%
Region 2	6,999	654,711.97	\$94	4.2%	3.6%
Region 3	36,354	3,088,928.53	\$85	21.7%	17.0%
Region 4	33,952	5,589,543.66	\$165	20.3%	30.7%

⁴ Due to IDHW not receiving from data from Optum related to Q4 of 2024, this section reflects data related to Access to Care only for Q3 of 2024. Data associated with Magellan's services for Q1 of 2025 is located in the Appendix.

Region 5	23,465	1,364,048.23	\$58	14.0%	7.5%
Region 6	13,178	1,175,608.57	\$89	7.9%	6.5%
Region 7	32,155	4,368,585.39	\$136	19.2%	24.0%
Region 9/OOS	1,418	18,602.08	\$13	0.8%	0.1%
Total/Average	167,552	18,182,643.31	\$109		

The chart above is taken from QMIA- Quarterly report from SFY 2024, Q3 and indicates that resources are not being distributed equitably across all geographic regions in Idaho. Dollar amounts spent vary dramatically, with as little as \$58 per eligible member in Region 5 and as much as \$165 per eligible member in Region 4. Ideally, regional percentages of distinct utilizers should be very close to regional expenditure percentages. However, there are substantial mismatches (defined for the purposes of this report as greater than a 2% difference between percentages of distinct utilizers and expenditures) in four regions. Regions 3 and 5 are under-resourced. In contrast, Regions 4 and 7 receive higher percentages of system-wide expenditures than their distinct user populations suggest they should.

III. ISSUES WITH COMPLETING IAP

A. Services

1. Services and Support Crosswalk

The development and finalization of a Services & Supports Crosswalk (as required by the Implementation Assurance Plan, Objective H), has been going on for years. Although fundamental differences exist between plaintiffs' counsel and the department regarding the purpose and audience for the Maps, at a recently concluded Mediation with plaintiffs' counsel, the department committed to finalize a version of the Crosswalk that incorporates plaintiff counsel's feedback and criticisms received thus far – and will deliver that according to a 90 day timeline that is triggered by plaintiffs' counsel providing the department with additional information.

2. "Gap Analysis" Component of the Crosswalk

Objective A.5 in the IAP states that the Crosswalk will compare services and supports that are required with services and supports actually received by class members for each IDHW Region, including any differences between urban and rural areas, and documenting discrepancies in each of several enumerated elements of the service delivery process. The Department acknowledges that it committed to provide a "Gap Analysis" report in January 2025; however, that report has not yet been delivered. The Department anticipates that its ongoing work on the QMIA Plan and the Crosswalk will enable the Department to accomplish this deliverable.

3. Principles of Care and Practice Model

The 2024 YES Family Survey assessed delivery of mental health services for compliance with the YES principles of care and revealed significant gaps in community-based service availability for youth in Idaho, despite improvement in most areas. The results revealed that "1 in 3 caregivers still indicated they could not access mental health services they believed their child needed." *Idaho Youth Empowerment Services (YES) Family Survey Results, 2024*, Nathaniel Williams, James Beauchemin, and Nallely Vega, Boise State University School of Social Work, July 2024.⁵ Almost half of caregivers reported that they could not access services "right away when their child needed to see someone." *Id.*

The survey also uncovered issues with the implementation of the child and adolescent needs and strength CANS tool. Less than half of families surveyed agreed that their experience reflected the intended CANS process. *Id.* Those scores indicated that the CANS is not consistently being utilized as a collaborative process among youth, caregivers, and providers.

To improve access to high quality mental healthcare, the survey results recommended enhancing health care delivery to align with the YES principles of community based, collaborative, and individualized care. This includes expanding mental health crisis and crisis response services, improving care coordination for youth with intensive needs, and increasing efforts to train providers and educate families. Additionally, continued efforts to improve the implementation of the CANS in Idaho will be crucial to addressing these gaps and ensuring better outcomes for youth and their families.

B. Access

1. Access Pathways Map

As with the Crosswalk, the development and finalization of an Access Pathways Map (as required by the Implementation Plan and the Implementation Assurance Plan), has been going on for years. Although fundamental differences exist between plaintiffs' counsel and the department regarding the purpose and audience for the Maps, at a recently concluded Mediation with plaintiffs' counsel, the department committed to finalize a version of the Access Maps that incorporates plaintiff counsel's feedback and criticisms received thus far – and will deliver that according to a 180 day timeline that is triggered by plaintiffs' counsel providing the department with additional information.

2. Capacity to Serve High-Needs Youth

Idaho's capacity to serve high needs youth remains a challenge. Services such as day treatment, partial hospitalization, Treatment Foster Care (TFC) and Wraparound, as

⁵ <https://yes.idaho.gov/wp-content/uploads/2024/07/2024YESFamilySurveyResults.pdf>

well as intensive home and community-based services (IHCBS) are considered one of the top priorities in YES system development. Capacity goals still need to be determined and will be based on finalization of the Services Crosswalk as well as the Scope, Intensity, Duration standards for Core Services.

3. ICC Utilization

From July 2024 through June 2025, over 1,900 youth were served by Magellan's ICC program. There are currently 6 ICC care managers dedicated to youth who are supported by 4 additional care coordinators. The target case load for ICC is 40. In some cases, ICCs have more or less cases at once. Additionally, Magellan employs PRTF Care Managers that support youth placed in residential treatment settings and their families. Since July 2024, 336 youth and their families were supported through this program. Upon discharge from a residential treatment setting, youth are referred to Wraparound or ICC services for continued coordination. Wraparound is the first service recommended. If the family is not interested or unable to access, ICC services are recommended.

4. Workforce

Workforce Development Plan: Updates to the YES Workforce Development Plan is in progress

5. Qualifications of ICC Providers Staff

All Wraparound Coordinators hold current unrestricted professional licenses, and all sign a statement that they understand the scope of such licensure and will practice within that scope. Licensed and credentialed Magellan employees are required to immediately report any changes (including address changes) or terminations of their license and/or credential to their direct supervisor. Intensive Care Coordinators are expected to have one of the following qualifications: Bachelor's degree or higher in a health-related field, certification as a case manager, or professional certification/licensure with a clinical specialty, including RN with three (3) years' clinical practice experience.

C. Due Process

1. Due Process Protocol

Class Members and their families must be afforded constitutional and federal rights to appeal when services are denied, reduced, or terminated. The Settlement Agreement underscored this duty by committing Defendants to a series of actions to ensure that the YES system of care protects class-members' due process rights.

To accomplish this, the IAP requires the drafting of an Authoritative Due Process Protocol, which counsel for both parties completed on or around March 31, 2022.⁶ A

⁶ <https://yes.idaho.gov/wp-content/uploads/2022/04/YES-DP-Protocol-2022-for-YES-Website.pdf>

copy of the Due Process Protocol has been given to the Office of Administrative Hearings, the entity that has replaced the Fair Hearings Unit as the body that will hear appeals from class members. Notwithstanding the completion of the Due Process protocol, class counsel continues to be made aware of what participants and class counsel consider to be due process violations. In order to determine the precise nature of those instances and determine what action (e.g., rule amendment, additional staff training, etc.), if any, would be appropriate, the Department and class counsel continue to meet together, both in the Due Process Workgroup meetings as well as in separate meetings, to exchange information and assess next steps.

Also, class counsel and the Department have met with leadership from the Office of Administrative Hearings in order to develop a process by which OAH's Administrative Law Judges (ALJs) and the parties can be apprised of when the Due Process Protocol is to be applied and ensure that all parties have a copy of the Due Process Protocol. In order to accomplish this, it is necessary to ensure that appeal participants are aware of whether they are Jeff D. class-members or not. The Department is currently developing an internal process for identifying potential class members and notifying them of their status sufficiently far in advance of the hearing that the appellant can prepare adequately and in conformity with the Due Process Protocol.

The parties must review the Due Process Protocol annually and agree to any updates or proposed changes. DHW's Administrative Rules for Contested Case Proceedings, IDAPA 16.05.03, were up for review in 2023 under the Governor's Zero-Based Regulation Executive Order No. 2020-01.⁷ However, those rules were withdrawn at the beginning of the legislative session to give the Department time to address concerns that had been raised. Where inconsistencies occur with the contested case rules and either the Due Process Protocol or other federal regulation or statute, the contested case rules will be amended to eliminate that inconsistency

2. Review of Notices of Agency Action, IAP E.2

Over the years, the Due Process Workgroup has completed review of numerous notices including those for the previous Idaho Behavioral Health Plan managed care organization and DHW's standard appeal and State Fair Hearing documents. In 2024, the group completed review of Magellan notices of decision and appeal rights language, which were positively received upon initial review. Recommendations for better readability and corrections to some information were provided to DHW and Magellan. Changes are in the process of being made, and in some cases have already been implemented, that align with these recommendations. Should they occur, additional changes to notices of decision and notices of appeal rights from DHW or its contractors whose work relates to Youth Empowerment Services will be brought before the Due Process Workgroup for its review and input.

⁷ Executive Order No. 2020-01 is available on Governor Brad Little's official website at: <https://gov.idaho.gov/wp-content/uploads/2020/01/eo-2020-01.pdf>

3. State Fair Hearing (Administrative Hearing) Process, IAP E.3

The IAP requires DHW to provide the Authoritative Due Process Protocol to the Fair Hearings Unit of the Attorney General's Office, the entity that was conducting administrative hearings for DHW. However, with the adoption of IDAPA 62.01.01.800 (EFFECTIVE July 1, 2024), those rules are now archived but are still applied to the Department's contested case hearings pursuant to Office of Administrative Hearings General Order No. 1 (effective May 22, 2024). Counsel for DHW provided a copy of the Due Process Protocol document to the Office of Administrative Hearings in April 2024, along with a description of its purpose and required use in hearings involving *Jeff D.* class members.

4. Informational Materials, IAP E.4.

As noted above, DHW updated the YES Practice Manual consistent with the Due Process Protocol and updated information related to appeals and complaints processes. This work was reviewed by the Due Process Workgroup and the YES Communications Strategic Planning Workgroup for input and approval, and the updated chapters of the Practice Manual were subsequently posted. Also, in 2024 work began to develop a guidebook on appeals for families and a complaints tri-fold pamphlet. In addition, an appeals tri-fold pamphlet and appeals FAQs for the YES website along with an appeals webpage on that website were created and published.

In 2024, the Due Process Workgroup reviewed portions of the Practice Manual related to appeals and complaints and in response to that review, DHW updated portions of the Practice Manual related to appeals and complaints. Additional review and updates to the Practice Manual are ongoing, and the Workgroup has also reviewed informational materials created from the Practice Manual. Also, in 2024 work began on developing a guidebook on appeals for families and a complaints tri-fold pamphlet. An appeals tri-fold pamphlet and appeals FAQs for the YES website along with an appeals webpage on that website were created and published.

5. Centralized Complaint System, IAP E.5

Implementation of a centralized complaint process has been completed at least in part. DHW developed a cross-division team to receive, track, and process complaints and inquiries that come in. Complaints can be received through the Division of Medicaid, Magellan, and the Division of Behavioral Health. Complaint data is tracked and trended for systemic issues that need to be addressed. DHW also collaborates with contractors, IDJC and IDE on complaints, as relevant. DHW has implemented standardized acknowledgement letters and resolution letters. DHW is exploring options for the centralization of complaints across all Medicaid services, including non-behavioral health services ;. At this time such a system would not include IDE or IDJC as they have separate complaint processes. However, DHW would build in ways to collaborate with other agencies as is already done on an as needed basis.

D. QMIA

1. Delayed delivery of updated QMIA Plan

A revised and updated version of the QMIA Plan was delivered to the IWG for their input on September 18, 2025. A request was included for input to be received by October 27, 2025. The draft Plan was also sent to the QMIA Council for input prior to their October 15 meeting. Once the input has been received from both IWG and the QMIA Council, any additional updates that are needed will be completed within 30 days. The finalized draft will be shared with IWG for consideration at the IWG meeting next following completion of the Plan updates.

Quality Review (QR) Processes

QR was conducted in 2024, but did not take place in 2025, due to the expiration of the contract with the person DHW contracted with to do QR. DBH is working to contract with a university to conduct QR and anticipates that services will begin immediately. The first step in the process for QR with the new contractors is to gather input from the IWG and YES stakeholders to ensure that the process they will implement meets the criteria for QR as stated in the SA. Once the process has been approved and finalized the new contractors will begin training reviewers and facilitating the first of 3 QR planned for 2026.

Development of Compliance Measures and Standards of Care

The Department has agreed with the IWG regarding the need to have established YES compliance measures and to implement the following steps and process for the development of those compliance measures.

The first step in this work was the Department shared with the IWG a list of proposed compliance measures along with a summary explanation of how these measures will establish a stronger, more supportive framework for the YES system of care, ensuring improved outcomes and accountability on September 4, 2025.

Next steps:

- IWG is currently reviewing proposed compliance measures.
- Class Counsel will provide their proposed measures within 2 weeks.
- Class Counsel offered to take responsibility for setting up the ad hoc group meetings to discuss and finalize these compliance measures. The participants are noted below:
 - Plaintiff Attorneys –
 - Defendant Attorneys –
 - DHW selected subject matter experts (SMEs) –
 - 1 parent representative –
 - 1 provider representative –

The ad hoc group will draft a proposed list of compliance measures, which will be provided to the IWG.

E. IBHP Contracting

An extension of the Magellan contract moved the go live date from March 1, 2024, to July 1, 2024,⁸ to facilitate a more effective and thorough implementation of collaborative efforts with providers, members, and stakeholders. Since the July 1, 2024, go live date Magellan met its call center metrics and 100% of all clean claims are paid within 30 days in July and August. However, there are challenges that have popped up.

Months prior to the go-live of the IBHP contract in July 2024, there was a national cybersecurity incident with a large vendor, Change Healthcare, that many healthcare entities contracted with for payment of claims among other functions. Magellan worked with this vendor and .. out of an abundance of caution, decided to alter payment processes to protect network provider data and ensure payment integrity. To protect provider data, Magellan Healthcare disconnected system access to and from effected companies and shifted to paper checks for claims payment for a short time until the state was confident provider data is secure.

This situation is now resolved, and Magellan Healthcare has reconnected to the Change Healthcare systems. However, it is important to note that there were some challenges that arose from this cyber-attack and subsequent disconnection, including undeliverable or returned checks and slow mail times. In response, Magellan conducted provider outreach to ensure provider addresses were correct and switched to priority mail with tracking. Also, electronic payment processing became available starting September 4, 2024. Providers needed to enroll in ECHO—which is a platform that provides payment methods to healthcare providers—to select their preferred payment method, such as Electronic Funds Transfer (EFT) or virtual credit cards (VCCs). Magellan provided advance notice to providers via an e-blast about the change to electronic payment that included instructions on how to enroll in ECHO, select preferred payment types, and manage VCC payments.

Another challenge was a higher rate of claim denials than providers anticipated. These claims were denied because they were unclean claims, which occur due to inaccuracies and errors in claim submissions. To solve this challenge Magellan started providing additional training and one on one support for providers to ensure accuracy when submitting claims. Magellan also continues to publish any updated guidance on claim submission in the form of e-blasts, step-by-step guides, or provider handbook updates to support these efforts.

IV. REMEDIAL WORK IN PROGRESS

A. Workforce Challenges in Idaho's Youth System of Care

⁸ <https://healthandwelfare.idaho.gov/news/idaho-behavioral-health-plan-implementation-update>

As indicated in data regarding utilization of services there are continuing significant ongoing workforce challenges facing Idaho's Youth Empowerment Services (YES) system of care and DHW is focused on developing steps to address these issues. Despite ongoing efforts, Idaho continues to experience ongoing difficulties in recruiting and retaining qualified mental health professionals, particularly in rural areas. (QR, 2024). Additionally, there is limited-service availability, as the lack of providers offering a comprehensive range of services—such as Intensive Outpatient Programs (IOP), Intensive Home and Community-Based Services (IHCBS), and Day Treatment—results in acute care shortages for youth with the most pressing needs. (QR, 2024). Furthermore, providers note that unsustainable reimbursement rates, complex administrative processes, and the presence of multiple oversight bodies create substantial reimbursement and administrative burdens, contributing to provider attrition and hindering service expansion. (QR, 2024).

To help remedy these challenges DHW is collaborating with Magellan on efforts to expand access to services throughout Idaho. The most affected communities in Idaho are rural and frontier communities, so Magellan is working to expand access to services through Telehealth. Magellan has contracted with telehealth providers like Charlie Health that provides accessibility to Intensive Outpatient Program (IOP) level of care for adolescents. And continues to meet with other nationally branded providers that focus on telehealth levels of care.

Magellan is also focused on outreach. This year they did outreach at Northwest Nazarene University to educate and support the up-and-coming workforce. Magellan is committed to expanding this outreach program and intends to meet with other colleges and universities in Idaho.

In July 2024 Magellan went live, it increased rates to reflect that of the previous MCO's quality payment metrics (3%). But in 2025 Magellan will develop and implement its own value-based quality program for providers. The goal of this new program is to reward providers for quality and efficiency, improve patient outcomes, and control costs. Although the rate changes in 2024 were very helpful in increasing access Idaho is working currently to address expectations of rate decreases due to changes in funding availability.

B. Mental health workforce challenges identified by the 2024 Idaho YES Family Survey

The 2024 Idaho YES Family Survey also identified mental health workforce challenges. Consistent with previous years, the survey highlighted the limited access to community-based services. A significant portion of caregivers (31%) reported difficulty accessing mental health services they believed their child needed. Additionally, nearly a third (32%) indicated challenges obtaining services recommended by providers. Almost half (48%) of caregivers faced wait times when their child needed to see someone. These findings reveal potential workforce capacity limitations, particularly for community-based services. The limited availability of qualified providers likely contributes to access and wait time challenges.

DHW is working together with Magellan in remedial efforts that will address the mental health workforce challenges. First, Magellan is working to increase member access to Intensive Care Coordination through ICC and Wraparound. Magellan also increased case management rates to meet the rate for Targeted Care Coordination to grow a robust community-based service network in Idaho. Magellan also worked to allow families to have access to both ICC and Case Management at the same time. Magellan partnered with the COE to offer Statewide access to youth services such as Early Serious Mental Illness (ESMI), Wraparound, and PLL.

C. Division of Behavioral Health's (DBH) system design and implementation YES workforce initiatives

The 2024 Idaho YES Family Survey report recommended actions by DHW to address workforce challenges and improve access to services. (July 2024 YES Family Survey Results). The first area for improvement is to increase the accessibility of community-based services for youth with the most intensive needs (CANS level of care 3). DHW also needs to take steps to support the Idaho mental health workforce to improve the availability of community-based services.

Intensive Home and Community-Based Services (IHCBS) aim to enhance access to vital community-based support for youth with the most intensive needs, particularly those with an overall CANS (Child and Adolescent Needs and Strengths) level of care of 3. By expanding these services, DHW seeks to provide critical interventions that help stabilize these youth and prevent out-of-home placements, ensuring they receive the care they need within their communities.

Several key challenges impact the implementation and effectiveness of Intensive Home and Community-Based Services (IHCBS). One significant issue is the limited provider network, particularly in rural areas, where there is a shortage of professionals offering these services. Additionally, provider engagement remains low, as some providers show limited interest in delivering IHCBS. Another challenge is the lack of awareness among families and referring agencies about the benefits and availability of these services, which hampers outreach and utilization. Lastly, sustainability poses a concern, as implementing and maintaining IHCBS programs can be costly and require continuous financial and operational support.

To address current challenges and strengthen IHCBS, DHW has outlined several key initiatives. First, DHW plans to increase education and awareness by developing and distributing educational materials to families, providers, educators, hospitals, and other stakeholders. These materials will provide comprehensive information about IHCBS, including its definition, available modalities, eligibility criteria, and access procedures. Additionally, DHW will enhance provider education and engagement by collaborating with Magellan to create a communication plan. This effort will involve outreach, educational programs, and building collaborative partnerships to address barriers and encourage provider participation.

Expanding the network of referral sources is another priority. DHW aims to forge partnerships with healthcare providers, schools, social service agencies, and community organizations to increase referrals to IHCBS programs. To improve family engagement, DHW will assess and address underlying issues such as transportation challenges, scheduling conflicts, and lack of awareness about available services. Furthermore, DHW will explore various funding opportunities, including grants, Medicaid reimbursement, braided funding, and private partnerships, to support program sustainability. Lastly, DHW will implement risk management strategies to address staffing shortages, ensure financial sustainability, and mitigate potential community resistance.

D. DBH's Workforce Development initiative

DBH intends to utilize the rule waiver process to help increase the number of Peer Support Specialists and Family Support Partners working in the IBHP network. DBH is updating its background check waiver process. Certified individuals who can't pass a background check may still provide peer services in the IBHP network through a waiver. However, waivers won't be granted for serious crimes like sexual offenses, violent crimes, crimes against children, or felonies punishable by death or life imprisonment. DBH will review waiver applications, and Medicaid will honor approved waivers under a Medicaid variance. Under IDAPA rules, peer support specialists and family support partners can receive one (1) four-month extension to complete or renew their certification. DBH is developing a process to grant additional extensions for those needing more time.

E. DBH's Centers of Excellence (CoE) role in workforce development and next steps

The CoE has successfully launched and is actively training and supporting new agencies within the Provider Network. Its primary goal is to equip providers with the knowledge and skills needed to deliver high-quality services within the current competency centers such as Crisis-Mobile Response Teams, Wraparound-WinS Idaho, Parenting with Love and Limits, ACT, ESMI, and TCOM-CANS. By providing comprehensive training and support, the CoE aims to enhance staff competency by ensuring that they are well prepared to perform their roles effectively, improve service quality by promoting best practices to deliver the highest standard of care, and retain staff by fostering a positive network environment that encourages employee satisfaction and long-term retention.

The CoE is dedicated to its mission of delivering exceptional training and support to the Provider Network in the upcoming year and beyond. The next step for Wraparound involves expanding the network to create a new provider network. This expansion aims to enhance the system's capacity for care coordination and reduces the strain on individual case managers. The plan to expand Parenting with Love and Limits (PLL) provider network is underway. The availability of Medicaid reimbursement has opened new career opportunities for therapists and improved

access to this evidence-based program. Efforts are underway to enhance the capabilities of Crisis-Mobile Response Teams (MRT). To achieve this, DBH is investing in Specialized Training that includes advanced crisis assessment, de-escalation techniques, and trauma-informed care. Additionally, DBH is committed to continuous learning, providing ongoing professional development opportunities that MRTs remain up to date on best practices and emerging trends in crisis intervention.

F. Magellan's Annual Network Development and Maintenance Plan (ANDMP)

Magellan is required to submit an ANDMP by March 31st. This plan includes specific action steps and measurable outcomes related to the network of providers within the YES system. Additionally, it will address regional workforce needs, establish clear goals and objectives, and include quantitative and qualitative data about the network. The plan will outline strategies to address identified workforce gaps and needs. The ongoing collaboration between DHW and Magellan on this plan ensures a targeted approach to workforce development within the YES system of care. Specific areas of focus for SFY26 will include expanding the network of providers for youth crisis services, residential treatment, partial hospitalization programs (PHP), intensive outpatient programs (IOP), and Intensive Home and Community Based Services (IHCBS). Attached as Exhibit A is a copy of Magellan's most recent ANDMP Report.

Magellan is dedicated to providing educational and training resources for its service providers. On their Events and Training webpage⁹ Magellan offers resources specifically for YES system professional. This webpage includes access to past training materials, recordings, and information about upcoming training events. Additionally, Magellan offers Continuing Educational Units (CEUs) for in network providers. These training and support programs help providers enhance their skills and knowledge in order to effectively serve youth within the YES system. Overall, this program aims to educate the workforce and promote continued competency.

Although Idaho's youth system of care continues to face significant workforce challenges, recent initiatives and positive developments demonstrate a commitment to addressing these issues. By investing in workforce development, expanding access to services, and addressing DHW-specific challenges, Idaho can improve the quality and accessibility of care for vulnerable youth and families.

G. DBH's System Design and Implementation YES Workforce initiatives

To increase the accessibility of community-based services and intensive services the DHW is focusing on expanding services for youth with the most intensive needs, including those with an overall CANS level of care of a 3. These youth may benefit significantly from IHCBS to prevent out-of-home placements and promote stability.

⁹ <https://magellanofidaho.com/events-and-training>.

Next Steps Planned: DHW's System Design and Implementation Bureau in collaboration with Magellan will:

- Support the development and distribution of educational materials about IHCBS to families, providers, educators, hospitals, and other stakeholders. This will include information about the definition of IHCBS, available modalities, eligibility criteria, and how to access services.
- Enhance Provider Education and Engagement: through work with Magellan to develop a communication plan to engage providers and other stakeholders and address barriers to participation. This will involve outreach, education efforts, and collaborative partnerships.
- Expand the Network of Referral Sources to increase referrals to IHCBS programs by forging partnerships with healthcare providers, schools, social service agencies, and other community organizations.
- Address Barriers to Family Engagement: by assessing and work toward addressing the underlying reasons for low client engagement, such as transportation barriers, scheduling conflicts, or lack of awareness about available services.
- Explore Funding Opportunities by exploring funding opportunities through grants, Medicaid reimbursement rates, braided funding, and private partnerships to support IHCBS programs.

H. Leveraging the Magellan Partnership

By leveraging the partnership with Magellan, DHW can make substantial progress in tackling the workforce challenges within the YES system of care. This collaboration also aims to enhance the quality and accessibility of services for vulnerable youth and families.

Together DHW and Magellan, can identify and prioritize workforce needs focusing on regions or areas where workforce shortages are most critical. They can develop targeted recruitment and retention strategies specifically designed to attract and retain qualified mental health professionals in these regions.

Additionally, the partnership can enhance provider training and support, as well as improve communication and collaboration between DHW, Magellan, and service providers. Enhance provider training and support. The strengthened communication and will lead to more efficient and effective service delivery.

By collaborating with Magellan, the DHW will:

- Identify and prioritize workforce needs: Magellan's ANDMP will help the DHW identify specific regions or areas where workforce shortages are most acute. Specific areas of focus for SFY26 will include expanding the network of providers for youth crisis services, residential treatment, partial

hospitalization programs (PHP), intensive outpatient programs (IOP), and Intensive Home and Community Based Services (IHCBS).

- Develop targeted recruitment and retention strategies: Based on the ANDMP, the DHW and Magellan will develop tailored strategies to attract and retain qualified mental health professionals in these areas.
- Offer training and support programs through Magellan to help providers develop the skills and knowledge needed to effectively serve youth in the YES system.
- Improve communication and collaboration: The partnership strengthens communication and collaboration between the DHW, Magellan, and providers, leading to more efficient and effective service delivery.
- Implement Risk Management Strategies to address staffing shortages, ensure sustainability despite funding constraints, and address community resistance.

I. CANS

1. New Decision Support Model

The purpose of this project is to implement an updated CANS (Child and Adolescent Needs and Strengths) Decision Support Model developed by Dr. Lyons and the University of Kentucky. The new model improves data-informed decision-making by reducing outliers and clarifying complexity scoring. The One Kid One CANS workgroup developed the following names for the future overall levels of care.

- Preventive - community-based supports
- Comprehensive - moderate level community-based treatment
- Intensive - intensive treatment and supports

The workgroup has drafted descriptions of these levels of care and is collaborating with the YES Communications workgroup on a communication plan. The main goal is including a link or a QR code in the CANS report to a flier with descriptions of the levels so when a family sees a level of care on their CANS report they have quick access to information about what it means. The department is working with Magellan on technical solutions that would be possible within the P-CIS

Assessment System and determining if a link or QR code is possible. Additionally, Magellan is currently working with Opeeka, their contractor for the P-CIS Assessment System, to identify when the new overall Decision Support Model can be implemented. Additional trainings and communication will be developed to inform providers and families about the new levels.

2. CANS Training

Two additional trainings have been launched by the Center of Excellence. An updated CANS in-practice training with specific examples of PCIS reports is available as well as a Consensus Based Assessment training focused on encouraging collaboration during the assessment process. The CANS certification training has also been

updated. From January to July of 2025, 267 out of 268 posttest responses from training participants indicated an overall rating of satisfactory and above.

Additional Collaboration with Magellan

The workgroup is collaborating with Magellan to improve the implementation of their Outcomes and Assessment System called Person Centered Intelligence Solution (P-CIS). Ongoing work includes supporting the Member Portal rollout, simplifying the Authorization for Use and Disclosure form, adding an alert when items were missed, and adding a required rationale at the end of each domain.

J. Scope, Intensity, and Duration Standards for Core Services

The IAP at Objective A.2.c. states the following, “Defendant Agencies will establish and maintain intensity and duration standards based on national standards of care for core YES Services, with statewide and regional average minimums for hours per month and months per client by the Service Start Date of the new IBHP contract. Prior to completing the final draft of the Services and Supports Crosswalk, IDHW will consult with the IWG when determining the core services requiring minimum standards under this paragraph.”

DHW provided the IWG with a Scope, Intensity, and Duration Standards Memo on July 18, 2025. This memo included the following current efforts towards meeting these requirements as reported by the Department:

- Core services to be identified with consultation from IWG prior to completing the final draft of the Services and Support Crosswalk.
 - Defendant agencies are identifying a draft list of core services for discussion and consultation with IWG. Given federal Medicaid requirements for the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit, DHW would appreciate discussion regarding application of specific standards for any services needed by Idaho youth. The amount, duration, and intensity for any service is case specific and medical necessity is ultimately determined by providers. Further, medical necessity is the underpinning for coverage of any service for youth within the Medicaid program per federal requirements. DHW intends to continue to apply these requirements to non-Medicaid funding as well.
 - Core services may need to be one of the topics on the agenda for the next IWG meeting or work may need to take place via email between meetings.
- Scope, intensity, duration (SID) standards to be based on national standards.
 - Defendant agencies have begun research for national standards for DHW’s proposed list core services. Please note, national standards for many of the mental health services in the YES have not been established, with the exception of standards that are noted as elements of Evidence Based Practices. Some states have established best practice guidelines or narrow standards applicable only to some available

services. DHW contends this serves as additional reasoning to consider broader parameters

- Defendant agencies to establish SID standards for finalized list of core services.
 - Defendant agencies have begun drafting SID standards but would appreciate further discussion about application of EPSDT requirements.
- SID standards are to be average minimums.
 - Defendant agencies have not begun to work on average minimums.
- SID standards are to include average minimums and are to be set for statewide and regional.
 - Defendant agencies have not begun work on variations by region.
- Defendant agencies maintain SID standards.
 - Plans for maintenance have not been considered yet.

The memo provided to IWG on July 18, 2025, also included the Department's next steps, including the following:

- YES Defendants to provide list of core services to IWG for their consultation on list of core services.
- Edits or changes agreed upon to core service list to be made.
- Defendants to begin development of SID for finalized list of core services.
- Once DHW has a draft of SID standards completed, draft document to be delivered to IWG.
- IWG to review proposed SID standards and provide input.
- YES Defendants to review recommended changes or additions and make decisions regarding any revisions.
- Finalized version of the SID document to be provided to YES Plaintiffs as a DHW deliverable.

At the request of the IWG, the Department agreed and provided the proposed list of core services to the IWG via email on September 12, 2025 for consultation during the IWG Meeting on September 17, 2025. The list of proposed YES core services included the following:

- Care Coordination
 - Case Management
 - ICC
 - Wraparound
- Individual Psychotherapy
- Family Psychotherapy
- Medication Management

K. ICC/Wraparound Design

Magellan has worked with the department to develop documentation to help clarify distinctions between ICC and Wraparound and is working on Provider and Member

Handbook updates as well. A flyer prepared by Magellan lays out the difference between ICC and Wraparound services as follows:

ICC	Wraparound
<p>Service provided by Magellan</p> <p>This service is for all ages- children, youth and adults. Intensive Care Coordination (ICC) helps manage care and create a plan that works for the individual. The Care Coordinator listens to needs, brings together input from others who support the individual , and builds a flexible plan that can grow and change as needs do.</p> <p>The intensity and duration or ICC varies based on the individual needs</p> <p>ICC coordinators have completed Magellan’s required training</p> <p>ICC caseloads vary</p> <p>ICC is for youth who:</p> <ul style="list-style-type: none"> • Have a Child and Adolescent Needs and Strengths (CANS) Assessment Score of 2 or 3; or • Have a high risk of needing to live outside the home because of mental health needs; or • Have been in three or more foster care placements in the past 24 months due to mental health needs; or • Have involvement with multiple child-support services because of mental health needs; or • Have been under age 12 and hospitalized or detained in the past six months due to mental health needs; or 	<p>Service provided by Community Providers & Department of Health & Welfare’s Center of Excellence (CoE)</p> <p>This service is for youth under 18. WInS is a special type of intensive care coordination. It’s a personalized planning process where a team of professionals and support people work together to create a care plan for children and youth with complex needs. This approach focuses on listening to families and youth, respecting cultural needs, and using community-based services to support positive results. Families and youth are encouraged to share their thoughts and ideas during the process. Wraparound usually takes about 12 to 14 months.</p> <p>WInS coordinators have completed the approved Wraparound Training</p> <p>WInS coordinators typically carry a caseload of approximately 10 to 12 youth and families</p> <p>WInS is for youth who:</p> <ul style="list-style-type: none"> • Have a Child and Adolescent Needs and Strengths (CANS) Assessment Score of 2 or 3; • Have involvement with at least one other child-serving system related to behavioral health.; • Have youth and family interest in participating in the wraparound care planning process.; and • Have a need for intensive care coordination or limited progress with current coordination efforts.

<ul style="list-style-type: none"> • Have been hospitalized more than once for mental health needs in the past 12 months; or • Have a current out-of-home placement due to mental health needs but could safely return home or to the community within 90 days if the right supports were in place. 	<p>In addition, the youth may:</p> <ul style="list-style-type: none"> • Be at risk of needing out-of-home placement; and/or • Need to transition from a higher level of behavioral health such as: • Intensive home and community-based services • Intensive Outpatient (IOP) • Partial Hospitalization (PHP) • Hospitalization or Residential Care.
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L. Intersection/Coordination of Mental Health Care with other Agencies.

The IBHP Governance Bureau facilitates several meetings with other agencies to coordinate the delivery of behavioral health services for youth. These meetings include monthly meetings with both the Children’s Developmental Disabilities Team and the Child, Youth, and Family Services Team. Magellan also meets and coordinates with the Idaho Department of Juvenile Corrections and participates with the department’s Interagency Clinical Team (ICT), formerly known as the Quick Reaction Team (QRT) prior to July 1, 2025. Additional efforts to improve coordination include: Magellan’s Clinical Director meeting with acute care hospitals statewide, Resources in the Lobby (piloted at Cottonwood in Meridian) which provides resources to families with youth admitted inpatient, and site visits and meetings with residential treatment facilities. Additionally, the Magellan Crisis Director has done coordination with, outreach to, and collaboration with multiple advocacy groups, Children’s Developmental Disabilities, community providers, law enforcement, Tribal organizations, and Child, Youth, and Family Services. Some of these meetings have been one-time trainings, and some are ongoing summits and collaboratives.

The Division of Behavioral Health (DBH), through its Clinical Services Bureau (CSB), serves as Idaho’s state authority for children’s mental health (CMH). CSB operates regional teams that provide interventions for youth and families involved in the legal system. These teams offer court-ordered evaluations, treatment recommendations, and case collaboration, as outlined in Idaho Code §20-511A, 20-519A&B, and Juvenile Rules 16 and 19.

Idaho Code §20-511A, allows a judge to ask CMH to complete a mental health assessment and create a treatment plan for a youth showing signs of serious emotional disturbance, especially when it impacts their ability to follow court orders

or puts their safety or others at risk. In FY25, CSB regional teams provided interventions to 198 youth across Idaho under this statute.

Idaho Code §20-519A&B, allows for the evaluation of a juvenile's mental competency to participate in legal proceedings. If a youth is found not competent, the court may order restoration services. CMH provides restoration services if the youths serious emotional disturbance is the primary contributing factor. In FY 25, CSB regional teams provided restoration services for 10 youth across Idaho under this statute.

Idaho Juvenile Rule 16 helps the court determine whether a youth's home environment is safe and stable. If there are concerns, a screening team which includes CMH, comes together to determine if there are any community-based services a family can access to prevent a youth from entering foster care. CMH's focus is on providing mental health recommendations. In FY25, CSB regional teams provided case collaboration for 37 youth across Idaho under this rule.

Idaho Juvenile Rule 19 is used before a youth is potentially committed to the Department of Juvenile Corrections. A multidisciplinary team which includes CMH, reviews whether the youth's behavioral health needs and public safety risks can be managed with community-based services or if secure treatment is necessary. In FY25, CSB regional teams provided case collaboration for 47 youth across Idaho under this rule.

M. Mental Health Early and Periodic Screening, Diagnostic, and Treatment (MH EPSDT) Review

Mental Health EPSDT is an umbrella benefit provided to children on Medicaid from birth to age 21. As a Medicaid entitlement, the state has duty to provide medically necessary services. Class council contends that the department has not complied with EPSDT requirements, particularly in the mental health program for children.

The Department commissioned a Report that reviewed Idaho's EPSDT processes and outcomes. While the EPSDT Report was not a required Jeff D. deliverable, it provided valuable feedback on the State's system. The bulk of the report discussed processes for residential treatment at that time, and changes have been made since. Namely, Psychiatric Residential Treatment is now in the Medicaid State Plan, and Residential Treatment Centers are in the process of being added. Magellan has a service request form that can be done by providers or parents/guardian(s)/authorized representatives. Like all services, these are looked through the lens of EPSDT as to whether the service will "correct or ameliorate" the condition the youth has, but the process is not separate or distinct from other services as it used to be prior to Magellan's go live on July 1, 2024. Additionally, an EPSDT request form is still available for services needs that are outside of the State's normal State Plan. This is also available through Magellan.

Instances have been identified where children qualified for services, but the state was unable to provide the necessary services or faced difficulties in facilitating access to out of state services. This issue is further complicated by the fact that every county in Idaho has been federally designated as an area with a shortage of mental health providers.¹⁰ As outlined in previous sections, DHW continues to work towards building provider capacity across the state, particularly focused on services such as IHCBS. When a service is unavailable in Idaho, either entirely or due to provider availability, the Department seeks to identify and provide alternative services until a specific service can be offered. There are instances when a service is simply not available in Idaho or in surrounding states, regardless of provider reimbursement and efforts to identify an available provider. A good example of this situation is treatment foster care. DHW is currently contracted with six families for this service and at increased rates, while this is a marked increase in the number of available families in the state, only recently have three families started to accept placement of youth after a period of not accepting youth needing this level of care. DHW fully understands and accepts the requirements outlined in federal law for youth served through Medicaid under EPSDT. Unfortunately, even with an open checkbook and scouring the country for certain services, Idaho and many (if not most) states are facing mental health provider shortages and are often competing for placements for out-of-home placements.

V. CONCLUSION

The details provided in this (and previous) Annual Reports regarding the Department's implementation of the Deliverables and measurement of the Outcomes that are required by the Settlement Agreement do not adequately convey the sea-change in the scope of the services provided to youth with mental health challenges that has occurred in Idaho since this lawsuit was filed, and even since the Settlement Agreement was approved by this Court. However, though significant improvements to the system of delivering mental health services to youth in Idaho have taken place, there is still much to be done to fully realize the vision and promises reflected in the Settlement Agreement. To reach the goal of substantial compliance with the Settlement Agreement Outcomes, the parties will continue to focus on a) identifying barriers to full implementation and developing strategies for overcoming those barriers, b) identifying and collecting the data necessary to establish substantial compliance with the Settlement Agreement Outcomes, and c) developing the workforce (both within Magellan's network development and the Department's own service provider network), needed to provide required services.

¹⁰ <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

