

Report on BHDD Implementation of HB 936 Data Collection

Comprehensive School and Community Treatment
(CSCT)

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**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

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BHDD IMPLEMENTATION OF HB 936 DATA COLLECTION

As part of the Department's continued Behavioral Health System for Future Generations (BHSFG) work, HB 936 Section 3 describes new data reporting requirements for Comprehensive School and Community Treatment (CSCT). CSCT is part of BHDD's Children's Mental Health Bureau's (CMHB) continuum of care for youth with a serious emotional disturbance (SED) diagnosis.

Section 3. Reporting -- comprehensive school and community treatment services to children. The department of public health and human services shall develop and report patient-centered health outcome measures and total costs for each program and for each child for comprehensive school and community treatment services to children. The report shall be provided on a quarterly basis to the health and human services interim budget committee and the children, families, health, and human services interim committee.

CSCT is a comprehensive planned course of community mental health outpatient treatment that includes therapeutic interventions and supportive services provided in a public school-based environment, in an office and treatment space provided by the school. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in school and community settings. These youth typically require support through cueing or modeling of appropriate behavioral and life skills to utilize and apply learned skills in normalized school and community settings. CSCT services include individual, group, and family therapy as well as skill building and integration.

Currently, the CMHB collects data biannually from mental health centers providing CSCT. This data is a snapshot of youth in CSCT in March and September. CSCT Vital Factors reports are generated for each mental health center on the current point in time as well as longitudinal data. A separate Vital Factors report is created with aggregate data from all mental health centers. This data collection tool and timeline are modeled after the statutorily required targeted case management providers report mandated by 2017's HB 589/HB 583.

Providers are to monitor and report outcomes for youth receiving CSCT to determine whether, after receiving services, the children are able to remain at home, in school, and out of trouble.

As an eligibility requirement for stabilization funding, CSCT providers participating in the CSCT Supplemental Payment Program Grant are required to submit additional data during the grant time period. The grant is funded 100% by State Special Revenue Home and Community Based Services (HCBS) Savings funding, not Medicaid. In addition to the regular Vital Factors data points, grantees need to provide CALOCUS-CASII/ECSII scores for each youth in CSCT in March 2025 and September 2025*.

For grant data collection requirements, the addition of CALOCUS-CASII/ECSII scores to Vital Factors reporting was selected for several reasons:

- Minimal administrative burden beyond what mental health centers are already reporting to the bureau, compared to other data collection options such as client satisfaction surveys.
- CASII/ECSII data is already required for each youth in CSCT and documented in the youth's records.

For the grant, the additional data collection points based on the child's age are:

- CASII composite score, Dimension II score, and Dimension IV.A score, or
- ECSII composite score and Domain III B score

*Vital Factors template with grant-required data points:

[CSCT Vital Factors Data Collection Template](#)

CHILD AND ADOLESCENT LEVEL OF CARE/SERVICE INTENSITY (CASII) AND EARLY CHILDHOOD SERVICE INTENSITY INSTRUMENT (ECSII) UTILIZATION SYSTEM[®]

The CALOCUS-CASII is a standardized assessment tool that determines the appropriate intensity of services needed by a child or adolescent and their family, and guides provision of ongoing service planning and treatment outcome monitoring in all clinical and community-based settings. It incorporates holistic information on the child within the context of his/her family and community by assessing service intensity needed across six dimensions, including:

- risk of harm
- functional status
- co-occurring conditions
- recovery environment
- resilience/response to services
- involvement in services

The ECSII is used by providers involved in the care of young children with emotional, behavioral, and/or developmental needs, including those children and families experiencing environmental stressors that may put them at risk for such problems. The instrument provides guidance for providers and families seeking services from a variety of agencies and providers, including child welfare, mental health, primary and specialty health care, and other community-based supports. (Source: American Academy of Child & Adolescent Psychiatry)

The CMHB requires the CALOCUS-CASII/ECSII instrument for youth in CSCT, Targeted Case Management (TCM), and Home Support Services (HSS) as described in the [Children's Mental Health Bureau Medicaid Services Provider Manual](#).

BHDD HB 936 DATA COLLECTION PLAN

As part of the continued BHSFG work, CSCT reports must be produced quarterly with metrics for patient-centered health outcomes and program costs. To minimize the data collection burden on CSCT providers, the BHDD Data Operations Section is exploring opportunities to utilize secondary data instead of increasing the Vital Factors collection to a quarterly cycle. Below is a table summarizing the data elements proposed for collection.

Proposed Data Element	Source	Collection Window
School Name	CSCT Providers	Quarterly
Team Number	CSCT Providers	Quarterly
Medicaid ID	CSCT Providers	Quarterly
Child Name (First, Last, Middle Initial)	CSCT Providers	Quarterly
DOB	CSCT Providers	Quarterly
CSCT Admission Date	CSCT Providers	Quarterly
CSCT Claims Paid	DPHHS - EDW	Quarterly
Non-CSCT Claims Paid	DPHHS - EDW	Quarterly
Custody	CSCT Providers	Quarterly
Foster/Kinship Care Placement	DPHHS - CFSD	Quarterly
Youth Court Involvement Date	Judicial Branch	Quarterly
Youth Court Charge Category	Judicial Branch	Quarterly
Youth Court Offense Level	Judicial Branch	Quarterly
Preventive Health Visits	DPHHS - EDW	Quarterly
Targeted Case Management Services	DPHHS - EDW	Quarterly
Received Mental Health Treatment	DPHHS - EDW	Quarterly
Receiving Substance Abuse Treatment	DPHHS - EDW	Quarterly
Substance Abuse Screening	CSCT Providers	Quarterly
Suicide Risk	CSCT Providers	Quarterly
School Grade Level	OPI	Fall and Year End
School Enrollment	OPI	Fall and Year End
School Attendance	OPI	Fall and Year End
School Advancement	OPI	Fall and Year End
Special Education Status	OPI	Fall and Year End
Primary Disability	OPI	Fall and Year End
Homeless Status	OPI	Fall and Year End
Suspension/Expulsion	OPI	Fall and Year End
Functional Assessment Scores	CSCT Providers	Treatment Plan/Review

The first data collection timeframe will be July 1 to September 30, 2025, to align with HB 936 requirements. The CMHB anticipates the first report that includes the additional data will be available on or before December 31, 2025. Subsequent reports will continue to be written within three months of the close of the reporting quarter to allow for data collection and analysis.

Report Date	Data Collection Window
December (Quarter 1: July – September)	September – November
March (Quarter 2: October – December)	December – February
June (Quarter 3: January – March)	March – May
September (Quarter 4: April – June)	May – August

COORDINATION WITH OTHER STATE AGENCIES

To develop more robust data collection and reporting, CMHB is collaborating with several state agencies to augment the data currently collected by the bureau.

Agency	Agreement Type	Anticipated Data Points
Child and Family Services Division (CFSD)	Standardization of data collected and reported	Foster and kinship care placement
Office of Public Instruction (OPI)	Data sharing agreement	Enrollment status, grade level, and advancement, attendance, Special Education status, primary disability, homelessness status, suspension, and expulsion incidents
Youth Court Services	MOU	Youth court involvement date, charge category, and offense level