

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (BHDD) HB 936 COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT (CSCT) DATA REPORT 2025

SFY 2026 Q1 JULY-SEPTEMBER

December 8, 2025



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

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BHDD HB 936 DATA COLLECTION OVERVIEW

SFY 2026 Q1 | JULY 1 TO SEPTEMBER 30, 2025

As part of the Department's continued Behavioral Health System for Future Generations (BHSFG) work, Section 3 of HB 936 establishes data reporting requirements for Comprehensive School and Community Treatment (CSCT). CSCT is a component of the Behavioral Health and Developmental Disabilities (BHDD) Children's Mental Health Bureau (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 environments. Youth receiving CSCT services often require cueing or modeling of behavioral and life skills to apply learned skills in normalized settings. CSCT services include individual, group, and family therapy, as well as skill-building and integration activities.

DATA SHARING PARTNERS

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. CMHB will continue to leverage the multiple data sources available until Memoranda of Understanding (MOUs) and data sharing agreements are in place.

Agency	Agreement Type
Child and Family Services Division (CFSD)	Standardization of data collected and reported
Office of Public Instruction (OPI)	Data sharing agreement
Youth Court Services	MOU

DATA COLLECTION

BHDD HB 936 DATA MEASURES FOR THIS REPORT

As part of continued BHSFG work, CSCT reports are produced on a quarterly basis and include metrics for patient-centered health outcomes and program costs. To minimize data collection burden on CSCT providers, the BHDD Data Operations Section will utilize secondary data rather than increasing the Vital Factors collection to a quarterly cycle. Below is a table summarizing the data elements for the SFY 2026 Q1 Report.

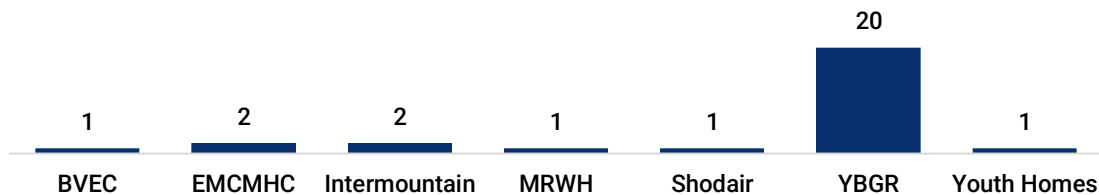
Data Element	Source	Collection Window
School Name	CSCT Providers/Vital Factors	Bi-Annually
Team Number	CSCT Providers/Vital Factors	Bi-Annually
Medicaid ID	CSCT Providers/Vital Factors	Bi-Annually
Age	DPHHS/ EDW Claims Data	Quarterly
CSCT Admission Date	CSCT Providers/Vital Factors	Bi-Annually
CSCT Claims Paid	DPHHS/ EDW Claims Data	Quarterly
Non-CSCT Claims Paid	DPHHS/ EDW Claims Data	Quarterly
Custody	CSCT Providers/Vital Factors	Bi-Annually
Youth Court Involvement	CSCT Providers/Vital Factors	Bi-Annually
Preventive Health Visits	DPHHS/ EDW Claims Data	Quarterly
Targeted Case Management Services	DPHHS/ EDW Claims Data	Quarterly
Substance Abuse Screening	CSCT Providers/Vital Factors	Bi-Annually
Substance Abuse Treatment Services	DPHHS/ EDW Claims Data	Quarterly
Suicide Risk	CSCT Providers/Vital Factors	Bi-Annually
School Grade Level	CSCT Providers/Vital Factors	Bi-Annually
School Enrollment	CSCT Providers/Vital Factors	Bi-Annually
School Attendance	CSCT Providers/Vital Factors	Bi-Annually
School Advancement	CSCT Providers/Vital Factors	Bi-Annually
Functional Assessment Scores	CSCT Providers/Vital Factors CASII/ECSII	Bi-Annually

Collection Window	Source
July-September 2025	Claims Data
September 2025	CSCT Vital Factors

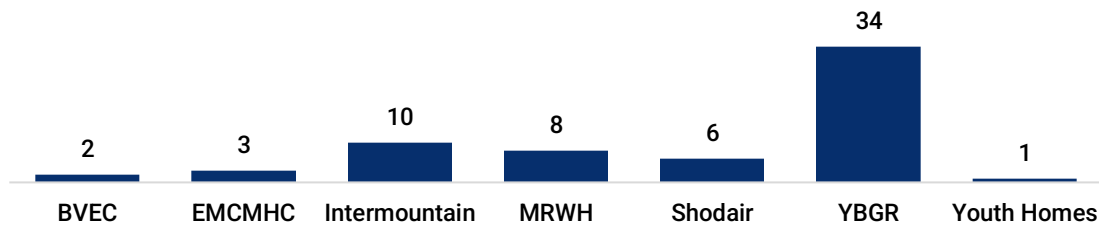
DATA REPORT

CSCT PROGRAM

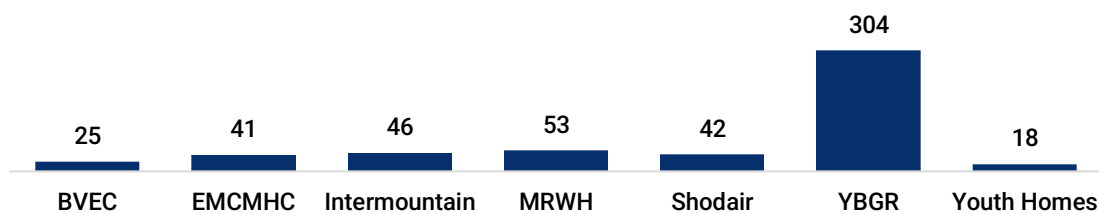
Number of School Districts Providing CSCT by Mental Health Center, July-September 2025



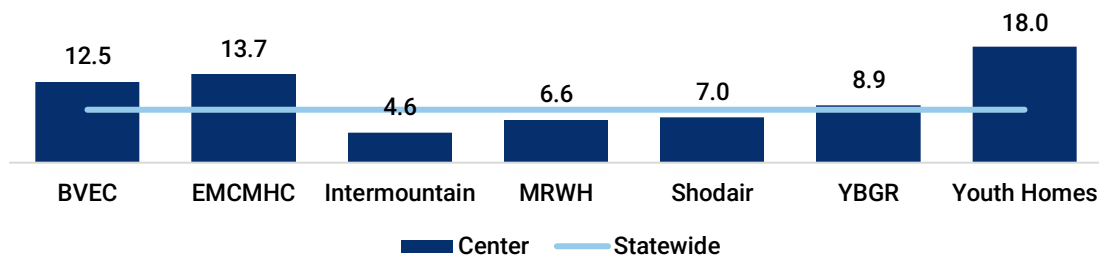
Number of CSCT Teams by Mental Health Center, July-September 2025



Number of CSCT Clients by Mental Health Center, July-September 2025

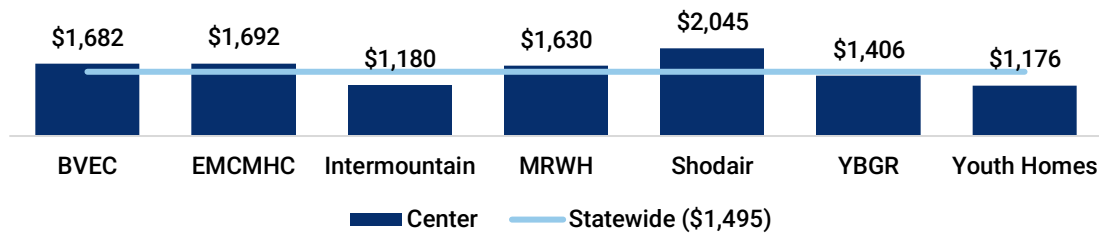


Number of CSCT Clients per Team by Mental Health Center, July-September 2025

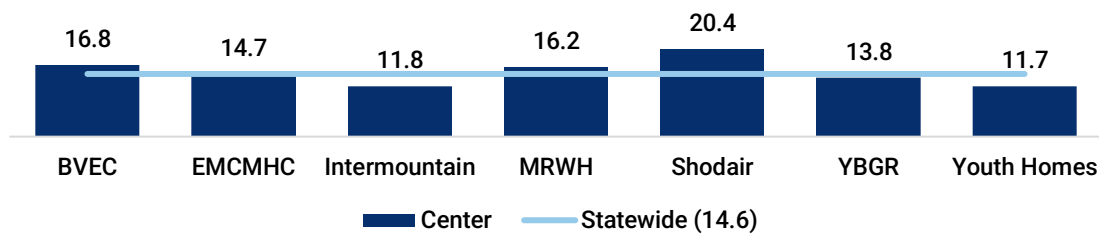


FISCAL

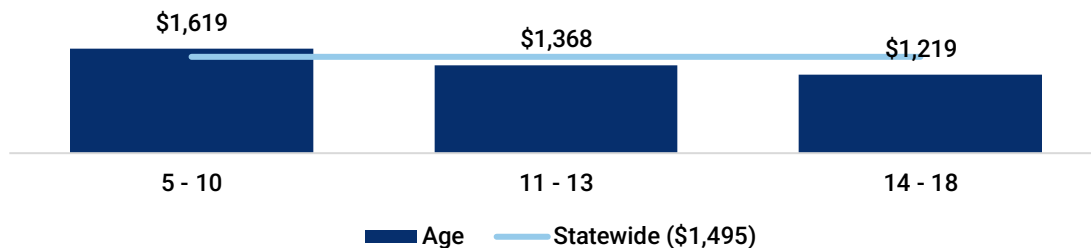
Average Cost per Client by Mental Health Center, July- September 2025



Average Units (Service Days) of Service Billed per Client by Mental Health Center, July-September 2025

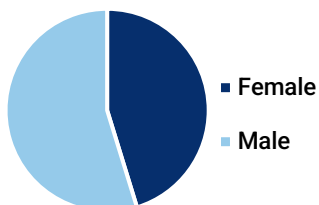


Average Cost per Client by Age Group, July- September 2025

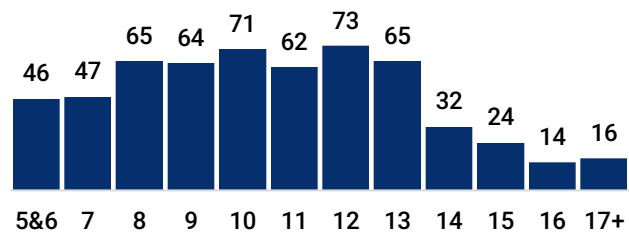


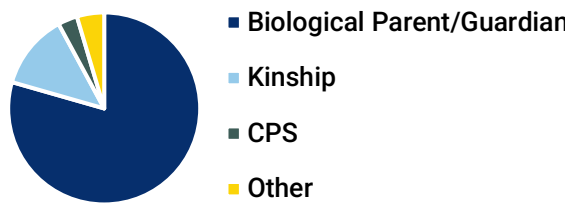
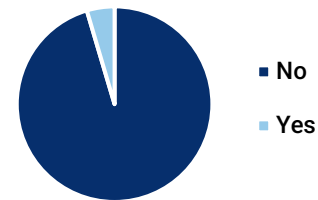
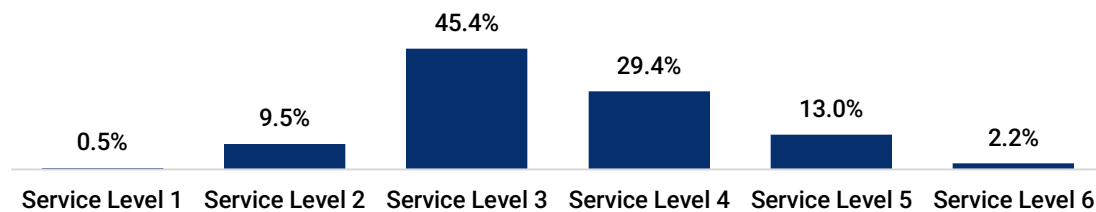
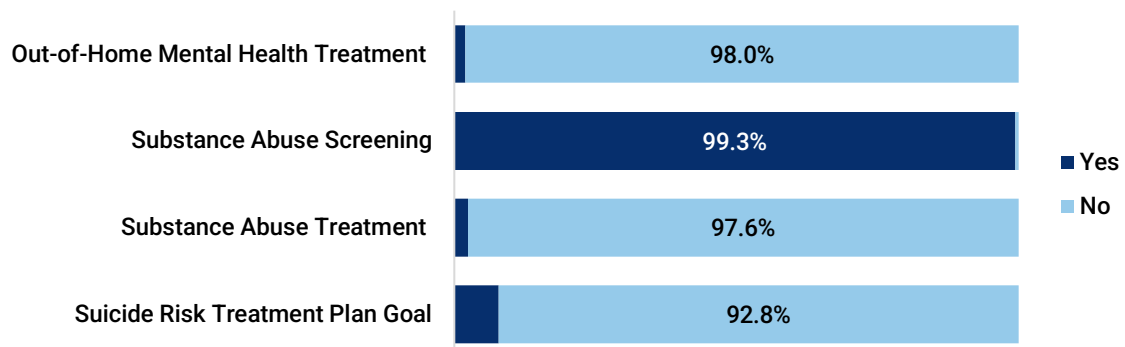
YOUTH DEMOGRAPHICS

Client Gender, July-September 2025



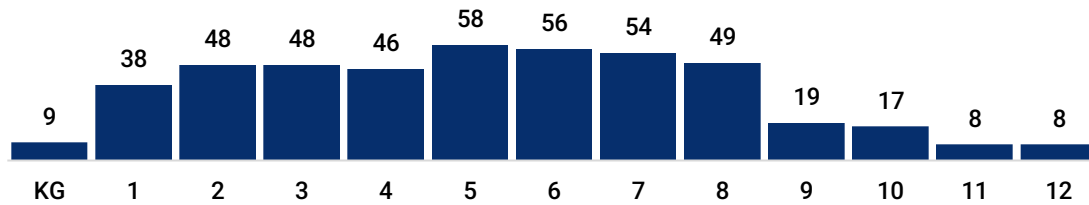
Client Age, July-September 2025



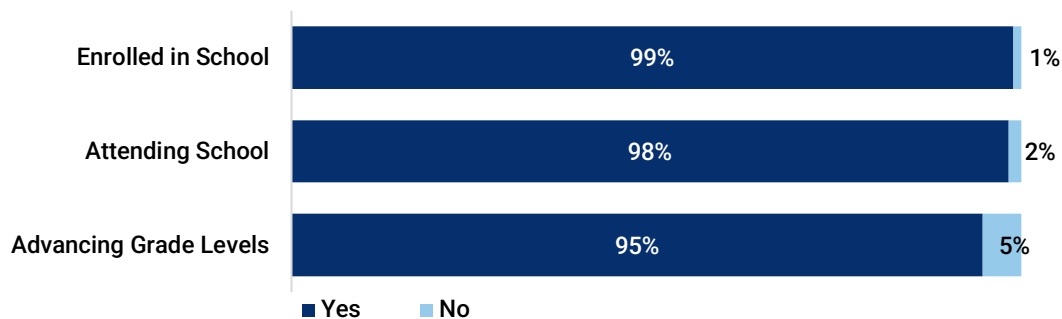
**Client Custody Status,
September 2025****Client Youth Court Involvement,
September 2025****Functional Assessment | CASII/ECSII, September 2025** (see appendix for assessment description)**BEHAVIORAL HEALTH****Clients Receiving Behavioral Health Services, September 2025**

ACADEMIC

School Grade Level, September 2025

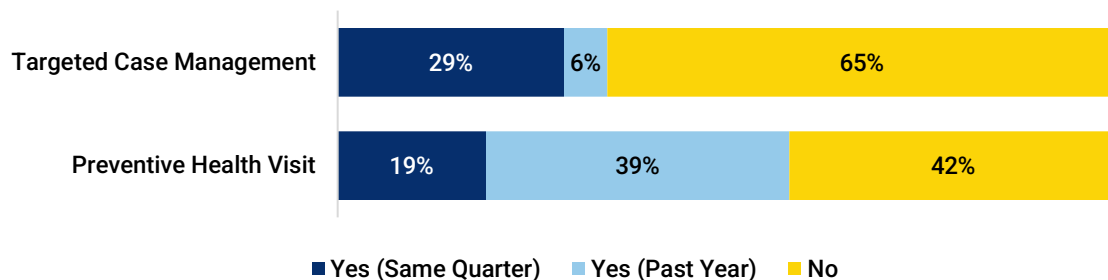


Clients' Academic Attendance and Advancement, September 2025



ADDITIONAL SERVICES

Additional Health Services, July – September 2025



For more information, contact Renae Novak at the Children's Mental Health Bureau at Renae.Novak@mt.gov or call 406-444-7064.

APPENDIX

CSCT VITAL FACTORS DATA COLLECTION

Currently, the CMHB collects data on a biannual basis from mental health centers providing CSCT. This data is a snapshot of youth in CSCT in the months of March and September. CSCT Vital Factors reports are generated for each mental health center at the current point in time, as well as longitudinal data. A separate Vital Factors report is created with aggregated data from all mental health centers. This data collection tool and timeline mirror the one statutorily required of targeted case management providers following 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% through State Special Revenue Home and Community Based Services (HCBS) savings and does not utilize Medicaid funds. In addition to the regular Vital Factors data points, grantees are required to provide CALOCUS-CASII/ECSII scores for each youth in CSCT in the months of March 2025, September 2025, and March 2026*.

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](#)

CALOCUS-CASII/ECSII

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 provides determination of 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](#).