Behavioral Health and Developmental Disabilities (BHDD) HB 936 Comprehensive School and Community Treatment (CSCT)

Data Report 2026

SFY 2026 Q3 January-March

JUNE 4, 2026

MONTANA DPHHS
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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BHDD HB 936 DATA COLLECTION OVERVIEW

SFY 2026 Q3 – JANUARY 1 TO MARCH 31, 2026

As part of the Department's continued Behavioral Health System for Future Generations (BHSFG) work, HB 936 Section 3 describes 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'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 the 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 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 strengthen data collection and reporting, CMHB is collaborating with several state agencies to augment the data the bureau currently collects. CMHB will continue to leverage the multiple data sources available to it until the MOUs and data-sharing agreements are in place.

TABLE 1: AGENCY AGREEMENTS

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

DATA COLLECTION

BHDD HB 936 DATA MEASURES FOR THIS REPORT

As part of the ongoing BHSFG work, CSCT reports are produced quarterly and include metrics on patient-centered health outcomes and program costs. To minimize the data collection burden on CSCT providers, the BHDD Research Operations Section uses secondary data rather than increasing the Vital Factors collection to a quarterly cycle. Below is a table summarizing the data elements for this reporting period.

Data Element	Source	Collection Window
School Name	CSCT Providers/Vital Factors	Quarterly
Team Number	CSCT Providers/Vital Factors	Quarterly
Medicaid ID	CSCT Providers/Vital Factors	Quarterly
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

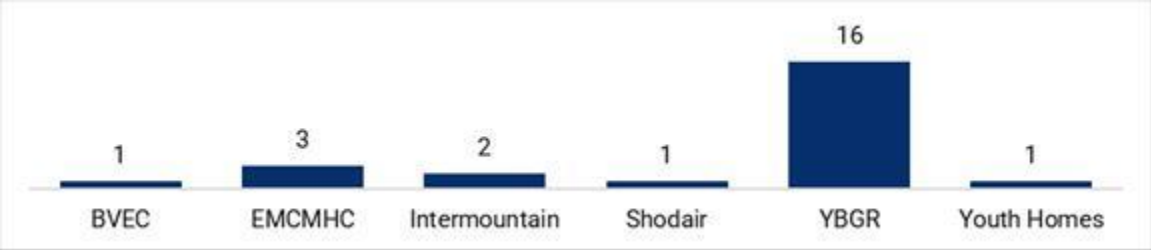
Targeted Case Management Services	DPHHS/ EDW Claims Data	Quarterly
Substance Abuse Screening	CSCT Providers/Vital Factors	Bi-Annually
Substance Abuse Treatment Services	CSCT Providers/Vital Factors	Quarterly
Suicide Risk	CSCT Providers/Vital Factors	Bi-Annually
School Grade Level	CSCT Providers/Vital 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
January – March 2026	Claims Data

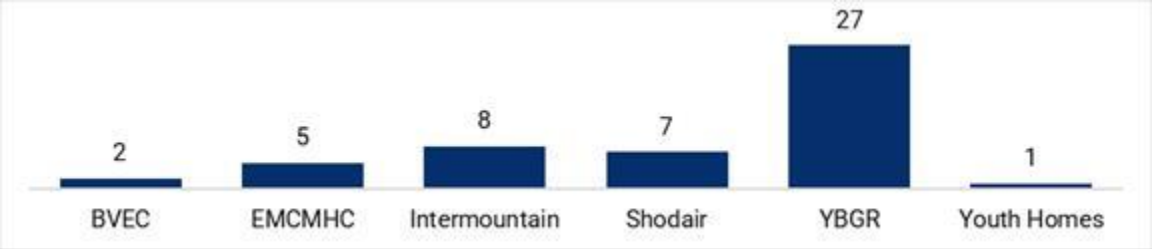
DATA REPORT

CSCT PROGRAM

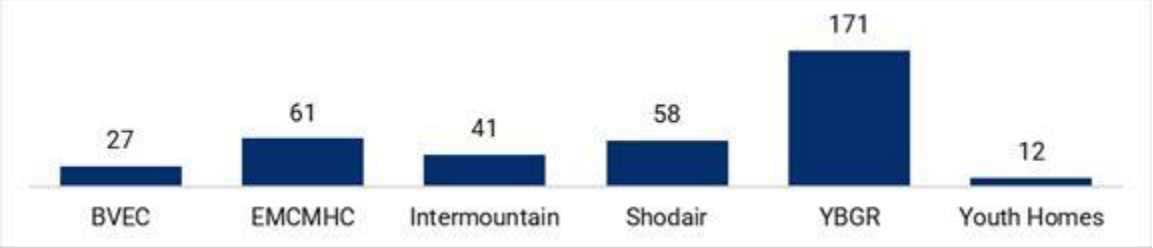
Number of School Districts Providing CSCT by Mental Health Center, January – March 2026



Number of CSCT Teams by Mental Health Center, January – March 2026



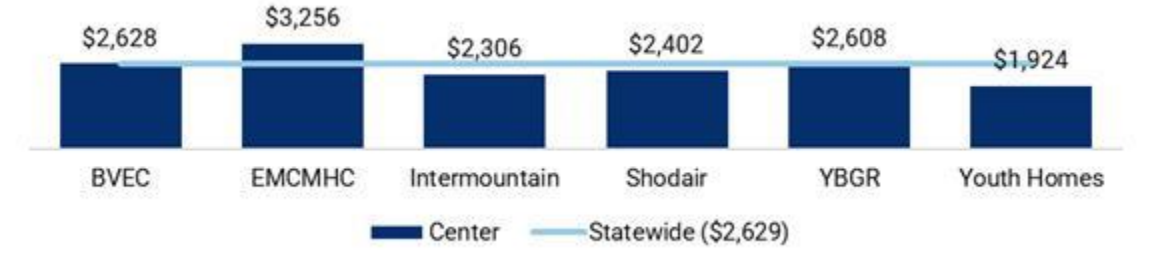
Number of CSCT Clients by Mental Health Center, January – March 2026



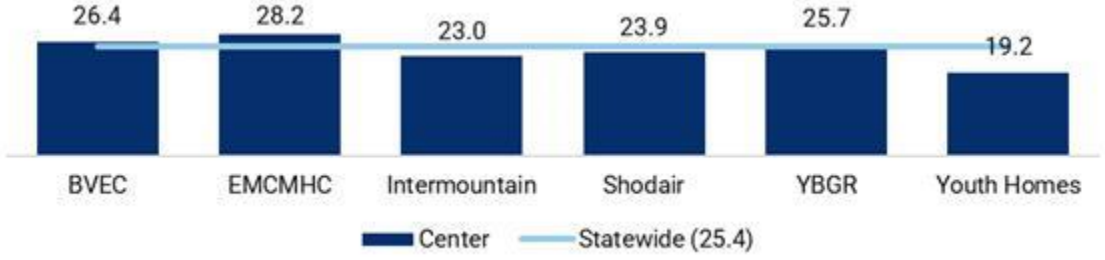
Number of CSCT Clients per Team by Mental Health Center, January – March 2026

FISCAL

Average Cost per Client by Mental Health Center, January – March 2026



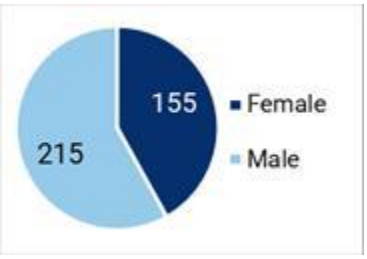
Average Units (Service Days) of Service Billed per Client by Mental Health Center, January – March 2026



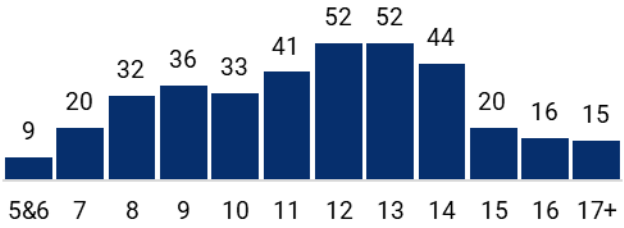
Average Cost per Client by Age Group, January – March 2026

YOUTH DEMOGRAPHICS

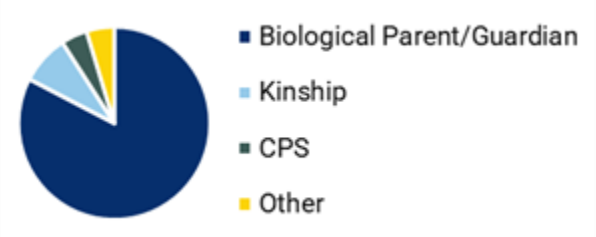
Client Gender, January –March 2026
Gender, January –March 2026



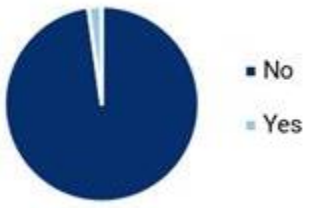
Client Age, January – March 2026Client
Client Age, January – March 2026



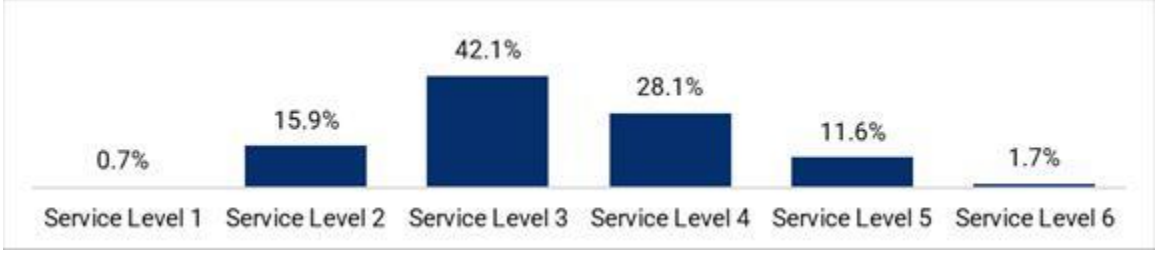
Client Custody Status, March 2026



Client Youth Court Involvement, March 2026

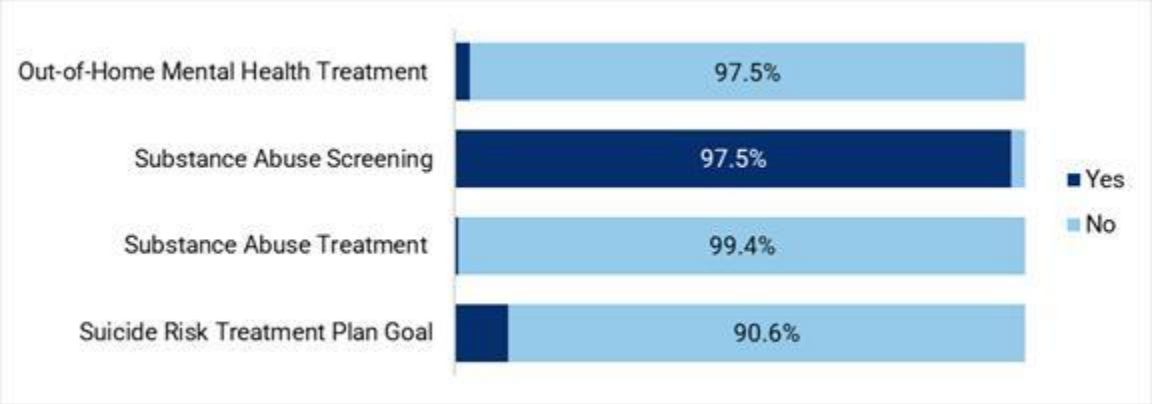


Functional Assessment | CASII/ECSII, March 2026 (*see appendix for assessment description*)



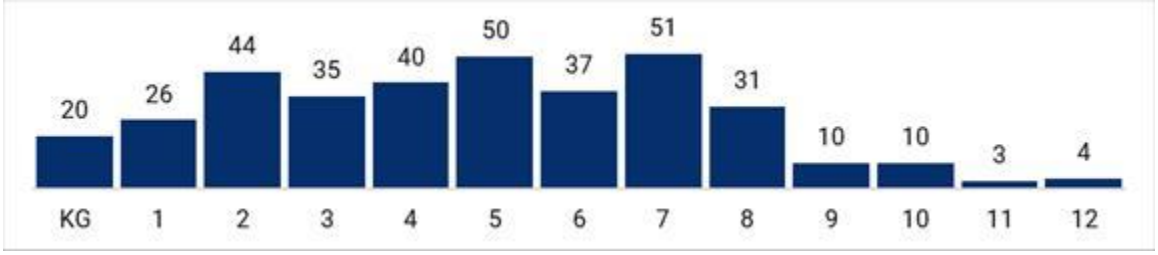
BEHAVIORAL HEALTH

Clients Receiving Behavioral Health Services, March 2026

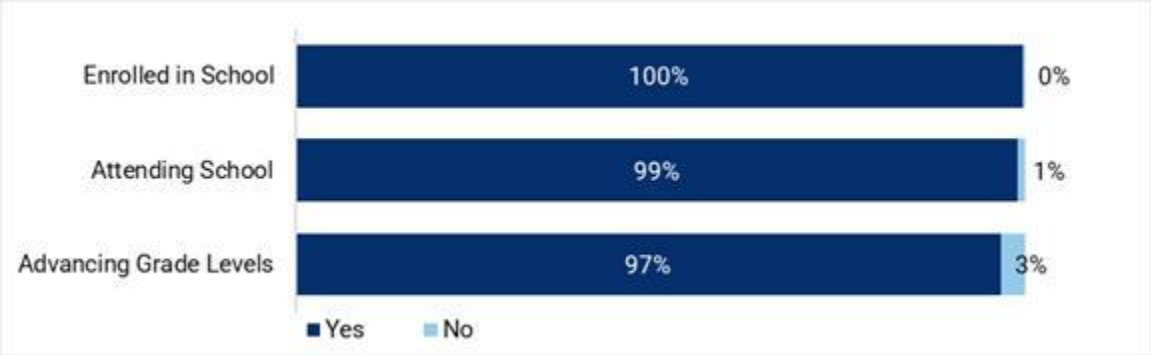


ACADEMIC

School Grade Level, March 2026

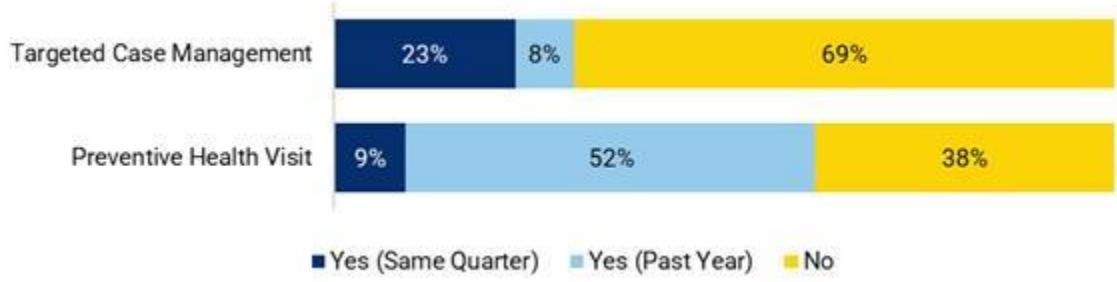


Clients' Academic Attendance and Advancement, March 2026



ADDITIONAL SERVICES

Additional Health Services, January – March 2026



APPENDIX

CSCT VITAL FACTORS DATA COLLECTION

Currently, the CMHB collects biannual data from mental health centers that provide 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 on 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.

Vital Factors data collection includes CALOCUS-CASII/ECSII scores for each youth.

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.

Vital Factors template: 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.