

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

JULY 19, 2017

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: TIM DECKER, DIRECTOR

SUBJECT: REVISED RESIDENTIAL TREATMENT REFERRAL (CS-9)
FORM AND NEW CHILDREN'S SEVERITY OF PSYCHIATRIC
ILLNESS (CSPI) TOOL

DISCUSSION:

The purpose of this memorandum is to introduce the revised Residential Treatment Referral (CS-9) form and the new Children's Severity of Psychiatric Illness (CSPI) tool.

Residential Treatment Referral (CS-9) Form

The Residential Treatment Referral (CS-9) form, Section A, has been revised and reduced to one page by eliminating duplication and providing the minimum information necessary to properly screen the youth for residential treatment. Much of the previous CS-9 requested information not needed by the RCST Coordinator for screening, or by the residential facilities when evaluating the referral for admission. Additionally, residential facility admission forms often require much of the same information already documented in the previous CS-9 version, thus duplicating staff's work. All attachments previously required to be submitted with the CS-9 continue to be required and are noted on the revised CS-9.

Section B (Referral for Maternity & Parenting Care), Section C (Referral for Infant & Toddler Care), Section D (Referral for Residential Aftercare) and Section E (Referral for Transitional Living Program) of the CS-9 received, if any, only minor updates.

The revised CS-9 may be used immediately, effective the date of this memo.

New Children's Severity of Psychiatric Illness (CSPI) Tool

The Children's Division has adopted a new version of the Children's Severity of Psychiatric Illness (CSPI) tool to replace the 1998 version currently in use. The 2014 revised version of the CSPI remains in the CS-9 behind Section A and is required to be submitted with any residential referral type for a child/youth six (6) years old or older.

Features of the revised CSPI tool include:

- Use of a 30-day window for ratings to ensure the assessment and treatment planning decisions are relevant to the youth's present circumstances and needs.
- Descriptive tool that does not require clinical conceptualization focusing on underlying cause.
- A 4-level rating system designed to correlate each indicator with an action level to help determine the most appropriate intervention strategy for the youth.

Tips when completing the CSPI:

- When reviewing the ratings for each item, begin with rating 3 then rating 2, etc., so that the most severe rating level is selected to avoid minimization.
- If there is ambivalence between two ratings for any given item, or more than one rating is true, the higher of the two ratings should be selected.
- When rating the *Caregiver Needs & Strengths* items, rate the parent/guardian to whom the child is expected to return. If TPR has occurred or the plan is not to reunify, rate the youth's potential permanent or long-term placement resource.

Scoring computation has been removed from the revised CSPI. Thus, values will no longer be entered in the *CSPI Score* and *Complexity Indicator Score* fields on the Rehabilitation Services Tracking screen in FACES. However, a *Rehabilitation Service Begin Date* must be added or updated on the Rehabilitation Services Tracking screen. The Rehabilitation Service Begin Date must be the date the CSPI was completed or the date of placement, but may not be backdated to the date of placement unless the CSPI was completed on or before the placement date.

FACES and E-Forms Accessibility

The CS-9 remains accessible through the FACES *Manual Activities* screen, *Automated Forms* activity type which populates some information onto the referral form. As an option, the revised CS-9 has been added to E-Forms and is available for use effective the date of this memo.

NOTE: The automated CS-9 form is not accessible for use with the release of this memo while FACES updates are made to incorporate the revisions. Staff will be notified once available.

NECESSARY ACTION

1. Review this memorandum with all Children’s Division staff.
2. Review revised Child Welfare Manual chapters as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:

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CHILD WELFARE MANUAL REVISIONS

- 4.18.2 Residential Treatment Referral Process
- 4.18.3 Referral Process – deleted

FORMS AND INSTRUCTIONS

[CS-9 Residential Treatment Referral](#)

REFERENCE DOCUMENTS AND RESOURCES

N/A

RELATED STATUTE

N/A