

Pathways to Well-Being

PROGRESS REPORT TO CHILD WELFARE SERVICES

- WHEN:** Must be completed within 30 days of determining eligibility, when any updates/significant changes or revised client plan and at discharge.
- ON WHOM:** All children/youth open to Child Welfare Services
- COMPLETED BY:** Staff delivering the service within scope of practice. Co-signatures must be completed within timelines.
- MODE OF COMPLETION:** Form fill and forwarded in a secure manner to Child Welfare Services (CWS) Health and Education Passport (HEP) OA (see secure region fax numbers on form). Maintain a copy in hybrid chart
- REQUIRED ELEMENTS:** All elements of the Progress Report to CWS must be addressed:
- Elements on Page 1:**
- Identify which region to FAX form- CWS Protective Services Worker (PSW) has this information
 - Client Name and Client Date of Birth
 - Name and Contact information of CWS PSW (Provider may call 858-514-6995 for current CWS PSW contact information)
 - Timeframe: check one box (Initial, Update, or Discharge)
 - Choose one designation (per Eligibility for PWB and Enhanced Services form):
 - Enhanced Services/Sub-Class criteria (including youth meeting Enhanced criteria at discharge, even when end date has been entered, aka “switched off”, in Client Categories Maintenance [CCM]).
- OR**
- Youth is open to CWS (Class) but does not meet Enhanced Services (Subclass) criteria
 - Date of Pathways to Well-Being Eligibility Determination: Should match date youth was open to Class or Subclass in CCM
- BHS (Left side) fax to CWS the following attachments:**
- Current Client Plan (may be utilized in court reports)
 - CFT Meeting Summary and Action Plan (if CFT Meeting Facilitation Program was not utilized)
 - Current completed CANS tool results
 - Client Assignment History from Cerner Community Behavioral Health (CCBH)
 - Discharge Summary
 - Any other pertinent information or comments as needed
- CWS (Right side) fax BHS the following attachments:**
- Consent For Examination And Treatment
 - Authorization to Use or Disclose Protected Health Information
 - Most recent CFT Meeting Summary and Action Plan
 - Child Welfare Services Case Plan
 - Detention Report
 - Jurisdictional/Disposition Report
 - Status Review Court Reports (every 6 months)
 - No Contact List (if applicable)
 - Current CWS completed CANS tool
 - Any other pertinent information or comments as needed

Elements on Page 2:

- Client Name
- Client Date of Birth
- Client Admission date to BHS program
- BHS Legal Entity
- BHS Program Name
- BHS Clinician/ Provider Name
- BHS Provider Phone Number
- BHS Provider email
- BHS Provider Secure Fax Number
- ICD-10 Code/DSM-V diagnosis
- BHS Provider Signature, Credentials, and Date

BILLING: ○ Billing for gathering of information for the Pathways to Well-Being Progress Report to Child Welfare Services shall only occur when connected to a direct client service.

NOTES: **Page 1 of form is Administrative and not included in Court Reports (excluding Client plan).
CWS PSW may utilize Page 2 of this document with diagnostic information from BHS provider in court reports including client plan.**