

Pathways to Well-Being BHS/CFWB Information Exchange

(Formerly Progress Report to Child Welfare Services)

- WHEN:** Must be completed within 30 days of determining eligibility and when any updates/significant changes or revised client plan.
- ON WHOM:** All children/youth open to Child and Family Well-Being (CFWB).
- 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 and Family Well-Being Health and Education Passport Office Assistant (see secure region fax numbers on form). Maintain a copy in hybrid chart.
- REQUIRED ELEMENTS:** Portions of this form are **required** to be completed. These sections are indicated below with a **Required**.

Elements on Page 1

Required:

- Identify which region to fax form: The CFWB Protective Services Worker (PSW) has this information
- Client Name and Client Date of Birth
- Name and Contact information of CFWB PSW
(Provider may call 858-514-6995 for current CFWB PSW contact information)
- Timeframe: check one box (Initial or Update)
- 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 CFWB (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 Provider (left side) fax to CFWB the following (applicable) attachments:

- **Required: Current Completed CANS**
- Most Recent CFT Summary and Action Plan (Only if CFT Meeting Facilitation Program wasn't utilized)
- Current Client Plan/Problem List (may be utilized in court reports)
- Client Assignment History from CCBH
- Discharge Summary
- Any other pertinent information or comments as needed

CWS PSW (right side) send via secured/encrypted email to BHS the following attachments (upon request from BHS):

- **Required: Current Completed CANS**
- **Required for Foster Youth:** Consent for Examination and Treatment
- **Required for Foster Youth** Authorization to Use or Disclose Protected Health Information
- Most recent CFT Summary and Action Plan
- Child and Family Well-Being Case Plan
- Detention Report
- Jurisdictional/Disposition Report
- Status Review Court Reports (every 6 months)
- No Contact List (if applicable)
- Any other pertinent information or comments as needed

**Elements on Page 2
Required for all Youth:**

- Client Name
- Client Date of Birth
- Client Admission date to BHS Program
- BHS Legal Entity
- BHS Program Name
- BHS 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 BHS/CFWB Information Exchange shall only occur when connected to a direct client service.

NOTES:

- This form is initiated and faxed by the BHS provider to CFWB.
- Page 1 of form is administrative and not included in court reports (excluding Client Plan).
- CFWB PSW may utilize Page 2 of this document with diagnostic information from BHS provider in court reports including Client Plan.