

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 (CWS).

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 Health and Education Passport Office Assistant (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: The 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 Provider (left side) fax to CWS the following (applicable) attachments:

- Current Client Plan (may be utilized in court reports)
- Most recent CFT Meeting Summary and Action Plan (if CFT Meeting Facilitation Program was not utilized)
- Current completed CANS tool
- Client Assignment History from Cerner Community Behavioral Health (CCBH)
- Discharge Summary
- Any other pertinent information or comments as needed

CWS PSW (right side) fax BHS the following attachments (upon request from BHS):

- 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 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:

- This form is initiated and faxed by the BHS provider to CWS.
- 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.