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| Pathways to Well-Being  **PROGRESS REPORT TO CHILD WELFARE SERVICES**  Fax form to Health Education Passport Office Assistant at Secure Child Welfare Services (CWS) region fax number below:  Central (619) 521-7325  North Central (858) 576-1032  Residential & EFC (619) 767-5221  East (619) 401-3792  North Coastal (760) 439-3008  Adoptions (858) 650-5832  South (619) 585-5174  North Inland (760) 740-3299 | | | |
| **Client Name (Last Name/First Name)** | **Client DOB (mm/dd/yyyy)** | **Protective Services Worker (PSW)** | **PSW Phone Number** |
| Provider may call **1-858-514-6995** for current CWS PSW contact information | | | |
| **Initial** (within 30 days of determining eligibility)  **Update** (upon significant change or revised client plan)  **Discharge** | | | |
| **Choose one designation:**  Youth meets Enhanced Services (Subclass) criteria **OR**  Youth is open to CWS (Class) but does not meet  Enhanced Services (Subclass) criteria  Date of Pathways to Well-Being Eligibility Determination: | | | |
| **BHS Provider** | | **CWS PSW** | |
| **Please provide the following items to CWS PSW:**  Current Client Plan (may be utilized in court reports)  Most recent CFT Summary and Action plan  (if CFT Meeting Facilitation Program was not  utilized)  Current completed CANS tool  Current Client Assignment History from CCBH  Discharge Summary  Other:  Comments: | | **Please provide the following items to BHS Provider:**  Consent for Examination and Treatment  Authorization to Use or Disclose Protected  Health Information  Most recent CFT Summary and Action Plan  Child Welfare Services Case Plan  Detention Report  Jurisdiction/Disposition Report  Status Review Court Reports (every six months)  No Contact List (if applicable)  Current completed CANS tool  Other:  Comments: | |
| **Page 1 of this form is administrative and NOT included in court reports.** | | | |

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| Page 1 | |
| County of San Diego  Health and Human Services Agency Child Welfare Services  Behavioral Health Services  **Pathways to Well-Being**  **Progress Report to Child Welfare Services 05/07/2021** | **Client:** |
| **Record Number:** |
| **Program:** |

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| Pathways to Well-Being  **PROGRESS REPORT TO CHILD WELFARE SERVICES**  **Client Name:**  **Client DOB:**  **Client Admission Date to BHS Program: ­­­­­­­­­­­­­­\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **BHS Legal Entity:** |  | |
| **BHS Program Name:** |  | |
| **BHS Provider:** |  | |
| **BHS Provider Phone:** |  | |
| **BHS Provider Email:** |  | |
| **BHS Secure Fax:** | **\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| **ICD-10 Code DSM-V Diagnosis** | |
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**BHS Provider Signature: Credential:**       **Date:**      

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| **PSW may provide Page 2 of this form and the Client Plan to the Court.** |

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| Page 2 | |
| County of San Diego  Health and Human Services Agency Child Welfare Services  Behavioral Health Services  **Pathways to Well-Being**  **Progress Report to Child Welfare Services 05/07/2021** | **Client:** |
| **Record Number:** |
| **Program:** |