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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) criteriaDate 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 DiegoHealth and Human Services Agency Child Welfare ServicesBehavioral 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 DiegoHealth and Human Services Agency Child Welfare ServicesBehavioral Health Services**Pathways to Well-Being****Progress Report to Child Welfare Services 05/07/2021** | **Client:**       |
| **Record Number:**       |
| **Program:**       |