

Pathways to Well-Being

BHS/CWS Information Exchange

(Formerly: Progress Report to Child Welfare Services)

BHS Information Request- Fax form to Health Education Passport Office Assistant at Secure Child Welfare Services (CWS) region fax number below

- | | | |
|---|---|---|
| <input type="checkbox"/> Central (619) 521-7325 | <input type="checkbox"/> North Central (858) 576-1032 | <input type="checkbox"/> Residential & EFC (619) 767-5221 |
| <input type="checkbox"/> East (619) 401-3792 | <input type="checkbox"/> North Coastal (760) 439-3008 | <input type="checkbox"/> Adoptions (858) 650-5832 |
| <input type="checkbox"/> South (619) 585-5174 | <input type="checkbox"/> North Inland (760) 740-3299 | |

CWS Information Request- Please send correspondence via secure/encrypted electronic mail to the BHS Provider Directly. Contact information listed on page 2.

| | | | |
|------------------------------------|-------------------------|----------------------------------|------------------|
| 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)

Choose one designation (Required):

- 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: _____

Updated as of 4/1/23: BHS Providers are required to share completed CANS tool and Diagnosis on Page 2 of form; Other elements are optional. CWS PSW is required to share current CANS Tool. All other elements are optional and can be shared upon request.

| BHS Documents | CWS PSW Documents |
|--|---|
| <p>BHS is providing the following documents to CWS PSW (As Required below or Requested by CWS):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Required: Current completed CANS <input type="checkbox"/> Most recent CFT Summary and Action plan (Only if CFT Meeting Facilitation Program wasn't utilized) <input type="checkbox"/> Current Client Plan/Problem List (may be utilized in court reports) <input type="checkbox"/> Current Client Assignment History from CCBH <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Other: _____ <p>Comments: _____</p> | <p>CWS PSW is providing the following documents to the BHS Provider (As Required below or Requested by BHS):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Required: Current completed CANS <input type="checkbox"/> Required for Foster Youth: Consent for Examination and Treatment <input type="checkbox"/> Required for Foster Youth: Authorization to Use or Disclose Protected Health Information <input type="checkbox"/> Most recent CFT Summary and Action Plan <input type="checkbox"/> Child Welfare Services Case Plan <input type="checkbox"/> Detention Report <input type="checkbox"/> Jurisdiction/Disposition Report <input type="checkbox"/> Status Review Court Reports (every six months) <input type="checkbox"/> No Contact List (if applicable) <input type="checkbox"/> Other: _____ <p>Comments: _____</p> |

Page 1 of this form is administrative and NOT included in court reports.

Page 1

County of San Diego
Health and Human Services Agency
Child Welfare Services
Behavioral Health Services

Pathways to Well-Being
Information Exchange Form 04/01/2023

Client: _____

Record Number: _____

Program: _____

Pathways to Well-Being
BHS/CWS Information Exchange
 (Formerly: 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: _____

| ICD-10 Code | DSM-V Diagnosis | Required to be shared with CWS PSW |
|-------------|-----------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

BHS Provider Signature: _____ Credential: _____ Date: _____

PSW may provide Page 2 of this form and the Client Plan/Problem List to the Court.

| | |
|--|--|
| County of San Diego Health and Human Services Agency Child Welfare Services Behavioral Health Services Pathways to Well-Being Information Exchange Form 04/01/2023 | Client: _____ Record Number: _____ Program: _____ |
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