

CHILDREN AND FAMILY  
SERVICES HANDBOOK

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DIFFERENTIAL RESPONSE  
PATH II & AFTERCARE

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**I. OVERVIEW**

Differential Response (DR) is known throughout California as the Child Welfare/ Community response. DR provides voluntary, in-home, preventive, early intervention, and post-CFS case management services for children and families who have been brought to the attention of Children & Family Services (CFS). The purpose of DR is to reduce the revolving door of re-referrals made to CFS, thereby helping to decrease the number of CFS-involved families and potential placements into foster care.

**II. POLICY**

A referral for DR services may be chosen when: 1) a child abuse report to CFS meets the statutory definition of abuse or neglect; however, a CFS case will not be opened, or 2) a family is transitioning out of CFS involvement and may need transitional support. DR provides supportive services and case management for the family; however, DR is not used to monitor or supplement an open CFS case.

**III. DIFFERENTIAL RESPONSE**

**A. Definitions**

- DR Path II: Referred by the Emergency Response social worker when it is assessed that a family would benefit from community services instead of evaluating out the referral or opening up a CFS case.
- DR AfterCare: Referred by the Continuing social worker when the family has successfully transitioned to a closed CFS case (IFR, FM, FR), and it is assessed that the family would benefit from community services/resources.

**B. General Description**

- DR services are voluntary, therefore, parents/caregivers should be open, motivated, and willing to engage.
- DR does not apply to families with children in foster care placement. The child, ages 0-18, must reside in the home.
- DR referrals may be based on the SDM risk level being 'high' to 'moderate'.

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- If the family receives other case management services such as Wraparound or Family Preservation, the family is ineligible to DR services.

**C. Social Worker Responsibilities**

- 1) Before submitting a DR Referral, the social worker consults with the supervisor (or at Dispo if applicable):
  - a. To determine if DR is the appropriate response for the family.
  - b. If a Safety Plan is documented and in place.
  - c. When the SDM risk level indicates 'high' or 'very high'.
- 2) Initiates the DR referral process: Emails or faxes a completed DR 01 – Differential Response Path II/After Care Referral to the DR Program Manager of the appropriate DR agency serving in the region. **The DR agency cannot initiate the DR referral on behalf of the SW or family.**
- 3) Schedules a Transition Meeting within 48-72 hours from the day the DR Referral is submitted to the DR agency.
- 4) Attends and facilitates the Transition Meeting. The Transition Meeting provides a warm hand-off from the CFS social worker to the DR agency in order to enhance engagement with the family. The presence of the ER SW, family, and DR agency at these meetings is required.
- 5) After the Transition Meeting has occurred, the SW ensures:
  - a. the CFS referral or case is closed, and
  - b. documents the appropriate CWS/CMS entries.

**IV. THE DIFFERENTIAL RESPONSE CASE PLAN**

DR services are generally provided from between three to six months; however, exceptions may apply. Depending upon the family's individual needs, more intensive services may be appropriate. Standard DR case management activities include:

- An initial family assessment; and every 3 months thereafter
- Development of a family service plan

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- Services available during non-traditional business hours i.e., 24 hours/day
- During the first 60 days: Family is seen 1-2 times per week (minimum of 2 weekly visits)
- During the 3<sup>rd</sup>-6<sup>th</sup> month: Family is seen 2-3 times per month
- Before case closure: Conduct an assessment of caregiver protective factors
- After DR case closure: Follow-up with family at 1 month
- After DR case closure: Follow-up with family again at 3 months

**V. REFERENCES**

Differential Response in Child Protective Services

<https://www.childwelfare.gov/topics/responding/alter>

Manual of Policies and Procedures, Section 31-115

ACIN I-52-14 (September 9, 2014) - Best Practices For Timely Investigation of Child Abuse and/or Neglect Immediate/Ten Day Referrals CWS/CMS

**VI. FORMS/LINKS**

DR 01 - DR Path II/After Care Referral Form

DR 02 - Flow Chart: Differential Response Path II

DR 03 – Flow Chart: Differential Response AfterCare

**CONTACT PERSON:** Contact the assigned Program Analyst with any questions.

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