

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 10: Services

Item 016: Differential Response and Neighborhood Resource Centers

Suggested changes send to: [DSS PSOA](#) Mailbox

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Revisions in red

References:

Replaces Issue: December 7, 2018

[Differential Response](#) / [Neighborhood Resource Centers](#) / [Path I](#) / [Path II](#) / [Path IV](#)

Preamble

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The delivery of effective child abuse prevention programs is an integral component to reducing the likelihood of child abuse/neglect. Prevention programs are designed to mitigate risks such as, domestic violence, substance abuse, mental health issues and poverty while increasing protective factors such as, accessibility to food, clothing and medical care, positive parenting skills, and social support systems. Differential Response (DR) and Neighborhood Resource Centers (NRC) are a preventative services delivery model in which families who come in contact with the Child Welfare system may be referred to contracted providers who offer resources, services and support to meet the unique needs of that family.

Definitions

Differential Response

DR is an approach to increase child safety by expanding the ability of Child Welfare Services (CWS) to respond differently to reports of child abuse and neglect. DR is comprised of two pathways that will either be serviced by selected DR providers and/or Department of Social Services (DSS) CWS staff. These services are only available to families referred by CWS. The target population for the DR component is families that have come to the attention of CWS, and would benefit from community-based services. Families referred will be located in targeted zip code areas.

Neighborhood Resource Centers

NRCs are located in the community or neighborhood that they serve, and are the hub of prevention and early intervention activities designed to improve the lives of all residents of that community. NRCs act

as catalysts to support local efforts that connect all facets of the community to promote health and well-being using a variety of strategies to educate and engage. NRCs engage in activities that may include ensuring access to health insurance and services, advocating for affordable housing, promoting family economic success, and increasing availability of healthy foods. In addition, NRCs help families develop skills and knowledge so that they can prevent and address future challenges. NRCs provide assistance to people to gain access to resources through referrals and linkages. The target population for the NRC component is any family that resides in the general zip code area in which the NRC is located, however, families outside the designated zip code areas can also access NRC services.

Procedure

General criteria for DR Path I or Path II referrals:

- Reside in the County of Fresno
- Reside in one of the DR service zip code areas
- Does not have an open Voluntary Family Maintenance case or Juvenile Dependency Court case

Path I – A Path I determination is made when a report of child maltreatment **does not** meet the statutory definitions of abuse or neglect and is evaluated out per Structured Decision Making (SDM) criteria but the family presents with an immediate need or ongoing issues and would benefit from being referred to a DR provider. A DR provider will attempt contact with the family and offer services. Services are voluntary and families can choose to participate or decline services. **A DR referral cannot be used in lieu of an investigation.**

Child Protection Hotline

In screening allegations of abuse and/or neglect, Child Protection Hotline (CPH) Social Worker (SW) follow the procedures delineated in PPG 03-03-001, [Child Protection Hotline/Intake and Referral Response Determination](#) , and complete the SDM Hotline Tool.

If it is determined that the allegations do not meet the statutory definition of abuse and/or neglect, complete the Step IV-A Path of Response Decision section of the SDM Hotline Tool and assess all “Evaluate Out” decisions for Path I and a DR referral.

In determining the appropriateness of Path I, consider the following:

- Prior investigations (indicate number of prior investigations)
- Prior failed reunification, or death of a child not due to abuse or neglect
- Current caregiver substance abuse, domestic violence, or mental health issues
- An identified need that can be addressed with community services
 - Clothing
 - Counseling
 - Education

- Financial
- Housing
- Medical
- Food
- Other (must be specified)
- Other - Any other information that was used in determining the final path decision for “Evaluate Out”.

Referrals with the following allegations may be appropriate for Path I:

- General Neglect
- Severe Neglect
- Physical Abuse
- Domestic Violence/Emotional Abuse
- Sexual Abuse

Referrals with the following allegations are not appropriate for Path I:

- Drug Trafficking

Record the final decision by selecting either “No Response” or “Path I”.

The CPH SW then creates the client in Efforts to Outcomes (ETO) database using the mother’s name and client identification number. Once the client is created in ETO the CPH SW creates the referral form (Touch Point) in ETO and submits to the CPH SWS for review and approval.

CPH Social Work Supervisor

CPH Social Work Supervisor (SWS) will review the screener narrative in CWS/CMS to ensure the referral was correctly evaluated out. If not, the DR referral will be rejected and dismissed from the DSS ETO program and the CWS referral will be upgraded to a non-crisis or crisis referral, as appropriate.

If the referral was appropriately evaluated out, but is not otherwise appropriate for DR services, the CPH SWS will reject the DR referral and dismiss the referral from the DSS ETO program. Examples of not otherwise appropriate would be; wrong zip code, family already receiving appropriate services, family in an open cps case or referral.

When the CPH SWS determines the referral is appropriate and the family lives within one of the designated zip codes, the CPH SWS approves the referral and submits the referral to the appropriate DR agency in ETO. CPH SWS updates the screener narrative in CWS/CMS to indicate a DR referral has been completed.

Path II – A Path II determination is made when a report of child maltreatment **does** meet the statutory definitions of abuse or neglect and is assigned an in-person response for investigation, either crisis or non-crisis, per SDM criteria. An Emergency Response (ER) SW then completes an investigation and assessment of the allegations and determines that the child(ren) is safe and the situation is stabilized and

intends to close the referral. **A DR referral cannot be used in lieu of an investigation or a higher level of intervention necessary to ensure the safety of a child(ren).** The ER SW will refer the family to a DR provider if they reside in a DR zip code area, there is an immediate need or ongoing issue, the family would benefit from community-based services and the family indicates they would accept services from a DR provider. A DR provider will attempt contact with the family and offer services. Services are voluntary and families can choose to participate or decline services.

In determining the appropriateness of Path II, consider the following:

- Prior investigations (indicate number of prior investigations)
- Prior failed reunification, or death of a child not due to abuse or neglect
- Current caregiver substance abuse, domestic violence, or mental health issues
- Examples of families that may benefit from DR services include, but are not limited to, those that have the following behaviors and/or characteristics:
 - Parents or children with mental health and/or developmental issues
 - Parents with children out of control who need support
 - Parents with prior CPS case history
 - Families with a lack of resources (chronic homelessness, lack of food, lack of transportation)

Referrals with the following allegations may be appropriate for Path II:

- General Neglect
- Severe Neglect
- Physical Abuse
- Domestic Violence/Emotional Abuse
- Sexual Abuse

Referrals with the following allegations are not appropriate for Path II:

- Commercially Sexually Exploited Children (CSEC)
- Cases that involve a previous/current child death will be evaluated for appropriateness on a case-by-case basis

ER SW and ER SWS

Once the ER SW has completed their investigation and determined that the situation is stabilized, the SW will engage with the family about DR case management services and the DR provider in their area. The SW will explain to the family that contact by a DR provider is contingent upon Supervisor approval.

The SW will also explain NRC services. If the family agrees to accept DR case management services the SW will:

- Complete the DR referral form [CWS 0078](#)
- Review the DR referral with their SWS and discuss the appropriateness of DR services

The ER SWS will approve or deny the DR referral. If approved, the SW will submit the referral via email to the [CWS DR/NRC](#) mailbox or place a hard copy in the basket located in the clerical area labeled DR/NRC.

Prior to closing the child maltreatment referral on the family the ER SW will document in CWS/CMS the DR and/or NRC services discussed/offered and whether the family accepted or declined the services.

Path IV – A Path IV determination is made when a family’s case is closing successfully on Family Maintenance or, on occasion, on Family Reunification (FR). Upon closure, the FR SW will refer the family to a DR provider if they reside in a DR zip code area as the family would benefit from community based services and continue to build a foundation of further support within their community. A DR provider will attempt contact with the family and offer services. Services are voluntary and families can choose to participate or decline services.

In determining the appropriateness of Path IV, consider the following:

- Case closing in Family Maintenance or successful completion of Family Reunification.
- Examples of families that may benefit from DR services include, but are not limited to, those that have the following behaviors and/or characteristics:
 - Parents or children with mental health and/or developmental issues
 - Parents with children that have challenging behaviors and who need additional support
 - Families with a lack of resources (chronic homelessness, lack of food, lack of transportation)

FR SW and FR SWS

Once the FR SW has completed their case and determined that the family is stabilized and ready for dismissal, as evidenced by SDM assessments, the SW will engage with the family about DR case management services and the DR provider in their area. The SW will explain to the family that contact by a DR provider is contingent upon Supervisor approval.

The SW will also explain NRC services and the SW will:

- Complete the DR referral form [CWS 0078](#)
- Review the DR referral with their SWS and discuss the appropriateness of DR services

The FR SWS will approve or deny the DR referral. If approved, the SW will submit the referral via email to the [CWS DR/NRC](#) mailbox.

Prior to closing the child welfare case on the family the FR SW will document in CWS/CMS the DR and/or NRC services was made.

DR Supervising Office Assistant (SOA)

The designated DR SOA will verify the family zip code and associated DR provider in the area.

The DR SOA then creates the client in ETO using the mother's name and client identification number. Once the client is created in ETO, the DR SOA creates the referral form (Touch Point) in ETO and submits to the DR provider via ETOs automated system. The DR SOA will then delete the email from the CWS DR/NRC mailbox.