

#### FYI FYI FYI FYI FYI FYI FYI FYI FYI

Issue 25-22 Date: 11/13/25

## **CONSULTATION WORKSHEET**

The purpose of the Consultation Worksheet tool is to support CSWs, SCSWs and managers in ways to organize balanced safety assessments and engagement efforts throughout the life of a referral/case. Utilization of the Consultation Worksheet provides an organized approach to help staff critically think through safety decisions and assess the protective capacities of families through the use of the Protective Factors framework. The current Consultation Worksheet DCFS 6075 replaces the DCFS 6075 previously titled Coaching Guide and the ER Coaching Guide (DCFS 6078).

Furthermore per the Memorandum of Understanding regarding Supervising Children's Social Worker [Article 45 (Work Schedule), Section D (Alternative Work Schedules and Teleworking)], Supervising Children's Social Workers shall utilize the Consultation Worksheet as designated by management to document case conferencing to ensure that engagement with direct reports is occurring at a minimum one time per month and ongoing on a routine and consistent basis.

### When is the SCSW required to use the Consultation Worksheet?

Referral/Case Consultation- During an initial referral/case consultation, the SCSW is required to complete applicable areas of the form and import the form into CSW/CMS. For subsequent consultations on the same case or referral, the SCSW will use the initial worksheet to update changes to the Safety Worry Statement, Teaming & Safety Planning, Protective Factors, and Follow up items (as applicable)

### How should an SCSW use the Consultation Worksheet?

Following is a breakdown of the Consultation Worksheet with tips on its use; however, staff is to refer to DCFS 6075A- Consultation Worksheet User Guide for more detailed instructions:





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TIP #1: Review the reason for DCFS involvement; clearly differentiating between safety worries and complicating factors. Review the family's past involvement with child welfare to identify patterns and themes. Develop a Harm & Danger Statement.

ST THE CURRENT HARMFUL/DANGEROUS ACTIONS OR	I IS LO MIDITO	TIMO EACTODO.
ACTIONS:	LIST COMPLICATING FACTORS:  (Anything that can get in the way of safety, i.e. poverty, drug use, non-compliance)	
urrent CDM completed: G Cafety Accessment. G Diek Ac	sessment □ Risk Reassessment	☐ Reunification Reassessment
rrent SDM completed: ☐ Safety Assessment ☐ Risk As	sessment 🗆 RISK Reassessment	☐ Reunification Reassessment
SCUSS DCFS HISTORY & NOTE HOW PRIOR SAFETY WORRIES WE	ERE RESOLVED	
CAREGIVER'S HARMFUL/DANGEROUS ACTIONS (HARM/DANGER) STATEMENT: (Provide clear statements		

TIP #2: F family.

#### CHILD AND FAMILY NEEDS (DCFS hunches only)

Review primary safety worries, explore the underlying/target needs for both and the child and the family. What is the primary safety threat to address? What do you think is driving the behavior? What would you like to see look different?

CHILD NEEDS	FAMILY NEEDS	





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**TIP #3:** Explore the formal and informal support of the child/youth/family. Identify the behaviors that must change to mitigate danger and who is/should be in the family's life that can help.

#### TEAMING & SAFETY PLANNING (PLANNING MUST BE DONE WITH A NETWORK)

Relatives, Friends, Teacher/Day Care Provider/Church members, HUB / PHN / MAT/SLS / DMH / PIP / FPAAS / Therapist, etc

reductives, Friends, Foucherbuy out of Tovidon officer members, Free Friends, Tree Friends, Sec.		
WHAT BEHAVIOR MUST CHANGE TO ADDRESS THE	HANGE TO ADDRESS THE WHO IS/SHOULD BE IN FAMILY'S LIFE AND HOW CAN THEY	
DANGER?	HELP? Relatives, Friends, Teacher/Day Care Provider/Church	
	members, HUB / PHN / MAT/SLS / DMH / PIP / FPAAS / Therapist, etc.	

**TIP #4:** Explore the strengths and protective capacity of the parents using the protective factors framework to guide the assessment.

#### ASSESSMENT & UNDERSTANDING - INCORPORATE WHAT WAS LEARNED FROM THE FAMILY'S STORY

NURTURING/ATTACHMENT: How does parent show love or support? Empathy? How does parent describe their child? How does the child respond to and describe parent? Include CANS items identified in the Caregiver Resources and Needs domain. Take a closer look at interactions between children and all adults in the home.

DOCUMENT BOTH: What is working well? What needs strengthening (include any worries)?

**RESILIENCY:** How is the parent coping? (Address substance misuse/mental health struggles/partner violence). Include CANS items identified in the Caregiver Resources and Needs domain. *Take a closer look at ability to deal with frustrations, crying, potty training, tantrums, defiance, etc.* 

DOCUMENT BOTH: What is working well? What needs strengthening (include any worries)?

**SOCIAL CONNECTIONS:** Who is there to help support the caregiver and child? Who knows about the safety worries and how <u>can they</u> help? Who should be a part of the team? Include CANS items identified in the Caregiver Resources and Needs domain. *Take a closer look at caregivers who are not willing to receive help and team with others.* 

DOCUMENT BOTH: What is working well? What needs strengthening (include any worries)?

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT: Caregivers understand what a child needs as they grow. Ask others for their observations. Include CANS items identified in the Caregiver Resources and Needs domain. Take a closer look at caregiver's ability to understand the impact of their behavior on their child.

DOCUMENT BOTH: What is working well? What needs strengthening (include any worries)?

CONCRETE SUPPORTS: How stressors affect caregiver's ability to provide and meet the child's basic needs. Include CANS items identified in the Caregiver Resources and Needs domain. *Take a closer look at the effects of a caregiver/provider leaving the household.*DOCUMENT BOTH: What is working well? What needs strengthening (include any worries)?

SOCIAL & EMOTIONAL COMPETENCE OF CHILDREN: Children have strengths and vulnerabilities (behavioral, social, emotional challenges, etc.) Include identified CANS items related to the child's strengths and needs. Take a closer look when caregivers are negative, inpatient or non-responsive about child's struggles.

DOCUMENT BOTH: What is working well? What needs strengthening (include any worries)?





Current CANS completed: ☐ Yes ☐ No

# FOR YOUR INFORMATION

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**TIP #5:** Ensure that the CSW has completed an initial or updated CANS (when applicable). Discuss the identified CANS needs and strengths.

CANS NEEDS- Action items to be addressed in the plan (CANS Needs rated '2' and '3' and Strengths rated '3').

CHILD NAME: IDENTIFIED NEEDS/STRENTGHS TO BUILD:
#6: Brainstorm with staff the tasks/next steps that need to be completed prior to the next insultation.
FOLLOW UP ITEMS
FOLLOW UP ITEMS FOR NEXT CONSULTATIONS:

**TIP #7:** Guide a reflection discussion; appreciating the staff strengths, hear practice growth and inquire on needed support.

#### STAFF REFLECTIONS/FEEDBACK

- APPRECIATE STAFF STRENTGHS- Identify Good Practice & Effort
- TAKEAWAYS- Ask staff to share one thing they learned or will incorporate into practice
  - SUPPORT- Inquire as to Support Needed to do the Work



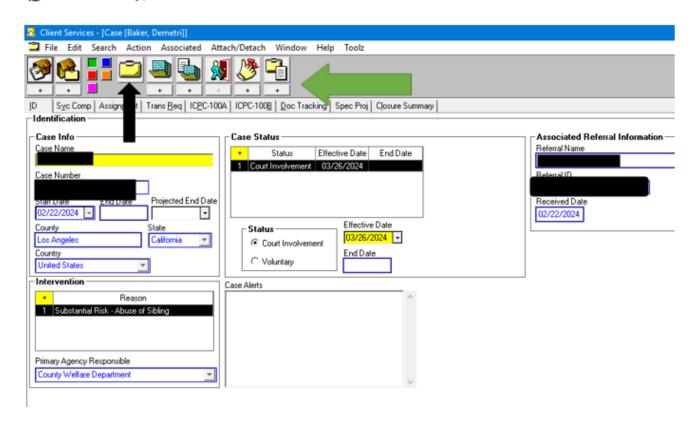


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How to import the completed Consultation Worksheet into CWS/CMS?

Go to green folder (see black arrow) and then click the plus on the last folder (green arrow), scroll down for next screen.

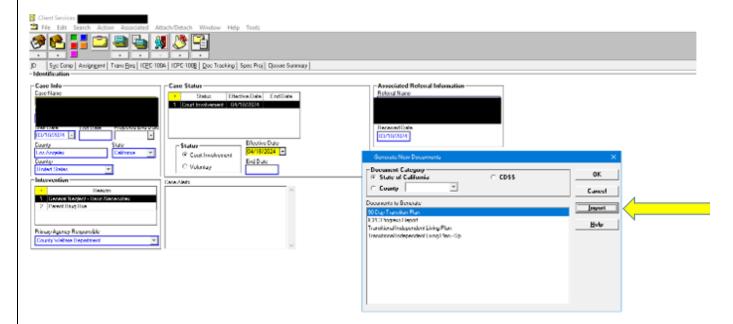




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To Import: Then click on import (see yellow arrow below) and upload handwritten/typed consultation worksheet into the last folder.



For further tips or assistance CPM Countywide Coaches are available to provide additional coaching support regarding the use of the <a href="DCFS">DCFS 6075-Consultation Worksheet</a> and <a href="DCFS">DCFS 6075A-Consultation</a> Worksheet User Guide.

If you have any questions regarding this release, please email your question to: Policy@dcfs.lacounty.gov

