

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
SUBJECT:	Culturally and Linguistically Appropriate Services
POLICY NUMBER:	CRR-7
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REVIEWED BY: DATE:	System of Care Governance Workgroup March 22, 2017
REVIEWED BY: DATE:	Children's Mental Health Management Team February 26, 2018
REVIEWED BY: DATE:	Cara Paoli, DCFS Deputy Administrator February 26, 2018
ISSUE DATE:	
REFERENCES:	<p>FEDERAL STATUTES AND REGULATIONS Section 601 of Title VI of the Civil Rights Act of 1964</p> <p>45 CFR § 1304.24 (Child mental health)</p> <p>Executive Order 13166 (2000): <i>Improving Access to Services for Persons with Limited English Proficiency</i></p> <p>NEVADA REVISED STATUTES NRS 433B (Additional Provisions Related to Children)</p> <p>NEVADA ADMINISTRATIVE CODE NAC 436.080 Discrimination prohibited.</p> <p>DHCFP MEDICAID SERVICES MANUAL MSM 100</p> <p>RELATED POLICY AND RESEARCH DOCUMENTS CLAS Guidelines USDHHS. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013</p> <p>CRR-5 DCFS CMH Limited English Proficiency (LEP) Policy (March 2017)</p> <p>CRR-2 DCFS CMH Client's Rights Policy, March 2014 DCFS Children's Mental Health Glossary of Terms (Rev.: 7-24-17)</p>

DCFS CMH CRR-7 Cultural and Linguistically Appropriate Services Policy
Approved: (insert approval date)

I. POLICY

It is the policy of The Division of Child and Family Services System of Care that all DCFS staff shall effectively and efficiently address the treatment and psychosocial needs of children, youth and families, with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, abilities, and language in a culturally and linguistically competent way. DCFS will make every effort to ensure that staff are participating in the ongoing process of achieving cultural competence and services are delivered in a manner reflective of cultural competency.

II. PURPOSE

It is the purpose of this policy to provide quality services to families in a manner reflecting cultural competence. To accomplish this, DCFS System of Care will provide guidance and direction to DCFS staff in order to confirm culturally competent services are provided to clients and families. It is also the purpose of this policy to ensure that children, youth and families with culturally diverse backgrounds and/or linguistically different needs have access to needed translation services so that planning and service delivery can be conducted in a way that facilitates the youth and family's desired outcomes. This policy also establishes guidelines for the provision of interpreters for children, youth and families with hearing impairment, and assures that speech, language, and hearing services are available.

Mental health services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. Present and projected changes in America's ethnic composition should be reflected in the care system which serves its people (National Research Center for Hispanic Mental Health, 2012).

III. PRACTICE GUIDELINES AND PROCEDURES

A. Through collaboration, DCFS Program and Evaluation unit (PEU) staff, shall maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to plan accurately and implement services and materials that correspond to the cultural and linguistic characteristics of the geographic area in which services are provided. In addition, DCFS PEU staff will identify any populations whose needs are not being appropriately met and create plans for outreach and engagement.

B. DCFS staff will create and maintain appropriate and feasible options with which to provide translation, speech, and interpreter services.

C. DCFS staff shall do the following when assessing, recommending, or making referrals:

- Ensure that children, youth and families with Limited English Proficiency (LEP) are given accurate and timely assistance to obtain effective and meaningful access to services. All individuals seeking services will be given adequate information to be able to understand their rights and the services and benefits available.
- Ensure cultural and language needs are discussed with the children, youth and families in a respectful manner.
- Ensure that the treatment and service planning process address cultural issues and any language assistance needs.
- Identify any speech, language, hearing service needs, cultural needs, and language assistance needs, and then provide the appropriate referrals to the children, youth and families.

D. To ensure that services are culturally competent, DCFS staff shall:

- Promote awareness of cultural differences and concerns, develop knowledge of cultural issues, develop skills to work well with differences, and embed cultural experiences within all levels of the organization.
- Work with Nevada Department of Health and Human Services (DHHS) Human Resources to implement strategies to recruit, retain, and promote, at all levels, a diverse staff and leadership team that are representative of the demographic characteristics of the service area.
- Incorporate a management strategy that assures a culturally and linguistically appropriate service array and incorporates community involvement in the design, execution, and service delivery.
- Conduct annual organizational self-assessments of culturally and linguistically relevant services to identify further opportunities to integrate cultural and linguistic competence-related measures into their practice and service delivery. This will be completed by the DCFS Program and Evaluation Unit.
- Ensure that service for all children, youth and families shall be relevant to their culture and life experiences.
- Ensure that individual plans of service/treatment and service plans are individualized and have clear evidence of cultural/Limited English Proficiency (LEP) issues and values.
- Ensure that culturally and linguistically competent literature is made available on topics relating to the agency and the services it offers.

- Develop participatory, collaborative partnerships and outreach activities with community stakeholders with which to facilitate the involvement of the community, family and legal guardians and the client (if developmentally appropriate) in order to improve cultural and linguistic related services.
- Ensure that the physical environment uses visual images that reflect the diversity of the population served. Such visual images include but are not limited to artwork, photographs, colors, and decorations will be utilized that reflect this cultural diversity.
- Completion of the CLAS (Culturally and Linguistically Appropriate Services) training will be required of all DCFS staff. Documentation of the training will be maintained the DCFS System of Care Unit that include the staff's name and dates of training.
- Ensure that any person receiving services through DCFS who believes that he or she has been excluded from the participation in, denied the benefits of, or subjected to discrimination under any program or activity within the DCFS SOC, understands that they may file a complaint with DCFS. (Please see DCFS CMH CRR-2 Client's Right Policy, March 2014) (MSM 100)

E. To ensure linguistically relevant services, DCFS staff, shall also:

- Offer and provide language assistance services, at no cost for persons with Limited English Proficiency (LEP), at all points of contact, and in a timely manner during all hours of operation. (Please see CRR – 5 Limited English Proficiency (LEP) Policy- in DRAFT)
- Work in the children, youth and families preferred language and provide both verbal offers and written notices informing children, youth and families of their right to receive language assistance services.
- Ensure the competence of language assistance provided to children, youth and families with LEP by interpreters and bilingual staff.
- Ensure that family and friends are not used to provide interpretation services, except by request of the children, youth and families. The request and relevant releases of information shall be documented in the clinical record.
- Ensure that children are NOT used for interpretation services.
- Create and maintain a list of languages spoken by DCFS SOC and agency staff.
- Ensure that sign language and/or oral interpreters for persons with hearing impairment shall be provided to persons who are authorized for services.

- Make available easily understood materials and post signage in the languages of commonly encountered cultural groups and/or the cultural groups represented in the service area.
- Ensure that notices of available interpreter services are posted in all public areas.
- Monitor to ensure that individual family and child race, ethnicity, spoken and written languages are collected in health records, integrated into management information systems, and periodically updated so accurate data may be obtained.

F. System of Care Sub grantees shall:

- Have a policy and procedure for identifying and accessing culturally and linguistically competent sign language and/or interpretive services.
- Have a policy and procedure to provide written materials or other supports that meets the cultural and linguistic needs of clients and families as outlined in the family and child treatment or service plan.

IV. DEFINITIONS *(Please see DCFS Glossary of Terms dated 07-24-17 for additional definitions)*

CULTURAL AND LINGUISTIC COMPETENCE is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (US Department of Health and Human Services, Office of Minority Health)

FOREIGN LANGUAGE INTERPRETERS/TRANSLATORS

Means individuals who have a bachelor’s degree from an accredited institution, preferably in languages or linguistics and possess at least one year of specialized experience in interpreting, translating or other work requiring the use of English and the foreign language from (to) which the interpretation/translation is being provided.

LIMITED ENGLISH PROFICIENCY (LEP)

Means individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English in a manner that permits them to communicate effectively with DCFS or other service providers, and/or are hearing impaired can be limited-English proficient, or “LEP.”

TRANSLATOR

Means an individual or device that translates, in writing or speech, from one language into another.

CHILD AND YOUTH

Means the primary recipient of care through the Nevada System of Care under the age of 18.

DRAFT A

Alaska Institute for Justice Language Interpreter Center

<http://www.akijp.org/language-interpreter-center/>

The Alaska Institute for Justice Language Access Center serves as a model in providing interpretation and translation services to Alaskans with Limited English Proficiency (LEP). The website includes examples of oral self-assessments proficiency, translation assessments, trainings and resources.

EXAMPLES OF LANGUAGE ACCESS PLANS/POLICIES

Massachusetts Department of Mental Health Language Access Plan (2011)

The Massachusetts Department of Mental Health Language Access Plan defines the actions to be taken by the Department to ensure meaningful access to the Department of Mental Health services, programs for individuals with Limited English Proficiency.

Massachusetts Department of Public Health (MDPH) Language Access Plan (2015 -2017)

The Massachusetts Department of Public Health Language Access Plan (2015 – 2016) includes the protocols and procedures taken by MDPH to ensure meaningful and universal access to MDPH services, programs and activities for individuals who self-identify as having Limited English Proficiency (LEP) or preference for materials and services in a preferred language.

New York Language Access Plan (2016)

The New York State Office of Mental Health Language Access Plan includes an action plan to ensure mental health services, programs and activities for individuals with Limited English Proficiency (LEP).

Health and Human Services Access Plan (2013)

This Health and Human Services Language Access policy ensures meaningful access to language assistance across ten elements. Examples of these elements include assessment, needs capacity, oral language assistance, written translation, policies and procedures, notifications of the availability of free language assistance services, and other components in addressing Title VI of the Civil Rights Act and Executive Order 13166.

InDemand Interpreting - Language Access Plan Basics (2016)

This document is a guide in developing language access plans in health institutions. The plan describes action steps in identifying organizational demographics, collecting language access data, sourcing and scheduling, and professional development.

State of Alaska Language Access Plan – Criminal Division

This language access plan provides guidance on how to fulfill the Criminal Division's commitment to ensuring victims and witnesses in Alaska have safe, timely, and meaningful access to interpretation and translation services under state law. The plan includes policies, needs assessment, definitions, and complaint procedures.

LANGUAGE ACCESS PLAN TEMPLATES

System of Care Orange County New York - Language Implementation Plan

This Language Implementation Plan includes agency language access goals, LEP population assessment, implementation logistics, service provision plan, training, recording keeping and resource analysis/planning for a System of Care.

Kids In Distress, Inc./504/ADA Coordinator – Auxiliary, Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency (LEP) (2015)

This service plan describes non-discrimination policies, effective communication with people living with disabilities and LEP individuals, competency of interpreters/translators and various modalities of communication.

Limited English Proficiency (LEP) Plan for Small Non-Profits Sample

This document is a language access plan template for small non-profit agencies developed by the Office of Language Access in Honolulu, Hawaii.

Language Access Policy Template

This language access policy template is based on the United States Department of Justice's Language Access Assessment Planning Tool for Federally Conducted and Federally Assisted Programs.

Language Access Plan Template Final (2015)

This language access plan template was adapted from the Kansas Coalition Against Sexual and Domestic Violence Model Limited English Proficiency (LEP) Plan.

LANGUAGE ACCESS RESOURCES

Language Access Assessment Planning Tool for Federally Conducted and Federally Assisted Programs (2011)

This language access planning tool was developed by the Civil Rights Division of the United States Department of Justice. The document provides guidance in conducting an organizational self-assessment for language

access, a sample self-assessment, components of a language access plan, responsibilities of a language access coordinator and the dissemination of language access information to individuals with Limited English Proficiency.

Language Assistance Tool-Kit Webinar PPT

This webinar provides an overview of the Language Assistance Tool-Kit developed by Covian Consulting, Inc. and the Technical Assistance Network for Children's Behavioral Health. The webinar Power Point describes the National CLAS Standards, multilingualism and behavioral health, language assistance tools and culminates with practical applications through vignettes.

Implementing the National Culturally and Linguistically Appropriate Services (CLAS) Standards - Language Assistance Part 1 Webinar PPT

This webinar Power Point developed by the Technical Assistance Network for Children's Behavioral Health reviews the need for language assistance, requirements for language assistance under the National CLAS Standards, and explore tools for implementing a language assistance plan.

Implementing the National Culturally and Linguistically Appropriate Services (CLAS) Standards - Language Assistance Part 2 Webinar PPT

This webinar Power Point developed by the Technical Assistance Network for Children's Behavioral Health reviews the CLAS Standards on language assistance, practical tips for working with interpreters and the role of culture in interpretation and communication.

Language Assistance Tool-Kit (2014)

The Language Assistance Tool-Kit was developed by Covian Consulting, Inc. and the Technical Assistance Network for Children's Behavioral Health in 2014. The document describes language assistance policies, multilingualism in behavioral health, how to conduct individual and organizational assessments, and the effective implementation of language assistance services. Vignettes and a glossary of terms are also included in the tool-kit.

DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health	
SUBJECT:	Adherence to System of Care (SOC) Core Values and Guiding Principles
POLICY NUMBER:	SP-12
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AUTHORED BY:	Tiffany Ontiveros M.S. Clinical Program Planner I
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REVIEWED BY: DATE:	Children's Mental Health Management Team February 26, 2018
REVIEWED BY: DATE:	Cara Paoli, DCFS Deputy Administrator February 26, 2018
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REFERENCES:	<p>FEDERAL STATUTES AND REGULATIONS 45 CFR § 1304.24 (Child Mental Health) 45 CFR § 1304.40 (Family Partnerships)</p> <p>NEVADA REVISED STATUTES N/A</p> <p>NEVADA ADMINISTRATIVE CODE N/A</p> <p>DHCFP MEDICAID SERVICES MANUAL MSM 100 MSM 400 MSM 2500</p> <p>RELATED POLICY AND RESEARCH DOCUMENTS WRAPAROUND MILWAUKEE - http://wraparoundmke.com/ SP-9 DCFS CMH Service Delivery Model Policy (March 2017) A-7 DCFS CMH Quality Assurance and Program Improvement Policy (2010; revision is currently in draft)</p> <p>DEFINITIONS DCFS Children's Mental Health Glossary of Terms (Rev.: 7-24-17)</p>
ATTACHMENTS:	Attachment A: Nevada's System of Care Core Values and Principles Acknowledgement Form

I. POLICY

It is the policy of the Division of Child and Family Staff will follow the System of Care (SOC) Core Values and Guiding Principles.

II. PURPOSE

The purpose of this policy is to describe how DCFS will ensure adherence to the Core Values and Guiding Principles of the SOC.

III. PRACTICE GUIDELINES AND PROCEDURES

A. Introduction

DCFS SOC staff manage Nevada's System of Care Expansion Grant and facilitates the Commission of Behavioral Health System of Care Subcommittee. The SOC Unit is committed to creating sustainable infrastructure and services as part of the Children's Mental Health Initiative (CMHI). In order to ensure that all DCFS staff adhere to the SOC Core Values and Guiding Principles, Attachment C shall be reviewed and signed as part of the SOC development and implementation process.

B. Responsibilities of DCFS Staff

All DCFS staff will be responsible for:

Engaging and involving children, youth and families as active participants in the planning, implementing, monitoring, and evaluating of programs and projects that are designed to serve them.

Creating and strengthening the infrastructure that support positive development of all young people working with local partners.

Ensuring young people have the skills and opportunities for voice, value, and visibility in communities, schools, government and larger society.

Providing pathways and skills for emerging young leaders to advocate for social justice.

Encouraging and empowering young people to adopt healthy lifestyles.

Supporting young people to gain workforce skills and link them to meaningful employment.

Helping children, youth and families to develop the skills to avoid or mitigate conflict.

Adhering to all state and federal laws as well as ethical guidelines issued by their specific licensing boards.

In addition, DCFS staff will be expected to collaborate the statewide parent partner organization by inviting its identified representatives to participate in workforce development activities such as hiring, recruitment, and trainings, as appropriate.

C. Family Voice & Choice

In order to ensure that children, youth and families have a voice and choice in the design, development, implementation and sustainability of the SOC, the Statewide SOC Unit will collaborate with the DCFS statewide parent partner organization. The statewide parent partner organization provides the family perspective, voice and choice regarding how the DCFS SOC programs and services to children, youth and families are designed, developed, implemented and sustained, including how DCFS measures both process and program outcomes.

The Statewide SOC Unit will collaborate with the statewide parent partner organization by inviting its representatives to participate in activities related to the SOC, including but not limited to:

1. All DCFS SOC workgroup meetings;
2. SOC policy review and revisions;
3. Requesting consultation and review of a variety of SOC communications, both verbal and written, to confirm such communications are culturally and linguistically competent;
4. Children, youth and families' engagement activities;
5. Workforce development and other activities, as appropriate;
6. Other SOC activities, as deemed appropriate by DCFS, for example, trainings.

IV. DEFINITIONS *(Please see DCFS Glossary of Terms dated 7-24-17 for additional definitions)*

CHILDREN'S MENTAL HEALTH INITIATIVE (CMHI) refers to SAMHSA's initiative to provide funds to public entities for the purpose of delivering comprehensive community mental health services to children and children/youth who have a serious emotional disturbance (SED) and their families.

CULTURAL AND LINGUISTIC COMPETENCE is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

FAMILY-DRIVEN means that families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, territory, tribe, and nation.

SYSTEM OF CARE is a spectrum of effective, community-based services and supports for children/youth and their families with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and children/youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

YOUTH-GUIDED means young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing the care of all children/youth in the community, state, and nation.

(Attachment A)

Nevada's System of Care Core Values and Principles

Core Values

The core values of the system of care philosophy specify that systems of care are:

1. Family driven, and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Guiding Principles

The following¹ represent the foundational principles of the system of care philosophy that systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding

boundaries and mechanisms for system-level management, coordination, and integrated care management.

7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

¹Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Signature: _____ Date: _____

DCFS CMH Program (please print): _____

Name and Title (please print): _____