

<b>DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health System of Care</b>	
<b>SUBJECT:</b>	DCFS CMH Grievance Policy
<b>POLICY NUMBER:</b>	CRR-6
<b>NUMBER OF PAGES:</b>	4
<b>AUTHORED BY:</b>	Tiffany Ontiveros M.S. Clinical Program Planner I
<b>REVIEWED BY:</b>	Children's Mental Health Management Team
<b>DATE:</b>	February 2018
<b>APPROVED BY:</b>	Cara Paoli, Deputy Administrator
<b>DATE:</b>	February 2018
<b>SUPERCEDES:</b>	CMH Consumer Complaint Policy 2010
<b>APPROVED BY:</b>	Commission on Behavioral Health
<b>DATE:</b>	
<b>ISSUE DATE:</b>	
<b>REFERENCES:</b>	<p><b>FEDERAL STATUTES AND REGULATIONS</b>  Title VI and VII Civil Rights Act of 1964 as amended  Section 508 and § 504 Rehabilitation Act 1973  The Americans with Disabilities Act of 1990  Privacy Act of 1974, 5 U.S.C. 552a  45 CFR 80.6, Compliance Information  45 CFR 164 et al Health Insurance Portability &amp; Accountability Act (HIPAA)</p> <p><b>NEVADA REVISED STATUTES</b>  NRS 424  NRS 432  NRS 432A  NRS 433 and NRS 433B, inclusive  NRS 449.710, § 715, § 720, § 730  NRS 629, Section 1  NRS 630.3062</p> <p><b>RELATED POLICY AND RESEARCH DOCUMENTS</b>  SP-3 DCFS CMH Incident Reporting Policy, July 2013  SP-4 DCFS CMH Documentation Policy, January 2015  SP-6 DCFS CMH Medication Administration and Management Policy, March 2014  SP-7 DCFS CMH Intake Policy, January 2017  SP-9 DCFS CMH Service Delivery Policy, March 2017  DCFS Child Abuse Policy, 2010  CRR-2 DCFS Client's Rights and Responsibilities Policy, July 2017  CRR-4 DCFS CMH Confidentiality Policy, January 2015  A-7 DCFS Quality Assurance and Program Improvement Policy (currently</p>

	<p>in review)  DCFS Desert Willow Treatment Center Consumer Complaints Policy 2015  <b>DHCFP MEDICAID SERVICES MANUAL</b>  MSM 100  MSM 400  MSM 2500  MSM 3300</p> <p><b>JOINT COMMISSION COMPREHENSIVE ACCREDITATION  MANUAL FOR BEHAVIORAL HEALTH 2018</b>  Rights and responsibilities of the Individual  Standards RI.01.07.01  Elements of Performance 1,4,6,7; RI.01.07.03  Elements of Performance 1,4,5,6,7,8</p> <p><b>LEGISLATIVE COUNCIL BUREAU</b>  Review of Governmental and Private Facilities for Clients</p> <p><b>DCFS GLOSSARY OF TERMS: (REV. 07-24-17)</b></p>
<b>ATTACHMENTS:</b>	<p><b>Attachment A:</b> DCFS CMH Grievance Information  <b>Attachment B:</b> DCFS CMH Grievance Form  <b>Attachment C:</b> DCFS CMH Grievance Resolution Report</p>

**A. POLICY**

It is the policy of the Division of Child (DCFS) and Family Services that children, youth and families have the right to file a grievance anytime and for any reason the child/youth feels that their health, safety, welfare, and other rights are being jeopardized or violated.

**B. PURPOSE**

The purpose of this policy is to provide clear and consistent guidance to staff regarding the implementation of proper protocol in the filing of a grievance. The grievance review and resolution process results will be used to improve the quality of service delivery. The purpose of this policy is to ensure the safety, welfare, civil and other rights of the children, youth and families served by DCFS are met at all times. This policy allows children, youth, families, contract providers, and other community agencies, as well as staff, to voice their concerns regarding child/youth care and treatment.

**C. PROCEDURES AND PRACTICE GUIDELINES**

DCFS Children’s Mental Health (CMH) staff shall inform children, youth and their families about their right to file a grievance, under what circumstances a grievance may be filed, and the resolution process during intake. This information will be provided both verbally and by providing children/youth (if developmentally appropriate) and families DCFS CMH Grievance Information form (Attachment A). Included in Attachment A are details regarding children, youth, families, contract providers, community agencies and staff’s right to file a grievance with the Grievance Coordinator, DCFS Systems Advocate, the Legislative Counsel Bureau, The Joint

Commission, Nevada Disability Advocacy and Law Center, the Division of Health, DCFS Bureau of Services for Child Care, and foster care licensing agencies. Grievance Coordinators shall receive, review, and when possible, resolve grievances within 30 calendar days after receiving the initial grievance. If more than 30 days is needed due to extenuating circumstances, the Grievance Coordinator may request up to a 14-day extension from the Deputy Administrator. Programs shall allow children, youth, families, contract providers and other community agencies to freely voice grievances and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, and services.

- A. All children, youth and families will be provided information about the process for filing grievances upon initial intake or upon request. CMH Staff shall provide this information verbally and by also providing the DCFS CMH Grievance Information form (Attachment A) during intake and admission.
- B. Children, youth, families, foster parents, contract providers, and other community agencies, as well as staff may utilize the DCFS CMH Grievance Form (Attachment B) located at the site/treatment home/facility where they receive services. After the child, youth, family, staff member or contractor fills out the form, that individual may place it into the locked box located on each unit or in the lobby at each site. This form can also be found on the DCFS website and sent electronically to the Grievance Coordinator.
- C. The individual may complete Attachment B to the best of their ability and knowledge. CMH Staff will answer any questions and assist the individual in completing the Grievance Form. If additional assistance is needed or the grievance is regarding the staff member who would assist with completing the form, the individual(s) filing the grievance can contact the Grievance Coordinator or the CPMI/CPMII in charge of the program.
- D. The Grievance Coordinator will check the collection box and collect grievance forms on a daily basis.
- E. If a grievance is related to suspected abuse or neglect of a child/youth, CMH staff shall comply with the DCFS Child Abuse Reporting Policy. Staff will consult with or refer children, youth and families to the Division HIPAA privacy officer if the grievance involves protected health information.
- F. The Grievance Coordinator will conduct a fact-finding interview with the individual filing the grievance. The Grievance Coordinator may also contact and/or interview all parties involved in the grievance.
- G. The Grievance Resolution Report (Attachment C) will be completed by the Grievance Coordinator who receives the initial grievance.
- H. Recommendations and possible resolutions will be discussed with the child, youth or family within 14 days of filing the initial grievance.
- I. The Grievance Coordinator will forward Attachment C and the recommendations for resolution to the CPM II for additional comments. The CPM II will review, provide comments and assign the recommendations to pertinent supervisors.
- J. Each CPMI will report back to the CPM II and Grievance Coordinator regarding the completion of the assignments as they are completed.

- K. The Grievance Coordinator will re-contact the child/youth and family to discuss their satisfaction with the resolution process.
- L. The outcome of the resolved grievance will be documented on the Grievance Resolution Report by the Grievance Coordinator. The grievance and resolution will be submitted to the CPM II and then to the DCFS Deputy Administrator for additional comments.
- M. Following the Deputy Administrator, the Grievance Resolution form will be forwarded to PEU and the DCFS Systems Advocate.
- N. All grievances will be collected and maintained by the Planning and Evaluation Unit (PEU). The Grievance Coordinator shall provide the PEU with copies of all grievance forms and grievance resolutions reports. The PEU will aggregate all grievance data in an annual report.
- O. It is the duty of the CPM II of a residential program to send grievance information to the Legislative Counsel Bureau monthly.
- P. Information will be posted at each CMH site in an accessible location with the details and contact information on how to file a grievance.

**IV. DEFINITIONS** (*Please see DCFS Glossary of Terms dated 07-24-2017 for additional definitions*)

Grievance: A report by a child, youth, family, contract provider, community agency, or staff about a specific and serious feeling of wrong doing that relates to harassment, discrimination or abuse by a person(s).

Grievance Coordinator: A DCFS employee who has been assigned the task of reviewing and assisting in the resolution of a grievance.

# DCFS CMH Grievance Information

The Division of Child and Family Services (DCFS) Children's Mental Health Services are committed to providing the best quality care possible for children, youth and families that we serve, as well as other significant support figures. DCFS has created a means to address concerns about care issues.

## Who can file a grievance?

Anyone concerned about a child's or youth's well-being and quality of care has the right to file a grievance. This means children, youth, family members, legal guardians, parole officers, DCFS staff, other care providers, or legal representatives.

## What kind of issues can be addressed?

Concerns about the manner in which a child or youth is being treated by staff; disagreements with the treatment plan that could not be resolved informally with the treatment team; concerns regarding how the family is being treated or involved in the client's overall care; concerns on how the client's special needs are being addressed; or concerns regarding safety, cultural, or ethical issues.

**DCFS Process:** Children, youth and families may utilize the Child, Youth and Family Grievance form (Attachment B) located at each site/treatment home/unit. After the grievant fills out the form, that individual may place it into the locked box located in each unit or in the lobby at each site. In addition, families and other significant parties can contact the Grievance Coordinator. If the grievant does not feel comfortable speaking about their concerns in front of other DCFS staff, they may call the Grievance Coordinator and ask for a private meeting.

## What will happen once I file a grievance?

The Grievance Coordinator will speak separately with the person filing the grievance and the individual(s) involved in the issues of concern to gather information. Once all the necessary information has been gathered, one or both of the below actions may take place.

1. The Grievance Coordinator will communicate with the child, youth, family, or other concerned individuals for discussion, clarification, mediation, and problem-solving resulting in a mutually agreed upon resolution.
2. The issues of concern are brought to the attention of appropriate supervisors/managers and may be directed to authorities outside DCFS for review (such as the Legislative Counsel Bureau and/or Joint Commission).

This process rests on the belief that a meaningful discussion can take place between individuals resulting in a greater mutual understanding of everyone's needs and intentions, leading to a resolution of conflicts.

## What if I feel like my concerns do not rise to this level?

You may file a complaint. For more details please refer to CRR-2 Clients Rights and Responsibilities Policy.

## What is the difference between a complaint and a grievance?

A complaint is a general expression of dissatisfaction with a situation or the behaviors of other person(s) and a grievance is a more specific and serious feeling of wrong doing that relates to harassment, discrimination or abuse by a person(s).

## Who do I contact to voice my concern?

**The following entities are available for individuals to file a grievance:**

<p><b><u>Grievance Coordinators</u></b></p> <p>Northern Nevada (775) 688-2420</p> <p>Southern Nevada (702) 486-8200</p> <p>Note: Dial "0" and ask the operator for the contact information of the grievance coordinator.</p>	<p><b><u>Nevada Disability Advocacy &amp; Law Center</u></b> <i>Nevada's protection and advocacy system for people with disabilities</i></p> <p>Central Office Telephone Numbers: (702) 257-8150 and (888) 349-3843</p> <p>Northern Office Telephone Numbers: (702) 333-7878 and (800) 992-5715</p> <hr/> <p><b><u>Joint Commission</u></b></p> <p>Telephone Number 1-800-994-6610</p> <p>Email Address: <a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a></p>
<p><b><u>Legislative Counsel Bureau</u></b> <b>Northern Nevada Office</b> 401 South Carson Street Carson City, NV 89701 Telephone Number (775) 684-6800 Fax Number (775) 684-6600</p>	<p><b><u>Legislative Counsel Bureau</u></b> <b>Southern Nevada Office</b> Sawyer Office Building 555 E. Washington Ave. Las Vegas, NV 89101 Telephone Number (702) 486-2800</p>
<p><b><u>Division of Child and Family Services</u></b> <b><u>Bureau of Services for Child Care</u></b> 4126 Technology Way, 3<sup>rd</sup> Floor Carson City, NV 89706 775-684-4463</p>	<p><b><u>Clark County Department of Family Services</u></b> <b><u>Foster Care Licensing</u></b> 701 K North Pecos Road Las Vegas, NV 89101 702-455-0181</p>
<p><b><u>Washoe County Department of Social Services -</u></b> <b><u>Foster Care Licensing</u></b> PO Box 11130 Reno, NV. 89520-0027 775-337-4470</p>	<p><b><u>Division of Child and Family Services –</u></b> <b><u>Foster Care Licensing</u></b> 1677 Old Hot Springs Road Suite B Carson City, NV 89706 775-687-4943</p>
<p><b><u>Grievance Locked Box Locations – Northern Nevada</u></b></p> <p>2655 Enterprise Dr. Reno, NV 89512</p> <p>600 Mill Street Reno, NV 89502</p> <p>480 Galletti Way Sparks, NV 89431 Building 2A</p>	<p><b><u>Grievance Locked Box Locations – Southern Nevada</u></b></p> <p>6171 W. Charleston Blvd. Las Vegas, NV 89146 <i>Buildings 7, 11 West, 12 East, 12 West, 13 and 14</i></p> <p>4538 W. Craig Rd. Suite 290 North Las Vegas, NV 89032</p> <p>4180 S. Pecos Las Vegas, NV 89121</p> <p>522 E. Lake Mead Pkwy Suite 5 Henderson, NV 89015</p>



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**DIVISION OF CHILD AND FAMILY SERVICES  
CHILDREN’S MENTAL HEALTH SERVICES  
DCFS CMH GRIEVANCE FORM**

- Inform children, youth and families of the grievance process via an information sheet provided at intake. Included in this information sheet are details regarding a child’s, youth’s or family’s right to file a grievance with the state authority.
- Receive, review, and when possible, resolve grievances within 30 calendar days after receiving the grievance.
- Allow children, youth and families to freely voice issues of concern and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
- All attempts shall be made to resolve grievances at the lowest level possible.

Individual filing grievance: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Unit or Program: \_\_\_\_\_

Please describe your issues of concern using legible print:

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(Use the back of the paper if more space is needed.)

Here’s what to do next...Place your grievance in the lockbox located on each unit or in the lobby of each site. The Grievance Coordinator will be contacting you regarding your complaint.

If you have any questions about the grievance process, please call your Grievance Coordinator, at \_\_\_\_\_.

	<b>DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health</b>
<b>SUBJECT:</b>	Culturally and Linguistically Appropriate Services
<b>POLICY NUMBER:</b>	CRR-7
<b>NUMBER OF PAGES:</b>	6
<b>AUTHORED BY:</b>	Tiffany Ontiveros M.S. Clinical Program Planner I
<b>REVIEWED BY: DATE:</b>	System of Care Governance Workgroup March 22, 2017
<b>REVIEWED BY: DATE:</b>	Children's Mental Health Management Team February 26, 2018
<b>REVIEWED BY: DATE:</b>	Cara Paoli, DCFS Deputy Administrator February 26, 2018
<b>ISSUE DATE:</b>	
<b>REFERENCES:</b>	<p><b>FEDERAL STATUTES AND REGULATIONS</b> 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><b>NEVADA REVISED STATUTES</b> NRS 433B (Additional Provisions Related to Children)</p> <p><b>NEVADA ADMINISTRATIVE CODE</b> NAC 436.080 Discrimination prohibited.</p> <p><b>DHCFP MEDICAID SERVICES MANUAL</b> MSM 100</p> <p><b>RELATED POLICY AND RESEARCH DOCUMENTS</b> 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

<b>DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health</b>	
<b>SUBJECT:</b>	Adherence to System of Care (SOC) Core Values and Guiding Principles
<b>POLICY NUMBER:</b>	SP-12
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<b>AUTHORED BY:</b>	Tiffany Ontiveros M.S. Clinical Program Planner I
<b>REVIEWED BY:</b> <b>DATE:</b>	System of Care Governance Workgroup March 22, 2017
<b>REVIEWED BY:</b> <b>DATE:</b>	Children's Mental Health Management Team February 26, 2018
<b>REVIEWED BY:</b> <b>DATE:</b>	Cara Paoli, DCFS Deputy Administrator February 26, 2018
<b>APPROVED BY:</b> <b>DATE:</b>	Commission on Behavioral Health
<b>ISSUE DATE:</b>	
<b>REFERENCES:</b>	<p><b>FEDERAL STATUTES AND REGULATIONS</b> 45 CFR § 1304.24 (Child Mental Health) 45 CFR § 1304.40 (Family Partnerships)</p> <p><b>NEVADA REVISED STATUTES</b> N/A</p> <p><b>NEVADA ADMINISTRATIVE CODE</b> N/A</p> <p><b>DHCFP MEDICAID SERVICES MANUAL</b> MSM 100 MSM 400 MSM 2500</p> <p><b>RELATED POLICY AND RESEARCH DOCUMENTS</b> WRAPAROUND MILWAUKEE - <a href="http://wraparoundmke.com/">http://wraparoundmke.com/</a> 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><b>DEFINITIONS</b> DCFS Children's Mental Health Glossary of Terms (Rev.: 7-24-17)</p>
<b>ATTACHMENTS:</b>	<b>Attachment A:</b> 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 leaders to advocate for social justice and lead work of the social sector.

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 following<sup>1</sup> 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.

<sup>1</sup>Stroul, 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): \_\_\_\_\_