DIVISION OF CHILD AND FAMILY SERVICES
Children’s Mental Health

SUBJECT: Culturally and Linguistically Appropriate Services

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REFERENCES:

FEDERAL STATUTES AND REGULATIONS

- Section 601 of Title VI of the Civil Rights Act of 1964
- 45 CFR § 1304.24 (Child mental health)

NEVADA REVISED STATUTES

- NRS 433B (Additional Provisions Related to Children)

NEVADA ADMINISTRATIVE CODE

- NAC 436.080 Discrimination prohibited.

DHCFP MEDICAID SERVICES MANUAL

- MSM 100

RELATED POLICY AND RESEARCH DOCUMENTS

- CRR-5 DCFS CMH Limited English Proficiency (LEP) Policy (March 2017)
- CRR-2 DCFS CMH Client’s Rights Policy, March 2014
- DCFS Children’s Mental Health Glossary of Terms (Rev.: 7-24-17)
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 children, family and youth 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 Grievance Policy, July 2018) (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 who are certified/proficient in interpreting and translating behavioral health topics.

• 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.

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.