

CULTURAL AND LINGUISTIC COMPETENCY DEVELOPMENT



Cultural and Linguistic Competency Development Team

This team is responsible for developing, planning and implementing a statewide process for incorporating Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards within the Network of Care in Connecticut.

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Principal Standard:

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce:

- 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- 3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

- 5.0ffer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Engagement, Continuous Improvement, and Accountability:

- 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- 9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
- 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12. Conduct regular assessments of community health assets and needs, and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 13. Partner with the community to design, implement, and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

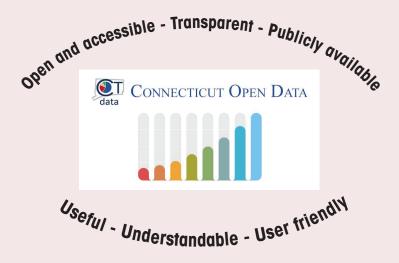
www.thinkculturalhealth.hhs.gov



DATA INTEGRATION COLLABORATION



Improve data sharing through a user-driven process across child-serving sectors to drive planning, policy, budgeting and decision making to transform local, regional and statewide networks of care.



www.data.ct.gov

In support of the Governor's Open Data Policy Executive Order and the Connecticut Data Collaborative's mission of making data accessible, this collaboration provides an opportunity for families, providers and state agency partners to share and identify data needs, measure strengths, gaps and opportunities to build an integrated statewide system.



View the CONNECT statewide and regional data here:

www.ctdata.org

The statewide effort is supported by funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote systems of care, planning and implementation.

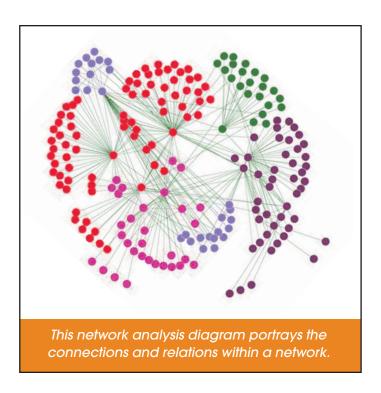


NETWORK OF CARE ANALYSIS



Supporting the goal of integrating all child-serving systems into a Network of Care to equally and effectively serve children and families.

Schools, pediatric medicine and behavioral health care working together to develop an effective, integrated and comprehensive visualization of the child serving health care system to inform health care improvements.





WORKFORCE DEVELOPMENT



Developing family members as full partners in the behavioral health system

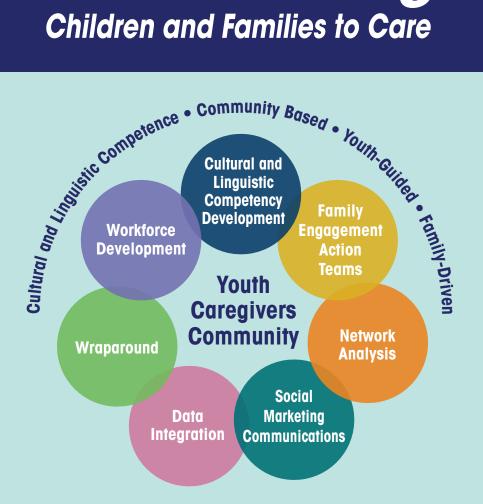


Expanding opportunities to share knowledge and expertise in the development of family-driven and youth-guided care



The Statewide Family Organization

185 Silas Deane Highway Wethersfield, CT 06109 Phone (860) 563-3232 www.favor-ct.org



CONNECTICUT NETWORK OF CARE TRANSFORMATION

The Substance Abuse and Mental Health Services Administration System of Care Federal Grant



Cultural and Linguistic Competency Development Developing, planning and implementing a statewide process for incorporating Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards within the Network of Care in Connecticut.

Data Integration Collaboration Improving data sharing through a user-driven process across childserving sectors to drive planning, policy, budgeting and decision making to transform local, regional and statewide networks of care.

Network of Care Analysis Supporting the goal of integrating all child-serving systems into a Network of Care to equally and effectively serve children and families.

Workforce Development Supporting and mentoring youth and family Champions. Expanding opportunities to share knowledge and expertise in the development of family-driven and youth-guided care.

Wraparound

Wraparound is a process for improving the lives of children and families who have complex needs. It is not a program or a specific type of service. It is a process to help develop youth and family guided Plan of Care that is: Needs Driven - Family Centered - Strengths Based - Life Domain Focused - Culturally Competent - Individualized - Team Based - Community Based - Unconditional.

Family Engagement Action Teams

Engaging a diverse network of youth and family consumers to support and foster partnerships at local, regional and statewide levels and drive the transformation of the behavioral health system.



Connecting to Care Communication Strategy: Increasing awareness of the Network of Care and its principles as well as increasing awareness of behavioral health needs and services.



Connecticut Network of Care Transformation

Find us on the web: www.wrapct.org



THE CHILD AND FAMILY TEAM MEETING WRAPAROUND PROCESS



What is Wraparound?

Wraparound is an evidence-based process to help improve the lives of children and families who have complex needs. It is not a program or a specific type of service. It is a process to help develop a youth and family guided Plan of Care. The Plan of Care includes:

Needs Driven - Family Centered - Strengths Based - Life Domain Focused Culturally Competent - Individualized - Team Based - Community Based - Unconditional

Ten Principles of Wraparound

Family Voice and Choice: Family and youth perspectives are important and encouraged when creating the Plan of Care. The team helps create the Plan of Care so that it reflects family values and preference.

Team Based: The team is made up of individuals agreed upon by the family. The individuals can be formal or informal, community and natural supports to the family.

Natural Supports: Individuals are identified by the family as natural and informal supports. They can be a relative or a person in the family's community who can assist the family.

Collaboration: Team members work together and share responsibility for developing, implementing, monitoring and evaluating a single wraparound Plan of Care.

Community Based: The wraparound team looks for services and supports that take place in the most inclusive, most responsive, most accessible and least restrictive setting possible.

Culturally and Linguistically Competent: The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the child/ youth and family, and their community.

Individualized: The team helps develop and implement an individualized, custom set of strategies, supports and services that address the underlying needs of the youth and family.

Strengths Based: The wraparound process and the Plan of Care identify, build on, and enhance the capabilities, knowledge, skills and assets of the child and family, their community and other team members.

Unconditional: A wraparound team does not give up on, blame, or reject children, youth and their families. When challenges or setbacks arise, the team continues working towards meeting the needs of the youth and family and achieving the goals in the Plan of Care until there is mutual agreement that a formal wraparound process is no longer necessary.

Outcome based: The team ties the goals and strategies of the Plan of Care to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

nwi.pdx.edu

WrapCT.org