

# Cultural and Linguistic Competence Family Organization Assessment Instrument

## **Overview/Purpose**

Organizational self-assessment is a necessary, effective, and systematic way to plan for and incorporate cultural and linguistic competency. An assessment should address the attitudes, behaviors, policies, structures and practices of an organization, including those of its board, staff, and volunteers.

While there are many tools and instruments to assess organizational cultural and linguistic competence, none has been specifically developed to address the unique functions of family organizations concerned with children and youth with behavioral-emotional disorders, special health care needs, and disabilities. The Cultural and Linguistic Competence Family Organization Assessment Instrument (CLCFOA) was developed to fill this void. The CLCFOA is intended to support family organizations to: (1) plan for and incorporate culturally and linguistically competent policies, structures, and practices in all aspects of their work; (2) enhance the quality of services and supports they deliver within culturally diverse and underserved communities; and (3) promote cultural and linguistic competence as an essential approach in the elimination of disparities and the promotion of equity.

Your family organization may use assessment results: (1) to provide a summary of the strengths and areas for growth to advance cultural and linguistic competency, (2) for strategic planning, and (3) to improve the array and quality of services and supports offered for families and youth and the communities in which they live.

### **Conceptual Framework of the CLCFOA**

The CLCFOA is based on three assumptions: (1) achieving cultural competence is a developmental process at both the individual and organizational levels; (2) with appropriate support, individuals can enhance their cultural awareness, knowledge and skills over time; and (3) cultural strengths exist within organizations or networks but often go unnoticed and untapped.¹ (Cultural competence and linguistic competence, while defined differently in this instrument, are integrally linked.) The CLCFOA and the outcomes of the assessment process are intended to assist family organizations to identify their strengths and areas for growth. The CLCFOA captures a wide range of data including: *Our World View, Who We Are, What We Do, and How We Work*.

## **Definitions and Key Concepts**

### **Cultural Competence**

The NCCC embraces a conceptual framework and model of achieving cultural competence adopted from the Cross et al., definition. Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitude policies and structures that enable them work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the individuals, families and communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.<sup>2</sup>

### **Linguistic Competence**

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competence requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. This may include, but is not limited to, the use of:

- bilingual/bicultural or multilingual/multicultural staff;
- cross-cultural communication approaches;
- cultural brokers;
- foreign language interpretation services including distance technologies;
- sign language interpretation services;
- multilingual telecommunication systems;
- videoconferencing and telehealth technologies;
- TTY and other assistive technology devices;
- computer assisted real time translation (CART) or viable real time transcriptions (VRT);
- print materials in easy to read, low literacy, picture and symbol formats;
- materials in alternative formats (e.g., audiotape, Braille, enlarged print);
- varied approaches to share information with individuals who experience cognitive disabilities;
- materials developed and tested for specific cultural, ethnic and linguistic groups;
- translation services including those of:
  - legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications)
  - signage
  - health education materials
  - public awareness materials and campaigns; and
- ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals).<sup>3</sup>

#### Culture

There are many definitions of culture. For the purposes of this instrument, the following definition was chosen. Culture is a system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned ways.<sup>4</sup>

### **Health Disparities**

A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory of physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.<sup>5</sup>

### **Equity**

For the purposes of this instrument, equity is defined as the equal opportunity to be healthy for all population groups. Equity is the absence of socially unjust or unfair disparities in access to services, quality of services, and health and mental health outcomes.<sup>6</sup>

### **Health Literacy**

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. *Retrieved on 3/4/10 from HP* 2010: Health Communication http://www.hrsa.gov/quality/healthlit.htm

### **Mental Health Literacy**

Mental health literacy is the knowledge, beliefs, and abilities that enable the recognition, management, or prevention of mental health problems. *Retrieved on 1/28/08 from the Canadian Alliance on Mental Illness and Mental Health. Retrieved on 3/4/10 from http://www.camimh.ca/files/literacy/MHL\_Report\_Phase\_One.pdf* 

### **Policy**

Policy is defined, for the purposes of this instrument, as a high level overall plan embracing the philosophy, general goals, and acceptable procedures within an organization or governing body. *Retrieved on 3/4/10 from http://www.merriam-webster.com/dictionary/Policy* 

### Resiliency

For the purposes of this instrument definitions of resiliency are the ability to:

- recover readily from illness, depression, or adversity;
   http://dictionary.reference.com/browse/resilience retrieved on 3/4/10
- recover from or adjust easily to misfortune, change, or stress.
   http://www.merriam-webster.com/dictionary/resilience retrieved on 3/4/10

#### **References for Definitions and Key Terms:**

- 1. Mason, J. L. (1995). Cultural competence self-assessment questionnaire: A manual for users. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.
- 2. Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I.* Washington, DC: Georgetown University Child Development Center.
- 3. Goode, T. D., & Jones, W. A. (2009). Definition of linguistic competence. National Center for Cultural Competence, Georgetown University Center for Child & Human Development. Retrieved on 2/24/10 from http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html.
- 4. Wenger, A. F. Z. (1993). Cultural meaning of symptoms. Holistic Nursing Practice, 7(2), 22.
- 5. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I Report Recommendations for the Framework and Format of Healthy People 2020, p. 28. Retrieved on 2/24/10 from http://www.healthpeople.gov/HP2020/advisory/PhaseI/Phased1.pd.
- 6. Braverman, P., & Gruskin, S. (2003) Defining equity in health. Journal of Epidemiology and Community Health, 57; 254-258.

## **Guidelines for Completing the CLCFOA**

This set of questions asks that you tell us about what you know and your opinions about how things work in your family organization. Sometimes it may be hard to answer a question—just do your best and check the box that seems the best choice. Please try to answer all questions. **There are no right or wrong answers.** Remember that it is important to check only one box for each question. Refer to the accompanying document, *Guide for Using the Cultural and Linguistic Competence Family Organizational Assessment Instrument*, for additional information.

### **Our World View**

This section asks for the perspectives of staff or volunteers about: (1) the family organization's philosophy, values, and commitment to cultural and linguistic competence, and (2) the extent to which this world view guides organizational behavior and is established policy. It asks about the family organization's world view of diversity and approaches to inclusion and equity.

Ple	ase check only one box per item.					
In	my view, our organization:					
1.	Views itself as having responsibility for serving all families.	□ Not at	t All [	□ A Little	☐ Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding prin	nciples. $\square$	☐ Yes	□ No [	☐ Don't Know	
2.	Honors and respects families and youth of diverse cultures.	☐ Not at	t All [	□ A Little	☐ Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding prin	nciples. $\square$	] Yes	□ No [	☐ Don't Know	
3.	Recognizes the strengths, skills, and resiliency of diverse families and youth.  Resiliency refers to recover readily from illness, depression, or adversity; and the ability to recover from or adjust easily to misfortune, change, or stress.	□ Not at	t All [	□ A Little	☐ Somewhat	□ Very Much
	This value is written in our organization's vision, mission, and/or guiding prin	nciples. $\square$	Yes	□ No [	☐ Don't Know	
4.	Believes that youth and families should be paid for their time and expertise that helps the organization do its work.	□ Not at	t All [	□ A Little	☐ Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding prin	nciples. $\square$	☐ Yes	□ No [	☐ Don't Know	
5.	Is committed to addressing disparities in health and mo	ental he	alth	related	to:	
	a. Race and Ethnicity	☐ Not at	t All [	☐ A Little	$\square$ Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding prin	nciples. $\square$	☐ Yes	□ No [	☐ Don't Know	
	b. Language(s) Spoken or Used	☐ Not at	t All [	☐ A Little	☐ Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding prin	nciples.	Yes	□ No [	☐ Don't Know	

In r	ny view, our organization:					
	c. Gender	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□No	☐ Don't Know	
	d. Sexual Orientation, Gender Identity or Expression	□ No	t at All	☐ A Little	e 🗆 Somewhat	$\square$ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
	e. Geography	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
6.	Is committed to including persons from diverse communities in all aspects of our work.	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
7.	Believes that it is important to advocate with and on be	ehalf o	f dive	erse con	nmunities to	:
	a. Promote health and mental health equity	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
	b. Eliminate health and mental health disparities	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
	c. Promote health and mental health equity	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
8.	Is committed to diversity in our					
	a. Board	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
	b. Leadership	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
	c. Staffing	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□ No	☐ Don't Know	
	d. Volunteers	□ No	t at All	☐ A Little	e 🗆 Somewhat	☐ Very Much
	This value is written in our organization's vision, mission, and/or guiding pri	nciples.	☐ Yes	□No	☐ Don't Know	

5

 $\square$  Not at AII  $\square$  A Little  $\square$  Somewhat  $\square$  Very Much

9. Our organization could benefit from some help

with addressing cultural and linguistic competence in our vision, mission, and guiding principles.

CO	MMENTS:					
	Who We Are					
	This section looks at the diversity of staff and				e training and	ongoing
	development needed to support cultural and	i iiiguistic co	nnpei	ency.		
Ple	ase check only one box per item.					
1.	The diversity of the families, that it is	our missio	n to	serve is ref	lected in our	vie
1.	a. Board			-		□ Do Not Have a Board
	b. Organizational Management			☐ In Progress		
	c. Staff			•	☐ Don't Know	
	d. Volunteers	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	☐ Do Not Use Volunteers
	e. Consultants	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	☐ Do Not Use Consultants
2.	Our organization requires and provid practices related to cultural and lingu					licies, and
		-				☐ Do Not Have a Board
	b. Organizational Management	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	
	c. Staff	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	
	d. Volunteers	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Volunteers
	e. Consultants	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Consultants
3.	Our organization requires and provid cultural and linguistic competency for		n-se	rvice and/or	opportuniti	es for training in
	a. Board Members	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	☐ Do Not Have a Board
	b. Organizational Management	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	
	c. Staff	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	
	d. Volunteers	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Volunteers
	e. Consultants	☐ Yes ☐	□No	☐ In Progress	☐ Don't Know	☐ Do Not Use Consultants

### Who We Are

4.	Our organization provides mentoring, linguistic competency to the work of:	coaching	, and/	or supervisi	on to apply	cultural and
	a. The Board	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	☐ Do Not Have a Board
	b. Organizational Management	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	
	c. Staff	$\square$ Yes	$\square$ No	☐ In Progress	☐ Don't Know	
	d. Volunteers	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Volunteers
	e. Consultants	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Consultants
5.	Our organization includes knowledge position descriptions for:	and skill	s rela	ted to cultur	al and lingu	istic competency in
	a. Board Members	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	$\square$ Do Not Have a Board
	b. Organizational Management	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	
	c. Staff	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	
	d. Volunteers	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Volunteers
	e. Consultants	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	$\square$ Do Not Use Consultants
6.	Our organization includes knowledge performance evaluations for:	and skill	s rela	ted to cultur	al and lingu	istic competency in
	a. Organizational Management	☐ Yes	$\square$ No	☐ In Progress	☐ Don't Know	
	b. Staff	☐ Yes	$\square$ No	$\square$ In Progress	☐ Don't Know	
	c. Volunteers	☐ Yes	$\square$ No	$\square$ In Progress	☐ Don't Know	$\square$ Do Not Use Volunteers
	d. Consultants	☐ Yes	□ No	☐ In Progress	☐ Don't Know	☐ Do Not Use Consultants
C0	MMENTS:					

# **What We Do**

This section looks at how cultural and linguistic competency applies to the core functions of family organizations, including connecting with families, education, peer-to-peer support, information and referral, advocacy, and advising and partnering.

Ple	ase check only one box per item.					
	nnecting with Families r organization:					
1.	Keeps up-to-date on which population groups live in the area we serve and tracks any changes that take place.	□ Never	□ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know
2.	Collects demographic data on race, ethnicity, language, and national origin of groups we serve.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
3.	Uses a process to review demographic data and identify groups not being served.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know
4.	Identifies and works with natural networks of support in diverse communities to increase awareness and acceptance of services and supports we offer. Natural networks of support are the people and organizations that families turn to for help in their everyday lives.	□ Never	□ Seldom	□ Sometimes	☐ Routinely	□ Don't Know
5.	Builds relationships with diverse community leaders so that they know about and feel comfortable using the services and supports we offer.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
Fd	ucation					
	r organization's educational activities:  Take into account:  a. literacy levels  b. language preference and need  c. the ways that people like to learn  (e.g., written materials, workshops,  DVDs or videos, conversations, etc.)	□ Never □ Never □ Never	☐ Seldom ☐ Seldom ☐ Seldom	☐ Sometimes ☐ Sometimes ☐ Sometimes	☐ Routinely ☐ Routinely ☐ Routinely	☐ Don't Know☐ Don't Know☐ Don't Know
2.	Have content tailored to the unique needs, concerns, values, and beliefs of diverse cultural groups.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know
3.	Take into account current and past experiences families have had either in the U.S., tribal lands, territories, or in their country of origin.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know

Ou:	organization's educational activities:										
4.	Engage diverse families and community mem	bers in:									
	a. Design of educational activities	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know					
	b. Delivery of educational activities	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know					
	c. Evaluation of educational activities	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know					
5.	Take place at times and in places that are:										
	a. convenient for children, youth and families	☐ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
	b. welcoming for children, youth, and families	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know					
	Peer to Peer Support										
	organization's peer to peer support activities:	□ Navar	□ Caldam	□ Comotimos	□ Doutingly	□ Don't Know					
1.	Make sure that diverse families and youth are part of our peer support network.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
2.	Take culture and language into account when pairing families with peers.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
3.	Offer different ways of providing peer support that match the ways families and youth of different cultures want to receive support.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
4.	Engage diverse families and community mem	bers in t	he:								
	a. Design of peer-to-peer support	☐ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
	b. Delivery of peer-to-peer support	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know					
	c. Evaluation of peer-to-peer support	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know					
Inf	ormation and Referral										
	r organization:										
1.	Collects and organizes information about resources that exist within diverse communities.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
2.	Makes referrals to services and supports that take language and culture into account.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
3.	Conducts follow-up activities with families to determine their satisfaction with the information and referrals provided.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
4.	Supports families to look for and find information and resources based on their cultural beliefs and practices.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know					
5.	Identifies and develops resources, directories, and information in the languages most frequently spoken in the area.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					
6.	Organizes and presents information in formats that are easy to understand and use.	☐ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know					

### **Advocacy**

orga		

1.	Finds out if and how families from diverse backgrounds prefer to advocate for themselves.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
2.	Adapts strategies for advocacy to the cultural	values, t	eliefs, ex	periences, a	nd practice	es of:
	a. immigrant families.	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know
	b. refugee families who have experienced trauma or oppression by government.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
	c. families from cultural groups who have been denied power and experienced discrimination throughout history.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
	d. families whose cultural values may make it hard for them to challenge authority.	☐ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
	e. families who prefer not to speak in public.	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know
3.	Takes into consideration how culture affects how families choose who can participate in advocacy (e.g., age, gender, status in the family	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
4.	Uses training and supervision to prepare and support family leaders to advocate for and with families from cultures other than their own.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know
5.	Advocates for systems of services and supports that are culturally and linguistically competent.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know
6.	Advocates for systems of services and support	s to elin	ninate dis	parities bas	ed on:	
	a. Race and Ethnicity	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know
	b. Language(s) Spoken or Used	$\square$ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know
	c. Geography	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know
	d. Gender	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know
	e. Sexual Orientation, Gender Identity or Expression	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know

# **Advising and Partnering**

Ou	r organization:					
1.	Offers professional development and training activities that include content on cultural and linguistic competency.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know
2.	Promotes cultural and linguistic competency in our partnership with professionals and institutions (e.g., committees, advisory boards, and projects).	□ Never	☐ Seldom	☐ Sometimes	□ Routinely	□ Don't Know
3.	Helps professionals find information and resources to meet the cultural and linguistic preferences and needs of the families we serve.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know
4.	Provides information to organizations and professionals that work with specific cultural groups, about the unique issues of children and youth with special health care needs, behavioral health needs, disabilities, and their families.	□ Never	☐ Seldom	□ Sometimes	☐ Routinely	□ Don't Know
CO	MMENTS:					

# **How We Work**

This section looks at how the family organization applies cultural and linguistic competency to:

(1) structure and funding, and (2) community engagement and leadership activities.

Please check only one box per item.

### **Our organization:**

1.	Engages culturally and linguistically diverse communities and makes sure they are active partners in all phases of our organization's activities including:									
	a. Planning	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
	b. Implementation	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
	c. Evaluation	$\square$ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
2.	Has dedicated funding in its budget for:									
	a. interpretation and translation services.	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
	b. paying families and youth for their time and expertise to help the organization do its work.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know				
	c. training activities for staff, volunteers, consultants, and board members on cultural and linguistic competency.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know				
	d. creating and adapting our materials and products to match the reading levels and language preferences and needs expressed by families.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know				
	e. development and adaptation of services and supports for diverse families and communities.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know				
	f. data collection and analysis to support cultural and linguistic competency.	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know				
3.	Ensures cultural and linguistic competency th	rough es	stablished	<b>l</b> :						
	a. Policies and procedures	☐ Never	☐ Seldom	☐ Sometimes	☐ Routinely	☐ Don't Know				
	b. Practices	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
4.	Includes cultural and linguistic competence in all of its planning activities (e.g., strategic planning, budget planning, program planning and staffing).	□ Never	☐ Seldom	☐ Sometimes	☐ Routinely	□ Don't Know				
5.	Makes sure that culturally and linguistically cleadership of our organization by:	liverse f	amilies aı	nd youth are	e part of th	e				
	a. Active recruitment	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
	b. Training	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				
	c. Mentoring/Coaching	☐ Never	$\square$ Seldom	$\square$ Sometimes	$\square$ Routinely	☐ Don't Know				

COMMENTS:									

# About The National Center for Cultural Competence

The National Center for Cultural Competence (NCCC) provides national leadership and

contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC is a component of the Georgetown University Center for Child and Human Development and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

The NCCC provides training, technical assistance, and consultation, contributes to knowledge through publications and research, creates tools and resources to support health and mental health care providers and systems, supports leaders to promote and sustain cultural and linguistic competency, and collaborates with an extensive network of private and public entities to advance the implementation of these concepts. The NCCC provides consultation to local, state, federal and international governmental agencies, family and advocacy support organizations, local hospitals and health centers, healthcare systems, health plans, mental health systems, universities, quality improvement organizations, national professional associations, and foundations.

#### **Suggested Citation**

Goode, T., Jones, W., Jackson, V., Bronheim, S., Dunne, C., & Lorenzo-Hubert, I. (2010). *Cultural and Linguistic Competence Family Organization Assessment Instrument*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

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This instrument was developed with funding from two sources: (1) a contract with United Advocates for Children and Families, Statewide Family Network Technical Assistance Center, Sacramento, CA; and (2) Cooperative Agreement # U40MC00145, U.S. Department of Health and Human Resources, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Services for Children and with Special Health Needs. The Project Officer for this Cooperative Agreement is Diana Denboba.