A Guide for Using the
Cultural and Linguistic Competence Family Organization Assessment Instrument

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Acknowledgments

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Introduction

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. The process of self-assessment can include the administration of an instrument, such as the Cultural and Linguistic Competence Family Organization Assessment (CLCFOA). It can also include:

- focus groups,
- structured interviews,
- analysis of community, regional, and state demographic data, and
- review of the organization's values, mission, policies, procedures, budget, and web/print documents.

There are many tools and instruments to assess organizational cultural and linguistic competence. However, none has been specifically developed to address the unique functions of family organizations concerned with children and youth with mental, emotional and behavioral health disorders, special health care needs, and disabilities. The 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.

The Benefits

There are many benefits for family organizations to engage in cultural and linguistic competence self-assessment. Such benefits include but are not limited to:

- gauging the degree to which family organizations are effectively addressing the preferences and needs of culturally and linguistically diverse groups;
- establishing partnerships that will meaningfully involve families, youth, community stakeholders, and key allies;
- improving access to the array of services and supports provided by family organizations;
- increasing acceptability of and satisfaction with services and supports that families and youth receive;
- ensuring that resources (staff and fiscal) are set aside to improve the quality of services and supports; and
- determining strengths and areas for growth for both staff and the family organization as a whole.

Values and Guiding Principles for Self-Assessment

The NCCC uses the following set of values and principles to guide all self-assessment processes.

■ **Self-assessment is a strengths-based model.**
The purpose of self-assessment is to identify and promote growth among individuals and within organizations that enhances their ability to deliver culturally and linguistically competent services and supports. Self-assessment emphasizes the identification of strengths, as well as areas of growth, at all levels of an organization. The process also allows organizations to identify and acknowledge their internal strengths or assets, particularly those of staff that may be inadvertently overlooked.

■ **A safe and non-judgmental environment is essential to the self-assessment process.**
Self-assessment is most productive when conducted in an environment that (1) offers participants an opportunity to give honest statements of their level of awareness, knowledge, and skills related to cultural and linguistic competence; (2) provides an opportunity for participants to share their individual perspectives in a candid manner; and (3) ensures that information provided will be used to effect meaningful change within the organization. The NCCC embraces the concept that cultural competence is developmental and occurs along a continuum (Cross et al., 1989). It matters not where an individual or organization starts, as long as there is continued progression toward the positive end of the continuum.

■ **A fundamental aspect of self-assessment ensures the meaningful involvement those who receive services and supports, community stakeholders, and key allies.**
Principles of self-determination and cultural competence ensure that service recipients are completely involved in processes to plan, deliver, and evaluate the services and supports they receive. These principles extend beyond the individual to the community as a whole. Self-assessment must seek and value the experiences and perspectives of those who receive services and supports. Similarly, opinions should be sought from key stakeholders and allies within the broader system of care. An inclusive self-assessment process can bring about alliances and partnerships that have long-lasting benefit for the organization and for the larger community.

■ **The results of self-assessment are used to enhance and build capacity.**
The intent of the self-assessment process is neither to give a score or rating nor to label an individual or an organization. Rather, it is intended to provide a snapshot of where an individual or organization is at a particular point in time. Results should be used at the: (1) individual level to identify specific areas of knowledge and skills for continued growth; and (2) organizational level for strategic planning, quality improvement, and organizational change processes. The NCCC's experiences with self-assessment have demonstrated that comparisons between individuals and among organizations are of little benefit. Greater benefit is gained from individual and organizational self-comparison over extended periods of time to determine the extent to which growth has occurred.

■ **Diverse dissemination strategies are essential to the self-assessment process.**
Self-assessment results should be shared with participants and key stakeholders in a manner that meets their unique needs. The NCCC uses a variety of dissemination strategies that are tailored to the specific interests of the participating organization. This approach to information sharing involves identification of the audiences and presentation of the data in formats that are most useful and accessible to them. This approach recognizes that the need for information may vary for policy makers, administrators, service providers, families, youth, stakeholders, and allies.

Instrument Description

The CLCFOA is designed as a self-assessment instrument and requires approximately 20-30 minutes to complete. It consists of four sections—*Our World View*, *Who We Are*, *What We Do*, and *How We Work*. The instrument requires responses to detailed statements based on the participant's knowledge, opinions, and experiences. It may be difficult for participants to rate their organization based on the categories given. However, it is important for participants to answer every item to the best of their knowledge. Items in each section use response fields such as "yes", "no", "don't know", or "in progress". Most items use a four-point Likert scale with a "don't know" option. Participants should check the box that reflects the best option available. *Remember, there are no right or wrong answers.*

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.

Who We Are. This section looks at the diversity of staff and volunteers. It also looks at the training and ongoing development needed to support cultural and linguistic competency.

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.

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.

A Four-Phase Approach to Self-Assessment

A four-step process for organizational self-assessment is described below. The NCCC encourages the use of this process and has used it successfully with many organizations (Goode, Brown, Mason, & Sockalingam, 2006). However, flexibility is also encouraged. Feel free to adapt the process based on the unique considerations of your family organization.

PHASE 1
Establish a Structure to Guide the Work

PHASE 2
Create a Shared Vision and Shared Ownership

PHASE 3
Collect, Analyze, and Disseminate Data

PHASE 4
Develop and Implement a Plan of Action
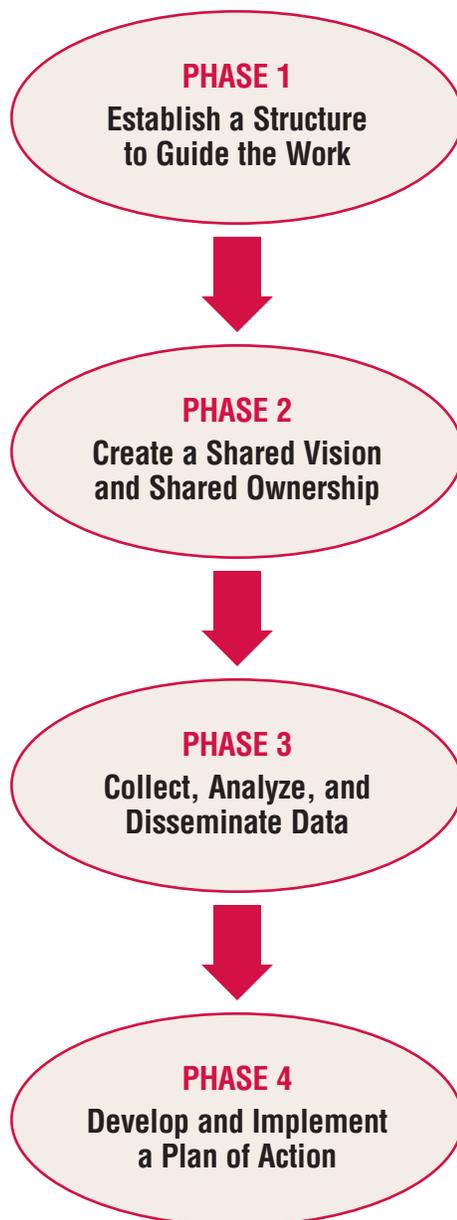
Phases to Conduct an Organizational Self-Assessment

- **Establish a structure to guide the work**
  Assemble a work group with the responsibility of coordinating the organizational self-assessment. The group can plan, implement, and provide oversight to the process. Be inclusive. Extend invitations to staff, volunteers, board members, families, youth, community partners, stakeholders, and allies.

- **Create a shared vision and shared ownership**
  Convene groups to define cultural competence and linguistic competence and explore their value and meaning for your family organization. These meetings can be held face-to-face or via teleconference. Ensure diverse participation. Include representation from staff, volunteers, families, youth, partners, community-based organizations in the service area, key stakeholders, and allies.

- **Collect, analyze, and disseminate data**
  Many data sources can be tapped for the self-assessment process including those from the CLCFOA, focus groups, interviews, Census and school enrollment data, and the family organization's own records. These data should be carefully reviewed and analyzed. Use these data to develop a report that celebrates the strengths of your family organization and details areas for growth.

- **Develop and implement a plan of action**
  Create a plan of action using the results of the organizational self-assessment. Identify priorities. Determine the strategies, activities, partners, resources, timetables, and responsible parties to achieve desired goals. Establish benchmarks to monitor and assess progress.

Useful Steps: Making the Self-Assessment Process Work for Your Family Organization

The process of self-assessment is just as important as the outcomes. There is no one method for conducting organizational self-assessment. The NCCC, however, has found the following steps to be useful based on years of experience in planning and conducting self-assessment processes for health, mental health, and other human service organizations (Goode, Jones, & Mason, 2002).

USEFUL STEPS FOR PHASE 1: Establish a Structure to Guide the Work

Identify an individual or consultant to coordinate the self-assessment process.

Some organizations choose to use a consultant, while others identify a staff member to lead or coordinate the self-assessment process. You should make this decision based on the: (1) resources available to your family organization and (2) knowledge and skills of identified staff member(s).

- **If you select a staff member, make sure that she/he is interested and has the time to devote to this effort.**
  Oftentimes, staff who have a reputation for getting things done are frequently selected or "volunteered" for yet additional tasks. Before you select your family organization's "go to person", find out if he/she is really interested in coordinating a self-assessment process. If you do indeed select your family organization's "go to" person, it may be necessary to defer decease workload or reassign tasks until the self-assessment process is completed.

- **If you get the consultant, get the right one.**
  Many consultants market their skills in the areas of diversity, cultural competence, or linguistic competence. Make sure the consultant you select is the right match for your organization and the communities it serves and for the tasks to be conducted. The consultant should have knowledge of conducting cultural and linguistic competence assessment processes and experience working with family organizations. Conduct interviews and inquire about the consultant's philosophy, definition, and frame of reference for cultural competence and linguistic competence. Determine if these views are consistent with those of your family organization, if not, you know what to do.

Put a structure in place to guide the process.

- **If you already have a committee…use it. If not, create one.**
Some organizations use existing committees and others create a work group expressly for this purpose. Decide which works best for your family organization. The work group can plan, implement, and guide the self-assessment process. Be inclusive! Extend invitations to staff, volunteers, board members, families, youth, community partners, and key stakeholders. The work group should have ready access to decision makers within the organization, or a work group member should have authority to make routine decisions during the process.

- **What do you do when work group members disagree?**
Many work groups are plagued by differences in opinion on how to get the work done. This may be further aggravated when cultural expressions of opinions are misinterpreted and misunderstood. For example, some group members may want to move quickly through an agenda because saving time is an important value. For others, who value relationships or need additional time to process complex information, moving quickly may impede their full participation. Selecting a leader who can meet the challenges of guiding a diverse group of people who may or may not have previously worked together is a necessity.

- **Making the work group work.**
Some participants may or may not have previous work group experience. So it may be necessary to make sure that all are familiar and comfortable with participating in a work group. It is important to use approaches to prepare all work group members to participate fully and effectively. Consider providing meeting summary notes, agendas, and written or audio-recorded materials in advance. Some members may benefit from being paired with another who has more experience in group processes.

  The following "words from the wise" are offered in anticipation of and to assist with group dynamics.

  - Ensure a safe environment for work group members to share their thoughts, perspectives, and feelings.
  - Let the group "be" before it "does". All groups go through a process of "storming, forming, and norming".
  - Attend to members' cultural practices—different experiences and preferences for getting work done.
  - Reach agreement on approaches for communication, conflict resolution, and decision-making to help the group do its work.
  - Attend to and address literacy and language access preferences and needs and of all group members.
  - Acknowledge and address issues associated with power (i.e., historical, perceived, and actual) among group members.

Dedicate the necessary time and resources to get the job done.

- **Make sure you have the time, people, money, and effort.**
Conducting self-assessment is time and resource intensive. Determine the scope of the self-assessment process for your family organization. You may only choose to administer and use the data from the CLCFOA. You may decide that it would be beneficial to convene focus groups and conduct structured interviews. Refer to Appendix 2 for suggested focus group protocol and sample structured interview questions. You may also decide to conduct an in depth analysis of your family

organization's written policies, procedures, budget, and web/print documents. The success of the self-assessment process in part depends on allowing ample time to complete each phase. It also depends on having the necessary staff and funding. The following "tips" are provided to help your family organization think through the time, effort and money.

Funding
- Determine the amount of funding that your family organization can devote to conducting a self-assessment.
- Remember that some resources may be in-kind or donated from community partners. One-time grants from local/national foundations may be a source of funding as well.
- Develop a realistic budget. Line items may include but are not limited to:
  – consultant fees,
  – stipends or reimbursement for family/youth participation in work group activities,
  – interpretation and translation services,
  – sign language interpretation services or other accommodations for people who experience disabilities,
  – costs associated with convening focus groups,
  – telephone/conference calls,
  – copying, mailing, and related dissemination activities, and
  – refreshments (appropriate to the time of day of meetings or focus groups and food choices that reflect community preferences).

Staffing
- Determine the responsibilities and the amount of time that staff will devote to the self-assessment process. Protect this time.
- Develop realistic timelines for meeting all tasks associated with the self-assessment process (e.g., routine meetings or teleconferences, administration of the instrument and analysis of resulting data, collection and analysis of other data, focus groups, interviews, disseminating findings).
- Make judicious use of time devoted by community partners, key stakeholders, and family volunteers.

Invite community partners, key stakeholders, and allies to the table.
- **All aboard!! Get your partners, stakeholders, and allies onboard.**
  A self-assessment process that is inclusive of community partners, key stakeholders, and allies provides an opportunity to obtain a rich variety information. Consider the following tips if your family organization chooses this path.
  - Extend an invitation to involve community partners, stakeholders, and allies from the "get go".
  - Encourage individuals and organizations to choose different ways to be involved in the self-assessment process including but not limited to:
    – provide advice in preliminary planning activities,
    – serve as work group members,
    – participate in focus groups,
    – help to identify or donate resources, and
    – provide services or staff assistance.
  - Demonstrate that contributions of each community stakeholder and partner are valued and respected.

USEFUL STEPS FOR PHASE 2: Create a Shared Vision and Shared Ownership

Getting Buy-in and Group Members on the Same Page

Many organizations move forward with conducting an organizational self-assessment without first going through an important step—creating a shared vision and fostering shared ownership for cultural and linguistic competence. Creating a shared vision and fostering shared ownership are most effective when rooted in (1) a shared vocabulary and understanding of the concepts, (2) inclusive processes, and (3) buy-in strategies tailored to meet individual interests and needs. The following insights are offered based on past experiences in leading and conducting these efforts.

1. **Shared vocabulary, Shared understanding**

   There are many concepts and definitions for cultural competence and linguistic competence. Moreover, these terms are often used interchangeably or as if they have the same meaning (e.g., cultural sensitivity, cultural awareness, culturally appropriate, culturally effective, linguistically appropriate). Many mistakenly think that cultural competence and linguistic competence are solely for and about people of color or members of racial groups other than Non-Hispanic White. These concepts are relevant for and applicable to all people since we are all cultural beings. It is important to have a shared vocabulary and shared understanding of key concepts and terms. This helps to move the process forward.

   > Culture is a system of collectively held values, beliefs and practices of a particular group that guides thinking and actions in patterned ways. (WENGER, 1993)

   - Review the definitions of key terms in Appendix 1 of this guide. Engage staff, families, partners, stakeholders, and allies in discussions about their meanings.
   - Identify frameworks and definitions for cultural competence and linguistic competence from existing literature. Explore and discuss their meaning and relevance.

2. **An inclusive process**

   Without a shared understanding and inclusive processes, staff, families, partners, key stakeholders, and allies may not be "on the same page". There is little documented in the literature that describe how family organizations used inclusive processes: (a) to reach consensus on: definitions of cultural competence and linguistic competence, and (b) what they mean to their mission and work.

   - Compile a list of staff, families, youth, partners, key stakeholders, and allies to participate in the consensus process.
   - Review the list with an eye towards who is not at the table. Strive to assure diverse representation across racial, ethnic, linguistic, and cultural groups within the area or geographic locale served by your family organization.
   - Reach consensus on a definition and framework for cultural competence and linguistic competence. Considers these definitions and frameworks and how they relate to your family organization and the communities it serves.

3. **Buy-in strategies tailored to meet individual interests and needs**

   You can learn a lot when you pose and answer the following questions:

   - Why is cultural and linguistic competence important to our family organization?
   - How will an organizational self-assessment process help our organization in the journey toward cultural and linguistic competence?
   - What's in it for our organization? What's in it for me?

Being able to respond positively and with confidence to these questions will assist your family organization to develop "buy in" strategies that are tailored for different stakeholders and allies. What's meaningful for one group or segment of the community may not be same for others. For example, families may want assurance that their cultural beliefs and practices will be honored and respected when they seek guidance and support. Staff may want to improve the quality of services and supports they deliver or increase the diversity of the families they serve. Community partners may see the benefit of increasing your family organization's capacity to reach and serve families in a certain geographic area or those with language barriers. Efforts to get "buy in" should be planned, deliberate, and strategic.

- Clearly state your family organization's reason for organizational self-assessment.
- Generate a list of expected benefits that can come from the self-assessment process.
- Enlist the assistance of "champions" or those who have credibility and influence among their peers and/or within their respective communities.
- Ask other organizations that have engaged in self-assessment to share their stories—both challenges and successes.
- Invite "naysayers" or the "opposition" to the table. Opposing opinions should be represented at the table; they can help shape strategies and approaches to better address and counter opposition. It is particularly beneficial when a naysayer is 'converted' and becomes a credible voice within the opposition.

4. **Shared Vision**
   Creating a vision for cultural and linguistic competence is a powerful process that enables all to have a stake in the benefits and outcomes.

- Engage staff, families, partners, key stakeholders, and allies in a process to create a shared vision.
- Pose the questions: In five years if our family organization was culturally and linguistically competent, what would it look like? What would be different?
- Review responses to the questions and reach a group consensus on a vision statement.

USEFUL STEPS FOR PHASE 3: Collect, Analyze and Disseminate Data

The scope of the self-assessment process your family organizations chooses to conduct will have a direct bearing on the types of data to be collected and analyzed. Data sets may include, but are not limited to: (1) the completed CLCFOA instrument, (2) focus groups, (3) structured interviews, (4) community, local, regional, and state demographic data, and (5) organizational records. The following guidance is provided to assist your family organization with administering and scoring the CLCFOA.

Administering the CLCFOA
This is how you do it.
A successful self-assessment, in part, depends on how much the staff and board members understand, embrace, and are enthusiastic about the process. Your "buy in" strategies should have helped pave the way for this phase. You will want to tailor the self-assessment process to your family organization. There are different approaches to consider when using the CLCFOA. Your family organization may be a very small program and you may decide that the best approach is to use the instrument to guide a discussion. This approach works if the group is so small that confidentiality is unlikely. It is best, however, to allow individuals to complete the instrument in a way that provides confidentiality so

that they can be as forthright as possible. Remember, you will decide what works best for your family organization. The following strategies are offered to guide your way.

- Determine who will complete the CLCFOA and how it will be disseminated. You know your organization best and the preferred ways of receiving the CLCFOA (e.g., individually or group, face-to-face meeting, e-mail, U.S. mail).

- Emphasize why your family organization is invested in conducting an organizational self-assessment including the potential benefits.

- Take measures to address confidentiality and trust that may get in the way of the self-assessment process.

- Review the instrument with participants and answer any questions.

- Establish timelines for the return of all mail-in CLCFOA instruments.

Scoring the CLCFOA

This is how you score it.

The CLCFOA is not designed to give a "grade" to your organization. The CLCFOA is intended to help identify areas of strength and growth within your family organization, and to provide guidance for the next leg of your journey toward achieving cultural and linguistic competence. Detailed guidance on how to score the CLCFOA follows. (A Likert scale is widely used in questionnaires and typically provides multiple options for response such as strongly disagree, disagree, neutral, agree, strongly agree).

1. Set up a way to record the scores on each item for each person completing the CLCFOA. You can use any of the following to record CLCFOA scores—an electronic spreadsheet, such as Excel, a paper grid or spreadsheet, or computer statistical software. Set this up so that you can enter each response and then can easily count how many people completing the instrument chose each response option. For example, in the first section, Our World View, you should have a place for the four response options in the Likert Scale for each item, as well as *yes*, *no*, or *don't know* about policy for each of these items. (A Likert scale is widely used in questionnaires and typically provides multiple options for response such as strongly disagree, disagree, neutral, agree, strongly agree).

2. After entering the data from all of the completed CLCFOA instruments, calculate the number of each type of response. Next, calculate percentages for each response. It may be useful to total the number for each response across an entire section or subsection. This will provide you with an overview of which are areas of strength or areas for growth for your family organization.

3. Choose criteria for a definition of areas of strength and areas for growth for your family organization. Consider the following options.

   - The NCCC suggests that on items with "Yes/No/In progress/Don't know" response options, at least 75% of those completing the CLCFOA choose "yes" would qualify as areas of strength. Areas for growth are those below that level. Items on which a large percentage reported that the activity is "in progress" can be opportunities for more immediate success. Any areas where fewer than 25% of those completing the CLCFOA chose "yes" might be considered as particular challenges for your family organization.

   - On items with response options of "Never to Routinely", the NCCC suggests that strengths are items on which 75% or more choose "Routinely". Items on which 75% choose "Routinely" or "Sometimes" may also be viewed as relative strengths and areas that might be opportunities for more immediate success. Items with percentages of response lower than 75% are areas for growth. Areas that had fewer than 25% choosing "Routinely" or "Sometimes", might be considered areas of particular challenge for your family organization.

Analyzing and Reporting Data from the CLCFOA

After you have completed the scoring, your family organization can look at each of the four sections or particular items to identify strength and growth areas. If your family organization chooses a statistical approach, treat the information as frequency data. The NCCC does not recommend calculating or reporting mean scores on items or the instrument as a whole. Questions to consider in analyzing the data are:

1. What are the specific areas of strength or areas for growth?

2. Are policies in place to support our work? If so, are members of our family organization aware of them?

3. Are different segments of our family organization (e.g., board, staff, volunteers, consultants) aware of our policies and practices related to cultural and linguistic competency?

4. Are there areas in which we are "almost" there and could quickly make progress?

5. How might our areas of strength help us make progress on our areas for growth?

USEFUL STEPS FOR PHASE 4: Develop and Implement a Plan of Action

The process of self-assessment yields a wealth of information. Now that all of the data analysis is completed, you can begin Phase 4. This phase of the process involves using all of the information you have collected and analyzed to develop an action plan. The action plan should clearly state the priorities and goals that your family organization establishes for cultural and linguistic competence. A well-developed plan helps ensure that your family organization has a fully detailed road map for the journey it is undertaking, and that all involved will be knowledgeable about their roles and responsibilities. The following tips are offered to assist with developing and implementing a plan of action.

Strategic planning, action planning. What's the difference?

Many family organizations have strategic plans that set forth broad directions for an established period of time, typically five years or more. An action plan is not a substitute for your family organization's strategic plan. As presented in this guide, an action plan is an effective tool for using the self-assessment results to plan for organizational change specifically related to cultural and linguistic competence. The action planning process should be used to:

> An action plan is a tool for moving forward on a strategy or project that has already been agreed upon or about which there is already consensus. (INSTITUTE FOR CULTURAL AFFAIRS, 2002)

- clarify and delineate tasks;

- align the creativity, actions, roles, and responsibilities of work group members;

- determine necessary actions, roles and responsibilities;

- build trust, support, enthusiasm, and consensus;

- create an implementation time line to accomplish tasks; and

- coordinate actions and assignments.

The following are tips for developing and implementing an action plan for your family organizations.

- Establish a process for developing an action plan and select someone who is knowledgeable and skilled to lead the process.
- Be inclusive. Invite staff, families, partners, stakeholders, and allies to be part of the process. They will enrich and bring valuable resources to the action planning process.
- Develop an action plan that consists of the following elements.
- Establish benchmarks to monitor and assess progress at regular intervals.

Strategy/Activity	Organization	Resources	Time Table	Responsible Parties

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Conclusion

If you have reached this point in the guide, congratulations!! Your family organization is well on its way to exploring the benefits of cultural and linguistic competence organizational self-assessment. The energy and drive to continue this momentum will require focused leadership, partnerships, and dedicated resources. As stated previously, the process of organizational self-assessment is not a one-time thing to check off your list. You will be able to use this process, on a routine basis, to both gauge and guide your efforts to incorporate cultural and linguistic competency within all aspects of your family organization.

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APPENDIX 1
Key Terms and Definitions

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.[1]

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum.

Linguistic Competence

Definitions of linguistic competence vary considerably. Such definitions have evolved from diverse perspectives, interests and needs and are incorporated into state legislation, federal statutes and programs, private sector organizations, and academic settings. The following definition, developed by the NCCC, provides a foundation for determining linguistic competence in health care, mental health, and other human service delivery systems. It encompasses a broad spectrum of constituency groups that could require language assistance or other supports from an organization, agency, or provider.

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 and mental 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).[2]

Culturally Effective Care
The American Academy of Pediatrics (AAP) defines culturally effective (pediatric) health care as the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of all cultural distinctions leading to optimal health outcomes. The AAP uses the term "culture" to signify the full spectrum of values, behaviors, customs, language, race, ethnicity, gender, sexual orientation, religious beliefs, socioeconomic status, and other distinct attributes of population groups.[3]

Cultural Awareness
Being cognizant, observant and conscious of similarities and differences among and between cultural groups.[4] "Recognition of one's own cultural influences upon values, beliefs and judgments, as well as the influences derived from the professional's work culture." (p.9)[5]

Cultural Sensitivity
Understanding the needs and emotions of your own culture and the culture of others.[6]

Culturally Appropriate
Denotes an approach that considers multiple cultural factors (e.g., beliefs, values, norms, language, experiences, gender, sexual orientation/gender identity, age, class, education) in the design and delivery of services, training, research, collaboration/partnerships, and community engagement.[7]

Culture
There are many definitions of culture. For the purposes of the CLCFOA instrument and guide, culture is defined as a system of collectively held values, beliefs, and practices of a group which guides thinking and actions in patterned ways.[8]

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.[9]

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.[10]

Ethnic

Of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.[11]

An ethnic group is socially distinguished or set apart by others or by itself, primarily on the basis of cultural or national-origin characteristics.[12]

Ethnicity

How one sees oneself and how one is "seen by others as part of a group on the basis of presumed ancestry and sharing a common destiny…Common threads that may tie one to an ethnic group include skin color, religion, language, customs, ancestry, and occupational or regional features."[13] In addition, persons belonging to the same ethnic group share a unique history different from that of other ethnic groups. Usually a combination of these features identifies an ethnic group. For example, physical appearance alone does not consistently identify one as belonging to a particular ethnic group.

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.[14]

Limited English Proficiency

Limited English Proficiency is a regulatory defined term and refers to individuals who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.[15]

Linguistically Appropriate

Communication approaches (written, sign, verbal) that are responsive to the unique cultural, language, and literacy needs of an individual or population.[16]

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.[17]

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.[18]

Race

There is an array of different beliefs about the definition of race and what race means within social, political and biological contexts. The following definitions are representative of these perspectives:

- A tribe, people or nation belonging to the same stock; a division of humankind possessing traits that are transmissible by descent and sufficient to characterize it as a distinctive human type;

- Is a social construct used to separate the world's peoples. There is only one race, the human race, comprised of individuals with characteristics that are more or less similar to others;[19]

- Evidence from the Human Genome Project indicates that the genetic code for all human beings is 99.9% identical; there are more differences within groups (or races) than across groups.

- The IOM states that in all instances race is a social and cultural construct. Specifically a "construct of human variability based on perceived differences in biology, physical appearance, and behavior".[20] The IOM states that the traditional conception of race rests on the false premise that natural distinctions grounded in significant biological and behavioral differences can be drawn between groups.[21]

Resiliency

For the purposes of the CLCFOA instrument and guide, definitions of resiliency are the ability to:

- recover readily from illness, depression, or adversity;[22]
- recover from or adjust easily to misfortune, change, or stress.[23]

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APPENDIX 2
Suggested Structured Interview Questions

Your family organization may choose to augment data collected from the CLCFOA by conducting structured interviews with families, youth, community partners, key stakeholders, and allies. The following questions are offered for your consideration, use, and/or adaptation.

- How well known is our family organization in your community? In the culturally diverse communities within your service area or those that you represent?

- In which ways do you think our family organization demonstrates that it values diversity?

- What do you believe are our family organization's greatest strengths in providing services and supports to culturally and linguistically diverse: (a) children, (b) youth and (c) families? Where could we improve?

- Our family organization is engaged in a process to enhance its cultural and linguistic competence. What approaches do you recommend to help us in our journey?

- What are ways in which we (your organization or constituency groups and our family organization) can collaborate to address cultural and linguistic competence?

Suggested Focus Group Protocol

In addition to the CLCFOA, your family organization may decide to conduct focus groups with families and other key stakeholders to gather additional data. The following tips are provided to assist with the process.

Tips for Conducting Focus Groups	
Selecting a Facilitator	• Choose a facilitator who is knowledgeable in conducting focus groups processes and who is not a member of your family organization's board, staff, or pool of volunteers. • Decide on goals and outcomes and desired approaches to reach them.
Recruitment	• Include a diverse pool of participants that reflect the demographics of the community, service area, or state. • Include representatives of demographic groups new to the geographic area or groups that your family organization has not been effective in reaching.
Compensation for Participants	• Decide whether or not your family organizations will offer compensation for participation. If so, find out about and adhere to local or cultural norms for compensation. • Be aware that some individuals may have cultural beliefs that equate the acceptance of monetary compensation as a pay off or bribe for making positive statements. Use cultural brokers and key informants to assist you obtaining this kind of information. • Some participants may require reimbursement for expenses incurred to participate in the focus group (transportation, child care, respite etc.).
Language Access Services and Accommodations	• Some participants may need or prefer interpretation and translation services in order to participate. Determine participants' level of need in advance and secure the appropriate language access services. • Ensure that accommodations are made for focus group members who have disabilities and those who are deaf and hard of hearing (e.g., Braille, large print, sign language).
Getting Started	• While family organization staff may give the welcome (initial greetings and acknowledgements), the focus group should not include staff or board members. This environment encourages and allows participants to share opinions and ideas freely and candidly. • The facilitator should: – welcome participants and conduct introductions. – explain what a focus group is (i.e., similar to an opinion survey, a process that uses general, broad questions and emphasizes that there are no right or wrong, or good or bad answers). – provide background information and purpose of the group discussion. • Participants should receive assurances that their comments will be confidential or that no one will trace their comments back to them. However, some participants may want comments attributed to them and this should be honored. • All participants should sign a consent form that is available in the language of their preference. Consent should be explained orally if a participant has difficulty or is unable to read.

Tips for Conducting Focus Groups	
Logistics	• It may be necessary to convene multiple focus groups. Keep the groups small with 8-12 participants. • Convene focus groups at times and in settings that are convenient for participants. • For a variety of reasons, some organizations opt to convene focus groups via teleconference. This will require a facilitator that is comfortable with this format, a specific protocol for teleconferences, and other logistics such as toll-free telephone service and audio-recording. Careful consideration should be given as this format may not be the best option for some participants. • Offer refreshments or meals depending upon what time of the day the focus group is conducted.
Other Considerations	• Ensure that participants understand that the focus group is not a forum to debate ideas and that a diversity of ideas is highly valued and important to the data gathering process. • Pay particular attention to tension that may arise based on race, ethnicity, culture, language, immigration status, sexual orientation and gender identity, class, or other factors. • Approval by an Internal Review Board may be required to conduct focus groups depending on organizational policy.

Resources for Conducting Focus Groups

The Community Tool Box—Conducting Focus Groups
http://ctb.ku.edu/tools/en/section_1018.htm

Conducting Focus Groups
http://www.cse.lehigh.edu/~glennb/mm/FocusGroups.htm