CULTURAL COMPETENCY
ORGANIZATIONAL ASSESSMENT
QUESTIONNAIRE

PURPOSE: To provide organizations, agencies, and programs with a tool for assessing and reviewing their resources, capabilities, and methods of providing services to racial, ethnic, and cultural populations.

To identify areas in which technical assistance, training, and resources are needed.

To identify specific goals and objectives for improving the cultural competence of an agency, organization, or program.

INTENT: To encourage organizations, agencies, and programs to engage in a process of self study and review of their proficiency, limitations, and needs for improving their ability to provide culturally competent services.

METHOD: This questionnaire will be completed by a process of discussions(s) by all staff or a group of designated representatives charged with reporting back to the areas they represent.

Self Study Topics

Mission
Governance
Accessibility
Human Resources and Development: Personnel Practices
Staff Diversity/Consumer Diversity Matching
Services: Consumer/Family Involvement
Services: Language, Culture, Community Training
Cultural Competency Goals and Objectives

Terry L. Cross
© NWICWA
### MISSION

1. Does your organization, agency, or program have an explicit commitment or contractual agreement to serve all racial, ethnic, and cultural groups?

   _____ Yes       _____ No

   How is this demonstrated in your institutional policies and practices?

2. Does your organization, agency, or program have an explicit commitment or contractual agreement to serve and specific subgroup(s)?

   Please describe.
GOVERNANCE

1. Does your organization, agency, or program’s governing and administrative staff proportionately reflect the race, gender, age, and other cultural differences of your community and consumer population?
   
   ____ Yes     ____ No

   Describe how or how not.

2. Describe your organization, agency, or program’s numerical goals toward developing a diverse workforce and efforts or affirmative action plans toward achieving those goals.

3. Describe your organization, agency, or program’s efforts to utilize the skills, knowledge, and talents of your ethnically and culturally diverse staff, particularly in the areas of program planning and policy development.
ACCESSIBILITY

Describe the strengths and limitations of your organization, agency, or program’s accessibility in terms of the following:

1. Physical accessibility: Accommodations you provide or do not provide, routinely or upon request, for:
   a) People with severe visual disabilities:
   b) People with severe developmental disabilities:
   c) People who are severely hard of hearing or deaf:
   d) People who use wheelchairs or walkers:

2. Hours of Service:
   Who is and who is not served by the hours you are available?

   How accessible is the initial appointment for services?

   How accessible are you to the consumers you serve?

   Do you have after hours clinical coverage? ___Yes ___No
   Do you have urgent care services? ___Yes ___No

3. Program materials: Are program materials and brochures describing your program:

   Clear and written in language that is easily understood? ___Yes ___No
   Culturally and linguistically oriented to the groups you are charged with serving? ___Yes ___No
   Available, upon request, in alternative formats such as large print, Braille, computer disks, etc.? ___Yes ___No

   If yes to any of the above, how are consumers made aware of this?
<table>
<thead>
<tr>
<th>ACCESSIBILITY (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Reception:</td>
</tr>
<tr>
<td>a) How friendly and culturally sensitive is your receiving staff?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>b) What capability do you have for receiving consumers whose primary language is not English?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>c) Do you have and use TDD (Telecommunications Device for the Deaf)?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>d) Do you use voicemail? ____Yes ____No</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>5. Physical environment:</td>
</tr>
<tr>
<td>a) Do your physical environment and decor reflect the different cultural populations you serve? ____Yes ____No</td>
</tr>
<tr>
<td>If so, in what ways? If not, what efforts are you making or plans do you have to correct this situation?</td>
</tr>
</tbody>
</table>
**Personnel practices:**

1. Describe your current recruitment practices.

   a) Do these practices attempt to attract a diverse workforce?  
      ___Yes  ___No  
   b) How effective are the recruitment approaches you currently use?  
      ___Yes  ___No  

2. Do your management and supervisory processes acknowledge and respect the various contributions and strengths, and different cultural work styles of your staff?  
   ___Yes  ___No  
   a) If so, how? If not, what efforts are you making or plans do you have to correct this situation?

3. How is your diverse staff represented at different levels of position and pay?

4. How effective have you been in promoting and retaining a diverse staff?

5. How have you handled, or how do you plan to handle intercultural/interracial conflicts among staff?
**STAFF DIVERSITY/CONSUMER DIVERSITY MATCHING**

Look at the diversity of your consumers and staff:

a) Do consumer and staff diversity ratios match?  ____Yes  ____No  
   a. If not, what efforts are you making or plans do you have to correct this?

b) How well represented are the populations of the broader service community?  
   a. What efforts are you making or plans do you have to serve populations not currently represented in your consumer population?

c) Are there emerging populations in the broader service community?  
   ____Yes  ____No  
   a) If so, who are these populations, and what efforts are you making or plans do you have to meet their needs?

d) Do you have a policy or plan for hiring consumers?  
   ____Yes  ____No  
   a) If so, describe them. If not, what efforts are you making or plans do you have to develop and implement such policies and plans?
<table>
<thead>
<tr>
<th><strong>SERVICES-CONSUMER/FAMILY INVOLVEMENT</strong></th>
</tr>
</thead>
</table>
| 1. Are consumers involved in the planning and design of the services you provide?  
  ____Yes  ____No |
| 2. Have you ensured that your consumer representation is diverse?  
  ____Yes  ____No  
  a. If so, how? If not, what efforts are you making or plans do you have to do so? |
| 3. Do you involve or encourage the involvement of consumers’ family members in the planning and design of the services you provide?  
  ____Yes  ____No  
  a. If so, how? If not, what efforts are you making or plans do you have to do so? |
| 4. What ethnic, racial, or cultural groups are you currently most capable of providing with culturally proficient mental health services? In what language? |
| 5. What populations of consumers do you need more information about in order to provide better services?  
  a. What efforts are you making or plans do you have to get this information? |
| 6. How do you handle consumer grievances regarding cultural, racial, and other issues? |
### SERVICES-LANGUAGE, CULTURE, COMMUNITY

7. Are services provided in the languages preferred by your consumers at key points of contact such as reception, informed consent for treatment, evaluation, treatment, referral, and contact with family?  
   ____Yes  ____No  
   a. If no, what efforts are you making or plans do you have to do this?

8. What is your policy or practice when you are not proficient in the language or culture of the consumer?

9. Are interpreters used?  
   ____Yes  ____No  
   a. If so, are staff trained to use them? If not, what efforts are you making or plans do you have to use interpreters and train staff to use them?

10. Are interpreters trained on basic skills and knowledge about mental health and/or substance abuse?  
   ____Yes  ____No  
   a. If so, give details; if not, what efforts are you making or plans do you have to do this?

11. How do you incorporate the special concerns and treatment needs of the cultural populations you serve, i.e., cultural healing practices, celebration of cultural holidays, discussion groups on race and/or culture in relations to behavior, etc?

12. Do you maintain formal or informal links with community service systems?  
   ____Yes  ____No  
   a. If so, how and with which systems; if not, what efforts are you making or plans do you have to do so?

13. Do you conduct outreach and link with community based organizations, including “natural support networks” such as self help groups, churches, temples, schools, and neighborhood organizations?  
   ____Yes  ____No  
   a. If so, how do you do this and which organizations are involved; if not, what efforts are you making or plans do you have to do so?
TRAINING

Assessment of current status and needs:

1. What training has staff been involved in over the past two years to assist in their achieving proficiency in serving different ethnic, racial, and cultural group?

2. Have you assess your staff’s cultural competency status and training needs?  ____Yes  ____No

   If so, what are those needs? If not, what efforts are you making or plans do you have to assess those needs?

Identification of specific training goals and objectives:

1. Based on your assessment of your organization, agency, or program’s cultural competency status and needs, identify specific training that would be helpful?

   a. How do you plan to provide such training?

   b. How do you plan to promote staff participation in such training?
## CULTURAL COMPETENCY GOALS & OBJECTIVES

Based on your review and assessment of your organization, agency, or program, identify two or more goals and objectives for a one year period for improvement of your cultural competency.

Date for next review and assessment:

________________________________________

## COMPLETION OF THIS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Completed and submitted by:</th>
<th>Describe the process and nature of the involvement of others in the completion of this questionnaire:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Board</td>
<td></td>
</tr>
<tr>
<td>_____ Program</td>
<td></td>
</tr>
<tr>
<td>_____ Management</td>
<td></td>
</tr>
<tr>
<td>_____ Clinical Staff</td>
<td></td>
</tr>
<tr>
<td>_____ Clerical Staff</td>
<td></td>
</tr>
<tr>
<td>_____ Consumer</td>
<td></td>
</tr>
<tr>
<td>_____ Other</td>
<td></td>
</tr>
</tbody>
</table>

Date completed:

________________________________________

Please return this completed questionnaire to:  

By (date):

________________________________________  __________________________________

*This questionnaire is adapted from the City and County of San Francisco “DMS Cultural Competency Self Assessment Questionnaire” developed by the San Francisco DMS Committee for Culturally competent Systems of Care.*