

# 1. Introduction

Thank you for taking the time to assess your organization's cultural competence. This assessment will allow us to provide you with targeted technical assistance (TA) specifically designed to meet your organizational needs.

This survey is designed to assess your organization's progress towards realizing the Culturally and Linguistically Appropriate Services (CLAS) standards as set forth by the California Department of Alcohol and Drug Programs' Cultural Competency Quality Improvement Strategic Plan (2010-2012). The CLAS standards were adopted as guidelines to help alcohol and other drug programs achieve culturally competent service delivery

The answers you provide on this survey will be given to a consultant who is chosen based on their ability to best meet your organization's specific TA needs. This consultant will contact you after he or she has reviewed your responses to arrange a phone consultation.

Your responses will not be shared with anyone other than CA-CLAS staff and consultants. Your responses will only be reported in aggregate with other responses, never individually. The aggregate of responses will be used by CA-CLAS to determine current field needs and capacities.

## 2. Survey Instructions

Please answer the questions on this survey as completely as possible. If you are unable to answer a question, or are unsure how to answer it, please leave it blank.

For your convenience, you may exit the survey at any time by simply closing your browser. Your results will be saved automatically, and you can return at any time by clicking on the link you were sent to access the survey.

Some questions ask about organizational policies and practices. If your organization is a branch of a larger organization, please answer these questions about your local office, if possible. If the question asks about policy that is set at headquarters, and you are able to answer it, please do so. If you are not able to answer it, you may leave it blank.

This survey refers to cultural and linguistic groups. ONTRACK Program Resources defines "cultural and linguistic groups" as including racial and ethnic groups, as well as groups such as Lesbian, Gay, Bisexual, and Transgender (LGBT) people, and people with disabilities. Linguistic competency includes language skills (i.e. proficiency in languages other than English) as well as linguistically appropriate service provision (i.e. understanding appropriate terms in ethnic, LGBT, and disability communities).

### 3. Agency Information

#### 1. What is today's date?

#### 2. Contact Information

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP:

Country:

Email Address:

Phone Number:

#### 3. What is your title?

#### 4. What is your role at the agency?

  

#### 5. Please describe your process in submitting this assessment form:

Individual response (i.e. you are submitting this form by yourself on behalf of your organization)

Group response (i.e. several people are participating in the submission of this evaluation)

Team response (i.e. key people were strategically selected from within your organization to participate in the submission of this evaluation)

**6. In what setting do you provide service? Check all that apply.**

- In School
- School-Based (services provided to those recruited through schools but delivery of service mostly out of school)
- AOD Treatment Program--specify program type below
- Residential
- Outpatient
- Recovery Home/Half-way House
- Government Facility (jail, prison, public hospital, military base)
- Clinic Setting (e.g. Primary Care, Mental Health, etc)
- Private Homes (in-home services, home visits, in-home interventions)
- Internet (services are delivered through website/webinars/chatrooms/Facebook)
- Organization Sponsored Events/Programs (events or programs that take place at your facility, or at facilities that you provide)
- Community Agency (Please describe below)
- Other (please specify)

**7. How many people does your organization serve annually?**

## 4. Community Demographics

8. What county or counties do you provide services in?

9. Which would best describe your PRIMARY community context?

10. What racial or ethnic groups have a significant presence in your service area?

Check all that apply.

- African American/Black
- American Indian/Native American
- Biracial or multiracial
- Caucasion/White
- East Asian (i.e. Chinese, Japanese, Korean)
- Other (please specify)
- Latino/Hispanic/Chicano
- Middle Eastern
- Pacific Islander (i.e. Hawaiian, Samoan, Guamanian)
- South Asian (i.e. Indian, Pakistani, Bangladeshi)
- Southeast Asian (i.e. Filipino, Vietnamese, Hmong)

11. Thinking about the racial or ethnic groups that have a significant presence in your community, please rank them in order of prevalence. (Please mark the MOST prevalent racial or ethnic group 1 and the LEAST prevalent group 5)

	1	2	3	4	5
African American/Black	jn	jn	jn	jn	jn
American Indian/Native American	jn	jn	jn	jn	jn
Biracial or multiracial	jn	jn	jn	jn	jn
Caucasion/White	jn	jn	jn	jn	jn
East Asian (i.e. Chinese, Japanese, Korean)	jn	jn	jn	jn	jn
Latino/Hispanic/Chicano	jn	jn	jn	jn	jn
Middle Eastern	jn	jn	jn	jn	jn
Pacific Islander (i.e. Hawaiian, Samoan, Guamanian)	jn	jn	jn	jn	jn
South Asian (i.e. Indian, Pakistani, Bangladeshi)	jn	jn	jn	jn	jn
Southeast Asian (i.e. Filipino, Vietnamese, Hmong)	jn	jn	jn	jn	jn

Other (please specify)

**12. Which of the following cultural groups have a significant presence in your service area? Check all that apply.**

- Homeless
- LGBTQ (lesbian, gay, bisexual, transgender, questioning)
- Older adults
- People with disabilities
- Veterans
- Youth
- None
- Other (please specify)

  

**13. What languages other than English are commonly spoken in your service area? Please check all that apply.**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Japanese   |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> Korean     |
| <input type="checkbox"/> Cambodian              | <input type="checkbox"/> Mandarin   |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Persian    |
| <input type="checkbox"/> Dari                   | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Farsi                  | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Hindi                  | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hmong                  |                                     |
| <input type="checkbox"/> Other (please specify) |                                     |

## 5. Program Information

If your organization is a branch of a larger organization headquartered elsewhere, please answer questions in terms of your local office, where possible. If policy determinations are made at headquarters, please answer questions to the best of your knowledge. If you are unsure, leave the question blank.

### 14. How familiar are you with the Culturally and Linguistically Appropriate Services (CLAS) standards?

- Not at all familiar
- Not very familiar
- Somewhat familiar
- Very familiar

### 15. Does your organization have TARGETED services or outreach efforts for any of the following racial or ethnic groups? Please check all that apply.

- African American/Black
- American Indian/Native American
- Biracial or multiracial
- Caucasian/White
- East Asian (i.e. Chinese, Japanese, Korean)
- Other (please specify)
- Latino/Hispanic/Chicano
- Middle Eastern American
- Pacific Islander (i.e. Hawaiian, Samoan, Guamanian)
- South Asian (i.e. Indian, Pakistani, Bangladeshi)
- Southeast Asian (i.e. Filipino, Vietnamese, Hmong)

  

### 16. Does your organization have TARGETED outreach or services for any of the following cultural groups? Please check all that apply.

- Homeless
- LGBTQ (lesbian, gay, bisexual, transgender, questioning)
- Older adults
- People with disabilities
- Other (please specify)
- Veterans
- Youth
- Women
- None

**17. If you answered "yes" to any of the above questions, please describe the targeted service or outreach efforts your organization provides.**



**18. List the cultural groups you think are currently underserved by your organization.**





## 6. Community Knowledge Strategies and Capacities

**19. For each of the following, please rate how well your organization performs.**

	Not well at all	Not very well	Somewhat well	Very well	Don't know
How well does your organization know the racial and ethnic demographics of its service community?	ja	ja	ja	ja	ja
How well aware is your organization of the presence of other culturally identified groups in its service community?	ja	ja	ja	ja	ja
How well does your agency make the office environments welcoming to diverse communities?	ja	ja	ja	ja	ja
How well can your organization describe the social strengths (i.e. support networks, spiritual leadership, community/family ties) of the communities in your service area?	ja	ja	ja	ja	ja
How well can your organization describe the social challenges (i.e. dispersed or estranged families, underemployed youth, social isolation of seniors, unsafe housing, poverty, hate crime victimization) of the communities in your service area?	ja	ja	ja	ja	ja

**20. What are the 3 most commonly used substances in your service area? Please rank 1 to 3, with 1 being the MOST prevalent.**

	1	2	3
Hallucinogens	ja	ja	ja
Marijuana	ja	ja	ja
Methamphetamine	ja	ja	ja
Alcohol	ja	ja	ja
Heroin	ja	ja	ja
Prescription drug	ja	ja	ja
Inhalants	ja	ja	ja
Cocaine	ja	ja	ja
Ecstasy	ja	ja	ja

Other (please specify)

## 7. Organizational Policy

### 21. Please answer yes or no for the following.

	Yes	No
Has your organization formally identified cultural competence as a service goal?	<input type="radio"/>	<input type="radio"/>
Does your organization have a written non-discrimination policy?	<input type="radio"/>	<input type="radio"/>
Does this policy also ban harassment and hate speech (i.e. slurs and insults based on race, ability, sexual orientation, or gender identity)?	<input type="radio"/>	<input type="radio"/>
Are these policies enforced for STAFF?	<input type="radio"/>	<input type="radio"/>
Are these policies enforced for CLIENTS?	<input type="radio"/>	<input type="radio"/>

### 22. Does your organization have a clear CLIENT complaint and grievance policy and procedure for clients who have complaints about discrimination or harassment based on membership in a racial, cultural, or other marginalized group?

Yes

No

**23. How well do you think this policy works?**

Not well at all

Not very well

Somewhat well

Very well

**24. Does your organization have a clear STAFF complaint and grievance policy and procedure for staff who have complaints about discrimination or harassment based on membership in a racial, cultural, or other marginalized group?**

Yes

No

**25. How well do you think this policy works?** Not well at all Not very well Somewhat well Very well**26. Is the complaint or grievance policy or procedure available in languages other than English?** Yes No

If yes, what language(s)?

**27. Does your organization keep a log or record of complaints and grievances?** Yes No**28. Please indicate how well your organization performs on the following measures.**

	Not at all well	Not very well	Somewhat well	Very well
How well do staff members understand the legal rights of marginalized populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well do staff members understand the legal responsibilities of organizations that serve marginalized populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 10. Staff Development: Recruitment, Retention, and Training

**29. Within the last two years, has your organization sponsored any training activities that specifically address cultural competency around AOD service delivery to identified cultural groups?**

Yes

No

Don't know

If yes, please describe

	5
	6

**30. To the best of your knowledge, has the cultural and linguistic diversity of your organization's staff been increasing or decreasing over the last year or two?**

Increasing

Decreasing

About the same

Don't know

**31. Please rate your organization's performance on the following measures.**

	Not well at all	Not very well	Somewhat well	Very well	Don't know
How well does the cultural and linguistic profile of your organization's staff reflect the cultural and linguistic profile of your service community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well does your organization accommodate the spiritual, cultural, and religious diversity of its staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**32. Is training in cultural competence part of employee training?**

Yes, for all employees

Yes, for new employees

No

**33. How well does this training equip staff members to more effectively serve diverse cultural groups?**

Not well at all

Not very well

Somewhat well

Very well

Don't know

**34. Does your organization have a formal policy to grow and support a diverse workforce to reflect the community it serves?**

Yes

No

**35. How well does this policy work?**

Not at all well

Not very well

Somewhat well

Very well

Don't know

**36. Does your organization provide career development strategies for employees with cultural or linguistic competencies?**

Yes

No

**37. Does your organization provide financial incentives or compensation to staff who are proficient in a language other than English?**

Yes

No

## 13. Culturally Competent Strategies

### 38. Please rate how well your organization performs on the following measures.

	Not well at all	Not very well	Somewhat well	Very well	Don't know
How well does your organization understand and respond to the cultural needs of its clients? (i.e. responding to the different needs of diverse cultural groups such as, older adults with mobility problems, youth who communicate via text message, homeless people without addresses, women with children, people in same sex relationships, transgender people, cross generational conflict)	jñ	jñ	jñ	jñ	jñ
How well does your organization respond to the linguistic needs of its clients?	jñ	jñ	jñ	jñ	jñ
How well do the FORMAL policies of your organization facilitate cultural understanding between staff and clients?	jñ	jñ	jñ	jñ	jñ
How well do the INFORMAL practices of your organization facilitate cultural understanding between staff and clients?	jñ	jñ	jñ	jñ	jñ
How well does staff advocate for diverse populations?	jñ	jñ	jñ	jñ	jñ
How well does staff understand the diverse cultural beliefs about substance use, abuse, and treatment in its service community?	jñ	jñ	jñ	jñ	jñ
How well does your organization understand the gender-specific needs of women (i.e. domestic violence interventions, sexual abuse counseling, parenting supports)?	jñ	jñ	jñ	jñ	jñ
How well does your organization accommodate clients with particular spiritual/cultural/religious needs (i.e. scheduling around religious or spiritual observances, or trans-inclusive policies for gender-specific environments)?	jñ	jñ	jñ	jñ	jñ
How well does your organization accommodate people with disabilities? (i.e. ADA-compliant accessibility in the physical environment, scent free, large print, services for the deaf and hard of hearing).	jñ	jñ	jñ	jñ	jñ

### 39. What further resources does your organization need to meet the cultural needs of its clients?



## 14. Linguistically Competent Strategies

### 40. Does your organization provide services in languages or dialects other than English?

Yes

No

If yes, what languages?

### 41. Does your organization employ staff who are fluent in languages or dialects other than English?

Yes

No

If yes, what languages?

### 42. Does your organization offer written materials in languages other than English?

Yes

No

If yes, what languages?

### 43. Does your organization post signs in languages other than English?

Yes

No

If yes, what languages?

### 44. Please answer yes or no on the following questions.

	Yes	No
Does your organization provide a sign language interpreter for the deaf or hard of hearing?	<input type="radio"/>	<input type="radio"/>
Does your organization have a formal policy of informing clients of their right to receive services in their preferred language?	<input type="radio"/>	<input type="radio"/>
Does your organization have targeted resources to pay for language interpreters?	<input type="radio"/>	<input type="radio"/>
Does your organization have a budget for the translation of materials?	<input type="radio"/>	<input type="radio"/>

**45. Does your organization do advertising or outreach in languages other than English?**

Yes

No

If yes, what languages?

**46. How well do you feel that your organization meets the linguistic needs of its clients? Linguistic competency includes language skills (i.e. proficiency in languages other than English) as well as linguistically appropriate service provision (i.e. understanding appropriate terms in ethnic, LGBT, and disability communities).**

Not well at all

Not very well

Somewhat well

Very well

Don't know

## 15. Organizational Self Assessment Strategies and Capacities

**47. Please answer yes or no to the following questions.**

	Yes	No
Is there a specific person or team in your organization responsible for ensuring that CLAS standards are met?	<input type="radio"/>	<input type="radio"/>
Does your organization conduct formal evaluations to see whether training in cultural competence is effective?	<input type="radio"/>	<input type="radio"/>
Does your organization systematically review policies and procedures to ensure that they are delivering culturally competent services?	<input type="radio"/>	<input type="radio"/>

**48. Does your organization conduct client satisfaction surveys to find out whether clients feel that their culture has been respected by your organization?**

Yes

No

**49. Please indicate whether you analyze client satisfaction based on membership in an identified cultural group.**

	Yes	No
Is client satisfaction data analyzed by race/ethnicity?	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfaction analyzed for people with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfaction data analyzed by sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfaction data analyzed by gender identity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you survey your clients to find out whether their language needs have been met?	<input type="checkbox"/>	<input type="checkbox"/>

**50. Does your organization have access to information about your service community's language needs?**

Yes

No

## 17. Organizational Data Management Strategies and Capacities

### 51. Please indicate whether you collect demographic data for identified cultural groups.

	Yes	No	N/A
Does your organization collect data on client race/ethnicity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization collect data on client sex/gender identity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization collect data on client sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are questions asked in a way that avoids making assumptions about heterosexuality/non-transgender status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records of clients' particular cultural needs (i.e. appropriate gender pronoun, dietary requirements, religious/spiritual practices)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records of clients' language needs/preferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization keep records on the number of clients served in languages other than English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 52. Does your organization have the capacity to do data analysis on the client information it collects?

Yes

No

### 53. Does your organization publish its findings about client satisfaction or make them otherwise available to interested parties?

Yes

No

N/A

## 18. Community Involvement

### 54. Please describe your community partnerships.

	Yes	No
Does your organization work with local resource persons to help you better understand beliefs about substance use in your service community?	<input type="radio"/>	<input type="radio"/>
Has your organization built effective partnerships with local community groups and organizations that serve underserved populations? (i.e. social service agencies, faith-based groups, advocacy groups, local business owners).	<input type="radio"/>	<input type="radio"/>
Does your organization recruit clients or advertise services through community outlets or organizations? (i.e. fliers, neighborhood groups, local or specialized newspaper/radio/television programs, business groups, email lists, websites, or other Internet resources?)	<input type="radio"/>	<input type="radio"/>
Are staff knowledgeable about appropriate referrals for marginalized populations?	<input type="radio"/>	<input type="radio"/>
Do your organization's boards and committees reflect the cultural diversity of your service community?	<input type="radio"/>	<input type="radio"/>

### 55. Does your organization solicit community participation in any of the following areas? (Please check all that apply).

	Yes	No
Planning program delivery methods	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of program services	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of customer satisfaction	<input type="checkbox"/>	<input type="checkbox"/>
Staffing needs or preferences	<input type="checkbox"/>	<input type="checkbox"/>
Outreach/marketing	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 56. Is staff at your organization encouraged to participate in community activities? (i.e. send representatives to community meetings, participate in local events, engage in goodwill activities like donating or volunteering).

Yes

No

If yes, please describe

## 19. These final questions relate to your experience completing this survey

**57. Did this assessment survey ask questions that are relevant to your experience in the field?**

- Mostly relevant
- Somewhat relevant
- Not very relevant
- Not relevant at all

**58. Is there anything we left out of this survey that you feel needs to be included?**

- Yes
- No

If yes, please specify

**59. Approximately how many minutes did it take you to fill out this survey?**

- 10 to 20 minutes
- 20 to 30 minutes
- 30 to 40 minutes
- 40 to 50 minutes
- 50 minutes or more

**60. Did this survey seem too long?**

- Yes
- No

**61. Please feel free to make any additional comments, or to provide feedback on this survey.**

A large, empty rectangular text input field with a vertical scrollbar on the right side. The field is light gray and occupies the upper portion of the page below the question text.