Cultural and Linguistic Competence Guidelines for Residential Programs

A guide developed by

The National Building Bridges Initiative Cultural and Linguistic Competence Workgroup
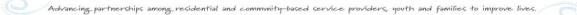
Acknowledgments

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Foreword

The Building Bridges Initiative (BBI) is a national initiative to identify and promote practice and policy that will create strong and closely coordinated partnerships and collaborations among families, youth, community- and residentially-based treatment and service providers, and advocates and policy makers to ensure that comprehensive mental health services and supports are available to improve the lives of young people and their families.

The Cultural and Linguistic Competence (CLC) Workgroup provides guidance to the BBI community to advance cultural and linguistic competency within agencies and organizations throughout the country. Given the history of racial and ethnic disparity in residential services, and in behavioral healthcare more broadly, the work of this group is critical to advancing the larger mission of the Building Bridges Initiative (Jacobs & Freundlich, 2006; Woronoff, Estrada, & Sommer, 2006; Wilber, Ryan, & Marksamer, 2006).

The work of the CLC Workgroup within BBI is especially critical since 56% of children and youth in residential facilities nationwide are of color (U.S. Department of Health and Human Services, 2010a). Thus, it is important to establish CLC and diversity principles, policies, and practices across systems and organizations to effectively serve the diverse population that resides in residential facilities.

With support from the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services' Eliminating Mental Health Disparities Initiative, the Building Bridges Initiative's Cultural and Linguistic Competence Workgroup provided guidance for the development of the "Cultural and Linguistic Competence Guidelines for Residential Programs" (the "Guidelines"). The Guidelines were created to provide advice to residential agencies, community agency executives, board members, practitioners, young people and their families, policy makers, and advocates about the elements and processes necessary to create culturally and linguistically competent residential programs. The Guidelines address the organizational structure, practices, and service delivery approaches that improve cultural and linguistic competence and are informed by implementation research and emerging promising practices.[1]

The Guidelines are designed for use by programs that find themselves at different developmental states regarding cultural competence. They intend to help those who have already made significant progress in this area, as well as those just starting out. By embracing the recommendations put forth in these guidelines, your program should experience improved outcomes for children and families, increased staff morale, and stronger community relationships.

Although the primary audience for these Guidelines is residential providers (i.e., residential treatment, group homes, crisis residences, etc.), the Guidelines are designed to also be useful for community-based programs (i.e., community-based services and supports, schools, community mental health clinics, child welfare agencies, juvenile justice agencies, and other community programs that interface with residential programs, such as day programs, home-based services, and family support groups). The CLC Workgroup chose to focus on residential programs because, while children of color are disproportionately represented in residential programs, little guidance exists in the field for how such programs could become culturally and linguistically competent.

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[1] For the purposes of these guidelines, promising practices are programs that have preliminary effectiveness data, but do not have enough outcome data or have not been sufficiently evaluated to be deemed a best practice as defined by the Washington Institute for Mental Illness Research and Training (2003).

The "Cultural and Linguistic Competence Guidelines for Residential Programs" were developed based on a review of current literature and interviews with professionals representing ten residential programs and a state regulatory agency (see Appendix B). Most of the residential agency representatives interviewed also provided community-based services and supports, and their insight and recommendations included both service areas. Each person interviewed has begun to assess their agency's strengths and challenges with regard to cultural and linguistic competence and to address issues that they identified. The BBI Youth and Family Partnerships Workgroup, the BBI Family Advisory Network, and the BBI Youth Advisory Subgroups also provided input into the Guidelines. For more information about BBI, visit www.buildingbridges4youth.org.

Introduction

Providing culturally and linguistically competent services is critical to achieving positive outcomes for children, youth, and families that use residential services. Actualizing cultural and linguistic competence in practice requires effective management of residential facilities and the integration of cultural and linguistic competence principles, values, and practices into every aspect of the organization.

For the purposes of these Guidelines, ***cultural competence*** is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations," (Cross, Bazron, Dennis, & Isaacs, 1989; Isaacs & Benjamin, 1991). ***Linguistic competence*** is defined as the ability of an organization and its employees to successfully communicate information in a manner that is uncomplicated and easily understood by diverse individuals and groups, including those with limited English proficiency, low literacy skills or who are illiterate, and those with disabilities (Goode & Jones, 2004).

Almost three decades ago, a national study conducted by the U.S Department of Health, Education, and Welfare Office of Civil Rights found that African American and Native American children were more likely to be in the child welfare system as compared to their proportion in the general population (Jenkins, Diamond, Flanzraich, Gibson, Hendricks, & Marshood, 1983). Just over a decade ago, the Surgeon General issued a report indicating that even greater racial and ethnic disparities exist for mental health care than for other forms of health services (Satcher & Druss, 2010). Today, racial disproportionality and disparities in outcomes

> Children of color have less access to mental health services, are less likely to receive needed mental heath services, and often receive an inferior quality of mental health service while in care
>
> —U.S. Department of Health and Human Services, 2001

continues to negatively affect children and families of color across the child welfare, mental health, and juvenile justice systems. Disparity in outcomes is not limited to children of color, however. Youth who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ) also experience unequal treatment and disparities throughout the child welfare, juvenile justice, and mental health systems.

Child Welfare

In 2006, national data of youth below the age of 18 indicated that there were approximately 93,000 in residential placements; African American children accounted for 32,000 (34.4%) of those placements, while their white counterparts accounted for just over 28,000 (30.1%) (Sickmund, Sladky, & Kang, 2008). Furthermore, residential care contributes to longer lengths of stay for African American children in out-of-home care (Advocates For Children & Youth, 2009). Research has also shown that children of color remain in the child welfare system for greater lengths of stay as compared to white children (Chapin Hall at the University of Chicago, 2009).

Latino children are similarly placed in foster care more rapidly than their white counterparts and remain in care for longer lengths of time (Church, 2006; Church, Gross, & Baldwin, 2005). American Indian/Alaska Natives are also disproportionately overrepresented in entry into the child welfare system and while in care (U.S. Department of Health and Human Services, 2010b). They also exit care at a lower rate than their rate of entry (U.S. Department of Health and Human Services, 2010b).

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are more likely to be placed in more restrictive settings, are moved between placements more often, and are less likely to develop permanent adult connections than other youth (Jacobs & Freundlich, 2006;Woronoff et al., 2006;Wilber et al., 2006). LGBTQ youth experience significantly high levels of harassment and assault in child welfare placements and juvenile justice environments (Berberet, 2004; Mallon, 1999). Often when LGBTQ youth bring this abuse to the attention of staff, they are accused of flaunting their sexuality and are blamed for the abuse (CWLA, 2006; Estrada & Marksamer, 2006).

Juvenile Justice

Research has shown that minority youth are also overrepresented throughout the juvenile justice system (Leonard, Pope, and Feyerherm, 1995; Piquero, 2008). Minority youth in the juvenile justice system experience different outcomes from that of their white counterparts when objective criteria of offense and offense history are held constant (Poe-Yamagata & Jones, 2000). Differential treatment of minority youth is often displayed as a higher likelihood of incarceration or increased length of incarceration (Poe-Yamagata & Jones, 2000). African American, American Indian, and Hispanic youth are most often identified as having disproportionate contact with the juvenile justice system (Slowikowski, 2009; Hsia, Bridges, and McHale, 2003).

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is working to reduce disproportionate minority contact through the Juvenile Justice and Delinquency Act Part B Formula Grants programs. Disproportionate minority contact (DMC) refers to the disproportionate number of minorities who come into contact with the juvenile justice system (Slowikowski, 2009). States participating in the Juvenile Justice and Delinquency Prevention Act Part B Formula Grants program are mandated to address juvenile delinquency prevention. System improvement efforts are intended to reduce and eventually eliminate DMC within state jurisdictions by implementing a five-phase approach: identification, assessment/diagnosis, intervention, evaluation, and monitoring (Slowikowski, 2009). The core requirement of the Act is to ensure equal and fair treatment of youth who come into contact with the juvenile justice system, regardless of race and ethnicity.

Mental Health

Research reveals that children of color have less access to, and limited availability of, mental health services; are less likely to receive needed mental health services; often receive an inferior quality of mental health service while in care; and are underrepresented in mental health research (U.S. Department of Health and Human Services, 2001). Furthermore, the American Psychiatric Association conducted analyses and found while controlling for need and predisposing and enabling characteristics, youth of color were more likely to receive residential services and less likely to receive outpatient therapy, psychotherapeutic medications, and inpatient services (McMillen, Scott, Zima, Ollie, Munson, & Spitznagle, 2004).

Minorities are less likely to access and use mental health services for several reasons, including under-identification of needs, accessibility, and lack of knowledge of services and the center's practices (NAMI Multicultural Action Center, 2010). Cost is another barrier for minorities accessing and using mental health services. Almost one-quarter of African Americans do not have medical insurance, which means they depend greatly on Medicaid for funding mental health services (NAMI Multicultural Action Center, 2010). Data also suggest minority groups lack knowledge about how to access and navigate the mental

health system and the high level of stigma associated with mental illness in communities of color (NAMI Multicultural Action Center, 2010).

Youth who identify as lesbian, gay, bisexual, and transgender (LGBT) face a multitude of mental health risk factors, which underscores the need for mental health interventions tailored to meet the needs of this population. LGBT youth ages 14 to 21 are more likely to report depression and anxiety than heterosexual youth; LGBT youth are more likely to attempt suicide; and the rate of suicide attempts among lesbian, gay, and bisexual youth is 20 to 40% higher than heterosexual youth (Bostwick, 2007).

LGBT youth experience more verbal, physical, or sexual assault or threats of assault and are therefore more vulnerable to posttraumatic stress disorder (Bostwick, 2007). One study indicated that 33% of all transgender youth have attempted suicide (Clements-Nolle, 2006). Youth who are transgender have unique challenges and a dearth of research exists that focuses on the needs of these young people. This lack of research has led to policies and practices that subject transgender youth to pervasive discrimination and abuse (CWLA, 2006).

> *The use of a formal change management and project management methodology was crucial to our success in implementing significant changes and developing a state-of-the-art residential program.*
>
> —Lisa Davis, Clinical Director, EMQ Families First

Given this context and the challenges that regulatory agencies and residential providers face, it is hoped that the "Cultural and Linguistic Competence Guidelines for Residential Programs" will help agencies, residential providers, advocates, families, and youth evaluate the cultural and linguistic appropriateness of residential service providers and identify concrete strategies they can implement to ensure better outcomes for the children, youth, and families served. While applying these strategies, it is essential for residential programs to acknowledge "youth culture" and the fact that not all youth are alike. Youth culture is defined as, "an inclusive atmosphere where young peoples' ethnicity, race, culture, and sexual orientation are respected, program. Stakeholders are aware that [youth and] young adults share a culture of their own to which older adults are not privy. The [youth and] young adult culture has its own linguistic characteristics, fashion trends, high-tech communication, social hierarchy, values, and norms, as well as exclusive membership," (Galasso, Arrell, Webb, Landsman, Holmes, Frick, Bradford Knowles, Fair-Judson, Smith, & Clark, 2009).

Residential programs that serve youth from many varied backgrounds will find it necessary to adjust their strategies for best serving youth and young adults with various diversities (Sieler, Orso, & Unruh, 2009). "These diversities take the form of ethnicity, language, sexual orientation, cognitive functioning, disabilities (e.g.; hearing impaired), background of street life, homelessness, out of home placement, [mental illness], and criminal involvement, as well as varying youth culture. The tailoring of services and supports for one young person will look very different from those of another young person," (Sieler et al., 2009). Youths' diversities will influence how both adults and other youth treat them in combination with their membership in "youth culture."

Implementing the CLC Guidelines will require a concerted and sustained approach. To drive these efforts it is recommended that the drivers for implementing evidenced-based practices, outlined by researchers at the National Implementation Research Network (NIRN), are followed. Implementation science seeks to provide leaders with a methodology for implementing best practices. Based on the commonalities among successfully implemented practices and programs, experts in implementation

science have identified several core drivers that are critical to ensuring that best practices, such as cultural and linguistic competence, are fully integrated into an organization.

The core components fall into three major categories: leadership, competency, and organizational supports (National Implementation Research Network, 2011). The following sections of the Guidelines will go into detail regarding each of NIRN drivers and will provide concrete suggestions and real world examples of how to implement the drivers as your agency seeks to become more culturally competent. Specific sections include:

- Leadership
- Competency
    - Board, Staff, and Volunteer Selection
    - Staff Development
    - Coaching, Mentoring, and Supervision
- Organizational Supports
    - Data-driven Decisionmaking
    - Policies, Procedures, and Practices
    - Community Engagement and Collaboration
    - Performance Assessment

The Guidelines conclude by highlighting some of the common challenges providers face as they work to implement cultural and linguistic competence and a discussion of how some residential providers have overcome those barriers.

Leadership

Strong leadership provided by the chief executive officer, board of directors, and senior management team members is critical to achieving cultural and linguistic competency within an organization. Leadership is responsible for implementing and managing organizational change by successfully motivating, engaging, and supporting staff at all levels; gaining staff buy-in to move the initiative forward; and serving as role models to achieve and sustain change (U.S. Department of Health and Human Services, Nov 2010). Leadership is also responsible for clarifying the organization's goals as they relate to the initiative or developing appropriate goals followed by innovation, experimentation, and cultural change (Heifetz, 2003). Strong leadership is needed to create an organizational climate where culture, policies, practices, and attitudes regarding serving children and families from diverse racial and ethnic groups are accepted and embraced.

The process of achieving cultural and linguistic competence presents organizations' executive leadership and staff with several adaptive challenges, which lack clear solutions or blueprints for success. Adaptive challenges often require systemic change and executive leadership must recognize that the solution to attaining and sustaining their goal of cultural and linguistic competence demands the active involvement of all staff and volunteers (Heifetz & Laurie, Jan/Feb 1997). Adaptive leaders must be able to adopt different leadership theories, traits, styles, and approaches based on the circumstances. The ability of executive leaders to embrace adaptive leadership is a precursor to the behavior and value changes necessary to attain cultural and linguistic competence throughout an organization.

The steps below are specific actions for leadership that further the organization's goal of achieving cultural and linguistic competence.

Executive leadership and board members should:

- Provide a rationale for cultural and linguistic competence and prioritize integration into every aspect of the program.

- Serve as a "champion" for cultural and linguistic competence and sustain the change process, even if there is resistance.

- Demonstrate how cultural and linguistic competence aligns with the organization's mission, vision, and values.

- Provide executive sponsorship to a decisionmaking committee focused on cultural and linguistic competence issues, which is charged with promoting the change process for integrating cultural and linguistic competence into policies, structures, and practice throughout the entire agency. The committee should begin by clearly assessing the organization's performance with regard to cultural and linguistic competence. The committee should include experienced people from within the organization, as well as community, youth, and family members. Organizations can use a self-assessment such as the Georgetown University's National Center for Cultural Competence, Cultural and Linguistic Competence Family Organization Assessment Instrument (see Appendix A).

- Ensure that the board of directors and executive leaders reflect the racial, ethnic, and cultural diversity of the children and families served. The agency's board should also include at least one youth and family member who is representative of the service population. The agency's board and executive leader should develop and fully implement a strategic plan to ensure this goal is achieved and maintained.

- Provide the board, leadership, and staff with clear and frequent communication regarding the agency's cultural and linguistic competence initiative and the work of the cultural and linguistic competence committee(s).

- Seek feedback from staff and external stakeholders, including children, youth, and families, regarding how cultural and linguistic competence is being integrated into the organization's policies, structures, and practices and how well the residential program is addressing issues related to culture and language.

- Engage staff and external stakeholders, including children, youth, and families, in the implementation and evaluation of cultural and linguistic competence activities.

- Move the organization towards cultural and linguistic proficiency and anti-racism, anti-sexism, anti-heterosexism, and anti-adultism.

Competency

The competency drivers – selection, staff development, and supervision – speak to the knowledge, attitudes, and skills of the personnel and volunteers to incorporate the cultural and linguistic world of the residents and their families into every aspect of residential programming and community-based services and supports. The board members, staff, and volunteers should be selected based on their knowledge, acceptance, and attitudes regarding diverse racial and ethnic groups. This will directly affect the organization's ability and capacity to effectively integrate cultural and linguistic competencies throughout all aspects of the organization. Cultural and linguistic competence integration requires intentional staff development and formal supervision, coaching, mentoring of staff, supervisors, and volunteers.

Board Member, Staff, and Volunteers Selection

Selection of qualified staff is important to effectively implement cultural and linguistic competence. Organizations should evaluate candidates based on their sense of social justice, ethics, willingness to engage in self-examination, ability to learn, knowledge of appropriate intervention, and judgment. Consider the following in examining the staff selection process:

- Job descriptions for the board of directors, staff, and volunteers, should include awareness, knowledge, and skills related to cultural and linguistic competence.

  Examples of strategies: Incorporate specific language regarding 1) awareness of diverse cultures and belief systems, 2) willingness to be flexible and examine one's own cultural biases, and 3) ability to communicate with youth, family members, and community representatives in their preferred language or dialect.

- Recruitment announcements and materials highlight cultural and linguistic competence as one of the hiring criteria.

  Examples of strategies: Announcements should include expectations that the person who fills the position will have knowledge of and familiarity with the cultural groups that will be served. Further, the incumbent will be expected to demonstrate cultural and linguistic competence in all interactions with residents and their families, staff members, and community and stakeholder representatives.

- Interview questions assess knowledge, values, and beliefs regarding cultural and linguistic competence.

  Examples of strategies: Involve youth and families currently being served in the interviewing and hiring of new staff.

  Incorporate the questions, such as the ones below, into your interview protocol to assess attributes related to cross cultural work. Another area of exploration would be knowledge, values, and beliefs related to one's own culture:

- o *Please share any experience you have in working with individuals from backgrounds different from yours. How would this experience translate to working with children, youth, and families within this program?*
- o *What are some of the challenges you have encountered in working with children and families from backgrounds different than your own?*
- o *Do you have experience working with children and families with limited English proficiency?*
- o *What languages do you speak?*
  - o *If a language other than English is offered, ask about proficiency (conversational, fluent, read, write, etc.). If no language other than English is offered, ask if the individual has worked with interpreters and in what capacity and what was the scope of involvement?*
- o *Are you knowledgeable about the beliefs, values, practices, and traditions of various cultural groups, such that you could serve a mentor role and offer consultation to other staff about that culture?*
- o *If you suspected a child, youth, or family member was not following a treatment plan because of their cultural preferences, what steps would you take to engage the child, youth, or family?*
- o *Have you ever participated in cultural and linguistic competency training? Please describe the experience.*
- o *What is your approach to working with children, youth, and family members from backgrounds different from yours?*

Lawrence Hall Youth Services identifies key staff at all levels throughout the agency to go through a six-month diversity and LGBTQ training and then serve as an agency expert. The agency also uses experts in the field of cultural and linguistic competence and LGBTQ to routinely provide training and consultation onsite.

- • Board members, executive leadership, staff, and volunteers reflect the diversity of the children, youth, and families served.

DePelchin Children's Center recruits staff from diverse communities by advertizing in community newspapers and magazines and targeting publications in diverse communities. The agency also provides a scholarship grant with the University of Houston to support master's level social worker training of Spanish-speaking students. The agency gives a $1,000 bonus to any staff fluent in Spanish.

Examples of strategies:
Create and implement a strategic plan for ensuring board members, executive leaders and staff reflect the racial, ethnic, and cultural diversity of the population served. The strategic plan should include reasonable and specific timeframes for accomplishing milestones and goals. Once the identified level of diversity is achieved, the agency should have a plan for maintaining their accomplishments.

Advertise positions in local cultural publications, with culture specific professional and fraternal organizations, radio stations, magazines, and television channels. Also, advertise using non-traditional methods such as billboards and public transportation (i.e., buses, taxies, and trains, etc.). Make sure

advertisements are translated into the preferred language(s) of children, youth, and families served in order to recruit staff members and volunteers with similar backgrounds.

Include multiple young people and family members who are currently or formerly affiliated with the organization on the board of directors. Provide support and training to young people and family members on the board so that they can meaningfully contribute to decisionmaking.

Staff Development

Implementation of cultural and linguistic competence requires awareness raising, knowledge acquisition, skill development, and behavioral and attitudinal change at the volunteer, direct care staff, supervisory, and executive levels. Training, coaching, and mentoring are necessary elements to achieve behavioral change. Adult learning principles should be used when designing cultural and linguistic competence training and training should be applicable to staff members' day-to-day responsibilities. Trainers should also acknowledge the wealth of experience that staff brings to training, treating staff as equals in experience and knowledge and allowing them to contribute freely to the training. Since the skills and knowledge required for each job function differs, for example a therapist's work tasks are different from that of an administrative assistant, trainings should be customized based on the participants' work functions.

- Orientation is provided to leadership, staff, and volunteers about the organization's cultural and linguistic competence philosophy, policies, and practices

    Examples of strategies: Develop an orientation that is tailored to the work function of all new board members, executive leadership, staff, and volunteers on the organization's approach to cultural and linguistic competence. Require that board members, executive leadership, staff, and volunteers share their understanding of the organization's approach to cultural and linguistic competence upon completion of orientation to ensure they fully grasp the concepts.

> DePelchin Children's Center's orienting process for new board members, staff, and volunteers requires training on the agency's philosophy, policies and practices as they relate to cultural and linguistic competence and diversity principles, and how these principles relate to their job.

- Ongoing in-service and other training opportunities in cultural and linguistic competence are provided to board members, executive leadership, staff, and volunteers. Content related to culture, language, disparities, etc., is embedded into all training presentations and learning opportunities.

    Examples of strategies: Survey staff regarding their training needs related to cultural and linguistic competence and review the results of the organizational assessment (i.e., Child Welfare League of America's Cultural Competence Agency Self-Assessment Instrument, see Appendix B). Based on findings, develop an annual cultural and linguistic competence training calendar. Establish ongoing learning opportunities to educate and discuss the implications of culture and language within the organization. Organizations should institute activities, such as brown bag luncheons, discussion groups and forums, and movie viewings. Use a portion of board meetings and scheduled retreats to provide cultural and linguistic

competence trainings and activities. Include a cultural and linguistic competence topic on the agenda of every meeting.

Examples of content for staff development opportunities include: overview of cultural and linguistic competence; sessions that expand cultural knowledge of populations being served (history, beliefs, practices especially related to family roles, traditions, beliefs about mental illness and healing processes, etc.); sessions that focus on increasing self-awareness (self as a cultural being – impact on service provision, identifying and addressing bias, prejudice, racism, white privilege, etc.); and how to work effectively with interpreters. Role specific content may include how to collect race, ethnicity, and language data for those with admissions and registration responsibilities. For clinicians, content may include assessment of evidence-based treatments for various cultural populations.

Amity Foundation has adopted a 13-volume curriculum developed by Extensions and uses this throughout its clinical programs for adults both in community-based and incarcerated settings, adolescents, and women with children. This curriculum includes relevant and meaningful quotes, profiles of cultural heroes, art, and translated literature from a variety of cultures and ethnic sources, including LGBTQ. The curriculum also draws on television and film documentaries from a variety of sources to increase understanding and relevance. As a result, residents learn both about their own cultures, and the cultures and backgrounds of other groups.

- People who have extensive knowledge acquired through lived experience, professional experience, and/or academic preparation of the training topic and strong facilitation skills should provide cultural and linguistic competence training. To prepare organizations to fully embrace youth-guided principles, cultural and linguistic competence training for all staff must be incorporated into the core staff training. This requires taking the time to understand and "[recognize that for young people to have] knowledge of one's culture can contribute to a feeling of pride and to the development of self-esteem and a belief of 'I can also,' [if in a culturally stimulating environment]" (Harvey, 2007).

Examples of strategies: Involve youth and families as trainers or co-trainers, teachers, and experts regarding their culture. Engage cultural community leaders in providing training to volunteers, staff members, and leadership. Use a variety of teaching methods that link to different ways of learning.

- Before and after training, assess staff values and knowledge of cultural and linguistic competence related to provision of services.

Examples of strategies: The Lawrence Hall Youth Services LGBTQ Organizational Climate Survey is an example of an established self-assessment tool that can be used to assess staff member's knowledge and beliefs.

Develop a process that includes a pre- and post-measure to evaluate the impact on knowledge and skill acquisition.

- Supervisors and managers receive specific training around coaching and mentoring staff and volunteers regarding cultural and linguistic competence to ensure integration into practice.

Examples of strategies:
Establish a learning community for supervisors to support each other in their own growth and development regarding cultural and linguistic competence; supervision, coaching, and mentoring staff regarding cultural and linguistic competence; and integration of cultural and linguistic competence within their programs or setting. The learning community may be internal to the agency or developed with other residential or community-based services and supports providers or organizations knowledgeable about cultural and linguistic competence. Content would include approaches to address cross-cultural dynamics for these supervisory, coaching, or mentoring relationships.

- Knowledge and skills related to cultural and linguistic competence as applied to their job function is included in performance evaluation.

  Examples of strategies: During the performance evaluation process, require staff to address how they have helped the organization to grow in the areas of cultural and linguistic competence and diversity; document strengths and areas for growth in the area of cultural and linguistic competence; and establish a goal related to how they intend to grow professionally and their daily job function in the area of cultural and linguistic competence.

Coaching, Mentoring, and Formal Supervision

Most skills needed by successful practitioners can be introduced in training but really are learned on the job with the help of a coach, mentor, or supervisor. Coaching provides opportunities to determine "what to do" and "how to do it" in real time. Coaching with regard to cultural and linguistic competence may assist staff members in reflecting on their interactions with cultural groups and with individual residents and/or their families. Coaching also provides the opportunity to discover the need for programmatic, administrative, or policy modifications.

> *It has been exciting and enlightening to watch our LGBTQ youth train their peers, staff, and volunteers.*
>
> —Orson Morrison, VP Clinical Services
> Kevin Pleasant, Diversity Coordinator

- Each direct care staff member and volunteer has an assigned supervisor, coach, or mentor.

Examples of strategies: Assign every staff and volunteer a supervisor prior to their start date. Establish a process where staff and volunteers participate in the selection of mentors and coaches. Assess the level of competence of the supervisor, mentor, and coach in providing effective supervision, mentoring, and coaching regarding cultural and linguistic competence before confirming assignments.

- Supervisors, coaches, and mentors are knowledgeable in cultural and linguistic competence.

Examples of strategies: Explore creating a cultural and linguistic competence Coaching Training Academy or similar mechanism for supervisors, coaches, and mentors expected to provide cultural and linguistic competence leadership. Ensure that supervisors, coaches, and mentors attend and/or receive the same cultural and linguistic competence training as staff.

- Content of supervision regularly reflects content of cultural and linguistic competence training.

  Strategy: Establish a work group to identify all guided supervision material and incorporate the content of cultural and linguistic competence training into documents.

Organizational Supports

The organizational support drivers – data-driven decisionmaking; policies, procedures, and practices; community engagement and collaboration; and performance assessment – are the infrastructure components that need to be in place to support the integration of cultural and linguistic competence into every aspect of residential programming and community-based services and supports.

Data-Driven Decisionmaking

Data-driven decisionmaking involves the process of collecting and analyzing data, and then using that information to make adjustments to practice. As residential and community-based services and supports providers work to strengthen cultural and linguistic competence, it is critical that data regarding quality of care, racial/ethnic disparities and disproportionality is continually monitored and that efforts to make adjustments to practice when needed are prioritized.

> As a result of the Affordable Care Act to Improve Data Collection and Health Disparities, the Department of Health and Human Services recently announced they will integrate questions on sexual orientation, race, ethnicity, sex, primary language, and disability status in population health surveys to help researchers better understand health disparities and zero in on effective strategies for eliminating them by 2013.

- Organization has a data system that collects information that contributes to achieving and sustaining cultural and linguistic competence.

  Examples of strategies: Ensure the data system collects data elements, including racial, ethnic, and tribal/clan affiliation; primary language and level of English proficiency; age; sex; sexual orientation and gender identity; geographic locale; immigration/refugee status; socioeconomic status; literacy level; and trauma history of children, youth,, and families.

- Data is disaggregated by race, ethnicity, tribal or clan affiliation, language, and other elements noted in the above list to discover, report, and track progress on quality, disparities, and disproportionality.

  Examples of strategies: Create standard data reports that are published and shared at regular intervals that track racial/ethnic disparities and disproportionality regarding clinical and functional markers, such as placement decisions, level of restrictiveness; permanency decisions; length of stay; recidivism rates; clinical interventions; medication use; disciplinary actions; family involvement; and discharge plans.

- Board members, executive leadership, supervisors, and direct care staff are trained in interpreting data reports and making policy and practice changes based on their analysis to ensure continuous quality improvement

Examples of strategies: The Results Oriented Management Training in Child Welfare (https://rom.socwel.ku.edu/ROMTraining/) is a useful tool that would prepare board members, leadership, and staff members for this task.

- Leadership and staff use data regarding racial/ethnic disparity and disproportionality to guide improvements in cultural and linguistic competency across all domains and align resources to support needed improvements.

> *We learned that our GLBTQ youth and youth of color had much to contribute to our cultural and linguistic competence journey.*
>
> —Orson Morrison, VP Clinical Services
> Kevin Pleasant, Diversity

> *It will require dedication and energy to keep the initiative going. As we know, cultural and linguistic competence is a continuous process and there is no finish line.*
>
> —Leonardo Rodriguez
> Deputy Executive Vice-President JBFCS

Examples of strategies: Ensure that once the data is collected and analyzed, it is used to identify and revise the agency's goals and objectives, policies, programs, practices, and services. Incorporate this process into the organization's Performance Improvement Process.

Policies, Procedures, and Practices

To fully integrate cultural and linguistic competence into a residential program or community-based services and supports, it is critical that the board of directors and executive leadership gives proactive and enthusiastic attention to promote and advance cultural and linguistic competence. This work includes analyzing policy, procedures, and funding allocations and making adjustments to include cultural and linguistic competence supports where necessary.

- Care is family-driven and youth-guided for all families and youth regardless of their cultural identity; families and youth are viewed as integral partners and are the primary decisionmakers regarding service delivery.

  Examples of strategies: Include a specific goal within the organization's strategic plan regarding the provision of family-driven and youth-guided care and create policies and practices that support the goal. Mandate that all of the organization's programs have policies and practices that support family-driven and youth-guided care that are aligned with the family's and youth's cultural beliefs and values.

- Review existing policies and procedures and make revisions as necessary to ensure that cultural and linguistic competence is fully integrated into the work of the organization.

  Examples of strategies: Include family members and youth in integrating cultural and linguistic competence into the organization's policies. Consider the following when reviewing the organization's clinical, educational, recreational, personal hygiene, language access, fiscal, human resources, and facilities policies:

  Clinical Policies: Children, youth, and families receive regular, timely, and comprehensive needs assessments that include cultural and linguistic preferences such as language, spiritual affiliation, dietary requirements, dress requirements, gender roles, and other cultural mores that may impact services and treatment. Evaluate evidence-based treatments for cultural appropriateness and plan for alternate interventions if indicated.

Helping professionals are frequently asked to assist families. Often, because service providers do not learn the unique culture of a family, their interventions effectively ignore how <u>this</u> family operates. Service providers are then sometimes puzzled why the family does not respond to services or why their "buy-in" or cooperation is low. Culture is about <u>differences</u> – legitimate, important differences. Cultural competence in the area of family culture occurs when service providers not only discover what the individual culture of a family is, but appreciate the cultural differences of the family.

Center for Effective Collaboration and Practice, 2007

EMQ Families First's Parent Advisory Board shared that the agency's lobbies were not as family-centered as they wanted. They redesigned the lobby, reflecting the culture of children and their families, as well as using artwork and pictures made by some of the children. As a result, more families are visiting the residential program and families feel the lobby and agency is a safe place to visit.

Educational Policies: Cultural content should be included in curricula. Assessment processes for academic placement should be culturally appropriate and conducted in the primary language of the child or youth.

Recreational Policies: Culturally inclusive recreation opportunities should be available to young people and their families. Agencies should seek the youths' input and consider their culture and preferences when planning recreational activities and events.

Personal Hygiene Policies: Agencies should discuss preferences for hair products and care with the youth and their families at intake. Agencies should have an approach that allows youth to use a barber and/or stylist that is familiar with the care of their hair. Policies should be established relating to sleeping and bathroom arrangements to permit comfort and safety of youth who are identify as LGBTQ.

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Language Access Policies: Ensure that the organization's written language access plan is in compliance with Title VI of the Civil Rights Act and includes the following areas:

- *The organization's ability to identify children, youth, and families' linguistic needs.*
- *Provision of documents in their primary language or language of preference.*
- *Offer interpretation services as indicated, options to include:*
  - *Hire bilingual/bicultural staff with language proficiency appropriate for their role in the organization.*
  - *Establish human resources policies to support interpretation service provided by qualified employees, if interpretation is not their primary job function.*
  - *Establish contract with certified translation and interpretation service.*
  - *Develop internal capacity by facilitating training of staff.*
- *Identifying, funding, and securing any additional linguistic services and supports needed.*

Fiscal Policies: Develop fiscal policies that allow the organization's dollars to be spent on activities that support attention to culture, language access, and community outreach and engagement, as well as professional development related to cultural and linguistic competence.

Amity Foundation's Los Angeles facility "Amistad de Los Angeles" located in a very poor neighborhood in South Central Los Angeles, was a 30-year-old center operated by the California Department of Corrections. The facility was stark, institutional, and ugly. Amity executives were determined to make the facility as non-institutional as possible. The parking lot became a beautiful plaza with trees, flowers, and fountains, and, the small dark dining room with a low ceiling was opened up to become a very large, bright room with a 25-foot ceiling. Small institutional rooms were renovated and painted bright colors, and a large industrial space was renovated and populated with posters, sculptures, and paintings representing African American and Hispanic culture, as most of the residents are either black or Latino. Children of the residents were welcomed on the weekend, and as renovations progressed, more and more family members and children visited.

Human Resource Policies: Ensure that the organization's human resources policies promote the hiring, retention, and promotion of racially, ethnically, and culturally diverse staff and provide professional development and supervision for all staff to promote cultural and linguistic competence. Position descriptions, performance evaluations, and personnel recognition policies and practices should support culturally and linguistically competent attitudes, behaviors, and practices.

Facilities Policies: Create policies that promote a physical environment that reflects the cultural and linguistic backgrounds of the residents and their families. Pictures, posters, magazines, brochures, digital media, and other materials should reflect the cultures and ethnic backgrounds of children, youth, and families served. Menu options should reflect food preferences of residents and should include recipes that children and youths' families serve at home.

- Include a clause in contracts that requires any contractor – including consultants, therapists, educational supports, etc. – to be trained on and reflect cultural and linguistic competence in their work with children, youth, and families.

Examples of strategies: Require all contracted professionals meet the same expectations as agency staff regarding cultural and linguistic competence knowledge, skills and attitudes, and to participate in identified trainings that the agency views as critical to their success as a contractor.

Community Engagement and Collaboration

The ability of residential and community-based services and support providers to integrate cultural and linguistic competence into their programming is heavily influenced by the degree to which the community, partner agencies, and state and federal systems are aligned to support culturally and linguistically competent practice. Champions and persons with influence at each level must work together to build and sustain the culture, policies, practices, and funding mechanisms that support cultural and linguistic competence. It is critical that board members and executive leadership create and stay connected to key champions and advocates, intervene to change policies and funding when necessary, and remain vigilant at local, state, and federal levels for both windows of opportunity and threats to cultural and linguistic competence.

> Amity Foundation's Circle Tree Ranch in Tucson, Arizona has always served Native Americans, but in the past two years they have done major outreach to 16 tribes. Their efforts have included providing a sweat lodge on campus conducted by a Native American staff member; introducing other traditional ceremonies that all residents participate in and enjoy; recruiting graduating residents as staff to do outreach back to their tribes; and producing a professional-quality videotape where Native American residents and graduates talk about their experience at the facility where they learn new things, but also learn about their own culture. As a result, more than 50% of their population is now native.

- Collaborate with support networks within culturally diverse communities to increase awareness and acceptance of the organization's services and supports. Use the relationships established to learn of areas for organizational growth and to participate in planning, implementation, monitoring, and evaluation of services and supports.

> *For an organization to truly sustain and grow diversity and inclusion efforts, they must make certain that these efforts are in alignment with the organization's business and social missions.*
>
> —Andrea Urton
> Clinical Director
> EMQ Families First

Examples of strategies: Poll staff and family members regarding their support networks, both where the organization is located and in residents' home communities. Use these relationships to build support for the organization. Strive to build an organization that cultural networks view as a resource. Identify and collaborate with diverse community leaders, both local and distant, to increase familiarity and level of comfort with using the organization's services and supports. Use the relationships established to learn of areas for organizational growth and to participate in planning, implementation, monitoring, and evaluation of services and supports.

Examples of strategies: Identify staff and family members who are connected with cultural leaders in their communities. Use those connections to establish a formal relationship and familiarize the leaders with the organization's services and supports. Invite cultural leaders to participate on the organization's advisory boards to increase their level of comfort and familiarity with the organization and to provide a forum for them to share areas for

organizational growth. Strive to build an organization that diverse community leaders view as a resource to which they can refer others.

- Partner with key external supports, such as local cultural/ethnic groups to implement cultural and linguistic competence.

The disconnection in youth-adult relationships is based on a lack of understanding one another. "Fully understanding a different culture may be a bit too ambitious, but respecting it is something we can all do. All diverse groups have a unique culture that makes up who they are, and all diverse groups deserve to be valued and respected."

McGinnis, Mora & Matarese, 2004

Examples of strategies: Evaluate the needs of the children, youth, families, the organization, and related professionals. Based on identified needs (i.e. lack of community therapists of color, lack of therapists specialized in working with youth who identify as LGBTQ), establish partnerships with local cultural and ethnic groups and colleges and universities to reinforce implementation of cultural and linguistic competence practice. Seek their guidance, participation in clinical and non- clinical activities, and service on committees.

- Create a peer-to-peer support system that includes cultural and linguistic considerations.

Examples of strategies: Establish peer-to-peer support systems that require the organization to collaborate with diverse families, youth, and community members. Make sure that when pairing youth and families, cultural identities beyond race and ethnicity are considered. It is importance to evaluate what has salience for the family member or youth when identifying peer-to-peer support networks. Hold monthly family fun events to bring families together and to further build families' peer-to-peer support network.

- Collect and disseminate information on an array of resources located within racially, ethnically, and culturally diverse communities, both local and geographically distant. Make referrals based on both the clinical appropriateness of the service and/or support and the cultural and linguistic appropriateness of the service and/or support.

Diane Jaeger's agency, Community Connections, did not have the funds available to enter into a contract with an organization to provide translation services, so her residential agency contacted several organizations that offered translation services until they found one that was willing to establish a collaborative agreement with them for free translation services.

Examples of strategies: Create a database of resources in diverse communities that serve individuals and groups of different races, ethnicities, and sexual orientations and other cultural identities. It is especially vital to have a resource directory from children, youth, and families' home communities to support successful transitions. Make referrals based on the child, youth, or family needs and the resource's capacity to effectively provide the service or support needed. Evaluate the

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> *It is important that organizations take time to acknowledge and to celebrate the accomplishments and successes along their journey.*
>
> *—Bud Milner, President, Teaching-Family Association*

resources' level of cultural and linguistic competence by establishing a mechanism for gathering feedback from the children, youth, and families served. Use the information to inform the referral process.

- Promote the use of systems of services and supports that are culturally and linguistically competent.

Examples of strategies: Partner with other organizations and coalitions with similar interests to advance systems of services and supports that are culturally and linguistically competent. Schedule meetings with policy makers, courts, and public agency representatives to support culturally and linguistically competent systems, services, and supports for children, youth, and families. Considerations should include but not be limited to the following: "cultural impact analysis" of every policy recommendation, budget allocations that support cultural groups, and compliance with the Civil Rights Act and other anti-discrimination laws.

- Garner support for systems of services and supports to eliminate disparities based on race and ethnicity, language(s) spoken or used, geography, gender, and sexual orientation, gender identity, or expression.

  Examples of strategies: Recruit elders, leaders, and family members from different cultural and ethnic groups served by the agency to assist the agency with advancing systems of services and supports that are culturally and linguistically competent. Urge the federal government (i.e., Administration on Children, Youth and Families, Office of Juvenile Justice and Delinquency Prevention, Substance Abuse and Mental Health Administration) to mandate the collection and analysis of disparity data and based on findings, require revisions and changes to the

The Affordable Care Act, passed by Congress and signed into law by the President in March 2010, will help to eliminate health and mental health disparities. The Act gives Americans new rights and benefits by helping more children get health coverage, allowing young adults under 26 to stay on their parent's insurance, giving access to recommended preventive care, putting in place comprehensive health insurance reforms that hold insurance companies accountable, lower health care costs, guarantee more choice, and enhance the quality of care for all Americans (U.S. Department of Health and Human Services, n.d.).

organization's goals and objectives, policies, practices, and programs to reduce disparities. Work with national membership and trade organizations with residential care members to conduct evidence-based research that identifies promising practices that are specific to this service area that have led to mitigating disparities.

Performance Assessment

It is important to assess organizational performance regularly to ensure that the intervention is working and to make necessary modifications moving forward. When assessing performance regarding cultural and linguistic competence, it is critical to consider the following:

- Review outcome measures and cultural and linguistic tools to identify the presence of racial/ethnic disparities and/or disproportionality.

  Examples of strategies: Include the review of racial and ethnic disparity and disproportionality outcome measures in the organization's quality improvement process. Important outcome measures, such as length of stay, restrictiveness of discharge setting, and recidivism should be analyzed by race, ethnicity, sexual orientation, and other relevant cultural or linguistic factors.

- Ensure cultural and linguistic competence is included as a performance objective for all staff members, including executive leadership and managers.

  Examples of strategies: While it is important that supervisors observe assigned staff periodically and provide them with timely feedback regarding their skills, knowledge, attitudes, and competence, it is equally important that the agency develop a culture where the staff feels safe to discuss challenges they face with regard to cultural and linguistic competence. Supervisors should use the information obtained and discussed to assist with creating an effective staff professional development plan and/or initiate actions to promote necessary organizational changes.

- Assess quality of interventions, services, and supports.

  Examples of strategies: Develop and implement a process to gather feedback from children, youth, family members, and other external stakeholders about the quality and effectiveness s of interventions, services, and supports. Consider contracting with a local university partner or other neutral facilitator to obtain honest feedback about the organization's cultural and linguistic competence. Use findings to revise and improve interventions, services, and supports.

Challenges

The following section lists some of the barriers that professionals and agencies have experienced along their journey toward cultural and linguistic competence and the strategies they have used to overcome those challenges. Challenges include:

Organizations are continuously challenged with effectively addressing staff members' attitudes and personal biases to the presence of racism and other forms of oppression, while still sustaining the level of effort and commitment needed to keep the organization's initiative moving forward.

EMQ Families First acknowledged these challenges and established a Cultural Competence Action Committee that includes staff from all levels within the agency. EMQ Families First acknowledged that staff had to feel a sense of investment and inclusion for the initiative to be successful. Staff members receive quarterly newsletters focused on cultural and linguistic competence and diversity to maintain transparency and to keep staff abreast of the committee's progress. In addition, the staff members participate in quarterly TransCultural Network meetings. In these meetings, videos, movies, and presentations are followed by in-depth discussions designed to permit and encourage staff to address biases. Finally, expectations relating to cultural and linguistic competence and diversity are written into every staff member's performance evaluation.

The Children's Village developed a program to educate existing employees about racial disproportionality and disparity of outcomes and to inform them about the ongoing work of the Institutional Racism Committee. The Committee members are teaming with managers to provide the same training to new employees during orientation training. Bi-monthly newsletters keep all employees informed about the Committee's work.

Jewish Board of Family and Children's Services (JBFCS) made it mandatory that all 80 Program Directors attend the People's Institutes' Undoing Racism Training. The training provided the directors with an enhanced understanding of what racism is, where it comes from, how it functions, why it persist, and how it can be changed. After completing the training, the directors felt better prepared to address their internal system and the role that the organization plays in perpetuating racial and ethnic disparities.

Organizations' champions for cultural and linguistic competence will face the challenge of getting executive leadership to support the initiative and allocate the necessary financial and personnel resources.

EQM Families First cultural and linguistic competence and diversity teams created a sponsorship contract with the organization's Executive Team to ensure that they receive the necessary support and to articulate for the Executive Team exactly what support is required.

Organizations have an ongoing challenge to attract, hire, and retain racially, ethnically, and culturally diverse and culturally and linguistically competent staff (i.e., support, direct care, professionals, and licensed staff).

JBFCS analyzed their staff hiring process by having their Human Resources Department (HR) create a profile of the types of candidates hired by the agency. HR had directors to identify why certain candidates are hired and others are not. This information was used to develop a hiring process that is

more inclusive of candidates that reflect the diversity of the children, youth, and families served across the organization. It was also used as a basis for a training tool for managers responsible for hiring. The agency also created a process for professional development and succession planning for staff of color to help increase the number of executive leaders of color.

The Children's Village established a Junior Executive Development track for administrators (directors, supervisors, and managers) to increase the number of executive leaders of color.

Organizations are faced with the challenge of developing staff who are knowledgeable and willing and able to support the agency's cultural and linguistic competence and diversity initiatives.

EQM Families First created a Leadership Academy to further develop managers' knowledge and skills in cultural and linguistic competence and diversity. Trainings are held monthly on a variety of cultural and linguistic competence and diversity topics and issues. The agency's Santa Clara County (SCC) region has begun the process of creating and sustaining Cultural Brokers, which is a core group of staff who come together to build their competence in cultural and linguistic competence and diversity. When Cultural Brokers see practices and/or hear conversations that are not in alignment with the agency's Cultural Initiative, they are to speak with the staff member in a quiet place and in a non-threatening manner about the incident.

Organizations are challenged with creating a process that genuinely involves and obtains recommendations and feedback from youth.

Lawrence Hall Youth Services developed a process for involving youth and gathering their recommendations and feedback. Lawrence Hall Youth Services used the feedback provided by the Youth Advisory Committee to establish the types of services and programming needed for LGBTQ youth and children and youth of color. Youth self-identified as LGBTQ shared information regarding their perspectives about success, which included healthy relationships, gainful employment, and educational and vocational achievements.

Organizations are challenged to create a process for regularly acknowledging diversity.

DePelchin Children's Center has a breakfast gathering on the first Tuesday of each month that is used to share pertinent information regarding the organization and to celebrate the different cultural and ethnic events. The celebration generally includes an activity designed to acknowledge and educate staff members about the customs of different cultures. As organizations move to fully implement cultural and linguistic competence, many of the challenges listed above, along with many more unforeseen challenges, are likely to arise. Residential providers must harness their creative energy to overcome these barriers, as it is critical to the work and to effectively serving racially, ethnically, and culturally diverse children, youth, and families.

Summary

The Building Bridges Initiative works to identify and promote practice and policy that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates, and policy makers to ensure that comprehensive mental health services and supports are available to improve the lives of young people and their families. The leadership of BBI has identified the critical importance that children, youth, and families have access to culturally and linguistically competent services throughout their contact with service providers and systems, whether that is during child and family team meetings; before, during or after contact with a residential provider; or in community settings.

Faced with tight budgets and competing initiatives, prioritizing the provision of culturally and linguistically competent services can be challenging for organizations. However, integrating cultural and linguistic competence into organizations will result in better outcomes for children, youth, and families, which will positively impact the success and long-term sustainability of programs.

It is our hope that the "Cultural and Linguistic Competence Guidelines for Residential Programs" provides a framework and specific examples, which residential service providers can use as they attempt to improve cultural and linguistic competence within their organizations. Similarly, we hope the Guidelines will help families and youth, oversight agencies and advocates evaluate the cultural and linguistic appropriateness of residential service providers. If implemented properly, these Guidelines should improve outcomes for all children, youth, and families.

Glossary

"**Culture** is conceived as a set of denotative (what is or beliefs), connotative (what should be, or attitudes, norms and values), and pragmatic (how things are done or procedural roles) knowledge, shared by a group of individuals who have a common history and who participate in a social structure" (Basabe, Paez, Valencia, González, Rime, & Diener, 2002).

"**Culture** is as an integrated pattern of human behavior which includes but is not limited to thought, communication, languages, beliefs, practices, customs, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social, or political group. Culture is transmitted to succeeding generations, is dynamic in nature, and changes over time," (National Center for Cultural Competence, 2011).

Culture is the thoughts, ideas, behavior patterns, customs, values, skills, language, arts, and faith or religion of a particular people at a given point in time (CWLA, 2001).

Cultural Broker refers to the act of bridging, linking, or mediating between groups or individuals of differing cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1995).

Cultural Competence is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations," (Cross et al., 1989; Isaacs & Benjamin, 1991).

Disproportionality refers to the difference in the representation of a group in a service population when compared to the group's representation in the general population.

Disparity refers to the inequitable treatment and/or services provided to a specific group as compared to Caucasians in similar situations (Adapted from Derezotes, Poertner, & Testa, 2005).

Diversity refers to "human attributes and qualities that are different from our own and those of groups to which we belong; but that are visible in other individuals and groups. Dimensions of diversity include but are not limited to: age, ethnicity, gender, physical abilities or qualities, race, sexual orientation, educational background, geographic location, income, marital status, military experience, parental status, religious beliefs, work experience, and job classification," (Loden & Rosener, 1991).

Ethnicity refers to social groups with a shared history, sense of identity, geography, and cultural roots that may occur despite racial difference (VCU Race and Ethnicity Reporting, 2010).

Family Culture is defined as the unique way that a family forms itself in terms of rules, roles, habits, activities, beliefs, and other areas. The racial or ethnic culture in which a family lives may strongly influence family culture. Other families are no longer tied to cultural norms of their ethnic or racial group. Every family is different, every family has its' own culture (Center for Effective Collaboration and Practice, 2007).

Family-driven refers to families having a primary decisionmaking role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation (National Federation of Families For Children's Mental Health, 2010).

Implementation Science is designed to encompass all aspects of research relevant to the scientific study of methods to promote the uptake of research findings into routine settings in clinical, community, and policy contexts (Eccles & Mittman; 2006).

Linguistic Competence is defined as the ability of an organization and its employees to successfully communicate information in a manner that is uncomplicated and easily understood by diverse individuals and groups, including those with limited English proficiency, low literacy skills, or who are illiterate, and those with disabilities (Goode & Jones, 2004).

Race refers to an arbitrary classification of modern humans, sometimes, especially formerly, based on any or a combination of various physical characteristics, as skin color, facial form, or eye shape, and now frequently based on such genetic markers as blood groups (Race, n.d.).

Race is defined as a social construction that has real consequences and effects (Anthropology.net. (n.d.).

Race refers to a human population partially isolated reproductively from other populations, and whose members share a greater degree of physical and genetic similarity with one another than with other humans (Race, n.d.).

Racial Disproportionality in child welfare refers to the extent that children of a specific race or ethnic group are over- or under-represented in foster care relative to their proportion in the general population (U.S. Government Accounting Office, 2007).

Structural Racism refers to "the many factors that work to produce and maintain racial inequities in America today. It identifies aspects of our history and culture that have allowed the privileges associated with 'Whiteness' and the disadvantages associated with 'color' to endure and adapt within the political economy over time. It also points out the ways in which public policies, institutional practices, and cultural representations reproduce racially inequitable outcomes" (Aspen Institute, Roundtable on Comprehensive Community Initiatives Project on Racial Equity and Community Building, 2003).

Under- or Over-Representation occurs when individuals of a specific group are represented in a system or situation at a higher or lower percentage than in the general population (Adapted from McCrory, Ayers-Lopez, & Green, 2006).

Youth Culture is defined as, "an inclusive atmosphere where young peoples' ethnicity, race, culture, and sexual orientation are respected, program stakeholders are aware that [youth and] young adults share a culture of their own to which older adults are not privy. The [youth and] young adult culture has its own linguistic characteristics, fashion trends, high-tech communication, social hierarchy, values, and norms, as well as exclusive membership," (Galasso et al., 2009).

Youth-guided means that young people have the right to be empowered, educated, and given a decisionmaking role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation, including giving young people a sustainable voice and the focus should be towards creating a safe environment enabling young people to gain self-sustainability in accordance to their culture and beliefs (Youth-Guided Definition, n.d.).

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References

Adapted from Derezotes, D., Poertner, J., & Testa, M. (Eds.). (2005). *Race matters in child welfare: the overrepresentation of African American children in the system*. Washington, DC: Child Welfare League of America.

Adapted from Loden, M., & Rosener, J. (1991). *Workforce America! Managing employee diversity as a vital resource* (pp. 18). Illinois: Business One Irwin.

Adapted from McCrory, J., Ayers-Lopez, S., & Green, D. K. (2006). Protection connection*. Disproportionality in Child Welfare*, *12*(4).

Advocates for Children & Youth. (2009). Children languish in group homes - more efforts needed to move children to family-based placements. *Issue Brief - Voices for Maryland's Children ,Volume 7*(6). Baltimore.

Anthropology.net. (n.d.). *Race as a social construct*. Available online at http://anthropology.net/2008/10/01/race-as-a-social-construct/.

Aspen Institute, Roundtable on Comprehensive Community Initiatives Project on Racial Equity and Community Building. (2003). *Operationalizing a structural racism analysis: The structural racism theory of change process*. Available online at http://www.aspeninstitute.org/.

Basabe N., Paez, D., Valencia, J., González, J., Rime, B., & Diener, E. (2002). Cultural dimensions, socioeconomic development, climate and emotional hedonic level*.* In R. Manstead & A. Fischer (Eds.), *Culture and emotion*. New York, NY: Taylor & Francis, Inc.

Berberet, H. (2004, July). *Living in the shadows: An assessment of housing needs among San Diego's LGBTQ youth in living outside the home*. Paper presented at the American Psychological Association annual meeting, Honolulu, HI.

Bostwick, W. B. (2007). *Mental health risk factors among GLBT youth*. National Alliance on Mental Illness: NAMI Multicultural Action Center.

Center for Effective Collaboration and Practice. (2007). *Wraparound planning: What is family culture?* Washington, DC. Available online at http://cecp.air.org/wraparound/family.html.

Chapin Hall at the University of Chicago. (2008). *Understanding racial and ethnic disparity in child welfare and juvenile justice.* Chicago.

Chapin Hall at the University of Chicago & Center for Juvenile Justice Reform. (2009). *Racial and ethnic disparity and disproportionalty in child welfare and juvenile justice: A compendium*. Chicago and Washington, DC.

Child Welfare League of America. (2001). *Cultural competence: About this area of focus*. Washington, DC. Available online at http://www.cwla.org/programs/culturalcompetence/culturalabout.htm.

Child Welfare League of America. (2006). *Best practice guidelines: Serving LGBT youth in out-of-home care*. Washington, DC: CWLA Press.

Church, W. T. (2006). From start to finish: The duration of Hispanic children in out-of-home placements. *Children and Youth Services Review, 28*, 1007-1023.

Church, W. T., Gross, E. R., & Baldwin, J. (2005). Maybe ignorance is not always bliss: The disparate treatment of Hispanic within the child welfare system. *Children and Youth Review, 27*, 1279-1292.

Clark, H. B., & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence–supported handbook*. Baltimore: Brookes.

Clements-Nolle, K. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, *51*(3), 53-69.

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, CASSP Technical Assistance Center. Davis, L. (2011, May 31). Clinical Director, EMQ Family First. (L. Bullard, Interviewer).

Eccles, M. P., & Mittman, B. S. (2006). *Welcome to implementation science.* Available online from PubMed Central at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1436009/.

Estrada, R., & Marksamer, J. (2006). The legal rights of LGBT youth in state custody: What child welfare and juvenile justice professionals need to know. *Child Welfare*, *85*(2), 171-194.

Fontes, L. A. (2002). Child discipline and physical abuse in immigrant Latino families: Reducing violence and misunderstanding. *Journal of Counseling and Development*, *80*, 31-40.

Galasso, L. B., Arrell, A., Webb, P., Landsman, S., Holmes, D., Frick, K., Bradford Knowles, L., Fair-Judson, C., Smith, R., & Clark, H. B. (2009). More than friends: Peer supports for youth and young adults to promote discovery and recovery. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence–supported handbook*. Baltimore: Brookes.

Goode, T & Jones, W. (2004). *Definition of linguistic competence*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

Greene, M. P. (2011, May 25). Psychotherapist, MPG. (L. Bullard, Interviewer).

Hartman, R. (2011, June 7). VP & COO, DePelchin Children's Center. (L. Bullard, Interviewer).

Harvey, A., (Summer 2007). 'This is my home': A culturally competent model program for African-American children in the foster care system. *Focal Point*, *21*(2:26). RTC, Portland State University.

Heifetz, R. (2003). Adaptive work. In T. Bently & J. Wilsdon (Eds.). *The adaptive state: Strategies for personalizing the public realm* (pp. 68-78). London: Demos.

Heifetz, R., & Laurie, D. (January/February 1997). *The work of leadership*. Cambridge: Harvard Business Review.

Hsia, H. M., Bridges, G. S., & McHale, R. (2003). *Disproportionate minority confinement: Year 2002 update.* Summary. Washington, DC: U.S Department of Justice.

Isaacs, M., & Benjamin, M. (1991). *Towards a culturally competent system of care, volume II, programs which utilize culturally competent principles.* Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Jacobs, J. & Freundlich, M. (2006). Achieving permanency for LGBTQ youth [Special issue]. *Child Welfare: Journal of Policy, Practice, and Program*, *85*(2), 299-316.

Jenkins, S., Diamond, B., Flanzraich, M., Gibson, J., Hendricks, J., & Marshood, N. (1983). Ethnic differentials in foster care placements. *Social Work Research and Abstracts, 19*(4), 41-45.

Jezewski, M. A. (1995). Evolution of a grounded theory: Conflict resolution through culture brokering. *Advances in Nursing Science, 17*(3), 14-30.

Johnson, L. K. (2011, May 24). Director, Divison of Children, Adolescents & Their Families, South Carolina Department of Mental Health. (L. Bullard, Interviewer).

Killett, S. (2011, May 16). Parent Advocate, Children's Village. (L. Bullard, Interviewer).

Leonard, K. K., Pope, C. E., & Feyerherm, W. H. (Eds.) (1995). *Minorities in juvenile justice*. Thousand Oaks, CA: Sage Publications.

Loden, M, & Rosener, J. (1991). *Workforce America!: Managing Employee Diversity as a Vital Resource.* Homewood, IL: Business One Irwin.

Mallon, G. P. (1999). *Let's get this straight: A gay and lesbian affirming approach to child welfare*. New York: Columbia University Press.

McMillen, J. C., Scott, L. D., Zima, B. T., Ollie, M. T., Munson, M. R., & Spitznagle, E. (2004). Use of mental health services among older youth in foster care. *Psychiatric Services*, 811-817.

Mendez, J. A. O. (2006). Latino parenting expectations and styles: A literature review: *Protecting Children*, *21*(2), 53-61.

Milner, B. (2011, May 17). President, Teaching-Family Association. (L. Bullard, Interviewer).

Morrison, O. (2011, June 7). VP Clinical Director, Lawrance Hall Youth Services. (L. Bullard, Interviewer).

NAMI Multicultural Action Center. (2010). *An overview of multicultural issues in children's mental health.* Arlington, VA: National Alliance on Mental Illness. Available online at http://www.nami.org/TextTemplate.cfm?Section=Multicultural_Support1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=55786.

National Center for Cultural Competence. (2011). *Definitions of culture.* Washington, DC: Georgetown University.

National Implementation Research Network (2011). *What is NIRN? What is implementation?* Available online at http://www.fpg.unc.edu/~nirn/default.cfm.

National Federation of Families for Children's Mental Health. (2010). *Family-driven ~ defined.* Rockville, MD. Available online at http://ffcmh.org/r2/publications2/family-driven-defined/.

Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Available online at http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=201240.

Pleasant, K. (2011, June 7). Diversity Coordinator, Lawrence Hall Youth Services. (L. Bullard, Interviewer).

Piquero, A. (2008). Disproportionate minority contact. *The Future of Children, 18*(2), 59-79.

Poe-Yamagata, E., & Jones, M. A. (2000*). And justice for some:* Building blocks for youth project. Washington, DC: Youth Law Center.

Race. (n.d.). *Dictionary.com* [Unabridged]. Available online at http://dictionary.reference.com/browse/race.

Rios, I. (2011, June 7). Director of Quality Improvement. (L. Bullard, Interviewer).

Rodriguez, L. (2011, May 9). Deputy Executive Vice-President, Jewish Board of Family and Children Services. (L. Bullard, Interviewer).

Satcher, D., & Druss, B. (2010). Bridging mental health and public health. *Preventing Chronic Disease, 7*(1), A03.Available online at http://www.cdc.gov/pcd/issues/2010/jan/09_0133.htm.

Sickmund, M., Sladly, T.J., & Kang, W. (2008). *Census of juveniles in residential placement databook.* Available: http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/.

Sieler, D., Orso, S., & Unruh, D. K. (2009). Partnerships for youth transition: Creating options for youth and their families. In H. B. Clark, & D. K. Unruh (Eds.), *Transition of youth & young adults with emotional or behavioral difficulties: An evidence–supported handbook*. Baltimore: Brookes.

Slowikowski, J. (2009, October). Disproportionate minority contact. *OJJDP In Focus.* Available online at https://www.ncjrs.gov/pdffiles1/ojjdp/228306.pdf.

Swanson, M. (2011, May 16). Chief Operating Officer, Children's Village. (L. Bullard, Interviewer).

Technical Assistance Partnership for Child and Family Mental Health. (2011). *Closing the gap: Cultural perspectives on family-driven*. Available on-line at http://www.tapartnership.org/culturalPerspectives.php.

Urton, A. (2011, June 8). Clinical Director, EMQ Families First. (L. Bullard, Interviewer).

U.S. Department of Health and Human Services. (2001). A Supplemental to *Mental health: A report of the Surgeon General.* Rockville, MD: Author.

U.S. Department of Health and Human Services. (2010a). *Residential/group care.* Washington, DC: Child Welfare Information Gateway. Available online at www.childwelfare.gov/outofhome/types/group.cfm.

U.S. Department of Health and Human Services. (2010b). *The AFCARS report: Preliminary FY 2009 estimates as of July 2010 (17).* Washington, DC. Available online at www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm.

U.S. Department of Health and Human Services. (n.d.).*The health care law and you*. Washington, DC. Available online at http://www.healthcare.gov/law/introduction/index.html.

U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. (2010). *Child maltreatment 1995*. Washington, DC: U.S. Government Printing Office.

U.S. Government Accounting Office. (2007). *African American children in foster care: Additional HHS assistance needed to help states reduce the proportion in care*. Available online at http://www.gao.gov/products/GAO-07-816.

U.S. Department of Health and Human Services, National Technical Assistance and Evaluation Center for Systems of Care. (2010, November). *Leadership in the* Improving Child Welfare Outcomes through Systems of Care *Initiative.* Available online at http://www.childwelfare.gov/management/reform/soc/communicate/initiative/evalreports/reports/LeadershipBrief.pdf

VCU Race and Ethnicity Reporting. (2010). *Race and ethnicity definitions*. Retrieved July 1, 2011, from http://www.vcu.edu/cie/rer/faqs.html.

Wilber, S., Ryan, R., & Marksamer, J. (2006). *Child Welfare League of America: Best practice guidelines for serving lesbian, gay bisexual, & transgender youth in out-of-home care*. Washington, DC: Child Welfare League of American.

Woronoff, R., Estrada, R., & Sommer, S. (2006). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender, and questioning youth in care.* Washington, DC: Child Welfare League of America & Lambda Legal.

Youth-Guided Defintion. (.n.d.). Available online at http://www.youthmovenational.org/youth-guided-definition.

Appendices

Appendix A. Selected Resources

Cultural Associations, Coalitions, Committees, Institutes

- Adultism, www.cwla.org/articles/cv0301adultism.htm
- Center on Health Disparities' Education Initiative, www.adventisthealthcare.com/health-disparities/education/
- Coalition for Asian American Children and Families, www.cacf.org
- Committee for Hispanic Children and Families, www.chcfinc.org
- CWLA National Advisory Committee on Cultural Competence, www.cwla.org
- Juvenile Justice Planning Committee, www.nccrimecontrol.org/index2.cfm?a=000003,000011,000601,001289
- Juvenile Justice System Improvement Project, http://cjjr.georgetown.edu/jjsip/jjsip.html
- National Black Child Development Institute, www.nbcdi.org
- National Indian Child Welfare Association, www.nicwa.org
- National Indian Education Initiative, www.civilrights.org/indigenous/disparities/american-indian-education.html
- National Institute of Mental Health's Initiative to Reduce Disparities, www.nimh.nih.gov/about/strategic-planning-reports/nimh-five-year-strategic-plan-for-reducing-health-disparities.pdf
- National Latino Children's Institute, www.nlci.org
- National Latino Behavioral Health Association, http://nlbha.org/
- National Leadership Council on African American Behavioral Health, www.nlcouncil.com/cms/
- National Asian American and Pacific Islander Mental Health Association, http://naapimha.org/
- First Nation Behavioral Health Association, www.fnbha.org/

Online Resources

Checklist - Planning for Cultural and Linguistic Competence in Systems of Care for Children & Youth with Social-Emotional and Behavioral Disorder and their Families

Developed by the National Center for Cultural Competence (NCCC), this checklist is one in a series created to help systems of care and organizations develop policies, structures, and practices that support cultural and linguistic competence. The purpose of this checklist is to assist with the following initiatives:

1. Conducting strategic planning.

2. Designing and delivering interventions, services, and supports.

3. Evaluating and assuring quality within the system of care.

Source: National Center for Cultural Competence. (2004). *Planning for cultural and linguistic competence in systems of care for children & youth with social-emotional and behavioral disorder and their families.* Available online at: http://nccc.georgetown.edu/documents/SOC_Checklist.pdf.

Database – CultureVision

CultureVision is a comprehensive, user-friendly database that gives healthcare and other professionals access to cultural knowledge that contributes to culturally competent patient care. It provides background information that helps to increase a service provider's basic understanding of racial and ethnic groups which should aid organizations with being respectful when serving an individual and/or group that the provider has no prior knowledge of. CultureVision is also used to assist organizations with meeting Joint Commission and Magnet requirements for Culturally and Linguistically Appropriate Services (CLAS) Standards.

www.crculturevision.com/

Disproportionate Minority Contact in the Juvenile Justice System: A Study of Differential Minority Arrest/Referral to Court in Three Cities. (2007). Prepared by the OJJDP-funded Program of Research on the Causes and Correlates of Delinquency, the report "Disproportionate Minority Contact in the Justice System: A Study of Differential Minority Arrest/Referral to Court in Three Cities" draws on information from delinquency studies in Pittsburgh, PA, Rochester, NY, and Seattle, WA, to examine disproportionate minority contact and factors that might affect it at the police contact and court referral levels. www.ncjrs.gov/pdffiles1/ojjdp/grants/219743.pdf

DiversityInc.com offers a web guide and print-based publication, as well as a free newsletter and news briefs. www.DiversityInc.com

Diversity Tool Kit - Achieving Cultural Competence, A Diversity Tool Kit for Residential Care Settings
This tool kit was develop solely for the Ministry of Children and Youth Services, Ontario, CA. This tool should be used with other clutural and linguistic competence and diversity resources, and should not be depended upon exclusively for making decisions relating to children and youth in residential care.
Source: Lam, R., & Cipparrone, B. (2008, February). *Achieving cultural competence, A diversity tool kit for residential care settings.* Ontario: Ministry of Children and Youth Services. Available online at: www.children.gov.on.ca/htdocs/English/topics/specialneeds/achieving_cultural_competence.aspx

Getting started…and moving on…Planning, implementing and evaluating culturally & linguistically competent systems of care for children and youth needing mental health services and their families.
This checklist was created by the National Center for Cultural Competence (NCCC) for the purpose of helping organizations and systems of care to develop policies, structures and practices that strengthen cultural and linguistic competence. The checklist concentrates on systems of care and organizations committed to providing quality services and supports to children and youth with emotional, behavioral, and mental disorders and their families. Source: Goode, T. & Jackson, V. (2003). *Getting started…and*

moving on…Planning, implementing and evaluating culturally & linguistically competent systems of care for children and youth needing mental health services and their families. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development: http://nccc.georgetown.edu/documents/Getting_Started_SAMHSA.pdf.

National Staff Development and Training Association (NSDTA) Code of Ethics for Training and Development Professionals in Human Services
The National Staff Development and Training Association (NSDTA) Code of Ethics for Training and Development Professionals in Human Services stress the significance of supporting worker competence in appreciating and embracing the differences of individuals within their communities and environments. The Code highlights that professionals should integrate approaches and material to ensure cultural competence in all training.
Source: National Staff Development and Training Association. (2003). *National Staff Development and Training Association Code of Ethics for Training and Development Professionals in Human Services*. Washington, DC: Author. Available online at http://nsdta.aphsa.org/PDF/Code_Ethics.pdf

National Standards for Cultural Competence in Social Work Practice - The *Standards for Cultural Competence in Social Work Practice* address several key areas of social work practice, including ethics and values, self-awareness, cross-cultural knowledge, cross-cultural skills, service delivery, empowerment and advocacy, workforce diversity, professional education, language diversity, and cross-cultural leadership. www.naswdc.org/pressroom/2001/090601.asp

OJJDP's National Training and Technical Assistance Center provides training and technical assistance to states and localities to reduce disproportionate minority contact. www.nttac.com

Self-Assessment - Cultural Competence Agency Self-Assessment Instrument
This agency self-assessment instrument provides child welfare agencies with a tool to educate staff and gather information about the agency's level of cultural competence. The assessment is designed to assist child welfare agencies with identifying strengths and challenges with effectively addressing the needs of the culturally diverse children, youth, and families.
Source: Child Welfare League of America. (2002). Cultural Competence Agency Self-Assessment Instrument. Washington DC: CWLA Press. Available online at www.cwla.org/pubs/welcome.htm

Self-Assessment - Cultural and Linguistic Competence Family Organization Assessment Instrument
This assessment tool addresses the unique functions of family organizations concerned with children and youth with behavioral-emotional disorders, special health care needs, and disabilities. The purpose of the assessment is to support family organizations with the following goals:
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.
3. Promote cultural and linguistic competence as an essential approach in the elimination of disparities and the promotion of equity.

Source: 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. Available online at www.gucchdgeorgetown.net/nccc/clcfoa/.

Spirituality Assessment - Spirituality and Recovery from Mental Disorders - Lesson 7 Assessing Spirituality
This assessment is a process that health care providers use to identify individuals' spiritual needs pertaining to their mental health care.
Source: Spiritual Competency Resource Center. (n.d.). *Spirituality and recovery from mental disorders. Lesson 7 assessing spirituality.* Available online at
www.spiritualcompetency.com/recovery/lesson7.html.

Specific Strategies
American Humane Association
www.americanhumane.org/children/programs/family-group-decision-making/.
- Addressing racial disproportionality in child welfare using family group decisionmaking in every stage of service and at each decision point; front end and back end.
- Addressing racial disproportionality in juvenile justice through Restorative Group Conferencing for Dual-Jurisdiction Youths.

American Humane Association
 www.americanhumane.org/children/programs/disparities-in-child-welfare.html.
- The project uses sophisticated data analysis as a method to inform, inspire, and develop tools and strategies needed to eliminate unequal outcomes for children and families of color and ensure that child welfare services are culturally relevant and fair.

Annie E. Casey Foundation – Family to Family Initiative: Tools for Rebuilding Foster Care
www.aecf.org/majorinitiatives/family%20to%20family.aspx.

Building-Strong-and-Stable-Families
www.policyforresults.org/Topics/2008/Building-Strong-and-Stable-Families/State-Child-Welfare-Policy-Guide/1/~/media/Alliance%20Policy%20Scan.ashx.

- Legislation, policy change, finance reform
- Youth, parent, and community partnership and development
- Public will and communication
- Human service workforce development
- Practice change
- Research and evaluation
- Data-based decisionmaking

Casey Family Programs Places to Watch
www.casey.org/resources/publications/placestowatch.htm.
- Review of efforts by several states on the micro and macro levels to address racial disparities.

Casey Family Programs 2020 Vision
www.casey.org/AboutUs/2020/.
- Sponsored multiple states' efforts to address disproportionality throughout the nation.
- Casey's *2020 Vision* calls on a comprehensive change in child welfare with reducing the number of children in foster care by 50% and improving self-sufficiency for those youth in the system and for those that age out of the system.

Casey-CSSP Alliance for Racial Equity in Child Welfare
www.cssp.org/major_initiatives/racialEquity.html.
- Resources, information, and effective strategies to address disproportionality in child welfare, internally, externally, and at multiple decision points.
- Tools and technical assistance to agencies in states and for various populations.

Child Welfare Information Gateway
www.childwelfare.gov/systemwide/cultural/disporp/.
- Resources and information on addressing racial disproportionality.
- Overrepresentation in foster care.
- Underrepresentation in family support and family preservation services, inequitable investigations for suspected cases of maltreatment, and disparities in decisions.

FRIENDS, Family Resource Information, Education, and Network Development Service
http://friendsnrc.org/.
- National Resource Center for Community-Based Child Abuse Prevention (CBCAP)
- Service of the United States Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
- Provides service through a coordinated effort with four other national organizations and initiatives with the aim of preventing child abuse and neglect and supporting families.
- Network of partners offers cutting edge services from leaders in the prevention field.

National Association of Public Child Welfare Administrators
www.napcwa.org/DDT/tools.asp.
- Disproportionality diagnostic tool.
- Examines the societal, systemic, and individual factors that may contribute to racial disproportionality and disparate treatment of children of color.

National Conference of State Legislatures
www.ncsl.org/.
- Tracks the state legislators' funding and structuring.
- Oversight activities of child welfare systems.
- Maintains a comprehensive database of reports and summaries on racial inequity in child welfare.

National Resource Center for Family-Centered Practice and Permanency Planning
www.hunter.cuny.edu/socwork/nrcfcpp/info_services/children-of-color.html.
- Children and youth of color
- Links, readings, and resources.

National Resource Center for Family-Centered Practice and Permanency Planning
www.hunter.cuny.edu/socwork/nrcfcpp/info_services/disproportionate.html.

- Resources and information on addressing racial disproportionality in child welfare.
- Addressing racial disproportionality information on state efforts.
- Resources on children and youth of color, Indian child welfare issues, and Latino child welfare issues.

Race Matters Consortium
www.racemattersconsortium.org/.

- National multi-system initiative that promotes strategies and tools.
- Targets prevention, intervention, and elimination of adverse disproportionality and disparities in child welfare.

Training Resources
Bridging Refugee Youth & Children's Services (BRYCS) has a number of documents that give lessons in culturally competent practice with immigrant and refugee families and their children. www.brycs.org.

Ohio Child Welfare Training Program has a number of resources for trainers, including some that provide child welfare practitioners with a list of resources and learning opportunities that focus on cultural issues and specific populations. www.ocwtp.net.

The Gamble-Skogo Chair, University of Minnesota, School of Social Work, offers an online workshop, *Evidence-Based Practice in Child Welfare in the Context of Cultural Competence*, at www.cehd.umn.edu/ssw/G-S/EBP-CC_Modules/index.html.

The Pennsylvania Child Welfare Training Program offers several curricula, a trainers' manual for promoting cultural competence, information pertaining to their Diversity Committee, and information regarding the Indian Child Welfare Act. www.pacwcbt.pitt.edu.

University of Michigan, School of Social Work, offers a *Cultural Issues Training* that is designed to assist child welfare workers understand the legal issues and policy framework that guides practice in the child welfare system regarding race, color, and national origin. The website lists best practice tools and resources on cultural competence and diversity.
http://ssw.umich.edu/public/currentProjects/tpcws/culturalIssues/

Videos
Cracking the Codes: Race and Relationships in the 21st Century, http://world-trust.org/cracking-the-codes-race-relationships-and-healing-in-the-21st-century. The video has two major objectives: support the building of a broader, deeper national frame of dialogue on race informed by multiple levels of analysis across race, gender, age, class, and culture; and address the need to include healing as part of new visions towards racial equity.

Race, the Power of an Illusion, www.newsreel.org/nav/title.asp?tc=CN0149, is a film about race that anyone involved in aspects of the child welfare system should see.

Web-based Training Site – Results Oriented Management in Child Welfare (ROM)
This web-based training was developed as an affordable management reporting system that is designed to meet daily needs of managers. This system utilizes existing data already captured in the agency's electronic data system. The system is designed to provide beneficial performance information in a user-friendly and flexible format.
https://rom.socwel.ku.edu/ROMTraining/.

Appendix B. Professionals Interviewed

Below is a list of residential agencies and contact persons with cultural and linguistic competence, diversity, and/or institutional racism initiatives. [*This list is presented to provide contact information on some who are engaged in the work of addressing these issues. It is not presented to be all inclusive, nor is it presented as an endorsement of the work being undertaken*.]

EQM Family First
Andrea Urton, Clinical Director
251 Llewellyn Avenue
Campbell, CA. 95008
Phone: 408-628-5560
Email: ldavis@emqff.org
Website: www.emqff.org

EQM Family First
Lisa Davis, Clinical Director
251 Llewellyn Avenue
Campbell, CA. 95008
Phone: 408-379-3796
Email: ldavis@emqff.org
Website: www.emqff.org

DePelchin Children's Center
Isabel Rios, Director of Quality Improvement
Main Campus
4950 Memorial Drive
Houston, TX 77007
Phone: 888-730-2335
Email: Irios@depelchin.org
Website: www.depelchin.org

DePelchin Children's Center
Robert Hartman, VP/COO
Main Campus
4950 Memorial Drive
Houston, TX 77007
Phone: 888-730-2335
Email: Rhartman@depelchin.org
Website: www.depelchin.org

Jewish Board of Families & Children Services
Leonardo Rodriguez, Deputy Executive Vice-President
226 Linda Avenue Hawthrorne, NY 10532
Phone: 888-523-2769
Email: lrodriguez@jbfcs.org
Website: www.jbfcs.org

South Carolina Department of Mental Health
Louise K. Johnson, Director
Division of Children
Adolescents and Their Families
2414 Bull Street
Columbia, SC 29201
Phone: 803-898-8346
Email: lkj40@scdmh.org
Website: www.scdmh.org

The Children's Village
Mona Swanson, Chief Operating Officer
1 Echo HI
Dobbs Ferry, NY 10522
Phone: 914-693-0600
Email: Mswanson@childrenvillage.org
Website: www.childrensvillage.org

The Children's Village
Sandra Killett, Parent Advocate
1 Echo HI
Dobbs Ferry, NY 10522
Phone: 914-693-0600
Email: SKillett@childrensvillage.org

Advancing partnerships among residential and community-based service providers, youth and families to improve lives.

Below is a list of Individuals who have implemented cultural and linguistic competence, diversity and/or institutional racism initiatives within a residential agency. [*This list is presented to provide contact information on some who are engaged in the work of addressing these issues. It is not presented to be all inclusive, nor is it presented as an endorsement of the work being undertaken*.]

Bud Milner, President, Teaching-Family
Association
Indiana
Phone: 765-485-5900
Email: Budm@iumch.org

Diane Jaeger
Canada
Phone: 403-236-3967
Email: djaeger@shaw.ca

Mary Pender Greene, Psychotherapist
Midtown Manhattan
New York, NY
Phone: 718-207-5455
Email: mlpenderg@gmail.com
Website: www.marypendergreene.com

Appendix C. Consultation & Training Organizations

LB International Consulting, LLC
Service: Consultation and training on cultural and linguistic competence, racial disproportionality, and disparity of outcomes and effective supervision, mentoring, and coaching for residential and community-based and supports.
Contact: Lloyd Bullard, CEO
10220 Quiet Pond Terrace
Burke, VA 22015
Phone: 301-437-2378
Email: lbullard23@aol.com
LB.Int.Consulting@gmail.com
Website: www.lbinternationalconsulting.com

The People's Institute for Survival and Beyond - Undoing Racism Training
Service: Consultation and training services are available. The People's Institute for Survival and Beyond focuses on understanding what racism is, where it comes from, how it functions, why it persists and how it can be undone. Their workshops and trainings utilize a systemic approach that emphasizes learning from history, developing leadership, maintaining accountability to communities, creating networks, undoing internalized racial oppression and understanding the role of organizational gate-keeping as a mechanism for perpetuating racism.
Contact: Tiphanie Eugene, Administrative Director
601 N. Carrollton
New Orleans, LA 70119
Email: tiphanie@pisab.org
Website: www.pisab.org