

# Community Alliance for CLAS Agency Assessment

## Introduction

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Community Alliance *for* Culturally and Linguistically Appropriate Services | CLAS Technical Assistance and Training Project is managed by ONTRACK Program Resources, Inc. and funded by the California Department of Alcohol and Drug Programs.



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

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

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

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

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## Survey Instructions

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

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

Some questions ask about organizational policies and practices. If your

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

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

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## Agency Information

1. What is today's date? \*

(Please click on the calendar to ensure the date entered is formatted as MM/DD/YYYY.)

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Contact Information:

2. Please enter complete information (If you DO NOT have email, or fax, enter "none"):

First Name \*

Last Name \*

Company Name \*

Street Address \*

Apt/Suite/Office

City/Town \*

State

Zip \*

County \*

Email Address \*

Phone Number \*

Fax Number

CLAS Application ID

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3. What is your title?

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4. What is your role at the agency?

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

- Individual response (i.e. you are submitting this form by yourself on behalf of your organization)
- Group response (i.e. several people are participating in the submission of this evaluation)
- Team response (i.e. key people were strategically selected from within your organization to participate in the submission of this evaluation)

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6. In what setting do you provide service?

Check all that apply.

- In School
- Private Homes (in-home services, home visits, in-home interventions)

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

7. How many people does your organization serve annually?

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## Community Demographics

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

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9. Which would best describe your PRIMARY community context?

- Urban
  - Suburban
  - Rural
- 

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

- Asian
- Latino/Hispanic/Chicano

- African American/Black
- American Indian/Native American
- Caucasian/White
- Native Hawaiian/Pacific Islander
- Middle Eastern
- Other (please specify):

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

Drag items from the left-hand list into the right-hand list to order them.

- Asian
  - African American/Black
  - American Indian/Native American
  - Caucasian/White
  - Latino/Hispanic/Chicano
  - Native Hawaiian/Pacific Islander
  - Middle Eastern
  - Other (please specify below)

If you selected "other" above, please enter the racial or ethnic group in this box:

12. Which of the following cultural groups have a significant presence in your service area?

Check all that apply.

- Women
- Men
- Children/Youth
- Homeless
- Older Adults
- Persons with Disabilities
- Recent Immigrants
- Veterans
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning)
- Persons living with HIV/AIDS, Mental Health & Other Co-occurring Disorders



- African American/Black
  - American Indian/Native American
  - Caucasion/White
  - Native Hawaiian/Pacific Islander
  - Middle Eastern
  - Other (please specify):
- 

16. Does your organization have TARGETED services or outreach efforts for any of the following cultural groups?

Please check all that apply.

- Women
  - Men
  - Children/Youth
  - Homeless
  - Older Adults
  - Persons with Disabilities
  - Recent Immigrants
  - Veterans
  - LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning)
  - Persons living with HIV/AIDS, Mental Health & Other Co-occurring Disorders
  - Persons with Limited English Proficiency (LEP)
  - Other: (please specify)
- 

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

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

# Community Knowledge Strategies and Capacities

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

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

20. What are the three (3) most commonly used substances in your service community? Please drag top three (3) choices ranking 1=Most prevalent and 3=LEAST prevalent.

Drag items from the left-hand list into the right-hand list to order them.

Hallucinogens  
 Marijuana  
 Methamphetamine  
 Alcohol  
 Heroin  
 Prescription drug  
 Inhalants  
 Cocaine  
 Ecstasy

Other (please specify below)

If you checked "other" above, please specify commonly used substance here:

## Organizational Policy

21. Please answer yes or no for the following.

	Yes	No
Has your organization formally identified cultural competence as a service goal?	<input type="radio"/>	<input type="radio"/>
Does your organization have a written non-discrimination policy? (If no, skip to question #22.)	<input type="radio"/>	<input type="radio"/>
Does this policy also ban harrassment and hate speech (i.e. slurs and insults based on race, ability, sexual orientation, or gender identity)?	<input type="radio"/>	<input type="radio"/>
Are these policies enforced for STAFF?	<input type="radio"/>	<input type="radio"/>
Are these policies enforced for CLIENTS?	<input type="radio"/>	<input type="radio"/>

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

Yes  No

23. How well do you think this policy works?

Not well at all  Not very well  Somewhat well  Very well

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

Yes  No

25. How well do you think this policy works?

- Not well at all    Not very well    Somewhat well    Very well
- 

26. Is the complaint or grievance policy or procedure available in languages other than English?

- Yes    No

If yes, what language(s)?

27. Does your organization keep a log or record of complaints and grievances?

- Yes    No
- 

28. Please indicate how well your organization performs on the following measures.

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

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## Staff Development: Recruitment, Retention, and Training

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

- Yes    No    Don't know
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If yes, please describe:

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

- Increasing     Decreasing     About the same     Don't know

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

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

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

- Yes, for all employees     Yes, for new employees     No

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

- Not well at all     Not very well     Somewhat well     Very well
- Don't know

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

- Yes     No

35. How well does this policy work?

- Not well at all     Not very well     Somewhat well     Very well
- Don't know
- 

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

- Yes     No
- 

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

- Yes     No
- 

## Culturally Competent Strategies

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

	Not well at all	Not very well	Somewhat well	Very well	Don't know
How well does your organization understand and respond to the cultural needs of its clients? (i.e. responding to the different needs of diverse cultural groups such as, older adults with mobility problems, youth who communicate via text message, homeless people without addresses, women with children, people in same sex relationships, transgender people, cross generational conflict)	<input type="radio"/>				
How well does your organization respond to the linguistic needs of its clients?	<input type="radio"/>				
How well do the FORMAL policies of your organization facilitate cultural understanding between staff and clients?	<input type="radio"/>				

How well do the INFORMAL policies of your organization facilitate cultural understanding between staff and clients?	<input type="radio"/>				
How well does staff advocate for diverse populations?	<input type="radio"/>				
How well does staff understand the diverse cultural beliefs about substance use, abuse, and treatment in its service community?	<input type="radio"/>				
How well does your organization understand the gender-specific needs of women (i.e. domestic violence interventions, sexual abuse counseling, parenting supports)?	<input type="radio"/>				
How well does your organization accommodate clients with particular spiritual/cultural/religious needs (i.e. scheduling around religious or spiritual observances, or trans-inclusive policies for gender-specific environments)?	<input type="radio"/>				
How well does your organization accommodate clients with disabilities (i.e. ADA-compliant accessibility in the physical environment, scent-free, large print, services for the deaf and hard of hearing).	<input type="radio"/>				

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

## Linguistically Competent Strategies

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

- Yes     No

If yes, what language(s)?

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

Yes  No

If yes, what language(s)?

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

Yes  No

If yes, what language(s)?

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

Yes  No

If yes, what language(s)?

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

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

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

Yes  No

If yes, what language(s)?

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

Not well at all  Not very well  Somewhat well  Very well

Don't know

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## Organizational Self Assessment Strategies and Capacities

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

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

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

Yes  No

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

	Yes	No
Is client satisfaction data analyzed by race/ethnicity?	<input type="radio"/>	<input type="radio"/>
Is client satisfaction analyzed for people with disabilities?	<input type="radio"/>	<input type="radio"/>

Is client satisfaction data analyzed by sexual orientation?	<input type="radio"/>	<input type="radio"/>
Is client satisfaction data analyzed by gender identity?	<input type="radio"/>	<input type="radio"/>
Do you survey your clients to find out whether their language needs have been met?	<input type="radio"/>	<input type="radio"/>

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

Yes  No

## Organizational Data Management Strategies and Capacities

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

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

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

Yes  No

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

Yes    No    N/A

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## Community Involvement

54. Please describe your community partnerships.

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

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55. Does your organization solicit community participation in any of the following areas?

Please check all that apply.

	Yes	No
Planning program delivery methods	<input type="radio"/>	<input type="radio"/>
Evaluation of program services	<input type="radio"/>	<input type="radio"/>
Evaluation of customer satisfaction	<input type="radio"/>	<input type="radio"/>
Staffing needs or preferences	<input type="radio"/>	<input type="radio"/>
Outreach/marketing	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>

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Other (please specify)

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

- Yes     No

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If yes, please describe

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## **These final questions relate to your experience completing this survey**

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

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

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

- Yes     No

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If yes, please specify

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

- 10 to 20 minutes  
 20 to 30 minutes

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

60. Did this survey seem too long?

- Yes
  - No
- 

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

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American Disability Act (ADA): In accordance with the California Government Code section 11135 and Title II, ADA federal statute 12131 requirements, publications that are made available through this contract must include the following statement: "This publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability."

Support for this project has been given by the State of California, Department of Alcohol and Drug Programs



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## Thank You!

Thank you for completing this online assessment. You will be contacted within 3-5 business days by your Competency Coach who will work with you to customize a training plan for your organization.

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