

Cultural and Linguistic Competence Guide

Purpose of This Guide

The demographics of America are changing at a rapid pace. In 2009, approximately 35 percent of the U.S. population comprised people of color, with Latinos/Hispanics and African Americans making up the largest proportions (15.1 and 13.2 percent, respectively). According to the U.S. Census Bureau, in 2008, the total U.S. population growth rate was 13.2 percent, but for Latinos it was 57.9 percent, with Hispanic/Latino youth comprising 22 percent of children younger than 18. It is projected that by the year 2050, there will be approximately 133 million Latinos in the United States, constituting about 30 percent of the total U.S. population (Harrison, 2009).

People of color are no longer the “minority.” There are four so-called “minority majority” states—Texas, California, New Mexico, and Hawaii. The District of Columbia also has a “minority majority.”

As the changing demographics across the nation begin to affect the composition of Safe Schools/Healthy Students (SS/HS) grantees, project directors need to increasingly adapt and modify their planning, resource allocation, and activities to support the unique needs of these distinct and growing population groups. This guide serves as an introduction to cultural and linguistic competence (CLC) and provides examples and strategies for applying CLC practices to SS/HS projects in an effort to promote safe and healthy school environments that are also culturally and linguistically competent.

Cultural and Linguistic Competence

What Is Culture?

According to the National Center for Cultural Competence (2004), *culture* is an integrated pattern of human behavior. It includes the methods of communication, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, social, or political group, as well as the ability to transmit all of the above to succeeding generations.

What is CLC?

Cross, Bazron, Dennis, and Isaacs (1989) define *cultural competence* as a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals, enabling them to work effectively and sensitively in cross-cultural situations.

Goode and Jones (2009) define *linguistic competence* as the capacity to communicate effectively with and convey information in a manner that is easily understood by diverse audiences, including persons with limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

Linguistic competence also includes the capacity to recognize the unique strengths, assets, and challenges that emanate from distinct cultures of origin.

In essence, CLC is about respect for one another, especially for those who are different from oneself. It is also about eliminating disparities in access, availability, quality, utilization, and outcomes in behavioral health, and eliminating disproportions in representation in our child-serving agencies.

CLC and SS/HS

U.S. student populations are becoming more diverse, reflecting a tapestry of color, culture, language, traditions, beliefs, and practices, rather than sets of disparate cultural groups within the larger dominant culture. Therefore, it is important for SS/HS grantees to work toward becoming more culturally and linguistically competent in all aspects of planning, development, implementation, and evaluation. But for this to occur, it is essential that both SS/HS and school leadership champion CLC as a priority. Leadership is where CLC begins, and it is key to how it is sustained.

Leadership is where CLC begins, and it is key to how it is sustained.

Create a Safe Climate

To move forward, the first step that individuals in leadership positions should take is to create a “safe” organizational climate, one that is based on trust and mutual respect, for discussing sensitive topics, such as historical trauma, institutional racism, power, prejudice, class, sexual orientation, and privilege. When staff feel comfortable to speak with their leadership and one another about the most sensitive subjects without fear of repercussions, it creates a trusting environment and lays the foundation for continued work. Leaders can foster an environment for honest and open discussion of cultural and linguistic issues by providing opportunities for such dialogues in professional development sessions, forums, regularly scheduled activities, trainings, supervision meetings, and coaching sessions.

Infuse CLC into Organizational Practices

Once the program leadership expressly endorses and encourages an atmosphere of openness and dialogue, other organizational practices should follow. The governing board or administrative structure should strive to create a vision statement, mission statement, logic model, and strategic plan that are aligned with and reflect the needs of the diverse community served by the program, and that explicitly state the program’s commitment and the actions it will take to incorporate CLC values, practices, and outcomes at all levels of the organization.

You can conduct individual and organizational CLC assessments to identify and address your own and your staff’s needs and challenges. By engaging in the same self-discovery process that we encourage our partners and the communities we serve to engage in, we can model what is expected from them. To increase the likelihood of success and sustainability, leadership must commit sufficient resources, both human and financial. This also reflects the administration’s commitment to infuse CLC into its practices.

Other ways to incorporate CLC practices into SS/HS grants:

- Create policies and procedures that operationalize CLC in daily work, in such areas as organizational structure (e.g., governance, hiring), planning/design (e.g., logic model, strategic planning), budgeting, practice implementation, and evaluation.
- Write contracts with providers, agencies, and community partners that include specific contractual performance indicators and measures addressing the infusion of CLC into the domains stated above, with incentives and/or penalties to ensure accountability.
- Monitor contracts and sub-contracts regularly to ensure compliance with CLC measures.
- Provide ongoing professional development opportunities to increase and improve the CLC skills and abilities of your administration and staff.
- In performance appraisals, include measures that address CLC implementation in the employee's daily work, and directly link successful achievement to salary increases and promotions.

Hire Personnel Who Mirror Your Target Community

Families and youth relate to people who look and talk like them, and it sends a message of empowerment to the community when decision-makers reflect the community's own culture, ethnicity, language, values, and beliefs. Grantees should make efforts to ensure that the composition of their administration, management, and staff proportionately mirror the populations they serve. For example:

- Incorporate criteria within the hiring process to ensure that new personnel proportionally represent the community. Likewise, make sure that your governance board is proportionately representative of your populations of focus.
- Actively recruit job applicants from unserved and underserved communities and "invisible" populations (e.g., homeless youth, LGBTQI2-S¹ youth, Urban Indians), to appropriately match and serve the student population.
- Recruit applicants who are bicultural or bilingual, and provide differential pay for bi- or multilingual skills.
- Provide regular CLC professional development opportunities.
- Invest in the future by offering training and job-skill development opportunities, such as internships, rotations, and job shadowing, to diverse, unserved, and underserved students from colleges and universities.
- Seek contracts with providers and community-based organizations who also mirror the populations served and who are trusted by the community.

¹ LGBTQI2-S is the acronym for lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit youth.

Collect CLC-related Data

Design your data-collection systems to track CLC-informed data, both quantitative and qualitative, to capture the disparities around behavioral health care for diverse, unserved, underserved, and “invisible” populations. For example:

- *Access*: Can child- and youth-serving programs be accessed by this population?
- *Availability*: Do the services and programs exist where the population actually lives?
- *Utilization*: Are the services and programs being utilized? If not, why not? Are they inappropriate for this community? Do they fail to address the community’s needs? Do they not reflect the world view, values, beliefs, traditions, and rituals of this population?
- *Quality*: Are the programs and services effective with this population? Is there a high level of satisfaction with the programs and services?
- *Outcomes*: Do the programs and services produce the outcomes that the youth and families want? Do they produce the results that the SS/HS program wants?

The quantitative data you might collect include the following:

- Ethnicity/race self-identification data that go beyond U.S. Census designations and are broken down by nationality, such as Salvadoran, Mexican, Honduran, and Spanish, instead the generic designation of Hispanic/Latino
- Socio-economic status
- Generation in the United States (as one measure of acculturation)
- Language facility (i.e., the language they feel most comfortable speaking)
- Zip code (which allows you to look at geographic concentrations of need)

Focus groups are a good source of qualitative data, for example:

- The priority needs from the perspective of families and the community
- Where the centers of commerce and activity are, which will help you focus your outreach efforts
- The names of community and cultural leaders who are trusted by families and the community

Establish a Continuous Quality Improvement (CQI) Process

An additional goal of CLC is to address the disproportions that exist among child-serving agencies, such as juvenile justice, child welfare, and education, and effect change to correct them. CQI is a joint process that includes evaluators, family members, youth, providers, cultural leaders, CLC experts, and management. The intent of the CQI process is to use the data you gather on access, availability, utilization, quality, and outcomes to make improvements and implement strategies that address the disparities and disproportions the data are identifying.

What CLC Is Not

It is important to remember that being culturally and linguistically competent is not simply a matter of being “politically correct.” CLC is about being respectful to all people and being mindful of and sensitive to “differences” in race, ethnicity, language, culture, sexual orientation, and

disability status. In examining what CLC practices and strategies look like, it is helpful to also keep in mind what CLC is *not*.

The following practices alone do *not* exemplify CLC:

- A translated brochure
- Literature with faces of children of different colors
- Serving ethnic food or playing ethnic music in class or at trainings or gatherings
- A bilingual receptionist or maintenance worker who is asked to interpret when needed

Other practices that do not demonstrate CLC:

- *Choosing a youth of color to make a presentation merely because he or she is a youth of color.*
- *Focusing CLC efforts solely on ethnic/racial groups.* Culture has many facets beyond race and ethnicity.
- *Thinking of CLC as an “add on” or “overlay.”* CLC must be fully integrated into your program efforts.
- *A goal of “color blindness.”* There is no such thing!
- *Having a person of color on an advisory board as the token representative of his or her community.* One person cannot represent an entire diverse community and should not be expected to try.
- *Assuming that a staff member of color is culturally or linguistically competent.* This places an unfair burden on that person, who must now live up to your false expectations.
- *Assigning all work associated with CLC to one individual.* This relieves everyone else of ownership, responsibility, and accountability, and reduces the likelihood of system infusion, which ultimately will undermine the sustainability of your CLC efforts.
- *Collecting data on ethnic/racial populations and then not using your data to address and eliminate disparities and address disproportions.*
- *Stereotyping individuals because they belong to a particular ethnic/racial group, have a lower socio-economic status, or are part of an unserved, underserved, or “invisible” population.* Stereotypes are overly simplistic and usually emphasize the more negative aspects of particular groups. The knowledge of those outside these groups is usually limited and often incorrect.
- *Ignoring “youth culture.”*
- *Being blinded by “western benevolence”—the idea that “we” know what is best for “you” (students, families, the community).* The assumption that white/western/middle class values are best and that those who differ from that model should be pitied is an example of the now widely discredited cultural deprivation theory.²

² This theory posits that the culture of the working class, “regardless of race, gender, and ethnicity, is inherently deficient and different from [that of] the middle class. (Cultural deprivation, p.1) . . . This theory resulted in two solutions: The working class would have to change and become like the middle class culture, or the working class children would have to be compensated for their deficits in attempt to give

Applying CLC to SS/HS

So, what does CLC look like when applied specifically to an SS/HS Initiative? The following sections provide examples and strategies for applying CLC to the five SS/HS core elements: (1) safe school environments and violence prevention activities, (2) alcohol, tobacco, and other drug prevention activities, (3) behavioral, social, and emotional supports for students, (4) mental health services, and (5) early childhood social and emotional learning programs.

The Application of CLC to SS/HS Initiatives

It is critical to research and learn about your own community's circumstances and needs—the disparities or disproportions that exist in your local schools and systems. For example, ethnic/racial groups are often over-represented within the juvenile justice, child welfare, and special education systems. Is this true in your community? Examine your own program as well as others to determine if any groups are over- or under-represented in prevention activities, mentoring programs, community-based services and supports, and other proactive activities. The programs you choose and the direction you take will then be guided by your research.

Once you've done your research, work with your management team to develop strategies to reduce or eliminate those disparities within your sphere of influence. For example:

- Engage school personnel and community members in a strengths-based approach to identify and emphasize the strengths of diverse and un- or underserved and “invisible” students.
- Encourage partners to respectfully reach out to underserved communities and to include them in all program areas—such as planning, governance, decision-making, provision of services and support, and evaluation.

As an example, see “Working Classroom” (www.workingclassroom.org), a nonprofit organization in Albuquerque, New Mexico, that works with “invisible” and under-represented youth. The group recruits the majority of its students, board, staff, and instructors from historically ignored communities and then nurtures students' ability to work in their native languages. Working Classroom uses formal and informal education, including visual and dramatic arts, to prepare students for professional success.

- In many instances, the most powerful community entity is the church, mosque, or temple. Including the faith-based community in your outreach efforts is critical to engaging your population. Consider partnering with youth ministers or other outreach ministries, which can lend credibility to your program.
- Identify the cultural leaders who are their community's historical knowledge-keepers and sometimes their “gate keepers” —these leaders can be a significant resource. Invite them at the outset to participate in planning, decision-making, and shaping the direction of the Initiative. Encourage their representation in your governance structure. Seek their advice as content experts.

them equal opportunity to compete with the middle class” (p.12). This once popular theory spawned much controversy and is now considered outdated.

Ultimately, CLC provides a way to address the ever-present disparities and disproportions in our child-serving systems.

Alcohol, Tobacco, and Other Drug Prevention Activities

Before beginning your work in a community, it is prudent to ask community members what their needs are and what has worked in the past or is working for them now. *Cultural discovery* is a process of respectful, culturally competent inquiry and dialogue with community members about their world view regarding wellness, illness (imbalance), healing, and the supports that address the needs they identify. This process takes into consideration and attempts to understand and incorporate the context in which youth and their families live. It may include learning about the socio-cultural-political issues that affect the community, such as historical or current trauma; immigrants' or refugees' experiences; matriarchal and patriarchal lineages, which sheds insight into decision-making and authority figures in the families and community; the role of religion and spirituality; language preferences and proficiencies; and relationships with law enforcement. Cultural discovery engages community members and SS/HS personnel in a respectful dialogue from a nonjudgmental perspective.

In doing prevention work, “western benevolence” can again rear its head. Because of the “powerful” positions we hold (technical assistance providers, teachers, superintendents, etc.) or the school-based knowledge we have acquired, as reflected by our degrees, we frequently assume that we are the only ones with knowledge, experience, and expertise to share. However, prevention activities have been practiced for centuries, if not longer, among most cultures. It is important to value a community’s assets, including its historical and current experience and expertise. By partnering with communities, we can integrate cultural and indigenous practices with scientific best practices to increase the likelihood of success.

A prime example is El Instituto Familiar de la Raza (www.ifrsf.org/) in San Francisco, California, whose Therapeutic Drumming Program utilizes music, prayer, chanting, and traditional spirituality and health beliefs, emphasizing culture as a central element of the healing process. The program’s prevention and intervention practices blend traditional beliefs and practices with western medicine to promote positive behaviors in youth.

Other CLC approaches to prevention include the following:

- Using participatory research models of outreach, engagement, and service delivery.
- Including families and youth on evaluation and research teams.
- Identifying and collaborating with the community gate-keepers and local experts who have the “pulse” of the community—those community members who may not be visible to those outside the community, but who know everything and everybody, give their blessing to community activities, and have the clout and credibility to halt activities if they deem that the community was not appropriately included in the outreach and engagement process.
- If your population of focus is part of a traditional ethnic/racial community, it is likely that their cultural and spiritual beliefs play a part in their concepts of wellness, illness, and healing. To effectively engage this population, work with the community’s natural

supports and helpers, such as neighbors, extended families, sports coaches, *padrinos*, *compadres*, ministers/pastors/priests/rabbis, and teachers—those individuals who families and communities rely on to support each other in traditional ways. These may also include promotoras/es or community health workers who are hired to bridge the formal systems with the community.

- Even when they're effective, prevention programs are typically the first to be cut. The best prevention and intervention models are those that are collaborative and organic and that encourage community empowerment. To foster collaboration and the community's sense of ownership, and to reduce competition for limited resources, acknowledge the inter-dependence of systems and the community, and seek ways to work in partnership.

By fostering models of prevention that seek community-defined and accepted practices emanating from on-the-ground experiences, SS/HS prevention efforts can be more successful.

The best prevention and intervention models are those that come from within the community because they are organic and encourage community empowerment.

Behavioral, Social, and Emotional Supports for Students

Outreach to and engagement of diverse, unserved, and underserved families is critical, especially at the beginning of any initiative, to promote ownership, increase family and youth recruitment and retention in your efforts, and ensure sustainability. Generic outreach methods are often unsuccessful with diverse populations because the media, the message, and the messenger are not the right fit for the community. To effectively engage diverse communities, try the following:

- Make sure that your outreach and engagement activities are culturally matched with the families you serve. Hire community cultural experts to advise you. Consult others who have been successful in reaching out to and engaging this community.
- Be flexible in your outreach and engagement approaches. Try new approaches, even if you do not have experience with them. It never hurts to ask the community itself for help and advice!
- Promote a “youth guided” approach. The motto of the youth movement is, “Nothing about me without me.” Engage youth from the beginning in planning, designing, delivering, and evaluating their programs.

While it is easy to engage students who are already active in leadership positions, make an effort to identify and engage those students who are not involved, who shy away from the limelight, and who may have something to say but aren't often asked. Providing leadership opportunities for these youth can pay off immeasurably, as no one has yet tapped their potential. Opportunities to develop skills—such as leadership, public speaking, research, media creation, and policy development—foster students' self-esteem, pride, and sense of ownership.

A grade 5 public school classroom in Albuquerque, New Mexico, offers a specific example of how CLC for male students is incorporated into a student support program. A male teacher designed a curriculum for his all-male class, which included sitting (and bouncing) on large exercise balls during class (which utilizes students' excess energy and keeps them focused),

using books with positive male role models, acting out vocabulary and spelling words as a way to learn spelling and meaning, wearing blazers to emphasize the importance and seriousness of learning, and competing for the opportunity to answer questions, which students are most eager to do. The program has been very successful because it uses different learning styles, gender-specific approaches, and values-building to meet the needs of a specific subgroup of students in a culturally competent manner.

Engaging students in culturally specific projects can foster a culture of pride and belonging. The following are good examples:

- Harlem Children’s Zone (www.hcz.org) in New York transformed an area of 100 square blocks into a complete learning environment, from prenatal care to college, dedicated to breaking the cycle of generational poverty. The program serves more than 8,000 children and 6,000 adults.
- *NTU/Ujima* is an Afro-centric curriculum that emphasizes the Kwanzaa principle of collective work and responsibility, as well as collective learning, interdependent approaches to problem-solving and skill development, and respect for others, especially elders. <http://plcntu.org/publications/NTUPsychotherapyAnAfrocentricApproach.pdf>
- The Native American Youth and Family Center (www.nayapdx.org/) in Portland, Oregon, uses traditional practices (regalia and drum making, classes on native history, etc.) to foster cultural connections in a prevention modality.
- The Latin American Youth Center (www.layc-dc.org/) in Washington, D.C., engages youth in programs that are relevant to their history and experiences.
- Gay-Straight Alliances across the country (<http://gsanetwork.org/>) foster open, honest, and healthy dialogues among diverse youth, with the goal of promoting acceptance and tolerance.

Mental Health Services Selection

Begin the important process of selecting mental health services and supports by involving family members, youth, and community partners in researching local demographic data. This allows you to know your population well and to choose prevention and treatment services and practices that match the needs of your population, culturally and linguistically.

Determine whether the practices you are considering were normed or standardized on the population(s) you will be serving. Were the study samples proportionately representative of the population of focus? Are you tracking CLC-informed data quantitatively and qualitatively to capture the disparities in access, availability, quality, utilization, and outcomes for diverse, unserved, underserved, and “invisible” populations? Include evaluators, family members, youth, providers, CLC experts, and administrators in determining whether course corrections in service delivery are indicated to address any disparities.

MIS data elements that are well-chosen and data that are properly analyzed can help you “make the case” to funders to sustain your program efforts strategies.

As you are choosing best practices³, it is important to proceed with caution in “off the shelf” use of evidence-based practices (EBPs) with people of color. Not all EBPs have been normed on people of color; some may work extremely well, and others will not. If you are using cultural adaptations of EBPs, use only those that are based on and reflective of the world view of the population(s) you’re serving. Here are some excellent examples:

- *Guiando a Niños Activos* is a cultural adaptation of Parent-Child Interaction Therapy (described in McCabe, Yeh, Garland, Lau, & Chavez, 2005).
- Dr. Dolores BigFoot, from the Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center (www.icctc.org/treatment.htm), culturally adapted three EBPs for American Indian children: (1) Honoring Children, Making Relatives—Cultural Adaptation of Parent-Child Interaction Therapy, (2) Honoring Children, Mending the Circle—Cultural Adaptation of Trauma-Focused Cognitive Behavior Therapy, and (3) Honoring Children, Respectful Ways—Cultural Adaptation of Treatment for Children with Sexual Behavior Problems.

When working with ethnic/racial populations, be sure to consider not only EBPs but also cultural adaptations of EBPs, Practice-Based Evidence,⁴ and Community Defined Evidence.⁵ Also, since some EBPs are proprietary, be mindful of the cost and of your community’s ability to sustain proprietary practices over time.

Early Childhood Social and Emotional Learning Programs

Children’s cultural identities are shaped during the infant and toddler years. It is important to encourage and emphasize a CLC approach when working with diverse families with young children.

For early childhood programs, consider choosing curricula for caregivers that emphasizes the specific areas of need that are identified by the community in which the program is based. For example, in a heavily immigrant or primarily non-English speaking community, young children will need support for the development of their home or primary language while learning it, and support in acquiring English-language skills to succeed in school. Infants and toddlers need caregivers (child care staff, preschool teachers, etc.) who respect their home cultures and

³ While investigating the best practices to fit the population you are serving, it is still important to comply with the SAMHSA and DOE requirements to implement evidence-based practices (listed on the national registers). However, you can use local funds to engage in additional activities and practices—simply submit a request through your project officer.

⁴ Practice-Based Evidence is “information gathered from service providers, families, and youth that is used to identify effective interventions and areas for program or practice improvement” (Evans, Connell, Barkham, Marshall, & Mellor-Clark, 2003).

⁵ Community-Defined Evidence is “a set of practices that communities have used and found to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community” (Martinez, Callejas, & Hernandez, 2010).

languages and who are willing to learn about and adapt to diverse cultural practices (Matthews, 2008).

To foster this approach and sustain the success of your early childhood learning programs, caregivers need access to appropriate resources to support their learning and the children's cultural identity. Caregivers also need ongoing professional development to add to their own understanding of the culture and language of the children they are caring for. The Charting Progress for Babies in Child Care Project (Matthews, 2008) recommends that initiatives do the following:

- Develop and implement curricula that teach child care and preschool staff about working effectively cross-culturally
- Work to educate policymakers about the need for (1) certification requirements that include core training in CLC, and (2) a diverse multilingual and bicultural workforce to meet the demands of the population

How to Begin CLC Implementation and Continue Moving Forward

Successful implementation of meaningful CLC requires eleven essential ingredients:

- *Leadership and political will.* It all begins with leadership. Your success is dependent on strong leadership that prioritizes CLC implementation and infusion. During trying economic and political times, it takes courage and political will to make an effective case to decision-makers that CLC is essential, fundamental, socially just—and worth funding.
- *Commitment and resolve.* All levels, from policymakers and funders to teachers and aides, must conclude for themselves that there is a need for CLC, and then make a commitment to infuse CLC into all aspects of school operations.
- *Shared ownership.* CLC is not any one person's responsibility—it is everyone's to share.
- *Dedicated resources.* Dedicated resources— human, financial, and social capital—are needed to ensure success.
- *Self- and organizational assessment.* We must take a look at ourselves and the schools and programs within which we work to know where we need to go in terms of CLC. Honest self- and organizational assessments are needed to chart our course for growth.
- *Meaningful partnership and collaboration with families, youth, and community members.* We can't achieve CLC implementation alone, nor should we try. Family, youth, and community partnerships and collaboration increase the likelihood of success.
- *Responsibility coupled with authority.* Any lead person or entity engaged in CLC implementation must have not only the responsibility but also the authority—including budget authority—to implement the plan.
- *Accountability.* The CLC effort must have built-in accountability with an action plan, identification of responsible parties, timelines, and performance measures to ensure that implementation is achieved as planned and in a quality manner.

- *Training and technical assistance.* Annual training, continuing education, and technical assistance are necessary to educate staff at all levels about how they can each practice CLC within their respective roles.
- *Supervision and coaching.* Ongoing supervision and specific coaching on CLC implementation helps make it real and more easily integrated into an employee's daily scope of work.
- *A CQI process designed to eliminate disparities.* Gathering data and then using them to improve processes and products through a continual course correction process helps schools stay focused on ways that they can reduce disparities in their daily operations.

As an SS/HS project director, you can assess the CLC within your project by asking yourself the following questions:

- What have you done to promote and infuse CLC throughout your sites?
- What have been your outcomes?
- What have been your challenges?
- How have you met those challenges?
- What technical assistance do you need?
- What professional development do you personally need to become more culturally and linguistically competent? What does your staff need?

Next steps

- Assess your staff's current level of CLC through both organizational and self-assessments.
- Conduct a community needs assessment.
- Engage community members, families, and youth in a meaningful and collaborative dialogue around addressing the needs and challenges identified in the assessment.
- With your team, family members, youth, and community stakeholders, develop a plan to address these needs.
- Provide adequate funding and dedicated people who are accountable for its implementation.
- Provide training, technical assistance, and coaching for your staff.
- Enjoy your work together!

The National Center has developed a CLC toolkit that can assist in the implementation of CLC within your project:

www.promoteprevent.org/content/cultural-and-linguistic-competency-clc-toolkit

References

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Toward a Culturally Competent System of Care, Volume 1*. Washington, DC: Georgetown University.

Cultural deprivation. (n.d.). Retrieved November 23, 2010, from <http://wikibin.org/articles/cultural-deprivation.html>

Evans, C., Connell, J., Barkham, M., Marshall, C., & Mellor-Clark, J. (2003). Practice-based evidence: Benchmarking NHS primary care counseling services at national and local levels. *Clinical Psychology and Psychotherapy*, *10*, 374–388.

Goode, T. D., & Jones W. (March 2009). *Definition of linguistic competence*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

Harrison, L. (May 28, 2009). What will America stand for in 2050? *The Christian Science Monitor*. Retrieved from www.csmonitor.com/Commentary/Opinion/2009/0528/p09s01-coop.html

Martinez, K., Callejas, L., & Hernandez, M. (Winter 2010). Community-defined evidence: A bottom-up behavioral health approach to measure what works in communities of color. *Emotional & Behavioral Disorders in Youth*, 11–16.

Matthews, H. (2008). *Support a Diverse and Culturally Competent Workforce*. Washington, DC: CLASP: Charting Progress for Babies in Child Care. Retrieved from www.clasp.org/admin/site/babies/make_the_case/files/cp_rationale5.pdf

McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (May 2005). The GANA Program: A Tailoring Approach to Adapting Parent Child Interaction Therapy for Mexican Americans. *Education & Treatment of Children*, *28*(1), 111–125.

National Center for Cultural Competence. (2004). *Curricula Enhancement Module Series: Glossary*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Retrieved from www.ncccurrricula.info/glossary.html