# Scoring & "Diagnosing" Matrices

We aim for organizations to determine their profile and identity along a continuum (shown below) of degrees to which the organization is and is not culturally responsive. Akin to "diagnosing" health, determining the degree to which one meaningfully serves communities of color is required for internal and external purposes. The internal function is to help determine our starting place, and to identify options for concrete improvements. By conducting this equity assessment, our hope is that you (1) gather insights on needs and strengths, and providing an evidence base that problems exist, (2) create impetus for serious reforms, and avoid tokenistic responses, (3) sustain a focus on the organization itself, in tandem with including the practices of individuals in the organization, (4) create organizational accountability to determine needs, build interventions and allocate resources, and (5) raise expectations inside and outside the organization that improvement efforts are forthcoming, and in this way, creates momentum for change.<sup>30</sup>

From the external perspective, the Protocol (through both its assessment and improvement plan elements) provides accountability to communities of color who have long suffered considerable racial inequities in services. The Protocol also offers accountability to funders who make investments on the basis of a belief that communities of color can be well served by an organization, and to the general public who contribute through their tax dollars and through foregoing the tax base of untaxed investments of charities.

The following continuum provides a framework for assessing the degree to which an organization is reflective of equity and cultural responsiveness. By extension, it simultaneously reflects the degree to which people of color are likely to be meaningfully served by the organization.

| Mono-Cultural Diversity-Oriented Organization   |   |   | Culturally Responsive Organization              |  |   |   |
|---|---|---|---|--|---|---|
| Status Quo  | Satisfied   | Considering   | Inquiring                                       | Aspiring   | Acquiring   | Achieving   |
| Not willing to<br>undertake work<br>on racial equity<br>or on cultural<br>responsiveness. | Understands the value<br>of building racial<br>diversity into the<br>organization. Unwilling<br>to address racial equity<br>or power sharing with<br>communities and<br>consumers | One or more<br>organizational<br>leaders are<br>considering<br>implementing<br>the Protocol | We have<br>conducted<br>an equity<br>assessment | We have<br>completed our<br>Protocol<br>Assessment<br>and have a<br>community-<br>validated<br>Improvement<br>Plan | We are making<br>progress by<br>implementing<br>standards,<br>addressing<br>inequities &<br>increasing<br>responsiveness of<br>services | We have few disparities<br>and inequities in<br>services, validated by the<br>communities we serve.<br>We continue to learn<br>and strengthen our<br>capacity in this area. |

This diagnosis matrix will again show up in the "Scoring Summary" section of the Protocol where organizations will be asked to assess how well their scores in the nine domains align with this diagnostic matrix.

# **Scoring Metric**

For each piece of evidence that demonstrates commitment to racial equity and becoming a culturally responsive organization, we use a six-point rating scale. Organizations are to rate themselves in each element, tally the score in each standard. These scores are integrated into the "Scoring Summary" chapter of the document so that a profile of the organization can be established and potential action items brought forward and assessed from a variety of perspectives.

This rating scale is used for the evidence elements in each standard. Circle your score for each item in each domain:

- Not yet thinking about this
  - Thinking about this
- 2
  - We are assessing this feature in our work
  - We have an initial improvement effort underway
  - Benefits are in evidence from implementing this approach/element
  - This is entrenched across the organization

#### Domain #1: Commitment, governance and leadership

Standards – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- Organizational governance and leadership promotes racial equity and cultural responsiveness through policy, practice, and resource allocation.
- The organization's commitment to racial equity is publicly declared.
- Resources are dedicated to building the organization's cultural responsiveness across all domains to ensure progress on all standards.
- Resources are dedicated to building the organization's cultural responsiveness to ensure progress on all standards.
- A Community Advisory Board (CAB), or alternative community governance model, ensures that community members are
  involved in planning, improvement and review of services on an ongoing basis. If the organization decides on an alternative
  structure, the same functions need to be assured, and that relevant community groups provide input that influences the
  development of culturally responsive services. Tokenistic involvement is precluded.
- An Equity Team is responsible for consolidating input gathered through implementation of this Protocol assessment and Improvement Plan, providing leadership to the organization's work on racial equity and cultural responsiveness, while the Board/governance body is responsible for assuring the caliber and usefulness of its services.
- Stay up-to-date on the wider social and political content that affects the communities you serve, including public policy. Participating and/or leading advocacy efforts builds stronger relationships with communities of color, expresses solidarity and, when successful, works to improve the wellbeing of communities of color.
- Decisions made on behalf of the organization reflect a commitment to racial equity and cultural responsiveness (and the related specific improvement goals). Use of an "equity lens" may help guide the decision making process.
- Internal equity council or committee ensures internal review of racial equity practices within the organization and monitors progress on racial equity outcomes.
- Organization's leadership reflects the racial diversity of the constituency served by the organization.

**Evidence** – In a culturally responsive organization, evidence of this equity commitment and practice should be available. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard practices, and their integration across all departments in the organization (required for a score of 5).

| 1.  | An ability to document a narrative about how the organization attains racial equity.   |  |
|-----|--|--|
| 2.  | Public statement, signed by executive leadership that reflects the commitment to racial equity.  |  |
| 3.  | Mission statement that incorporates racial equity.   |  |
| 4.  | Budgeting practices that are performance-based, and tied to equity investments so that racial equity can be achieved.  |  |
| 5.  | Organizational structure formalizes community roles in assessing equity achievements and needed improvements, ideally by an ongoing body such as a Community Advisory Board.   |  |
| 6.  | Job descriptions for organizational leaders (including governance volunteers) include community engagement responsibilities, and responsibilities for progress towards racial equity.  |  |
| 7.  | Organizational structure supports racial equity and cultural responsiveness via an Equity Team with senior leadership included. Body is responsible for making recommendations for the organization's Equity Plan each year. Senior management is accountable for implementation. At least two members of the CAB should be part of the Equity Team. |  |
| 8.  | Membership in coalitions and advocacy bodies that press for social justice in public policy and institutional reforms.   |  |
| 9.  | Statistical reports on the composition of the racial and linguistic diversity of the Board, in comparison with persons served by the organization.   |  |
| 10. | Organizational minutes or proceedings (including annual reports) reflect the actual equity work being conducted.   |  |
| 11. | Use of an "Equity Lens" framework to ensure major organizational decisions, including budgets are oriented towards improving cultural responsiveness.  |  |
| 12. | To ensure the organization's ability to fulfil the requirements in this Protocol, recruitment of governance volunteers, CAB members and executive staff must ensure these skills are internally available to lead the organization in equity & cultural responsiveness, as shown in job descriptions.  |  |

#### **Domain #2: Racial Equity Policies and Implementation Practices**

Standards – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- A cultural responsiveness and racial equity policy is endorsed by the governing body, including the annual Protocol Assessment • and Improvement Plan and monitoring of progress on standards that are contained within this Protocol.
- The policy clearly identifies the rationale for cultural responsiveness and for racial equity, allowing all staff and volunteers to understand the benefits to service users, the community, the organization and to wider society that can emerge from the initiative.
- The governance body holds responsibility for the organization's improvements in cultural responsiveness and racial equity across all domains and that the annual assessment and planning process to ensure such progress occurs in a timely and comprehensive manner.
- Portfolio responsibility ensures that services are culturally responsive. Each standard within this Protocol is allocated to a • responsible management staff, and the Executive Director holds responsibility for reporting progress to the governance body on an annual basis (at least).
- Lead staff on each standard must have these responsibilities added to their job description, and ensure that appropriate • elements are integrated into the job descriptions of all relevant staff, and progress on these responsibilities is reviewed as part of the performance review procedures.
- The Improvement Plan must include goals, staff responsibilities, timelines, accountability and reporting practices.
- The Improvement Plan must lead to greater attainment of these standards, and specifically to reduced racial disparities in services and increased cultural responsiveness
- The organization must implement sufficient monitoring methods to ensure that progress on these standards can be measured . accurately.
- Ongoing implementation efforts integrate communities of color fully and intentionally. .
- Progress towards adherence to standards is rewarded through an array of mechanisms.

**Evidence** – In a culturally responsive organization, evidence of this equity commitment and practice should be available. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard practices, reinforced via policy, and integrated across all departments in the organization (required for a score of 5).

| Racial equity policy is endorsed by the governing body.  |  |
|--|--|
| The policy clearly identifies the rationale for cultural responsiveness and for racial equity, asserting the benefits to service users, the community, the organization, and to wider society that can emerge. The policy also identifies the importance of leading with race, the role of partnerships, the importance of resource allocation, accountability mechanisms and definitions. |  |
| The governing body holds responsibility for the organization's improvements in cultural responsiveness and racial equity.  |  |
| Annually, a progress report is prepared on progress towards these standards.   |  |
| Annually, an Equity Plan is prepared that identifies key goals for the coming year.  |  |
| Governing bodies (executives, board members, managers) have written responsibilities for racial equity and cultural responsiveness.  |  |
| Job descriptions identify responsibilities for implementation of adherence to these standards, and for implementation of the annual Equity Plan.   |  |
| The organization has a policy about ensuring that all job descriptions reflect specific roles for adherence to these standards, and for coverage of roles in the Equity Plan.  |  |
| Program managers and executive staff are evaluated for their ability to implement racial equity and culturally responsive services.  |  |
| . Equity Plans and progress reports are publicly available to consumers, partners and the public.  |  |
| . The CAB participates in the development and monitoring of the Equity Plan and progress reports.  |  |
| . The organization has a recognition and reward system to reinforce adherence to these standards.  |  |
|  | The policy clearly identifies the rationale for cultural responsiveness and for racial equity,<br>asserting the benefits to service users, the community, the organization, and to wider society that<br>can emerge. The policy also identifies the importance of leading with race, the role of<br>partnerships, the importance of resource allocation, accountability mechanisms and definitions.<br>The governing body holds responsibility for the organization's improvements in cultural<br>responsiveness and racial equity.<br>Annually, a progress report is prepared on progress towards these standards.<br>Annually, an Equity Plan is prepared that identifies key goals for the coming year.<br>Governing bodies (executives, board members, managers) have written responsibilities for racial<br>equity and cultural responsiveness.<br>Job descriptions identify responsibilities for implementation of adherence to these standards, and<br>for implementation of the annual Equity Plan.<br>The organization has a policy about ensuring that all job descriptions reflect specific roles for<br>adherence to these standards, and for coverage of roles in the Equity Plan.<br>Program managers and executive staff are evaluated for their ability to implement racial equity<br>and culturally responsive services.<br>Equity Plans and progress reports are publicly available to consumers, partners and the public. |

**Rating:** Tally your score on this standard. Score = \_\_\_\_\_\_ out of a possible maximum of 60 points.

#### Domain #3: Organizational Climate, Culture and Communications

**Standards** – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- Service users are valued as the center of the organization. The organization consistently expresses appreciation for service users, and eliminates disparaging discourses, including those that expect service users to be grateful for the organization and its staff.
- The organization views the knowledge and experiences of service users as essential to the wellbeing of the organization. Their perceptions of services, culture, respect and quality are given primacy in the assessment of the organization's cultural responsiveness.
- The organization's commitment to racial equity and cultural responsiveness is visible in your physical locations through signage (in multiple relevant languages), art, and pictures that are welcoming to and representative of the communities being served.
- Staff training complements policies and procedures to advance cultural responsiveness, allowing staff to build awareness and develop skills to intervene effectively. Staff training is expected to occur across the organization, with attendance mandatory when training addresses an element of staff job descriptions and the organization's Improvement Plan.
- The governing body is included in training opportunities.
- Organizational materials and website are assessed and reviewed for racial bias.
- The organization's work on cultural responsiveness (including policies, summary of the Protocol Assessment and the annual Improvement Plan) is publicly available to staff, service users and community members.

**Evidence** – In a culturally responsive organization, evidence of this equity commitment and practice should be available. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard practices, reinforced via policy, and integrated across all departments in the organization (required for a score of 5).

| 1.  | Brochures, reports, meeting minutes, and other documents show that service users are deeply valued and respected across the organization.  |  |
|-----|--|--|
| 2.  | Satisfaction survey results show that service users affirm that the culture is respectful and inclusive.   |  |
| 3.  | Service user provide feedback to the organization through client satisfaction surveys, suggestion box, small group discussions, and other methods, collected regularly, analyzed and used for planning and training. |  |
| 4.  | Signage in multiple languages and artwork on walls reflects local races and backgrounds.   |  |
| 5.  | The organization addresses barriers to access that are tied to culture.  |  |
| 6.  | Positive attitudes and conversations occur about the communities served.   |  |
| 7.  | Staff talk positively about people who are not being served but should be.   |  |
| 8.  | Board members' job description includes attending training sessions on racial equity and inclusion.  |  |
| 9.  | At least one staff person is assigned to review every publication and online resource. A procedure exists for this.  |  |
| 10. | The organization has a community-endorsed strategy to assess its culture.  |  |

**Rating:** Tally your score on this standard. Score = \_\_\_\_\_ out of a possible maximum of 50 points.

**Standards** – Here are the standards to which culturally responsive organizations are expected to be held accountable: **On Access** 

- Service barriers are routinely identified and remedied, via an accepted procedure that the community has validated.
- Staff advocate effectively with service providers in other organizations to ensure access is available to all who need the service.
- Flexibility in service provision occurs to reduce barriers, including seeing clients in their homes, providing group-based and self-help and para-professional based interventions (as an alternative to conventional expert providers), limiting requirements to come to the office, providing childcare and transportation, reducing treatment costs and providing incentives to attend (such as gift certificates).

# On Language Accessibility

- Each service user has a qualified interpreter if they so need.
- Language assistance is provided at no cost to service users, in a timely manner and without diminishment of service comprehensiveness or quality.
- All individuals providing language assistance are competent to provide services (requires certification and resource allocation).
- Resources (print, signage, and multimedia) are made available in the languages used by service users and those used in the local community.
- The organization ensures that service users know how to access interpreters at all levels of engagement with the organization: seeking service, initial encounters, substantive services, complaints and research participation.

## On Service Responsiveness and Effectiveness

- The organization serves all service users with equitable results. It does not "skim" low needs clients, referring more challenging clients to culturally specific organizations.
- Services provided by the organization have been validated as useful, relevant and likely to promote health and wellbeing by the communities being served.
- The organization uses what in health settings are called "universal precautions" in providing instructions and resources to service users to ensure they understand how to manage their own care and wellbeing. This approach requires providers to avoid assumptions about capacity to understand, and instead asks all clients to reflect their understanding of what is being advised/required.
- Staff adapt conventional practices and interventions to the local cultures and contexts facing clients, ensuring that services are relevant.
- Service roles are extended in ways deemed useful by the user and likely to include advocacy, education, advising, and information sharing stretching beyond conventional professional interventions in health and human services.
- Evaluation research is conducted by the organization to ensure the identification and elimination of bias in assessment and intervention practices.
- Service providers understand the service user's "explanatory model for need" (identifying, for example, the spiritual and cultural beliefs about illness of the community).

# On Respectful Recognition by Providers

- Staff understand the communities they serve, in a non-static manner, including their culture, values, norms, history, customs, and particularly the types of discrimination, marginalization and exclusion they face in the USA. This knowledge needs to be applied in a responsive, non-limiting and non-stereotyping manner.
- Culture-bound issues are understood to include constructs of individualism, collectivism, private property and the permission-granting process.
- Community members confirm that staff practice with respectful recognition, meaning that they consistently affirm the dignity of who one is and one's entitlement to the very best of services. Conditions for the relationship are not limited
- Wherever possible, the organization interacts with service users according to their preferred cultural norms including social greetings, family conventions, dietary preferences, welcoming culture, healing beliefs, and spiritual needs.
- Staff know the resources available in the community that best support service users, including the strengths and weaknesses of these services, and particularly the conditions to access the services.

- The entire organization works to build a climate that promotes acceptance, inclusion and respect.
- Respect is maximized under conditions of solidarity, and advocacy for social justice is a part of the core work of the organization.
- Staff are effective in building purposive relationships with service users. Working cross-culturally typically requires deep listening, reciprocity, cultural respect and commitment to trustworthiness.

## **On Staff Awareness**

- Staff know the disparities facing local communities of color, particularly those that limit (1) service users' ability to improve their health and/or wellbeing and (2) the specific health and wellbeing risks faced by the community.
- Staff engage in continuous learning about their own biases, assumptions and stereotypes that limit their ability to be culturally responsive, and to understand how these biases affect their work with service users.
- Staff review their profession's cultural norms and standards, updating these to eliminate the racial bias embedded within, and replacing them with knowledge about culturally responsive approaches.
- Staff understand the dynamics of inclusion within US society for immigrants and refugees, and the barriers typically experienced by these communities.
- Staff are held accountable to the performance levels to which they are trained.

**Evidence** – In a culturally responsive organization, evidence of these equity practices must be tangible. Assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard operations, reinforced via policy, and integrated across all departments in the organization (required for a score of 5).

| Access        | 1  | The CAP reviews staff reports such as client satisfaction survey, climate  |  |
|---------------|----|--|--|
| Access        | 1. | The CAB reviews staff reports such as: client satisfaction survey, climate                                       |  |
|               |    | survey, translation survey, demographic survey, disparities analysis, and  |  |
|               |    | complaint summary reports (client and staff). The goal of their analysis is to                                   |  |
|               |    | identify prominent access barriers, remedies for disparities, and make   |  |
|               |    | organizational recommendations and priorities for action. These reports are                                      |  |
|               |    | presented to the Board/governing body, and decisions are documented in such minutes.                             |  |
|               | 2. | ······································   |  |
|               |    | and clients they serve. Staff may request advocacy support from the CAB  |  |
|               |    | and/or the Board/governing body. Client perspectives on this role is included in the client satisfaction survey. |  |
|               | 3. | Client tracking systems allow for "dashboard" of the services that clients are                                   |  |
|               |    | involved with. Composites can be created to identify priority organizations for                                  |  |
|               |    | improvements.  |  |
|               | 4. |  |  |
|               |    | challenges that exist in the quality of their services. This report is filed with the                            |  |
|               |    | Equity Team and available to the Board/governing body on request.  |  |
|               | 5. | 7 8 ,  |  |
|               |    | precautions" are implemented, with this approach (and typical details)   |  |
|               |    | published online.  |  |
|               | 6. |  |  |
|               |    | precautions" and their redress of service barriers over which they have control,                                 |  |
| •             |    | with such assessments included in their performance evaluations.   |  |
| Language      | 7. | The organization tracks translation supports made available at each point of                                     |  |
| Accessibility |    | service, and compliance is based on the percentage of contacts that are  |  |
|               |    | supported by professional translators and language provision in clients'   |  |
|               |    | preferred language. This metric is made available by the research and  |  |
|               | 0  | evaluation staff, and submitted to the relevant staff and the Equity Team.                                       |  |
|               | 8. | Policy guiding translation services includes an assurance that no fees are                                       |  |
|               |    | charged to the client for translation, that timely provision exists and that                                     |  |
|               |    | service quality and quantity is preserved.   |  |

|                         | <ol> <li>Research and evaluation staff report annually on disparities experienced by<br/>service users speaking different languages. If disparities are high, they are<br/>expected to be a priority in the work of the Equity Team, and show up in both<br/>minutes and the annual Improvement Plan.</li> </ol> |
|-------------------------|--|
|                         | 10. The contract/s for translation services include quality assurance measures.  |
|                         | 11. All print, signage and multimedia resources across the organization reflects the prominent languages used by customers, and is annually reviewed and updated as needed by the Equity Team. Their minutes reflect this effort.  |
|                         | <ol> <li>The adequacy of how clients are made aware of translation services is a<br/>section in the Client Satisfaction Survey.</li> </ol>   |
| Service                 | 13. The types of interventions provided are review by and validated by the   |
| Responsiveness          | Community Advisory Board, in order to determine their appropriateness for  |
| and                     | the communities of color being served by the organization. Details of this   |
| Effectiveness           | validation process and required/recommended reforms to interventions are   |
|                         | filed with the Equity Team, and become part of the Protocol documentation.   |
|                         | 14. The results of these consultations (and there may be several) are shared across  |
|                         | the organization and with other organizations. Local practices are likely to   |
|                         | generate useful insights of value to other services and other jurisdictions.   |
|                         | 15. Clients are asked to share their beliefs of the usefulness and cultural  |
|                         | appropriateness of services available to them as part of the client satisfaction   |
|                         | survey.  |
|                         | 16. Non-clinical services (advocacy, organizing, education, information sharing,   |
|                         | community development, client advising, case management) are similarly assessed for their cultural responsiveness, with revisions approved by CAB,   |
|                         | again with the results broadly shared.   |
|                         | 17. Intake forms for customers include the risk factors they face for various forms  |
|                         | of distress (such as mental health, homelessness, involvement in child welfare)  |
|                         | and an "average" client profile is determined, and can be compared with the  |
|                         | profiles of other service providers. This data is provided to funding bodies and   |
|                         | can be used to assess whether or not the organization is "skimming" the  |
|                         | easiest to serve clients of color (as is believed a dominant practice).  |
|                         | 18. Service providers seek and validate the customer's "explanatory model for  |
|                         | illness/distress" (encompassing spiritual, cultural and social factors) and  |
|                         | integrate these perspectives in service provision, partnering with culturally  |
|                         | specific service providers when they cannot improve services in a timely way.  |
|                         | This ability is assessed in the client satisfaction survey, and in the performance   |
|                         | evaluation of staff. Related knowledge is shared across the organization.  |
| Respectful              | 19. Staff are knowledgeable about the histories and backgrounds of those who   |
| Recognition by<br>Staff | they serve, as confirmed by their clients through the client satisfaction survey   |
| Stall                   | and relevant trainings are supported by CAB, and reflected in minutes.<br>20. Negative racial bias and micro-aggressions exist inside organizations. They are  |
| (see definitions        | particularly damaging when unchallenged and when accountability for such   |
| section for further     | behavior does not exist. They can be directed at clients of color, and also at   |
| explanation)            | staff of color. Monitoring their prevalence occurs through an annual client  |
|                         | satisfaction survey and in an organizational climate survey (to be done every  |
|                         | two years), and also showing up in complaint summaries.  |
|                         | 21. Training to identify and "unlearn" harmful racial bias needs to be universal   |
|                         | across all staff and volunteers and needs to be integrated into the training plan  |
|                         | for the organization.  |
|                         | 22. Respectful recognition of all customers and community members is to written  |
|                         |  |
|                         | into job descriptions and adherence is expected to be reinforced in performance evaluations and reward/disciplinary systems.   |

|                    | <ul> <li>23. Staff create and maintain a centralized database of community resources, including client and staff comments on the strengths and weaknesses of these resources, including access barriers and conditions of respect.</li> <li>24. A "Climate Survey" is conducted every two years by the Equity Team to identify patterns of inclusion and exclusion, of the degree of respect afforded to all communities of color, and of trends over various years. Results are shared across the organization and recommended improvements integrated</li> </ul>   |  |
|--------------------|--|--|
|                    | <ul> <li>into the Improvement Plan.</li> <li>25. Staff and the organization are valued when they take on advocacy roles that address some of the root causes of client distress. Reporting these advocacy and solidarity roles is captured by a narrative that is submitted annually to the Equity Team, and summarized in the annual report.</li> </ul>   |  |
| Staff<br>Awareness | 26. Staff know the racial disparities faced by communities of color across the lifespan, and particularly (1) those that limit clients' abilities to improve their health and/or wellbeing, and (2) the specific health and wellbeing risks faced by the community. Staff also need to be aware of the specific disparities within their own organization and the Improvement Plans to address them. Diverse communications strategies (including training) are designed and used to build awareness, and efforts are recorded as part of the tracking system of the organization. Human resource staff are likely charged with this responsibility. |  |
|                    | <ul> <li>27. Job descriptions of all service providers include expectations for "unlearning" biases and expanding skills in cultural responsiveness. Supervision, evaluation and training reinforces the importance of this critical self-learning.</li> <li>28. Human resource staff assess the effectiveness of its training and development programs, stretching beyond participant satisfaction and including improved performance.</li> </ul>   |  |
|                    | <ul> <li>29. The organization prepares and submits strongly worded letters to relevant institutions of higher education about the shortcomings of professional credentialing processes to prepare their workforce for effectiveness in racial equity and cultural responsiveness.</li> <li>30. Staff are evaluated for their ability to practice and implement policies and</li> </ul>   |  |
|                    | procedures for racial equity and cultural responsiveness.  |  |

**Rating:** Tally your score on this standard. Score = \_\_\_\_\_\_ out of a possible maximum of 150 points.

#### Domain #5: Service User Voice and Influence

**Standards** – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- Service users are included in the team that conducts assessment of Protocol standards and development of the Improvement Plan.
- Input from service users is gathered to confirm the relevance of programs and services. The organization responds to shortcomings.
- Service users affirm that the organization is culturally responsive, and high satisfaction exists across communities of color, including disaggregation by language, refugee status and generational time in the USA.
- Service users have access to a complaint process that itself is culturally responsive and effective.
- Service users or former service users are present at all levels of the organization, including staff and governance positions.

**Evidence** – In a culturally responsive organization, evidence of these equity practices must be tangible. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard operations, reinforced via policy, and integrated across all departments in the organization (required for a score of 5).

| 1. | "Service User Inclusion Policy" allocates membership slots in the governing body of the organization, as well as concrete roles to review the organization's compliance with these standards, as well as the annual Equity Plan and its achievements.   |  |
|----|---|--|
| 2. | Policy on conducting a Client Satisfaction Survey requiring that it be conducted at least annually,<br>and including the following elements: attitude of and treatment by service providers, barriers to<br>service access, cultural-responsiveness of services, organizational climate, translation services,<br>organizational welcome, effectiveness of complaint process, staff advocacy roles with other<br>organizations, and quality of services provided. |  |
| 3. | Client satisfaction survey report is disaggregated by race, refugee status, language and for first and second generation immigrants, and endorsed as valid by CAB, as reflected in their minutes.   |  |
| 4. | Results of the client satisfaction survey are posted online for staff, community, consumers and potential consumers to review.  |  |
| 5. | Policy and procedures for a client complaint process includes protections from retaliation and an an annual review process, and has been confirmed by the CAB and the Equity Team as important to resolving inadequate service provision, and reflected as such annually in their minutes.  |  |
| 6. | Information on how to file a complaint exists in paper form and is given to clients as they begin services.   |  |
| 7. | Annual Equity Plan includes a section that reviews the complaints made by consumers and defines actions to address the structural elements of these complaints, as well as summarizing the staff punitive and remedial actions that arise from complaints.  |  |

**Rating:** Tally your score on this standard. Score = \_\_\_\_\_ out of a possible maximum of 35 points.

#### **Domain #6: Workforce Composition and Quality**

Standards – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- Workforce of the organization reflects the racial composition of service users or the community (whichever holds a larger portion of people of color).
- The organization retains, promotes and integrates workers who share the racial identity of service users.
- The organization has an internal structure and entity responsible for workforce diversity.
- Staff are supported to build their capacities to develop culturally responsive practice and to advance racial equity through provision of training that advances learning and practice regarding racial equity, cultural responsiveness and corresponding service provision capacity in these areas.
- The organization adheres to the rules within House Bill 2611 requiring professional to adhere to cultural competency continuing education.
- Racial equity and cultural responsiveness goals are incorporated into performance objectives and evaluations of staff, and the organization's board-endorsed strategic plan.
- Complaint procedures for staff to report race-related complaints exist, have been shown effective, and are clearly accessible to the workforce.
- Former service users can gain employment in the workforce, with clear pathways for these opportunities accessible to them.

**Evidence** – In a culturally responsive organization, evidence of these equity practices must be tangible. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard operations, reinforced via policy, and integrated across all departments in the organization (required for a score of 5).

| _ |   |  |
|---|---|--|
| 1 | Lead organizational staff have responsibility for workforce alignment with the community served,    |  |
|   | with such responsibility integrated into job descriptions, including performance expectations in    |  |
|   | achieving such alignment.   |  |
| 2 | Human resource staff file a report on the composition of its workforce and its alignment with the   |  |
|   | racial composition of its service users or the community (whichever is greater), and files this     |  |
|   | report with the Equity Team who reviews and analyzes the findings, submitting it to the             |  |
|   | governance body annually. Disaggregation by organizational units and rank is incorporated.          |  |
| 3 | Human resource staff develop a plan to diversify the workforce (based on the workforce              |  |
|   | composition report), present it to the Equity Team and the CAB, and integrate their feedback into   |  |
|   | a Diversification Plan that is filed annually with the Board/governance body.                       |  |
| 4 | Policy that commits the organization to racial equity and community representation of service       |  |
|   | users in its workforce, including the hiring of former service users.                               |  |
| 5 | Organization-wide training plan to expand abilities of all staff and volunteers to cultural         |  |
|   | responsiveness that is submitted annually to the Equity Team and the CAB to gather their input      |  |
|   | before submitting it to the Board/governing body. Minutes of these consultations are attached to    |  |
|   | the training plan when submitted.   |  |
| 6 | Annual training is conducted to ensure that staff and volunteers understand the specific            |  |
|   | challenges, policy issues, assets and histories facing communities of color currently served by the |  |
|   | organization and those emerging in the region who might not yet be served by the organization.      |  |
|   | Curriculum on such training content is retained by the Equity Team, HR staff and line supervisors   |  |
|   | to ensure that practice standards are heightened to reflect new learnings.                          |  |
| 7 |   |  |
|   | record in culturally responsive practice, as evidenced in all job calls and job descriptions.       |  |
| 8 |   |  |
|   | discrimination, micro-aggressions, and patterns of exclusion and inclusion is determined in an      |  |
|   | annual review of complaints and their resolution, with a synthesis being forwarded to the Equity    |  |
|   | Team and the CAB for input before being filed with the Board/governing body. Minutes of these       |  |
|   | consultations are attached to the review.   |  |
|   |   |  |

**Rating:** Tally your score on this standard. Score =

out of a possible maximum of 40 points.

#### Domain #7: Community Collaboration

**Standards** – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- Functions as a collaborative partner with communities of color, supporting community voice in building cultural responsiveness in assessment, planning, program delivery, and evaluation.
- The organization understands the priorities of local communities being served by the organization, particularly the improvements they would like to see from the organization's services.
- Human resources works with community advocates to support leadership recruitment and selection, and performance reviews.
- Resources are dedicated to support engagement with communities of color (including payment for their expertise and time).
- The organization has a long-term practice of partnering effectively with organizations and leaders of color.
- The organization actively supports the policy issues of importance to communities of color.
- The organization is well respected by the communities of color that it currently serves or intends to serve.
- Leaders of color, clients and community identified as part of the community to be served recognize the organization as a culturally responsive provider.

**Evidence** – In a culturally responsive organization, evidence of these equity practices must be tangible. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard operations, reinforced via policy, and integrated across all units in the organization (required for a score of 5).

| 1. | Unit-based annual reports (usually tied to a budget cycle) include a major section on community input into the operations of the unit, identifying how specific partners have been included, and |  |
|----|--|--|
|    | the reach of their contributions, and the units' responses to this input.  |  |
| 2. | At least every five years, the organization hosts a series of listening sessions with local  |  |
|    | communities being served or potentially served by the organization, regarding desired  |  |
|    | improvements to services. This report is authored by the CAB, with recommendations highlighted   |  |
|    | in their report which is filed with the Board/governing body.  |  |
| 3. | Hiring committees for all Executive positions include community leaders of color to ensure that  |  |
|    | community voice and priorities is reflected in hiring decisions. Composition of these hiring   |  |
|    | committees is filed as part of the annual progress report on cultural responsiveness. Such   |  |
|    | standards are integrated into organizational policy.   |  |
| 4. | Letters of support from communities of color about the nature of their relationship with the   |  |
|    | organization, including highlights of its actions to improve racial equity and cultural  |  |
|    | responsiveness are kept on file.   |  |
| 5. | Annual reports include the list of supporters who formally represent communities of color.   |  |
| -  |  |  |
| 6. | Ally practices are documented in the annual progress report on racial equity and/or the annual   |  |
|    | report, identifying the concrete ways in which policy priorities of communities of color have been   |  |
|    | acted upon.  |  |
|    |  |  |

**Rating:** Tally your score on this standard. Score = \_\_\_\_\_ out of a possible maximum of 30 points.

#### **Domain #8: Resource Allocation and Contracting Practices**

**Standards** – Here are the standards to which culturally responsive organizations are expected to be held accountable:

- The organization prioritizes spending to achieve cultural responsiveness, including the elimination of disparities in service experiences and outcomes. Funding is allocated proportionately to communities that experience the greatest disparities.
- The organization develops funded partnerships with culturally diverse community-based organizations and individuals to help develop, implement and evaluate the organization's programs and policies to meet the needs of culturally diverse communities.
- The organization has a minority contracting and subcontracting policy, and collects appropriate disaggregated data to assess effectiveness of the policy. Where disparities in funding are identified, targeted outreach occurs and any potential policies (or lack of policies) that are creating barriers for communities of color to access funding are removed (or added).
- The organization ensures that its contractors and subcontractors adhere to the culture and practice of cultural responsiveness. Where contractors deliver services to communities of color, they are held to the standards contained within this Protocol.

**Evidence** – In a culturally responsive organization, evidence of these equity practices must be tangible. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard operations, reinforced via policy, and integrated across all units in the organization (required for a score of 5).

| 1. | Annual budget report outlines how funding is allocated to reduce specific disparities.   |  |
|----|--|--|
| 2. | Annual report outlines funded partnerships with community based organizations.   |  |
| 3. | The policy on minority contracting/subcontracting requires annual reporting by dollars and # of contracts awarded disaggregated by race, and includes expectations for annual improvements, and consultation with the CAB on setting priorities and improvement plans, with these minutes attached to the annual report that is filed with the Board/governing body. |  |
| 4. | All contractors/subcontractors have key elements of cultural responsiveness and racial equity<br>integrated into their contracts, with performance expectations specified in the contract.<br>Language for such contracts is to receive input from the Equity Team and the CAB, with minutes<br>of these consultations being filed with the organization.            |  |
| 5. | The Equity Team creates an assessment process for interpreting the ability of a contractor or<br>subcontractor to serve communities of color, with the process filed with the Board/governing<br>body  |  |
| 6. | Vetting of applicants by the CAB during the award process occurs when various applicants are<br>being considered so that community perspectives are available on the track record that<br>applicants have for racial equity and cultural responsiveness. Notes of these consultations exist in<br>the minutes of the CAB.  |  |
| 7. | Contractors and subcontractors report on their outcomes disaggregated by race and language.  |  |
| 8. | Financial compensation is provided for members of the CAB to support their roles with the organization, and is an amount not less than minimum wage, with this being a line item in the organization's annual budget.  |  |

**Rating:** Tally your score on this standard. Score = \_\_\_\_\_ out of a possible maximum of 40 points.

#### Domain #9: Data, Metrics and Quality Improvement

**Standards** – Here are the standards to which culturally responsive organizations are expected to be held accountable: *Evaluation Research* 

- Annually, the organization will assess its compliance with these standards and progress made on its Improvement Plan.
- Required data collection and analysis is integrated within a staff portfolio and data collection systems established to support review of progress on standards.
- Research practices themselves are culturally responsive, with the CAB (or equivalent) reviewing the data collection tools, methods of analysis, and representation of the results.
- The portion of service users who need and who receive interpreters is tracked and reported.
- Racial disparities are assessed across the organization at each point of service and change in service, and updated annually.
- Data are collected on the race, ethnicity, and linguistic makeup of all Boards, Administration, and Staff, with policies guiding its frequency and composition.
- The effectiveness of training in creating desired outcomes is assessed.
- Tools to assist staff to assess their own practice competencies and biases are made available. This Protocol may serve as a starting basis.
- Disparities are available at the level of individual practitioners as part of a performance review process when outcomes are unacceptably low, and become part of an individual improvement plan.

# Service User Identification

- The race and origin of service users is collected via local best practices, drawing from local expertise. In 2013, this includes self-definition of race (or origin), refugee status, preferred language of communication, and generational time in the USA.
- The rules of House Bill 2134 (Uniform Standards for Race, Ethnicity and Language Data) are adhered to, including the specific racial identifiers to be used, and updated as the rules are modified.
- Service user satisfaction data is collected, assessed and publicly reported routinely. All domains identified in the Protocol are assessed, including satisfaction with the organization's policy and practice of racial equity.
- The languages spoken by service users and potential service users is collected and updated annually.
- The use of untrained individuals or minors as interpreters is tracked (and avoided).

# **Continual Quality Improvement**

- An Equity Team of staff and community representatives leads the assessment and improvement process, staying engaged throughout the year to strengthen progress across the organization. This group receives support, training and recognition for their role in advancing cultural responsiveness in the organization.
- At least one staff person is identified to support the quality improvement process and resource the Equity Team.
- Changing demographic information is tracked, along with emerging community needs and priorities.
- Conduct regular assessments of the needs and assets of service users and potential service users so as to support the advancement of the health and wellbeing of local communities of color.
- The completion of this Protocol Assessment is comprehensive, and illustrates transparency, rigorous self-reflection, and accuracy.
- Recognizing that this Protocol will need updating every 3-5 years, the organization will provide advice to the convening body (anticipated to be the Coalition of Communities of Color) as to how improvements can be made, and will adopt the new Protocol when available.

**Evidence** – In a culturally responsive organization, evidence of these equity practices must be tangible. You need to assess your progress on each element, assessing the degree to which such practices are integrated into the organizations' standard operations, reinforced via policy, and integrated across all units in the organization (required for a score of 5).

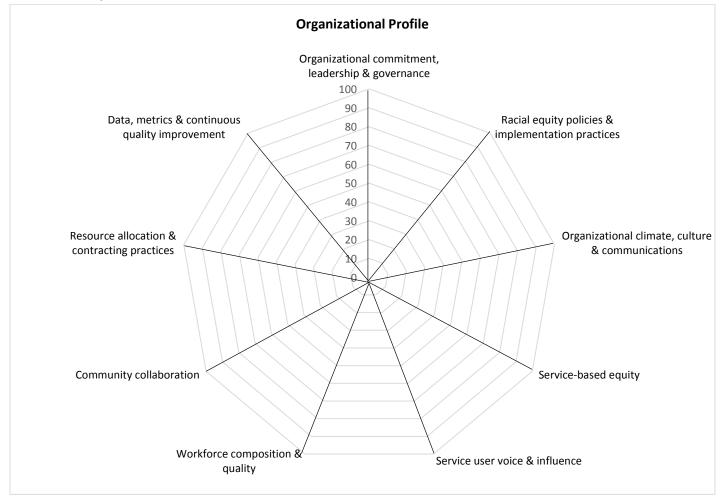
| Evaluation     | 1.    | The results of compliance with these standards (the results of having conducted this         |  |
|----------------|-------|--|--|
| Research       |       | Protocol Assessment) as well as the coming year's Improvement Plan, and annual               |  |
|                |       | updates, is filed with the Board/governing body and reflected in the minutes.                |  |
|                | 2.    | Responsibility for data collection and analysis of the workforce and client outcomes,        |  |
|                |       | of completion of this Protocol assessment, of service outcomes, of translation               |  |
|                |       | services, of demographic trends, and of required data systems (and needed reforms)           |  |
|                |       | are assigned to specific staff, and reflected in their job descriptions.                     |  |
|                | 3.    | Data collection and analysis is done annually to document progress and                       |  |
|                |       | accountability on Protocol standards, reviewed and endorsed by the Equity Team and           |  |
|                |       | the CAB (with minutes attached to the plan), with the final plan submitted to the            |  |
|                |       | Board/governing body and reflected in their minutes. A narrative of how data                 |  |
|                |       | systems and evaluation practices achieve these standards is part of the plan.                |  |
|                | 4.    | Workforce and volunteer profiles are prepared and submitted to the Equity Team               |  |
|                |       | (workforce) and CAB (volunteers) for review and integration into their own planning          |  |
|                |       | documents. Meeting minutes reflect these reviews.  |  |
|                | 5.    | Analysis of services provided, disaggregated by race and language of customers, at all       |  |
|                |       | major points of service, and particularly for outcomes achieved, is consolidated in an       |  |
|                |       | evaluation report, to be filed with the Equity Team, the CAB and the Board/governing         |  |
|                |       | body for their review and integration into future planning. The evaluation report and        |  |
|                |       | minutes reflecting filing with the three bodies reflects compliance.                         |  |
|                | 6.    | Policy defines the research practices (documentation and analysis) that support racial       |  |
|                |       | equity and cultural responsiveness and specifies those responsible.                          |  |
| Service User   | 7.    | A client data collection form includes race and origin of service users, as well as          |  |
| Identification |       | refugee status, indigenous status, preferred language of community, and                      |  |
| and            |       | generational time in the USA. Variations from the "Research Protocol" standards              |  |
| Experiences    |       | recommended by the Coalition of Communities of Color are explained with a                    |  |
|                |       | rationale.   |  |
|                | 8.    | Policy reflects the details to be included in the data collection form, and the specific     |  |
|                |       | form being used, and is endorsed by the Equity Team and the CAB.                             |  |
|                | 9.    | Analysis of languages spoken, alignment with languages provided, and quality of              |  |
|                |       | interpreters provided is conducted annually and submitted to the Equity Team and             |  |
|                |       | CAB for review, and filed with the Board/governing body annually. Recommendations            |  |
|                |       | for improvement are part of the final submission to the Board.                               |  |
| Quality        | 10.   | The Equity Team's and the Community Advisory Board's composition, goals, roles and           |  |
| Improvement    |       | accountability practices are written into policy.  |  |
|                | 11.   | The Equity Team and CAB are allocated budgets to fulfil their roles, and clearly             |  |
|                |       | apparent as operational budget lines.  |  |
|                | 12.   | The Equity Team and CAB is resourced by at least one staff person (or portion of an          |  |
|                |       | FTE depending on the size of the organization) also responsible for liaising with other      |  |
|                |       | units in the organization, and who ideally reports to the Executive Director (and <i>not</i> |  |
|                |       | to Human Resources) and routinely attends Board/governance meetings, and                     |  |
|                |       | reflected in the job description. Portfolio responsibility for cultural responsiveness in    |  |
|                |       | specific organizational units still rests with the managers responsible for these units.     |  |
|                | 13.   | Demographic changes are tracked, and forecasts for emerging service needs are                |  |
|                |       | identified by the evaluation/research staff (ideally) and shared with the CAB and            |  |
|                |       | Equity Team. Minutes of such presentations are available.                                    |  |
|                | 14.   | Management and the Board/governance body is responsible for cultural                         |  |
|                |       | responsiveness and racial equity. Board minutes reflect efforts to strategize                |  |
|                |       | improvements, and this role is written into policy. The Equity Team is responsible for       |  |
|                |       | tracking the achievements and barriers to racial equity and cultural responsiveness,         |  |
|                |       | and being a resource to management and the Board/governance body.                            |  |
|                | 15.   | The Executive Director compiles relevant materials to document efforts to improve            |  |
|                |       | responsiveness, with materials available to funders and to the public as requested.          |  |
|                | 16.   | The Equity Team will provide input to the external convening body responsible for            |  |
|                |       | improving this "Protocol for the Provision of Culturally responsive Services" when so        |  |
|                |       | invited, and thus maintains a working document for such advice.                              |  |
|                | r sco | re on this standard. Score = out of a possible maximum of 80 points                          |  |

# Scoring Summary & Locating your Mainstream Organization

In the chart below, enter your raw scores in each domain. Then take out your calculator and convert each number to a percentage value. Each figure will need to be converted according to the instructions in the brackets.

| Domain #1: Commitment, governance and leadership               | out of 60. Equals% (divide by 0.6)  |
|--|-------------------------------------|
| Domain #2: Racial Equity Policies and Implementation Practices | out of 60. Equals% (divide by 0.6)  |
| Domain #3: Organizational Climate, Culture and Communications  | out of 50. Equals% (divide by 0.5)  |
| Domain #4: Service Based Equity                                | out of 150. Equals% (divide by 1.5) |
| Domain #5: Service User Voice and Influence                    | out of 35. Equals% (divide by 0.35) |
| Domain #6: Workforce Composition and Quality                   | out of 40. Equals% (divide by 0.3)  |
| Domain #7: Community Collaboration                             | out of 30. Equals% (divide by 0.3)  |
| Domain #8: Resource Allocation and Contracting Practices       | out of 40. Equals% (divide by 0.4)  |
| Domain #9: Data, Metrics and Quality Improvement               | out of 80. Equals% (divide by 0.8)  |

Now plot the percentage figures in the chart below, and link each point on the chart together. This is your "footprint" for cultural responsiveness.



You've done it! You have completed your assessment of your organization's cultural responsiveness. That was a lot of details, gathered by your team. We hope that despite the heavy lifting you needed to do to complete the tool, you have learned a lot and opened up important conversations and wonderings about how to improve your organization. Turn to the next page to see the concrete advice we have for moving forward.