* Our agency and/or EASA program has a diversity committee.
* Our diversity committee has representatives from different racial, ethnic, cultural, age groups and other groups.
* Our EASA program conducts an annual assessment and sets goals regarding cultural competency of it services and supports.
* Our EASA program dedicates the necessary resources (economic, staff time etc.) to promote cultural competency.
* We have EASA staff that are indigenous to the area and/or representative of diverse communities.
* We discuss historical trauma, social isolation and oppression in our clinical discussion groups and supervision.
* I discuss my culture with my clients and encourage them to discuss their culture with me.
* Our board of directors and advisory group include people from different ethnic, racial, age groups and other community groups.
* Our EASA program has a well-developed and dynamic cultural competency-training program.
* Our EASA program has guidelines around gathering cultural information in our assessment process. (I.e. specific questions, suggested framework, multiple means of gathering information, etc.)
* We have established working relationships with cultural brokers and networking relationships with diverse community groups and work with them regularly in our practice.
* We have established working relationships with interpreters and use them regularly in our practice.
* Our EASA program regularly discusses the research on diverse communities in our supervision.
* I am aware that I have biases and a personal cultural lens and I discuss them regularly in supervision.
* Our EASA program has written material available in multiple languages, literacy levels and uses welcoming and culturally/community relevant language and photographs.
* Our psychoeducation material includes a discussion on ethno cultural, traditional and spiritual protective factors.
* We have an organized and predictable way that our clients and diverse populations provide feedback and inform our practice.
* We use interventions and assessment tools that have been researched on the communities we serve.
* The physical space of our program is welcoming to the community.
* We discuss culture regularly in our supervision, clinical reviews and fact meetings.
* I understand the impact of culture/ community on life activities such as:
  + Education
  + Family roles
  + Faith based practices
  + Gender roles and sexuality
  + Alternative Medicine
  + Perception of agency
  + Customs and beliefs
  + Communication
  + Perception of health and wellness
  + Employment
  + Perception of time
  + View of disability

Adapted from (Tawara D. Goode, M.A. and Sylvia K. Fisher, Ph.D. National Center for Cultural Competence,

Georgetown University Center for Child and Human Development. Adapted from *Promoting Cultural*

*Diversity and Cultural Competency: Self-Assessment Checklist for Personnel Providing Behavioral*

*Health Services and Supports to Children, Youth and Their Families* ©2009.)