NEW YORK COMMUNITY OF PRACTICE ON CULTURAL AND LINGUISTIC COMPETENCE IN DEVELOPMENTAL DISABILITIES

Community Needs Assessment Report

Published
Summer 2019
NYS CoP on CLC
# Table of Contents

About the New York Community of Practice ............................................................ 3  
Mission of the New York Community of Practice .............................................. 3  
New York Community of Practice Members .................................................. 4  
About This Report ............................................................................................ 4  
**Section 1:** Communities of Focus ................................................................. 5  
**Section 2:** Needs Assessment Approach ..................................................... 7  
**Section 3:** Summary of Focus Groups ......................................................... 9  
**Section 4:** Identified Needs ........................................................................ 13  
**Section 5:** Summary .................................................................................. 17  
Appendix A: Focus Group Script ................................................................. 18  
Appendix B: Key Terms ............................................................................ 23
MISSION OF THE NEW YORK COMMUNITY OF PRACTICE

The Mission of the NY CoP on Cultural and Linguistic Competence in Developmental Disabilities is to increase access to information about the Developmental Disabilities Network, Developmental Disabilities services, supports, and individual rights through outreach, training, and education for individuals with intellectual and developmental disabilities (I/DD) and their families who have limited English proficiency (LEP).
NEW YORK COMMUNITY OF PRACTICE MEMBERS

Below is a list of agencies and organizations that are part of the New York CoP Team:

- **Lead Agency**: Developmental Disabilities Planning Council (DDPC)
- Chinese-American Planning Council (CPC)
- Disability Rights New York (DRNY)
- Ibero-American Action League (Ibero)
- Office for People With Developmental Disabilities (OPWDD)
- Rose F. Kennedy, UCEDD
- Strong Center for Developmental Disabilities, UCEDD
- Westchester Institute for Human Development, UCEDD

**Note**: UCEDD is the acronym for University Centers for Excellence in Developmental Disabilities Education, Research, and Service.

ABOUT THIS REPORT

This Community Needs Assessment Report was a collaborative effort. The following team members were instrumental in convening Focus Groups, conducting research, and contributing to this Report (in alphabetical order):

Jenean Castillo, Elisa DeJesus, Jacqueline Hayes, Dianne Henk, Nabila Ibrahim, Suzannah Iadarola, Michelle Liu, Sara Mendicino, Hirah Mir, and Diana Rodriguez.

**How to cite this report**: NYS Community of Practice on Cultural and Linguistic Competence (2019). *Community Needs Assessment*. 
SECTION ONE: COMMUNITIES OF FOCUS

Research on individuals in NY who have limited English proficiency (LEP)

New York State has a high number and diversity of languages spoken across the state. Over 5.5 million people living in New York speak a language other than English. Of these, 2.5 million speak English less than well. See Table below for a summary of the top six languages spoken in New York (after English).

Although research is limited for LEP individuals with intellectual and developmental disabilities (I/DD), research has shown that LEP individuals experience disparities in many areas including health, education, employment and housing.

---

Top Six Languages in New York State 2013-2017 American Community Survey

- Spanish: Over 1,250,000
- Chinese: Over 750,000
- Russian: Over 500,000
- Haitian Creole: Over 250,000
- Bengali: Over 250,000
- Korean: Over 250,000
COMMUNITIES OF FOCUS (CONT.)

Based on national and state-specific research highlighting disparities in access to services and supports for both LEP individuals and individuals with I/DD, the New York CoP chose to collaborate on efforts to increase access to information about supports, services, and rights for the top two LEP populations in New York State: Spanish and Chinese speakers.

**NOTE:** The term ‘Chinese speakers’ refers to individuals who speak the primary languages of China, like Mandarin and Cantonese, as well as write in the predominant written languages in China, including Traditional and Simplified Chinese.

**SECTION CITATIONS:**


SECTION TWO: NEEDS ASSESSMENT APPROACH

“Communities determine their own needs”

As part of this 5-year initiative, the NY Community of Practice (CoP) Team receives ongoing Technical Assistance from Georgetown’s National Center for Cultural Competence (NCCC). The training provided by NCCC, instilled values in our CoP Team that guided the engagement of Spanish-speaking and Chinese-American communities in the process of identifying needs.

Research in the field of cultural competence and guidance from NCCC has emphasized that communities are able to determine their own needs instead of relying on ‘experts.’ In practice, this meant that our team could not determine the needs, barriers, and action steps necessary in order to increase access to information about supports, services, and rights for Spanish and Chinese speakers in isolation. We needed to engage these communities directly.

Therefore, the NY CoP Team began our Needs Assessment by convening five Focus Groups across New York State with people with intellectual and developmental disabilities (I/DD) and family members of people with I/DD who speak Spanish or the Chinese languages.
Outreach implies a unilateral or one-way approach...

Leaders in the field also stressed the importance of ensuring engagement as opposed to outreach in our team’s approach. In a Learning and Reflection Forum on Stakeholder Engagement, NCCC staff asserted that:

“There is a distinct philosophical difference between outreach and engagement, particularly as it relates to the values and principles of cultural and linguistic competence. Outreach implies a unilateral or one-way approach from the organization or agency to the community, whereas engagement implies a bilateral or two-way exchange.”

Therefore, the Focus Groups allowed our team an opportunity to listen and understand the experiences, needs, and strengths of these distinct communities, while also sharing information about the Community of Practice (CoP). It was an opportunity for engagement: to learn, share information, identify needs and begin establishing relationships with key stakeholders in the community. The goal was to both identify needs and build a foundation for future collaborative work with stakeholders.

SECTION CITATIONS:

SECTION THREE:
SUMMARY OF FOCUS GROUPS

METHODS USED TO ANALYZE INPUT FROM PARTICIPANTS

The team conducted 5 Focus Groups over a 6-month period (June - Nov. 2018). The team tried to ensure geographic diversity and involvement of self-advocates, parents, and caregivers. The Focus Groups were conducted in either English, Spanish, or Mandarin.

In the Focus Groups conducted in Spanish, bilingual facilitators took notes in Spanish. The Spanish notes were translated into English and reviewed to ensure accuracy. In the Focus Group conducted in Mandarin, facilitators used an interpreter to communicate with Mandarin-speaking caregivers. The notes were taken in English. Two researchers from the NY CoP analyzed the notes from all five Focus Groups to identify patterns.

This Needs Assessment also includes input from 2 large Forums organized by the Chinese-American community. The recommendations from the Forum Reports echoed some key themes identified by Focus Group participants. In the end, three major needs emerged across the 5 Focus Groups and 2 Forum Reports which are detailed in the subsequent pages.

FOCUS GROUP LOCATION & LANGUAGE

Amsterdam (Spanish)
Bronx (Spanish)
Queens (Mandarin)
Rochester (Spanish)
Westchester (Spanish)

NUMBER OF PARTICIPANTS

Chinese-American Caregivers: 20
Spanish-speaking Caregivers: 17
Spanish-speaking Self-Advocates: 7
Others: 3

TOTAL PARTICIPANTS: 47
A few months before our team conducted the Needs Assessment Focus Groups, members of the Chinese-American community coordinated 2 large Forums focused on the system-wide transition to Care Coordination Organizations (CCOs) and managed care. These Forums included over 200 Chinese-American caregivers.

While the Forums were not coordinated as part of the formal Needs Assessment, the feedback from the Forums was incredibly valuable and compiled by Chinese-American parents, caregivers, and other key stakeholders in the community. Therefore, the recommendations from the Forum Reports helped inform this Needs Assessment.

REPORTS FROM COMMUNITY FORUMS

New York Chinese Parents Community Forum
OPWDD Services and Transition to Care Coordination Organizations/Health Homes (CCO/HH)

Presenters:
Dr. JoAnn Lamphere, Deputy Commissioner, Division of Person Centered Support at OPWDD
Ellen Blackman, Community Service Administrator (CSA) at OPWDD
University Settlement Society of New York - Spuyten Duyvil
New York City Chinatown
December 4, 2017

New York Chinese Parents Community Forum
OPWDD Services and Transition to Care Coordination Organizations/Health Homes (CCO/HH)

Presenters:
Dr. JoAnn Lamphere, Deputy Commissioner, Division of Person Centered Support at OPWDD
Darren Heeks, Director of Workforce Transformation, OPWDD
Haih Ma, Project Assistant at Workforce Transformation, OPWDD
University Settlement Society of New York - Spuyten Duyvil
New York City Chinatown
March 12, 2018

Photo credit: Cover pages of the two NY Chinese Parents Community Forum Summary Reports. Both reports were prepared by members of the Alliance for Families with Developmental Needs (AFDN).
FOCUS GROUP INPUT - THEMES BY QUESTION

In this section, we provide a broad overview of all the themes or ideas that were raised by Focus Group participants (See Appendix A for Focus Group Script) in order to provide a picture of the breadth of responses that we received. We felt it was important to note the diversity of responses to challenge notions that each community is homogeneous or reducible. The 3 primary needs identified by all participant input are summarized in the next section.

COMMUNITY PERCEPTIONS OF DISABILITY

- Stigma of disability raised in both communities
- Family responsibility to care for family member with I/DD mentioned in both communities
- Segregation of people with I/DD from the community mentioned by both communities
- Spanish-speakers mentioned tendency of community to be 'pitying'
- Spanish-speakers mentioned difficulty w/fathers' acceptance of child w/ I/DD
- Chinese-American group noted: 'Mom is 90% who takes care of the child' w/ I/DD
- Some participants noted 'Depends on person, not culture' in response to question about community stigma.

CULTURAL AND LINGUISTIC COMPETENCE

**What does a competent agency look like?**

- Language access provided
- Bilingual staff
- Bilingual materials
- Feel comfortable and respected
- Not feeling judged
- No feelings of discrimination
- Staff take time to explain things in an accessible way

INFORMATION ABOUT I/DD SERVICES AND RESOURCES

**How do you get information?**

- Internet
- Schools
- Social workers
- Informational forums
- YouTube
RECOMMENDATIONS

- Community-led Initiatives to address stigma in the community
- More outreach to under-represented communities
- Creation of Resource Guide or Handbook
- Inclusive community/social events
- Increase bilingual staff
- Increase service providers who use culturally competent practices
- More info on Department of Education, day rehabilitation programs, Respite, end of life planning, and early intervention
- Recruit Chinese community to work in DD field (high school internships)
- Family support groups
- Training for parents
- Mental health services for individuals with I/DD and parents
- More advocacy & social opportunities for individuals with I/DD
- Empowerment and know-your-rights trainings
- Spanish language websites

COMMUNITY ENGAGEMENT

How should the community be engaged?

- One-on-One conversations
- Schools
- Community Centers
- Libraries
- Social workers
- Informational Forums/Workshops
- Social Media
- Videos
- By text/phone
- Spanish and Chinese Media: TV, Radio, or Newspapers

OTHER ISSUES/CONCERNS

Individualized Education Plans (IEPs) not translated into family's native language or the quality of the translation is low.
NEED FOR MORE ENGAGEMENT OF SPANISH-SPEAKING AND CHINESE-AMERICAN COMMUNITIES

First of all, there is no formal channel to learn about OPWDD services in the community. In my case, I have never heard about OPWDD in the first 7 years after my son was diagnosed with ASD at age 3. Until one day, I met a parent whose child attended the OPWDD-funded respite program (Chinese-American mother, CCO Forum, Dec. 4, 2017).

The majority of Focus Group and CCO Forum participants mentioned the need for more targeted engagement of the Spanish-speaking and the Chinese-American communities by the developmental disabilities field. Participants discussed how they found out about developmental disabilities services, supports, and resources through informal channels like other parents, or later in their child’s life, instead of through formal channels or from agency and organizational staff.

While the Office for People with Developmental Disabilities (OPWDD) was mentioned specifically, many participants were unaware of the Developmental Disabilities Network (see note below for definition) and the distinct role of each organization, pointing to the need for increased engagement. Based on this need, some participants recommended engagement of their communities through schools, community centers, and other local channels in order to reach underserved communities and raise broader awareness about the services, supports and resources that are available for people with I/DD.

**NOTE:** The Developmental Disabilities Network or “DD Network” includes 5 organizations in New York State. Those organizations include the Developmental Disabilities Planning Council (DDPC), Disability Rights New York (DRNY), and the 3 University Centers of Excellence in Developmental Disabilities or “UCEDDs” (Rose F. Kennedy, Westchester Institute for Human Development, and Strong Center for Developmental Disabilities). The DD Network is defined in the *Developmental Disabilities Assistance and Bill of Rights Act of 2000.*
The information that exists is not adequate. Information is confusing and there is no consistency between the advice you get from different people. Agencies don’t distribute information in a way that makes an impact in our life. There is a need for a comprehensive guide or services, supports and agencies we have access to in our community (Spanish-speaking caregiver, Focus Group, Nov. 1, 2018).

Most participants also pointed to the need for increased informational resources, at a 101 level or in plain language. Participants discussed the complexity and, at times, contradictory nature of informational resources that currently exist. They stressed the need for materials that are practical, easy to read and understand, in their native language, and that outline the major steps of accessing supports and services. Similarly, participants suggested the need for regional or community-based guides that are tailored to specific areas of New York State.

When asked about distributing informational materials, participants discussed the potential benefits of a Resource Guide in multiple languages. Both communities suggested presentations, workshops or peer groups in community-based settings. Spanish-speakers mentioned preference for information distribution via text or phone, as well as video or YouTube. Chinese-Americans expressed a preference for being able to talk with someone one-on-one and using WeChat to get information out to the community. These distinctions are important, as they suggest that different communities may prefer to receive information in different ways.
IDENTIFIED NEEDS (CONT.)

3 NEED TO ADDRESS LANGUAGE ACCESS BARRIERS

Yes, I know a little bit of English, but I need - if it’s something for my son, I need an interpreter, because I need to know what they are saying. Many times I miss an appointment because there is no interpreter, because there is nothing, and I miss it (Spanish-speaking mother, Focus Group, July 12, 2018).

There is a limited number of Chinese-speaking and culturally competent workers. In our community, there are less than 30 Chinese-speaking MSCs [medicaid service coordinators] providing services for about 1,200 people with developmental disabilities and families in three agencies providing cultural competent services (Chinese-American mother, CCO Forum, Dec. 4, 2017).

When we go to the hospitals, there are not enough interpreters that can take the time to explain things to us in detail. We need more than just flyers (Spanish-speaking caregiver, Focus Group, Nov. 1, 2018).

Understandably, language access was an overarching need expressed by most Focus Group participants and by caregivers at the two Forums. Participants described being denied language access altogether, having to wait long periods of time for interpretation services, or being provided with low-quality interpretation services or translated materials that were hard to understand. Their experiences pointed to a widespread and systemic issue providing consistent and high-quality language access throughout the developmental disabilities and human services fields.
While language access is the need, the aforementioned barriers pointed to additional underlying needs for more organizations that are culturally and linguistically competent, more bilingual staff within the developmental disabilities field, and the need to train individuals with I/DD and their families on language access rights to help ensure the delivery of those services.
The findings in this Community Needs Assessment are intended to inform the future work of the NY CoP Team, as well as contribute data to the I/DD field. Data is often the cornerstone of policy development, helping to inform key stakeholders and drive change. NY CoP Team members have noted at collaborative meetings that it is challenging to find data at the intersection of disability, race, ethnicity, language and other identity categories. Thus, this Needs Assessments makes a small contribution in that area.

Similarly, we hope that the findings of this Needs Assessment can inform the development of activities, policies and systems change work in the I/DD field that will ultimately ensure that individuals with I/DD and their families who speak the Spanish and Chinese languages have increased, and higher quality, access to the larger developmental disabilities service delivery system in New York State.

In terms of next steps, the NY CoP Team convened a Strategic Planning Meeting in January 2019 to review the Community Needs Assessment findings and identify collaborative Activities to fulfill the Mission and Goals of the CoP. The Team identified collaborative Activities that will have an immediate impact for families and individuals with I/DD in the communities of focus, as well as Activities that aim to create long-term and lasting change throughout the I/DD system.

If you are interested in learning more about the NY Community of Practice on Cultural and Linguistic Competence in Developmental Disabilities or want to get involved, please visit: https://nccc.georgetown.edu/cop/team-ny.php
FOCUS GROUP SCRIPT:

WARM UP & INTRODUCTION (15 MINUTES)

Introduction: [Introduce team members] This Focus Group is being run as part of a NY Community of Practice focused on helping to better serve people with disabilities and their families from diverse background. This project is funded by the Administration on Intellectual and Developmental Disabilities, the Administration for Community Living, and the U.S. Department of Health and Human Services.

Goal: The goal of this Focus Group is to get input directly from individuals with developmental disabilities and their families who speak Spanish or the Chinese languages so our team can develop a plan to better serve these communities in NYS.

Voluntary Participation: Your participation in this Focus Group is completely voluntary, which means that you do not have to participate and can choose to not answer any of the questions.

Confidentiality: We will be audio-taping the session so that our team can go back later and listen to your comments, but we will make sure to remove any identifying information to ensure the confidentiality of participants. To keep all information confidential, please use your first names only. Also, we ask you to keep all comments made during the focus group confidential and not repeat information shared by others during the focus group outside the meeting.

Ground Rules: We value hearing everyone’s honest opinions. However, we have a lot to get through, and so there may be times when we interrupt to move us along. We just want to make sure we cover all our topics and that everyone has a chance to contribute. Do you have any questions? If you think of a question while we are talking, please feel free to ask it. To move forward, we should agree as a group on "ground rules" to ensure we are respecting each other. This could include waiting for others to finish speaking, making sure to give everyone an opportunity to contribute, and using respectful language. Are there other ground rules you would like to add?

Working with Interpreter: Also, so we can be inclusive to all, it will be important to allow each person to finish speaking, so that the interpreter has time to hear and interpret everything the group says. We might also want to be mindful about pausing now and then while making comments to allow the interpreter to catch up.

To start us off, let’s go around the room and get a sense of who is at the table. Please tell us your first name, how you are connected to the disability community, and anything else you would like to share.
PART 1 (1-HOUR)

COMMUNITY PERCEPTIONS OF DISABILITY

[We are all Latino(a)/Spanish-speaking/Chinese-American here.] or [You have come together as a group of Latino(a)/Spanish-speaking/Chinese-American parents/self-advocates.] Do you think that people in Latino(a)/Spanish-speaking/Chinese-American communities think differently about disability than people in other communities? Why or why not?

PROBE: What is the perception of people with disabilities in your community? Are there stigmas associated with disability in your community?

PROBE: How do you describe the strengths and needs of persons with disabilities?

CULTURAL / LINGUISTIC COMPETENCE

If organizations or agencies are designing programs and services for the Latino(a)/Spanish-speaking/Chinese community, what do they need to know?

What would a program that meets the cultural needs of the Chinese-speaking/Spanish-speaking community look like?

PROBE: What are some things that a program or service does day-to-day that makes it more culturally competent?

Examples might include:
- Staff reflects the diversity of community
- Knowledge of cultural values, holidays, beliefs, traditions
- Communication in other languages
- Personal relationships between staff and participants

What would a program that meets the language needs of the Chinese-speaking/Spanish-speaking community look like?

PROBE: What are some things that a program or service does day-to-day that makes it more linguistically competent?

Examples might include:
- Bilingual staff
- Staff knowledge of translation resources
- Materials in other languages
INFORMATION ABOUT DISABILITY SERVICES

Does the Latino(a)/Spanish-speaking/Chinese community have good or enough information about disability and disability services

PROBE: What do you think are the most significant barriers to getting better information about disability and disability services?

PROBE: How much do you think that speaking Spanish/Chinese is a barrier to getting good information? How do you currently get the information you need about disability or disability services?

PROBE: How do you learn about:
- Child/Youth Services: early intervention, special education, community resources, family-centered services
- Adult services: transition, higher education, employment, community resources
- Rights: language access services, the rights of persons with disabilities, advocacy resources

What is working well about the disability service system? Are there resources, practices, or programs that you would like to see more of?

PART 3 (1-HOUR)

RECOMMENDATIONS, ENGAGEMENT, AND STAKEHOLDER GROUP

We are going to use the input from these Focus Groups to determine next steps and areas of focus for our work over the next 5 years. In this next section, we are going to ask questions to get input and recommendations that will help shape our 5-year plan.

PROBE: What topic areas should we focus on to better serve the Latino(a)/Spanish-speaking/Chinese community?
- Child/Youth Services: early intervention, special education, community resources, family-centered services
- Adult services: transition, higher education, employment, community resources
- Rights: language access services, the rights of persons with disabilities, advocacy resources

If we had to pick only 1 or 2 topic areas to focus on, what would be your top priority(ies)?
Thank you for sharing so honestly. One of our goals is to make a plan to address some of these informational gaps. We want to do this in collaboration with community members, to ensure that the plans are relevant to the community.

What are some of the best ways to involve community members in conversations about goals and next steps?

PROBE: Should discussions be facilitated:
- In person
- One-on-one or in groups
- Online / Phone

PROBE: Where are the best places to hold meetings?
- Schools
- Churches
- Recreation / community centers
- Other locations

PROBE: What else should we do to encourage people to attend? How should we get the word out?

If we develop informational resources about the topic areas you identified, how should we get the information to you or to your community?

PROBE: How should information be presented in order to ensure high use and participation?
- In-person
- Webinar / online
- Printed documents
- Phone call

Do you have any additional tips for our group to ensure that future programs conducted in collaboration with the Latino(a)/Spanish-speaking /Chinese community are successful?

STAKEHOLDER GROUP

Stakeholder Group: We also aim to identify a group of stakeholders who would have a more active role in our planning team as we identify our next steps. This Stakeholder Group would provide ongoing input and recommendations for our plan. The Stakeholder Group would meet a few times a year for 1-2 hours.

Who should be represented on the Stakeholder Group?

Would you be interested in being part of the Stakeholder Group?
FOCUS GROUP CONCLUSION

Is there anything else you would like to mention that we haven’t covered today?

Thank You! Those are all the questions we had for you today. Thank you again for your time and for sharing your honest feedback. This information will be critical as we plan next steps.

Stakeholder Group: If anyone is interested in being a member of our Stakeholder Group or has additional input, please contact a member or our Team, their contact information is provided on the handout we distributed. We would love to have you participate in the future or share recommendations of who else might want to be involved.

Thank you!
APPENDIX B

KEY TERMS:

DEFINITION OF TERMS USED IN THIS NEEDS ASSESSMENT

Care Coordination Organization or CCOs are “organizations that were formed by existing developmental disability service providers. These new organizations will be staffed by Care Managers with training and experience in the field of developmental disabilities.”


Community of Practice or CoP refers to a group of professionals who share a field or concern, and through ongoing interaction they learn to improve their practice with shared resources, experiences, tools, and stories.

Cultural Competence means “services, supports or other assistance that are conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program.”

Source: Developmental Disabilities Assistance and Bill of Rights Act.

Developmental Disabilities means a “severe, chronic disability of an individual that: (a) is attributable to a mental or physical impairment or combination of mental or physical impairments; (b) is manifested before the individual attains age twenty-two; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and (e) reflects the individual’s need for a combination and sequence of special, interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.”

Source: Developmental Disabilities Assistance and Bill of Rights Act.
KEY TERMS CONTINUED:

**Health Home Care Management** is a new way to organize care, combining developmental disability services and supports with services for health and wellness. This new way of coordinating care is a more advanced version of the Medicaid Service Coordination (MSC) program, offering more options, greater flexibility and better results. Health Home Care Management will be provided by Care Coordination Organization (CCOs). Sometimes the term “care coordination” is used to describe health home care management.


**Language Access** allows limited English proficient (LEP) individuals access to a wide range of services. As defined by the U.S. Department of Justice, LEP individuals are persons who do not speak English as their primary language and who may have a limited ability to read, write, speak, or understand English.

**Linguistic Competence** refers to the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of 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 competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

*Source:* National Center for Cultural Competence; http://nccc.georgetown.edu/foundations/frameworks.html

**Stakeholder Group** is a group of people who have an interest or concern in something. The Stakeholder Group for this initiative will provide ongoing input and recommendations, contribute diverse perspectives, advocate, and build bridges between communities in order to advance cultural and linguistic competency in the developmental disabilities system.