

PA SOC County Survey: Cultural & Linguistic Competency

1. Please List Your PASOC County

2. Please select your PASOC affiliation (check all that apply):

- Youth
- Family Member
- Staff
- County Leadership Team
- Cultural Broker

System Partner (please specify)

3. Is your county able to identify the culturally diverse communities in your service area/community?

	Not At All	Barely	Fairly Well	Very Well	Unsure
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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4. Does your county have the following CLC supports? (check all that apply)

- County CLC Plan
- CLC Coordinator
- CLC Mission Statement
- Annual CLC Assessment (Quality Improvement Measures)
- CLC Trainings
- CLC Printed Materials/Resources
- Unsure

Other (please specify)

5. Is your County able to describe the languages and dialects used by culturally diverse groups in your service area?

- Not at All
- Barely
- Fairly Well
- Very Well
- Unsure

6. Does your County have a mission statement that incorporates cultural and linguistic competence in service delivery?

- Yes
- No
- Unsure

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7. Does your County identify opportunities within culturally diverse communities for you to:

	Not At All	Sometimes	Fairly Often	Very Often	Unsure	Not Available in my County
Attend cultural or ceremonial functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase goods or services from a variety of merchants (either for personal use or job-related duties)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontract for services from a variety of vendors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in recreational or leisure time activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in career awareness days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in community education activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Is there policy for the provision of interpretation services for youth and families with Limited English Proficiency and those who are deaf or have hearing impairments?

- No policy
- Informal policy
- Developing policy
- Formal policy
- Unsure

9. Does your County:

	Never	Seldom	Sometimes	Regularly	Unsure
Translate and use consent forms, educational materials and other information in other languages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insure materials address the literacy needs of the person served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the health literacy of person served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employ specific interventions based on the health literacy levels of persons served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Does your County have the following available in languages other than English? (Check all that apply)

- Website
- Consent Forms
- Brochures
- Posters
- Family Resource Guides
- Youth Resource Guides
- Unsure

Other (please specify)

11. Does your County reach out to and engage the following individuals, groups, or entities in health and mental health promotion and disease prevention initiatives:

	Never	Seldom	Sometimes	Regularly	Unsure
Places of worship and spiritual leaders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional healers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers, dentists, chiropractors, or licensed midwives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers of complimentary and alternative medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic publishers, radio, cable or television stations or personalities, or other ethnic media sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal, cultural, or advocacy organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local business owners (e.g., barbers, sports clubs, restaurateurs, casinos, and other ethnic businesses)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social organizations (e.g., civic/neighborhood associations, sororities, fraternities, ethnic associations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. Please list any additional policies supporting cultural and linguistic competence not identified by this instrument.