

Instructions

You have been identified as someone who plays a critical role in promoting healing in the lives of those who have experienced adversity, which often includes working with people who have been impacted directly or indirectly by violence. As part of an Office for Victims of Crime funded initiative called *Linking Systems of Care for Children, Youth, and Families*, we are seeking to learn more about the services your agency or organization provides to children, youth, and adults in Illinois who are victims/survivors of crime. The project's primary purpose is to increase access and better coordinate services for young victims and their families.

Please complete this survey about the services that your agency or organization provides. We ask that only one staff person from each program within your agency completes this survey. This staff person should have knowledge of the program services, policies, and procedures. If one person is doing the survey on behalf of the entire agency, please answer in a way that represents services provided to victims across programs. It generally takes 15 or fewer minutes to complete and should be completed using a computer for the most user-friendly experience.

The information you provide in this survey on behalf of your agency or organization will be used only in aggregate and no agency-specific results will be shared publicly. The information we learn may be used to develop an information resource for service-seeking persons and providers working to improve the lives of persons impacted by violence.

Thank you for being our partner in this important work.

Screening

Do you work for an agency or program providing services to children, youth, or adults in Illinois?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Which of the following best describes your role in your agency or program?

- ☐ Agency or program director
- ☐ Agency or program coordinator
- ☐ Supervisor or manager
- ☐ Direct service staff
- ☐ Intern or volunteer

Closing Messages

Thank you for completing the survey. The Illinois Criminal Justice Information Authority (ICJIA) is excited to partner with providers throughout the state as we work to support those impacted by violence. We would greatly appreciate your support as we aim to reach the widest array of organizations. Please forward the initial email about the survey to peer organizations and practitioners throughout the state.

Thank you!

Thank you for completing the survey. The Illinois Criminal Justice Information Authority (ICJIA) is excited to partner with providers throughout the state as we work to support those impacted by violence. If you haven't already, please pass the original email along to a supervisor or another member of leadership so that we might garner their perspective as well.

Thank you!

Agency Information

What is the name of your agency or program?

Some agencies have more than one program housed within their agency. If applicable, please provide the name of your specific program.

What is the address of your agency or program?

If your agency or program does not operate in a single location or if you do not have a physical address, what is the address of the main office that manages the operations for your agency or program?

Please note: If providing this information might compromise the safety of your clients, leave this section blank and proceed to the next question.

The information you provide in this survey on behalf of your agency or organization will be used in aggregate and no agency-specific results will be shared publicly.

Address

Address 2

City/Town

State

Zip or Postal Code

What is your current title or position in your agency or program?

Which county or counties does your agency or program serve? *(Select all that apply)*

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> All Illinois counties | <input type="checkbox"/> Hardin | <input type="checkbox"/> Moultrie |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Henderson | <input type="checkbox"/> Ogle |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Henry | <input type="checkbox"/> Peoria |
| <input type="checkbox"/> Bond | <input type="checkbox"/> Iroquois | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Jackson | <input type="checkbox"/> Piatt |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Jasper | <input type="checkbox"/> Pike |
| <input type="checkbox"/> Bureau | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pope |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Jersey | <input type="checkbox"/> Pulaski |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Jo Daviess | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Johnson | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Kane | <input type="checkbox"/> Richland |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Kankakee | <input type="checkbox"/> Rock island |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Kendall | <input type="checkbox"/> Saline |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Knox | <input type="checkbox"/> Sangamon |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Lake | <input type="checkbox"/> Schuyler |
| <input type="checkbox"/> Coles | <input type="checkbox"/> LaSalle | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Lee | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Livingston | <input type="checkbox"/> Stark |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Logan | <input type="checkbox"/> Stephenson |
| <input type="checkbox"/> DeWitt | <input type="checkbox"/> Macon | <input type="checkbox"/> Tazewell |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Macoupin | <input type="checkbox"/> Union |
| <input type="checkbox"/> DuPage | <input type="checkbox"/> Madison | <input type="checkbox"/> Vermilion |
| <input type="checkbox"/> Edgar | <input type="checkbox"/> Marion | <input type="checkbox"/> Wabash |
| <input type="checkbox"/> Edwards | <input type="checkbox"/> Marshall | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Effingham | <input type="checkbox"/> Mason | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Massac | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Ford | <input type="checkbox"/> McDonough | <input type="checkbox"/> White |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> McHenry | <input type="checkbox"/> Whiteside |
| <input type="checkbox"/> Fulton | <input type="checkbox"/> McLean | <input type="checkbox"/> Will |
| <input type="checkbox"/> Gallatin | <input type="checkbox"/> Menard | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Greene | <input type="checkbox"/> Mercer | <input type="checkbox"/> Winnebago |

- ☐ Greene
- ☐ Grundy
- ☐ Hamilton
- ☐ Hancock

- ☐ Mercer
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan

- ☐ Winnebago
- ☐ Woodford
- ☐ Prefer not to answer

Do you serve Chicago?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to answer

Which Chicago community area does your agency or program serve? *(Select all that apply)*

[Click here](#) for an interactive map of all Chicago community areas. A new tab/window will open.

Source: cityofchicago.org

- | | | |
|--|---|---|
| <input type="checkbox"/> All Chicago community areas | <input type="checkbox"/> Gage Park | <input type="checkbox"/> Norwood Park |
| <input type="checkbox"/> Albany Park | <input type="checkbox"/> Garfield Ridge | <input type="checkbox"/> Oakland |
| <input type="checkbox"/> Archer Heights | <input type="checkbox"/> Grand Boulevard | <input type="checkbox"/> O'Hare |
| <input type="checkbox"/> Ashburn | <input type="checkbox"/> Greater Grand Crossing | <input type="checkbox"/> Portage Park |
| <input type="checkbox"/> Auburn Gresham | <input type="checkbox"/> Hegewisch | <input type="checkbox"/> Pullman |
| <input type="checkbox"/> Austin | <input type="checkbox"/> Hermosa | <input type="checkbox"/> Riverdale |
| <input type="checkbox"/> Avalon Park | <input type="checkbox"/> Humboldt Park | <input type="checkbox"/> Rogers Park |
| <input type="checkbox"/> Avondale | <input type="checkbox"/> Hyde Park | <input type="checkbox"/> Roseland |
| <input type="checkbox"/> Belmont-Cragin | <input type="checkbox"/> Irving Park | <input type="checkbox"/> South Chicago |
| <input type="checkbox"/> Beverly | <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> South Deering |
| <input type="checkbox"/> Bridgeport | <input type="checkbox"/> Kenwood | <input type="checkbox"/> South Lawndale |
| <input type="checkbox"/> Brighton Park | <input type="checkbox"/> Lake View | <input type="checkbox"/> South Shore |
| <input type="checkbox"/> Burnside | <input type="checkbox"/> Lincoln Park | <input type="checkbox"/> The Loop |
| <input type="checkbox"/> Calumet Heights | <input type="checkbox"/> Logan Square | <input type="checkbox"/> Uptown |
| <input type="checkbox"/> Chatham | <input type="checkbox"/> Lower West Side | <input type="checkbox"/> Washington Heights |
| <input type="checkbox"/> Chicago Lawn | <input type="checkbox"/> McKinley Park | <input type="checkbox"/> Washington Park |
| <input type="checkbox"/> Clearing | <input type="checkbox"/> Montclare | <input type="checkbox"/> West Elsdon |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Morgan Park | <input type="checkbox"/> West Englewood |
| <input type="checkbox"/> Dunning | <input type="checkbox"/> Mount Greenwood | <input type="checkbox"/> West Garfield Park |
| <input type="checkbox"/> East Garfield Park | <input type="checkbox"/> Near North Side | <input type="checkbox"/> West Lawn |
| <input type="checkbox"/> East Side | <input type="checkbox"/> Near South Side | <input type="checkbox"/> West Pullman |
| <input type="checkbox"/> Edgewater | <input type="checkbox"/> Near West Side | <input type="checkbox"/> West Ridge |
| <input type="checkbox"/> Edison Park | <input type="checkbox"/> New City | <input type="checkbox"/> West Town |
| <input type="checkbox"/> Englewood | <input type="checkbox"/> North Center | <input type="checkbox"/> Woodlawn |
| <input type="checkbox"/> Forest Glen | <input type="checkbox"/> North Lawndale | <input type="checkbox"/> Prefer not to Answer |
| <input type="checkbox"/> Fuller Park | <input type="checkbox"/> North Park | |

Approximately how many paid full-time equivalent (FTE) staff (i.e., number of full-time positions when full-time and part-time staff hours are added together) does your agency or program have?

Approximately how many unpaid volunteers or interns does your agency or program have?

How is your agency or program funded? *(Select all that apply)*

- ☐ State Funds
- ☐ Federal Funds
- ☐ Local (city/county) Funds
- ☐ Private Foundations
- ☐ Other Private Donors
- ☐ Fee for Service
- ☐ Billing of Public Health Benefits
- ☐ Other (Please Specify)

Does your agency or program receive funding for violence prevention programming?

- ☐ Yes
- ☐ No
- ☐ Not Sure
- ☐ Prefer not to answer

You indicated your agency or program receives funding from the sources listed below. Which is your agency or program's primary source of funding?

- ☐ » State Funds
- ☐ » Federal Funds
- ☐ » Local (city/county) Funds
- ☐ » Private Foundations
- ☐ » Other Private Donors
- ☐ » Fee for Service
- ☐ » Billing of Public Health Benefits
- ☐ » Other (Please Specify)

Violence Prevention Programming

You indicated that your agency or program receives funding for **violence prevention programming**. Which of the following forms of violence prevention does your agency or program offer? *(Select all that apply)*

Please note: As you hover over (i.e., move your cursor or mouse over) each form of violence prevention (e.g., Primary), a description will appear to help you answer this question.

- ☐ Primary
- ☐ Secondary
- ☐ Tertiary
- ☐ Other *(Please describe)*
- ☐ Not Sure
- ☐ Prefer not to answer

What prevention area(s) does your violence prevention programming target? *(Select all that apply)*

- ☐ Child abuse and neglect
- ☐ Youth violence
- ☐ Self-harm
- ☐ Elder abuse
- ☐ Intimate partner violence or domestic violence
- ☐ Sexual violence
- ☐ Community violence
- ☐ Other. Please describe.
- ☐ Not sure
- ☐ Prefer not to answer

Service Population

Which of the following clients does your agency or program serve? For each type of client your agency or program serves, indicate the ages you serve.

Please note: If you do not serve these populations, leave the age boxes empty. If you are providing an open-ended age, please format like the following examples:

Example 1 Min: 0 Max: 5
Example 2 Min: 19 Max: 25+

	Minimum Age	Maximum Age
Children	<input type="text"/>	<input type="text"/>
Youth	<input type="text"/>	<input type="text"/>
Adults	<input type="text"/>	<input type="text"/>

What types of direct services does your agency or program provide? *(Select all that apply)*

Please note: As you hover over (i.e., move your cursor or mouse over) each service type (e.g., advocacy), a description of that service will appear to help you answer this question.

For the remainder of the survey, we would like you to use the following age ranges when responding to the questions

Children: 0 to 12 years of age

Youth: 13 to 20 years of age

Adults: 21 and over

	Children	Youth	Adults
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You indicated that your agency or program also provides *Other* services to children, youth, or adults in addition to the ones previously listed. Please specify what these services are.

As a reminder, please use the following age ranges when responding to the question:

Children: 0 to 12 years of age

Youth: 13 to 20 years of age

Adults: 21 and over

» Children

» Youth

» Adults

Victim Services

Does your agency or program routinely ask clients about any of the following?

Please note: As you hover over (i.e., move your cursor or mouse over) each type of inquiry , a description will appear to help you answer this question.

	Yes	No	Not sure	Prefer not to Answer
Recent victimization experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual's victimization history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual's exposure to violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate family members' histories of victimization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family members' histories of victimization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does your agency or program learn about your clients' victimization experiences? *(Select all that apply)*

Please note: As you hover over (i.e., move your cursor or mouse over) each victimization screening method as well as each type of inquiry, a description will appear to help you answer this question.

	Screening Tool	Intake Questions	Assessment	From Referral Source	Other	Prefer not to Answer
» Recent victimization experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Individual's victimization history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Individual's exposure to violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Immediate family members' histories of victimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Extended family members' histories of victimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You indicated that your agency or program uses a **screening tool** to learn about a client's victimization experience.

Please identify the **screening tool** your agency or program uses.

» Recent victimization experience	<input type="text"/>
» Individual's victimization history	<input type="text"/>
» Individual's exposure to violence	<input type="text"/>
» Immediate family members' histories of victimization	<input type="text"/>
» Extended family members' histories of victimization	<input type="text"/>

You indicated that your agency or program uses an **assessment tool** to learn about a client's victimization experience.

Please identify the **assessment tool** your agency or program uses.

» Recent victimization experience	<input type="text"/>
» Individual's victimization history	<input type="text"/>
» Individual's exposure to violence	<input type="text"/>
» Immediate family members' histories of victimization	<input type="text"/>
» Extended family members' histories of victimization	<input type="text"/>

You indicated that your agency or program uses **Other** means to ask clients about different victimization experiences. Please specify below.

» Recent victimization experience	<input type="text"/>
» Individual's victimization history	<input type="text"/>
» Individual's exposure to violence	<input type="text"/>
» Immediate family members' histories of victimization	<input type="text"/>
» Extended family members' histories of victimization	<input type="text"/>

Some services provided by your agency or program may be especially tailored to meet the victimization needs of clients. You may provide services to the general population that victims may also receive. However, here we are interested in those activities that are specifically designed to respond to the impact of victimization on an individual.

By victim, we mean someone who has experienced physical, emotional, psychological harm as a result of an experience of violence.

Which of your agency or program's services are specifically tailored to address victimization needs? *(Select all that apply)*

Please note: As you hover over (i.e., move your cursor or mouse over) each service type (e.g., advocacy), a description of that service will appear to help you answer this question.

	Yes	No	Not Sure	Prefer not to Answer
» Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Civil legal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Family case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Group support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Individual case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Individual therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Physical health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Substance use disorder services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Some services provided by your agency or program may be especially tailored to meet the victimization needs of clients. For each of the client types listed below, which of your agency or program's services attend to the client's victimization needs? *(Select all that apply)*

If you offer any of the following services, but are not specifically tailored to victims, please select *Does not apply*.

Please note: As you hover over (i.e., move your cursor or mouse over) each service type (e.g., advocacy), a description of that service will appear to help you answer this question.

	Victim	Victim's Family Members	Prefer Not to Answer	Does not apply
» Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Civil legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Emergency shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Family case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Group support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Individual case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Individual therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Physical health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You indicated that you provide services to victim's family members.

Which of the following persons does your agency provide services to as victim's family members?
(Select all that apply)

- ☐ Primary Caregiver
- ☐ Custodial Parent
- ☐ Non-Custodial Parent
- ☐ Foster Parent
- ☐ Spouse/Partner/Significant Other
- ☐ Siblings
- ☐ Children
- ☐ Other Family Member Not Listed Above. (Please Specify).

Approximately how many staff (full-time and part-time) **provide direct services to victims as their primary role?**

Approximately how many interns and volunteers **provide direct services to victims as their primary role?**

Does your agency or program currently have a waiting list for victim services?

- ☐ Yes
- ☐ No

Referral & Collaboration Network

Which of the categories below best describes your agency or program? *(Select only one)*

Please note: As you hover over (i.e., move your cursor or mouse over) each system (e.g., child welfare), a list of places or people from each system will appear to help you answer this question.

- ☐ Child Welfare System
- ☐ Civil or Family Court
- ☐ Education
- ☐ Health Care
- ☐ Juvenile Justice System
- ☐ Victim Services
- ☐ Social Services

Who does your agency or program receive referrals from? *(Select all that apply)*

Please note: As you hover over (i.e., move your cursor or mouse over) each system (e.g., child welfare), a list of places or people from each system will appear to help you answer this question.

If your agency or program neither receives referrals from nor provide referrals to any of the systems listed below, please choose 'Does not Apply'.

	We receive referrals from	We provide referrals to	Does not Apply	Not Sure	Prefer not to Answer
Child Welfare System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil or Family Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does your agency or program meet with referral or collaboration networks to review and discuss programs?

Never	Weekly	Monthly	Quarterly	At least once a year	Does not apply
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A **multidisciplinary team** is a group of professionals who represent various disciplines. These professionals come together to regularly discuss similar cases and/or how to coordinate care and support on behalf of victims/clients.

How often do representatives from your agency or program meet with an **intra-agency** (representatives only from within your agency/program) multi-disciplinary team?

Never	Weekly	Monthly	Quarterly	At least once a year	Does not apply
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do representatives from your agency or program meet with an **inter-agency** (representatives from different agencies or programs) multi-disciplinary team?

Never	Weekly	Monthly	Quarterly	At least once a year	Does not apply
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Learning collaboratives are small groups of professionals who learn and practice specific approaches and/or clinical interventions together.

How often do representatives from your agency or program meet with any learning collaboratives?

Never	Weekly	Monthly	Quarterly	At least once a year	Does not apply
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Survey

Thank you for completing the survey. The Illinois Criminal Justice Information Authority (ICJIA) is excited to partner with providers throughout the state as we work to support those impacted by violence. We are grateful for your commitment to providing the best care to individuals and families.

We would greatly appreciate your continued support as we aim to reach the widest array of organizations. Please forward the initial email about the survey to peer organizations and practitioners throughout the state.

Our project team may wish follow up with some providers in order to create the most complete picture of the experience of service recipients. If you consent to us contacting you regarding this survey, please include your contact information below.

Name

Email Address

Phone Number

I would like to receive updates on this project.

☐ Yes

☐ No

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