

**Instructions:**

Thank you for taking the time to help us better understand how the members of the Illinois HEALS Advisory Council are collaborating. Your individual responses will be kept confidential and only the research team from the Center for Victim Studies at the Illinois Criminal Justice Information Authority will have access to this data. All responses will be reported in aggregate.

These surveys will be conducted every six months to track changes in attitudes and beliefs and identify areas that may need attention.

If you have questions, comments, or feedback, please contact Paola Baldo at Paola.Baldo@illinois.gov.

For the following statements, think about the Illinois HEALS Advisory Council meetings **over the last six months**. You may skip any question you do not want to answer or may not know the answer to.

**A. Informed Consent**

[See informed consent sheet – Advisory Council survey version].

By proceeding with the survey, you affirm that you understand the details outlined above and consent to participating in the following study.

**B. Knowledge of IL HEALS:**

First, we would like to learn about your familiarity with the Illinois HEALS initiative and its components, goals, and objectives. When responding to these statements, think about Illinois HEALS Advisory Council meetings over the **last six months** where appropriate. Rate your agreement with each statement on a scale of **1-strongly disagree** to **4-strongly agree**.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. I was already familiar with IL HEALS prior to joining the Advisory Council.				
2. The Advisory Council provided enough information for me to understand the <i>Recognize, Connect, and Engage</i> components of IL HEALS.				
3. I have a clear understanding of the <i>Recognize, Connect, and Engage</i> components of IL HEALS.				
4. The Advisory Council provided enough information for me to understand the goals of IL HEALS.				
5. I have a clear understanding of the goals of IL HEALS.				
6. The Advisory Council provided enough information for me to understand the objectives of IL HEALS.				
7. I have a clear understanding of the objectives of IL HEALS				
8. I feel that other members of the Advisory Council have a clear understanding of the IL HEALS components,				

goals, and objectives.				
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9. If you would like to clarify any of your responses above or you would like to provide comments, suggestions, or additional information related to the components, goals, and/or objectives of Illinois HEALS, please use the space below.

[TEXT BOX]

**C. Willingness and ability to implement program components:**

The following statements speak to your ability to implement or carry out activities related to the Illinois HEALS Advisory Council. As a reminder, please consider the **last six months** when responding.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. I have a clear understanding of my role in the Advisory Council.				
2. I am able to fulfill the roles and responsibilities presented in our member agreement.				
3. I am able to invest the right amount of time in our collaborative efforts.				
4. I believe that members of the Advisory Council are dedicated to the idea that we can make this program work.				
5. I believe members of the Advisory Council want this program to succeed.				
6. I believe the level of commitment among the members of the Advisory Council is high.				
7. We have taken on the right amount of work at the right pace.				
8. The goals established for the Advisory Council are reasonable.				
9. We are able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this program.				

10. Use the space below to describe any challenges related to Illinois HEALS and the Advisory Council that you may have navigated over the last six months.

[TEXT BOX]

11. Use the space below to describe something that you are particularly proud of or accomplished over the last six months.

[TEXT BOX]

12. Use the space below or describe any needs you may have over the last six months that are related to implementing the Illinois HEALS program.

[TEXT BOX]

13. If you would like to provide comments, suggestions, or additional information related to your ability to collaborate with the Advisory Council and carry out the implementation of Illinois HEALS, please use the space below.

[TEXT BOX]

#### D. Meeting Assessment:

The following statements are related to how Advisory Council meetings are functioning and meeting the needs of members. As a reminder, please consider Advisory Council meetings held over the **last six months** when responding. Rate your agreement with each statement on a scale of **1-strongly disagree** to **4-strongly agree**.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
14. Our meetings have a clear purpose.				
15. Our meetings are well-organized.				
16. I feel comfortable sharing my opinions with other members of the Advisory Council.				
17. I feel that I can participate freely during Advisory Council meetings.				
18. I feel that other meeting attendees can participate freely during Advisory Council meetings.				
19. When I participate in our meetings, I feel heard.				
20. I feel that other members of the Advisory Council value my input.				
21. When we make major decisions, there is always enough time for members to take information back to their organizations or coalitions to discuss with colleagues about what the decision should be.				
22. There is a clear process for making decisions among Advisory Council members.				
23. Each member who participates in decisions can speak for the entire organization or coalition they represent, not just a part.				
24. There is flexibility when decisions are made; members are open to discussing different options.				
25. Members of the Advisory Council are open to different approaches to how we can do our work.				
26. By the end of our meetings, I believe that we have				

accomplished the goal(s) of that meeting.				
27. By the end of our meetings, I feel that we have made progress toward the larger goals of the IL HEALS program.				

28. Please use the space below to provide any comments or suggestions on how we can better structure Advisory Council meetings to better meet your needs and expectations.

[TEXT BOX]

29. Please use the space below if you would like to clarify any of your responses above or would like to provide additional comments or information.

[TEXT BOX]

#### E. Collaborative functioning:

The following statements are related to overall conditions for working together as a collaborative group. As a reminder, when responding, please consider the **last six months** where appropriate. Rate your agreement with each statement on a scale of **1-strongly disagree** to **4-strongly agree**.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. Agencies in our community have a history of working together.				
2. I believe my agency is always welcome to participate in other coalitions or collaborative work in our region.				
3. Trying to solve problems through collaboration has been common in this community.				
4. The political and social climate seems to be “right” for starting a collaborative program like this.				
5. The time is right for this collaborative program.				
6. People involved in the Advisory Council trust one another.				
7. I have a lot of respect for the other people involved in the Advisory Council.				
8. The people involved in the Advisory Council represent a cross section of those who have a stake in what we are trying to accomplish.				
9. The Advisory Council is missing representatives from other stakeholder groups.				
10. All the organizations that we need to be members of the Advisory Council have become members of the group.				
11. My organization will benefit from being involved in this collaboration.				

Attachment E, IL HEALS Advisory Council Member Survey

12. People involved in the Advisory Council are willing to compromise on important aspects of our program.				
13. This collaboration can adapt to changing conditions, such as changing political climate or change in leadership.				
14. The Advisory Council has the ability to survive even if it has to make major changes in its plans or add some new members in order to reach our goals.				
15. People in the Advisory Council communicate openly with one another.				
16. I am informed as often as I should be about what goes in in the Advisory Council.				
17. The people who lead the Advisory Council communicate well with the members.				
18. Communication among members of the Advisory Council happens both at formal meetings and in informal ways.				
19. I personally have informal conversations about IL HEALS with other members of the Advisory Council.				
20. My ideas about what we want to accomplish seem to be the same as the ideas of other Advisory Council members.				
21. What we are trying to accomplish would be difficult for any single organization to accomplish by itself.				
22. No other organization in this region is trying to do exactly what we are trying to do.				
23. The Advisory Council has adequate “people power” to do what it wants to accomplish.				
24. The people in leadership positions have good skills for working with other people and organizations.				
25. I regularly share information to my organization or coalition about IL HEALS activities.				

26. Please use the space below if you would like to clarify any of your responses above or would like to provide additional comments or information related to current conditions for working collaboratively.

[TEXT BOX]

**F. Impact of COVID-19 on collaboration activities:**

The following statements are related to how COVID-19 may be impacting collaboration activities. As a reminder, consider the **last six months** when responding. Rate your agreement with each statement on a scale of **1-strongly disagree** to **4-strongly agree**.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
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	1	2	3	4
1. COVID-19 has reduced my availability to participate in activities related to the IL HEALS program.				
2. COVID-19 has reduced my ability to engage with others in the Advisory Council.				
3. COVID-19 has negatively impacted my commitment to the IL HEALS program.				
4. The Advisory Council should discuss adapting the council's roles and responsibilities in response to COVID-19.				
5. The Advisory Council can easily adapt if another event like COVID-19 happens in the future.				

6. If you would like to describe how COVID-19 has impacted your engagement with the Illinois HEALS program, please use the space provided below.

[TEXT BOX]

7. If you would like to clarify any of your responses above or you would like to provide comments, suggestions, or additional information related to COVID-19, please use the space below.

### G. Participant Characteristics:

Thank you for sharing your experiences with the Advisory Council. Next, we would like to learn some information about you and your organization. As a reminder, you may skip any question that you do not want to answer. All answers will be kept confidential.

1. Which of the following best describes your role in your agency or program?
  - a. Agency or program director
  - b. Agency or program coordinator
  - c. Supervisor or manager
  - d. Direct service staff
  - e. Intern or volunteer
  
2. Which of the following best describes your agency or program?
  - a. Child Welfare System
  - b. Civil or Family Court
  - c. Education
  - d. Healthcare
  - e. Juvenile Justice System
  - f. Victim Services
  - g. Social Services
  
3. What is your current gender identity? *Please select all that apply.*
  - a. Cisgender man
  - b. Cisgender woman

- c. Trans male/ Trans man
  - d. Trans female/ Trans woman
  - e. Genderqueer/ Gender non-conforming
  - f. Non-binary
  - g. Some other gender identity, please describe: [TEXT BOX]
  - h. Prefer not to answer
4. What is your race or ethnicity? *Please select all that apply.*
- a. White
  - b. Black or African American
  - c. American Indian or Alaskan Native
  - d. Asian
  - e. Native Hawaiian or Pacific Islander
  - f. South Asian
  - g. Hispanic, Latino/a, or Spanish
  - h. Middle Eastern or North African
  - i. Some other race or ethnicity, please describe: [TEXT BOX]
  - j. Prefer not to answer
5. What Illinois county do you **live** in? [DROPDOWN LIST OF COUNTIES]

**Closing:**

Thank you for your time answering these questions to help us understand how the Illinois HEALS Advisory Council is collaborating. Your responses will be used to identify and address any needs and gaps related to the Advisory Council. All responses will be kept confidential and only the research staff at ICJIA's Center for Victim Studies will have access to these responses.

If you have any questions or comments, please contact Paola Baldo at [Paola.Baldo@illinois.gov](mailto:Paola.Baldo@illinois.gov).