

Instructions:

Thank you for taking the time to help us better understand how your resource team is functioning. Your individual responses will be kept confidential and only the Illinois HEALS research team will have access to this data. All responses will be reported in aggregate.

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

A. Informed Consent

[See informed consent sheet- Resource Team 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 Illinois HEALS:

First, we would like to learn about your familiarity with the Illinois HEALS initiative.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. I was already familiar with IL HEALS prior to participating in resource team meetings.				
2. The resource coordinator provided enough information for me to have a general understanding of the goals and objectives of IL HEALS.				
3. I have a clear understanding of the goals and objectives of IL HEALS.				

4. If you would like to clarify any of your responses above or you would like to provide additional comments or information, please use the space provided below.

[TEXT BOX]

C. Meeting Assessment:

The following statements are related to how the resource team meetings are functioning and meeting the needs of attendees.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. Our meetings have a clear purpose.				
2. Our meetings are well organized.				
3. I feel comfortable sharing my opinions during resource team meetings.				

Attachment F, Resource Team Meeting Survey

4. I feel that other meeting attendees can participate freely during resource team meetings.				
5. When I participate in our meetings, I feel heard.				
6. I feel that other meeting attendees value my input.				
7. By the end of our meetings, I believe that we have accomplished the goal(s) of that meeting.				
8. I feel that I can freely communicate with the resource coordinator outside of resource team meetings.				
9. The frequency of meetings is just right.				
10. The length of time for each meeting is just right.				

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

[TEXT BOX]

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

[TEXT BOX]

D. Meeting Impact:

The following statements assesses the impact of resource team meetings.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. I find that my time was well spent after attending the resource team meetings.				
2. I receive valuable information when attending resource team meetings.				
3. I regularly update my agency or program about information I learned from resource team meetings.				
4. Attending these meetings allows me to meet new providers from my region.				
5. Attending these meetings allows me to build relationships with providers from my region.				
6. These meetings are a good opportunity to learn about new resources for individuals and families impacted by victimization.				
7. These meetings are a good opportunity for me to share resources with other providers in my region.				

8. Please use the space provided below if you have any recommendations on how resource team meetings can better facilitate sharing of information among participants and their program or organization.

[TEXT BOX]

9. Please use the space provided below to describe any challenges you or your program or organization may have navigated related to resource or information sharing.

[TEXT BOX]

E. Participant Characteristics:

Thank you for sharing your experiences with the resource team meetings. Next, we would like to learn some information about you and your agency or program. 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
- f. Other, please describe: [TEXT BOX]

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. Male
- b. Female
- 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. Do you consider yourself to be:

Attachment F, Resource Team Meeting Survey

- a. Heterosexual or straight
 - b. Gay
 - c. Lesbian
 - d. Bisexual
 - e. Other, please describe: [TEXT BOX]
 - f. Prefer not to answer
5. 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
6. What Illinois county do you **live** in? [DROPDOWN LIST OF COUNTIES]
7. What Illinois county does your resource coordinator or resource team represent?
- a. Franklin
 - b. Gallatin
 - c. Saline
 - d. Williamson
 - e. White
8. Do you attend resource team meetings in more than one county?
- a. Yes → Go to Question 9
 - b. No → End survey (Closing)
9. You indicated that you attend resource team meetings in more than one county. What county meetings have you attended? *Please select all that apply.*
- a. Franklin
 - b. Gallatin
 - c. Saline
 - d. Williamson
 - e. White

Closing:

Thank you for your time answering these questions to help us better understand how the resource team meetings are functioning. Your responses will be used to identify and address any needs and gaps related to resource teams and resource coordination. All responses will be kept confidential and only the research staff at ICJIA's Center for Victim Studies will have access to these responses.

Attachment F, Resource Team Meeting Survey

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