

Instructions:

Thank you for taking the time to help us better understand how the Illinois HEALS program staff are functioning. 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 programs and their associated activities **over the last six months**.

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, 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. I was already familiar with IL HEALS prior to joining as a staff member.				
2. I was provided enough information to understand the <i>Recognize</i> , <i>Connect</i> , and <i>Engage</i> components of IL HEALS.				
3. I have a clear understanding of the <i>Recognize</i> , <i>Connect</i> , and <i>Engage</i> components of IL HEALS.				
4. I was provided enough information to understand the goals of IL HEALS.				
5. I have a clear understanding of the goals of IL HEALS.				
6. I was provided enough information to understand the objectives of IL HEALS.				
7. I have a clear understanding of the objectives of IL HEALS.				

8. 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 provided below.

[TEXT BOX]

C. Willingness and ability to implement program components:

The following statements speak to your ability to carry out activities or tasks related to the implementation of Illinois HEALS. As a reminder, please 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 1	Disagree 2	Agree 3	Strongly Agree 4
1. I have a clear understanding of my role in the IL HEALS program.				
2. I have a clear understanding of what I need to do to accomplish the goals of this program.				
3. I am able to invest the right amount of time to help accomplish the goals of IL HEALS.				
4. The IL HEALS program has taken on the right amount of work at the right pace.				
5. The goals established for the IL HEALS program are reasonable.				
6. I am able to keep up with the work necessary to my objectives for this program.				
7. We have adequate “people power” to do what we want to accomplish with the IL HEALS program.				
8. We can adapt to changing conditions, such as changing political climate or change in leadership.				

9. Use the space below to describe any challenges you may have navigated over the last six months.

[TEXT BOX]

10. Use the space provided below to describe any of the needs you may have had over the last six months that are related to implementing the Illinois HEALS program.

[TEXT BOX]

11. If you would like to clarify any of your responses above or you would like to provide comments, suggestions, or additional information related to your ability to carry out the implementation of Illinois HEALS, please use the space provided below.

[TEXT BOX]

D. Impact of COVID-19 on implementation activities:

The following statements are related to how COVID-19 may be impacting Illinois HEALS implementation. 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 1	Disagree 2	Agree 3	Strongly Agree 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 other IL HEALS staff members.				
3. COVID-19 has reduced my ability to engage with ICJIA staff members.				
4. COVID-19 has negatively impacted my commitment to the IL HEALS program.				
5. The IL HEALS program staff should discuss adapting our practices in response to COVID-19.				

6. If you would like to clarify any of your responses above or you would like to provide additional comments or information about how COVID-19 has impacted the Illinois HEALS program implementation, please use the space provided below.

[TEXT BOX]

E. Participant Characteristics:

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

- 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
- Which of the following best describes your program or organization?
 - Child Welfare System
 - Civil or Family Court
 - 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. Some other gender identity, please describe: [TEXT BOX]
 - g. 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 and helping us better understand how the Illinois HEALS program staff are functioning. Your responses will be used to identify and address any needs and gaps related to implementation. 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.