

MDOC Survey on Program/Funding Recommendations from CCLP Report

1. Which of the following best describes your association with juvenile justice:

- | | |
|--|---|
| <input type="checkbox"/> Juvenile Corrections | <input type="checkbox"/> Community Provider |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Youth Voice/Member |
| <input type="checkbox"/> Education/Vocational Services | <input type="checkbox"/> Legislator |
| <input type="checkbox"/> Advocacy Organization | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Judicial Branch | <input type="checkbox"/> Attorney/Court Personnel |
| <input type="checkbox"/> Law Enforcement/Public Safety | |
| <input type="checkbox"/> Other (please specify) | |

2. What Maine county are you from?

3. What is your identified race?

- | | |
|--|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Another race |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> I prefer not to answer |

4. What is your identified gender?

- Male
- Female
- Non-Binary or prefer to self-describe in "other"
- I prefer not to answer
- Other (please specify)

5. My age is:

- Under 18
- 18-24
- 25-34
- 35-44

- 45-54
- 55-64
- 65+

6. HOUSING: Please check your recommendations for housing options below.

- | | |
|--|--|
| <input type="checkbox"/> Expansion of Residential Treatment | <input type="checkbox"/> Expansion of Supervised Apartment Living |
| <input type="checkbox"/> Expansion of Independent Living Resources | <input type="checkbox"/> Expansion of Emergency Shelter/Housing Options |
| <input type="checkbox"/> Expansion of Attendant Care | <input type="checkbox"/> Expansion of Transitional Housing to Rapid Re-Housing |
| <input type="checkbox"/> Expansion of Short-Term Housing Options | <input type="checkbox"/> Expansion of Navigation and Diversion Teams |
| <input type="checkbox"/> Other (please specify) | |

7. Please prioritize your top 4 recommendations within the above section.

Recommendation 1	<input type="text"/>
Recommendation 2	<input type="text"/>
Recommendation 3	<input type="text"/>
Recommendation 4	<input type="text"/>

8. HOME-BASED PROGRAMS/EVIDENCED BASED PROGRAMS: Please check your recommendations for home-based/evidenced based options below.

- | | |
|--|---|
| <input type="checkbox"/> Expansion of Multi-Systemic Therapy (MST) | <input type="checkbox"/> Expansion of Hi-Fidelity Wraparound Services |
| <input type="checkbox"/> Expansion of Community Based Substance Use Treatment | <input type="checkbox"/> Expansion of Youth Advocate Programs |
| <input type="checkbox"/> Expansion of Medically Assisted Substance use Disorder Withdrawal Treatment for Youth | <input type="checkbox"/> Expansion of Restorative Justice Practices |
| <input type="checkbox"/> Other (please specify) | |

9. Please prioritize your top 3 recommendations within the above section.

Recommendation 1	<input type="text"/>
Recommendation 2	<input type="text"/>
Recommendation 3	<input type="text"/>

10. TRAINING/YOUTH LED INITIATIVES: Please check your recommendations for training based options below.

- Support of the Young Peoples Caucus
- Expansion on LGBTGI+/GNC training
- Increased Access to Translated Documentation
- Increased Training options for Court Personnel/Attorneys on non-secure placement options
- Other (please specify)

11. Please prioritize your top 3 recommendations within the above section.

Recommendation 1	<input type="text"/>
Recommendation 2	<input type="text"/>
Recommendation 3	<input type="text"/>

12. COLLABORATIVE FUDNING: Please check your recommendations for collaborative funding options below.

- Braided Funding with local community providers
- Braided Funding with Child-Serving Agencies
- Support Pay for Success Programs
- Support Block Grants for Risk-Reduction Programming
- Other (please specify)

13. Please prioritize your top 3 recommendations within the above section.

Recommendation 1	<input type="text"/>
Recommendation 2	<input type="text"/>
Recommendation 3	<input type="text"/>

14. REVIEW: Please check your recommendations for all categories mentioned above.

- | | |
|--|---|
| <input type="checkbox"/> Expansion of Residential Treatment | <input type="checkbox"/> Expansion of Hi-Fidelity Wraparound Services |
| <input type="checkbox"/> Expansion of Independent Living Resources | <input type="checkbox"/> Expansion of Youth Advocate Programs |
| <input type="checkbox"/> Expansion of Attendant Care | <input type="checkbox"/> Expansion of Restorative Justice Practices |
| <input type="checkbox"/> Expansion of Short-Term Housing Options | <input type="checkbox"/> Support of the Young Peoples Caucus |
| <input type="checkbox"/> Expansion of Supervised Apartment Living | <input type="checkbox"/> Expansion on LGBTGI+/GNC training |
| <input type="checkbox"/> Expansion of Emergency Shelter/Housing Options | <input type="checkbox"/> Increased Access to Translated Documentation |
| <input type="checkbox"/> Expansion of Transitional Housing to Rapid Re-Housing | <input type="checkbox"/> Increased Training options for Court Personnel/Attorneys on non-secure placement options |
| <input type="checkbox"/> Expansion of Navigation and Diversion Teams | <input type="checkbox"/> Braided Funding with Child-Serving Agencies |
| <input type="checkbox"/> Expansion of Multi-Systemic Therapy (MST) | <input type="checkbox"/> Support Block Grants for Risk-Reduction Programming |
| <input type="checkbox"/> Expansion of Community Based Substance Use Treatment | <input type="checkbox"/> Braided Funding with local community providers |
| <input type="checkbox"/> Expansion of Medically Assisted Substance use Disorder Withdrawal Treatment for Youth | |
| <input type="checkbox"/> Other (please specify) | |

15. Please prioritize your top 5 recommendations within the above section.

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Recommendation 2	<div style="border: 1px solid black; height: 26px;"></div>
Recommendation 3	<div style="border: 1px solid black; height: 26px;"></div>
Recommendation 4	<div style="border: 1px solid black; height: 26px;"></div>
Recommendation 5	<div style="border: 1px solid black; height: 26px;"></div>