

**EXIT INTERVIEW FOR
CLARK COUNTY DRUG COURT / DOSA DRUG COURT**

We value your input and would like to get feedback on your journey !

- Graduating / Completing the Program Terminated Opted Out

Did you start the program from In-Custody (jail) or Out-of-Custody? _____

1. In your opinion, what are YOU most proud of in your life today?

2. What challenges did you face while in the program?

3. Why did you originally choose to come into this program?

- To get out of / avoid jail time Treatment available
 Support/structure Resources available
 Family / child custody Other _____

4. Prior to this program, have you had any contact with any of the following?

- Probation/Parole Outpatient treatment
 Inpatient treatment Another Drug/Treatment Court program
 Child Protective / Welfare Services

5. What aspects of the Court supervision do you feel was helpful to you (Please check ALL that you feel motivates you)?

- Positive interaction with the Judge, praise Sobriety coins
 Phasing up ceremonies Extra support meetings
 Rewards/Incentives for doing well for the week (egg draw, Making Cents, blessing rings)
 Referrals to other types of support groups, skill-building classes, resources in general
 Writing assignments / Essays / Calendar exercises
 Having my entire team there to answer any questions I had or get feedback
 Treat of jail Threat of losing custody of my children

Other: _____

Other: _____

6. What aspects of the Court supervision do you feel was LESS helpful to you in motivating you (Please check ALL that apply)?

- Positive interaction with the Judge, praise
- Phrasing up ceremonies
- Rewards/Incentives for doing well for the week (fortune cookies, PayDay candy bars, Smarties)
- Referrals to other types of support groups, skill-building classes, resources in general
- Writing assignments / Essays / Calendar exercises
- Having my entire team there to answer any questions I had or get feedback
- Treat of jail
- Other: _____
- Other: _____
- Sobriety coins
- Extra support meetings
- Work Crew / Community Service
- Threat of losing custody of my children

7. If money was no object, what reward / incentives would have been helpful to you / your family?

Treatment / Education Services Aspect of This Program

8. While you have been in this program, have you been referred to Inpatient treatment?

- No
- I wasn't referred but I went to inpatient on my own
- Yes, and completed inpatient
- Yes, but never went to inpatient
- Yes, and went to inpatient but did not complete
- Yes, and went to inpatient twice

List Inpatient Treatment Center Name(s) and length of stay (# of months)

9. Please check off the name of the treatment center and/or education services you or your children attended during drug court AND the type of the treatment or class. For example: (MH (mental health), SUD (drug & alcohol, Parenting Classes/Family Therapy (Circle of Security, Celebrating Families, Child Parent Psychotherapy (CPP), MAT (medication-assisted treatment),?

- Lifeline Connections _____
- Veteran's Administration _____
- Cowlitz Indian Tribe _____
- MAT: Ideal Options _____
- REACH Too / REACH Center classes: _____
- Other: _____
- Community Services NW _____
- Columbia River Mental Health _____
- Children's Home Society _____
- Children's Center _____

10. What aspect of treatment do you feel really HELPED you? Please list/explain your answer below. (if you did not go, please write N/A)

11. What aspect of treatment do you feel was LEAST helpful to you? Please list/explain your answer below.

12. Please describe some skills or information you specifically learned from parenting class and/or therapy services that you feel really HELPED you and your family the most? Please list/explain your answer below. (if you did not go, please write N/A)

Personal Experience in This Program

13. Was there anyone on the team that you didn't understand what their role was? Do you have a suggestion for how we can communicate that better to new participants?

14. Please select each member on the Team that you felt comfortable contacting to ask questions and/or to share personal information with.

- | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Treatment Counselor / Case Manager | <input type="checkbox"/> Child Social Worker |
| <input type="checkbox"/> Specialty Court Coordinator | <input type="checkbox"/> Defense Attorney |
| <input type="checkbox"/> Coordinator's Assistant | <input type="checkbox"/> Family Specialist / Therapist |
| <input type="checkbox"/> Other Counselor (MH, DV, etc) | <input type="checkbox"/> Judge |
| <input type="checkbox"/> Parenting Class Educator | <input type="checkbox"/> Recovery Coach / Mentor / Recovery Support Specialist |
| <input type="checkbox"/> CASA | <input type="checkbox"/> Foster Parent Mentor |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> I don't feel comfortable sharing personal information with anyone at this time | |

15. If you received any violations/sanctions/responses while you were in the program, please list what it was and if you felt it helped on a scale of 1 – 5 (1=didn't help, 5 = helped me a lot). For example, create a 2 week calendar, 4

- | | |
|-----------------|------------------|
| Response: _____ | Scale: 1 2 3 4 5 |
| Response: _____ | Scale: 1 2 3 4 5 |
| Response: _____ | Scale: 1 2 3 4 5 |
| Response: _____ | Scale: 1 2 3 4 5 |
| Response: _____ | Scale: 1 2 3 4 5 |
| Response: _____ | Scale: 1 2 3 4 5 |

16. If you received any rewards / incentives while you were in the program, please list what it was and if you felt it helped on a scale of 1 – 5 (1=didn't help, 5 = helped me a lot).

For example, fortune cookie, 5

- | | |
|----------------|------------------|
| Reward : _____ | Scale: 1 2 3 4 5 |
| Reward : _____ | Scale: 1 2 3 4 5 |
| Reward : _____ | Scale: 1 2 3 4 5 |
| Reward : _____ | Scale: 1 2 3 4 5 |
| Reward : _____ | Scale: 1 2 3 4 5 |

17. Anything else you thought was really helpful to get you focused or back on track?

18. Did you receive any extra services or help to overcome any barriers while in this program? YES NO

If YES, what did you receive? _____

19. Which community support groups do you attend (please check all that apply)?

- | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> Mentor activities |
| <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Alanon / Codependency anonymous |
| <input type="checkbox"/> Church / Youth Group | <input type="checkbox"/> Sponsor meetings |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Gender-specific meetings |
| <input type="checkbox"/> SMART Recovery | <input type="checkbox"/> Grief / Loss meetings |
| <input type="checkbox"/> Domestic Violence support groups | <input type="checkbox"/> Medication-Assisted Recovery meetings |
| <input type="checkbox"/> Organized clean and sober activities (bowling, softball, retreats, campouts, etc.) | |
| <input type="checkbox"/> Other (please specify) _____ | |

20. How long have you been in this program (# of months)? _____

21. About how long from the time you were arrested did it take to actually get in and start Drug Court (best guess in # of weeks): _____

22. How did you first learn / know about Drug Court?

- attorney cell mate / jail worker friend / family
 other _____

23. Did you choose to have a mentor while in the program? If so, about how often did you talk or meet up on average and what did you like most about it?

24. If you were in charge of the program, what suggestions or changes would you make?

25. If you are opting out of the program, why are you leaving and is there anything the court / team could have done differently to change your mind to stay in?

look at What I've Been Able to Accomplish

Name _____ Date _____

While participating in the Drug Court/ DOSA Program, I got help with the following services (please check ALL that apply)!

Transportation

DONE STILL NEED
HELP WITH

- Transportation
- Obtaining Driver's License
- Ignition Interlock
- DOL hearing (habitual offender status)
- Fines in Collections

Employment

DONE STILL NEED
HELP WITH

- Employment/Resume/Job search/Interview skills/interview clothing

Housing

DONE STILL NEED
HELP WITH

- Clean and sober housing w/child(ren)
- Clean and sober housing w/no kids

Education

DONE STILL NEED
HELP WITH

- Education/GED
- Finances/Better Budgeting
- Time Management/Organization/Scheduling
- Stress Management
- Parenting Classes
- Learn Child/Infant/Adult CPR & First Aid
- Learning about or how to use computers
- Creative Problem solving
- Domestic Violence Classes/Anger Management

Pro-Social

DONE STILL NEED
HELP WITH

- Having fun sober (hobby, exercise)
- Recovery environment
- Family/peer-to-peer support/mentor

Health & Wellness

DONE STILL NEED
HELP WITH

- Medications (access / copay)
- Dental health care insurance / issues
- Medical health Care/ issues (diabetes, Hep C, etc.)
- Family Planning information (birth control, pregnancy services, etc.)
- Mental Health Counseling, for me
- Mental Health Counseling, for child(ren)
- Grief and Loss counseling/support
- Trauma counseling/support
- Family counseling/classes
- Nutrition/ Cooking
- Fitness/Weight management
- Healthy Relationships
- Childcare while in services

Legal/Other

DONE STILL NEED
HELP WITH

- Obtaining State ID card
- Dependency case
- Parenting Plan through the courts
- Divorce information
- Reduce fines & fees - for
(Circle one) District Court or Superior Court
- Cellphone assistance
- Letter of support/recommendation for:

Other (please specify) _____