

Family Treatment Court: Steppin' Out & Graduation



Applications must be turned in to the Program Coordinator (564-397-2304) one month in advance in order for the team to review and to schedule your graduation if you meet criteria!

Name: _____

Date Turned In: _____

Current Address: _____

Contact Phone: _____

Email: _____

Is this an Oxford House: Y or N

Drug Court/Faith Based House: Y or N

I meet the following Criteria to Step Up: (place an "X" if you have completed these with the answers)

I have been participating in Step 4 in FTC for **120** days. The date I went to Step 4: _____

I have at least **90 days** of submitting all negative drug tests when my color has been called. My personal clean date is: _____ FTC is using this date: _____

I have **30 days program compliance** (no unexcused absences or violations)
(You can contact the Treatment Court office for the date of your last violation if you do not know what it is: 564-397-2304)

I am routinely attending support groups to help with my family's long-term recovery goals
I have been going to the following meetings/classes: _____
Do you have a mentor/sponsor/recovery support person you regularly reach out to? Y or N
If no, are you interested in getting one? Y or N

I have attended a final team meeting to review my progress with my family case plan goals and feel that I've completed all of the goals set and removed all of the safety concerns.

DCYF Social Worker verification signature: _____

SUD Treatment Case Manager signature: _____

To the best of my knowledge, I have resolved all outstanding legal matters that could cause me to lose my freedom

Self-sufficiency is an important part of long-term recovery and in caring for my family. I am currently:

Employed: Y or N Company Name: _____

Typical work schedule/hours: _____

** and/or **

Enrolled in School: Y or N If yes, where? _____

What are you going to school for? _____

Days / Times of Classes: _____

** and/or **

Volunteering If yes, where & how many hours each week? _____

** and/or **

Other source of financial support: _____

Do you have a valid Driver's License: Y or N

If no, what would it take to get one and what is your main mode of transportation?

Some of the best predictors of long-term success are taking care of your health, having a stable home, feeling connected to your community and feeling like you have a purpose. Please list how you feel you have addressed these four areas in your life.

HEALTH:

HOME:

COMMUNITY:

PURPOSE:

Congratulations! You've made tremendous progress in your life and are proud to have witnessed your transformation! Our program is constantly assessing how we work with families and we would really appreciate if you could take an additional amount of time answer some general questions as to your experience in Family Treatment Court. We value your input and some of the suggestions can help us improve. Please fill out the attached document called, "Family Treatment Court Exit Interview and List of Accomplishments"

Signature of Parent *Date*

TSC Staff *Date*

EXIT INTERVIEW FOR CLARK COUNTY FAMILY TREATMENT COURT

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

Date filled out:

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 my kids back

Treatment available

Support/structure

Resources available

Other _____

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

Probation/Parole

Out-patient treatment

Inpatient treatment

Other Drug 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

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 (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
 - Other:
 - Other:
- Sobriety coins
 - Extra support meetings

7. If money was no object, what rewards / 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 or more

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 child(ren) attended during FTC and the NAME of the treatment or class.

- | | |
|---|---|
| <input type="checkbox"/> Lifeline Connections _____ | <input type="checkbox"/> SeaMar/ CSNW _____ |
| <input type="checkbox"/> PCAP _____ | <input type="checkbox"/> Columbia River Mental Health _____ |
| <input type="checkbox"/> Cowlitz Indian Tribe _____ | <input type="checkbox"/> Children's Home Society _____ |
| <input type="checkbox"/> Family Institute _____ | <input type="checkbox"/> Children's Center _____ |
| <input type="checkbox"/> Family Solutions _____ | <input type="checkbox"/> Other: _____ |

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 parents?

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 |
| <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. From what you can remember, please list any responses you may have received from any violations while in the program, and also mark the appropriate box if it was helpful or not:

Response:

- Very Helpful A little bit helpful Not at all helpful

Response:

- Very Helpful A little bit helpful Not at all helpful

Response:

- Very Helpful A little bit helpful Not at all helpful

Response:

- Very Helpful A little bit helpful Not at all helpful

16. From what you can remember, please list any rewards / incentives that you received while you were in the program, and also mark the appropriate box if it was helpful or not:

Reward:

- Very Helpful A little bit helpful Not at all helpful

Reward :

- Very Helpful A little bit helpful Not at all helpful

Reward :

- Very Helpful A little bit helpful Not at all helpful

Reward :

- Very Helpful A little bit helpful Not at all helpful

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)?**

Alcoholics Anonymous

Mentor activities

Narcotics Anonymous

Alanon / Co-dependency anonymous

Church / Youth Group

Sponsor meetings

Bible Study

Gender-specific meetings

SMART Recovery

Grief / Loss meetings

Domestic Violence support groups

Organized clean and sober activities (bowling, softball, retreats, campouts, etc.)

Other (please specify)

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

21. **If Child Care was an option during Family Treatment Court, would you use it?**

YES

NO

22. **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?**

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

Family Treatment Court Needs Assessment



Name _____ Date _____

While participating in the Family Treatment Court Program, I would like to address the following needs for my family: (please check **all** the needs you have NOW under the “still need help with”, and then check what you’ve completed under “Done” with at each team meeting or prior to graduation)

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

Other

DONE **STILL NEED HELP WITH**

- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

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

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: