

# ISLAND COUNTY ADULT DRUG COURT - EXIT INTERVIEW

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please place an "X" in the appropriate box of how you are leaving the program

Graduating the Program     Terminated     Opting Out

## 1. How did you first learn that this program was an option for you?

Attorney     Friend     In custody  
 Probation Officer     Family     Social Worker

Other: \_\_\_\_\_

## 2. Did you start this program in custody or were you out of custody and pending your charges / case?

In Detention/Jail when I entered  
 Out of custody (Detention/Jail) when I entered  
 In residential treatment  
 Other: \_\_\_\_\_

## 3. How long did it take for you to get into this program from the time your legal proceedings began (ARREST) until the time you opted in?

Less than one month  
 Between 1 -2 months  
 3 months or longer  
 Unknown or can't remember

## 4. Why did you *originally* choose to come into this program?

To get out of jail     Treatment available     Less incarceration time     Support/structure  
 Financial benefit     Keep license     Resources available     No conviction  
 Other \_\_\_\_\_

**5. At the beginning, was all the necessary information about program rules, regulations, and expectations explained to you?**

Please score how much information you knew about Drug Court and the rules before you started the program.

- None at all   Fair   Average/decent   Good   Explained well

**6. What aspects of the Drug Court supervision do you feel was helpful to you (Please check ALL that you feel motivated you)?**

- Positive interaction with the Judge
- Rewards/Incentives for being in compliance for the week
- Phasing up certificate and incentive
- Community Service
- Extra self-help support meetings
- Writing assignments / Essays
- Mental Health services
- MRT
- Jail or Suspended Jail Time
- Other. Explain: \_\_\_\_\_

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

- Positive interaction with the Judge
- Rewards/Incentives for being in compliance for the week
- Phasing up certificate and incentive
- Community Service
- Extra self-help support meetings
- Writing assignments / Essays
- Jail or Suspended Jail Time
- Other. Explain: \_\_\_\_\_

**8. What aspect of the program/treatment do you feel really HELPED you? Please list/explain your answer below.**

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

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**10. Which outpatient treatment center did you attend?**

- SeaMar
- Island Assessment
- Sunrise Services
- Catholic Community Services (CCS)
- Digwalic Wellness Center
- Phoenix Recovery
- Other: \_\_\_\_\_

**11. 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(s) Name and length of stay (# of days/months):

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

- Probation/Parole
- Outpatient treatment
- Inpatient treatment
- Other Drug Court program
- DSHS/CPS/DCYF

**13. Do you feel comfortable enough to be able to talk to at least one person on the Island County Adult Drug Court team? Please select any/all members on the Team that you feel comfortable sharing information.**

- Treatment Counselor
- Drug Court Case Manager
- Drug Court Coordinator
- Defense Attorney
- Prosecuting Attorney
- Probation Counselor
- Corrections
- Law Enforcement
- Other Counselor (MH, DV, etc)
- Judge
- Other (please specify) \_\_\_\_\_
- I don't feel comfortable sharing with anyone at this time

**14. Did you receive sanction(s) while in this program? Please check ALL that apply to you.**

Community Service    Jail    Warrant issued    Writing Assignment    Extra Meetings

YES # of hrs \_\_\_\_\_ (if known)

Other (please specify) \_\_\_\_\_

Was it helpful?

YES Explain: \_\_\_\_\_

No

**15. Did you receive any rewards, extra services or help to overcome some barriers while in this program?**

YES

NO

If YES, what did you receive and/or who helped you the most?

\_\_\_\_\_

\_\_\_\_\_

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

Alcoholics Anonymous    Narcotics Anonymous    Alanon / Co-dependency anonymous

Sponsor meetings    Church    Bible Study    Gender-specific meetings

Grief / Loss meetings    Domestic Violence support groups

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

Other (please specify) \_\_\_\_\_

**17. Did you choose to have a sponsor while in the program? If so, about how often did you talk or meet up on average?**

If YES, why? \_\_\_\_\_

If NO, why? \_\_\_\_\_

**18. As a graduate of the Adult Drug Court program, would you be interested/willing to be a peer support person or mentor for new participants in Phase 1?**

YES, meet with Ken and/or Carolyn for more information \_\_\_\_\_

NO \_\_\_\_\_

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

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**20. What comments and/or changes would you like us to know about or think about for the Island County Adult Drug Court program?**

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**21. If you are opting out, why are you leaving the program?**

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