VETERANS TREATMENT COURT –EXIT INTERVIEW

| Please place an "X" in the appropriate box of how you are leaving the program: |
|--|
| ☐ Graduating the Program |
| ☐ Terminated |
| □ Opting Out |
| ENTRY PROCESS |
| 1. How did you first learn that this program was an option for you? |
| ☐ Attorney☐ Probation |
| ☐ Court |
| □ VJO |
| ☐ Other: |
| — • • • • • • • • • • • • • • • • • • • |
| 2. Did you start this program in custody or were you out of custody and pending your charges: |
| ☐ In jail when I started the process |
| Out of Custody (jail) when I entered |
| □ N/A |
| 3. How long did it take for you to get into this program from the time your legal proceedings began until the time you opted in? ☐ Less than one month ☐ Between 1-2 months |
| \square 3 months or longer |
| ☐ Unknown or can't remember |
| 4. Why did you <u>originally</u> choose to come into this program? |
| ☐ To get out of jail |
| ☐ Less incarceration time |
| ☐ Financial benefit |
| ☐ Resources available☐ Treatment available |
| |
| ☐ Support/Structure ☐ Keep License |
| □ No conviction |
| ☐ Other: |
| |
| 5. During orientation/intake, was all the necessary information about program rules, regulations, and expectations explained to you? Please score on how much information you knew about the program and the rules before you started the program. Not at all |
| ☐ Fair ☐ Average/decent |
| ☐ Average/decent |

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| | ☐ Good ☐ Explained well |
|----|--|
| 6. | What aspects of the Court supervision do you feel is helpful to you (Please check ALL that you feel motivates you)? Positive interaction with the Judge Positive interaction with the Prosecutors Meeting with court clinical staff Graduation coins Rewards/Incentives for doing well while in court Work Crew Extra sober support meetings Writing assignments/Essays Jail or Judge advising Jail as a possibility |
| 7. | What aspects of the Court supervision do you feel is LESS helpful to you in motivating you (Please check ALL that apply)? Positive interaction with the Judge Positive interaction with the Prosecutors Meeting with court clinical staff Graduation coins Graduation Certificate Rewards/Incentives for doing well while in court Work Crew Extra sober support meetings Writing assignments/Essays Jail or Judge advising Jail as a possibility TREATMENT ASPECT OF THIS PROGRAM |
| 8. | What aspect of treatment do you feel really HELPED you? Please list/explain your answer below. |
| 9. | What aspect of treatment do you feel was LEAST helpful to you? Please list/explain your answer below. |

| 10. Which | h outpatient treatment center did you attend? |
|-----------|---|
| | VA American Lake |
| | VA Seattle |
| | Vet Center |
| | Other: |
| | e you have been in this program, have you been referred to Inpatient |
| treatn | nent? |
| | No |
| | I wasn't referred but I went on my own to inpatient |
| | Yes, and I completed inpatient |
| | Yes, but I never went |
| | Yes, and went to inpatient but did not complete |
| | Yes, and went to inpatient twice |
| | t Inpatient Treatment Center name and length of stay (# of months) |
| | |
| 12. Prior | to this program, have you had any contact with any of the following? |
| | Probation/Parole |
| | Inpatient treatment |
| | DSHS/CPS |
| | Out-patient treatment |
| | Other court Program(s): |
| | PERSONAL EXPERIENCE IN THIS PROGRAM |
| 13. Do vo | ou feel comfortable enough to be able to talk to at least one person on the Vet |
| | t Team (VTC)? Please select each member on the VTC that you feel |
| | ortable sharing information. |
| | Treatment Counselor |
| | Veterans Justice Outreach Coordinator |
| | Defense Attorney |
| | Probation Officer |
| | Judge |
| | C |
| | Care Coordinator/Court Administrator |
| | Prosecutor |
| | I don't feel comfortable sharing with anyone at this time |
| | Other (please specify) |
| • | ou receive sanction(s) while in this program (Circle One)? Please check ALL |
| that a | apply to you. |
| | YES NO |

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| \square W | Vork Crew | | |
|--|--|--|--|
| | lectronic Home Monitoring | | |
| | ritten Assignment | | |
| □ Ja | | | |
| | Varrant issued | | |
| 15. Did you receive rewards while in this program? | | | |
| □ Y | | | |
| | | | |
| | yes what did you receive? | | |
| | | | |
| | ifficulties/barriers have you experienced while in this program? | | |
| | ransportation | | |
| | btaining a driver's license | | |
| | ducation | | |
| | mployment | | |
| | ledications | | |
| | elating to/trust of staff | | |
| | nances employment | | |
| \square M | Iedical/dental/treatment issues | | |
| | ack of family/peer support | | |
| \square M | Taking appointments (Vet Court, Weekly check-ins, VA, UA) | | |
| \Box C | lean and Sober housing | | |
| □R | ecovery environment | | |
| □ C | hanging attitudes/beliefs | | |
| | receive any extra services or help to overcome some of these barriers while | | |
| | orogram? | | |
| □ Y | | | |
| | | | |
| If YES, v | vhat did you receive? | | |
| 40 **** | | | |
| | community support groups do you attend? | | |
| | lcoholics Anonymous | | |
| | arcotics Anonymous | | |
| | hurch | | |
| | elebrate Recovery | | |
| | omestic Violence Support | | |
| □ o | rganized clean and sober activity (Bowling, softball, retreats, campouts, etc) | | |

| ☐ Other (Please specify) |
|--|
| 19. How long have you been in this program (# of months)? |
| 20. While in this program, did you go to a Veteran Treatment Forum? ☐ YES ☐ NO ☐ N/A wasn't implemented while I was a participant |
| 21. While in this program, did you have a Veteran Mentor? ☐ YES ☐ NO ☐ N/A wasn't implemented while I was a participant |
| 22. If you used the Veterans Treatment Court bike program while a participant, what was your experience with that program like? |
| |
| |
| 23. In your opinion, what are <u>YOU</u> most proud of in your life today? |
| |
| |
| |
| 24. What comments and/or changes would you like us to know about or think about for the program? |
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