

## Treatment Services Review Welfare-to-Work Edition

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ Int. ID: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site ID: \_\_\_\_\_

Contact Code: 1. In person 2. Telephone \_\_\_\_\_

### General Instructions for Interviewers:

There are four sections in each of the TSR service areas, each with special definitions and instructions.

#### Client Performance Measures

The first several questions in each service area ask about the nature of problems experienced by the client over the past 30 days and the extent to which the client has been bothered by those problems. These are used to track progress over successive measurement intervals.

**Specialized Services Section** - Specialized services are provided by **someone specially trained in the specific problem area** (e.g., vocational counselor, family therapist, psychiatrist). They are NOT general counseling sessions. **We count only those services that the client actually received.**

**General Counseling Section** - General counseling sessions: group or individual sessions focus on a range of problems or topics - not a special topic focus. Typically, these are not conducted by specialists but are the standard addiction counseling sessions that occur in most treatment programs. **Again, we count only those sessions that the client actually attended.**

**NOTE: Sessions/services should be coded EITHER in the Specialized Services Section or the General Counseling Section. Do not double count services/sessions.**

**Need for Continued Services Section** - The last section in each service area asks the client whether there is continued need for the particular services and sessions discussed within the section.

1) Did you receive any services at (Site Name) during the past 30 days?

0 = no, 1 = yes \_\_\_\_\_

**INTERVIEWER** - If "No" ask Question #2. If "Yes", go to Question #3.

2) Did you receive any services at any other program, facility or organization (Site Name) during the past 30 days?

0 = no, 1 = yes \_\_\_\_\_

**If "No" - Thank the Client and end the Interview**

**If "Yes" - Write name of that Program on the next page and Continue**

**Program Name:** \_\_\_\_\_

**GENERAL SERVICES**

**Questions #3 - 6 refer to the program that the client has attended.**

3) How many days in the past 30 did you attend this program?	_____ _____
4) Did you stay overnight at the program? <b>If "Yes" - go to question 6</b>	<b>0 = no, 1 = yes</b> _____
5) <b>If</b> that program was an <u>outpatient</u> program, what were the <u>recommended</u> number of hours per week for that program?	_____ _____
6) What is your status now? (Place "X" in <b>only one space</b> ) <b>1</b> = Out of Tx. _____ <b>3</b> = In "Progrqm of Record" (Item #2) _____ <b>2</b> = On Wait List _____ <b>4</b> = In a different Program (Item #3) _____	

**During the Past 30 days** - How many times did you stay overnight in any of the following?

- 7) **In a Hospital**  
for Med Prob \_\_\_\_\_|\_\_\_\_\_ for Emotional Prob \_\_\_\_\_|\_\_\_\_\_ for S/A Prob \_\_\_\_\_|\_\_\_\_\_
- 9) **Non-Hospital, Residential Facility**  
for Med Prob \_\_\_\_\_|\_\_\_\_\_ for Emotional Prob \_\_\_\_\_|\_\_\_\_\_ for S/A Prob \_\_\_\_\_|\_\_\_\_\_
- 10) **Half-Way or Group Living Facility**      \_\_\_\_\_|\_\_\_\_\_
- 11) **Homeless Shelter**      \_\_\_\_\_|\_\_\_\_\_
- 12) **Prison, Jail, Holding Ctr.**      \_\_\_\_\_|\_\_\_\_\_

**Comments :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL SERVICES**

<b>How many days in the past 30 have you:</b>	
1. experienced significant <u>physical medical</u> problems ?	____ ____

<b>Specialized Services</b> - Sessions/services provided by a medical specialist for medical problems	
<b>How many times in the past 30 days have you:</b>	
2. had a physical examination or a visit to a medical specialist for medical care?	____ ____
3. had a prescription or refill for your physical medical problems?	____ ____
4. had your blood drawn for testin <del>j</del> g?	____ ____
<b>If yes, was this for: 0 - No 1 - Yes</b>	
a) pregnancy	_____
b) Hepatitis	_____
c) HIV	_____
d) Other disease	_____
5. had a session or meeting by a medical specialist devoted to medical education?	____ ____

<b>General Counseling Sessions</b> - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.	
<b>How many times in the past 30 days have you:</b>	
6. attended a general group or individual counseling session where there was a significant discussion regarding your medical problems:	
a) individual session?	____ ____
b) group session?	____ ____

7. How important to you now is additional treatment for your physical medical problems? \_\_\_\_\_

0-Not at all    1-Slightly    2-Moderatesly    3-Considerably    4-Extremely

**Comments :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT SERVICES:**

<b>How many days in the past 30 have you:</b>	
1. been paid for working ?	____ ____
2. been in a school or training program	____ ____

<b>Specialized Services</b> - Sessions/services provided by an specialist for problems associated with basic life needs and/or training and employment needs	
<b>How many times in the past 30 days have you:</b>	
3. had a session by a specialist focused on helping you get housing, food, clothing or shelter?	____ ____
4. had a session by a specialist focused on helping you get SSI, Welfare, disability or other benefits?	____ ____
5. had a reading class, literacy testing, a GED session or GED testing?	____ ____
6. had a session with a specialist focused on helping you get formal schooling or training?	____ ____
7. had a session with a specialist focused on helping you get employment?	____ ____

<b>General Counseling Sessions</b> - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.	
<b>How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:</b>	
8. regarding your food, clothing or shelter problems:	
a) individual session?	____ ____
b) group session?	____ ____
9. regarding your schooling, training or employment problems:	
a) individual session?	____ ____
b) group session?	____ ____

10. How important to you now are additional services to help you get or keep a job? \_\_\_\_\_  
0-Not at all    1-Slightly    2-Moderately    3-Considerably    4-Extremely

**Comments :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL AND DRUG SERVICES:**

<b>How many days in the past 30 have you:</b>	
1.had at least one drink of alcohol ?	____ ____
2.had at least five drinks of alcohol ?	____ ____
3.used any illicit or non-prescribed drug ?	____ ____

<b>Specialized Services - Sessions/services provided by a drug counselor or other addiction specialist</b>	
<b>How many times in the past 30 days have you:</b>	
4. actually taken a medication to help you detoxify from alcohol or drugs?	____ ____
5. actually taken a medication to prevent you from drinking or taking drugs?	____ ____
6. received acupuncture to stop or reduce your drinking or drug use?	____ ____
7. received a session devoted to helping you with relapse triggers or other <u>specific methods</u> to help you avoid relapse?	____ ____
8. attended an AA/NA/CA or any other 12-Step or Self-Help session?	____ ____

<b>Alcohol and Drug Testing</b>	
<b>How many days in the past 30 days have you:</b>	
9. received a blood alcohol test (breathalyzer)	____ ____
<b>a) If yes, how many of those were alcohol positive (&gt; .00)</b>	____ ____
10. received a blood or urine test for drugs?	____ ____
<b>a) If yes, how many were positive for any drug (&gt; .00)</b>	____ ____

11. How important to you now is additional treatment to help you reduce or maintain your reductions in alcohol and drug use? \_\_\_\_\_  
0-Not at all    1-Slightly    2-Moderately    3-Considerably    4-Extremely

**Comments :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL SERVICES:**

<b>How many days in the past 30 have you:</b>
1. engaged in any type of illegal activity for profit ? <span style="float: right;">____ ____</span>

<b>Specialized Services</b> - Sessions/services provided by a legal specialist for any legal problems	
<b>How many times in the past 30 days have you:</b>	
2. had a meeting or session with a specialist focused on helping you with your criminal charges or criminal legal problems?	____ ____
3. had a meeting or session with a specialist focused on helping you with your civil charges or civil legal problems?	____ ____

<b>General Counseling Sessions</b> - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.	
<b>How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:</b>	
4. regarding your legal problems:	a) individual session? <span style="float: right;">____ ____</span>
	b) group session? <span style="float: right;">____ ____</span>

5. How important to you now are additional services to help you resolve your legal problems? \_\_\_\_\_

0-Not at all    1-Slightly    2-Moderately    3-Considerably    4-Extremely

**Comments :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PSYCHOLOGICAL SERVICES:**

<b>How many days in the past 30 have you:</b>	
1. experienced <u>significant</u> emotional problems (depression, anxiety, etc.) ?	____ ____

<b>Specialized Services</b> - Sessions/services provided by a specialist for psych/emotional problems	
<b>How many times in the past 30 days have you had:</b>	
2. evaluation or testing by a specialist for psychological or emotional problems?	____ ____
3. a medication or prescription or refill for any psychological/emotional problem?	____ ____
4. a session of relaxation training, biofeedback or meditation?	____ ____
5. an individual psychotherapy session from a specialist for your psychological or emotional problems?	____ ____
6. a group psychotherapy session from a specialist for your psychological or emotional problems?	____ ____

<b>General Counseling Sessions</b> - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.	
<b>How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:</b>	
7. regarding your psychological/emotional problems: <b>a)</b> individual session?	____ ____
<b>b)</b> group session?	____ ____

9. How important to you now is additional treatment for your emotional problems? \_\_\_\_\_

0-Not at all    1-Slightly    2-Moderately    3-Considerably    4-Extremely

**Comments :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDENDA**

**ADDITIONAL EDUCATIONAL, VOCATIONAL AND TRAINING SERVICES:**

**How many days in the past 30 days have you:**

- |  |           |
|--|-----------|
| 1. attended a class to prepare you to enter school or training   | ____ ____ |
| 2. attended a community, junior college or college prep class?   | ____ ____ |
| 3. attended college or graduate school classes   | ____ ____ |
| 4. seen a case manager, social worker or educational/training specialist regarding your education or training needs? | ____ ____ |

**ADDITIONAL HOUSING, TRANSPORTATION AND BUDGETING SERVICES**

**In the past 30 days have you:**

**0=No 1=Yes**

- |  |       |
|--|-------|
| 5. seen a housing agency or service to obtain adequate, safe, housing or to get assistance with your housing expenses (e.g. rent assistance) ? | _____ |
| 6. seen an individual, agency or service to improve your transportation problem, including getting your drivers license ?                      | _____ |

**How many days in the past 30 have you:**

- |  |           |
|--|-----------|
| 7. experienced significant problems with the adequacy, safety, or sanitary conditions of your living situation                     | ____ ____ |
| 8. experienced significant transportation problems (e.g. not being able to go where you or your children needed to be ?            | ____ ____ |
| 9. attended a session where you learned about buying food, cooking, planning meals and shopping for food wisely?                   | ____ ____ |
| 10. attended a session where you learned about keeping a checkbook, budgeting, paying bills on time, clearing up credit problems ? | ____ ____ |
| 11. attended a session where you learned about fixing common problems with your house or car?                                      | ____ ____ |

12. How important to you now are additional services for your: housing problems?

0-Not at all   1-Slightly   2-Moderatesly   3-Considerably   4-Extremely

\_\_\_\_\_

13. How important to you now are additional services for your: transportation problems?

0-Not at all   1-Slightly   2-Moderatesly   3-Considerably   4-Extremely

\_\_\_\_\_

**Comments :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_