

Consumer Outcomes Monitoring Tool (COM-T)

Agency Name: _____ Date: _____

CPST/Case Manager: _____

Team: IDDT

UCI	Consumer Name	A1. # Days psych. hospitalized (0 if no hosp.)	B2. Improvement in psych.sxs.	C. Housing Status	D1. Incarcerated (yes/no)	E1. # Wks of Competitive Employment	F1. Part. in Meaningful Activity	H1. Team contact with Social Supports	H3. Consumer part. in recovery/self-help	J1. Severity of sub-related problems	J3. Change in Substance use	K. Engagement in Treatment	L. Stage of Treatment (SATS)