

SAMI Program Monthly Progress Summary

Client Name: _____

Month: _____

Completed by: _____ Date Completed: _____

MULTIDISCIPLINARY TEAM (T1)

Members Present for Consultation

- _____
- _____
- _____
- _____
- _____
- _____
- _____

STAGES OF TREATMENT (T2)

Substance Abuse

- _____ Pre-engagement
- _____ Engagement
- _____ Early Persuasion
- _____ Late Persuasion
- _____ Early Active Treatment
- _____ Late Active Treatment
- _____ Relapse Prevention

Mental Health

- _____ Pre-engagement
- _____ Engagement
- _____ Early Persuasion
- _____ Late Persuasion
- _____ Early Active Treatment
- _____ Late Active Treatment
- _____ Relapse Prevention

CONSUMER GOALS (T6)

What are the consumer's current goals and what steps are being taken to help achieve them?

RECOMMENDED INTERVENTIONS

Based on stage of treatment

COMPREHENSIVE SERVICES (T3)

- Case Management**
- Supported Employment**

How many competitive jobs held in past month (i.e., paid position outside MH System that is open to all who apply):

<i>Employer</i>	<i># weeks at job</i>	<i>Full time 32-40 hrs wk</i>	<i>Part time 20-32 hrs wk</i>	<i>PT 10-19 hrs wk</i>	<i>PT 1-9 hrs wk</i>	<i>Spot labor/temp work</i>

How many non-competitive jobs held in past month (i.e., paid position inside MH System that is not open to all who apply, such as a sheltered workshop):

<i>Employer</i>	<i># weeks at job</i>	<i>Full time 32-40 hrs wk</i>	<i>Part time 20-32 hrs wk</i>	<i>PT 10-19 hrs wk</i>	<i>PT 1-9 hrs wk</i>

Family Services (T9)

Frequency of contact with family for consumer: _____

Frequency of contact with family for SAMI Team: _____

Is the family currently participating in services such as BFT, MFT, and/or Multifamily groups? Y / N

Specify: _____

Illness Management

Medical Services (T12)

Is the client/ team attending to specific medical needs? Y / N

- Nutrition
- Exercise
- Smoking
- HIV
- Hepatitis
- Sexually Transmitted Diseases (STD)
- Diabetes
- Other (specify): _____

Integrated Counseling Services

Housing/Residential Services

Has the client moved this month?	Y	N	
Is the client facing eviction?	Y	N	
Was the client homeless? How many days?	Y	N	
Living situation at the end of the month?			
<input type="checkbox"/> <i>Psych Unit/Hosp</i> <input type="checkbox"/> <i>Substance abuse tx facility</i> <input type="checkbox"/> <i>General Hospital</i> <input type="checkbox"/> <i>Nursing Home</i> <input type="checkbox"/> <i>With Relatives (heavily dependent for personnel care)</i> <input type="checkbox"/> <i>With Relatives (largely independent)</i>			<input type="checkbox"/> <i>Group Home</i> <input type="checkbox"/> <i>Boarding House</i> <input type="checkbox"/> <i>Independent Living (apartment, Emergency Shelter)</i> <input type="checkbox"/> <i>Jail</i> <input type="checkbox"/> <i>Homeless</i> <input type="checkbox"/> <i>Other (specify):</i>

OUTREACH (T5)

Current Frequency: _____

Any Changes to Frequency Needed at This Time?: _____

SUBSTANCE ABUSE COUNSELING & MENTAL HEALTH SKILLS (T7)

Are services being provided to address consumer's current needs? Y / N If yes, please list:

Number of sober days: _____
Longest period of sobriety in month: _____
12-Step Participation (T10): Y / N

GROUP TREATMENT (T8)

Current

Consumer participates in these groups:

- Awareness 1
- Awareness 2
- Preparation
- Active Treatment/ Recovery
- Wellness
- Skills (specify): _____
- Skills (specify): _____
- Skills (specify): _____
- DBT
- Other (specify): _____

Needed

Consumer may benefit from these groups:

- Awareness 1
- Awareness 2
- Preparation
- Active Treatment/ Recovery
- Wellness
- Skills (specify): _____
- Skills (specify): _____
- Skills (specify): _____
- DBT
- Other (specify): _____

MEDICATION/ SOMATIC SERVICES (T11)

Has there been a change in diagnosis? Y / N If yes, please identify:

Diagnosis (DSM IV #)
Primary: _____
Secondary: _____
Tertiary: _____

Does client take recommended medication? Y / N

Psychiatric Hospitalization ? Y / N

Specify: _____

In-patient AOD treatment (to include detox and residential)? Y / N

Specify: _____

LEGAL/ FORENSIC

Incarcerations? Y / N Number of incarcerations: _____ Number of days incarcerated: _____

Was it for a new charge? Y / N If yes, specify: _____

Was it for violation of probation/parole? Y / N

Current Legal Status

- Probation / Reporting
- Probation / Non-reporting
- Parole
 - Charges Pending
 - NGRI
 - Conditional Release
 - Lost Driving Privileges as result of substance abuse

CLIENT ACCOMPLISHMENTS

Identify 3 accomplishments experienced by the client during the month:

1. _____
2. _____
3. _____

CLIENT RESPONSE TO TREATMENT (T13)

List positive responses to treatment:

If no response, specify:

TEAM RESPONSE TO CLIENT

Does the team feel stuck? Y / N

If yes, identify any changes in treatment strategies:

