

Clinical Form Usage for Initial Contacts with Individuals/Clients Quality Assurance Division – 04/11/11

	COS FORMS	TRIAGE FORMS	SHORT ASSESSMENT FORMS	INITIAL ASSESSMENT FORMS
PURPOSE	To promote and engage individuals in Mental Health services	To determine urgency and priority of being seen	To determine diagnosis, needs, and appropriate referrals.	To gather a complete psychosocial history to diagnosis and determine appropriate interventions
FOCUS	Education, engagement, outreach	Risk Factors, Safety, Urgency of being seen	Needs, Impairments, symptoms	Comprehensive understanding of symptoms and their link to impairments
EPISODE	No Episode Opened	No Episode Opened	Episode Opened (may close in the same day)	Episode Opened
DIAGNOSIS	Client does not receive a Diagnosis as a result of this contact	Client does not receive a Diagnosis as a result of this contact	Client is evaluated and receives a diagnosis as a result of this contact	Client is evaluated and receives a diagnosis as a result of this contact
SERVICE TYPES	No Direct Services COS Services	No Direct Services COS or MAA Services	Linkage/Referral; Immediate response to needs	Treatment Services
LENGTH OF SERVICES	Contact Based	Contact Based	Up to 2 Months	Ongoing