



Mental Health Triage Personnel Grant
Process Information Report

Date of Report:

County Name:

Name of Contact: **Phone Number:**

Email:

1. Total number of Triage Personnel Hired to Date
(Identify in Full-time Equivalent FTEs)

a. County Staff Total FTEs

b. Contract Staff Total FTEs

2. Total Number for each type of Personnel Hired
(Identify in Full-time Equivalent FTEs. If the staff hired do not fit the categories below- please specify in the "other" category)

a. County Staff

i. Case Managers FTEs

ii. Social Workers FTEs

iii. Nurses FTEs

iv. Clinicians FTEs

v. Mental Health Workers	0	FTEs
vi. Peer Providers	0	FTEs
vii. Outreach Workers	0	FTEs
viii. Psychiatrists	0	FTEs
ix. Other		
		FTEs

b. Contract Staff

i. Case Managers	0	FTEs
ii. Social Workers	0	FTEs
iii. Nurses	0	FTEs
iv. Clinicians	1	FTEs
v. Mental Health Workers	0	FTEs
vi. Peer Providers	0	FTEs
vii. Outreach Workers	0	FTEs
viii. Psychiatrists	0	FTEs
ix. Other		
Psychologist	1	FTEs

		FTEs

**3. Identify Triage Locations for Service and Points of Access
Currently Available with Staff Already Hired**
(i.e hospital emergency rooms, homeless shelters, mobile team, etc.)

DCFS Child Welcome Center	
DCFS Youth Welcome Center	

4. Comments

If you have questions, contact Cody Scott.

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Please Email this document to:
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