



Mental Health Services  
Oversight & Accountability Commission

**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	<input type="text"/>	FTEs
vi. Peer Providers	<input type="text"/>	FTEs
vii. Outreach Workers	<input type="text"/>	FTEs
viii. Psychiatrists	<input type="text"/>	FTEs
ix. Other		
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs
<input type="text"/>	<input type="text"/>	FTEs

**b. Contract Staff**

i. Case Managers	<input type="text"/>	FTEs
ii. Social Workers	<input type="text"/>	FTEs
iii. Nurses	<input type="text"/>	FTEs
iv. Clinicians	<input type="text"/>	FTEs
v. Mental Health Workers	<input type="text"/>	FTEs
vi. Peer Providers	0	FTEs
vii. Outreach Workers	<input type="text"/>	FTEs
viii. Psychiatrists	<input type="text"/>	FTEs
ix. Other		
Family Partners	0	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.)*


**4. Comments**

If you have questions, contact Cody Scott.

Email: [Cody.Scott@mhsoac.ca.gov](mailto:Cody.Scott@mhsoac.ca.gov)

Phone Number: (916) 445-8692

Please Email this document to:  
[mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov)

