



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 Equivalents FTEs)

a. County Staff Total FTEs

b. Contract Staff Total FTEs

2. Total Number for each type of Personnel Hired
(Identify in Full-time Equivalents 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	1	FTEs
vi. Peer Providers		FTEs
vii. Outreach Workers		FTEs
viii. Psychiatrists		FTEs
ix. Other		
		FTEs

b. Contract Staff

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

Hospital Emergency Rooms support	
Access	
Crisis Stabilization Unit	

4. Comments

We have interviewed a second individual and will be offering a position to this person in the next week or so.

If you have questions, contact Cody Scott.

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Please Email this document to:
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