

MENTAL HEALTH TRIAGE PERSONNEL GRANT  
**PROCESS INFORMATION REPORT**

Report Date:	09/28/2015	Contact Phone #:	530-623-1362
County Name:	Trinity County	Contact Email:	<a href="mailto:Nolga2@sbcglobal.net">Nolga2@sbcglobal.net</a>
Contact Name:	Noel O’Neill		

**1. Total Number of Triage Personnel Hired to Date**  
(Identify in Full-Time Equivalents FTEs)

a. Total County Staff	3	FTEs
b. Total Contract Staff		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	2	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		
Peer Specialist	1	FTEs
		FTEs
		FTEs
		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

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

Milestones Wellness Center	

**4. Comments**

**Please Email the completed form to [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov)**

If you have any questions about completing this form, please contact Peter Best, Manager, Triage Grant, Budget and Commission Support.

Email: [Peter.Best@mhsoac.ca.gov](mailto:Peter.Best@mhsoac.ca.gov)

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