MHSOAC

Mental Health Services
Oversight & Accountability Commission

Mental Health Triage Personnel Grant

Process Information Report

Date of Report: 4/3/2015

County Name: Tuolumne County

Name of Contact: Janet Ang **Phone Number:** 209-533-6264

Email: jang@co.tuolumne.ca.us

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

   a. **County Staff Total** 3 **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** 3 **FTEs**

vi. **Peer Providers** **FTEs**

vii. **Outreach Workers** **FTEs**

viii. **Psychiatrists** **FTEs**

ix. **Other**

FTEs

FTEs

FTEs

FTEs

FTEs

b. <u>Contract Staff</u>

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
		FTEs
		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.)

Mobile Team / County BH Department	

4. Comments

If you have questions, contact Cody Scott.

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Please Email this document to:
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