

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

Report Date:	9/22/2015		
County Name:	Alameda	Contact Phone #:	510/567-8147
Contact Name:	Patricia Lebron	Contact Email:	plebron@acbhs.org

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

a. Total County Staff	1	FTEs
b. Total Contract Staff	11	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	0	FTEs
ii. Social Workers	0	FTEs
iii. Nurses	0	FTEs
iv. Clinicians	0	FTEs
v. Mental Health Workers	0	FTEs
vi. Peer Providers	0	FTEs
vii. Outreach Workers	0	FTEs
viii. Psychiatrists	0	FTEs
ix. Other		
Program Specialist	1	FTEs
		FTEs
		FTEs
		FTEs

b. Contract Staff		
i. Case Managers	1	FTEs
ii. Social Workers	0	FTEs
iii. Nurses	0	FTEs
iv. Clinicians	6	FTEs
v. Mental Health Workers	0	FTEs
vi. Peer Providers	4	FTEs
vii. Outreach Workers	0	FTEs
viii. Psychiatrists	0	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.)

Mobile crisis team	

**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)

Phone #: (916) 445-8715