

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

Report Date:	3/30/2016	Contact Phone #:	805 452 2760
County Name:	Santa Barbara	Contact Email:	lazeitz@co.santa-barbara.ca.us
Contact Name:	Laura Zeitz		

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

a. Total County Staff	18.5	FTEs
b. Total Contract Staff	1.5	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	4	FTEs
ii. Social Workers		FTEs
iii. Nurses	.5	FTEs
iv. Clinicians	4.5	FTEs
v. Mental Health Workers		FTEs
vi. Peer Providers	8.5	FTEs
vii. Outreach Workers		FTEs
viii. Psychiatrists		FTEs
ix. Other		
Team supervisor	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	1.5	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.)

Hospital emergency rooms	Shelters
Mobile teams	Inpatient units to coordinate discharge plans

**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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