

**Plan and Budget Required Documents Checklist**

**MODIFIED FOR FISCAL YEAR 2008-2009**

County/City: Santa Barbara

Fiscal Year: 2008-09

<b>Document</b>		<b>Page Number</b>
1.	<b>Checklist</b>	1-2
2.	<b>Agency Information Sheet</b>	N/A
3.	<b>Certification Statements</b>	
	A. Certification Statement (CHDP) – Original and one photocopy	3-4
	B. Certification Statement (CCS) – Original and one photocopy	5-6
4.	<b>Agency Description</b>	
	A. Brief Narrative	7
	B. Organizational Charts for CCS, CHDP, and HCPCFC	On File
	C. CCS Staffing Standards Profile	On File
	D. Incumbent Lists for CCS, CHDP, and HCPCFC	On File
	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	On File
	F. Duty Statements – Include if newly established, proposed, or revised	On File
5.	<b>Implementation of Performance Measures</b> – Performance Measures for FY 2007-08 are due November 30, 2008.	N/A
6.	<b>Data Forms</b>	
	A. CCS Caseload Summary	8
	B. CHDP Program Referral Data	9-10
7.	<b>Memoranda of Understanding and Interagency Agreements List</b>	
	A. MOU/IAA List	On File
	B. New, Renewed, or Revised MOUs or IAAs	On File
	C. CHDP IAA with DSS biennially	On File
	D. Interdepartmental MOU for HCPCFC biennially	On File

County/City: Santa Barbara

Fiscal Year: 2008-09

Document	Page Number
<b>8. Budgets</b>	
A. CHDP Administrative Budget (No County/City Match)	
1. Budget Summary	11
2. Budget Worksheet	12-13
3. Budget Justification Narrative	N/A
B. CHDP Administrative Budget (County/City Match) - Optional	
1. Budget Summary	14
2. Budget Worksheet	15-16
3. Budget Justification Narrative	N/A
C. CHDP Foster Care Administrative Budget (County/City Match) - Optional	
1. Budget Summary	N/A
2. Budget Worksheet	N/A
3. Budget Justification Narrative	N/A
D. HCPCFC Administrative Budget	
1. Budget Summary	N/A
2. Budget Worksheet	N/A
3. Budget Justification Narrative	N/A
E. CCS Administrative Budget	
1. Budget Summary	17
2. Budget Worksheet	18-19
3. Budget Justification Narrative	N/A
4. Worksheet to Determine Healthy Families Funding Source	N/A
F. Other Forms	
1. County/City Capital Expenses Justification Form	N/A
2. County/City Other Expenses Justification Form	N/A

**Certification Statement - Child Health and Disability Prevention (CHDP) Program**

County/City: Santa Barbara County

Fiscal Year: 2008-09

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

*Rea Ceprenas RDD*  
Signature of CHDP Director

1-7-09  
Date Signed

*Maria Schulman*  
Signature of Director or Health Officer

13 Jan 09  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

I certify that this plan has been approved by the local governing body.

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

**Certification Statement - Child Health and Disability Prevention (CHDP) Program**

County/City: Santa Barbara County

Fiscal Year: 2008-09

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*Rea Ceprenas MD*  
Signature of CHDP Director

1-7-09  
Date Signed

*Maria Schulman*  
Signature of Director or Health Officer

13 Jan 09  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

I certify that this plan has been approved by the local governing body.

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara County

Fiscal Year: 2008-09

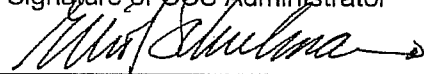
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.



Signature of CCS Administrator

1-8-09

Date Signed



Signature of Director or Health Officer

13 Jan 09

Date Signed

Signature and Title of Other -- Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara County

Fiscal Year: 2008-09

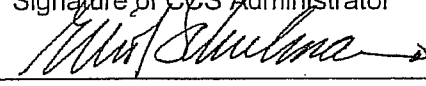
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Signature of CCS Administrator

1-8-09

Date Signed



Signature of Director or Health Officer

13 Jan 09

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

**SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES**  
**FY 2008-2009**  
**AGENCY DESCRIPTION**

The California Children's Services (CCS) and the Child Health and Disability Prevention (CHDP) Programs are within the Santa Barbara County Public Health Department integrated with in the Primary Care and Family Health Division.

Rea Goumas, MD and Dana Gamble, LCSW assumed the oversight of medical direction and administrative oversight, respectfully for both programs during FY 2007-2008. Other professional, technical and clerical staff members interact to coordinate services to children in all CMS programs. As an independent county, CCS provides medical case management.

**CCS**

The CCS caseload and referral rate is steadily growing. Due to State and County budget constraints, it is impossible to maintain adequate staffing levels. Budget cuts from the State have required CCS to reexamine priorities amidst this fiscal reality. One and a half PHN positions are being held vacant and other supportive positions including case workers and office assistants have been terminated greatly hindering CCS effectiveness in maintaining staffing levels.

As is true statewide, CCS continues to deal with difficulties in hiring adequate numbers of occupational and physical therapists to maintain services in the Medical Therapy Program. Due to the devastating impact of the State budget, recruiting efforts for MTU vacancies have been suspended. CCS has not yet begun to vendor out therapy, but may soon need to in order to meet the mandates to treat all eligible children. There is a dearth of paneled therapists in our community, and finding vendors will be a challenge.

**CHDP**

The numbers of CHDP Providers and CHDP exams have remained relatively constant for the past six years. CHDP staffing levels have remained at FY 2002-2003 levels. Because of the significant cut in State funding, CHDP programming has been reduced, threatening the delivery of services and the basic functioning of the program. Recent efforts to enhance follow-up for children who are overweight and for those with developmental issues identified may have to be curtailed in addition to health education, some data tracking components and patient contact.

Santa Barbara County does not have a Health Care Program for Children in Foster Care. The HCPCFC MOU between CMS, Probation and the Department of Social Services expired June 30, 2005. The Department of Social Services declined to renew the MOU because of the perception that the program guidelines and funding did not provide adequate services.

## California Children's Services Caseload Summary Form

County: Santa Barbara

Fiscal Year: 2008-2009

	CCS Caseload 0 to 21 Years	A		B		07-08 Estimated Caseload based on first three quarters	% of Grand Total
		05-06 Actual Caseload	% of Grand Total	06-07 Actual Caseload	% of Grand Total		
<b>MEDI-CAL</b>							
1	Average of Total Open (Active) Medi- Cal Children	1230	36%	1233	37%	1275	34%
2	Potential Case Medi-Cal	1330	39%	1241	38%	1481	39%
3	<b>TOTAL MEDI-CAL</b> (Row 1 + Row 2)	2560	75%	2474	75%	2756	73%
<b>NON MEDI-CAL</b>							
<b>Healthy Families</b>							
4	Average of Total Open (Active) Healthy Families	201	6%	218	6%	240	6%
5	Potential Cases Healthy Families	217	6%	220	7%	279	7%
6	<b>Total Healthy Families</b> (Row 4 + Row 5)	418	12%	438	13%	519	14%
<b>Straight CCS</b>							
7	Average of Total Open (Active) Straight CCS Children	213	6%	194	6%	230	6%
8	Potential Cases Straight CCS Children	228	7%	195	6%	268	7%
9	<b>Total Straight CCS</b> (Row 7 + Row 8)	441	13%	389	12%	498	13%
10	<b>TOTAL NON MEDI- CAL</b> (Row 6 + Row 9)	859	25%	827	25%	1017	27%
<b>GRAND TOTAL</b>							
11	(Row 3 + Row 10)	3419	100%	3301	100%	3773	100%



### CHDP Program Referral Data

Complete this form using the instructions found on page 4-8 through 4-10.

County/City:		FY 05-06		FY 06-07		FY 07-08	
<b>Basic Informing and CHDP Referrals</b>							
1. Total number of CalWORKS/Medi-Cal cases informed and determined eligible by Department of Social Services							
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients	
a. Number of CalWORKS cases/recipients	1,957	3,528	1,325	3,104	2,099	4,790	
b. Number of Foster Care cases/recipients	1,174	1,174	526	526	1,733	1,733	
c. Number of Medi-Cal only cases/recipients	3,507	6,989	4,043	10,430	5,640	15,412	
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:							
a. Medical and/or dental services		8,888		7,177		10,484	

b. Medical and/or dental services with scheduling and/or transportation	1,300	3,102	5,722
c. Information only (optional)	3,643	11,857	17,614
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	13,831	22,136	33,820
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0

In response to the information requested in section 1, the Santa Barbara County CHDP office is not able to provide the requested numbers. The reason is because this is not data that the CHDP office receives for the Department of Social Services. In reading Section 5 Part IX A of the Interagency Agreement between the two programs it is not a requirement for DSS to report this information to the CHDP program.

**CHDP Administrative Budget Summary for FY 2008-09**  
**No County/City Match**  
**County/City Name: Santa Barbara**

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$ 375,123	\$ 1,749	\$ 370,856	\$ 191,780	\$ 179,076
II. Total Operating Expenses	\$ 145,473	\$ 1,178	\$ 144,295	\$ 5,073	\$ 139,222
III. Total Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
IV. Total Indirect Expenses	\$ 91,042	\$ 424	\$ 90,618	\$ -	\$ 90,618
V. Total Other Expenses	\$ -	\$ -	\$ -	\$ 196,853	\$ -
<b>Budget Grand Total</b>	<b>\$ 611,638</b>	<b>\$ 3,351</b>	<b>\$ 605,769</b>	<b>\$ 196,853</b>	<b>\$ 408,916</b>

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds	\$ 3,351	\$ 3,351	\$ -	\$ -	\$ -
Medi-Cal Funds:	\$ 605,769	\$ -	\$ 605,769	\$ -	\$ -
State	\$ 253,671	\$ -	\$ 253,671	\$ 49,213	\$ 204,458
Federal (Title XIX)	\$ 352,098	\$ -	\$ 352,098	\$ 147,640	\$ 204,458

Prepared By: Nancy Leidelmeier  
 Date Prepared: 1/16/2009  
 CHDP Director or Deputy Director (Signature): [Signature]

257,023  
 Date: 1/13/09  
 Phone Number: (805) 681-5188  
805) 681-5133

**CHDP Administrative Budget Worksheet  
No County/City Match  
State and State/Federal**

County/City Name: Santa Barbara

Fiscal Year 2008-09

Category/Line Item	Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Personnel Expenses		% of FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % of FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% of FTE	Enhanced State/Federal (25/75)	% of FTE	Nonenhanced State/Federal (50/50)
1. PH Prog Mgr D Gamble		50%	\$ 106,881	\$ 53,441	0.71%	\$ 379	99.29%	\$ 53,061	50%	\$ 26,531	50%	\$ 26,531
2. PHN N Coffac		100%	\$ 86,098	\$ 86,098	0.71%	\$ 611	99.29%	\$ 85,486	80%	\$ 68,389	20%	\$ 17,097
3. Staff Phys. Dr. Goumas		10%	\$ 155,889	\$ 15,589	0.92%	\$ 143	99.08%	\$ 15,445	80%	\$ 12,356	20%	\$ 3,089
4. Health Educator J St. John		50%	\$ 60,767	\$ 30,384	0.11%	\$ 33	99.89%	\$ 30,350	75%	\$ 22,763	25%	\$ 7,588
5. OA Supv T Castaneda		50%	\$ 53,074	\$ 26,537	0.11%	\$ 29	99.89%	\$ 26,508	30%	\$ 7,952	70%	\$ 18,555
6. OA, Fuerte		20%	\$ 44,475	\$ 8,895	0.11%	\$ 10	99.89%	\$ 8,885	0%	\$ -	100%	\$ 8,885
7 OA, Sr. G Zacapa		100%	\$ 47,157	\$ 47,157	0.11%	\$ 52	99.89%	\$ 47,105	0%	\$ -	100%	\$ 47,105
<b>Total Salaries and Wages</b>			\$ 268,100	\$ 268,100		\$ 1,258		\$ 266,841		\$ 137,991		\$ 128,850
Less Salary Savings			\$ -	\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages			\$ 268,100	\$ 268,100		\$ 1,258		\$ 266,841		\$ 137,991		\$ 128,850
Staff Benefits (Specify %)	38.98%		\$ 107,023	\$ 107,023		\$ 491		\$ 104,015		\$ 53,789		\$ 50,226
<b>I. Total Personnel Expenses</b>			\$ 375,123	\$ 375,123		\$ 1,749		\$ 370,856		\$ 191,780		\$ 179,076
<b>II. Operating Expenses</b>												
1. Travel			\$ 3,282	\$ 3,282		\$ 21		\$ 3,261		\$ 2,609		\$ 652
2. Training			\$ 3,215	\$ 3,215		\$ 135		\$ 3,080		\$ 2,464		\$ 616
3. Office expense			\$ 9,144	\$ 9,144		\$ 200		\$ 8,944		\$ 8,944		\$ 8,944
4. Printing/Duplicating			\$ 2,200	\$ 2,200		\$ 40		\$ 2,160		\$ 2,160		\$ 2,160
5. Communications			\$ 1,891	\$ 1,891		\$ 6		\$ 1,885		\$ 1,885		\$ 1,885
6. Lease 2300SF			\$ 117,605	\$ 117,605		\$ 695		\$ 116,910		\$ 116,910		\$ 116,910
7. Utilities			\$ 6,600	\$ 6,600		\$ 66		\$ 6,534		\$ 6,534		\$ 6,534
8. Data Processing			\$ 1,536	\$ 1,536		\$ 15		\$ 1,521		\$ 1,521		\$ 1,521
<b>II. Total Operating Expenses</b>			\$ 145,473	\$ 145,473		\$ 1,178		\$ 144,295		\$ 5,073		\$ 139,222



**CHDP Administrative Budget Summary for FY 2008-09**  
**County/City Match**  
**County/City Name: Santa Barbara**

Category/Line Item	Column 1 Total Budget (2 + 3)	Column 2 Enhanced County/Federal (25/75)	Column 3 Nonenhanced County/Federal (50/50)
I. Total Personnel Expenses	\$47,548	\$0	\$47,548
II. Total Operating Expenses	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$13,789		\$13,789
V. Total Other Expenses	\$0		\$0
<b>Budget Grand Total</b>	<b>\$61,337</b>	<b>\$0</b>	<b>\$61,337</b>

Source of Funds	Column 1 Total Funds	Column 2 Enhanced County/Federal (25/75)	Column 3 Nonenhanced County/Federal (50/50)
County Funds	\$30,668	\$0	\$30,668
Federal Funds (Title XIX)	\$30,668	\$0	\$30,668

Prepared By: Nancy Leidelmeier Date: 1/16/2009 Phone Number: 805-681-5188 Email Address: nancy.leidelmeier@sbcphd.org

CHDP Director or Deputy: [Signature] Date: 2/13/09 Phone Number: 805-681-5133 Email Address: dana.gamble@sbcphd.org

Director (Signature)

CHDP Administrative Budget Worksheet for FY 2008-09

County/City Match

County/City Name: Santa Barbara

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. OA, Sr. C Fuente	80%	\$ 42,765	\$ 34,212	0%	\$ -	100%	\$ 34,212
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$ 34,212		\$ -		\$ 34,212
Less Salary Savings			\$ -		\$ -		\$ -
Net Salaries and Wages			\$ -		\$ -		\$ -
Staff Benefits (Specify 38.98%)			\$ 13,336		\$ -		\$ 13,336
<b>I. Total Personnel Expenses</b>			\$ 47,548		\$ -		\$ 47,548
<b>II. Operating Expenses</b>							
1. Travel							
2. Training							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
<b>II. Total Operating Expenses</b>			\$ -		\$ -		\$ -

**CHDP Administrative Budget Worksheet for FY 2008-09**  
 County/City Match  
 County/City Name: Santa Barbara

Column	1A	1B	1	2A	2	3A	3
<b>III. Capital Expenses</b>							
1.							
2.							
3.							
4.							
5.							
<b>II. Total Capital Expenses</b>			\$ -	\$ -	\$ -		\$ -
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)			9,914				9,914
2. External (Specify %)			3,875				3,875
<b>IV. Total Indirect Expenses</b>			13,789				13,789
<b>V. Other Expenses</b>							
1.							
2.							
3.							
4.							
5.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$ 61,337	\$ -	\$ -		\$ 61,337

Prepared By Nancy Leidelmeijer  
 CHPD Director or Deputy Director  
 (Signature)

Date 1/16/2009 Phone Number 805-681-5188  
 Date 2/13/09 Phone Number 805/681-5733



CCS Administrative Budget Summary for FY 20 FY 2008-09

County Name: Santa Barbara

CCS CASELOAD	CaseLoad	Percent of Grand Total
MEDI-CAL	1,265	68%
Average of Total Open (Active) Medi-Cal Children	114	6%
Potential Cases Medi-Cal	1,378	74%
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families	235	13%
Average of Total Open (Active) HF Children	21	1%
Potential Cases HF	256	14%
Total Healthy Families		
Straight CCS	215	12%
Average of Total Open (Active) Straight CCS Children	19	1%
Potential Cases Straight CCS	235	13%
Total Straight CCS	490	26%
TOTAL NON MEDI-CAL	1,869	100%
GRAND TOTAL		

Column	1	2	3	4	5
Category/Line Item	Total Budget	Non-Medi-Cal County/State/HF Col/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$1,993,664	\$521,768	\$1,471,896	\$614,575	\$857,321
II. Total Operating Expense	\$533,714	\$138,766	\$394,948	\$758	\$394,191
III. Total Capital Expense	-	-	\$427,980	-	\$427,980
IV. Total Indirect Expense	\$578,351	\$150,371	-	-	-
V. Total Other Expense	-	-	\$2,294,824	\$615,333	\$1,679,491
Budget Grand Total	\$3,105,730	\$810,905	\$2,294,824	\$615,333	\$1,679,491

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State/HF Col/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$193,939	\$193,939			
County	\$193,939	\$193,939			
CCS Healthy Families					
State	\$74,030	\$74,030			
County	\$74,030	\$74,030			
Federal (Title XXI)	\$274,968	\$274,968			
Medi-Cal Funds:					
State	\$993,579		\$993,579	\$153,833	\$839,746
Federal (Title XIX)	\$1,301,245		\$1,301,245	\$461,500	\$839,746

Prepared By (Signature) *[Signature]* Date Prepared 2/13/09  
 Phone Number 805 681 5188  
 Email Address nancy.laible@melier@sbciphd.org  
 CCS Administrator (Signature) *[Signature]* Date 2/13/09  
 Phone Number 805 681 5133  
 Email Address diana.schoepf@cdhs.org

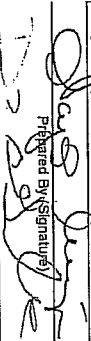
CCS Administrative Budget Worksheet for FY 2008-09

County Name: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL	1,283	69%
Average of Total Open (Active) Medi-Cal Children	114	6%
Potential Cases Medi-Cal	1,378	74%
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families	235	13%
Average of Total Open (Active) HF Children	21	1%
Potential Cases HF	256	14%
Total Healthy Families		
Straight CCS	215	12%
Average of Total Open (Active) Straight CCS Children	19	1%
Potential Cases Straight CCS	235	13%
Total Straight CCS	490	26%
TOTAL NON MEDI-CAL	1,869	100%
GRAND TOTAL		

Category/Line Item	Column	1	2	3	4A	4	5A	5	6A	6	7A	7
		% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 6)	% FTE	Non-Medi-Cal County/State (60/50)	% FTE	Medi-Cal (6+7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (60/50)
<b>I. Personal Expense</b>												
Program Administration												
Public Health Program Manager, D Gamble		0.50	\$106,881	\$53,441	26%	\$14,022	74%	\$39,419	75%	\$53,899	100%	\$39,419
Computer Systems Specialist, I. R. McDonald		0.02	\$79,084	\$1,582	26%	\$415	74%	\$1,167	75%	\$1,582	100%	\$1,167
Data Entry Operator G Dewitt		0.02	\$43,919	\$873	26%	\$230	74%	\$648	75%	\$873	100%	\$648
Data Entry Operator A Erickson		0.05	\$43,919	\$2,195	26%	\$576	74%	\$1,620	75%	\$2,195	100%	\$1,620
ERP Prog Analyst, P Humev		0.04	\$92,050	\$3,282	26%	\$961	74%	\$2,421	75%	\$3,282	100%	\$2,421
Accountant III, T Hagens			\$0	\$0	26%	\$0	74%	\$0	75%	\$0	100%	\$0
Subtotal			\$355,854	\$61,379		\$16,104		\$45,274		\$61,379		\$45,274
<b>Medical Case Management</b>												
Staff Physician Supervising, Gaunas		0.50	\$194,855	\$97,428	26%	\$25,553	74%	\$71,865	75%	\$97,428	25%	\$71,865
Supervising PHN, M Marquez		1.00	\$94,321	\$94,321	26%	\$24,747	74%	\$69,573	75%	\$94,321	25%	\$69,573
PHN A Arcos		1.00	\$86,098	\$86,098	26%	\$22,690	74%	\$63,508	75%	\$86,098	25%	\$63,508
PHN J Galins		1.00	\$94,592	\$94,592	26%	\$22,195	74%	\$72,397	75%	\$94,592	25%	\$72,397
PHN L Marshall		1.00	\$84,592	\$84,592	26%	\$22,195	74%	\$62,397	75%	\$84,592	25%	\$62,397
PHN P Saunders		1.00	\$84,592	\$84,592	26%	\$22,195	74%	\$62,397	75%	\$84,592	25%	\$62,397
PHN M Struhlin		1.00	\$86,098	\$86,098	26%	\$22,690	74%	\$63,508	75%	\$86,098	25%	\$63,508
PHN L Willers		0.75	\$66,098	\$64,573	26%	\$16,943	74%	\$47,631	75%	\$64,573	23%	\$47,631
Med Soc Sec Pract, M Joehin		0.75	\$66,835	\$50,126	26%	\$13,152	74%	\$36,974	0%	\$50,126	100%	\$36,974
CCS MFP Coordinator, J Mitchell		0.21	\$101,426	\$21,300	26%	\$5,589	74%	\$15,711	75%	\$21,300	25%	\$15,711
Subtotal			\$1,054,101	\$338,312		\$719,553		\$618,359		\$338,312		\$618,359
<b>Ancillary Support</b>												
Supervising CCS Caseworker S Contrens		1.00	\$53,990	\$53,990	26%	\$14,185	74%	\$39,804	75%	\$53,990	100%	\$39,804
CCS Caseworker A Bayquen		1.00	\$49,594	\$49,594	26%	\$13,012	74%	\$36,582	75%	\$49,594	100%	\$36,582
CCS Caseworker J Cannol		1.00	\$49,594	\$49,594	26%	\$13,012	74%	\$36,582	75%	\$49,594	100%	\$36,582
CCS Caseworker C Escalado		1.00	\$49,594	\$49,594	26%	\$13,012	74%	\$36,582	75%	\$49,594	100%	\$36,582
CCS Caseworker A Ramos		1.00	\$49,594	\$49,594	26%	\$13,012	74%	\$36,582	75%	\$49,594	100%	\$36,582
CCS Caseworker C Sanchez		1.00	\$49,594	\$49,594	26%	\$13,012	74%	\$36,582	75%	\$49,594	100%	\$36,582
CCS Caseworker N Venegas		1.00	\$49,594	\$49,594	26%	\$13,012	74%	\$36,582	75%	\$49,594	100%	\$36,582
CCS Caseworker M Villalpando/Barve		0.50	\$49,594	\$24,797	26%	\$6,505	74%	\$18,291	75%	\$24,797	100%	\$18,291
Subtotal			\$401,147	\$376,350		\$98,745		\$277,605		\$376,350		\$277,605
<b>Clerical and Claims Support</b>												
Office Assistant, Supervising T Casanueva		0.50	\$53,074	\$26,537	26%	\$6,963	74%	\$19,574	34%	\$26,537	66%	\$19,574
Office Assistant, Sr. C Puerta		0.40	\$44,475	\$17,790	26%	\$4,668	74%	\$13,122	100%	\$17,790	100%	\$13,122
Office Assistant, Sr. F Gonzalez		1.00	\$46,724	\$46,724	26%	\$12,259	74%	\$34,464	100%	\$46,724	100%	\$34,464
Office Assistant, Sr. N Guendulain Ordaz		0.50	\$46,868	\$23,434	26%	\$5,149	74%	\$17,286	100%	\$23,434	100%	\$17,286
Office Assistant, Sr. J Paramo		-	\$43,773	\$0	26%	\$0	74%	\$0		\$0	100%	\$0
Account Clerk, Senior, B Elliott		1.00	\$46,860	\$46,860	26%	\$12,292	74%	\$34,568	100%	\$46,860	100%	\$34,568
Subtotal			\$281,764	\$161,335		\$42,330		\$119,005		\$161,335		\$119,005

Category/Line Item	1	2	3	4A	4	5A	5	6A	8	7A	7
Column	1	2	3	4A	4	5A	5	6A	8	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 6)	% FTE	Non-Med-Cal County/State (\$0/50)	% FTE	Medi-Cal (6+7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (\$0/50)
Total Salary and Wages			\$1,437,375		\$377,133		\$1,060,242		\$442,693		\$617,549
Less Salary Savings			\$1,437,375		\$377,133		\$1,060,242		\$442,693		\$617,549
Net Salary and Wages			\$0		\$0		\$0		\$0		\$0
Start Benefits (Specify %)	38.70%		\$556,289	26%	\$144,635	74%	\$411,654		\$171,882		\$239,772
1. Total Personnel Expense			\$1,993,664		\$521,768		\$1,471,896		\$614,575		\$867,321
II. Operating Expense			\$202	25%	\$83	74%	\$119	25%	\$37	75%	\$112
1. Travel			\$3,894	25%	\$1,012	74%	\$2,882	25%	\$720	75%	\$2,161
2. Training			\$629,618	26%	\$137,701	74%	\$391,917			100%	\$391,917
3. Other Expenditures											
II. Total Operating Expense			\$523,714		\$128,766		\$394,948		\$78		\$394,191
III. Capital Expense											
IV. Total Capital Expense											
IV. Indirect Expense											
1. Internal	20.85%		\$416,778	26%	\$108,102	74%	\$307,676			100%	\$307,676
2. External	8.15%		\$162,673	26%	\$42,269	74%	\$120,304			100%	\$120,304
IV. Total Indirect Expense			\$579,381		\$150,371		\$427,980				\$427,980
V. Other Expense											
1. Maintenance and Transportation			\$60,000								
V. Total Other Expense			\$60,000								
Budget Grand Total			\$3,105,730		\$810,905		\$2,294,824		\$815,333		\$1,679,491

  
 Prepared By (Signature)  
 Date Prepared 2/13/09  
 Date Signed 2/13/09  
 CCS Administrator (Signature)

2/13/09  
 Phone Number 805 681 5165  
 805 681-5133  
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