

Plan and Budget Required Documents Checklist

MODIFIED FY 2021-2022

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County/City: Santa Barbara

Fiscal Year: 2021-2022

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Agency Information Sheet

County/City: Santa Barbara County

Fiscal Year: 2021-22

Official Agency

Name:	Public Health Department	Address:	300 N San Antonio Rd Santa Barbara, Ca 93110
Director	Van Do-Reynoso, PhD, MPH		

CMS Director (if applicable)

Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio
Phone:	(805) 681-4027		Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	rgordon@sbcphd.org

CCS Administrator

Name:	Tanesha Castaneda	Address:	345 Camino del Remedio
Phone:	(805) 692-5793		Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	tanisha.castaneda@sbcphd.org

CHDP Director

Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio
Phone:	(805) 681-4027		Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	rgordon@sbcphd.org

CHDP Deputy Director

Name:	Tanesha Castaneda	Address:	345 Camino del Remedio
Phone:	(805) 692-5793		Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	tanisha.castaneda@sbcphd.org

Chief Deputy Clerk of the Board of Supervisors or City Council

Name:	Jacquelyne Alexander	Address:	105 E Anapamu St Room #407
Phone:	(805) 568-2245		Santa Barbara, CA 93101
Fax:	(805) 568-2249	E-Mail:	jralexander@co.santa-barbara.ca.us

Director of Social Services Agency

Name:	Daniel Nielson		2125 S. Centerpointe Parkway
Phone:	(805) 346-7101		Santa Maria, CA 93455
Fax:	(805) 346-8366	E-Mail:	D.Nielson@sbcsocialserv.org

Chief Probation Officer

Name:	Tanja Heitman		117 E. Carrillo St
Phone:	(805) 882-3652		Santa Barbara, CA 93101
Fax:	(805) 739-8579	E-Mail:	heitman@co.santa-barbara.ca.us

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

County/City: Santa Barbara County	Fiscal Year: 2021-22
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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.

Signature of CHDP Director
Date Signed

Signature of Director or Health Officer
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: 2021-22
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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.

Signature of CHDP Director
Date Signed

Signature of Director or Health Officer
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: 2021-22
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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 (CMS) 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
Date Signed

Signature of Director or Health Officer
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: 2021-22
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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 (CMS) 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
Date Signed

Signature of Director or Health Officer
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
AGENCY DESCRIPTION: CHDP FY 2021-22

CHDP

The Child Health and Disability Prevention (CHDP) program is in the Santa Barbara County Public Health Department, under the Primary Care and Family Health Division.

Currently there is a CHDP Director (.15 FTE), CHDP Deputy Director (.25 FTE), CMS Supervising PHN (.25 FTE), CHDP PHN (.75 FTE), HCPCFC PHN (1.0 FTE), and an Administrative Office Professional II (1.0 FTE). There is a vacant PHN position (.25 FTE), a vacant Health Educator position (.50 FTE), and a vacant AOP II position (.10 FTE). The number of CHDP sites in Santa Barbara County is 36; there are no pending provider sites at this time.

CHDP staff continue to work collaboratively with community-based organizations in an effort to increase access to health coverage and oral health services. CHDP and CenCal Health staff meet regularly to ensure that EPSDT services are routinely rendered, as appropriate, to children under Gateway and CenCal Health. Staff also meet to identify provider sites due for facility site reviews. Facility site reviews are conducted jointly and medical record reviews are completed separately due to HIPAA privacy laws and population differences. This partnership helps to ensure that children within the community receive the services needed and providers receive support.

Constraints of the COVID pandemic continued to have an impact on the in-person services CHDP staff was able to provide for a portion of the fiscal year. CHDP staff continued to provide virtual trainings and reviews. Staff are gradually incorporating in-person services, as the situation allows. In an effort to ensure that CHDP providers utilize the CHDP Care Coordination/Follow-up Form the CHDP PHN continues to educate providers on how to complete and submit the form to the local CHDP office.

Local CHDP staff continue to participate in local, regional and statewide meetings regarding the CHDP Program.

During the FY 2020-21 staff completed the following trainings and in-services:

Vision Screening Trainings Provided in Fiscal Year 2020-21:

Countywide	FY 2020-21	3 Sessions with 30 Participants
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Audiometric Screening Trainings Provided in Fiscal Year 2020-21:

Countywide	FY 2020-21	4 Sessions with 67 Participants
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Combined CHDP Overview and Flouride Varnish Trainings Provided in Fiscal Year 2020-21:

Countywide	FY 2020-21	4 Sessions with 46 Participants
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Combined Vision, Audiometric and Flouride Varnish Practicums Provided in Fiscal Year 2020-21:

Countywide	FY 2020-21	7 Sessions with 23 Participants
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Program Overview for Examiners Provided in Fiscal Year 2020-21:

Countywide 06/10/21 19 Participants

Courtesy Vital Signs Trainings Provided in Fiscal Year 2020-21:

Countywide FY 2020-21 2 Sessions with 8 Participants

Provider Site Reviews Completed in Fiscal Year 2020-21:

Countywide FY 2020-21 9 Sites

Examiner Certifications and Orientations Provided in Fiscal Year 2020-21:

Countywide FY 2020-21 12 Certifications

Countywide FY 2020-21 13 Orientation Sessions

Department of Social Services Trainings Provided in Fiscal Year 2021-22:

Countywide 12/07/20 20 Participants

HCPCFC

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program within the DSS Child Welfare Service Agency and works with probation departments to provide public health nurse expertise in meeting the medical, dental, mental, and developmental needs of children and youth in foster care.

The program has established a process through which PHNs consult and collaborate with the foster care team on medical issues, the Health Passport, and psychotropic medication prescriptions that promote access to comprehensive preventative health and specialty services.

The HCPCFC PHN continues to educate provides on how to utilize and submit the Health Care Program for Children in Foster Care (HCPCFC) Foster Care Medical (Specialty) Contact Form for children in foster care.

**Incumbent List - California Children's Services
FY 2021-2022**

Complete the table below for all personnel listed in the CCS budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Santa Barbara			Fiscal Year: 2021-22	
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanisha Castaneda	75%	No	No
Staff Physician	Rhonda Gordon, MD.	15%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Linda Garcia, RN, PHN	100%	No	No
Administrative Office Professional II	Vacant	90%	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Carmen Escobedo	100%	No	No

Incumbent List - Child Health and Disability Prevention Program FY 2021-2022

Complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Santa Barbara		Fiscal Year: 2021-22					
Job Title	Incumbent Name	FTE % on CHDP County/City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
Program Manager	Tanesha Castaneda	25%	N/A	75% CCS,	No	No	
Staff Physician	Rhonda Gordon, MD.	15%	N/A	15% CCS, 50% Clinic	No	No	
PHN Supervisor	Dorothy Blasing, RN,PHN,MSN	20%	N/A	75% CCS, 5% HCPCFC	No	No	
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No	
Public Health Nurse	Vacant	25%	N/A		No	No	
Health Educator	Vacant	50%	N/A		No	No	
Administrative Office Professional II	Maria Palma	100%	N/A		No	No	
Administrative Office Professional II	Vacant	10%	N/A	90% CCS	No	No	

CHDP Program Referral Data Santa Barbara County

County/City: Santa Barbara	FY 18-19		FY 19-20		FY 20-21	
Basic Informing and CHDP Referrals						
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	629	1,590	483	1,237	529	1,337
b. Number of Foster Care cases/recipients	818	818	873	873	1,076	1,076
c. Number of Medi-Cal only cases/recipients	643	784	613	901	570	605
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	1,813		1,321		1,083	
b. Medical and/or dental services with scheduling and/or transportation	403		336		312	
c. Information only (optional)	2,618		2,359		2,664	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	10,124		8,541		6,868	
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0	0	0	0

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

*The Santa Barbara County CHDP office is not able to provide the requested information for section 1 as the program does not receive this information from the Department of Social Services.

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City:		Santa Barbara			Fiscal Year: 2021-22	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)	
MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	MOU effective 07-01-17 and will continue in effect unless revised or terminated by mutual agreement.	10-04-2019	Tanesha Castaneda	No	
CenCal Health – CCS	MOU	MOU effective 07-01-18 and is automatically renewed on July 1 of each year.	10-31-2018	Tanesha Castaneda	No	
SELPA – CCS	IAA	From September 2015 and remains in effect until any revisions are mutually agreed upon or either party provides 20 days written notice to terminate	12-14-18	Tanesha Castaneda	No	SELPA requesting to reduce transportation provided to children. County CCS does not support this request. Discussions are ongoing.

CHDP Administrative Budget Summary for FY 2021-22
 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	\$ 488,858	\$ -	\$ 488,858	\$ 348,854	\$ 140,004
II. Total Operating Expenses	\$ 36,674	\$ -	\$ 36,674	\$ 2,560	\$ 34,114
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 72,742	\$ -	\$ 72,742		\$ 72,742
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 598,275	\$ -	\$ 598,275	\$ 351,414	\$ 246,860
		\$ -			

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	\$ -	\$ -			
Medi-Cal Funds:	\$ 598,275		\$ 598,275		
State	\$ 211,284		\$ 211,284	\$ 87,854	\$ 123,430
Federal (Title XIX)	\$ 386,991		\$ 386,991	\$ 263,561	\$ 123,430
	211,284				

Suzanne Jacobson
 Prepared By

10/7/2021
 Date Prepared

(805) 681-5183
 Phone Number

CHDP Director or Deputy
 Director (Signature)

10/29/2021
 Date

(805) 692-5793
 Phone Number

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

County/City Name: _ Santa Barbara

Fiscal Year 2021-22

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
1. Team Project Ldr, T Castaneda	25%	\$ 102,000	\$ 25,500	0.00%	\$ -	100.00%	\$ 25,500	50%	\$ 12,750	50%	\$ 12,750
2. PHN, N. Confiac	75%	\$ 110,000	\$ 82,500	0.00%	\$ -	100.00%	\$ 82,500	85%	\$ 70,125	15%	\$ 12,375
3. PHN, Supv D Blasing	20%	\$ 120,000	\$ 24,000	0.00%	\$ -	100.00%	\$ 24,000	80%	\$ 19,200	20%	\$ 4,800
3. Staff Phys. Dr. Gordon	15%	\$ 250,000	\$ 37,500	0.00%	\$ -	100.00%	\$ 37,500	80%	\$ 30,000	20%	\$ 7,500
4. Health Educator, Vacant	50%	\$ 88,000	\$ 44,000	0.00%	\$ -	100.00%	\$ 44,000	80%	\$ 35,200	20%	\$ 8,800
5. AOP II, M Palma	100%	\$ 68,000	\$ 68,000	0.00%	\$ -	100.00%	\$ 68,000	50%	\$ 34,000	50%	\$ 34,000
6. PHN, Vacant	25%	\$ 110,000	\$ 27,500	0.00%	\$ -	100.00%	\$ 27,500	75%	\$ 20,625	25%	\$ 6,875
7. AOP II, Vacant	10%	\$ 68,000	\$ 6,800	0.00%	\$ -	100.00%	\$ 6,800	50%	\$ 3,400	50%	\$ 3,400
Total Salaries and Wages											
			\$ 315,800		\$ -		\$ 315,800		\$ 225,358		\$ 90,442
Less Salary Savings											
			\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages											
			\$ 315,800		\$ -		\$ 315,800		\$ 225,358		\$ 90,442
Staff Benefits (Specify %) 54.80%											
			\$ 173,058		\$ -		\$ 173,058		\$ 123,496		\$ 49,562
I. Total Personnel Expenses			\$ 488,858		\$ -		\$ 488,858		\$ 348,854		\$ 140,004
II. Operating Expenses											
1. Travel											
			\$ 1,000		\$ -		\$ 1,000		\$ 800		\$ 200
2. Training											
			\$ 2,200		\$ -		\$ 2,200		\$ 1,760		\$ 440
3. Office expense											
			\$ 6,000		\$ -		\$ 6,000				\$ 6,000
4. Printing/Duplicating											
			\$ 4,200		\$ -		\$ 4,200				\$ 4,200
5. Communications											
			\$ 5,274		\$ -		\$ 5,274				\$ 5,274
6. Motorpool											
			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
7. Utilities											
			\$ 2,000		\$ -		\$ 2,000				\$ 2,000
8. Data Processing											
			\$ 11,000		\$ -		\$ 11,000				\$ 11,000
II. Total Operating Expenses			\$ 36,674		\$ -		\$ 36,674		\$ 2,560		\$ 34,114
III. Capital Expenses											
1.											
2.											
3.											
4.											
5.											
II. Total Capital Expenses			\$ -		\$ -		\$ -				\$ -
IV. Indirect Expenses											
1. Internal (Specify %) 11.23%											
			\$ 54,899		\$ -		\$ 54,899				\$ 54,899
2. External (Specify %) 3.65%											
			\$ 17,843		\$ -		\$ 17,843				\$ 17,843
IV. Total Indirect Expenses			\$ 72,742		\$ -		\$ 72,742				\$ 72,742
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			\$ -		\$ -		\$ -				\$ -
Budget Grand Total			\$ 598,275		\$ -		\$ 598,275		\$ 351,414		\$ 246,860

Suzanne Jacobson
Prepared By

10/7/2020
Date Prepared

805-681-5183
Phone Number

CHDP Director or
Deputy

10/29/2021
Date

(805) 692-5793
Phone Number

CHDP No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2021-22

I. PERSONNEL EXPENSE

Total Salaries	\$	315,800
Total Benefits		173,058
Total Personnel Expense		488,858

II. OPERATING EXPENSE

1. Travel	1,000.00	Estimate of travel necessary to perform program activities
2. Training	2,200.00	Estimate of training needed for current and new staff
3. Office expense	6,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	4,200.00	Copying and printing for program activities and newsletter
5. Communications	5,274.00	Telephone charges
6. Motorpool	5,000.00	County Carpool attributable to CHDP
7. Utilities	2,000.00	pro-rated CHDP share of utilities
8. Data Processing	11,000.00	Charges by County's IT department
TOTAL OPERATING EXPENSE	36,674.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE -

IV. INDIRECT EXPENSE

1. Internal	54,899	Program share of internal overhead, per CDPH approved rate
2. External	17,843	Program share of internal overhead, per CDPH approved rate
TOTAL INDIRECT EXPENSE	72,742	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE -

TOTAL BUDGET \$ **598,275**



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Base

County-City Name: Santa Barbara Fiscal Year: 2021-22

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$171,829	\$154,646	\$17,183
II Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$26,840		\$26,840
V Total Other Expenses			
Budget Grand Total	\$201,669	\$154,646	\$47,023

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$62,172	\$38,661	\$23,511
Federal Funds (Title XIX)	\$139,497	\$115,985	\$23,512
Budget Grand Total	\$201,669	\$154,646	\$47,023

Suzanne Jacobson 10/12/2021 (805) 681-5183 Suzanne.Jacobson@sbcphd.org
 Prepared By (Print & Sign) Date Phone Number E-mail Address

CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): _____ Base

County-City Name: Santa Barbara Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Vorce	Vivian	Public Health Nurse	Y	100.00%	\$105,000	\$105,000.00	90.00%	\$94,500	10.00%	\$10,500
2	Blassing	Dorothy	Supervising PHN	Y	5.00%	\$120,000	\$6,000.00	90.00%	\$5,400	10.00%	\$600
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					1.05%			90.00%		10.00%	
Total Salaries and Wages							\$111,000		\$99,900		\$11,100
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$111,000		\$99,900		\$11,100
Staff Benefits (Specify %)				54.80%			\$60,828		\$54,746		\$6,083
Total Personnel Expenses							\$171,829		\$154,646		\$17,183
II. Operating Expenses											
1	Travel			\$1,000			\$1,000	0.00%	\$0	100.00%	\$1,000
2	Training			\$2,000			\$2,000	0.00%	\$0	100.00%	\$2,000
Total Operating Expenses							\$3,000		\$0		\$3,000
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			15.62%			\$26,840				\$26,840
2	External										
Total Indirect Expenses							\$26,840				\$26,840
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$201,669		\$154,646		\$47,023

Suzanne Jacobson 10/12/2021 (805)681-5183 Suzanne.jacobson@sbcphd.org
 Prepared By (Print & Sign) Date Phone Number E-mail Address

CHDP Director Or Deputy Director (Print & Sign) 10/29/2021 (805) 692-5793 Tanesha.castaneda@sbcphd.org
 Date Phone Number E-mail Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	136	5.48%
Total Cases of Open (Active) Straight CCS Children		
OTLICP -	361	14.53%
Total Cases of Open (Active) OTLICP Children		
MEDI-CAL -	1987	79.99%
Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children		
TOTAL CCS CASELOAD	2484	100%

CCS Administrative Baseline Budget Summary

Fiscal Year: 2021-22

County: Santa Barbara

Category/Line Item	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
	Straight CCS		OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Total Budget	749,903	41,058	108,983	599,863	294,180	365,683
I. Total Personnel Expense	42,350	2,319	6,155	33,877	10,071	23,805
II. Total Operating Expense	0	0	0	0	0	0
III. Total Capital Expense	155,230	8,499	22,650	124,172		124,172
IV. Total Indirect Expense	0	0	0	0	0	0
V. Total Other Expense	947,483	51,876	137,898	757,912	244,251	513,661
Budget Grand Total						

Source of Funds	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
	Straight CCS		OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Total Budget	25,938	25,938	24,097	317,894	81,063	256,931
Straight CCS	25,938	25,938				
State						
County						
OTLICP			24,097			
State			24,097			
County			24,097			
Federal (Title XXI)			89,504			
Medi-Cal						
State				317,894	81,063	256,931
Federal (Title XIX)				440,018	183,188	256,830

Prepared By (Signature) Suzanne Jacobson Email Address Suzanne.jacobson@sbcphd.org

CCS Administrator (Signature) Tanesha Castaneda Email Address Tanesha.Castaneda@sbcphd.org

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CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-22
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	136	5.48%
OTLCP - Total Cases of Open (Active) OTLCP Children	361	14.53%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (w/OTLCP) Children	1987	79.99%
TOTAL CCS CASELOAD	2484	100%

Column	Straight CCS				Optional Targeted Low Income Children's Program (OTLCP)				Medi-Cal (Non-OTLCP)			
	4A	3	2	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	Careload %	Total Budget (1 x 2 or 4 + 5 + 6)	Annual Salary	Straight CCS County/State (\$0/50)	Careload %	Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17,517,565)	Careload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense												
Program Administration												
1. Tanisha Casanueva, Program Business Leader	5.48%	76,500	102,000	4,188	14.53%	11,118	79.99%	61,184	100.00%	61,184	100.00%	61,184
2. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
Subtotal		76,500	102,000	4,188		11,118		61,184				61,184
Medical Case Management												
1. Dorothy Blessing, Public Health Nursing Supervisor	75.00%	90,000	120,000	4,928	14.53%	13,080	79.99%	71,983	79.00%	56,874	21.00%	15,119
2. Linda Garcia, Public Health Nurse	100.00%	104,000	164,000	5,094	14.53%	15,114	79.99%	83,182	85.00%	70,713	15.00%	12,479
3. Rhonda Gordon, Staff Physician	15.00%	38,250	255,000	2,094	14.53%	5,550	79.99%	30,597	80.00%	24,478	20.00%	6,119
4. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
Subtotal		232,250	479,000	12,716		33,753		185,762		152,655		33,717
Other Health Care Professionals												
1. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
Subtotal		0	0	0		0		0		0		0
Ancillary Support												
1. Vacant, CCS Caseworker	100.00%	63,000	63,000	3,449	14.53%	9,156	79.99%	50,395	100.00%	50,395	100.00%	50,395
2. Alma Boytoun, CCS Caseworker	100.00%	63,000	63,000	3,449	14.53%	9,156	79.99%	50,395	100.00%	50,395	100.00%	50,395
3. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	100.00%	0	100.00%	0
Subtotal		126,000	126,000	6,898		18,312		100,790		100,790		100,790
Clerical and Claims Support												
1. Vacant, Admin Office Professional (M)	90.00%	52,200	58,000	2,858	14.53%	7,586	79.99%	41,756	0.00%	0	100.00%	41,756
2. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
Subtotal		52,200	58,000	2,858		7,586		41,756		0		41,756

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-22
 County: Santa Barbara

CCS CASELOAD	Actual CaseLoad	Percent of Total CCS CaseLoad
STRAIGHT CCS -	136	5.48%
Total Cases of Open (Active) Straight CCS Children		
OTLCP -	381	14.53%
Total Cases of Open (Active) OTLCP Children		
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children	1987	79.99%
TOTAL CCS CASELOAD	2484	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)					
	4A	4	5A	5A	5	5A	6A	6	7A	7	8A	8
	CaseLoad %	Straight CCS County/State (50/50)	CaseLoad %	Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17.5/17.5/65)	CaseLoad %	Enhanced % FTE	CaseLoad %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (2575)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Total Salaries and Wages	5.48%	26,661	14.53%	70,768	79.99%	39.04%	389,522	152,065	60.96%	237,457		237,457
Staff Benefits (Specify %)	5.48%	14,397	14.53%	38,215	79.99%		210,241	82,115		128,226		128,226
I. Total Personnel Expense	5.48%	41,058	14.53%	108,983	79.99%		599,863	234,180		365,683		365,683
II. Operating Expense												
1. Information Technology	5.48%	986	14.53%	2,616	79.99%		14,399	5,621	60.96%	8,778		8,778
2. Telephone/Communication	5.48%	780	14.53%	2,071	79.99%		11,399	4,450	60.96%	6,949		6,949
3. Office, travel, and other expenses	5.48%	553	14.53%	1,468	79.99%		8,079		100.00%	8,079		8,079
4	5.48%	0	14.53%	0	79.99%		0		100.00%	0		0
5	5.48%	0	14.53%	0	79.99%		0		100.00%	0		0
6	5.48%	0	14.53%	0	79.99%		0		100.00%	0		0
7	5.48%	0	14.53%	0	79.99%		0		100.00%	0		0
II. Total Operating Expense		2,319	14.53%	6,155	79.99%		33,877	10,071		23,806		23,806
III. Capital Expense												
1	5.48%	0	14.53%	0	79.99%		0			0		0
2	5.48%	0	14.53%	0	79.99%		0			0		0
3	5.48%	0	14.53%	0	79.99%		0			0		0
III. Total Capital Expense		0		0			0			0		0
IV. Indirect Expense												
1. Indirect Cost Rate	20.70%	155,230	5.48%	8,499	14.53%		22,560	124,172	100.00%	124,172		124,172
IV. Total Indirect Expense		155,230	5.48%	8,499	14.53%		22,560	124,172	100.00%	124,172		124,172
V. Other Expense												
1. Maintenance & Transportation		0	5.48%	0	14.53%		0	79,99%		0		0
2		5,48%	14.53%	79,99%	79.99%		0	100.00%		0		0
3		5,48%	14.53%	79,99%	79.99%		0	100.00%		0		0
4		5,48%	14.53%	79,99%	79.99%		0	100.00%		0		0
5		5,48%	14.53%	79,99%	79.99%		0	100.00%		0		0
V. Total Other Expense		0		0			0	0		0		0
Budget Grand Total		947,483	51.876	137,688	79.99%		797,912	244,251		513,661		513,661

Prepared By (Signature) Suzanne Jacobson Date Prepared (805) 681-5183 Phone Number
 Prepared By (Printed Name) Tanasha Costandou Date Signed (805) 692-5793 Phone Number
 CCS Administrator (Printed Name) Tanasha Costandou Date Signed
 CCS Administrator (Signature) Tanasha Costandou

CCS Admin Budget Narrative
Santa Barbara County
Fiscal Year 2021-22

I. PERSONNEL EXPENSE

Total Salaries	\$	486,950
Total Benefits		262,953
Total Personnel Expense		749,903

II. OPERATING EXPENSE

Information Technology	18,000.00	Charges by County's IT department
Telephone/Communication	14,250.00	Telephone charges
Office, travel, other expenses	<u>10,100.00</u>	Estimate of office, travel and other expenses based on CY usage
TOTAL OPERATING EXPENSE	42,350.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

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IV. INDIRECT EXPENSE

1. CDPH approved rate	<u>155,230</u>	Program share of overhead, per CDPH approved rate
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TOTAL INDIRECT EXPENSE 155,230

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET \$ 947,483