



County/City: Santa Barbara

Fiscal Year: 2020-2021

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## Agency Information Sheet

County/City: Santa Barbara County

Fiscal Year: 2020-21

### 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@countyofsb.org

### 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

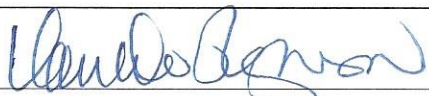
Name:	Tanja Heitman		117 E. Carrillo St
Phone:	(805) 882-3652		Santa Barbara, CA 93101
Fax:	(805) 739-8579	E-Mail:	heitman@co.santa-barbara.ca.us

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


<b>County/City:</b> Santa Barbara County	Fiscal Year: 2020-21
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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.

	10/30/20
Signature of CHDP Director	Date Signed

	11/20/20
Signature of Director or Health Officer	Date Signed

Signature and Title of Other – Optional	Date Signed

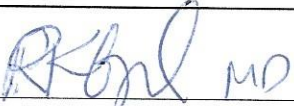
I certify that this plan has been approved by the local governing body.	
	12-8-20
Signature of Local Governing Body Chairperson	Date




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

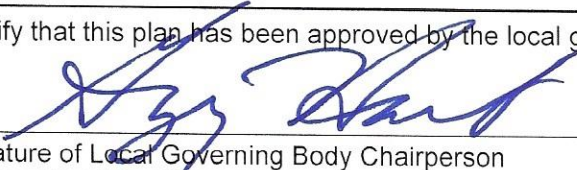
<b>County/City:</b> Santa Barbara County	Fiscal Year: 2020-21
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	10/30/20
Signature of CHDP Director	Date Signed

	11/20/20
Signature of Director or Health Officer	Date Signed

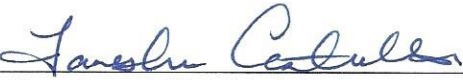
Signature and Title of Other – Optional	Date Signed


I certify that this plan has been approved by the local governing body.	
	12-8-20
Signature of Local Governing Body Chairperson	Date

**Certification Statement - California Children's Services (CCS)**

<b>County/City:</b> Santa Barbara County	<b>Fiscal Year:</b> 2020-21
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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.

	10/28/2020
Signature of CCS Administrator	Date Signed

	11/20/2020
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.	
	12-8-20
Signature of Local Governing Body Chairperson	Date

**Certification Statement - California Children's Services (CCS)**

County/City: **Santa Barbara County**

Fiscal Year: **2020-21**

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.

*Sandra Costello*

Signature of CCS Administrator

*10/28/2020*

Date Signed

*Vanessa Brown*

Signature of Director or Health Officer

*11/20/20*

Date Signed

Signature and Title of Other – Optional

Date Signed

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

*Angela Hart*

Signature of Local Governing Body Chairperson

*12-8-20*

Date



**SANTA BARBARA COUNTY CHILDREN’S MEDICAL SERVICES**  
**AGENCY DESCRIPTION: CHDP FY 2020-21**

**CHDP**

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

Currently there is a CHDP Director (.15 FTE), CHDP Deputy Director (.25 FTE), CHDP and HCPCFC 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 (.12 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.

CHDP staff continue to work collaboratively with community based organizations involved with county-wide efforts for health coverage access, oral health services, standardized developmental screening and a volunteer coalition (Promotoras) for promotion of preventative health services. County-wide strategic planning efforts enable increased access to health care and services to all children in Santa Barbara County.

Constraints of the COVID pandemic have had an impact on the in-person services CHDP staff provides to provider sites. In an effort to ensure that the needs of provider site staff are met and that operations continue, CHDP staff successfully implanted virtual trainings and site reviews.

**Vision Trainings Provided in Fiscal Year 2019-20:**

North County	10/01/19	14 Participants
South County	10/04/19	16 Participants

**Flouride Varnish Trainings Provided in Fiscal Year 2019-20:**

Lompoc Health North H St.	08/23/19	03 Participants
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**Department of Social Services Trainings Provided in Fiscal Year 2019-20:**

Santa Maria	08/26/19	19 Participants
Zoom	04/17/20	19 Participants

**Probation Department Trainings Provided in Fiscal Year 2019-20:**

Santa Maria	07/11/19	08 Participants
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**Provider Site Reviews Completed Fiscal Year 2019-20:**

Countywide	FY 2019-20	06 Sites
North County	FY 2019-20	01 New Site



**Examiner Certifications and Orientations Provided in Fiscal Year 2019-20:**

Countywide	FY 2019-20	22 Certifications
Countywide	FY 2019-20	12 Orientations

**Incumbent List - California Children's Services  
FY 2020-2021**

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: 2020-21		
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	Tanesha 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 2020-2021

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: 2020-21					
Job Title	Incumbent Name	FTE % on CHDP No 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	70% CCS, 5% HPCFC	No	No	
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No	
Public Health Nurse	Vacant	12%	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 17-18		FY 18-19		FY 19-20	
<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	766	1,944	629	1,590	483	1,237
b. Number of Foster Care cases/recipients	844	844	818	818	873	873
c. Number of Medi-Cal only cases/recipients	731	922	643	784	613	901
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	2,404		1,813		1,321	
b. Medical and/or dental services with scheduling and/or transportation	549		403		336	
c. Information only (optional)	3,074		2,618		2,359	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	11,196		10,124		8,541	
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: 2019/20	
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 Santa Barbara Public Health CHDP and CenCal Health – CHDP	MOU	12-22-2016 through 12-21-2020	12-14-2016	Tanesha Castaneda	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 2020-21**  
**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	\$ 467,083	\$ -	\$ 467,083	\$ 337,545	\$ 129,538
II. Total Operating Expenses	\$ 32,871	\$ -	\$ 32,871	\$ 2,360	\$ 30,511
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 98,321	\$ -	\$ 98,321		\$ 98,321
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
<b>Budget Grand Total</b>	<b>\$ 598,275</b>	<b>\$ -</b>	<b>\$ 598,275</b>	<b>\$ 339,905</b>	<b>\$ 258,370</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	\$ -	\$ -			
Medi-Cal Funds:	\$ 598,275		\$ 598,275		
State	\$ 214,161		\$ 214,161	\$ 84,976	\$ 129,185
Federal (Title XIX)	\$ 384,114		\$ 384,114	\$ 254,929	\$ 129,185
	<b>214,161</b>				

Suzanne Jacobson  
 Prepared By \_\_\_\_\_  
 Date Prepared 10/29/2020  
 (805) 681-5183  
 Phone Number

*Suzanne Jacobson*  
 CHDP Director or Deputy  
 Director (Signature) \_\_\_\_\_  
 Date 10/28/2020  
 (805) 692-5793  
 Phone Number



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

County/City Name:  Santa Barbara

Fiscal Year 2020-21

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)
<b>Personnel Expenses</b>											
1. Team Project Ldr, T Castaneda	25%	\$ 98,000	\$ 24,500	0.00%	\$ -	100.00%	\$ 24,500	50%	\$ 12,250	50%	\$ 12,250
2. PHN, N. Confiac	75%	\$ 108,400	\$ 81,300	0.00%	\$ -	100.00%	\$ 81,300	85%	\$ 69,105	15%	\$ 12,195
3. PHN, Supv D Blasing	20%	\$ 117,400	\$ 23,480	0.00%	\$ -	100.00%	\$ 23,480	80%	\$ 18,784	20%	\$ 4,696
3. Staff Phys. Dr. Gordon	15%	\$ 245,400	\$ 36,810	0.00%	\$ -	100.00%	\$ 36,810	80%	\$ 29,448	20%	\$ 7,362
4. Health Educator, Vacant	50%	\$ 86,000	\$ 43,000	0.00%	\$ -	100.00%	\$ 43,000	80%	\$ 34,400	20%	\$ 8,600
5. AOP II, M Palma	100%	\$ 66,200	\$ 66,200	0.00%	\$ -	100.00%	\$ 66,200	50%	\$ 33,100	50%	\$ 33,100
6. PHN, Vacant	12%	\$ 105,300	\$ 13,152	0.00%	\$ -	100.00%	\$ 13,152	85%	\$ 11,179	15%	\$ 1,973
7. AOPII, Vacant	10%	\$ 66,200	\$ 6,620	0.00%	\$ -	100.00%	\$ 6,620	75%	\$ 4,965	25%	\$ 1,655
<b>Total Salaries and Wages</b>			\$ 295,062		\$ -		\$ 295,062		\$ 213,231		\$ 81,831
Less Salary Savings			\$ -		\$ -		\$ -		\$ -		\$ -
<b>Net Salaries and Wages</b>			\$ 295,062		\$ -		\$ 295,062		\$ 213,231		\$ 81,831
Staff Benefits (Specify %) 58.30%			\$ 172,021		\$ -		\$ 172,021		\$ 124,314		\$ 47,707
<b>I. Total Personnel Expenses</b>			\$ 467,083		\$ -		\$ 467,083		\$ 337,545		\$ 129,538
<b>II. Operating Expenses</b>											
1. Travel			\$ 750		\$ -		\$ 750		\$ 600		\$ 150
2. Training			\$ 2,200		\$ -		\$ 2,200		\$ 1,760		\$ 440
3. Office expense			\$ 5,500		\$ -		\$ 5,500				\$ 5,500
4. Printing/Duplicating			\$ 4,200		\$ -		\$ 4,200				\$ 4,200
5. Communications			\$ 4,721		\$ -		\$ 4,721				\$ 4,721
6. Motorpool			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
7. Utilities			\$ 2,000		\$ -		\$ 2,000				\$ 2,000
8. Data Processing			\$ 8,500		\$ -		\$ 8,500				\$ 8,500
<b>II. Total Operating Expenses</b>			\$ 32,871		\$ -		\$ 32,871		\$ 2,360		\$ 30,511
<b>III. Capital Expenses</b>											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
<b>III. Total Capital Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 16.27%			\$ 75,994		\$ -		\$ 75,994				\$ 75,994
2. External (Specify %) 4.78%			\$ 22,327		\$ -		\$ 22,327				\$ 22,327
<b>IV. Total Indirect Expenses</b>			\$ 98,321		\$ -		\$ 98,321				\$ 98,321
<b>V. Other Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>V. Total Other Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>Budget Grand Total</b>			\$ 598,275		\$ -		\$ 598,275		\$ 339,905		\$ 258,370

Suzanne Jacobson  
Prepared By  
*Suzanne Castaneda*  
CHDP Director or  
Deputy

10/7/2020  
Date Prepared  
*10/28/2020*  
Date

805-681-5183  
Phone Number  
(805) 692-5793  
Phone Number

**CHDP No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2020-21**

**I. PERSONNEL EXPENSE**

Total Salaries	\$	295,062
Total Benefits		172,021
<b>Total Personnel Expense</b>		<b>467,083</b>

**II. OPERATING EXPENSE**

1. Travel	750.00	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	5,500.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	4,200.00	Copying and printing for program activities and newsletter
5. Communications	4,721.00	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	8,500.00	Charges by County's IT department
<b>TOTAL OPERATING EXPENSE</b>	<b>32,871.00</b>	

**III. CAPITAL EXPENSE**

**TOTAL CAPITAL EXPENSE** -

**IV. INDIRECT EXPENSE**

1. Internal	75,994	Program share of internal overhead, per CDPH approved rate
2. External	22,327	Program share of internal overhead, per CDPH approved rate
<b>TOTAL INDIRECT EXPENSE</b>	<b>98,321</b>	

**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: 2020-21

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	\$168,219	\$151,397	\$16,822
II Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$28,244		\$28,244
V Total Other Expenses			
Budget Grand Total	\$199,463	\$151,397	\$48,066

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$61,882	\$37,849	\$24,033
Federal Funds (Title XIX)	\$137,581	\$113,548	\$24,033
Budget Grand Total	\$199,463	\$151,397	\$48,066

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 Prepared By (Print & Sign) Date Phone Number E-mail Address

Tanesha Castaneda *Tanesha Castaneda* 10/29/2020 805-692-5793 tanesha.castaneda@sbcphd.org  
 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: 2020-21

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)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Vorce	Vivian	Public Health Nurse	Y	100.00%	\$104,800	\$104,800.00	90.00%	\$94,320	10.00%	\$10,480
2	Blassing	Dorothy	Supervising PHN	Y	5.00%	\$117,400	\$5,870.00	90.00%	\$5,283	10.00%	\$587
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							\$110,670		\$99,603		\$11,067
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$110,670		\$99,603		\$11,067
Staff Benefits (Specify %)					52.00%		\$57,549		\$51,794		\$5,755
<b>Total Personnel Expenses</b>							<b>\$168,219</b>		<b>\$151,397</b>		<b>\$16,822</b>
<b>II. Operating Expenses</b>											
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
<b>Total Operating Expenses</b>							<b>\$3,000</b>		<b>\$0</b>		<b>\$3,000</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			16.79%			\$28,244				\$28,244
2	External										
<b>Total Indirect Expenses</b>							<b>\$28,244</b>				<b>\$28,244</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$199,463</b>		<b>\$151,397</b>		<b>\$48,066</b>

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



HCPCFC No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2020-21

**I. PERSONNEL EXPENSE**

Total Salaries	110,670
Total Benefits	57,549
<b>Total Personnel Expense</b>	<b>168,219</b>

**II. OPERATING EXPENSE**

1. Travel	1,000	Estimate of travel necessary to perform program activities
2. Training	2,000	Estimate of training needed for current program activities
<b>TOTAL OPERATING EXPENSE</b>	<b>3,000</b>	

**III. CAPITAL EXPENSE**

**TOTAL CAPITAL EXPENSE**

**IV. INDIRECT EXPENSE**

1. Internal	28,244	Program share of internal overhead, per PHD cost plan
2. External		
<b>TOTAL INDIRECT EXPENSE</b>	<b>28,244</b>	

**V. OTHER EXPENSE**

**TOTAL OTHER EXPENSE**

<b>TOTAL BUDGET</b>	<b>199,463</b>
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CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21  
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>	135	6.16%
Total Cases of Open (Active) Straight CCS Children		
<b>OTLICP -</b>	329	15.02%
Total Cases of Open (Active) OTLICP Children		
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children</b>	1726	78.81%
<b>TOTAL CCS CASELOAD</b>	2190	100%

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)				Medi-Cal (Non-OTLICP)			
	4A	4	5A	5	6A	6	7A	7	8A	8	
		Total Budget (1+2 or 4+5+6)		Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/ Fed (11,751/11,757/6.5)	Caseload %	Enhanced Medi-Cal State/Federal (25/75)	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)		
<b>I. Personnel Expense</b>											
<b>Program Administration</b>											
1. Castaneda, Tamesha, Program Business Leader		98,000	73,500	6.16%	4,531	15.02%	11,042	78.81%	57,927	57,927	
2. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
3. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
4. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
5. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
<b>Subtotal</b>		98,000	73,500	6.16%	4,531	15.02%	11,042	78.81%	57,927	57,927	
<b>Medical Case Management</b>											
1. Blessing, Dorothy, Public Health Nursing Supervisor		117,400	86,050	6.16%	5,428	15.02%	13,228	78.81%	69,395	85,00%	
2. Garcia, Linda, Public Health Nurse		104,800	104,800	6.16%	6,460	15.02%	15,744	78.81%	82,596	85,00%	
3. Gordon, Rhonda, Staff Physician		245,400	36,810	6.16%	2,269	15.02%	5,530	78.81%	29,011	85,00%	
4. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
5. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
6. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
7. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
8. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
<b>Subtotal</b>		467,600	229,660	6.16%	14,157	15.02%	34,502	78.81%	181,002	153,852	
<b>Other Health Care Professionals</b>											
1. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
2. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
3. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
<b>Subtotal</b>		0	0	6.16%	0	15.02%	0	78.81%	0	0	
<b>Ancillary Support</b>											
1. Escobedo, Carmen, CCS Caseworker		63,300	63,300	6.16%	3,902	15.02%	9,509	78.81%	49,868	100,00%	
2. Bayquen, Alma, CCS Caseworker		63,300	63,300	6.16%	3,902	15.02%	9,509	78.81%	49,868	100,00%	
3. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
4. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
5. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0	
<b>Subtotal</b>		126,600	126,600	6.16%	7,804	15.02%	19,018	78.81%	99,736	100,00%	
<b>Clerical and Claims Support</b>											
1. Vacant, Admin Office Professional I/II		58,000	52,200	6.16%	3,218	15.02%	7,842	78.81%	41,140	0.00%	
2. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0.00%	
3. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0.00%	
4. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0.00%	
5. Employee Name, Position		0	0	6.16%	0	15.02%	0	78.81%	0	0.00%	
<b>Subtotal</b>		58,000	52,200	6.16%	3,218	15.02%	7,842	78.81%	41,140	0	
<b>Total Salaries and Wages</b>		862,100	481,960	6.16%	28,710	15.02%	72,404	78.81%	378,845	153,852	
<b>Staff Benefits (Specify %)</b>		54.40%	262,186	6.16%	16,162	15.02%	39,388	78.81%	206,636	83,966	
<b>Total</b>		916,500	744,146	6.16%	44,872	15.02%	111,792	78.81%	585,481	237,818	



### CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21

County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>	135	6.16%
Total Cases of Open (Active) Straight CCS Children		
<b>OTLCP -</b>	329	15.02%
Total Cases of Open (Active) OTLCP Children		
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Open-OTLCP) Children</b>	1726	78.81%
<b>TOTAL CCS CASELOAD</b>	<b>2190</b>	<b>100%</b>

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)			
	4A	4	5A	5	6A	7A	7	8A	8	
Column	Caseload %	Straight CCS County/State (\$0580)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) (11.75/11.75/76.5)	Caseload %	Enhanced % FTE	Enhanced Medi-Cal State/Federal (2575)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (5050)	
<b>I. Total Personnel Expense</b>	744,146	45,972	15.02%	111,792	78.81%		237,548		348,933	
<b>II. Operating Expense</b>										
1. Information Technology	30,000	1,849	15.02%	4,507	78.81%		9,577		14,067	
2. Telephone/Communication	18,000	1,110	15.02%	2,704	78.81%		5,746		8,440	
3. Office expense, travel, other expenditures	10,189	628	15.02%	1,531	78.81%		8,030		8,030	
4.		0	15.02%	0	78.81%		0		0	
5.		0	15.02%	0	78.81%		0		0	
6.		0	15.02%	0	78.81%		0		0	
7.		0	15.02%	0	78.81%		0		0	
<b>III. Total Operating Expense</b>	58,189	3,587	15.02%	8,742	78.81%		15,323		30,537	
<b>III. Capital Expense</b>										
1.		0	15.02%	0	78.81%		0		0	
2.		0	15.02%	0	78.81%		0		0	
3.		0	15.02%	0	78.81%		0		0	
<b>IV. Total Capital Expense</b>	0	0	15.02%	0	78.81%		0		0	
<b>IV. Indirect Expense</b>										
1. Indirect Cost Rate	154,038	9,495	15.02%	23,141	78.81%		121,402		121,402	
<b>IV. Total Indirect Expense</b>	154,038	9,495	15.02%	23,141	78.81%		121,402		121,402	
<b>V. Other Expense</b>										
1. Maintenance & Transportation	500	31	15.02%	75	78.81%		394		394	
2.		0	15.02%	0	78.81%		0		0	
3.		0	15.02%	0	78.81%		0		0	
4.		0	15.02%	0	78.81%		0		0	
5.		0	15.02%	0	78.81%		0		0	
<b>V. Total Other Expense</b>	500	31	15.02%	75	78.81%		394		394	
<b>Budget Grand Total</b>	956,873	58,985	15.02%	143,750	78.81%		754,137		501,266	

Prepared By (Signature): *Suzanne Jacobson* Date Prepared: 10/28/2020 Phone Number: (805) 681-5183

Prepared By (Printed Name): Suzanne Jacobson Date Signed: 10/28/2020 Phone Number: (805) 692-5793

Tanesha Castaneda  
 CCS Administrator (Printed Name)  
 CCS Administrator (Signature)

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	135	6.16%
<b>OTLIP -</b> Total Cases of Open (Active) OTLIP Children	329	15.02%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children	1726	78.81%
<b>TOTAL CCS CASELOAD</b>	<b>2190</b>	<b>100%</b>

### CCS Administrative Baseline Budget Summary

Fiscal Year: 2020-21

County: Santa Barbara

Category/Line Item	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)					
	1	2	3	4	5	6
Col 1 = Col 2+3+4	Straight CCS		OTLIP	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)		
Column	Straight CCS		OTLIP	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)		
Total Budget	Straight CCS County/State (50/50)		Optional Targeted Low Income Children's Program (OTLIP) County/State/Fed (11,7511,7576.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	744,146	45,872	111,792	566,481	237,546	348,933
II. Total Operating Expense	58,189	3,587	8,742	45,860	15,323	30,537
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	154,038	9,495	23,141	121,402		121,402
V. Total Other Expense	500	31	75	394		394
<b>Budget Grand Total</b>	<b>956,873</b>	<b>58,985</b>	<b>143,750</b>	<b>754,137</b>	<b>252,871</b>	<b>501,265</b>

Source of Funds	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)					
	1	2	3	4	5	6
Col 1 = Col 2+3+4	Straight CCS		OTLIP	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)		
Column	Straight CCS		OTLIP	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)		
Total Budget	Straight CCS County/State (50/50)		Optional Targeted Low Income Children's Program (OTLIP) County/State/Fed (11,7511,7576.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>Straight CCS</b>	<b>29,492</b>					
State	29,492					
County	29,493					
<b>OTLIP</b>						
State	16,891		16,891			
County	16,891		16,891			
Federal (Title XXI)	109,968		109,968			
<b>Medi-Cal</b>						
State	313,851			313,851	63,218	250,633
Federal (Title XIX)	440,286			440,286	189,663	250,633

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 Prepared By (Printed Name): Suzanne Jacobson  
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 CCS Administrator (Printed Name): Tanesha Castaneda  
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