

County/City: Santa Barbara

Fiscal Year: 2019/20

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Agency Information Sheet

County/City:

Santa Barbara County

Fiscal Year: 2019-20

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

Clerk of the Board of Supervisors or City Council

Name:	Michael Allen	Address:	105 E Anapamu St Room #407
Phone:	(805) 568-2245		Santa Barbara, CA 93101
Fax:	(805) 568-2249	E-Mail:	allen@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

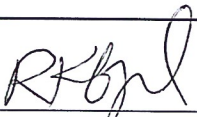
Chief Probation Officer

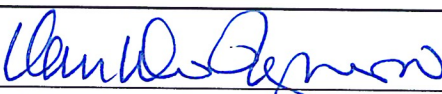
Name:	Tanja Heitman		117 E. Carrillo St
Phone:	(805) 882-3652		Santa Barbara, CA 93101
Fax:	(805) 739-8579	E-Mail:	heitman@co.santa-barbara.ca.us

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

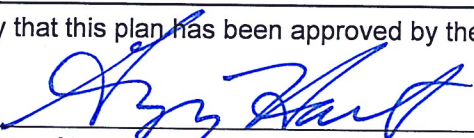
County/City: Santa Barbara County	Fiscal Year: 2019-20
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I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions 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.

	12/6/19
Signature of CHDP Director	Date Signed

	12/16/2019
Signature of Director or Health Officer	Date Signed

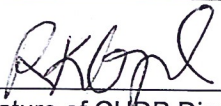
Signature and Title of Other – Optional	Date Signed

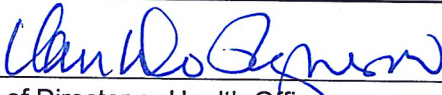
I certify that this plan has been approved by the local governing body.	
	1-14-20
Signature of Local Governing Body Chairperson	Date

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

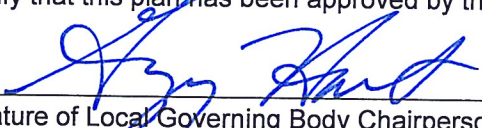
County/City: Santa Barbara County	Fiscal Year: 2019-20
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	12/6/19
Signature of CHDP Director	Date Signed

	12/16/2019
Signature of Director or Health Officer	Date Signed


Signature and Title of Other – Optional	Date Signed

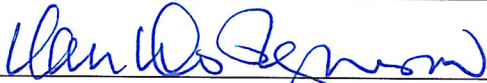
I certify that this plan has been approved by the local governing body.	
	1-14-20
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

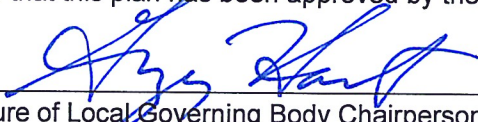
County/City: Santa Barbara County	Fiscal Year: 2019-20
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 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	12/06/19 Date Signed
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 Signature of Director or Health Officer	12/16/2019 Date Signed
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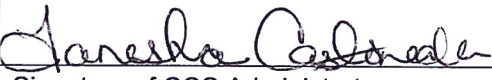
Signature and Title of Other – Optional	Date Signed
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 Signature of Local Governing Body Chairperson	1-14-20 Date

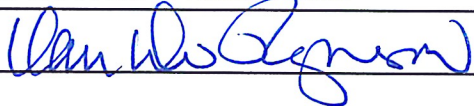
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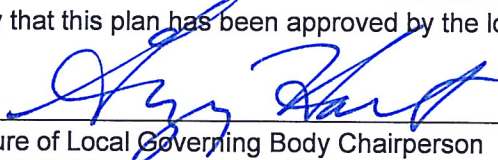
County/City: Santa Barbara County	Fiscal Year: 2019-20
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	12/06/19
Signature of CCS Administrator	Date Signed

Signature of Director or Health Officer	Date Signed

	12/16/2019
Signature and Title of Other – Optional	Date Signed

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

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES
AGENCY DESCRIPTION: CHDP FY 2019-20

CHDP

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

Rhonda Gordon, MD CHDP Director (.15 FTE) assumed the oversight of medical direction in FY 2017-2018. Tanesha Castaneda, CHDP Deputy Director (.25 FTE) assumed administrative oversight as of July 2019. Currently there is a CHDP and HCPCFC Supervising PHN (.25 FTE), CHDP PHN (.75 FTE), HCPCFC PHN (1.0 FTE), Health Educator (.50 FTE), and an Administrative Office Professional II (1.0 FTE). There is a vacant PHN position (.16 FTE) and a vacant AOP II position (.10 FTE). The number of CHDP sites in Santa Barbara County (SBC) is currently 36; there are no pending provider sites.

The CHDP Deputy Director, CHDP PHN, and the Health Educator 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. Health activities specific to CHDP State and Federal guidance were maintained and focused on follow-up for abnormal health assessments. Mandated trainings were administered to the Department of Social Services (DSS) to increase awareness of the CHDP program. Trainings to providers and to Social Services are done in conjunction with our Medi-Cal Managed Care Provider, Cen-Cal Health, when able.

Audiometric Trainings Provided in Fiscal Year 2018/19:

South County	10/26/18	13 participants
South County	05/21/19	02 participants (practicum only)
South County	06/18/19	09 participants
North County	11/01/18	17 participants
North County	05/30/19	14 participants
CAC Head Start	08/09/18	09 participants
Franklin Clinic	04/09/19	01 participant (one on one refresher training)
Goleta Clinic	06/25/19	07 participants (courtesy refresher training)

Vision Trainings Provided in Fiscal Year 2018/19:

South County	09/21/18	19 participants
North County	09/18/18	12 participants
CAC Head Start	08/16/18	07 participants (courtesy training)
Franklin Clinic	04/04/19	01 participant (one on one refresher training)
Goleta Clinic	06/25/19	07 participants (courtesy refresher training)

Department of Social Services Trainings Provided in Fiscal Year 2018/19:

Eligibility Workers

Santa Maria	10/23/18	29 participants (3 sessions)
Santa Maria	11/06/18	42 participants (2 sessions)
Santa Maria	11/07/18	17 participants (2 sessions)
Santa Maria	02/11/19	09 participants
Santa Barbara	11/07/18	22 participants (2 sessions)

Child Welfare Services

Lompoc	05/02/19	07 participants
Santa Barbara	05/16/19	13 participants
Santa Maria	06/13/19	15 participants

Flouride Varnish Trainings Provided in Fiscal Year 2018/19:

Buellton Medical Center	04/26/19	07 participants
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**Incumbent List - California Children's Services
FY 2019-2020**

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: 2019-20	
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.	20%	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 2019-2020

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: 2019-20			
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	20% CCS, 50% Clinic	No	No		
PHN Supervisor	Dorothy Blasing, RN,PHN,MSN	20%	N/A	70% CCS, 5% HPCPCFC	No	No		
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No		
Public Health Nurse	Vacant	16%	N/A		No	No		
Health Educator	Jennyffer Rivera, MPH	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		



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 Incumbent List



County-City Name: Santa Barbara	Fiscal Year: 2019-20
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Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HCPCFC administrative budgets (Summary, Worksheet, and Narrative), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/Federal	% FTE Other Programs (Specify)	% FTE Total
1	Vorce	Vivian	HCPCFC PHN	Y	100.00%	0.00%	0.00%	0.00%	0.00%	1.00%
2	Blasing	Dorothy	Supervising PHN	Y	5.00%	0.00%	0.00%	0.00%	75% CCS, 20% CHDP	1.00%

CHDP Program Referral Data Santa Barbara County

County/City: Santa Barbara	FY 16-17		FY 17-18		FY 18-19	
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	1,021	2,533	766	1944	629	1590
b. Number of Foster Care cases/recipients	784	784	844	844	818	818
c. Number of Medi-Cal only cases/recipients	929	1,483	731	922	643	784
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	3,720		2404		1813	
b. Medical and/or dental services with scheduling and/or transportation	1,011		549		403	
c. Information only (optional)	3,894		3074		2,618	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	14,165		11,196		10,124	
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 2019-20
 No County/City Match
 County/City Name: Santa Barbara

Column	1	2	3	4	5
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$ 463,010	\$ -	\$ 463,010	\$ 320,116	\$ 142,893
II. Total Operating Expenses	\$ 32,459	\$ -	\$ 32,459	\$ 2,360	\$ 30,099
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 102,719	\$ -	\$ 102,719		\$ 102,719
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 598,188	\$ -	\$ 598,188	\$ 322,476	\$ 275,711

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$ -	\$ -			
Medi-Cal Funds:	\$ 598,188		\$ 598,188		
State	\$ 218,475		\$ 218,475	\$ 80,619	\$ 137,856
Federal (Title XIX)	\$ 379,713		\$ 379,713	\$ 241,857	\$ 137,856
	218,475				

Suzanne Jacobson
 Prepared By

(805) 681-5183
 Phone Number

10/30/2019
 Date Prepared

Suzanne Jacobson
 CHDP Director or Deputy
 Director (Signature)

(805) 692-5793
 Phone Number

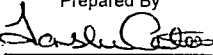
10/30/19
 Date

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

County/City Name: Santa Barbara

Fiscal Year 2019-20

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%	\$ 98,000	\$ 24,500	0.00%	\$ -	100.00%	\$ 24,500	50%	\$ 12,250	50%	\$ 12,250
2. PHN, N. Confiac	75%	\$ 105,300	\$ 78,975	0.00%	\$ -	100.00%	\$ 78,975	80%	\$ 63,180	20%	\$ 15,795
3. PHN, Supv D Blasing	20%	\$ 115,000	\$ 23,000	0.00%	\$ -	100.00%	\$ 23,000	80%	\$ 18,400	20%	\$ 4,600
3. Staff Phys. Dr. Gordon	15%	\$ 246,000	\$ 36,900	0.00%	\$ -	100.00%	\$ 36,900	75%	\$ 27,675	25%	\$ 9,225
4. Health Educator J Rivera	50%	\$ 86,000	\$ 43,000	0.00%	\$ -	100.00%	\$ 43,000	75%	\$ 32,250	25%	\$ 10,750
5. AOP II, M Palma	100%	\$ 65,000	\$ 65,000	0.00%	\$ -	100.00%	\$ 65,000	50%	\$ 32,500	50%	\$ 32,500
6. PHN, Vacant	16%	\$ 105,300	\$ 16,848	0.00%	\$ -	100.00%	\$ 16,848	75%	\$ 12,636	25%	\$ 4,212
7. AOP II, Vacant	10%	\$ 65,000	\$ 6,500	0.00%	\$ -	100.00%	\$ 6,500	75%	\$ 4,875	25%	\$ 1,625
Total Salaries and Wages											
			\$ 294,723		\$ -		\$ 294,723		\$ 203,766		\$ 90,957
Less Salary Savings			\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages			\$ 294,723		\$ -		\$ 294,723		\$ 203,766		\$ 90,957
Staff Benefits (Specify %) 57.10%			\$ 168,287		\$ -		\$ 168,287		\$ 116,350		\$ 51,936
I. Total Personnel Expenses			\$ 463,010		\$ -		\$ 463,010		\$ 320,116		\$ 142,893
II. Operating Expenses											
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			\$ 4,309		\$ -		\$ 4,309				\$ 4,309
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
II. Total Operating Expenses			\$ 32,459		\$ -		\$ 32,459		\$ 2,360		\$ 30,099
III. Capital Expenses											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
II. Total Capital Expenses			\$ -		\$ -		\$ -				\$ -
IV. Indirect Expenses											
1. Internal (Specify %) 16.79%			\$ 77,721		\$ -		\$ 77,721				\$ 77,721
2. External (Specify %) 5.40%			\$ 24,998		\$ -		\$ 24,998				\$ 24,998
IV. Total Indirect Expenses			\$ 102,719		\$ -		\$ 102,719				\$ 102,719
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			\$ -		\$ -		\$ -				\$ -
Budget Grand Total			\$ 598,188		\$ -		\$ 598,188		\$ 322,476		\$ 275,711

Suzanne Jacobson
 Prepared By

 CHDP Director or Deputy

10/12/2019
 Date Prepared
 10/30/19
 Date

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

CHDP No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2019-20

I. PERSONNEL EXPENSE

Total Salaries	\$	294,723
Total Benefits		168,287
Total Personnel Expense		463,010

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	4,309.00	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
TOTAL OPERATING EXPENSE	32,459.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE -

IV. INDIRECT EXPENSE

1. Internal	77,721	Program share of internal overhead, per CDPH approved rate
2. External	24,998	Program share of internal overhead, per CDPH approved rate
TOTAL INDIRECT EXPENSE	102,719	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE -

TOTAL BUDGET \$ **598,188**



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: Sanla Barbara Fiscal Year: 2019-20

Category/Line Item	Total Budget (B = C + D)	Enhanced State/Federal (2575) C	Non-Enhanced State/Federal (50/50) D
I Total Personnel Expenses	\$172,770	\$155,493	\$17,277
II Total Operating Expenses	\$2,000	\$0	\$2,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$29,009		\$29,009
V Total Other Expenses			
Budget Grand Total	\$203,779	\$155,493	\$48,286

Source of Funds	Total Funds (F = G + H)	Enhanced State/Federal (2575) G	Non-Enhanced State/Federal (50/50) H
E State Funds	\$63,016	\$38,873	\$24,143
Federal Funds (Title XIX)	\$140,763	\$116,620	\$24,143
Budget Grand Total	\$203,779	\$155,493	\$48,286

Prepared By (Print & Sign) Stephanie Jacobson Date 12/2/19 Phone Number (805) 681-5183 E-mail Address uzanne.jacobson@sbcphd.or

Director Or Deputy Director (Print & Sign) Janasha Castaneda Date 12/2/19 Phone Number (805) 682-5793 E-mail Address janasha.castaneda@sbcphd.or



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 Funding _____

County-City Name: Santa Barbara Fiscal Year: 2019-20

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	Blasing	Dorothy	Supervising PHN	Y	5.00%	\$115,000	\$5,750.00	90.00%	\$5,175	10.00%	\$575
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
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$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							\$110,750		\$99,675		\$11,075
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$110,750		\$99,675		\$11,075
Staff Benefits (Specify %)					56.00%		\$62,020		\$55,818		\$6,202
Total Personnel Expenses							\$172,770		\$155,493		\$17,277
II. Operating Expenses											
1	Travel			\$1,000			\$1,000	0.00%	\$0	100.00%	\$1,000
2	Training			\$1,000			\$1,000	0.00%	\$0	100.00%	\$1,000
Total Operating Expenses							\$2,000		\$0		\$2,000
III. Capital Expenses											
Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			16.79%			\$29,009				\$29,009
2	External										
Total Indirect Expenses							\$29,009				\$29,009
V. Other Expenses											
Total Other Expenses											
Budget Grand Total							\$203,779		\$155,493		\$48,286

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

Tanesha Castaneda *Tanesha Castaneda* 10/30/19 (805) 692-5793 tanesha.castaneda.sbcphd.org
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

**HPCFC No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2019-20**

I. PERSONNEL EXPENSE

Total Salaries	110,750
Total Benefits	62,020
Total Personnel Expense	172,770

II. OPERATING EXPENSE

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

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE	-
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IV. INDIRECT EXPENSE

1. Internal	29,009	Program share of internal overhead, per PHD cost plan
2. External		Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	29,009	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE	-
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TOTAL BUDGET	203,779
---------------------	----------------

CCS Administrative Budget Summary from July 1, 2019 to September 30, 2019

Fiscal Year: 2019-20

County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	119	5.77%
Total Cases of Open (Active) Straight CCS Children		
OTLICP -	340	16.47%
Total Cases of Open (Active) OTLICP Children		
MEDI-CAL -	1605	77.76%
Total Cases of Open (Active) Medi-Cal (incl. OTLICP) Children		
TOTAL CCS CASELOAD	2064	100%

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)		Non-Enhanced Medi-Cal State/Federal (50/50)
Total Budget						
I. Total Personnel Expense	192,620	11,106	31,730	149,786	67,605	82,181
II. Total Operating Expense	21,250	1,225	3,501	16,524	5,704	10,820
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	42,793	2,464	7,039	33,230		33,230
V. Total Other Expense	875	50	144	680		680
Budget Grand Total	257,478	14,845	42,414	200,220	73,309	126,911

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)		Non-Enhanced Medi-Cal State/Federal (50/50)
Total Budget						
Straight CCS						
State	7,422	7,422				
County	7,423	7,423				
OTLICP						
State	2,545					
County	2,545					
Federal (Title XXI)	37,324					
Medi-Cal						
State	81,783			81,783	18,327	63,456
Federal (Title XIX)	118,437			118,437	54,892	63,545

Suzanne Jacobson
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Suzanne Jacobson
Prepared By (Printed Name)

Tanesha Castaneda
CCS Administrator (Printed Name)

Suzanne Jacobson
Tanesha Castaneda

CCS Administrator (Signature)

**CCS Administrative Budget Summary
from October 1, 2019 to June 30, 2020**


Fiscal Year: 2019-20


County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	119	5.77%
OTLICP - Total Cases of Open (Active) OTLICP Children	340	16.47%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	1605	77.76%
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)					
	1	2	3	4	5	6
Col 1 = Col 2+3+4	Straight CCS		OTLICP	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (2575)	Non-Enhanced Medi-Cal State/Federal (5050)
Total Budget						
I. Total Personnel Expense	57,959	33,316	95,189	449,352	163,119	286,233
II. Total Operating Expense	58,750	3,388	9,678	45,684	13,761	31,923
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	128,198	7,391	21,118	99,689		99,689
V. Total Other Expense	2,625	151	432	2,041		2,041
Budget Grand Total	767,432	44,246	126,417	596,766	176,890	419,896

Source of Funds	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)					
	1	2	3	4	5	6
Col 1 = Col 2+3+4	Straight CCS		OTLICP	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (2575)	Non-Enhanced Medi-Cal State/Federal (5050)
Total Budget						
Straight CCS State	22,123	22,123				
Straight CCS County	22,123	22,123				
OTLICP State	14,854		14,854			
OTLICP County	14,854		14,854			
Federal (Title XXI)	96,709		96,709			
Medi-Cal State	254,163			254,163		
Federal (Title XIX)	342,603			342,603		
					44,220	209,943
					132,660	209,943

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

CCS Administrator (Signature):  Tanesha Castaneda
 CCS Administrator (Printed Name): Tanesha Castaneda
 Email Address: Tanesha.castaneda@sbcphd.org

**CCS Administrative Budget Summary
from July 1, 2019 to June 30, 2020**

Fiscal Year: 2019-20

County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	119	5.77%
OTLIPC - Total Cases of Open (Active) OTLIPC Children	340	16.47%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	1605	77.76%
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
	Straight CCS		OTLIPC	Medi-Cal (non-OTLIPC) (Column 4 = Columns 5 + 6)		
Total Budget						
I. Total Personnel Expense	770,479	44,422	125,919	599,138	230,724	368,414
II. Total Operating Expense	80,000	4,613	13,179	62,208	19,465	42,743
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	170,931	9,655	28,157	132,919		132,919
V. Total Other Expense	3,500	201	576	2,721		2,721
Budget Grand Total	1,024,910	59,091	168,831	796,966	250,189	546,797

Source of Funds	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
	Straight CCS		OTLIPC	Medi-Cal (non-OTLIPC) (Column 4 = Columns 5 + 6)		
Total Budget						
Straight CCS						
State	29,545	29,545				
County	29,546	29,546				
OTLIPC						
State	17,399		17,399			
County	17,399		17,399			
Federal (Title XXI)	134,033		134,033			
Medi-Cal						
State	335,946			335,946	62,547	273,399
Federal (Title XIX)	461,040			461,040	187,642	273,398

Prepared By (Signature): *Suzanne Jacobson*
 Prepared By (Printed Name): Suzanne Jacobson
 Email Address: Suzanne.jacobson@sbcphd.org

CCS Administrator (Signature): *Tanesha Castaneda*
 CCS Administrator (Printed Name): Tanesha Castaneda
 Email Address: Tanesha.castaneda@sbcphd.org

CCS Administrative Budget Worksheet from July 1, 2019 to September 30, 2019

Fiscal Year: 2019-20
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	119	5.77%
Total Cases of Open (Active) Straight CCS Children		
OTLIPC -	340	16.47%
Total Cases of Open (Active) OTLIPC Children		
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	1605	77.76%
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Column			Straight CCS				Optional Targeted Low Income Children's Program (OTLIPC)				Medi-Cal (Non-OTLIPC)			
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8		
	% FTE	3 months pro-rated Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (60/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (6/6/86)	Caseload %	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. Casienada, Tanesha, Program Business Leader	75.00%	24,500	19,375	5.77%	1,059	16.47%	3,027	77.76%	14,289			100.00%	14,289		
2. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
3. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
4. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
5. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
Subtotal		24,500	19,375		1,059		3,027		14,289			100.00%	14,289		
Medical Case Management															
1. Blasing, Dorothy, Public Health Nursing Supervisor	75.00%	28,750	21,563	5.77%	1,243	16.47%	3,652	77.76%	16,768			25.00%	4,192		
2. Garcia, Linda, Public Health Nurse	100.00%	26,325	26,325	5.77%	1,518	16.47%	4,336	77.76%	20,471			25.00%	5,118		
3. Gordon, Rhonda, Staff Physician	20.00%	60,625	12,125	5.77%	699	16.47%	1,997	77.76%	9,429			25.00%	2,357		
4. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
5. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
6. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
7. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
8. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
Subtotal		115,700	60,013		3,460		9,985		46,666		35,001	100.00%	11,667		
Other Health Care Professionals															
1. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
2. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
3. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			0.00%	0		
Subtotal		0	0		0		0		0			0.00%	0		
Ancillary Support															
1. Escobedo, Carman, CCS Caseworker	100.00%	15,500	15,500	5.77%	894	16.47%	2,553	77.76%	12,053			100.00%	12,053		
2. Bayquen, Alma, CCS Caseworker	100.00%	15,500	15,500	5.77%	894	16.47%	2,553	77.76%	12,053			100.00%	12,053		
3. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
4. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
5. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0			100.00%	0		
Subtotal		31,000	31,000		1,788		5,106		24,106			100.00%	24,106		
Clerical and Claims Support															

CCS Administrative Budget Worksheet from July 1, 2019 to September 30, 2019

Fiscal Year: 2019-20
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	119	5.77%
OTLICP - Total Cases of Open (Active) OTLICP Children	340	16.47%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Non-OTLICP) Children	1605	77.76%
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)				Medi-Cal (Non-OTLICP)				
	3	4	5	5A	5	6	7	8	7A	6A	7	8
	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload % (50/50)	3 months pro-rated Salary	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Caseload % (6/6/68)	Medi-Cal State/Federal	Enhanced % State/Federal (25/75)	Non-Enhanced % State/Federal (50/50)	Enhanced % State/Federal (25/75)	Caseload %	Enhanced % State/Federal (25/75)	Non-Enhanced % State/Federal (50/50)
1. Vacant, Admin Office Professional III.	14,603	5.77%	16,226	16.47%	2,406	11,355	75.00%	8,517	25.00%	77.76%	8,517	25.00%
2. Employee Name, Position	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
3. Employee Name, Position	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
4. Employee Name, Position	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
5. Employee Name, Position	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
Subtotal	14,603	5.77%	16,226	16.47%	2,406	11,355	75.00%	8,517	25.00%	77.76%	8,517	25.00%
Total Salaries and Wages	123,991	5.77%	7,149	16.47%	20,425	96,419	45.13%	43,518	54.87%	77.76%	24,087	28.280
Staff Benefits (Specify %)	55,355	5.77%	3,957	16.47%	11,305	53,957	77.76%	24,087	45.13%	77.76%	67,605	82.181
I. Total Personnel Expense	192,620	5.77%	11,106	16.47%	31,730	149,786	77.76%	77,776	45.13%	77.76%	77,776	45.13%
II. Operating Expense (for three months)	10,000	5.77%	577	16.47%	1,847	7,776	77.76%	3,510	45.13%	77.76%	3,510	45.13%
1. Information Technology	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
2. Telephone/Communication	6,250	5.77%	350	16.47%	1,030	4,860	77.76%	2,194	45.13%	77.76%	2,194	2.666
3. Office expense, travel, other expenditures	5,000	5.77%	288	16.47%	824	3,888	77.76%	3,888	100.00%	77.76%	3,888	3.888
4.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
5.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
6.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
7.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
II. Total Operating Expense (for three months)	21,250	5.77%	1,225	16.47%	3,501	16,524	77.76%	5,704	45.13%	77.76%	5,704	10.820
III. Capital Expense (for three months)	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
1.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
2.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
3.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
III. Total Capital Expense (for three months)	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
IV. Indirect Expense	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
1. CDPH rate FY 19-20 (approved)	22.19%	5.77%	42,733	16.47%	7,039	33,230	77.76%	33,230	100.00%	77.76%	33,230	33.230
2. External	0.00%	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
IV. Total Indirect Expense (for three months)	42,733	5.77%	42,733	16.47%	7,039	33,230	77.76%	33,230	100.00%	77.76%	33,230	33.230
V. Other Expense (for three months)	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
1. Maintenance & Transportation	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
2.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%
3.	0	5.77%	0	16.47%	0	0	0.00%	0	100.00%	77.76%	0	100.00%

CCS Administrative Budget Worksheet from July 1, 2019 to September 30, 2019

Fiscal Year: 2019-20
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	119	5.77%
Total Cases of Open (Active) Straight CCS Children		
OTLIPC -	340	16.47%
Total Cases of Open (Active) OTLIPC Children		
MEDI-CAL -	1605	77.76%
Total Cases of Open (Active) Medi-Cal (Excl-OTLIPC) Children		
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLIPC)				Medi-Cal (Non-OTLIPC)			
	4A	4	5A	5	6A	6	7A	7	8A	8	
1											
2											
3											
4	5.77%	0	16.47%	0	77.76%	0	Enhanced % FTE (2575)	Enhanced % FTE (2575)	Non-Enhanced % FTE	Non-Enhanced % FTE (5050)	
5	5.77%	0	16.47%	0	77.76%	0	Medi-Cal State/Federal (200,220)	Medi-Cal State/Federal (2575)	100.00%	100.00%	
V. Total Other Expense (for three months)		875		144		680				680	
Budget Grand Total (for three months)		257,478		42,414		200,220		73,309		125,911	

Prepared By (Signature): *Suzanne Jacobson* Prepared By (Printed Name): Suzanne Jacobson Date Prepared: 10/15/2019 Phone Number: (805) 681-5183

CCS Administrator (Signature): *Tanesha Castaneda* CCS Administrator (Printed Name): Tanesha Castaneda Date Signed: 10/30/19 Phone Number: (805) 692-5793

CCS Administrative Budget Worksheet from October 1, 2019 to June 30, 2020

Fiscal Year: 2019-20

County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	119	5.77%
OTLIP - Total Cases of Open (Active) OTLIP Children	340	16.47%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Open-OTLIP) Children	1605	77.76%
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLIP)				Medi-Cal (Non-OTLIP)				
	4A	4	5A	5	6A	6	7A	7	8A	8		
1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Column	9 months pro-rated Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIP) Co/State/Fed (11/75/11,75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
1. Personnel Expense (for six months)												
Program Administration												
1. Castaneda, Tamesha, Team Project Leader	73,500	55,125	5.77%	3,178	16.47%	9,081	77.76%	42,866	0	0	100.00%	42,866
2. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
3. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
4. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
5. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
Subtotal	73,500	55,125	5.77%	3,178	16.47%	9,081	77.76%	42,866	0	0	100.00%	42,866
Medical Case Management												
1. Blasfing, Dorothy, Public Health Nursing Supervisor	86,250	64,688	5.77%	3,730	16.47%	10,656	77.76%	50,302	75.00%	37,727	25.00%	12,575
2. Garcia, Linda, Public Health Nurse	78,975	78,975	5.77%	4,553	16.47%	13,009	77.76%	61,412	75.00%	46,059	25.00%	15,363
3. Gordon, Rhonda, Staff Physician	181,875	36,375	5.77%	2,097	16.47%	5,992	77.76%	28,286	75.00%	21,215	25.00%	7,071
4. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
Subtotal	347,100	180,038	5.77%	10,380	16.47%	29,657	77.76%	140,000	0.00%	105,001	100.00%	34,999
Other Health Care Professionals												
1. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
Subtotal	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
Ancillary Support												
1. Escobedo, Carmen, CCS Caseworker	46,500	46,500	5.77%	2,681	16.47%	7,660	77.76%	36,159	0	0	100.00%	36,159
2. Bayquen, Alma, CCS Caseworker	46,500	46,500	5.77%	2,681	16.47%	7,660	77.76%	36,159	0	0	100.00%	36,159
3. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
4. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
5. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0	0	100.00%	0
Subtotal	93,000	93,000	5.77%	5,362	16.47%	15,320	77.76%	72,318	0	0	100.00%	72,318
Clerical and Claims Support												
1. Vacant, Admin Office Professional, III	48,877	43,809	5.77%	2,528	16.47%	7,217	77.76%	34,057	0.00%	0	100.00%	34,057
2. Employee Name, Position	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0

CCS Administrative Budget Worksheet from October 1, 2019 to June 30, 2020

Fiscal Year: 2019-20

County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	119	5.77%
<small>Total Cases of Open (Active) Straight CCS Children</small>		
OTLICP -	340	16.47%
<small>Total Cases of Open (Active) OTLICP Children</small>		
MEDI-CAL -	1605	77.76%
<small>Total Cases of Open (Active) Medi-Cal (Non-OTLICP) Children</small>		
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (Non-OTLICP)						
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
	% FTE	9 months pro-rated Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (11,75/11,75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
3. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
Subtotal		48,877	43,809		2,526		7,217		34,087		0		34,087
Total Salaries and Wages			371,972	5.77%	21,446	16.47%	61,274	77.76%	289,251	36.90%	105,001	63.70%	184,250
Staff Benefits (Specify %)	55.35%		205,887	5.77%	11,870	16.47%	33,915	77.76%	160,101		56,118		101,983
I. Total Personnel Expense (for nine months)			577,859	5.77%	33,316	16.47%	95,189	77.76%	449,352		161,119		286,233
II. Operating Expense (for nine months)													
1. Information Technology			30,000	5.77%	1,730	16.47%	4,942	77.76%	23,328	36.30%	6,468	63.70%	14,860
2. Telephone/Communication			18,750	5.77%	1,081	16.47%	3,089	77.76%	14,580	36.90%	5,293	63.70%	9,287
3. Office expense, travel, and other expenditures			10,000	5.77%	577	16.47%	1,647	77.76%	7,776		0	100.00%	7,776
4.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
5.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
6.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
7.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
II. Total Operating Expense (for nine months)			58,750	5.77%	3,388	16.47%	9,678	77.76%	45,684		13,761		31,923
III. Capital Expense (for nine months)													
1.				5.77%	0	16.47%	0	77.76%	0		0		0
2.				5.77%	0	16.47%	0	77.76%	0		0		0
3.				5.77%	0	16.47%	0	77.76%	0		0		0
III. Total Capital Expense (for nine months)			0		0		0		0		0		0
IV. Indirect Expense													
1. GDPH rate FY 19-20 (approved)	22.19%		128,198	5.77%	7,391	16.47%	21,118	77.76%	99,689		0	100.00%	99,689
2. External	0.00%			5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
IV. Total Indirect Expense (for nine months)			128,198	5.77%	7,391	16.47%	21,118	77.76%	99,689		0	100.00%	99,689
V. Other Expense (for nine months)													
1. Maintenance & Transportation			2,825	5.77%	151	16.47%	432	77.76%	2,041		0	100.00%	2,041
2.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
3.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
4.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
5.				5.77%	0	16.47%	0	77.76%	0		0	100.00%	0
V. Total Other Expense (for nine months)			2,825	5.77%	151	16.47%	432	77.76%	2,041		0	100.00%	2,041
Budget Grand Total (for nine months)			767,432		44,246		126,417		596,766		176,860		419,886

**CCS Administrative Budget Worksheet
from October 1, 2019 to June 30, 2020**

Fiscal Year: 2019-20
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	119	5.77%
OTLIPC -		
Total Cases of Open (Active) OTLIPC Children	340	16.47%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	1605	77.76%
TOTAL CCS CASELOAD	2064	100%

Category/Line Item	Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)			
	4A	4	5A	5	6	7	8	
Column	3	2	1	2	3	4	5	
	Total Budget (1 x 2 or 4 + 5 + 6)	9 months pro-rated Salary	% FTE	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (11.75/11.75/76.5)	Medi-Cal State/Federal (25/75)	Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
				Caseload % (50/50)	Caseload %	Enhanced % FTE	Non-Enhanced % FTE	

Prepared By (Signature): *Suzanne Jacobson*
 Prepared By (Printed Name): Suzanne Jacobson
 Date Prepared: 10/30/2019
 Phone Number: (805) 681-5183

CCS Administrator (Signature): *Tanesha Castaneda*
 CCS Administrator (Printed Name): Tanesha Castaneda
 Date Signed: 10/30/19
 Phone Number: (805) 692-5793