

Plan and Budget Required Documents Checklist

MODIFIED FY 2010-2011

County/City: Santa Barbara

Fiscal Year:

Document		Page Number
1.	Checklist	1 - 2
2.	Agency Information Sheet	3
3.	Certification Statements	
	A. Certification Statement (CHDP) - Original and one photocopy	4- 5
	B. Certification Statement (CCS) - Original and one photocopy	6 - 7
4.	Agency Description	
A. Brief	Narrative	8
B.	Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
C.	CCS Staffing Standards Profile	Retain locally
D.	Incumbent Lists for CCS, CHDP, and HCPCFC	9 - 14
E.	Civil Service Classification Statements - Include if newly established, proposed, or revised	N/A
F.	Duty Statements - Include if newly established, proposed, or revised	N/A
5.	Implementation of Performance Measures - Performance Measures for FY 2008-09 are due November 30, 2009.	N/A
6.	Data Forms	
A.	CCS Caseload Summary	15
B.	CHDP Program Referral Data	16 - 17
7.	Memoranda of Understanding and Interagency Agreements List	
A. MOU/IAA	List	18 - 19
B.	New, Renewed, or Revised MOU or IAA	N/A
C.	CHDP IAA with DSS biennially	Retain locally
D.	Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	Budgets	
A.	CHDP Administrative Budget (No County/City Match)	
1. Budget	Summary	20

County/City: Santa Barbara		Fiscal Year: 2010 - 11
Document		Page Number
2. Budget Worksheet		21 - 22
3. Budget Justification Narrative		23
B. CHDP Administrative Budget (County/City Match) - Optional		
1. Budget	Worksheet	N/A
2. Budget	Justification Narrative	N/A
3. Budget	Justification Narrative	N/A
C. CHDP Foster Care Administrative Budget (County/City Match) - Optional		
1. Budget	Summary	N/A
2. Budget	Worksheet	N/A
3. Budget	Justification Narrative	N/A
D. HCPCFC Administrative Budget		
1. Budget	Summary	24
2. Budget	Worksheet	25
3. Budget	Justification Narrative	26
E. CCS Administrative Budget		
1. Budget	Summary	27
2. Budget	Worksheet	28 - 29
3. Budget	Healthy Families Worksheet	30
G.. Other Forms		
1.	County/City Capital Expenses Justification Form	N/A
2.	County/City Other Expenses Justification Form	N/A
9.	Management of Equipment Purchased with State Funds	
1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
3.	Property Survey Report Form (STD 152)	N/A

Agency Information Sheet

County/City: Santa Barbara

Fiscal Year: 2010-11

Official Agency

Name:	Santa Barbara County Public Health Dept	Address:	345 Camino Del Remedio
Health Officer	Takashi Wada, MD		Santa Barbara CA 93110

CMS Director (if applicable)

Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____	E-Mail:	_____

CCS Administrator

Name:	Ana Stenersen, PHN	Address:	345 Camino Del Remedio
Phone:	(805) 681-4026		Santa Barbara CA 93110
Fax:	(805) 681-4958	E-Mail:	Ana.stenersen@sbcphd.org

CHDP Director

Name:	Rea Goumas, MD	Address:	345 Camino Del Remedio
Phone:	(805) 681-4027		Santa Barbara CA 93110
Fax:	(805) 681-4958	E-Mail:	Rea.Goumas@sbcphd.org

CHDP Deputy Director

Name:	Sandra Copley, PHN	Address:	345 Camino Del Remedio
Phone:	(805) 681-5476		Santa Barbara CA 93110
Fax:	(805) 681-4915	E-Mail:	Sandra.copley@sbcphd.org

Clerk of the Board of Supervisors or City Council

Name:	Michael Allen	Address:	105 E. Anapamu St Room 407
Phone:	_____		Santa Barbara, CA 93101
Fax:	_____	E-Mail:	allen@co.santa-barbara.ca.us

Director of Social Services Agency

Name:	Kathy Gallagher		234 Camino Del Remedio
Phone:	(805) 681-4451		Santa Barbara CA 93110
Fax:	(805) 681-4403	E-Mail:	k.Gallagher@sbcsocialserv.org

Chief Probation Officer

Name:	Patricia Stewart		117 E. Carrillo St
Phone:	(805) 882-3656		Santa Barbara CA 93101
Fax:	(805) 882-3651	E-Mail:	Stewart@co.santa-barbara.ca.us

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

County/City: _____ Fiscal Year: _____

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: _____ Fiscal Year: _____

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: _____ Fiscal Year: _____

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

Signature of CCS Administrator

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: _____ Fiscal Year: _____

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

Signature of CCS Administrator

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

FY 2010-2011

CHDP

AGENCY DESCRIPTION

The Child Health and Disability Prevention (CHDP) Program is within the Santa Barbara County Public Health Department integrated within the Primary Care and Family Health Division.

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

CHDP

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

Santa Barbara County is currently reintroducing the Health Care Program for Children in Foster Care. The HCPCFC MOU between CMS, Probation and the Department of Social Services is currently being reviewed. The program is expected to become operational and staffed on March 22, 2010.

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List – California Children's Services

For FY 2010-11, 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.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **HF** for Healthy Families; **IHO** for In-Home Operations, and; **RC** for Regional Center.

County/City: **Santa Barbara** Fiscal Year: **2010-11**

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Program Manager	Vacant	50%	No	No
Staff Physician	Rea Goumas, MD	40%	No	No
Supervising Public Health Nurse	Ana Stenersen, PHN	100%	No	No
Public Health Nurse	Carol Petrini, PHN	50%	No	No
Public Health Nurse	Laurinda Marshall, PHN	100%	No	No
Public Health Nurse	Janice Gaines, PHN	100%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

Public Health Nurse	Linda Cheng, PHN	100%	No	No
Public Health Nurse	Maxyne Strunin, PHN	100%	No	No
Public Health Nurse	Monique Cortez, PHN	100%	No	No
Medical Social Services Practitioner	Amy (Marcy) Jochim, MSW	75%	No	No
Therapy Coordinator	Jeffrey Mitchell, OTR	20%	No	No
Supervising CCS Caseworker	Vacant	50%	No	No
CCS Caseworker	Alma Bayquen	100%	No	No
CCS Caseworker	Juliet Connor	100%	No	No
CCS Caseworker	Carmen Escobedo	100%	No	No
CCS Caseworker	Angelica Ramos	100%	No	No
CCS Caseworker	Nasheli Guendulain	100%	No	No
Administrative Office Professional III	Taneshha Castaneda	50%	No	No
Administrative Office Professional II	Celia Fuente	100%	No	No
Administrative Office Professional II	Norma Torres	50%	No	No
Administrative Office Professional III	Brandon Elliott	100%	No	No
Fiscal Analyst	Nancy Leidelmeijer	5%	No	No
Computer Systems Specialist	Richard McDonald	20%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

[illegible]

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List - Child Health and Disability Prevention Program

For FY 2010-11, 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. 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: 2010-11

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)
Staff Physician	Rea Gournas, MD	10%		40% CCS 20% Clinic	No	No
Public Health Program Manager	Sandra Copley, PHN	50%		50% MCAH	No	No
Public Health Nurse	Nathalie Confiac	100%			No	No
Health Educator	Jeri Waite, M.Ed	50%			No	No
Administrative Office Professional III	Tanasha Castaneda	50%		50% CCS	No	No
Administrative Office Professional II	Gloria Zacapa	100%			No	NO

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

County/City: Santa Barbara

Fiscal Year: 2010-11

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)
Administrative Office Professional	Francisca Sosa	60%	40%		No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List - Health Care Program for Children in Foster Care

For FY 2010-11, complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) 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: 2010-11

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Nurse	Linda Flaherty, PHN	100%			No	No

California Children's Services Caseload Summary Form

County: Santa Barbara

Fiscal Year: 2010-11

		A		B			
CCS Caseload 0 to 21 Years		07-08 Actual Caseload	% of Grand Total	08-09 Actual Caseload	% of Grand Total	09-10 Estimated Caseload based on first three quarters	% of Grand Total
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	1275	34%	1329	36%	1444	38%
2	Potential Case Medi-Cal	1481	39%	1362	37%	1443	38%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	2756	73%	2691	73%	2887	76%
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	240	6%	235	6%	249	7%
5	Potential Cases Healthy Families	279	7%	240	6%	249	7%
6	Total Healthy Families (Row 4 + Row 5)	519	13%	475	12%	498	13%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	230	6%	250	6%	207	5%
8	Potential Cases Straight CCS Children	268	7%	255	7%	208	5%
9	Total Straight CCS (Row 7 + Row 8)	498	13%	505	13%	415	11%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	1017	27%	980	26%	913	24%
GRAND TOTAL							
11	(Row 3 + Row 10)	3773	100%	3671	100%	3800	100%

CHDP Program Referral Data

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

County/City:	FY 07-08		FY 08-09		FY 09-10	
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	2,099	4,790	1,955	4,713	2,349	5,660
b. Number of Foster Care cases/recipients	1,733	1,733	1,622	1,622	1,515	1,515
c. Number of Medi-Cal only cases/recipients	5,640	15,142	5,275	12,962	6,542	16,769
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	10,484		10,274		13,811	

b. Medical and/or dental services with scheduling and/or transportation	5,722	5,495	5,893
c. Information only (optional)	17,614	16,353	16,996
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	33,820	32,122	36,700
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0

In response to the information requested in section 1, the Santa Barbara County CHDP office is not able to provide the requested numbers. The reason is because this is not data the CHDP office receives from the Department of Social Services.

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOUs) or Interagency Agreements (IAAs) 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 MOUs and IAAs that are new, have been renewed, or have been revised. For audit purposes, counties or cities should maintain current MOUs and IAAs on file.

County/City: **Santa Barbara**

Fiscal Year: 2010-11

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Head Start – CHDP	MOU	2-4-2008	01-01-2008	Dana Gamble	No
Department of Social Services – CHDP	IAA	07-01-2010 through 06-30-2012	07-01-2010	Dana Gamble	Yes
WIC – CHDP	MOU	06-07-2000	01-01-2007	Dana Gamble	No
SELPA – CCS	IAA	12-09-2009	11-01-2010	Jeff Mitchell	No
Department of Social Services – Probation Department - HCPCFC	MOU	3-1-10 through 6-30-12	N/A	Dana Gamble	No
Santa Barbara Regional Health Authority – CCS	MOU	01-01-2005	01-01-2008	Dana Gamble	No
Blue Shield HFP – CCS	MOU	05-21-1998	01-01-2008	Dana Gamble	No
Blue Cross HFP – CCS	MOU	05-27-1998	01-01-2008	Dana Gamble	No

County/City: Santa Barbara

Fiscal Year: 2010-11

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
SBRHA HFP - CCS	MOU	04-10-1998	01-01-2008	Dana Gamble	No
VSP HFP - CCS	MOU	10-20-1998	01-01-2008	Dana Gamble	No
Premier Access Dental HFP - CCS	MOU	6-28-2000	01-01-2008	Dana Gamble	No
Denticare HFP- CCS	MOU	10-17-1998	01-01-2008	Dana Gamble	No
Delta Dental HFP - CCS	MOU	11-23-1998	01-01-2008	Dana Gamble	No
Western Dental HFP - CCS	MOU	07-01-2005	01-01-2008	Dana Gamble	No
Safeguard HFP- CCS	MOU	07-01-2005	01-01-2008	Dana Gamble	No
EyeMed Vision Care HFP - CCS	MOU	07-01-2005	01-01-2008	Dana Gamble	No

CHDP Administrative Budget Summary for FY 2010-11
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	\$ 434,776	\$ 1,723	\$ 433,052	\$ 192,661	\$ 240,392
II. Total Operating Expenses	\$ 35,300	\$ 483	\$ 34,817	\$ 5,075	\$ 29,742
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 124,309	\$ 500	\$ 123,809		\$ 123,809
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 594,385	\$ 2,706	\$ 591,679	\$ 197,736	\$ 393,943
		\$ 3,152			

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	\$ 2,706	\$ 2,706			
Medi-Cal Funds:	\$ 591,679		\$ 591,679		
State	\$ 246,405		\$ 246,405	\$ 49,434	\$ 196,971
Federal (Title XIX)	\$ 345,273		\$ 345,273	\$ 148,302	\$ 196,971

249,111

Prepared By
Nancy LeideimellerDate Prepared
3/16/2011(805) 681-5188
Phone Number

D. B. B.
 CHDP Director or Deputy
 Director (Signature)

Date
3/17/11(805) 681-5423
Phone Number

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

County/City Name: Santa BarbaraFiscal Year 2010-11

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. PH Prog Mgr	25%	\$ 109,200	\$ 27,300	0.71%	\$ 194	99.29%	\$ 27,106	50%	\$ 13,553	50%	\$ 13,553
2. PHN N Confac	100%	\$ 92,505	\$ 92,505	0.71%	\$ 657	99.29%	\$ 91,848	80%	\$ 73,479	20%	\$ 18,370
3. Staff Phys. Dr. Goumas	10%	\$ 195,000	\$ 19,500	0.92%	\$ 179	99.08%	\$ 19,321	80%	\$ 15,456	20%	\$ 3,864
4. Health Educator J Waite	50%	\$ 73,500	\$ 36,750	0.11%	\$ 40	99.89%	\$ 36,710	75%	\$ 27,532	25%	\$ 9,177
5. AOP	25%	\$ 75,500	\$ 18,875	0.11%	\$ 21	99.89%	\$ 18,854	30%	\$ 5,656	70%	\$ 13,198
6. AOP, Fuerte	50%	\$ 75,500	\$ 37,750	0.11%	\$ 42	99.89%	\$ 37,708	0%	\$ -	100%	\$ 37,708
7 AOP	100%	\$ 73,500	\$ 73,500	0.11%	\$ 81	99.89%	\$ 73,419	0%	\$ -	100%	\$ 73,419
Total Salaries and Wages			\$ 306,180		\$ 1,214		\$ 304,966		\$ 135,677		\$ 169,290
Less Salary Savings			\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages			\$ 306,180		\$ 1,214		\$ 304,966		\$ 135,677		\$ 169,290
Staff Benefits (Specify %) 42.00%			\$ 122,472		\$ 510		\$ 128,086		\$ 56,984		\$ 71,102
I. Total Personnel Expenses			\$ 428,652		\$ 1,723		\$ 433,052		\$ 192,661		\$ 240,392
II. Operating Expenses											
1. Travel			\$ 3,300		\$ 21		\$ 3,279		\$ 2,623		\$ 656
2. Training			\$ 3,200		\$ 135		\$ 3,065		\$ 2,452		\$ 613
3. Office expense			\$ 11,000		\$ 200		\$ 10,800				\$ 10,800
4. Printing/Duplicating			\$ 3,000		\$ 40		\$ 2,960				\$ 2,960
5. Communications			\$ 3,000		\$ 6		\$ 2,994				\$ 2,994
6.											
7. Utilities			\$ 7,300		\$ 66		\$ 7,234				\$ 7,234
8. Data Processing			\$ 4,500		\$ 15		\$ 4,485				\$ 4,485
II. Total Operating Expenses			\$ 35,300		\$ 483		\$ 34,817		\$ 5,075		\$ 29,742

Santa Barbara County

FY 2007-08

CHDP Administration No-County-Match Budget Worksheet

**CHDP No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2010-11**

I. PERSONNEL EXPENSE

Total Salaries	306,180.00
Total Benefits	122,472.00
Total Personnel Expense	428,652.00

II. OPERATING EXPENSE

1. Travel	3,300.00	Estimate of travel necessary to perform program activities
2. Training	3,200.00	Estimate of training needed for current and new staff
3. Office expense	11,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	3,000.00	Copying and printing for program activities and newsletter
5. Communications	3,000.00	Telephone charges
6. Lease 3273 Sq. Ft	-	CHDP share of office lease
7. Utilities	7,300.00	pro-rated CHDP share of utilities
8. Data Processing	4,500.00	Charges by county's DP department
TOTAL OPERATING EXPENSE	35,300.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE -

IV. INDIRECT EXPENSE

1. Internal	\$	89,374	Program share of internal overhead, per PHD cost plan
2. External	\$	34,935	Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	\$	124,309	

V. OTHER EXPENSE

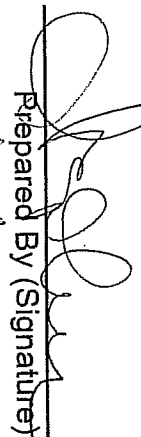

TOTAL OTHER EXPENSE	\$	-
TOTAL BUDGET	\$	588,261

HCPCFC Administrative Budget Summary Fiscal Year 2010-11

County/City Name: Santa Barbara County

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$130,605	\$130,605	\$0
II. Total Operating Expenses	\$1,700	\$1,700	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$27,231		\$27,231
V. Total Other Expenses			
Budget Grand Total	\$159,536	\$132,305	\$27,231

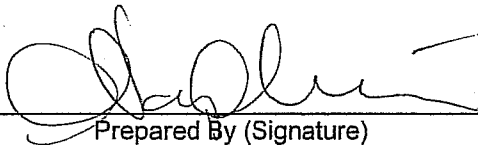
Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	46,692	33,076	13,616
Federal Funds (Title XIX)	112,844	99,228	13,616
Budget Grand Total	159,536		

Prepared By (Signature)  Date Prepared 2/18/2011 Phone Number 805-216-6585 Email Address nleidel@sbcphd.org
 CHDP Director or Deputy Director (Signature)  Date 3/16/11 Phone Number 805/681-5423 Email Address dyarlett@sbcdh.org

HPCFC Administrative Budget Worksheet Fiscal Year 2010-11

County/City Name: Santa Barbara County

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
1. PHN, L. Flaherty	100%	\$90,000	\$91,975	100%	\$91,975		
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$91,975		\$91,975		
Less Salary Savings							
Net Salaries and Wages			\$91,975	100%	\$91,975		
Staff Benefits (Specify %) 42.00%			\$38,630		\$38,630		
I. Total Personnel Expenses			\$130,605		\$130,605		
II. Operating Expenses							
1. Travel			\$1,200	100%	\$1,200		
2. Training			\$500	100%	\$500		
II. Total Operating Expenses			\$1,700		\$1,700		
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %) 20.85%			\$27,231				\$27,231
2. External 8.15%							
IV. Total Indirect Expenses			\$27,231				\$27,231
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$159,536		\$132,305		\$27,231



Prepared By (Signature)

02/18/2011

Date prepared

805-216-6585

Phone Number

nleidel@sbcpd.org

Email Address



CHDP Director or Deputy Director (Signature)

3-16-2011

Date

805-681-5423

Phone Number

dgonzale@sbcpd.org

Email Address

**HPCFC No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2010-11**

I. PERSONNEL EXPENSE

Total Salaries	91,975	Increase in personnel is due to first time full year budget this FY.
Total Benefits	38,630	Increase in benefits for first time full budget this FY.
Total Personnel Expense	130,605	

II. OPERATING EXPENSE

1. Travel	1,200	Estimate of travel necessary to perform program activities
2. Training	500	Estimate of training needed for current
TOTAL OPERATING EXPENSE	1,700	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

-

IV. INDIRECT EXPENSE

1. Internal	27,231	Program share of internal overhead, per PHD cost plan
2. External		Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	27,231	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

-

TOTAL BUDGET

159,536

CCS CASELOAD	Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	1,329	70%
Potential Cases Medi-Cal	70	4%
TOTAL MEDI-CAL	1,399	73%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	235	12%
Potential Cases HF	13	1%
Total Healthy Families	248	13%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	250	13%
Potential Cases Straight CCS	11	1%
Total Straight CCS	261	14%
TOTAL NON MEDI-CAL	509	27%
GRAND TOTAL	1,908	100%

CCS Administrative Budget Summary for FY 2010-11

County Name: Santa Barbara

Column	1	2	3	4	5
Category/Line Item	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$2,116,770	\$560,454	\$1,556,316	\$561,467	\$935,078
II. Total Operating Expense	\$356,000	\$92,560	\$263,440	\$1,110	\$262,330
III. Total Capital Expense	-	-	-	-	-
IV. Total Indirect Expense	\$613,863	\$159,604	\$454,259		\$454,259
V. Total Other Expense	-	-	-		-
Budget Grand Total	\$3,086,633	\$812,619	\$2,274,015	\$562,577	\$1,651,667

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$208,343	\$208,343			
County	\$208,343	\$208,343			
CCS Healthy Families					
State	\$69,288	\$69,288			
County	\$69,288	\$69,288			
Federal (Title XXI)	\$257,356	\$257,356			
Medi-Cal Funds:					
State	\$966,478		\$966,478	\$140,644	\$825,834
Federal (Title XIX)	\$1,247,766		\$1,247,766	\$421,933	\$825,834

Prepared By (Signature) *[Signature]* Date Prepared 5/17/11 Phone Number 805-268-5423 Email Address *[Email Address]*
 CCS Administrator (Signature) Date 2/18/11 Phone Number 805-268-5423 Email Address *[Email Address]*

CCS Administrative Budget Worksheet for FY 2010-11

County Name: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	1,329	70%
Potential Cases Medi-Cal	70	4%
TOTAL MEDI-CAL	1,399	73%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	235	12%
Potential Cases HF	13	1%
Total Healthy Families	248	13%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	280	13%
Potential Cases Straight CCS	11	1%
Total Straight CCS	291	14%
TOTAL NON MEDI-CAL	509	27%
GRAND TOTAL	1,908	100%

Category/Line Item	1	2	3	4A	4	5A	5	6A	6	7A	7
	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (\$0/\$0)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (\$0/\$0)
I. Personnel Expense											
Program Administration											
Public Health Program Manager	1.00	\$109,200	\$109,200	27%	\$29,131	73%	\$80,069			100%	\$80,069
Computer Systems Specialist	0.10	\$85,365	\$8,537	27%	\$2,277	73%	\$6,259			100%	\$6,259
Accountant, Nancy Leidmiller	0.10	\$95,340	\$9,534	27%	\$2,543	73%	\$6,991			100%	\$6,991
Subtotal		\$289,905	\$127,271		\$33,952		\$93,318				\$93,318
Medical Case Management											
Staff Physician, Supervising, Gounas	0.50	\$195,000	\$97,500	27%	\$26,010	73%	\$71,490	75%	\$3,817	25%	\$17,872
Supervising PHN	1.00	\$99,750	\$99,750	27%	\$26,810	73%	\$73,140	75%	\$4,855	25%	\$18,285
PHN Cheng	1.00	\$92,505	\$92,505	27%	\$24,678	73%	\$67,827	75%	\$50,870	25%	\$16,957
PHN L Marshall	1.00	\$92,505	\$92,505	27%	\$24,678	73%	\$67,827	75%	\$50,870	25%	\$16,957
PHN P Saunders	1.00	\$90,983	\$90,983	27%	\$24,272	73%	\$66,711	75%	\$50,033	25%	\$16,678
PHN M Sturim	1.00	\$92,505	\$92,505	27%	\$24,678	73%	\$67,827	75%	\$50,870	25%	\$16,957
PHN J Gaines	0.55	\$90,983	\$50,040	27%	\$13,349	73%	\$36,691	75%	\$27,518	25%	\$9,173
PHN C Pettit	0.50	\$90,983	\$45,491	27%	\$12,136	73%	\$33,355	75%	\$25,017	25%	\$8,339
Med Soc Svc Pract, M Joehlin	0.75	\$72,450	\$54,338	27%	\$14,496	73%	\$39,842	0%	\$0	100%	\$39,842
CCS MTP Coordinator, J. Mitchell	0.20	\$107,730	\$21,546	27%	\$5,748	73%	\$15,798	75%	\$11,849	25%	\$3,950
Subtotal		\$1,025,393	\$737,163		\$196,654		\$540,509		\$375,500		\$165,009
Ancillary Support											
CCS Caseworker Supervisor		\$65,258	\$0	27%	\$0	73%	\$0			100%	\$0
CCS Caseworker A Bayquen	1.00	\$57,250	\$57,250	27%	\$15,273	73%	\$41,977			100%	\$41,977
CCS Caseworker J Connor	1.00	\$57,250	\$57,250	27%	\$15,273	73%	\$41,977			100%	\$41,977
CCS Caseworker N Guendulian Ordaz	1.00	\$57,250	\$57,250	27%	\$15,273	73%	\$41,977			100%	\$41,977
CCS Caseworker A Ramos	1.00	\$57,250	\$57,250	27%	\$15,273	73%	\$41,977			100%	\$41,977
CCS Caseworker C Sanchez	1.00	\$57,250	\$57,250	27%	\$15,273	73%	\$41,977			100%	\$41,977
Subtotal		\$351,508	\$286,250		\$76,363		\$209,887				\$167,908
Clerical and Claims Support											
Admin Office Pro III, T Castaneda	1.00	\$75,500	\$75,500	27%	\$20,141	73%	\$55,359	34%	\$16,822	66%	\$58,537
Admin Office Pro II, S. F. Sosa	1.00	\$63,000	\$63,000	27%	\$16,807	73%	\$46,193			100%	\$46,193
Admin Office Pro II, Sr. G Zaccapa	1.00	\$63,000	\$63,000	27%	\$16,807	73%	\$46,193			100%	\$46,193
Admin Office Pro I, N Torres	1.00	\$63,000	\$63,000	27%	\$16,807	73%	\$46,193			100%	\$46,193
Admin Office Pro III, B Elliot	1.00	\$75,500	\$75,500	27%	\$20,141	73%	\$55,359			100%	\$55,359
Subtotal		\$340,000	\$340,000		\$90,702		\$249,298		\$18,822		\$230,476

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Med-Cal County/State (60/60)	% FTE	Med-Cal (6 + 7)	% FTE	Med-Cal Enhanced	% FTE	Med-Cal State/Federal (60/60)
Total Salary and Wages			\$1,490,683		\$397,672		\$1,093,011		\$394,322		\$696,712
Less Salary Savings							\$1,093,011		\$394,322		\$696,712
Net Salary and Wages			\$1,490,683		\$397,672		\$1,093,011		\$394,322		\$696,712
Staff Benefits (Specify %)	42.00%		\$626,087	28%	\$182,783	74%	\$483,304		\$167,145		\$278,366
I. Total Personnel Expense			\$2,116,770		\$580,454		\$1,556,316		\$561,467		\$895,078
II. Operating Expense											
1. Travel			\$1,000	26%	\$260	74%	\$740	25%	\$185	75%	\$555
2. Training			\$5,000	28%	\$1,300	74%	\$3,700	25%	\$925	75%	\$2,775
3. Other Expenditures			\$350,000	28%	\$91,000	74%	\$259,000			100%	\$259,000
II. Total Operating Expense			\$356,000		\$92,660		\$263,440		\$1,110		\$262,330
III. Capital Expense											
II. Total Capital Expense											
IV. Indirect Expense											
1. Internal	20.85%		\$441,347	28%	\$114,750	74%	\$326,596			100%	\$326,596
2. External	8.15%		\$172,517	28%	\$44,854	74%	\$127,662			100%	\$127,662
IV. Total Indirect Expense			\$613,863		\$159,604		\$454,259				\$454,259
V. Other Expense											
1. Maintenance and Transportation			\$40,000								
V. Total Other Expense											
Budget Grant Total			\$3,086,833		\$812,819		\$2,274,015		\$662,677		\$1,661,667

Prepared By (Signature) [Signature] Date Prepared 2/18/11 Phone Number 705-681-5123 email address dynamic@shcphd.org
 CCS Administrator (Signature) [Signature] Date Signed 3-16-11 Phone Number 705-681-5123 email address dynamic@shcphd.org

WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES FOR FY 2010-11
County of Santa Barbara

****This worksheet is formula driven. Fill in shaded areas
and the calculations will be entered automatically**

Caseload Percentages

		(a)	(b)
1	Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	509	
2	Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))	248	48.72%
3	Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))	261	51.28%

SOURCE OF FUNDS

Straight CCS

4	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$812,619	
5	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$416,687	
6	State (Line 5(a) x 50%)	(Transfer to Budget Summary, Column 2)	→ \$208,343
7	County (subtract Line 6(b) from Line 5(a))	(Transfer to Budget Summary, Column 2)	→ \$208,343

CCS Healthy Families

8	Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$395,932	
9	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$138,576	
10	State (multiply line 9, column (a) by 50%)	(Transfer to Budget Summary, Column 2)	→ \$69,288
11	County (subtract line 10(b) from line 9(a))	(Transfer to Budget Summary, Column 2)	→ \$69,288
12	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)	(Transfer to Budget Summary, Column 2)	→ \$257,356

Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)

\$812,619