



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**

<b>County/City:</b> 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.

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

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<b>County/City:</b> Santa Barbara County	Fiscal Year: 2019-20
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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)**

<b>County/City:</b> 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
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)**

<b>County/City:</b> Santa Barbara County	Fiscal Year: 2019-20
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Signature of CCS Administrator
Date Signed

Signature of Director or Health Officer
Date Signed

Signature and Title of Other – Optional
Date Signed

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

**SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES**  
**AGENCY DESCRIPTION: CHDP FY 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	Tanisha 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% HPCFC	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	



## CHDP Program Referral Data Santa Barbara County

County/City: Santa Barbara	FY 16-17		FY 17-18		FY 18-19	
<b>Basic Informing and CHDP Referrals</b>						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	*	*	*	*	*	*
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	1,021	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 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)
<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%	\$ 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. AOPII, Vacant	10%	\$ 65,000	\$ 6,500	0.00%	\$ -	100.00%	\$ 6,500	75%	\$ 4,875	25%	\$ 1,625
<b>Total Salaries and Wages</b>			\$ 294,723		\$ -		\$ 294,723		\$ 203,766		\$ 90,957
Less Salary Savings			\$ -		\$ -		\$ -		\$ -		\$ -
<b>Net Salaries and Wages</b>			\$ 294,723		\$ -		\$ 294,723		\$ 203,766		\$ 90,957
Staff Benefits (Specify %)   57.10%			\$ 168,287		\$ -		\$ 168,287		\$ 116,350		\$ 51,936
<b>I. Total Personnel Expenses</b>			\$ 463,010		\$ -		\$ 463,010		\$ 320,116		\$ 142,893
<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			\$ 4,309		\$ -		\$ 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
<b>II. Total Operating Expenses</b>			\$ 32,459		\$ -		\$ 32,459		\$ 2,360		\$ 30,099
<b>III. Capital Expenses</b>											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
<b>II. Total Capital Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %)   16.79%			\$ 77,721		\$ -		\$ 77,721				\$ 77,721
2. External (Specify %)   5.40%			\$ 24,998		\$ -		\$ 24,998				\$ 24,998
<b>IV. Total Indirect Expenses</b>			\$ 102,719		\$ -		\$ 102,719				\$ 102,719
<b>V. Other Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>V. Total Other Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>Budget Grand Total</b>			\$ 598,188		\$ -		\$ 598,188		\$ 322,476		\$ 275,711

Suzanne Jacobson  
Prepared By

10/12/2019  
Date Prepared

805-681-5183  
Phone Number

CHDP Director or  
Deputy

Date

(805) 681-5793  
Phone Number

**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	\$ -	\$ -	\$ -		\$ -
<b>Budget Grand Total</b>	<b>\$ 598,188</b>	<b>\$ -</b>	<b>\$ 598,188</b>	<b>\$ 322,476</b>	<b>\$ 275,711</b>

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
	<b>218,475</b>				

Suzanne Jacobson  
 Prepared By

Date Prepared

(805) 681-5183  
 Phone Number

CHDP Director or Deputy  
 Director (Signature)

Date

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
<b>Total Personnel Expense</b>		<b>463,010</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	4,309.00	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
<b>TOTAL OPERATING EXPENSE</b>	<b>32,459.00</b>	

**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
<b>TOTAL INDIRECT EXPENSE</b>	<b>102,719</b>	

**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: Santa Barbara Fiscal Year: 2019-20

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	\$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			
<b>Budget Grand Total</b>	<b>\$203,779</b>	<b>\$155,493</b>	<b>\$48,286</b>

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$63,016	\$38,873	\$24,143
Federal Funds (Title XIX)	\$140,763	\$116,620	\$24,143
<b>Budget Grand Total</b>	<b>\$203,779</b>	<b>\$155,493</b>	<b>\$48,286</b>

Prepared By (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_ Phone Number (805) 681-5183 E-mail Address [suzanne.jacobson@sbcphd.or](mailto:suzanne.jacobson@sbcphd.or)

CHDP Director Or Deputy Director (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_ Phone Number (805) 692-5793 E-mail Address [tanisha.castaneda@sbcphd.or](mailto:tanisha.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)
<b>I. Personnel Expenses</b>											
#	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
<b>I. Total Personnel Expenses</b>							<b>\$172,770</b>		<b>\$155,493</b>		<b>\$17,277</b>
<b>II. Operating Expenses</b>											
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
<b>II. Total Operating Expenses</b>							<b>\$2,000</b>		<b>\$0</b>		<b>\$2,000</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			16.79%			\$29,009				\$29,009
2	External										
<b>IV. Total Indirect Expenses</b>							<b>\$29,009</b>				<b>\$29,009</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$203,779</b>		<b>\$155,493</b>		<b>\$48,286</b>

Prepared By (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_ Phone Number (805) 681-5183 E-mail Address suzanne.jacobson@sbcpd.org

CHDP Director Or Deputy Director (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_ Phone Number (805) 681-5793 E-mail Address tanisha.castaneda.sbcpd.org

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

**I. PERSONNEL EXPENSE**

Total Salaries	110,750
Total Benefits	62,020
<b>Total Personnel Expense</b>	<b>172,770</b>

**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
<b>TOTAL OPERATING EXPENSE</b>	<b>2,000</b>	

**III. CAPITAL EXPENSE**

**TOTAL CAPITAL EXPENSE**

-

**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
<b>TOTAL INDIRECT EXPENSE</b>	<b>29,009</b>	

**V. OTHER EXPENSE**

**TOTAL OTHER EXPENSE**

-

**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
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	119	5.77%
<b>OTLIPC -</b> Total Cases of Open (Active) OTLIPC Children	340	16.47%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (incl. OTLIPC) Children	1605	77.76%
<b>TOTAL CCS CASELOAD</b>	<b>2064</b>	<b>100%</b>

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)		
<b>Total Budget</b>	<b>192,820</b>	<b>11,108</b>	<b>31,730</b>	<b>149,786</b>	<b>67,605</b>	<b>82,181</b>
L. Total Personnel Expense	21,250	1,225	3,501	16,524	5,704	10,820
II. Total Operating Expense	0	0	0	0	0	0
III. Total Capital Expense	42,733	2,464	7,039	33,230	33,230	33,230
IV. Total Indirect Expense	875	50	144	680	680	680
V. Total Other Expense	257,478	14,845	42,414	200,220	73,309	126,911
<b>Budget Grand Total</b>						

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)		
<b>Total Budget</b>	<b>7,422</b>	<b>7,422</b>	<b>7,422</b>	<b>7,422</b>	<b>7,422</b>	<b>7,422</b>
State	7,422	7,422	7,422	7,422	7,422	7,422
County	7,422	7,422	7,422	7,422	7,422	7,422
OTLIPC	2,545	2,545	2,545	2,545	2,545	2,545
State	2,545	2,545	2,545	2,545	2,545	2,545
County	2,545	2,545	2,545	2,545	2,545	2,545
Federal (Title XXI)	37,324	37,324	37,324	37,324	37,324	37,324
Medi-Cal	81,783	81,783	81,783	81,783	81,783	81,783
State	81,783	81,783	81,783	81,783	81,783	81,783
Federal (Title XIX)	118,437	118,437	118,437	118,437	54,982	63,455

Prepared By (Signature) \_\_\_\_\_  
 Prepared By (Printed Name) **Suzanne Jacobson**  
 Email Address [Suzanne.jacobson@sbcphd.org](mailto:Suzanne.jacobson@sbcphd.org)

CCS Administrator (Signature) \_\_\_\_\_  
 CCS Administrator (Printed Name) **Tanesha Castaneda**  
 Email Address [Tanesha.castaneda@sbcphd.org](mailto:Tanesha.castaneda@sbcphd.org)

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

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

Fiscal Year: 2019-20  
County: Santa Barbara

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)		
I. Total Personnel Expense	577,859	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	99,689
V. Total Other Expense	2,825	151	432	2,041	2,041	2,041
<b>Budget Grand Total</b>	<b>767,432</b>	<b>44,246</b>	<b>126,417</b>	<b>596,766</b>	<b>176,880</b>	<b>419,886</b>

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	767,432	44,246	126,417	596,766	176,880	419,886
<b>Straight CCS</b>						
State	22,123	22,123				
County	22,123	22,123				
<b>OTLIPC</b>						
State	14,854		14,854			
County	14,854		14,854			
Federal (Title XXI)	96,709		96,709			
<b>Medi-Cal</b>						
State	254,163			254,163	44,220	209,943
Federal (Title XIX)	342,603			342,603	132,660	209,943

Prepared By (Signature) Suzanne Jacobson Email Address Suzanne.jacobson@sbcphd.org  
 CCS Administrator (Signature) Tanesha Castaneda Email Address Tanesha.castaneda@sbcphd.org  
 CCS Administrator (Printed Name) Suzanne Jacobson  
 CCS Administrator (Printed Name) Tanesha Castaneda

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

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

Fiscal Year: 2019-20  
County: Santa Barbara

Category/Line Item	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)					
	Col 1 = Col 2+3+4	2	3	4	5	6
<b>Total Budget</b>						
I. Total Personnel Expense	770,479	44,422	126,919	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	9,855	28,157	132,919		132,919
V. Total Other Expense	3,500	201	576	2,721		2,721
<b>Budget Grand Total</b>	<b>1,024,910</b>	<b>59,091</b>	<b>168,831</b>	<b>796,968</b>	<b>250,189</b>	<b>546,797</b>

Source of Funds	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)					
	Col 1 = Col 2+3+4	2	3	4	5	6
<b>Total Budget</b>						
Straight CCS						
State	29,545	29,545				
County	29,546	29,546				
OTLICP						
State	17,399		17,399			
County	17,399		17,399			
Federal (Title XX)	134,033		134,033			
Medi-Cal						
State	335,946			335,946		273,399
Federal (Title XIX)	461,040			461,040		273,399

Prepared By (Signature) \_\_\_\_\_ Prepared By (Printed Name) Suzanne Jacobson  
 Email Address Suzanne.jacobson@sbcphhd.org

CCS Administrator (Signature) \_\_\_\_\_ CCS Administrator (Printed Name) Tanesha Castaneda  
 Email Address Tanesha.castaneda@sbcphhd.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
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	119	5.77%
<b>OTLIP -</b> Total Cases of Open (Active) OTLIP Children	340	16.47%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children	1605	77.76%
<b>TOTAL CCS CASELOAD</b>	<b>2064</b>	<b>100%</b>

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLIP)			Medi-Cal (Non-OTLIP)				
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLIP) Co/State/Fed (6/6/88)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)	
<b>I. Personnel Expense</b>											
<b>Program Administration</b>											
1. Castaneda, Tanasha, Program Business Leader	5.77%	1,059	16.47%	3,027	77.76%	14,289			100.00%	14,289	
2. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
<b>Subtotal</b>		<b>1,059</b>		<b>3,027</b>		<b>14,289</b>				<b>14,289</b>	
<b>Medical Case Management</b>											
1. Biasing, Dorothy, Public Health Nursing Supervisor	5.77%	1,243	16.47%	3,652	77.76%	16,768	75.00%	12,576	25.00%	4,192	
2. Garcia, Linda, Public Health Nurse	5.77%	1,518	16.47%	4,336	77.76%	20,471	75.00%	15,353	25.00%	5,118	
3. Gordon, Rhonda, Staff Physician	5.77%	689	16.47%	1,997	77.76%	9,429	75.00%	7,072	25.00%	2,357	
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	0.00%	0	
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
6. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
7. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
8. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
<b>Subtotal</b>		<b>3,460</b>		<b>9,885</b>		<b>46,868</b>		<b>35,001</b>		<b>11,667</b>	
<b>Other Health Care Professionals</b>											
1. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
2. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0	
<b>Subtotal</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
<b>Ancillary Support</b>											
1. Escobedo, Carmen, CCS Caseworker	5.77%	894	16.47%	2,553	77.76%	12,053			100.00%	12,053	
2. Bayquen, Alma, CCS Caseworker	5.77%	894	16.47%	2,553	77.76%	12,053			100.00%	12,053	
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0	
<b>Subtotal</b>		<b>1,788</b>		<b>5,106</b>		<b>24,106</b>				<b>24,106</b>	
<b>Clerical and Claims Support</b>											



### 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
<b>STRAIGHT CCS -</b>	119	5.77%
Total Cases of Open (Active) Straight CCS Children		
<b>OTLCP -</b>	340	16.47%
Total Cases of Open (Active) OTLCP Children		
<b>MEDI-CAL -</b>	1605	77.76%
Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children		
<b>TOTAL CCS CASELOAD</b>	<b>2064</b>	<b>100%</b>

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)			
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (6/6/68)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)
<b>Column</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>
	Total Budget (1 x 2 or 4 + 5 + 6)	3 months pro-rated Salary	% FTE							
1. Vacant, Admin Office Professional III.	14,603	16,226	90.00%	14,603	16,226	90.00%	14,603	16,226	90.00%	14,603
2. Employee Name, Position	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
3. Employee Name, Position	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
4. Employee Name, Position	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
5. Employee Name, Position	0	0	0.00%	0	0	0.00%	0	0	0.00%	0
Subtotal	14,603	16,226		14,603	16,226		14,603	16,226		14,603
Total Salaries and Wages	123,991			123,991			123,991			123,991
Self Benefits (Specify %)	68,629			68,629			68,629			68,629
I. Total Personnel Expense	192,620			192,620			192,620			192,620
II. Operating Expense (for three months)										
1. Information Technology	10,000			10,000			10,000			10,000
2. Telephone/Communication	6,250			6,250			6,250			6,250
3. Office expense, travel, other expenditures	5,000			5,000			5,000			5,000
4.										
5.										
6.										
7.										
II. Total Operating Expense (for three months)	21,250			21,250			21,250			21,250
III. Capital Expense (for three months)										
III. Total Capital Expense (for three months)										
IV. Indirect Expense										
1. CDPH rate FY 19-20 (approved)	22.19%			22.19%			22.19%			22.19%
2. External	0.00%			0.00%			0.00%			0.00%
IV. Total Indirect Expense (for three months)	42,733			42,733			42,733			42,733
V. Other Expense (for three months)										
1. Maintenance & Transportation	875			875			875			875
2.										
3.										

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

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

Fiscal Year: 2019-20  
County: Santa Barbara

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)				Medi-Cal (Non-OTLCP)			
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (6/6/88)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)	
4.	5.77%	0	16.47%	0	77.76%	0	100.00%	100.00%	0		
5.	5.77%	0	16.47%	0	77.76%	0	100.00%	100.00%	0		
<b>V. Total Other Expense (for three months)</b>		875		144		680			680		
<b>Budget Grand Total (for three months)</b>		<b>257,478</b>		<b>42,414</b>		<b>200,220</b>		<b>73,309</b>	<b>126,911</b>		

Prepared By (Signature) Suzanne Jacobson Date Prepared 10/15/2019 Phone Number (805) 681-5183  
 Prepared By (Printed Name) Suzanne Jacobson  
 CCS Administrator (Signature) Tanesha Castaneda Date Signed \_\_\_\_\_ Phone Number (805) 681-5793  
 CCS Administrator (Printed Name) Tanesha Castaneda

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

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

Fiscal Year: 2019-20

County: Santa Barbara

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)			
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLCP) (11.75/11.75/76.5)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense (for six months)</b>										
<b>Program Administration</b>										
1. Castaneda, Tamesha, Team Project Leader	5.77%	3,178	16.47%	9,081	77.76%	42,866			100.00%	42,866
2. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
Subtotal		3,178		9,081		42,866				42,866
<b>Medical Case Management</b>										
1. Biasing, Dorothy, Public Health Nursing Supervisor	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	5.77%	4,553	16.47%	13,009	77.76%	61,412	75.00%	46,059	25.00%	15,353
3. Gordon, Rhonda, Staff Physician	5.77%	2,097	16.47%	5,992	77.76%	28,286	75.00%	21,215	25.00%	7,071
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
6. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
7. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
8. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
Subtotal		10,380		29,657		140,000		105,001		34,999
<b>Other Health Care Professionals</b>										
1. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
2. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
Subtotal		0		0		0		0		0
<b>Ancillary Support</b>										
1. Escobedo, Carmen, CCS Caseworker	5.77%	2,681	16.47%	7,660	77.76%	36,159			100.00%	36,159
2. Bayquen, Alma, CCS Caseworker	5.77%	2,681	16.47%	7,660	77.76%	36,159			100.00%	36,159
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0			100.00%	0
Subtotal		5,362		15,320		72,318				72,318
<b>Clerical and Claims Support</b>										
1. Vacant, Admin Office Professional, J/II	5.77%	2,526	16.47%	7,217	77.76%	34,067	0.00%	0	100.00%	34,067
2. Employee Name, Position	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
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	119	5.77%
<b>OTLICP -</b> Total Cases of Open (Active) OTLICP Children	340	16.47%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (Open-OTLICP) Children	1605	77.76%
<b>TOTAL CCS CASELOAD</b>	<b>2064</b>	<b>100%</b>

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (Non-OTLICP)			
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLICP) (11.75/11.75/76.5)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)
3. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
4. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
5. Employee Name, Position	5.77%	0	16.47%	0	77.76%	0	0.00%	0	100.00%	0
<b>Subtotal</b>		2,526		7,217		34,067		0		34,067
<b>Total Salaries and Wages</b>		371,972		61,274		289,251		105,001		184,250
<b>Staff Benefits (Specify %)</b>		205,887		33,915		160,101		58,118		101,983
<b>I. Total Personnel Expense (for nine months)</b>		577,859		95,189		449,352		163,119		286,233
<b>II. Operating Expense (for nine months)</b>										
1. Information Technology		30,000		4,942		23,328		8,468		14,860
2. Telephone/Communication		18,750		3,089		14,580		5,293		9,287
3. Office expense, travel, and other expenditures		10,000		1,647		7,776		7,776		7,776
4.										
5.										
6.										
7.										
<b>II. Total Operating Expense (for nine months)</b>		58,750		9,678		45,664		13,761		31,923
<b>III. Capital Expense (for nine months)</b>										
1.										
2.										
3.										
<b>III. Total Capital Expense (for nine months)</b>										
<b>IV. Indirect Expense</b>										
1. CDPH rate FY 19-20 (approved)		128,198		21,118		99,689		100,000		99,689
2. External		0		0		0		100,000		0
<b>IV. Total Indirect Expense (for nine months)</b>		128,198		21,118		99,689		200,000		99,689
<b>V. Other Expense (for nine months)</b>										
1. Maintenance & Transportation		2,625		432		2,041		100,000		2,041
2.								100,000		0
3.								100,000		0
4.								100,000		0
5.								100,000		0
<b>V. Total Other Expense (for nine months)</b>		2,625		432		2,041		400,000		2,041
<b>Budget Grand Total (for nine months)</b>		767,432		126,417		596,766		176,880		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
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	119	5.77%
<b>OTLICP -</b> Total Cases of Open (Active) OTLICP Children	340	16.47%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	1605	77.76%
<b>TOTAL CCS CASELOAD</b>	<b>2064</b>	<b>100%</b>

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		
Category/Line Item	Total Budget (1 x 2 or 4 + 5 + 6)	Straight CCS County/State (60/50)	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)		

Prepared By (Signature) \_\_\_\_\_ Prepared By (Printed Name) Suzanne Jacobson Date Prepared \_\_\_\_\_ Phone Number (805) 681-5183

CCS Administrator (Signature) \_\_\_\_\_ CCS Administrator (Printed Name) Tanesha Castaneda Date Signed \_\_\_\_\_ Phone Number (805) 681-5793