

Plan and Budget Required Documents Checklist

MODIFIED FY 2020-2021

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County/City: Santa Barbara

Fiscal Year: 2020-2021

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Agency Information Sheet

County/City:

Santa Barbara County

Fiscal Year: 2020-21

Official Agency

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

CMS Director (if applicable)

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

CCS Administrator

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

CHDP Director

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

CHDP Deputy Director

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

Chief Deputy Clerk of the Board of Supervisors or City Council

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

Director of Social Services Agency

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

Chief Probation Officer

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

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

County/City: Santa Barbara County	Fiscal Year: 2020-21
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I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9, Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Signature of CHDP Director Date Signed

Signature of Director or Health Officer Date Signed

Signature and Title of Other – Optional Date Signed

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

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

County/City: Santa Barbara County	Fiscal Year: 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

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 Date Signed

Signature of Director or Health Officer Date Signed

Signature and Title of Other – Optional Date Signed

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

Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara County	Fiscal Year: 2020-21
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

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 2020-21

CHDP

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

Currently there is a CHDP Director (.15 FTE), CHDP Deputy Director (.25 FTE), CHDP and HCPCFC Supervising PHN (.25 FTE), CHDP PHN (.75 FTE), HCPCFC PHN (1.0 FTE), and an Administrative Office Professional II (1.0 FTE). There is a vacant PHN position (.12 FTE), a vacant Health Educator position (.50 FTE), and a vacant AOP II position (.10 FTE). The number of CHDP sites in Santa Barbara County is 36; there are no pending provider sites.

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

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

Vision Trainings Provided in Fiscal Year 2019-20:

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

Flouride Varnish Trainings Provided in Fiscal Year 2019-20:

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

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

Probation Department Trainings Provided in Fiscal Year 2019-20:

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

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

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

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

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

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

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

County/City: Santa Barbara		Fiscal Year: 2020-21		
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanisha Castaneda	75%	No	No
Staff Physician	Rhonda Gordon, MD.	15%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Linda Garcia, RN, PHN	100%	No	No
Administrative Office Professional II	Vacant	90%	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Carmen Escobedo	100%	No	No

**Incumbent List - Child Health and Disability Prevention Program
FY 2020-2021**

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

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

County/City: Santa Barbara		Fiscal Year: 2020-21						
Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)		
Program Manager	Tanisha Castaneda	25%	N/A	75% CCS,	No	No		
Staff Physician	Rhonda Gordon, MD.	15%	N/A	15% CCS, 50% Clinic	No	No		
PHN Supervisor	Dorothy Blasing, RN,PHN,MSN	20%	N/A	70% CCS, 5% HPCFC	No	No		
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No		
Public Health Nurse	Vacant	12%	N/A		No	No		
Health Educator	Vacant	50%	N/A		No	No		
Administrative Office Professional II	Maria Palma	100%	N/A		No	No		
Administrative Office Professional II	Vacant	10%	N/A	90% CCS	No	No		



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 17-18		FY 18-19		FY 19-20	
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	766	1,944	629	1,590	483	1,237
b. Number of Foster Care cases/recipients	844	844	818	818	873	873
c. Number of Medi-Cal only cases/recipients	731	922	643	784	613	901
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
a. Medical and/or dental services	2,404		1,813		1,321	
b. Medical and/or dental services with scheduling and/or transportation	549		403		336	
c. Information only (optional)	3,074		2,618		2,359	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	11,196		10,124		8,541	
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0	0	0	0

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

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

Memoranda of Understanding/Interagency Agreement List

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

County/City:		Santa Barbara			Fiscal Year: 2019/20	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)	
MOU Santa Barbara Public Health CHDP and CenCal Health – CHDP	MOU	12-22-2016 through 12-21-2020	12-14-2016	Tanesha Castaneda	No	
MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	MOU effective 07-01-17 and will continue in effect unless revised or terminated by mutual agreement.	10-04-2019	Tanesha Castaneda	No	
CenCal Health – CCS	MOU	MOU effective 07-01-18 and is automatically renewed on July 1 of each year.	10-31-2018	Tanesha Castaneda	No	
SELPA – CCS	IAA	From September 2015 and remains in effect until any revisions are mutually agreed upon or either party provides 20 days written notice to terminate	12-14-18	Tanesha Castaneda	No SELPA requesting to reduce transportation provided to children. County CCS does not support this request. Discussions are ongoing.	

CHDP Administrative Budget Summary for FY 2020-21
 No County/City Match
 County/City Name: Santa Barbara

Category/Line Item	Column 1 Total Budget (2 + 3)	Column 2 Total CHDP Budget	Column 3 Total Medi-Cal Budget (4 + 5)	Column 4 Enhanced State/Federal (25/75)	Column 5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$ 467,083	\$ -	\$ 467,083	\$ 337,545	\$ 129,538
II. Total Operating Expenses	\$ 32,871	\$ -	\$ 32,871	\$ 2,360	\$ 30,511
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 98,321	\$ -	\$ 98,321		\$ 98,321
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 598,275	\$ -	\$ 598,275	\$ 339,905	\$ 258,370

Source of Funds	Column 1 Total Funds	Column 2 Total CHDP Budget	Column 3 Total Medi-Cal Budget	Column 4 Enhanced State/Federal	Column 5 Nonenhanced State/Federal
State General Funds	\$ -	\$ -			
Medi-Cal Funds:	\$ 598,275		\$ 598,275		
State	\$ 214,161		\$ 214,161	\$ 84,976	\$ 129,185
Federal (Title XIX)	\$ 384,114		\$ 384,114	\$ 254,929	\$ 129,185
	214,161				

Suzanne Jacobson
 Prepared By _____ Date Prepared _____
 (805) 681-5183
 Phone Number

CHDP Director or Deputy
 Director (Signature) _____ Date _____
 (805) 692-5793
 Phone Number

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

County/City Name: _ Santa Barbara

Fiscal Year 2020-21

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
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%	\$ 108,400	\$ 81,300	0.00%	\$ -	100.00%	\$ 81,300	85%	\$ 69,105	15%	\$ 12,195
3. PHN, Supv D Blasing	20%	\$ 117,400	\$ 23,480	0.00%	\$ -	100.00%	\$ 23,480	80%	\$ 18,784	20%	\$ 4,696
3. Staff Phys. Dr. Gordon	15%	\$ 245,400	\$ 36,810	0.00%	\$ -	100.00%	\$ 36,810	80%	\$ 29,448	20%	\$ 7,362
4. Health Educator, Vacant	50%	\$ 86,000	\$ 43,000	0.00%	\$ -	100.00%	\$ 43,000	80%	\$ 34,400	20%	\$ 8,600
5. AOP II, M Palma	100%	\$ 66,200	\$ 66,200	0.00%	\$ -	100.00%	\$ 66,200	50%	\$ 33,100	50%	\$ 33,100
6. PHN, Vacant	12%	\$ 105,300	\$ 13,152	0.00%	\$ -	100.00%	\$ 13,152	65%	\$ 11,179	15%	\$ 1,973
7. AOPII, Vacant	10%	\$ 66,200	\$ 6,620	0.00%	\$ -	100.00%	\$ 6,620	75%	\$ 4,965	25%	\$ 1,655
Total Salaries and Wages											
			\$ 295,062		\$ -		\$ 295,062		\$ 213,231		\$ 81,831
Less Salary Savings											
			\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages											
			\$ 295,062		\$ -		\$ 295,062		\$ 213,231		\$ 81,831
Staff Benefits (Specify %) 58.30%											
			\$ 172,021		\$ -		\$ 172,021		\$ 124,314		\$ 47,707
I. Total Personnel Expenses											
			\$ 467,083		\$ -		\$ 467,083		\$ 337,545		\$ 129,538
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			\$ 4,721		\$ -		\$ 4,721		\$ -		\$ 4,721
6. Motorpool			\$ 5,000		\$ -		\$ 5,000		\$ -		\$ 5,000
7. Utilities			\$ 2,000		\$ -		\$ 2,000		\$ -		\$ 2,000
8. Data Processing			\$ 8,500		\$ -		\$ 8,500		\$ -		\$ 8,500
II. Total Operating Expenses											
			\$ 32,871		\$ -		\$ 32,871		\$ 2,360		\$ 30,511
III. Capital Expenses											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
III. Total Capital Expenses											
			\$ -		\$ -		\$ -		\$ -		\$ -
IV. Indirect Expenses											
1. Internal (Specify %) 16.27%			\$ 75,994		\$ -		\$ 75,994		\$ -		\$ 75,994
2. External (Specify %) 4.78%			\$ 22,327		\$ -		\$ 22,327		\$ -		\$ 22,327
IV. Total Indirect Expenses											
			\$ 98,321		\$ -		\$ 98,321		\$ -		\$ 98,321
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
			\$ -		\$ -		\$ -		\$ -		\$ -
Budget Grand Total											
			\$ 598,275		\$ -		\$ 598,275		\$ 339,905		\$ 258,370

Suzanne Jacobson
 Prepared By

10/7/2020
 Date Prepared

805-681-5183
 Phone Number

CHDP Director or
 Deputy

Date

(805) 692-5793
 Phone Number

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

I. PERSONNEL EXPENSE

Total Salaries	\$	295,062
Total Benefits		172,021
Total Personnel Expense		467,083

II. OPERATING EXPENSE

1. Travel	750.00	Estimate of travel necessary to perform program activities
2. Training	2,200.00	Estimate of training needed for current and new staff
3. Office expense	5,500.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	4,200.00	Copying and printing for program activities and newsletter
5. Communications	4,721.00	Telephone charges
6. Motorpool	5,000.00	County Carpool attributable to CHDP
7. Utilities	2,000.00	pro-rated CHDP share of utilities
8. Data Processing	8,500.00	Charges by County's IT department
TOTAL OPERATING EXPENSE	32,871.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE -

IV. INDIRECT EXPENSE

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

V. OTHER EXPENSE

TOTAL OTHER EXPENSE -

TOTAL BUDGET \$ **598,275**



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



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

County-City Name: Santa Barbara Fiscal Year: 2020-21

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$168,219	\$151,397	\$16,822
II Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$28,244		\$28,244
V Total Other Expenses			
Budget Grand Total	\$199,463	\$151,397	\$48,066

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

Suzanne Jacobson 10/15/2020 (805) 681-5183 Suzanne.Jacobson@sbcphd.org
 Prepared By (Print & Sign) Date Phone Number E-mail Address

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



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



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

County-City Name: Sanla Barbara Fiscal Year: 2020-21

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Vorce	Vivian	Public Health Nurse	Y	100.00%	\$104,800	\$104,800.00	90.00%	\$94,320	10.00%	\$10,480
2	Blossing	Dorothy	Supervising PHN	Y	5.00%	\$117,400	\$5,870.00	90.00%	\$5,283	10.00%	\$587
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff					2						
Total FTE PHN Staff					1.05%			90.00%		10.00%	
Total Salaries and Wages							\$110,670		\$99,603		\$11,067
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$110,670		\$99,603		\$11,067
Staff Benefits (Specify %)					52.00%		\$57,549		\$51,794		\$5,755
Total Personnel Expenses							\$168,219		\$151,397		\$16,822
II. Operating Expenses											
1	Travel			\$1,000			\$1,000	0.00%	\$0	100.00%	\$1,000
2	Training			\$2,000			\$2,000	0.00%	\$0	100.00%	\$2,000
Total Operating Expenses							\$3,000		\$0		\$3,000
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			16.79%			\$28,244				\$28,244
2	External										
Total Indirect Expenses							\$28,244				\$28,244
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$199,463		\$151,397		\$48,066

Suzanne Jacobson 10/15/2020 (805)681-5183 Suzanne.jacobson@sbcphd.org
 Prepared By (Print & Sign) Date Phone Number E-mail Address

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

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

I. PERSONNEL EXPENSE

Total Salaries	110,670
Total Benefits	57,549
Total Personnel Expense	168,219

II. OPERATING EXPENSE

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

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

IV. INDIRECT EXPENSE

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

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET	199,463
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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	135	6.16%
OTLIP -		
Total Cases of Open (Active) OTLIP Children	329	15.02%
MEDI-CAL -		
Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children	1726	78.81%
TOTAL CCS CASELOAD	2190	100%

CCS Administrative Baseline Budget Summary

Fiscal Year: 2020-21

County: Santa Barbara

Category/Line Item	Col 1 = Col 2-3+4					
	1	2	3	4	5	6
		Straight CCS	OTLIP	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	744,146	45,872	111,792	595,461	237,540	348,933
II. Total Operating Expense	50,180	3,597	8,742	45,860	15,323	30,537
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	154,038	9,495	23,141	121,402		121,402
V. Total Other Expense	500	31	75	394		394
Budget Grand Total	955,873	59,905	143,750	754,137	252,871	501,268

Sources of Funds	Col 1 = Col 2-3+4					
	1	2	3	4	5	6
		Straight CCS	OTLIP	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Total Budget	29,492	29,492				
Straight CCS						
State	29,492	29,492				
County	29,493	29,493				
OTLIP						
State	16,891		16,891			
County	16,891		16,891			
Federal (Title XXI)	109,958		109,958			
Medi-Cal						
State	313,051			313,051		250,633
Federal (Title XIX)	440,285			440,285		250,633

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

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CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21
 County: Santa Barbara

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

Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLCP)		Medi-Cal (Non-OTLCP)					
				4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 + 2 or 4 + 5 + 6)	Casecost %	Straight CCS County/State (\$0/50)	Casecost %	Optional Targeted Low Income Children's Program (OTLCP) County/State (\$11,751,747.65)	Casecost %	Medi-Cal State/Federal	Enhanced State/Federal (2573)	Enhanced FTE	Non-Enhanced Medi-Cal State/Federal (\$0/50)	
Total Salaries and Wages			481,880	6.16%	29,710	15.02%	72,404	78.81%	378,045	153,852	40.50%	59,50%	225,993
Shift Benefits (Specify %)	54.40%		262,186	6.16%	16,162	15.02%	39,388	78.81%	206,636	83,895			122,840
I. Total Personnel Expense			744,146	6.16%	45,872	15.02%	111,792	78.81%	566,481	237,546			348,333
II. Operating Expense													
1. Information Technology			30,000	6.16%	1,849	15.02%	4,507	78.81%	23,644	9,577	40.50%	59.50%	14,067
2. Telephone/Communication			16,000	6.16%	1,110	15.02%	2,704	78.81%	14,166	5,746	40.50%	59.50%	8,440
3. Office expense, travel, other expenditures			10,189	6.16%	620	15.02%	1,531	78.81%	8,930				8,930
4.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
5.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
6.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
7.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
II. Total Operating Expense			56,189		3,587		8,742		45,860	15,323			30,537
III. Capital Expense													
1.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
2.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
3.				6.16%	0	15.02%	0	78.81%	0	0	0	0	0
III. Total Capital Expense			0		0		0		0	0		0	0
IV. Indirect Expense													
1. Indirect Cost Rate	20.70%		154,038	6.16%	9,495	15.02%	23,141	78.81%	121,402			100.00%	121,402
IV. Total Indirect Expense			154,038	6.16%	9,495	15.02%	23,141	78.81%	121,402			100.00%	121,402
V. Other Expense													
1. Maintenance & Transportation			500	6.16%	31	15.02%	75	78.81%	394			100.00%	394
2.				6.16%	0	15.02%	0	78.81%	0			100.00%	0
3.				6.16%	0	15.02%	0	78.81%	0			100.00%	0
4.				6.16%	0	15.02%	0	78.81%	0			100.00%	0
5.				6.16%	0	15.02%	0	78.81%	0			100.00%	0
V. Total Other Expense			500		31		75		394			100.00%	394
Budget Grand Total			856,073		58,085		143,730		754,137	252,871			501,266

Prepared By (Signature) _____ Date Prepared 10/7/2020
 Prepared By (Printed Name) Suzanne Jacobson Phone Number (805) 581-5103
 CCS Administrator (Signature) _____ Date Signed _____
 CCS Administrator (Printed Name) Tanesha Costantinos Phone Number (805) 692-5703

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21
 County: Santa Barbara

Category	Actual Caseload	Percent of Total CCS Caseload
CCS CASELOAD	2190	100%
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	135	6.16%
OTLICP - Total Cases of Open (Active) OTLICP Children	329	15.02%
MEDICAL - Total Cases of Open (Active) Medi-Cal (Non-OTLICP) Children	1726	78.81%
TOTAL CCS CASELOAD	2190	100%

Column	Straight CCS				Optional Targeted/Low Income Children's Program (OTLICP)				Medi-Cal (Non-OTLICP)			
	4A	4B	5	6	7A	7B	8	9	10A	10B	11	12
Category/Line Item	Caseload %	Caseload	Optional Targeted/Low Income Children's Program (OTLICP) Caseload %	Caseload	Enhanced Medi-Cal State/Federal FTE	Enhanced Medi-Cal State/Federal FTE	Enhanced Medi-Cal State/Federal FTE	Caseload %	Caseload	Enhanced Medi-Cal State/Federal FTE	Enhanced Medi-Cal State/Federal FTE	Non-Enhanced Medi-Cal State/Federal FTE
Total Salaries and Wages	6.16%	23710	15.02%	72,604	40.50%	151,852	99.50%	379,845	78.81%	40.50%	151,852	225,893
Staff Benefits (Specify %)	54.40%	282,186	15.02%	39,388	205,035	83,696		205,035	78.81%		83,696	132,940
I. Total Personnel Expense	6.16%	744,146	15.02%	111,792	588,481	237,548		588,481	78.81%		237,548	348,933
II. Operating Expense												
1. Information Technology	6.16%	30,000	15.02%	4,507	23,644	5,577		23,644	78.81%	40.50%	5,577	14,057
2. Telephone/Communication	6.16%	18,000	15.02%	2,704	14,186	5,746		14,186	78.81%	40.50%	5,746	9,440
3. Office expense, travel, other expenditures	6.16%	10,189	15.02%	1,531	9,000			9,000	78.81%			8,030
4.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
5.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
6.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
7.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
II. Total Operating Expense		58,189		8,742	45,860	15,323		45,860			15,323	30,537
III. Capital Expense												
1.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
2.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
3.	6.16%	0	15.02%	0	0	0		0	78.81%		0	0
III. Total Capital Expense		0		0	0	0		0			0	0
IV. Indirect Expense												
1. Indirect Cost Rate	20.70%	154,038	15.02%	23,141	121,402	121,402		121,402	78.81%		121,402	121,402
IV. Total Indirect Expense		154,038		23,141	121,402	121,402		121,402			121,402	121,402
V. Other Expense												
1. Maintenance & Transportation		500	15.02%	75	304			304	78.81%			394
2.		0	15.02%	0	0	0		0	78.81%		0	0
3.		0	15.02%	0	0	0		0	78.81%		0	0
4.		0	15.02%	0	0	0		0	78.81%		0	0
5.		0	15.02%	0	0	0		0	78.81%		0	0
V. Total Other Expense		500		75	304			304				394
Budget Grand Total		965,873		143,750	754,137	252,871		754,137			252,871	501,266

Prepared By (Signature): Suzanne Jacobson
 Prepared By (Printed Name): Suzanne Jacobson
 Date Prepared: 10/7/2020
 Phone Number: (805) 681-5103

CCS Administrator (Signature): Tanezha Casabeau
 CCS Administrator (Printed Name): Tanezha Casabeau
 Date Signed: 10/7/2020
 Phone Number: (805) 692-5793



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Brokers of Sacramento, Inc. 5750 West Oaks Blvd, Suite 140 Rocklin CA 95765		CONTACT NAME: 916-630-8643 PHONE (A/C, No., Ext): (800) 228-3380 FAX (A/C, No.): (800) 783-0083 E-MAIL ADDRESS: Insurance@bbsecramento.com	
INSURED Affordable Painting Company And Design P.O.Box 564 Los Alamos CA 93440		INSURER(S) AFFORDING COVERAGE INSURER A: U.S. Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2012262154

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	U19AC9359703	08/05/2019	08/05/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as Additional Insured under Commercial General Liability policy per endorsements CG 20 10 07 04 and CG 20 37 07 04.

CERTIFICATE HOLDER**CANCELLATION**

Santa Barbara Public County Health Department 300 N San Antonio Road Building 8 Santa Barbara CA 93110	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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