Plan and Budget Required Documents Checklist

MODIFIED FOR 2009-10

County/City: Santa Barbara County **Fiscal Year: 2009-10**

Document	Page Number
1. **Checklist**	1-2
2. **Agency Information Sheet**	3
3. **Certification Statements**	
A. Certification Statement (CHDP) – Original and one photocopy	Pending BOS approval
B. Certification Statement (CCS) – Original and one photocopy	Pending BOS approval
4. **Agency Description**	
A. Brief Narrative -- CHDP	4
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	Retain locally
E. Civil Service Classification Statements – Include if newly established, proposed, or revised	Retain locally
F. Duty Statements – Include if newly established, proposed, or revised	Retain locally
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	5
B. CHDP Program Referral Data	6-7
7. **Memoranda of Understanding and Interagency Agreements List**	
A. MOU/IAA List	8-9
B. New, Renewed, or Revised MOUs or IAAs	Retain locally
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)	

County/City: Santa Barbara County **Fiscal Year: 2009-10**

Document	Page Number
1. Budget Summary	10
2. Budget Worksheet	11-12
3. Budget Justification Narrative	13
B. CHDP Administrative Budget (County/City Match) - Optional	
1. Budget Worksheet	14-15
2. Budget Justification Narrative	16
3. Budget Justification Narrative	17
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	18
2. Budget Worksheet	19
3. Budget Justification Narrative	NA
E. CCS Administrative Budget	
1. Budget Summary	20
2. Budget Worksheet	21-22
3. Budget Justification Narrative	NA
F. Other Forms	
1. County/City Capital Expenses Justification Form	If applicable
2. County/City Other Expenses Justification Form	If applicable

Agency Information Sheet

County/City: Santa Barbara County **Fiscal Year: 2009-10**

Official Agency

Name:	Santa Barbara County Public Health Department	Address:	1111 Chapala St, Suite 200 Santa Barbara, CA 93101
Health Officer	Peter Hasler, MD		

CCS Administrator

Name:	Dana Gamble, LCSW	Address:	1111 Chapala St, Suite 200
Phone:	(805) 681-5133		Santa Barbara, CA 93101
Fax:	(805) 681-4958	E-Mail:	dgamble@sbcphd.org

CHDP Director

Name:	Rea Goumas, MD	Address:	1111 Chapala St, Suite 200
Phone:	(805) 681-4027		Santa Barbara, CA 93101
Fax:	(805) 681-4958	E-Mail:	Rea.Goumas@sbcphd.org

CHDP Deputy Director

Name:	Dana Gamble, LCSW	Address:	1111 Chapala St, Suite 200
Phone:	(805) 681-5133		Santa Barbara, CA 93101
Fax:	(805) 681-4958	E-Mail:	dgamble@sbcphd.org

Clerk of the Board of Supervisors or City Council

Name:	Michael Allen	Address:	105 E. Anapamu Street, Room 407,
Phone:	(805) 568-2240;		Santa Barbara CA, 93101
Fax:	805) 568-2249	E-Mail:	allen@co.santa-barbara.ca.us

Director of Social Services Agency

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

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES
FY 2009-2010
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.

California Children's Services Caseload Summary Form

County: Santa Barbara **Fiscal Year:** 2009-2010

	CCS Caseload 0 to 21 Years	A 06-07 Actual Caseload	B % of Grand Total	07-08 Actual Caseload	% of Grand Total	08-09 Estimated Caseload based on first three quarters	% of Grand Total
	MEDI-CAL						
1	Average of Total Open (Active) Medi-Cal Children	1233	37%	1275	34%	1329	36%
2	Potential Case Medi-Cal	1241	38%	1481	39%	1362	37%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	2474	75%	2756	73%	2691	73%
	NON MEDI-CAL						
	Healthy Families						
4	Average of Total Open (Active) Healthy Families	218	6%	240	6%	235	6%
5	Potential Cases Healthy Families	220	7%	279	7%	240	6%
6	Total Healthy Families (Row 4 + Row 5)	438	13%	519	14%	475	12%
	Straight CCS						
7	Average of Total Open (Active) Straight CCS Children	194	6%	230	6%	250	6%
8	Potential Cases Straight CCS Children	195	6%	268	7%	255	7%
9	Total Straight CCS (Row 7 + Row 8)	389	12%	498	13%	505	13%
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	827	25%	1017	27%	980	26%
	GRAND TOTAL						
11	(Row 3 + Row 10)	3301	100%	3773	100%	3671	100%

CHDP Program Referral Data

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

County/City:	**FY 06-07**		**FY 07-08**		**FY 08-09**	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services						
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	1,325	3,104	2,099	4,790	1,955	4,713
b. Number of Foster Care cases/recipients	526	526	1,733	1,733	1,622	1,622
c. Number of Medi-Cal only cases/recipients	4,043	10,430	5,640	15,412	5,275	12,962
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	7,177		10,484		10,274	
b. Medical and/or dental services with scheduling and/or transportation	3,102		5,722		5,495	
c. Information only (optional)	11,857		17,614		16,353	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	22,136		33,820		32,122	

Results of Assistance						
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

In response to the information requested in section 1, the Santa Barbara County CHDP office is not able to provide the requested numbers as the Department of Social Services does not provide the data to the CHDP office. As per Section 5 Part IX A of the Interagency Agreement between the two programs it is not a requirement for DSS to report this information to the CHDP program.

Memorandaof 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: 2009-10**

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	Yes
Department of Social Services – CHDP	IAA	07-01-2008 through 06-30-2010	01-01-2008	Dana Gamble	No
WIC – CHDP	MOU	06-07-2000	01-01-2007	Dana Gamble	No
SELPA – CCS	IAA	12-09-2009	11-01-2009	Jeff Mitchell	Yes
Department of Social Services – Probation Department - HCPCFC	MOU	Tentative Dates – 3-1-10 through 6-30-12	N/A	Dana Gamble	Yes
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

County/City: **Santa Barbara** **Fiscal Year: 2009-10**

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)
Blue Cross HFP – CCS	MOU	05-27-1998	01-01-2008	Dana Gamble	Yes – Blue Cross no longer participates in HFP in Santa Barbara County
SBRHA HFP – CCS	MOU	04-10-1998	01-01-2008	Dana Gamble	No
Health Net HFP – CCS	MOU	05-20-1998	01-01-2008	Dana Gamble	Yes – Health Net no longer participates in HFP in Santa Barbara County
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 2009-10
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	$ 480,053	$ 1,914	$ 478,139	$ 241,554	$ 236,585
II. Total Operating Expenses	$ 149,800	$ 1,178	$ 148,622	$ 5,075	$ 143,547
III. Total Capital Expenses	$ -	$ -	$ -		$ -
IV. Total Indirect Expenses	$ 139,215	$ 555	$ 138,660		$ 138,660
V. Total Other Expenses	$ -	$ -	$ -		$ -
Budget Grand Total	$ 769,068	$ 3,646	$ 765,422	$ 246,629	$ 518,793
		$ 3,291			

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	$ 3,646	$ 3,646			
Medi-Cal Funds:	$ 765,422		$ 765,422		
State	$ 321,054		$ 321,054	$ 61,657	$ 259,396
Federal (Title XIX)	$ 444,368		$ 444,368	$ 184,972	$ 259,396

324,700

Nancy Leidelmeijer
Prepared By

2/26/2010
Date Prepared

(805) 681-5188
Phone Number

CHDP Director or Deputy Director (Signature)

2/26/2010
Date

(805) 681-5133
Phone Number

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

County/City Name: _ Santa Barbara

Fiscal Year _____2009-10__

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 D Gamble	50%	$ 104,000	$ 52,000	0.71%	$ 369	99.29%	$ 51,631	50%	$ 25,815	50%	$ 25,815
2. PHN N Confiac	100%	$ 88,100	$ 88,100	0.71%	$ 626	99.29%	$ 87,474	80%	$ 69,980	20%	$ 17,495
3. Staff Phys. Dr. Goumas	10%	$ 184,000	$ 18,400	0.92%	$ 169	99.08%	$ 18,231	80%	$ 14,585	20%	$ 3,646
4.Health Educator J Waite	100%	$ 70,500	$ 70,500	0.11%	$ 78	99.89%	$ 70,422	75%	$ 52,817	25%	$ 17,606
5. AOP T Castaneda	50%	$ 62,350	$ 31,175	0.11%	$ 34	99.89%	$ 31,141	30%	$ 9,342	70%	$ 21,798
6. AOP, Fuerte	60%	$ 50,450	$ 30,270	0.11%	$ 33	99.89%	$ 30,237	0%	$ -	100%	$ 30,237
7 AOP. G Zacapa	100%	$ 52,450	$ 52,450	0.11%	$ 58	99.89%	$ 52,392	0%	$ -	100%	$ 52,392
Total Salaries and Wages			$ 342,895		$ 1,367		$ 341,528		$ 172,539		$ 168,990
Less Salary Savings			$ -		$ -		$ -		$ -		$ -
Net Salaries and Wages			$ 342,895		$ 1,367		$ 341,528		$ 172,539		$ 168,990
Staff Benefits (Specify %) 40.00%			$ 137,158		$ 547		$ 136,611		$ 69,015		$ 67,596
I. Total Personnel Expenses			$ 480,053		$ 1,914		$ 478,139		$ 241,554		$ 236,585
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			$ 10,000		$ 200		$ 9,800				$ 9,800
4.Printing/Duplicating			$ 2,200		$ 40		$ 2,160				$ 2,160
5. Communications			$ 2,500		$ 6		$ 2,494				$ 2,494
6.Lease 2300SF			$ 118,500		$ 695		$ 117,805				$ 117,805
7. Utilities			$ 6,600		$ 66		$ 6,534				$ 6,534
8.Data Processing			$ 3,500		$ 15		$ 3,485				$ 3,485
II. Total Operating Expenses			$ 149,800		$ 1,178		$ 148,622		$ 5,075		$ 143,547

III. Capital Expenses												
1.												
2.												
3.												
4.												
5.												
II. Total Capital Expenses			$ -		$ -		$ -					$ -
IV. Indirect Expenses												
1. Internal (Specify %)	20.85%		$ 100,091		$ 399		$ 99,692					$ 99,692
2. External (Specify %)	8.15%		$ 39,124		$ 156		$ 38,968					$ 38,968
IV. Total Indirect Expenses			$ 139,215		$ 555		$ 138,660					$ 138,660
V. Other Expenses												
1.												
2.												
3.												
4.												
5.												
V. Total Other Expenses			$ -		$ -		$ -					$ -
Budget Grand Total			$ 769,068		$ 3,646		$ 765,422		$ 246,629			$ 518,793

Nancy Leidelmeijer Prepared By	2/26/2010 Date Prepared	805-681-5188 Phone Number
CHDP Director or Deputy Director (Signature)	Date	(805) 681-5133 Phone Number

CHDP No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2009-10

I. PERSONNEL EXPENSE		
Total Salaries	342,895.00	
Total Benefits	137,158.00	
Total Personnel Expense	**480,053.00**	
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	10,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	2,200.00	Copying and printing for program activities and newsletter
5. Communications	2,500.00	Telephone charges
6. Lease 3273 Sq. Ft	118,500.00	CHDP share of office lease
7. Utilities	6,600.00	pro-rated CHDP share of utilities
8. Data Processing	3,500.00	Charges by county's DP department
TOTAL OPERATING EXPENSE	149,800.00	
III. CAPITAL EXPENSE		
	-	
TOTAL CAPITAL EXPENSE	-	
IV. INDIRECT EXPENSE		
1. Internal	$ 100,091	Program share of internal overhead, per PHD cost plan
2. External	$ 39,124	Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	$ 139,215	
V. OTHER EXPENSE		
	$ -	
TOTAL OTHER EXPENSE	$ -	
TOTAL BUDGET	**$ 769,068**	

CHDP Administrative Budget Worksheet for FY 2009-10
County/City Match
County/City Name: Santa Barbara

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 County/Federal (25/75)**	**% or FTE**	**Nonenhanced County/Federal (50/50)**
I. Personnel Expenses							
1. OA, Sr. C Fuerte	80%	$ 50,450	$ 40,360	0%	$ -	100%	$ 40,360
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			$ 40,360		$ -		$ 40,360
Less Salary Savings			$ -		$ -		$ -
Net Salaries and Wages			$ -		$ -		$ -
Staff Benefits (Specify) 40.00%			$ 16,144		$ -		$ 16,144
I. Total Personnel Expenses			$ 56,504		$ -		$ 56,504
II. Operating Expenses							
1. Travel							
2. Training							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
II. Total Operating Expenses			$ -		$ -		$ -

CHDP Administrative Budget Worksheet for FY 2009-10
County/City Match
County/City Name: Santa Barbara

Column	1A	1B	1	2A	2	3A	3
III. Capital Expenses							
1.							
2.							
3.							
4.							
5.							
II. Total Capital Expenses			$ -		$ -		$ -
IV. Indirect Expenses							
1. Internal (Specify %) 20.85%			$ 11,781				$ 11,781
2. External (Specify %) 8.15%			$ 4,605				$ 4,605
IV. Total Indirect Expenses			$ 16,386				$ 16,386
V. Other Expenses							
1.							
2.							
3.							
4.							
5.							
V. Total Other Expenses							
Budget Grand Total			$ 72,890		$ -		$ 72,890

Nancy Leidelmeijer
Prepared By

2/11/2010
Date

805-681-5188
Phone Number

CHPD Director or Deputy Director
(Signature)

2/26/2010
Date

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Phone Number

CHDP Administrative Budget Summary for FY 2009-10
County/City Match
County/City Name: ____Santa Barbara_____

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced County/Federal (25/75)**	**Nonenhanced County/Federal (50/50)**
I. Total Personnel Expenses	$56,504	$0	$56,504
II. Total Operating Expenses	$0	$0	$0
III. Total Capital Expenses	$0		$0
IV. Total Indirect Expenses	$16,386		$16,386
V. Total Other Expenses	$0		$0
Budget Grand Total	$72,890	$0	$72,890

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced County/Federal (25/75)**	**Nonenhanced County/Federal (50/50)**
County Funds	$36,445	$0	$36,445
Federal Funds (Title XIX)	$36,445	$0	$36,445

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CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

CHDP County Match Budget Narrative
Santa Barbara County
Fiscal Year 2009-10

I. PERSONNEL EXPENSE			
Total Salaries	$	40,360	Supplement state allocation
Total Benefits	$	16,144	Supplement state allocation
Total Personnel Expense	**$**	**56,504**	
II. OPERATING EXPENSE			
1. Travel	$	-	Supplement state allocation
2. Training	$	-	Supplement state allocation
TOTAL OPERATING EXPENSE	$	-	Supplement state allocation
III. CAPITAL EXPENSE			
	$	-	
TOTAL CAPITAL EXPENSE	$	-	
IV. INDIRECT EXPENSE			
1. Internal	$	11,781	Program share of internal overhead, per PHD cost plan
2. External	$	4,605	Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	$	16,386	
V. OTHER EXPENSE			
	$	-	
TOTAL OTHER EXPENSE	$	-	
TOTAL BUDGET	**$**	**72,890**	**Supplement state allocation**

HCPCFC Administrative Budget Summary Fiscal Year 2009-10

County/City Name: Santa Barbara

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	$38,500	$34,650	$3,850
II. Total Operating Expenses	$6,000	$5,400	$600
III. Total Capital Expenses			
IV. Total Indirect Expenses	$11,165		$1,116
V. Total Other Expenses			
Budget Grand Total	$55,665	$40,050	$5,566

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	$12,796	$10,013	$2,783
Federal Funds (Title XIX)	$42,870	$30,038	$2,783
Budget Grand Total	$55,665		

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CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

HCPCFC Administrative Budget Worksheet Fiscal Year 2009-10

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 Flaharty	33%	$82,500	$27,500	90%	$24,750	10%	$2,750
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			$27,500		$24,750		$2,750
Less Salary Savings							
Net Salaries and Wages			$27,500	90%	$24,750	10%	$2,750
Staff Benefits (Specify %) 40.00%			$11,000		$9,900		$1,100
I. Total Personnel Expenses			$38,500		$34,650		$3,850
II. Operating Expenses							
1. Travel			$3,000	**90%**	$2,700	10%	$300
2. Training			$3,000	**90%**	$2,700	10%	$300
II. Total Operating Expenses			$6,000		$5,400		$600
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 29.00%			$11,165				$1,116
2. External							
IV. Total Indirect Expenses			$11,165				$1,116
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			$55,665		$40,050		$5,566

Nancy Leidelmeijer	2/11/2010	805-681-5188	nancy.leidelmeijer@
Prepared By (Signature)	Date prepared	Phone Number	Email Address
	2/26/2010	805-681-5133	dgamble@sbcphd.or
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

CCS CASELOAD	Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	1,430	72%
Potential Cases Medi-Cal	74	4%
TOTAL MEDI-CAL	1,504	76%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	247	12%
Potential Cases HF	13	1%
Total Healthy Families	260	13%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	11%
Potential Cases Straight CCS	11	1%
Total Straight CCS	225	11%
TOTAL NON MEDI-CAL	485	24%
GRAND TOTAL	1,989	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/St/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	$1,955,160	$486,249	$1,468,912	$633,873	$835,039
II. Total Operating Expense	$257,000	$66,820	$190,180	$1,295	$188,885
III. Total Capital Expense	-	-	-		-
IV. Total Indirect Expense	$554,092	$144,064	$410,028		$410,028
V. Total Other Expense	-	-	-		-
Budget Grand Total	$2,766,253	$697,133	$2,069,120	$635,168	$1,433,952

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	$161,706	$161,706			
County	$161,706	$161,706			
CCS Healthy Families					
State	$65,401	$65,401			
County	$65,401	$65,401			
Federal (Title XXI)	$242,918	$242,918			
Medi-Cal Funds:					
State	$875,768		$875,768	$158,792	$716,976
Federal (Title XIX)	$1,193,352		$1,193,352	$476,376	$716,976

Nancy Leidelmeijer	2/11/2010	805- 681-5188	nancy.leidelmeijer@sbcphd.org
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	2/16/2010	805- 681-5133	dgamble@sbcphd.org
CCS Administrator (Signature)	Date	Phone Number	Email Address

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	1,430	72%
Potential Cases Medi-Cal	74	4%
TOTAL MEDI-CAL	1,504	76%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	247	12%
Potential Cases HF	13	1%
Total Healthy Families	260	13%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	11%
Potential Cases Straight CCS	11	1%
Total Straight CCS	225	11%
TOTAL NON MEDI-CAL	485	24%
GRAND TOTAL	1,989	100%

CCS Administrative Budget Worksheet for FY 2010-11

County Name: Santa Barbara

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-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
I. Personnel Expense											
Program Administration											
Public Health Program Manager, D Gamble	0.50	$109,000	$54,500	24%	$13,289	76%	$41,211			100%	$41,211
Computer Systems Specialist I, R McDonald	0.05	$88,000	$4,400	24%	$1,073	76%	$3,327			100%	$3,327
Accountant III, N Leidelmeijer	0.10	$98,500	$9,850	24%	$2,402	76%	$7,448			100%	$7,448
			$0	24%	$0	76%	$0			100%	$0
Subtotal		$295,500	$68,750		$16,764		$51,986				$51,986
Medical Case Management											
Staff Physician, Supervising, R Goumas	0.50	$190,000	$95,000	24%	$23,165	76%	$71,835	75%	$53,876	25%	$17,959
Supervising PHN, A Stenersen	1.00	$102,700	$102,700	24%	$25,042	76%	$77,658	75%	$58,243	25%	$19,414
PHN R Harris	1.00	$94,000	$94,000	24%	$22,921	76%	$71,079	75%	$53,309	25%	$17,770
PHN J Gaines	1.00	$94,000	$94,000	24%	$22,921	76%	$71,079	75%	$53,309	25%	$17,770
PHN L Marshall	1.00	$94,000	$94,000	24%	$22,921	76%	$71,079	75%	$53,309	25%	$17,770
PHN L Cheng	1.00	$94,000	$94,000	24%	$22,921	76%	$71,079	75%	$53,309	25%	$17,770
PHN M Strunin	1.00	$95,500	$95,500	24%	$23,287	76%	$72,213	75%	$54,160	25%	$18,053
PHN C Petrini	0.50	$94,000	$47,000	24%	$11,461	76%	$35,539	75%	$26,655	25%	$8,885
Med Soc Svc Pract, M Jochim	0.75	$72,500	$54,375	24%	$13,259	76%	$41,116	75%	$30,837	25%	$10,279
CCS MTP Coordinator, J Mitchell	0.22	$111,000	$24,420	24%	$5,955	76%	$18,465	0%	$0	100%	$18,465
			$0	24%	$0	76%	$0	75%	$0	25%	$0
Subtotal		$1,041,700	$794,995		$193,852		$601,143		$437,008		$164,135
Ancillary Support											
CCS Caseworker A Bayquen	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
CCS Caseworker J Connor	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
CCS Caseworker C Escobedo	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
CCS Caseworker A Ramos	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
CCS Caseworker Vacant	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
			$0	24%	$0	76%	$0			100%	$0
Subtotal		$285,000	$285,000		$69,495		$215,505				$215,505
Clerical and Claims Support											
Admin Office Pro, Supervising T Castaneda	0.50	$71,000	$35,500	24%	$8,656	76%	$26,844	34%	$9,127	66%	$17,717
Admin Office Pro, Sr. C Fuerte	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
Admin Office Pro, Sr. N Guendulain Ordaz	1.00	$57,000	$57,000	24%	$13,899	76%	$43,101			100%	$43,101
Admin Office Pro, B Elliott	1.00	$69,000	$69,000	24%	$16,825	76%	$52,175			100%	$52,175
			$0	24%	$0	76%	$0			100%	$0
Subtotal		$254,000	$218,500		$53,279		$165,221		$9,127		$156,094

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-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
Total Salary and Wages				$1,367,245		$333,391		$1,033,854		$446,135		$587,720
Less Salary Savings												
Net Salary and Wages				$1,367,245		$333,391		$1,033,854		$446,135		$587,720
Staff Benefits (Specify %)	43.00%			$587,915	26%	$152,858	74%	$435,057		$187,738		$247,319
I. Total Personnel Expense				$1,955,160		$486,249		$1,468,912		$633,873		$835,039
II. Operating Expense												
1. Travel				$1,000	26%	$260	74%	$740	25%	$185	75%	$555
2. Training				$6,000	26%	$1,560	74%	$4,440	25%	$1,110	75%	$3,330
3. Other Expenditures				$250,000	26%	$65,000	74%	$185,000			100%	$185,000
II. Total Operating Expense				$257,000		$66,820		$190,180		$1,295		$188,885
III. Capital Expense												
II. Total Capital Expense												
IV. Indirect Expense												
1. Internal	20.37%			$398,266	26%	$103,549	74%	$294,717			100%	$294,717
2. External	7.97%			$155,826	26%	$40,515	74%	$115,311			100%	$115,311
IV. Total Indirect Expense				$554,092		$144,064		$410,028				$410,028
V. Other Expense												
1. Maintenance and Transportation				$45,000								
V. Total Other Expense												
Budget Grand Total				$2,766,253		$697,133		$2,069,120		$635,168		$1,433,952

Nancy Leidelmeijer	02/11/2010	805-681-5188	nancy.leidelmeijer@sbcphd.org
Prepared By (Signature)	Date Prepared	Phone Number	email address
	2/16/2010	805-681-5133	dgamble@sbcphd.org
CCS Administrator (Signature)	Date Signed	Phone Number	email address