Attachment A

Health Care Program for Children in Foster Care Budget Worksheets and California Children's Services Budget Worksheets

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Agency Information		County/City: Santa Barbara	Fiscal Year: 2025-26
Street Address:	300 N San Antonio Road	Health Officer Name:	Henning Ansorg, MD
City:	Santa Barbara	HCPCFC Central Email Address:	PHDHCPCFCAdmin@sbcphd.org
Zip Code:	93110		
Authorized HCPCFC Representative		Director of Social Services Agency	
Name, Title:	Kelley Barragan	Name:	Daniel Nielson
Phone:	805-681-5476	Phone:	805-346-7101
Email:	kbarragab@sbcphd.org	Email:	dnielso@countyofsb.org
Clerk of the Board of Supervisors		Chief Probation Officer	
Name:	Jacquelyne Alexander	Name:	Holly Benton
Phone:	805-568-2240	Phone:	805-882-3652
Email:	sbcob@countyofsb.org	Email:	hbenton@countyofsb.org

List All HCPCFC Program Staff

	Name:	Title:	Support Staff	PHN	Email:
1	Dorothy Blasing	Supervising PHN	No	Yes	Dblasing@sbcphd.org
2	Sophia Manson	PHN	No	Yes	somanson@countyofsb.org
3	Monica Gola	PHN	No	Yes	mgola@sbcphd.or
4	Vacant	Administrative Office Professional	Yes	No	vacant
5	Kelley Barragan	Health Services Manager	No	Yes	kbarragan@sbcphd.org
6					
7					
8					
9					
10					

View additional rows by selecting the "+" to the left.

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Santa Barbara	2025-26

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Kelley Barragan		1/22/25
HCPCFC/County Authorized Representative	Signature	Date
Bob Nelson	Signature 9DD6B7A21FC046A...	6/29/2026 | 10:37 AM PDT
Local Governing Body Chairperson Name,	Signature	Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Base Budget Worksheet								County/City Name: Santa Barbara		Fiscal Year: 2025-26	
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Dorothy Blasing	Supervising PHN	No	Yes	0%	$128,804	$0	0%	$0	100%	$0
2	Sophia Manson	PHN	No	Yes	90%	$122,382	$110,144	95%	$104,637	5%	$5,507
3	Monica Gola	PHN	No	Yes	35%	$117,153	$41,004	95%	$38,953	5%	$2,050
4	Vacant	Administrative Office Profe	Yes	No	0%	$83,002	$0	0%	$0	100%	$0
5	Kelley Barragan	Health Services Manager	No	Yes	0%	$157,279	$0	0%	$0	100%	$0
6	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
7	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
8	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
9	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
10	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							$151,147		$143,590		$7,557
Staff Benefits (Specify %)			50%				$76,148		$72,341		$3,807
I. Total Personnel Expenses							$227,295		$215,931		$11,364
II. Total Operating Expenses (List in Narrative)							$11,181		$10,622		$559
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		16%				$37,006				$37,006
2.	External (Specify %)		6%				$14,113				$14,113
IV. Total Indirect Expenses (List in Narrative)							$51,119				$51,119
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$289,595		$226,553		$63,042

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Kelley Barragan — Authorized HCPCFC Signor Name, Title

Signature — Date: 1/22/25

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Base Budget Narrative	County/City Name:	Fiscal Year:
	Santa Barbara	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses	
II. Operating Expenses Identify and Explain All Operating Expense Line Items	
Travel, PHN license, IT Charges, Telephones	
III. Capital Expenses Identify and Explain All Capital Expense Line Items	
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items	
Internal:	Used CDPH approved internal indirect rate for use in FY 25/26
External:	Used CDPH approved external indirect rate for use in FY 25/26
V. Other Expenses Identify and Explain All Other Expense Line Items	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Kelley Barragan — Authorized HCPCFC Signor Name, Title

Signature

Date 1/22/25

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet								County/City Name: Santa Barbara		Fiscal Year: 2025-26	
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Dorothy Blasing	Supervising PHN	No	Yes	0%	$128,804	$0	0%	$0	100%	$0
2	Sophia Manson	PHN	No	Yes	0%	$122,382	$0	0%	$0	100%	$0
3	Monica Gola	PHN	No	Yes	25%	$117,153	$29,288	95%	$27,824	5%	$1,464
4	Vacant	Administrative Office Professional	Yes	No	0%	$83,002	$0	0%	$0	100%	$0
5	Kelley Barragan	Health Services Manager	No	Yes	0%	$157,279	$0	0%	$0	100%	$0
6	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
7	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
8	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
9	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
10	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							$29,288		$27,824		$1,464
Staff Benefits (Specify %)			50%				$14,755		$14,018		$738
I. Total Personnel Expenses							$44,043		$41,842		$2,202
II. Total Operating Expenses (List in Narrative)							$1,004		$954		$50
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		16%				$7,171				$7,171
2.	External (Specify %)		6%				$2,735				$2,735
IV. Total Indirect Expenses (List in Narrative)							$9,905				$9,905
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$54,952		$42,796		$12,157

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Kelley Barragan
Authorized HCPCFC Signor Name, Title

Signature

1/22/25
Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:
	Santa Barbara	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses	
II. Operating Expenses Identify and Explain All Operating Expense Line Items	
Travel, PHN license, IT Charges, Telephones	
III. Capital Expenses Identify and Explain All Capital Expense Line Items	
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items	
Internal:	Used CDPH approved internal indirect rate for use in FY 25/26
External:	Used CDPH approved external indirect rate for use in FY 25/26
V. Other Expenses Identify and Explain All Other Expense Line Items	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Kelley Barragan		1/22/2
Authorized HCPCFC Signor Name, Title	Signature	Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet								County/City Name:	Fiscal Year		
								Santa Barbara	2025-26		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Dorothy Blasing	Supervising PHN	No	Yes	0%	$128,804	$0	0%	$0	100%	$0
2	Sophia Manson	PHN	No	Yes	10%	$122,382	$12,238	95%	$11,626	5%	$612
3	Monica Gola	PHN	No	Yes	40%	$117,153	$46,861	95%	$44,518	5%	$2,343
4	Vacant	Administrative Office Professional	Yes	No	0%	$83,002	$0	0%	$0	100%	$0
5	Kelley Barragan	Health Services Manager	No	Yes	0%	$0	$0	0%	$0	100%	$0
6	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
7	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
8	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
9	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
10	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
View additional rows by selecting the "+" to the left.											
Total PHN FTE %					50%			190%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							$59,099		$56,144		$2,955
Staff Benefits (Specify %)			50%				$29,774		$28,285		$1,489
I. Total Personnel Expenses							$88,873		$84,429		$4,444
II. Total Operating Expenses (List in Narrative)							$2,026		$1,925		$101
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		16%				$14,469				$14,469
2.	External (Specify %)		6%				$5,518				$5,518
IV. Total Indirect Expenses (List in Narrative)							$19,988				$19,988
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$110,887		$86,354		$24,533

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Kelley Barragan — Authorized HCPCFC Signor Name, Title

Signature

1/22/25 — Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative	County/City Name:	Fiscal Year:
	Santa Barbara	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses	
II. Operating Expenses Identify and Explain All Operating Expense Line Items	
Travel, PHN license, IT Charges, Telephones	
III. Capital Expenses Identify and Explain All Capital Expense Line Items	
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items	
Internal:	Used CDPH approved internal indirect rate for use in FY 25/26
External:	Used CDPH approved external indirect rate for use in FY 25/26
V. Other Expenses Identify and Explain All Other Expense Line Items	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Kelley Barragan — Authorized HCPCFC Signor Name, Title

Signature

1/22/25 — Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

County-City Match Budget Worksheet					County/City Name:			Fiscal Year:	
					Santa Barbara			2025-26	
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Dorothy Blasing	Supervising PHN	No	Yes	0%	$0	$0	0%	$0	100%	$0
2	Sophia Manson	PHN	No	Yes	0%	$0	$0	0%	$0	100%	$0
3	Monica Gola	PHN	No	Yes	0%	$0	$0	0%	$0	100%	$0
4	Vacant	Administrative Office Professional	Yes	No	0%	$0	$0	0%	$0	100%	$0
5	Kelley Barragan	Health Services Manager	No	Yes	0%	$0	$0	0%	$0	100%	$0
6	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
7	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
8	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
9	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
10	0	0	0	0	0%	$0	$0	0%	$0	100%	$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							$0		$0		$0
Staff Benefits (Specify %)			73%				$0		$0		$0
I. Total Personnel Expenses							$0		$0		$0
II. Total Operating Expenses (List in Narrative)							$0				$0
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		0%				$0				$0
2.	External (Specify %)		0%				$0				$0
IV. Total Indirect Expenses (List in Narrative)							$0				$0
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$0		$0		$0

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

0 Kelley Barragan, HCPCFC Admin — 2/26/24

Authorized HCPCFC Signor Name, Title | Signature | Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Administrative Budget Worksheet											County/City Name:	Fiscal Year:
											Santa Barbara	2025-26
Column					1A	1B	1	2A	2	3A	3	
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
#	Name	Title	DSS	PHN								
1	Dorothy Blasing	Supervising PHN	No	Yes	100%	$128,804	$128,804			100%	$128,804	
2	Sophia Manson	PHN	No	Yes	0%	$122,382	$0			0%	$0	
3	Monica Gola	PHN	No	Yes	0%	$117,153	$0			0%	$0	
4	Vacant	Administrative Office Professional	Yes	No	75%	$83,002	$62,252			75%	$62,252	
5	Kelley Barragan	Health Services Manager	No	Yes	10%	$157,279	$15,728			10%	$15,728	
6	0	0	0	0	0%	$0	$0			0%	$0	
7	0	0	0	0	0%	$0	$0			0%	$0	
8	0	0	0	0	0%	$0	$0			0%	$0	
9	0	0	0	0	0%	$0	$0			0%	$0	
10	0	0	0	0	0%	$0	$0			0%	$0	
View additional rows by selecting the "+" to the left.												
Total Net Salaries and Wages							$206,783				$206,783	
Staff Benefits (Specify %)			50%				$104,177				$104,177	
I. Total Personnel Expenses							$310,960				$310,960	
II. Total Operating Expenses (List in Narrative)							$1,140				$1,140	
III. Total Capital Expenses (List in Narrative)							$0				$0	
IV. Indirect Expenses (List in Narrative)												
1.	Internal (Specify %)		16%				$50,627				$50,627	
2.	External (Specify %)		6%				$19,308				$19,308	
IV. Total Indirect Expenses (List in Narrative)							$69,935				$69,935	
V. Total Other Expenses (List in Narrative)							$0				$0	
						Budget Grand Total	$382,035		$0		$382,035	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Kelley Barragan
Authorized HCPCFC Signor Name, Title

Signature

Date 1/22/25

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Administrative Budget Narrative	County/City Name:	Fiscal Year:
	Santa Barbara	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses
II. Operating Expenses Identify and Explain All Operating Expense Line Items
Travel, PHN license, IT Charges, Telephones
III. Capital Expenses Identify and Explain All Capital Expense Line Items
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items

Internal:	Used CDPH approved internal indirect rate for use in FY 25/26
External:	Used CDPH approved external indirect rate for use in FY 25/26

V. Other Expenses Identify and Explain All Other Expense Line Items

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Kelley Barragan		1/22/25
Authorized HCPCFC Signor Name, Title	Signature	Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Budget Summary							County/City:					Fiscal Year:			
							Santa Barbara					2025-26			
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	$227,295	$215,931	$11,364	$44,043	$41,842	$2,202	$88,873	$84,429	$4,444	$0	$0	$0	$310,960		$310,960
II. Total Operating Expenses	$11,181	$10,622	$559	$1,004	$954	$50	$2,026	$1,925	$101	$0	$0	$0	$1,140		$1,140
III. Total Capital Expenses	$0		$0	$0		$0	$0		$0	$0		$0	$0		$0
IV. Total Indirect Expenses	$51,119		$51,119	$9,905		$9,905	$19,988		$19,988	$0		$0	$69,935		$69,935
V. Total Other Expenses	$0		$0	$0		$0	$0		$0	$0		$0	$0		$0
Budget Grand Total	$289,595	$226,553	$63,042	$54,952	$42,796	$12,157	$110,887	$86,354	$24,533	$0	$0	$0	$382,035		$382,035
E	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	$88,159	$56,638	$31,521	$16,777	$10,699	$6,079	$33,855	$21,588	$12,267	$0	$0	$0	$191,018		$191,018
Federal Funds (Title XIX)	$201,436	$169,915	$31,521	$38,175	$32,097	$6,079	$77,032	$64,765	$12,267	$0	$0	$0	$191,018		$191,018
Budget Grand Total	$289,595	$226,553	$63,042	$54,953	$42,796	$12,157	$110,887	$86,354	$24,533	$0	$0	$0	$382,035		$382,035

Kelley Barragan

Authorized HCPCFC Signor Name, Title

Signature

Date 1/22/25

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

Certification Statement - California Children's Services (CCS)

County/City: **Santa Barbara County**	Fiscal Year: 2025-26

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.

Janeshia Castaneda	5-11-2026
Signature of CCS Administrator	Date Signed

	5-11-2026
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.

Signed by: Bob Nelson 9DD6B7A21FC646A...	6/29/2026 | 10:37 AM PDT
Signature of Local Governing Body Chairperson	Date

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	452	14.77%
OTLICP - Total Cases of Open (Active) OTLICP Children	516	16.89%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	2089	68.34%
TOTAL CCS CASELOAD	**3057**	**100%**

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2025-26

County: Santa Barbara

CALIFORNIA DEPA
HEALTH CARE

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense													
Program Administration													
1. Castaneda, Tanesha, Program Business Leader	100.00%	142,647	142,647	14.77%	21,069	16.89%	24,091	68.34%	97,487			100.00%	97,487
2. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0			100.00%	0
Subtotal		142,647	142,647		21,069		24,091		97,487				97,487
Medical Case Management													
1. Blasing, Dorothy , Public Health Nursing Supervisor	100.00%	140,830	140,830	14.77%	20,801	16.89%	23,784	68.34%	96,245	91.02%	87,602	8.98%	8,643
2. Garcia, Linda Public Health Nurse	100.00%	128,206	128,206	14.77%	18,936	16.89%	21,652	68.34%	87,618	91.02%	79,750	8.98%	7,868
3. Gordon, Rhonda, Staff Physician	30.00%	262,415	78,725	14.77%	11,628	16.89%	13,295	68.34%	53,802	91.02%	48,971	8.98%	4,831
4. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
Subtotal		531,451	347,761		51,365		58,731		237,665		216,323		21,342
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
1. Palma, Maria, CCS Caseworker	100.00%	77,988	77,988	14.77%	11,519	16.89%	13,171	68.34%	53,298			100.00%	53,298
2. Vacant, CCS Caseworker	50.00%	77,988	38,994	14.77%	5,759	16.89%	6,585	68.34%	26,649			100.00%	26,649
3. Employee Name, Position			0	14.77%	0	16.89%	0	68.34%	0			100.00%	0
Subtotal		155,976	116,982		17,278		19,756		79,947				79,947
Clerical and Claims Support													
1. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	14.77%	0	16.89%	0	68.34%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Total Salaries and Wages			607,390	14.77%	89,712	16.89%	102,578	68.34%	415,099	52.11%	216,323	47.89%	198,776
Staff Benefits (Specify %) 53.00%			321,917	14.77%	47,547	16.89%	54,367	68.34%	220,003		114,651		105,352
I. Total Personnel Expense			929,307	14.77%	137,259	16.89%	156,945	68.34%	635,102		330,974		304,128
II. Operating Expense													
1. Travel			2,142	14.77%	316	16.89%	362	68.34%	1,464	52.11%	763	47.89%	701
2. Training			1,000	14.77%	148	16.89%	169	68.34%	683	52.11%	356	47.89%	327
3. Information Technology			40,695	14.77%	6,011	16.89%	6,873	68.34%	27,812			100.00%	27,812
4. Telephone/Communication			13,100	14.77%	1,935	16.89%	2,212	68.34%	8,953			100.00%	8,953
5. Office Expense, Other Expenditures			29,424	14.77%	4,346	16.89%	4,969	68.34%	20,109			100.00%	20,109

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	452	14.77%
OTLICP - Total Cases of Open (Active) OTLICP Children	516	16.89%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	2089	68.34%
TOTAL CCS CASELOAD	**3057**	**100%**

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2025-26

County: Santa Barbara

CALIFORNIA DEPA
HEALTH CARE

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	**1**	**2**	**3**	**4A**	**4**	**5A**	**5**	**6A**	**6**	**7A**	**7**	**8A**	**8**
Category/Line Item	**% FTE**	**Annual Salary**	**Total Budget (1 x 2 or 4 + 5 +6)**	**Caseload %**	**Straight CCS County/State (50/50)**	**Caseload %**	**Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)**	**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)**
6.				14.77%	0	16.89%	0	68.34%	0			100.00%	0
7.				14.77%	0	16.89%	0	68.34%	0			100.00%	0
II. Total Operating Expense			86,361		12,756		14,585		59,021		1,119		57,902
III. Capital Expense													
1.				14.77%	0	16.89%	0	68.34%	0				0
2.				14.77%	0	16.89%	0	68.34%	0				0
3.				14.77%	0	16.89%	0	68.34%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate	22.49%		209,001	14.77%	30,915	16.89%	35,297	68.34%	142,788			100.00%	142,788
			0	14.77%	0	16.89%	0	68.34%	0			100.00%	0
IV. Total Indirect Expense			209,001		30,915		35,297		142,788				142,788
V. Other Expense													
1. Maintenance & Transportation			1,000	14.77%	148	16.89%	169	68.34%	683			100.00%	683
2.				14.77%	0	16.89%	0	68.34%	0			100.00%	0
3.				14.77%	0	16.89%	0	68.34%	0			100.00%	0
4.				14.77%	0	16.89%	0	68.34%	0			100.00%	0
5.				14.77%	0	16.89%	0	68.34%	0			100.00%	0
V. Total Other Expense			1,000		148		169		683				683
Budget Grand Total			1,225,669		181,078		206,996		837,594		332,093		505,501

A. Bermond	**Amber Bermond**	1/30/26	805-681-4953
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number
Tanesha Castaneda	**Tanesha Castaneda**	1/30/26	805-637-5794
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	452	14.77%
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TOTAL CCS CASELOAD	**3057**	**100%**

CCS Administrative Baseline Budget Summary

Fiscal Year: 2025-26

County: Santa Barbara

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	929,307	137,259	156,945	635,102	330,974	304,128
II. Total Operating Expense	86,361	12,756	14,585	59,021	1,119	57,902
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	209,001	30,915	35,297	142,788		142,788
V. Total Other Expense	1,000	148	169	683		683
Budget Grand Total	1,225,669	181,078	206,996	837,594	332,093	505,501

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	90,538	90,538				
County	90,538	90,538				
OTLICP						
State	51,975		51,975			
County	51,975		51,975			
Federal (Title XXI)	103,046		103,046			
Medi-Cal						
State	335,775			335,774	83,023	252,751
Federal (Title XIX)	501,822			501,819	249,070	252,750

A. Bermond	Amber Bermond	Abermond@sbcphd.org
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
Tanesha Castaneda	Tanesha Castaneda	Tcastaneda@sbcphd.org
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address

Revised 04/24/2025

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year: 2025-26

County: Santa Barbara

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
I. COUNTY EMPLOYED MTU STAFF			
MTP Administrative Positions			
1. Diaz, Cristina Admin Office Pro II	100.00%	72,143	72,143
2. Santana, Monica Admin Office Pro II	100.00%	77,864	77,864
3. Vigil, Valerie Admin Office Pro II	100.00%	75,384	75,384
4. Bouvier, Heather Supervising Therapist	50.00%	134,258	67,129
5. Bussian, Lauren Supervising Therapist	50.00%	134,258	67,129
6. Harpster, Jane Supervising Therapist	50.00%	134,258	67,129
7. Vacant, Chief Therapist	0.00%	140,971	-
8. Vacant, Assistant Chief Therapist	0.00%	148,019	-
Subtotal		628,165	426,778
Treatment Staff			
1. Bouvier, Heather Supervising Therapist	48.00%	134,258	64,444
2. Bussian, Lauren Supervising Therapist	48.00%	134,258	64,444
3. Harpster, Jane Supervising Therapist	48.00%	134,258	64,444
4. Coyne Neal, Mary CCS Occ/Phys Therapist II	73.00%	115,443	84,273
5. Fritz, Rebecca CCS Occ/Phys Therapist II	98.00%	125,122	122,620
6. Hardeman, Kelsey CCS Occ/Phys Therapist II	73.00%	120,523	87,982
7. Vacant CCS Occ/Phys Therapist II	0.00%	125,122	-
8. McWilliams, Alison CCS Occ/Phys Therapist II	45.00%	125,122	56,305
9. Oftedal, Chelsea CCS Occ/Phys Therapist II	98.50%	127,602	125,688
10. Sanchez, Katherine CCS Occ/Phys Therapist II	98.50%	125,122	123,245
11. Scalzi, Katrina CCS Occ/Phys Therapist II	98.50%	125,122	123,245
12. Silvola, Cassandra CCS Occ/Phys Therapist II	98.50%	125,122	123,245
13. Tanck, Rachel CCS Occ/Phys Therapist II	73.50%	113,963	83,763
14. Teich, Christina CCS Occ/Phys Therapist II	73.50%	125,123	91,965
15. Vacant CCS Occ/Phys Therapist II	0.00%	123,035	-
16. Vacant CCS Occ/Phys Therapist II	0.00%	123,035	-
17. Vacant, CCS Occ/Phys Therapist II	0.00%	123,035	-
18. Vacant, CCS Occ/Phys Therapist II	0.00%	123,035	-
19. Vacant, CCS Occ/Phys Therapist II	0.00%	123,035	-
20. Trevino, Emma, CCS Occ/Phys Therapist Asst	100.00%	88,504	88,504
21. Leon, Leticia Therapy Attendant	75.00%	58,412	43,809
22. Medina, Erendida Therapy Attendant	75.00%	59,079	44,309
23. Salazar, Areli Therapy Attendant	100.00%	58,511	58,511

Column		1	2	3
Category/Line Item		% FTE	Annual Salary	Total Budget (1 x 2)
Subtotal			1,517,073	1,450,796
Total Salaries and Wages				1,877,574
Staff Benefits (Specify %)	57.50%			1,079,605
Total Personnel Expenses, County Employed MTU Staff				2,957,179
Travel Costs				13,000
Internal Indirect Costs (Specify %)	22.49%			665,070
I. TOTAL, COUNTY EMPLOYED MTU STAFF				**$ 3,635,249**
II. CONTRACT THERAPISTS				
Physical and Occupational Therapy Contracts				
1. Contractor Name, Position				-
2. Contractor Name, Position				-
3. Contractor Name, Position				-
4. Contractor Name, Position				-
5. Contractor Name, Position				-
II. TOTAL, CONTRACT THERAPISTS				**$ -**
III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS				
MTP Administrative Positions				
1. Employee Name, Position		0.00%	-	-
2. Employee Name, Position		0.00%	-	-
Subtotal			-	-
Treatment Staff				
1. Bouvier, Heather Supervising Therapist		2.00%	134,258	2,685
2. Bussian, Lauren Supervising Therapist		2.00%	134,258	2,685
3. Harpster, Jane Supervising Therapist		2.00%	134,258	2,685
4. Coyne Neal, Mary CCS Occ/Phys Therapist II		2.00%	115,443	2,309
5. Fritz, Rebecca CCS Occ/Phys Therapist II		2.00%	125,122	2,502
6. Hardeman, Kelsey CCS Occ/Phys Therapist II		2.00%	120,523	2,410
7. Vacant CCS Occ/Phys Therapist II		0.00%	125,122	-
8. McWilliams, Alison CCS Occ/Phys Therapist II		5.00%	125,122	6,256
9. Oftedal, Chelsea CCS Occ/Phys Therapist II		1.50%	127,602	1,914
10. Sanchez, Katherine CCS Occ/Phys Therapist II		1.50%	125,122	1,877
11. Scalzi, Katrina CCS Occ/Phys Therapist II		1.50%	125,122	1,877
12. Silvola, Cassandra CCS Occ/Phys Therapist II		1.50%	125,122	1,877
13. Tanck, Rachel CCS Occ/Phys Therapist II		1.50%	113,963	1,709
14. Teich, Christina CCS Occ/Phys Therapist II		1.50%	125,123	1,877
Subtotal			1,141,707	32,663
Total Salaries and Wages				32,663
Staff Benefits (Specify %)	57.50%			18,781
Total Personnel Expenses for SELPA/LEA/IEP Functions				51,444
Travel Costs				-

Column		1	2	3
Category/Line Item		**% FTE**	**Annual Salary**	**Total Budget (1 x 2)**
Indirect Costs (Specify %)	22.49%			11,570
III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS				**$ 63,014**
IV. MTU EXPENDITURES				
1. MTU Supply and Equpment Costs				
a. Information Technology Costs				103,200
b. Tools and Equipment				7,200
c. Postage, Printing, Copier				2,100
d. Office Supplies				5,400
Subtotal				117,900
2. MTU Conference Costs				
a. Travel Costs				2,000
b. Item 2				-
c. Item 3				-
d. Item 4				-
Subtotal				2,000
3. Training/Education				
a. Training & Travel				2,000
b. Item 2				-
c. Item 3				-
d. Item 4				-
Subtotal				2,000
4. Miscellaneous MTU Costs				
a. Communications				7,000
b. Item 2				-
c. Item 3				-
d. Item 4				-
Subtotal				7,000
IV. TOTAL, MTU EXPENDITURES				**$ 128,900**
BUDGET GRAND TOTAL				**$ 3,827,163**

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)		**$ 1,882,074**	
County Funds		**$ 1,882,075**	
MTP (State 100%) (Section III)			
State General Funds (2)		**$ 63,014**	
Total State General Funds (1 + 2)		**$ 1,945,088**	

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)

A. Bernard — 1/30/26

Prepared By — Date Prepared

Laurie Castonach — 1/30/26

Approved By — Date Approved