

# **Attachment A**

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



**Health Care Program for Children in Foster Care**

<b>Agency Information</b>		County/City: Santa Barbara	Fiscal Year: 2025-26		
Street Address:	300 N San Antonio Road	Health Officer Name:	Henning Ansorg, MD		
City:	Santa Barbara	HPCFC Central Email Address:	PHDHPCFCAdmin@sbcphd.org		
Zip Code:	93110				
Authorized HPCFC 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 HPCFC 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.org
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.					



Health Care Program for Children in Foster Care

<b>Certification Statement</b>	<b>County/City:</b>	<b>Fiscal Year:</b>
	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

HCPCFC/County Authorized Representative

Signature

Date

*K. Barragan* *1/22/25*

Local Governing Body Chairperson Name,

Signature

Date



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%	\$0	100%	\$0	
2	Sophia Manson	PHN	No	Yes	90%	\$122,382	\$110,144	\$104,637	95%	\$104,637	5%	\$5,507	
3	Monica Gola	PHN	No	Yes	35%	\$117,153	\$41,004	\$38,953	95%	\$38,953	5%	\$2,050	
4	Vacant	Administrative Office Prof	Yes	No	0%	\$83,002	\$0	\$0	0%	\$0	100%	\$0	
5	Kelley Barragan	Health Services Manager	No	Yes	0%	\$157,279	\$0	\$0	0%	\$0	100%	\$0	
6	0	0	0	0	0%	\$0	\$0	\$0	0%	\$0	100%	\$0	
7	0	0	0	0	0%	\$0	\$0	\$0	0%	\$0	100%	\$0	
8	0	0	0	0	0%	\$0	\$0	\$0	0%	\$0	100%	\$0	
9	0	0	0	0	0%	\$0	\$0	\$0	0%	\$0	100%	\$0	
10	0	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		\$7,557	
Staff Benefits (Specify %)				50%		\$76,148		\$72,341		\$3,807		\$3,807	
I. Total Personnel Expenses						\$227,295		\$215,931		\$11,364		\$11,364	
II. Total Operating Expenses (List in Narrative)						\$11,181		\$10,622		\$559		\$559	
III. Total Capital Expenses (List in Narrative)						\$0		\$0		\$0		\$0	
IV. Indirect Expenses (List in Narrative)													
1.	Internal (Specify %)		16%			\$37,006		\$37,006		\$37,006		\$37,006	
2.	External (Specify %)		6%			\$14,113		\$14,113		\$14,113		\$14,113	
IV. Total Indirect Expenses (List in Narrative)						\$51,119		\$51,119		\$51,119		\$51,119	
V. Total Other Expenses (List in Narrative)						\$0		\$0		\$0		\$0	
Budget Grand Total						\$289,595		\$226,553		\$63,042		\$63,042	

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC 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 HCPFC 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 HCPFC Signor Name, Title

Signature

Date

*[Handwritten Signature]* 1/22/25



Health Care Program for Children in Foster Care

<b>Base Budget Narrative</b>		County/City Name: Santa Barbara	Fiscal Year: 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		1/22/23
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet

Column	Psychotropic Medication Monitoring & Oversight Budget Worksheet			County/City Name:	Fiscal Year:		
				Santa Barbara	2025-26		
I. Personnel Expenses	1A	1B	1	2A	2	3A	3
# Name	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
1 Dorothy Blasing	0%	\$128,804	\$0	0%	\$0	100%	\$0
2 Sophia Manson	0%	\$122,382	\$0	0%	\$0	100%	\$0
3 Monica Gola	25%	\$117,153	\$29,288	95%	\$27,824	5%	\$1,464
4 Vacant	0%	\$83,002	\$0	0%	\$0	100%	\$0
5 Kelley Barragan	0%	\$157,279	\$0	0%	\$0	100%	\$0
6 0	0%	\$0	\$0	0%	\$0	100%	\$0
7 0	0%	\$0	\$0	0%	\$0	100%	\$0
8 0	0%	\$0	\$0	0%	\$0	100%	\$0
9 0	0%	\$0	\$0	0%	\$0	100%	\$0
10 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		\$0
IV. Indirect Expenses (List in Narrative)							
1. Internal (Specify %)	16%		\$7,171		\$7,171		\$7,171
2. External (Specify %)	6%		\$2,735		\$2,735		\$2,735
IV. Total Indirect Expenses (List in Narrative)			\$9,905		\$9,905		\$9,905
V. Total Other Expenses (List in Narrative)			\$0		\$0		\$0
Budget Grand Total			\$54,952		\$42,796		\$12,157

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC 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 HCPFC 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 HCPFC Signor Name Title

Signature

Date

*[Handwritten Signature]* 1/22/25



Health Care Program for Children in Foster Care

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>		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

*[Handwritten Signature]*

Signature

*[Handwritten Date]*

Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet

County/City Name: Santa Barbara

Fiscal Year: 2025-26

Column	1A	1B	1	2A	2	3A	3				
I. Personnel Expenses											
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Enhanced Total
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		\$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 (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC 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 HCPFC 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 HCPFC Signor Name, Title

Signature Date

*[Handwritten Signature]* 1/24/25



Health Care Program for Children in Foster Care

<b>Caseload Relief Budget Narrative</b>	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

*[Handwritten Signature]*  
Signature

1/22/25  
Date



Health Care Program for Children in Foster Care

County-City Match 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	PHIN										
1	Dorothy Blasing	Supervising PHN	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
2	Sophia Manson	PHN	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
3	Monica Gola	PHN	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
4	Vacant	Administrative Office Professional	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
5	Kelley Barragan	Health Services Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0	
View additional rows by selecting the "+" to the left.														
Total Net Salaries and Wages														
Staff Benefits (Specify %)														
I. Total Personnel Expenses														
II. Total Operating Expenses (List in Narrative)														
III. Total Capital Expenses (List in Narrative)														
IV. Indirect Expenses (List in Narrative)														
1. Internal (Specify %)														
2. External (Specify %)														
IV. Total Indirect Expenses (List in Narrative)														
V. Total Other Expenses (List in Narrative)														
Budget Grand Total														
\$0														

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individuals' Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC 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, HCPFC Admin*  
 Authorized HCPFC Signor Name, Title  
*2/26/24*  
 Date  
 Signature



Health Care Program for Children in Foster Care

Administrative Budget Worksheet

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	100%	\$128,804	\$128,804			100%	\$128,804
2	Sophia Manson	0%	\$122,382	\$0			0%	\$0
3	Monica Gola	0%	\$117,153	\$0			0%	\$0
4	Vacant	75%	\$83,002	\$62,252			75%	\$62,252
5	Kelley Barragan	10%	\$157,279	\$15,728			10%	\$15,728
6	0	0%	\$0	\$0			0%	\$0
7	0	0%	\$0	\$0			0%	\$0
8	0	0%	\$0	\$0			0%	\$0
9	0	0%	\$0	\$0			0%	\$0
10	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 %)				\$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 (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Kelley Barragan

Authorized HCPFC Signor Name, Title

Signature

Date

*Kelley Barragan* 1/22/25



Health Care Program for Children in Foster Care

<b>Administrative Budget Narrative</b>		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	<i>Kelley Barragan</i>	1/22/25
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care


Budget Summary												County/City: Santa Barbara		Fiscal Year: 2025-26					
Funding Source: A	Base				PMW&O				Caseload Relief				County/City-Federal				Administrative		
	B	C	D	Total Funds	B	C	D	Total Funds	B	C	D	Total Funds	B	C	D	Total Funds	B	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Funds	Total Budget	Enhanced	Non-Enhanced	Total Funds	Total Budget	Enhanced	Non-Enhanced	Total Funds	Total Budget	Enhanced	Non-Enhanced	Total Funds	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	\$1,140			\$1,140				
III. Total Capital Expenses	\$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	\$69,935			\$69,935				
V. Total Other Expenses	\$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	\$382,035			\$382,035				
E	F	G	H	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	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	\$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	\$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	\$382,035			\$382,035				


Kelley Barragan  
 Authorized HCPCFC Signor Name, Title  
 Signature: *[Handwritten Signature]*  
 Date: 1/22/25

**Certification Statement - California Children's Services (CCS)**

<b>County/City:</b> Santa Barbara County	<b>Fiscal Year:</b> 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.

	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.	
Signature of Local Governing Body Chairperson	Date



**CCS Administrative Baseline Budget Worksheet**

Fiscal Year: 2025-26

County: Santa Barbara

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

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)				Medi-Cal (Non-OTLICP)			
	4A	4	5A	5A	5	6A	7A	7	8A	8	
Category/Line Item	Total Budget (1+2 or 4+5+6)	Straight CCS County/State (50/50)	Caseload %	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Feed (17.5/17.5/65)	Caseload %	Enhanced % FTE	Enhanced % State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced % State/Federal (50/50)	
<b>I. Personnel Expense</b>											
<b>Program Administration</b>											
1. Castaneda, Tanesha, Program Business Leader	142,647	21,069	14.77%	16.89%	24,091	68.34%	97,487		100.00%	97,487	
2. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0		100.00%	0	
3. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0		100.00%	0	
Subtotal	142,647	21,069	14.77%	16.89%	24,091	68.34%	97,487			97,487	
<b>Medical Case Management</b>											
1. Blasing, Dorothy, Public Health Nursing Supervisor	140,830	20,801	14.77%	16.89%	23,784	68.34%	96,245	87,602	8.98%	8,643	
2. Garcia, Linda Public Health Nurse	128,206	18,936	14.77%	16.89%	21,652	68.34%	87,618	79,750	9.99%	7,868	
3. Gordon, Rhonda, Staff Physician	262,415	11,628	14.77%	16.89%	13,295	68.34%	53,802	48,971	8.98%	4,831	
4. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
5. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
6. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
Subtotal	531,451	51,365	14.77%	16.89%	58,731	68.34%	237,665	216,323		21,342	
<b>Other Health Care Professionals</b>											
1. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
2. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
Subtotal	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
<b>Ancillary Support</b>											
1. Palma, Maria, CCS Caseworker	77,988	11,519	14.77%	16.89%	13,171	68.34%	53,298		100.00%	53,298	
2. Vacant, CCS Caseworker	38,994	5,759	14.77%	16.89%	6,585	68.34%	26,649		100.00%	26,649	
3. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0		100.00%	0	
Subtotal	116,982	17,278	14.77%	16.89%	19,756	68.34%	79,947			79,947	
<b>Child and Claims Support</b>											
1. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
2. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
3. Employee Name, Position	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
Subtotal	0	0	14.77%	16.89%	0	68.34%	0	0	100.00%	0	
<b>Total Salaries and Wages</b>											
	607,390	89,712	14.77%	16.89%	102,578	68.34%	415,099	216,323	47.89%	198,778	
<b>Staff Benefits (Specify %)</b>											
	321,917	47,547	14.77%	16.89%	54,367	68.34%	220,003	114,651		105,352	
<b>I. Total Personnel Expense</b>	<b>929,307</b>	<b>137,259</b>	<b>14.77%</b>	<b>16.89%</b>	<b>156,945</b>	<b>68.34%</b>	<b>635,102</b>	<b>330,974</b>		<b>304,128</b>	
<b>II. Operating Expense</b>											
1. Travel	2,142	316	14.77%	16.89%	362	68.34%	1,464	763	47.89%	701	
2. Training	1,000	148	14.77%	16.89%	169	68.34%	683	356	47.89%	327	
3. Information Technology	40,695	6,011	14.77%	16.89%	6,873	68.34%	27,812		100.00%	27,812	
4. Telephone/Communication	13,100	1,935	14.77%	16.89%	2,212	68.34%	8,953		100.00%	8,953	
5. Office Expense, Other Expenditures	28,424	4,346	14.77%	16.89%	4,969	68.34%	20,109		100.00%	20,109	



**CCS Administrative Baseline Budget Worksheet**

Fiscal Year: **2025-26**

County: **Santa Barbara**

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

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

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

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

### CCS Administrative Baseline Budget Summary

Fiscal Year: 2025-26

County: Santa Barbara

Category/Line Item	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
	Straight CCS	OTLIP	Medi-Cal (non-OTLIP)	(Column 4 = Columns 5 + 6)		
I. Total Personnel Expense	925,307	137,259	155,945	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
<b>Budget Grand Total</b>	<b>1,225,669</b>	<b>181,078</b>	<b>206,996</b>	<b>837,594</b>	<b>332,093</b>	<b>505,501</b>

Source of Funds	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
	Straight CCS	OTLIP	Medi-Cal (non-OTLIP)	(Column 4 = Columns 5 + 6)		
<b>Straight CCS</b>						
State	90,538	90,538				
County	90,538	90,538				
<b>OTLIP</b>						
State	51,975	51,975				
County	51,975	51,975				
Federal (Title XXI)	103,046	103,046				
<b>Medi-Cal</b>						
State	335,775			335,774	83,023	252,751
Federal (Title XIX)	501,822			501,819	249,070	252,750

Prepared By (Signature): *Amber Bermond*  
 Prepared By (Printed Name): Amber Bermond  
 Email Address: [Abermond@sbcphd.org](mailto:Abermond@sbcphd.org)

Prepared By (Signature): *Tanesha Castaneda*  
 Prepared By (Printed Name): Tanesha Castaneda  
 Email Address: [Tcastaneda@sbcphd.org](mailto: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



Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
<b>I. COUNTY EMPLOYED MTU STAFF</b>			
<b>MTP Administrative Positions</b>			
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
<b>Treatment Staff</b>			
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
<b>I. TOTAL, COUNTY EMPLOYED MTU STAFF</b>			<b>\$ 3,635,249</b>
<b>II. CONTRACT THERAPISTS</b>			
<b>Physical and Occupational Therapy Contracts</b>			
1. Contractor Name, Position			-
2. Contractor Name, Position			-
3. Contractor Name, Position			-
4. Contractor Name, Position			-
5. Contractor Name, Position			-
<b>II. TOTAL, CONTRACT THERAPISTS</b>			<b>\$ -</b>
<b>III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS</b>			
<b>MTP Administrative Positions</b>			
1. Employee Name, Position	0.00%	-	-
2. Employee Name, Position	0.00%	-	-
Subtotal		-	-
<b>Treatment Staff</b>			
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
<b>III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS</b>				<b>\$ 63,014</b>
<b>IV. MTU EXPENDITURES</b>				
1. MTU Supply and Equipment 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
<b>IV. TOTAL, MTU EXPENDITURES</b>				<b>\$ 128,900</b>
<b>BUDGET GRAND TOTAL</b>				<b>\$ 3,827,163</b>

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

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

*A. Bernard* *1/30/26*  
 Prepared By Date Prepared

*Laura Castaneda* *1/30/26*  
 Approved By Date Approved