

## Plan and Budget Required Documents Checklist

MODIFIED FY 2021-2022

County/City: <u>Santa Barbara</u>		Fiscal Year: 2021-2022
	Document	Page Number
1.	<b>Checklist</b>	1-2
2.	<b>Agency Information Sheet</b>	3
3.	<b>Certification Statements</b>	
	A. Certification Statement (CHDP) – Original and one photocopy	4-5
	B. Certification Statement (CCS) – Original and one photocopy	6-7
4.	<b>Agency Description</b>	
	A. Brief Narrative	8-9
	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	10-12
	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
	F. Duty Statements – Include if newly established, proposed, or revised	NA
5.	<b>Implementation of Performance Measures</b> – Performance Measures for FY 202019-20 are due November 30, 2020.	N/A
6.	<b>Data Forms</b>	
	CHDP Program Referral Data	13
7.	<b>Memoranda of Understanding and Interagency Agreements List</b>	
	A. MOU/IAA List	14
	B. New, Renewed, or Revised MOU or IAA	N/A
	C. CHDP IAA with DSS biennially	Retain locally
	D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	<b>Budgets</b>	
	A. CHDP Administrative Budget (No County/City Match)	
	1. Budget Summary	15

County/City: Santa Barbara

Fiscal Year: 2021-2022

	Document	Page Number
	2. Budget Worksheet	16
	3. Budget Justification Narrative	17
B.	CHDP Administrative Budget (County/City Match) - Optional	
	1. Budget Worksheet	N/A
	2. Budget Justification Narrative	N/A
	3. Budget Justification Narrative	N/A
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.	HPCFC Administrative Budget	
	1. Budget Summary	18
	2. Budget Worksheet	19
	3. Budget Justification Narrative	20
E.	CCS Administrative Budget	
	1. Budget Summary	21
	2. Budget Worksheet	22-23
	3. Budget Justification Narrative	24
	.	
G..	Other Forms	
	1. County/City Capital Expenses Justification Form	N/A
	2. County/City Other Expenses Justification Form	N/A
9.	<b>Management of Equipment Purchased with State Funds</b>	
	1. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
	2. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
	3. Property Survey Report Form (STD 152)	N/A

## Agency Information Sheet

County/City: Santa Barbara County

Fiscal Year: 2021-22

### Official Agency

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

### CMS Director (if applicable)

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

### CCS Administrator

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

### CHDP Director

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

### CHDP Deputy Director

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

### Chief Deputy Clerk of the Board of Supervisors or City Council

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

### Director of Social Services Agency

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

### Chief Probation Officer

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

**Certification Statement - Child Health and Disability Prevention (CHDP) Program****County/City:** Santa Barbara County**Fiscal Year:** 2021-22

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



Signature of CHDP Director

11/4/21

Date Signed



Signature of Director or Health Officer

11/22/21

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.



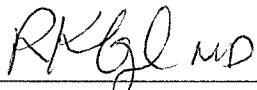
Signature of Local Governing Body Chairperson

12-7-2021

Date

**Certification Statement - Child Health and Disability Prevention (CHDP) Program****County/City:** Santa Barbara County**Fiscal Year:** 2021-22

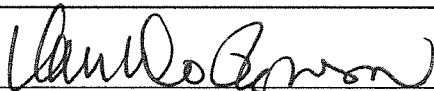
I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and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



Signature of CHDP Director

11/4/21

Date Signed



Signature of Director or Health Officer

11/22/21

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

12-7-2021

Date

**Certification Statement - California Children's Services (CCS)****County/City:** Santa Barbara County**Fiscal Year:** 2021-22

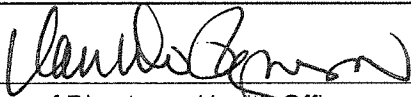
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules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



Signature of CCS Administrator

11/4/21

Date Signed



Signature of Director or Health Officer

11/22/21

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.



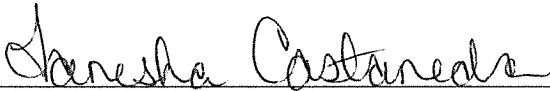
Signature of Local Governing Body Chairperson

12-7-2021

Date

**Certification Statement - California Children's Services (CCS)****County/City:** Santa Barbara County**Fiscal Year:** 2021-22

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



Signature of CCS Administrator

11/4/21

Date Signed



Signature of Director or Health Officer

11/22/21

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

12-7-2021

Date

**SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES**  
**AGENCY DESCRIPTION: CHDP FY 2021-22**

**CHDP**

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

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

CHDP staff continue to work collaboratively with community-based organizations in an effort to increase access to health coverage and oral health services. CHDP and CenCal Health staff meet regularly to ensure that EPSDT services are routinely rendered, as appropriate, to children under Gateway and CenCal Health. Staff also meet to identify provider sites due for facility site reviews. Facility site reviews are conducted jointly and medical record reviews are completed separately due to HIPAA privacy laws and population differences. This partnership helps to ensure that children within the community receive the services needed and providers receive support.

Constraints of the COVID pandemic continued to have an impact on the in-person services CHDP staff was able to provide for a portion of the fiscal year. CHDP staff continued to provide virtual trainings and reviews. Staff are gradually incorporating in-person services, as the situation allows. In an effort to ensure that CHDP providers utilize the CHDP Care Coordination/Follow-up Form the CHDP PHN continues to educate providers on how to complete and submit the form to the local CHDP office.

Local CHDP staff continue to participate in local, regional and statewide meetings regarding the CHDP Program.

During the FY 2020-21 staff completed the following trainings and in-services:

**Vision Screening Trainings Provided in Fiscal Year 2020-21:**

Countywide	FY 2020-21	3 Sessions with 30 Participants
------------	------------	---------------------------------

**Audiometric Screening Trainings Provided in Fiscal Year 2020-21:**

Countywide	FY 2020-21	4 Sessions with 67 Participants
------------	------------	---------------------------------

**Combined CHDP Overview and Flouride Varnish Trainings Provided in Fiscal Year 2020-21:**

Countywide	FY 2020-21	4 Sessions with 46 Participants
------------	------------	---------------------------------

**Combined Vision, Audiometric and Flouride Varnish Practicums Provided in Fiscal Year 2020-21:**

Countywide	FY 2020-21	7 Sessions with 23 Participants
------------	------------	---------------------------------



**Program Overview for Examiners Provided in Fiscal Year 2020-21:**

Countywide	06/10/21	19 Participants
------------	----------	-----------------

**Courtesy Vital Signs Trainings Provided in Fiscal Year 2020-21:**

Countywide	FY 2020-21	2 Sessions with 8 Participants
------------	------------	--------------------------------

**Provider Site Reviews Completed in Fiscal Year 2020-21:**

Countywide	FY 2020-21	9 Sites
------------	------------	---------

**Examiner Certifications and Orientations Provided in Fiscal Year 2020-21:**

Countywide	FY 2020-21	12 Certifications
Countywide	FY 2020-21	13 Orientation Sessions

**Department of Social Services Trainings Provided in Fiscal Year 2021-22:**

Countywide	12/07/20	20 Participants
------------	----------	-----------------

**HCPCFC**

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program within the DSS Child Welfare Service Agency and works with probation departments to provide public health nurse expertise in meeting the medical, dental, mental, and developmental needs of children and youth in foster care.

The program has established a process through which PHNs consult and collaborate with the foster care team on medical issues, the Health Passport, and psychotropic medication prescriptions that promote access to comprehensive preventative health and specialty services.

The HCPCFC PHN continues to educate provides on how to utilize and submit the Health Care Program for Children in Foster Care (HCPCFC) Foster Care Medical (Specialty) Contact Form for children in foster care.

### Incumbent List - California Children's Services FY 2021-2022

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

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

County/City: Santa Barbara		Fiscal Year: 2021-22		
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanesha Castaneda	75%	No	No
Staff Physician	Rhonda Gordon, MD	15%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Linda Garcia, RN, PHN	100%	No	No
Administrative Office Professional II	Vacant	90%	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Carmen Escobedo	100%	No	No

### Incumbent List - Child Health and Disability Prevention Program FY 2021-2022

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

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

County/City: Santa Barbara		Fiscal Year: 2021-22					
Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
Program Manager	Tanesha Castaneda	25%	N/A	75% CCS,	No	No	
Staff Physician	Rhonda Gordon, MD.	15%	N/A	15% CCS, 50% Clinic	No	No	
PHN Supervisor	Dorothy Blasing, RN, PHN, MSN	20%	N/A	75% CCS, 5% HCPCFC	No	No	
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No	
Public Health Nurse	Vacant	25%	N/A		No	No	
Health Educator	Vacant	50%	N/A		No	No	
Administrative Office Professional II	Maria Palma	100%	N/A		No	No	
Administrative Office Professional II	Vacant	10%	N/A	90% CCS	No	No	



## CHDP Program Referral Data Santa Barbara County

County/City: Santa Barbara	FY 18-19		FY 19-20		FY 20-21	
<b>Basic Informing and CHDP Referrals</b>						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	*	*	*	*	*	*
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	629	1,590	483	1,237	529	1,337
b. Number of Foster Care cases/recipients	818	818	873	873	1,076	1,076
c. Number of Medi-Cal only cases/recipients	643	784	613	901	570	605
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	1,813		1,321		1,083	
b. Medical and/or dental services with scheduling and/or transportation	403		336		312	
c. Information only (optional)	2,618		2,359		2,664	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	10,124		8,541		6,868	
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0	0	0	0

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

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

### Memoranda of Understanding/Interagency Agreement List

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

County/City:		Santa Barbara			Fiscal Year: 2021-22	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)	
MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	MOU effective 07-01-17 and will continue in effect unless revised or terminated by mutual agreement.	10-04-2019	Tanesha Castaneda	No	
CenCal Health – CCS	MOU	MOU effective 07-01-18 and is automatically renewed on July 1 of each year.	10-31-2018	Tanesha Castaneda	No	
SELPA – CCS	IAA	From September 2015 and remains in effect until any revisions are mutually agreed upon or either party provides 20 days written notice to terminate	12-14-18	Tanesha Castaneda	No  SELPA requesting to reduce transportation provided to children. County CCS does not support this request. Discussions are ongoing.	

**CHDP Administrative Budget Summary for FY 2021-22**  
**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	\$ 488,858	\$ -	\$ 488,858	\$ 348,854	\$ 140,004
II. Total Operating Expenses	\$ 36,674	\$ -	\$ 36,674	\$ 2,560	\$ 34,114
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 72,742	\$ -	\$ 72,742		\$ 72,742
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 598,275	\$ -	\$ 598,275	\$ 351,414	\$ 246,860
		\$ -			

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$ -	\$ -			
Medi-Cal Funds:	\$ 598,275		\$ 598,275		
State	\$ 211,284		\$ 211,284	\$ 87,854	\$ 123,430
Federal (Title XIX)	\$ 386,991		\$ 386,991	\$ 263,561	\$ 123,430
	211,284				

*Suzanne Jacobson*  
 Prepared By (Signature) 10/7/2021 (805) 681-5183 Suzanne.Jacobson@sbcphd.org  
 Date Prepared Phone Number Email Address

*Tanesha Castaneda*  
 CHDP Director or Deputy Director (Signature) 10/29/2021 (805) 962-5793 Tanesha.Castaneda@sbcphd.org  
 Date Phone Number Email Address

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

County/City Name: \_ Santa Barbara

Fiscal Year 2021-22

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>Personnel Expenses</b>											
1. Team Project Ldr, T Castaneda	25%	\$ 102,000	\$ 25,500	0.00%	\$ -	100.00%	\$ 25,500	50%	\$ 12,750	50%	\$ 12,750
2. PHN, N. Confiac	75%	\$ 110,000	\$ 82,500	0.00%	\$ -	100.00%	\$ 82,500	85%	\$ 70,125	15%	\$ 12,375
3. PHN, Supv D Blasing	20%	\$ 120,000	\$ 24,000	0.00%	\$ -	100.00%	\$ 24,000	80%	\$ 19,200	20%	\$ 4,800
3. Staff Phys. Dr. Gordon	15%	\$ 250,000	\$ 37,500	0.00%	\$ -	100.00%	\$ 37,500	80%	\$ 30,000	20%	\$ 7,500
4. Health Educator, Vacant	50%	\$ 88,000	\$ 44,000	0.00%	\$ -	100.00%	\$ 44,000	80%	\$ 35,200	20%	\$ 8,800
5. AOP II, M Palma	100%	\$ 68,000	\$ 68,000	0.00%	\$ -	100.00%	\$ 68,000	50%	\$ 34,000	50%	\$ 34,000
6. PHN, Vacant	25%	\$ 110,000	\$ 27,500	0.00%	\$ -	100.00%	\$ 27,500	75%	\$ 20,683	25%	\$ 6,817
7. AOP II, Vacant	10%	\$ 68,000	\$ 6,800	0.00%	\$ -	100.00%	\$ 6,800	50%	\$ 3,400	50%	\$ 3,400
<b>Total Salaries and Wages</b>			\$ 315,800		\$ -		\$ 315,800		\$ 225,358		\$ 90,442
<b>Less Salary Savings</b>			\$ -		\$ -		\$ -		\$ -		\$ -
<b>Net Salaries and Wages</b>			\$ 315,800		\$ -		\$ 315,800		\$ 225,358		\$ 90,442
<b>Staff Benefits (Specify %) 54.80%</b>			\$ 173,058		\$ -		\$ 173,058		\$ 123,496		\$ 49,562
<b>I. Total Personnel Expenses</b>			\$ 488,858		\$ -		\$ 488,858		\$ 348,854		\$ 140,004
<b>II. Operating Expenses</b>											
1. Travel			\$ 1,000		\$ -		\$ 1,000		\$ 800		\$ 200
2. Training			\$ 2,200		\$ -		\$ 2,200		\$ 1,760		\$ 440
3. Office expense			\$ 6,000		\$ -		\$ 6,000				\$ 6,000
4. Printing/Duplicating			\$ 4,200		\$ -		\$ 4,200				\$ 4,200
5. Communications			\$ 5,274		\$ -		\$ 5,274				\$ 5,274
6. Motorpool			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
7. Utilities			\$ 2,000		\$ -		\$ 2,000				\$ 2,000
8. Data Processing			\$ 11,000		\$ -		\$ 11,000				\$ 11,000
<b>II. Total Operating Expenses</b>			\$ 36,674		\$ -		\$ 36,674		\$ 2,560		\$ 34,114
<b>III. Capital Expenses</b>											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
<b>II. Total Capital Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 11.23%			\$ 54,899		\$ -		\$ 54,899				\$ 54,899
2. External (Specify %) 3.65%			\$ 17,843		\$ -		\$ 17,843				\$ 17,843
<b>IV. Total Indirect Expenses</b>			\$ 72,742		\$ -		\$ 72,742				\$ 72,742
<b>V. Other Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>V. Total Other Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>Budget Grand Total</b>			\$ 598,275		\$ -		\$ 598,275		\$ 351,414		\$ 246,860

*Suzanne Jacobson*  
 Prepared By (Signature)

10/7/2021  
 Date Prepared

805-681-5183  
 Phone Number

Suzanne.Jacobson@sbcpd.org  
 Email Address

*Tanesha Castaneda*  
 CHDP Director or Deputy  
 (Signature)

10/29/2021  
 Date

805-962-5793  
 Phone Number

Tanesha.Castaneda@sbcpd.org  
 Email Address



**CHDP No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2021-22**

**I. PERSONNEL EXPENSE**

Total Salaries	\$	315,800
Total Benefits		173,058
<b>Total Personnel Expense</b>		<b>488,858</b>

**II. OPERATING EXPENSE**

1. Travel	1,000.00	Estimate of travel necessary to perform program activities
2. Training	2,200.00	Estimate of training needed for current and new staff
3. Office expense	6,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	4,200.00	Copying and printing for program activities and newsletter
5. Communications	5,274.00	Telephone charges
6. Motorpool	5,000.00	County Carpool attributable to CHDP
7. Utilities	2,000.00	pro-rated CHDP share of utilities
8. Data Processing	11,000.00	Charges by County's IT department
<b>TOTAL OPERATING EXPENSE</b>	<b>36,674.00</b>	

**III. CAPITAL EXPENSE**

<b>TOTAL CAPITAL EXPENSE</b>	<b>-</b>
------------------------------	----------

**IV. INDIRECT EXPENSE**

1. Internal	54,899	Program share of internal overhead, per CDPH approved rate
2. External	17,843	Program share of internal overhead, per CDPH approved rate
<b>TOTAL INDIRECT EXPENSE</b>	<b>72,742</b>	

**V. OTHER EXPENSE**

<b>TOTAL OTHER EXPENSE</b>	<b>-</b>
----------------------------	----------

<b>TOTAL BUDGET</b>	<b>\$</b>	<b>598,275</b>
---------------------	-----------	----------------



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

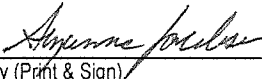



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Base

County-City Name: Santa Barbara Fiscal Year: 2021-22

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$171,829	\$154,646	\$17,183
II Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$26,840		\$26,840
V Total Other Expenses			
Budget Grand Total	\$201,669	\$154,646	\$47,023

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$62,172	\$38,661	\$23,511
Federal Funds (Title XIX)	\$139,497	\$115,985	\$23,512
Budget Grand Total	\$201,669	\$154,646	\$47,023

Suzanne Jacobson  10/12/2021 (805) 681-5183 [Suzanne.Jacobson@sbcpd.org](mailto:Suzanne.Jacobson@sbcpd.org)  
Prepared By (Print & Sign) Date Phone Number E-mail Address

Tanesha Castaneda  10/29/2021 (805) 692-5793 [Tanesha.Castaneda@sbcpd.org](mailto:Tanesha.Castaneda@sbcpd.org)  
CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



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



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

County-City Name: Santa Barbara Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Vorce	Vivian	Public Health Nurse	Y	100.00%	\$105,000	\$105,000.00	90.00%	\$94,500	10.00%	\$10,500
2	Blassing	Dorothy	Supervising PHN	Y	5.00%	\$120,000	\$6,000.00	90.00%	\$5,400	10.00%	\$600
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff					2						
Total FTE PHN Staff					1.05%			90.00%		10.00%	
Total Salaries and Wages							\$111,000		\$99,900		\$11,100
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$111,000		\$99,900		\$11,100
Staff Benefits (Specify %)					54.80%		\$60,828		\$54,746		\$6,083
<b>I. Total Personnel Expenses</b>							<b>\$171,829</b>		<b>\$154,646</b>		<b>\$17,183</b>
<b>II. Operating Expenses</b>											
1	Travel			\$1,000			\$1,000	0.00%	\$0	100.00%	\$1,000
2	Training			\$2,000			\$2,000	0.00%	\$0	100.00%	\$2,000
<b>II. Total Operating Expenses</b>							<b>\$3,000</b>		<b>\$0</b>		<b>\$3,000</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			15.62%			\$26,840				\$26,840
2	External										
<b>IV. Total Indirect Expenses</b>							<b>\$26,840</b>				<b>\$26,840</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$201,669</b>		<b>\$154,646</b>		<b>\$47,023</b>

Suzanne Jacobson

*Suzanne Jacobson*  
Prepared By (Print & Sign)

10/12/2021

Date

(805)681-5183

Phone Number

Suzanne.jacobson@sbcphd.org

E-mail Address

Tanesha Castaneda

*Tanesha Castaneda*  
CHDP Director Or Deputy Director (Print & Sign)

10/29/2021

Date

(805)692-5793

Phone Number

Tanesha.castaneda@sbcphd.org

E-mail Address

**HCPCFC Budget Narrative  
Santa Barbara County  
Fiscal Year 2021-22**

**I. PERSONNEL EXPENSE**

Total Salaries	\$ 111,000
Total Benefits	<u>60,828</u>
<b>Total Personnel Expense</b>	<b>171,828</b>

**II. OPERATING EXPENSE**

1. Travel	1,000.00	Estimate of travel necessary to perform program activities
2. Training	<u>2,000.00</u>	Estimate of training needed for current and new staff
<b>TOTAL OPERATING EXPENSE</b>	<b>3,000.00</b>	

**III. CAPITAL EXPENSE**

-

**TOTAL CAPITAL EXPENSE**

-

**IV. INDIRECT EXPENSE**

1. Internal 15.62%	26,840	Program share of internal overhead, per CDPH approved rate
2. External	-	
<b>TOTAL INDIRECT EXPENSE</b>	<b>26,840</b>	

**V. OTHER EXPENSE**

-

**TOTAL OTHER EXPENSE**

-

<b>TOTAL BUDGET</b>	<b>\$ 201,669</b>
---------------------	-------------------

CCS CASELOAD		Percent of Total CCS CaseLoad
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	136	5.48%
<b>OTLICP -</b>		
Total Cases of Open (Active) OTLICP Children	361	14.53%
<b>MEDI-CAL -</b>		
Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	1987	79.99%
<b>TOTAL CCS CASELOAD</b>	<b>2484</b>	<b>100%</b>

## CCS Administrative Baseline Budget Summary

Fiscal Year: 2021-22  
County: Santa Barbara

Category/Line Item	Column					
	Col 1 = Col 2+3+4	2	3	4	5	6
		Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
			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	749,903	41,058	109,983	599,863	234,180	365,683
II. Total Operating Expense	42,350	2,319	6,155	33,877	10,071	23,806
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	155,230	8,499	22,560	124,172		124,172
V. Total Other Expense	0	0	0	0	0	0
<b>Budget Grand Total</b>	<b>947,483</b>	<b>51,876</b>	<b>137,698</b>	<b>757,912</b>	<b>244,251</b>	<b>513,661</b>

Source of Funds	Column					
	Col 1 = Col 2+3+4	2	3	4	5	6
		Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
			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	25,938	25,938				
County	25,938	25,938				
OTLICP						
State	24,097		24,097			
County	24,097		24,097			
Federal (Title XXI)	89,504		89,504			
Medi-Cal						
State	317,894			317,894	61,063	256,831
Federal (Title XIX)	440,018			440,018	183,188	256,830

*Suzanne Jacobson*  
Prepared By (Signature)

Suzanne Jacobson  
Prepared By (Printed Name)

Suzanne.jacobson@sbcphd.org  
Email Address

*Tanesha Castaneda*  
CCS Administrator (Signature)

Tanesha Castaneda  
CCS Administrator (Printed Name)

Tanesha.Castaneda@sbcphd.org  
Email Address

Revised 2/10/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>	136	5.48%
Total Cases of Open (Active) Straight CCS Children		
<b>OTLCP -</b>	361	14.53%
Total Cases of Open (Active) OTLCP Children		
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children</b>	1987	79.99%
<b>TOTAL CCS CASELOAD</b>	<b>2484</b>	<b>100%</b>

## CCS Administrative Baseline Budget Worksheet

Fiscal Year:

2021-22

County:

Santa Barbara

Category/Line Item	Column	1	2	3	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)				
					4A	4	5A	5	6A	6	7A	7	8A	8	
		% 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 (OTLCP) 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. Tanesha Castaneda, Program Business Leader		75.00%	102,000	76,500	5.48%	4,188	14.53%	11,118	79.99%	61,194			100.00%	61,194	
2. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
3. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
4. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
5. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
Subtotal			102,000	76,500		4,188		11,118		61,194				61,194	
Medical Case Management															
1. Dorothy Blassing, Public Health Nursing Supervisor		75.00%	120,000	90,000	5.48%	4,928	14.53%	13,080	79.99%	71,993	79.00%	56,874	21.00%	15,119	
2. Linda Garcia, Public Health Nurse		100.00%	104,000	104,000	5.48%	5,694	14.53%	15,114	79.99%	83,192	85.00%	70,713	15.00%	12,479	
3. Rhonda Gordon, Staff Physician		15.00%	255,000	38,250	5.48%	2,094	14.53%	5,558	79.99%	30,597	80.00%	24,478	20.00%	6,119	
4. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
5. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
6. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
7. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
8. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
Subtotal			479,000	232,250		12,716		33,753		185,782		152,065		33,717	
Other Health Care Professionals															
1. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
2. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
3. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
Subtotal			0	0		0		0		0		0		0	
Ancillary Support															
1. Alma Bayquen, CCS Caseworker		100.00%	63,000	63,000	5.48%	3,449	14.53%	9,156	79.99%	50,395			100.00%	50,395	
2. Carmen Escobedo, CCS Caseworker		100.00%	63,000	63,000	5.48%	3,449	14.53%	9,156	79.99%	50,395			100.00%	50,395	
3. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
4. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
5. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
Subtotal			126,000	126,000		6,898		18,312		100,790				100,790	
Clerical and Claims Support															
1. Vacant, Admin Office Professional III		90.00%	58,000	52,200	5.48%	2,858	14.53%	7,586	79.99%	41,756	0.00%	0	100.00%	41,756	
2. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
3. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
4. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
5. Employee Name, Position		0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0	
Subtotal			58,000	52,200		2,858		7,586		41,756		0		41,756	

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-22  
County: Santa Barbara

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	136	5.48%
OTLCP - Total Cases of Open (Active) OTLCP Children	361	14.53%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Open-OTLCP) Children	1987	79.99%
TOTAL CCS CASELOAD	2484	100%

Column			Straight CCS		Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)						
			4A	4	5A	5	6A	6	7A	7	8A	8		
Category/Line Item	1	2	Total Budget (1 x 2 or 4 + 5 + 6 )		Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) County/State/Fed (17,517/5,665)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (2,675)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
	% FTE	Annual Salary												
Total Salaries and Wages			486,950	5.48%	26,661	14.53%	70,768	79.99%	389,522	39.04%	152,065	50.96%	237,457	
Staff Benefits (Specify %)	54.00%		262,953	5.48%	14,397	14.53%	38,215	79.99%	210,341		82,115		128,226	
I. Total Personnel Expense			749,903	5.48%	41,058	14.53%	108,983	79.99%	599,863		234,180		365,683	
II. Operating Expense														
1. Information Technology			18,000	5.48%	966	14.53%	2,616	79.99%	14,399	39.04%	5,621	60.96%	8,778	
2. Telephone/Communication			14,250	5.48%	780	14.53%	2,071	79.99%	11,399	39.04%	4,450	60.96%	6,949	
3. Office, travel, and other expenses			10,100	5.48%	553	14.53%	1,468	79.99%	8,079			100.00%	8,079	
4.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
5.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
6.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
7.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
II. Total Operating Expense			42,350		2,319		6,155		33,877		10,071		23,806	
III. Capital Expense														
1.				5.48%	0	14.53%	0	79.99%	0				0	
2.				5.48%	0	14.53%	0	79.99%	0				0	
3.				5.48%	0	14.53%	0	79.99%	0				0	
III. Total Capital Expense			0		0		0		0				0	
IV. Indirect Expense														
1. Indirect Cost Rate	20.70%		155,230	5.48%	8,499	14.53%	22,560	79.99%	124,172			100.00%	124,172	
			0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
IV. Total Indirect Expense			155,230		8,499		22,560		124,172				124,172	
V. Other Expense														
1. Maintenance & Transportation			0	5.48%	0	14.53%	0	79.99%	0			100.00%	0	
2.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
3.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
4.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
5.				5.48%	0	14.53%	0	79.99%	0			100.00%	0	
V. Total Other Expense			0		0		0		0				0	
Budget Grand Total			947,483		51,876		137,698		757,912		244,251		513,661	

*Suzanne Jacobson*  
Prepared By (Signature)  
*Tanesha Castaneda*  
CCS Administrator (Signature)

Suzanne Jacobson  
Prepared By (Printed Name)  
Tanesha Castaneda  
CCS Administrator (Printed Name)

*10/29/2021*  
Date Prepared  
*10/29/21*  
Date Signed

(805) 681-5183  
Phone Number  
(805) 692-5793  
Phone Number

CCS Admin Budget Narrative  
Santa Barbara County  
Fiscal Year 2021-22

**I. PERSONNEL EXPENSE**

Total Salaries	\$	486,950
Total Benefits		262,953
<b>Total Personnel Expense</b>		<b>749,903</b>

**II. OPERATING EXPENSE**

Information Technology	18,000.00	Charges by County's IT department
Telephone/Communication	14,250.00	Telephone charges
Office, travel, other expenses	<u>10,100.00</u>	Estimate of office, travel and other expenses based on CY usage
<b>TOTAL OPERATING EXPENSE</b>	<b>42,350.00</b>	

**III. CAPITAL EXPENSE**

**TOTAL CAPITAL EXPENSE**

-

**IV. INDIRECT EXPENSE**

1. CDPH approved rate	<u>155,230</u>	Program share of overhead, per CDPH approved rate
-----------------------	----------------	---

**TOTAL INDIRECT EXPENSE**

155,230

**V. OTHER EXPENSE**

**TOTAL OTHER EXPENSE**

**TOTAL BUDGET**

**\$ 947,483**