Plan and Budget Required Documents Checklist

MODIFIED FY 2016-17

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08/30/16

Agency Information Sheet

Phone: (805) 681-4451 Santa Barbara, CA. 93110 Fax: (805) 681-4403 E-Mail: dnielson@sbcsocialserv.org Chief Probation Officer Name: Guadalupe Rabago 117 E. Carrillo St. Phone: (805) 739-8603 Santa Barbara, CA. 93101	County/City	y: Santa Barbara/Santa B	arbara	Fiscal Year: 2016-17
Health Officer			Official Age	ncy
Name: Rea Goumas, MD. Address: 345 Camino del Remedio	Name:		Address:	345 Camino del Remedio
Name: Rea Goumas, MD. Address: 345 Camino del Remedio	Health Office	er Takashi Wada, MD.		
Name: Rea Goumas, MD. (805) 681-4027 Address: 345 Camino del Remedio Phone: (805) 681-4027 E-Mail: Rea.Goumas@sbcphd.org CCS Administrator Name: Ana V. Stenersen, PHN (805) 681-4026 Address: 345 Camino del Remedio Fax: (805) 681-4026 Santa Barbara, CA. 93110 Fax: Rea Goumas, MD. Address: 345 Camino del Remedio Name: Rea Goumas, MD. Address: 345 Camino del Remedio Phone: (805) 681-4027 Santa Barbara, CA. 93110 Fax: (805) 681-4027 Santa Barbara, CA. 93110 CHDP Deputy Director Name: Ana V. Stenersen, PHN Address: 345 Camino del Remedio Phone: (805) 681-4026 Santa Barbara, CA. 93110 Fax: (805) 681-4026 Santa Barbara, CA. 93110 Fax: (805) 681-4026 Santa Barbara, CA. 93110 Name: Michael Allen Address: 105 E. Anapamu St. Room #407 Phone: (805) 568-2245 Santa Barbara, CA. 93101 Fax: (805) 568-2249 <td></td> <td></td> <td></td> <td></td>				
Phone		CMS	Director (if ap	oplicable)
Fax: (805) 681-4958 E-Mail: Rea.Goumas@sbcphd.org	Name:	Rea Goumas, MD.	Address:	345 Camino del Remedio
Fax: (805) 681-4958 E-Mail: Rea.Goumas@sbcphd.org	Phone:	(805) 681-4027	•	Santa Barbara, CA. 93110
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Phone: (805) 681-4026 E-Mail: Ana.Stenersen@sbcphd.org		С	CS Administ	
Fax: (805) 681-4763 E-Mail: Ana.Stenersen@sbcphd.org	Name:	Ana V. Stenersen, PHN	Address:	345 Camino del Remedio
Fax: (805) 681-4763 E-Mail: Ana.Stenersen@sbcphd.org	Phone:	(805) 681-4026		Santa Barbara, CA. 93110
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Phone: (805) 739-8603 Santa Barbara, CA. 93101	Name:	Guadalupe Rabago		117 E. Carrillo St.
Fov: (005) 000 0054	Phone:	(805) 739-8603		
	Fax:	(805) 882-3651	E-Mail:	

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

County/City:	Santa Barbara/Santa Barbara	Fiscal Year:	2016-17	
		1 10001 1 001.	_0,0 ,,	

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.

and fun	ang 29, 2016 Date Signed
Signature of CADP Deputy Director	Date Signed
Really Signature of Director of Health Officer	Alty 30 2016 Date Signed
Signature of Director of Health Officer	Date Signed
Signature and Title of Other - Optional	Date Signed
I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

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

County/City:	Santa Barbara/Santa Barbara	Fiscal Year:	2016-17

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.

ang Jeun	any 29 20/6
Signature of CHDP Deputy Director	Date Signed
Real Granis	Cluy 30 3016 Date Signed
Signature of Director or Health Officer	Date Signed
Signature and Title of Other – Optional	Date Signed
I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

County/City:	Santa Barbara/Santa Barbara	Fiscal Year:	2016-17
I certify that the	CCS Program will comply with all appli	cable provisions of Health and	Safety Code Division 106

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.

An Sen	Aug 29, 2016 Date Signed
Signature of CCS Administrator	Date Signed
Signature of Director or Houlth Officer	aug 29 2016
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

08/22/2016 6

Signature of Local Governing Body Chairperson

Certification Statement - California Children's Services (CCS)

County/City	Carta Darka 10 (D)		
County/City:	Santa Barbara/Santa Barbara	Fiscal Year:	2016-17
Institutions Cod by DHCS pursu Children's Medi Federal Financi regulations gove XIX of the Socia Maternal and C 701 et seq.). I f	CCS Program will comply with all applications 3, Article 5, (commencing with Section 1 e (commencing with Sections 14000-142 ant to this article and these Chapters. If cal Services (CMS) Plan and Fiscal Guidal Participation. I further certify that this erning and regulating recipients of funds al Security Act (42 U.S.C. Section 1396 e hild Health Services Block Grant pursuant urther agree that this CCS Program may gram violates any of the above laws, regulations.	23800) and Chapters 7 and 8 (00), and any applicable rules further certify that this CCS Prolines Manual, including but recently but the CCS Program will comply with granted to states for medical at seq.) and recipients of fundant to Title V of the Social Secube subject to all sanctions or	of the Welfare and or regulations promulgated rogram will comply with the not limited to, Section 9 in all federal laws and assistance pursuant to Title is allotted to states for the urity Act (42 U.S.C. Section other remedies applicable
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_ (In)	Acun	Duy 20	9 2011.
Signature of 🗸 🤇	Administrator	Date Signed	, , , , ,
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Ren	gorma mo	aug o	29 <i>301</i> 6
Signature of Dire	ector or Health Officer	Date Signed	
Signature and T	itle of Other – Optional	Date Signed	
I certify that this	plan has been approved by the local gov	erning body.	

08/22/2016 7

Date

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES AGENCY DESCRIPTION: CHDP AND HCPCFC FY 2015-16

CHDP

The Child Health and Disability Prevention (CHDP) program is in the Santa Barbara County Public Health Department . As of February 2011, the Child Health and Disability Prevention (CHDP) program was separated from the Primary Care and Family Health Division and integrated within the Communith Health Division. CCS and the MTU continue to be under the Primary Care and Family Health Division.

Rea Goumas, MD CHDP Director (.15 FTE) assumed the oversight of medical direction in FY 2007-2008. Ana V. Stenersen, PHN, CHDP Deputy Director (up to .25 FTE) assumed adminstrative oversight in May 2016. Currently there is a CHDP PHN position (1 FTE); HCPCFC PHN (1 FTE); Health Educator (.5 FTE); two positions of Administrative Office Professional II (.75 FTE each). The number of CHDP providers in Santa Barbara County (SBC) is currently 36 provider offices, no offices pending. There were 49,411 PM160s submitted, excluding partials. 1,457 Gateway and CHDP only children received follow-up services by the CHDP office.

The CHDP Deputy Director, CHDP PHN, and the Health Educator continue to work collaboratively with community based organizations involved with county-wide efforts for helath insureance access, oral health services and access issues, children with >85% BMI, standardized developmental screening and a promotoras coalition for promotion of preventative health issues. County-wide strategic planning efforts enable increased access to health care and services to all children in Santa Barbara County. Health activities specific to CHDP State and Federal guidance were maintained and focused on follow-up for abnormal health assessments. Mandated trainings were administered to the Department of Social Services (DSS). Trainings for provider billing and to Social Services are done in conjunction with our Medi-Cal Managed Care Provider, Cen-Cal Health, when able. There were three Audiometry trainings and three visision trainings in FY 2015-16.

HCPCFC

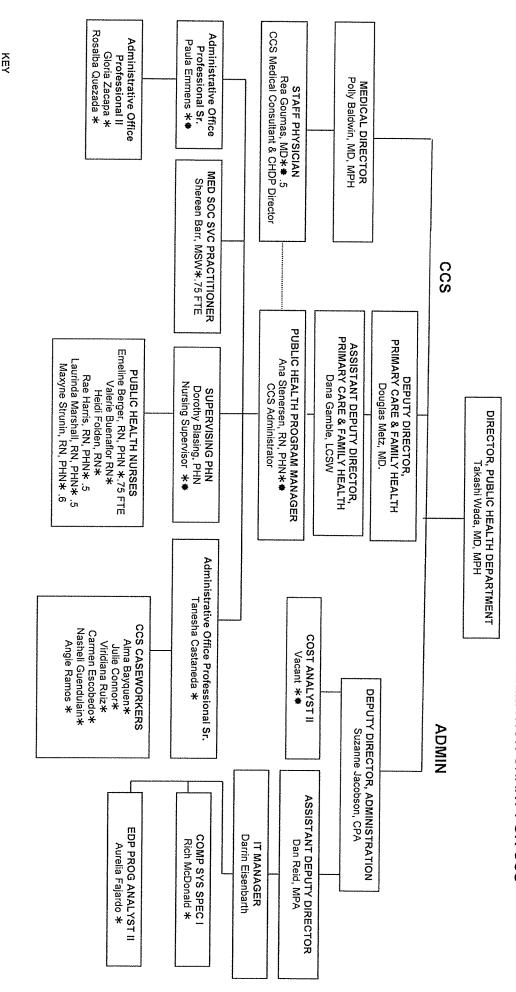
The Health Care Program for Children in Foster Care (HCPCFC) was reinstated in Santa Barbara County per mandate on March 22, 2010. The program has impacted and improved access to health care for children in foster care.

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. There is 1 FTE position for the HCPCFC PHN program, staffed by 2 PHN's (0.5 FTE each), and supervision is by the HCPCFC Program Manager, (1 FTE), Ed Tran.

The HCPCFC MOU between case workers, Probation, and DSS was reviewed and revised for FY 2015-16 with outreach efforts targeted to Probation. The HCPCFC PHN has a caseload of 400-500 cases. The HCPCFC PHN developed collaborative relationships and instituted creative approaches to maintain the HCPCFC core nursing functions. The HCPCFC had developed trainings for the DSS staff, including case workers and Probation, in coordination with the CHDP PHN.

08/30/16

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CCS

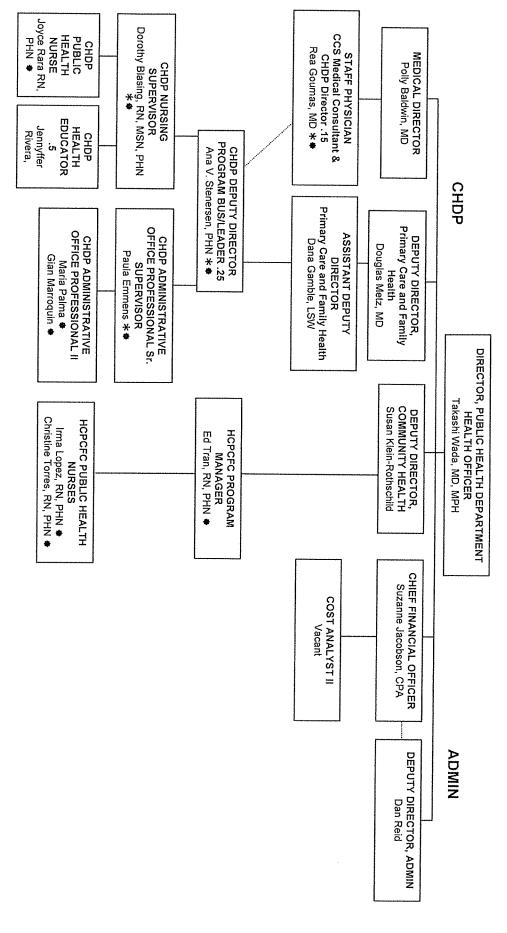


Incumbent in CHDP Budget

* Incumbent in CCS Administration Budget

Supervisory/Reporting relationship

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CHDP



ΚEY

Supervisory/Reporting relationship
Collaborative/Consulting relationship
Incumbent in CCS Administration Budget

Incumbent in CHDP Budget

Incumbent List - California Children's Services FY 2016-2017

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/Santa Barbara	a Barbara		Fisca	Fiscal Year: 2016-2017
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	Ana V. Stenersen, RN,PHN	75%	Yes	No
Staff Physician	Rea Goumas, MD.	50%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	Yes	No
Staff PHN	Emeline Berger, RN, PHN	75%	No	No No
Staff RN	Valerie Buenaflor, RN	100%	No	No
Staff RN	Heidi Folden, RN	100%	No	No
Staff PHN - EXT	Rae Harris, RN, PHN	50%	No	No
Staff PHN – EXT	Laurinda Marshall, RN, PHN	50%	No	No
Staff PHN - EXT	Maxyne Strunin, RN, PHN	60%	No	No
Medical Social Worker	Shereen Barr, MSW	75%	No	No
Administrative Office Professional Sr	Tanesha Castaneda	100%	No	No
Administrative Office Professional Sr	Paula Emmens	95%	Yes	No
Administrative Office Professional II	Gloria Zacapa	100%	No	No
Administrative Office Professional II	Rosalba Quezada	100%	No	No

Job Title	Incumbent Name	FTE % on CCS	Have Job Duties	Has Civil Service Classification
		Admin Budget	(Yes or No)	Changed? (Yes or No)
Caseworker	Carmen Escobedo	100%	No	No
Caseworker	Julie Connor	100%	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Angelica Ramos	100%	No	No
Caseworker	Nasheli Guendulain	100%	No	No
Caseworker	Viridiana Ruiz	100%	No	No

Incumbent List - Child Health and Disability Prevention Program FY 2016-2017

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 job duties or activities.

County/City: Santa Barbara/Santa Barbara	a Barbara				Fiscal Year	Fiscal Year: 2016-2017
Job Title	Incumbent Name	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	Ana V. Stenersen, RN, PHN	25%	N/A	75% CCS	Yes	
Staff Physician	Rea Goumas, MD.	15%	N/A	50% CCS, 10% Clinic	Z o	No
Program Supervisor	Dorothy Blasing, RN,PHN	25%		75% CCS	Yes	No O
Public Health Nurse	Joyce Rara, RN,PHN	100%	N/A		No	No
Health Educator	Jennyffer Rivera, MPH	50%	N/A		No No	No o
Administrative Office Professional						
Sr.	Paula Emmens	5%	N/A	95% CCS	Yes	No.
Administrative Office Professional II	Maria Palma	75%	N/A		No	No O
Administrative Office Professional II	Gian Marroquin	75%	N/A		No	No
	And the state of t					

Incumbent List - Health Care Program for Children in Foster Care FY 2016-2017

Complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) 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.

FTE % on FTE % in County/City Match Budget 97% MCAH Yes or No No No	PHN Nurse Irma Lopez, Christine Torres 100%
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08/22/16

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Santa Barbara County, Fiscal Year 2015-16 CHILDREN'S HEALTH & DISABILITIES PROGRAM STAFF DUTY STATEMENT

PROGRAM ADMINISTRATOR

Ana Stenersen, RN, PHN

This position serves as Program Manager, CHDP Deputy Director .75% CCS Administrator.

Civil Service Classification: Business Leader

CHDP: 25%

- 1. General program administration
- 2. Coordination and liaison with local and State agencies
- 3. Assures Nursing and Health Education standards are observed and maintained.
- 4. Attends Southern California Regional Directors/Deputy Directors quarterly meetings
- 5. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population and to facilitate the promotion of child health issues in the community
- 6. Develops and submits the annual CHDP related fiscal plan and in compiling the data for program evaluation and state reporting.

STAFF PHYSICIAN

Rea Goumas, MD

This position serves as CHDP Director and CCS Medical Consultant.

Civil Service Classification: Staff Physician

CHDP: 15% / CCS: 50% / Clinic: 10%

This position exercises professional medical judgment in responding to the complex needs and problems faced by patients, families, and providers related to delivery of CHDP services, and acts as a resource to CHDP Administration staff in assuring CHDP access for eligible county residents. The incumbent is a board-certified pediatrician licensed in California Examples of duties:

- Provides consultation to the CHDP professional staff on organization and direction of the CHDP Administrative Office
- 2. Coordinates medical program management with Regional and State office program personnel and attends appropriate related meetings
- 3. Assures standards for service set in the CHDP Medical Guidelines
- 4. Consults with professional staff to coordinate provider standards Maintains and updates standards according to accepted pediatric standards
- 5. Consults with professional staff on provider recruitment and training, and assists with periodic provider audits for quality assurance
- 6. Consults and collaborates with other programs and agencies (e.g, WIC, Health Education, Dental Access Resource Team, Immunization Branch, Communicable Disease, etc) to facilitate promotion of child health issues in the community.

08/30/16

PROGRAM SUPERVISOR

Dorothy Blasing, RN, MSN, PHN

CCS: 25% oversight of CHDP staff and administrative activities

Civil Service Classification: PHN Supervisor

- 1. Supervise CHDP PHN and Health Educator
- 2. Coordinate and collaborate with Program Manager & PHD Human Resources the recruitment, interviewing and hiring of CHDP staff
- 3. Provide direction to CHDP PHN for issues related to provider/site audits, health assessment guides and trainings
- 4. Assist CHDP Administrator in implementing new guidelines, notices and direction to providers from the State
- 5. Assist CHDP Administrator in the final preparation and submission of State Performance Measures
- 6. Coordinate and collaborate with partner agencies such as CenCal Health to improve CHDP processes for providers and clients.

PUBLIC HEALTH NURSE

Joyce Rara (CHDP) RN, PHN

CHDP: 100% nursing oversight of CHDP Administration activities

Civil Service Classification: PHN

- 1. Provides quality monitoring of CHDP providers countywide (recruitment, certification and recertification procedures including audits and PM 160 desktop reviews)
- 2. Provides CHDP providers support (ongoing training, daily phone assistance, site visits, health education materials and other resources
- 3. Provides oversight of CHDP program follow-up procedure, assistance with children' follow –ups and referrals in collaboration with the CMS Medical Director
- 4. Provide case management for newborn hearing screening referred by the southern California Hearing Coordination Center
- 5. Provides training for eligibility workers and social workers at DSS about informing required for all Medical-Cal beneficiaries and foster care homes in conjunction with the CHDP Health Educator
- 6. Participates in community outreach opportunities and is the liaison to school staff, head start and other agencies serving the CHDP target population
- 7. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population
- 8. Participates in compiling the data for program evaluation and performance measures.
- 9. Attends the Southern Regional CHDP Nurses Subcommittee.

HEALTH EDUCATOR

Jennyffer River, MPH

CHDP: 50% Health Education support for CHDP

Civil Service Classification: Health Educator

- 1. Collaborates with CHDP program staff to train providers and monitor quality of health assessments, including health education needs assessments and biannual newsletter updates
- 2. Trains Department of Social Services and other agency staff on CHDP informing/linking
- 3. Performs health education needs assessments for care coordination in collaboration with Director & PHN
- 4. Participates in community outreach opportunities and is the liaison to school staff, head start and other agencies serving the CHDP target population
- 5. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population

6. Updates resource lists for providers.

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Administrative Office Professional III, SUPERVISING (AOP III)

Paula Emmens

CHDP: 5% Supervises CHDP clerical staff

Civil Service Classification: AOP Sr.

- 1. Interviews, recommends hire, evaluates, counsels and recommends discipline for clerical staff.
- 2. Maintains State correspondence and data reporting to and from state
- 3. Oversees clerical tasks for coordination of informing and referral follow up for CHDP children
- 4. Attends pertinent meetings and trainings
- 5. Assist Program Administrator in preparing and submitting the annual CHDP fiscal plan and performance measures.

Administrative Office Professional II

Gian Marroquin and Maria Palma

CHDP: 150% 1.5 FTEs

- 1. Supports professional and ancillary staff with coordination of program activities
- 2. Tracks program data including but not limited to PM 160 forms
- 3. Tracks follows-up with clients and participates in reporting to State
- 4. Assists families and providers with program issues and follows-up as needed
- 5. Tracks program expenditures and budget
- 6. Assists CHDP PHN and Health Educator with planning and preparation of provider trainings and participation in Health Fairs.

Cost Analyst II

Vacant

CHDP: 3% this member of the PHD Fiscal staff calculates fiscal plan based on state allocations.

08/30/16

SANTA BARBARA COUNTY FISCAL YEAR 2016-17 HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE STAFF DUTY STATEMENT

PUBLIC HEALTH PROGRAM MANAGER

Ed Tran. RN. PHN

This position serves as Program Manager, 3% HCPCFC

Civil Service Classification: Business Leader

HCPCFC:

- 1. Supervision of the PHN in HCPCFC
- 2. Assures Public Health Nursing standards of care
- 3. Liaison with DSS and Probation
- 4. Interview and Hire PHN within HCPCFC
- 5. Participate in policy and scope of work development for the PHN in HCPCF.

Public Health Nurses

Irma Lopez, RN, PHN, Christine Torres, RN, PHN

HCPCFC: 100% Health care consultation for Probation and DSS workers responsible for children in foster care Civil Service Classification: OGB

- 1. Monitors and evaluates health care coordination services in collaboration with CWS and Probation staff, including identification of health needs and facilitation of access to care
- 2. Collaborates with community and government agencies, professional groups and private providers to develop health care resources and provide technical assistance on behalf of target population
- 3. Develops and implements program policies and procedures
- 4. Attends professional training, meetings on relevant issues
- 5. Reviews and assesses agency capacity to deliver appropriate health services and develops appropriate educational material
- 6. Performs quality management activities, including periodic reviews of cases, program procedures and standards, and development of the annual plan
- 7. Develop and provide health education as necessary to CWS and Foster Parents.

08/30/16

California Children's Services Caseload Summary Form

Santa Barbara County, Fiscal Year 2015-16

County: Santa Barbara

Fiscal Year: 2016-17

		ΑΑ	В				
		2014-15	% of	2015-16	% of	2016-17	% of
	CCS Caseload 0 to 21	Actual	Grand	Actual	Grand	Estimated	Grand
	Years	Caseload	Total	Caseload	Total	Caseload	Total
			ME	DI-CAL			
	Average of Total Open						
	(Active) Medi-Cal						
1	Children	1516		1600		1695	
	Potential Case						
2	Medi-Cal	84		81		84	
	TOTAL MEDI-CAL						***************************************
3	(row 1 + row 2)	1600	78%	1681	78%	1779	81%
			NON MED	I-CAL OTLIC			
	Average of Total Open						
4	(Active) OTLIC	288		312		315	
	Potential Cases						
5	OTLIC	16		16		20	
	Total OTLIC						
6	(row 4 + row 5)	304	15%	328	15%	335	15%
			STRAI	GHT CCS			
	Average of Total Open						
	(Active) Straight CCS						
7	Children	135		129		85	
	Potential Cases Straight						
8	CCS Children	23		7		6	
	Total Straight CCS						
9	(row 7 + row 8)	158	7%	136	6%	91	4%
	TOTAL NON MEDI-CAL						
10	(row 6 + 9)	462	22%	464	22%	426	19%
11	Row 3 + Row 10	2062	100%	2145	100%	2550	100%
T T	11040 2 1 11040 110	2002	100/0	4143	100%	2550	100%

CHDP Program Referral Data Santa Barbara County

	4,302		5,356		6,570	a. Medical and/or dental services
						 Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:
2,426	967	2,971	1,285	5,397	2,309	c. Number of Medi-Cal only cases/recipients
1,178	1,178	1,266	1,266	1,281	1,281	b. Number of Foster Care cases/recipients
2,891	1,177	3,322	1,382	3,399	1,425	a. Number of CalWORKs cases/recipients
Recipients	Cases	Recipients	Cases	Recipients	Cases	Total number of cases and recipients in "1" requesting CHDP services
N/A	N/A	N/A	N/A	N/A	N/A	 Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services*
						Basic Informing and CHDP Referrals
FY 15-16	FY.	FY 14-15	FY .	FY 13-14	FΥ	County/City:

0	0	0	0	0	0	 Number of recipients in "5" who actually received medical and/or dental services
0	0	0	0	0	0	Number of recipients actually provided scheduling and/or transportation assistance by program staff
						Results of Assistance
	16,620		18,105		20,291	 Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter
	5,428		6,585		8,674	c. Information only (optional)
	1,525		1,978		2,428	 Medical and/or dental services with scheduling and/or transportation

^{*}The Santa Barbara County CHDP office is not able to provide the requested numbers for the question because the Department of Social Services does not supply this information to CHDP.

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Memoranda of Understanding/Interagency Agreement List

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

County/City: Santa Barbara

Fiscal Year: 2016-17

Redesign					
Currently being renewed due to CCS Whole-Child	Ana Stenersen	1-1-2014	01-01-2014 through 12-30-2015	MOU	Cencal Health - CCS
	Ed Tran	07-01-2015	07-01-2015 through 06-30-2017	MOU	MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC
Currently being reviewed due to carve-in, effective 7/01/2016	Ana Stenersen	12-2014	12-20-2012 through 12-20-2014	IAA	MOU Santa Barbara Public Health CHDP and CenCal Health CHDP
Did this MOU/IAA Change? (Yes or No)	Name of Person Responsible for this MOU/IAA?	Date Last Reviewed by County/ City	Effective Dates	Is this a MOU or an IAA?	Title or Name of MOU/IAA

First Amendment to the Memorandum of Understanding between Santa Barbara County Department of Social Services and Santa Barbara County Public Health Department

This is in regards to that certain Memorandum of Understanding (MOU) between Santa Barbara County Department of Social Services and Santa Barbara County Public Health Department executed on October 21, 2015 a copy which is attached for reference. This shall serve to amend the MOU as further described herein. Unless modified by this First Amendment or otherwise in writing, all provisions of the MOU shall remain in effect.

Five (5) agreed upon items:

 Article 2, SERVICE PROGRAMS, Section F, HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) PROGRAM, Item 1) Program Description of the MOU is amended to state in its entirety:

The PHD Maternal Child Adolescent Health program administers the Health Care Program for Children in Foster Care (HCPCFC). The services of this program are in support of and in compliance with the service plan developed for the family.

The HCPCFC is a public health nursing program located in the Department of Social Services' Child Welfare Service (DSS CWS) Agency to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth placed in foster care by CWS and Probation. The HCPCFC PHN serves in an administrative capacity, linking the child to vital community resources. Services provided are limited to Title XIX mandates and do not include direct patient care.

2. Article 2, SERVICE PROGRAMS, Section G, RX PROGRAM - PUBLIC HEALTH NURSE (PHN) IN CHILD WELFARE SERVICES (CWS), Item 1) Program Description of the MOU is amended to state in its entirety:

DSS RX Program provides a PHN to promote optimal childhood growth and development and enhance family and child well-being through comprehensive health assessments, developmental screenings and care coordination for children who receive DSS/CWS services in coordination with the DSS/CWS case manager.

The RX for Kids program is operated between PHD and DSS CWS. The goal of the program is to share PHN expertise with CWS to pursue the reduction and

First Amendment to MOU Between DSS and PHD – Direct Services July 18, 2016 . 08/22/2016 23

prevention of child abuse and neglect by promoting healthy lifestyles for families in our community. The PHD will bring the nursing process (which consists of assessment, nursing diagnosis, plan, interventions, outcome and evaluation) in collaboration with the child's social worker, focusing on facilitating the delivery of appropriate health services to meet the needs of the child at risk of abuse and/or neglect when a health care need is identified. The PHN may accompany social workers on response to referrals of suspected child abuse or child neglect, they may provide services in preparation for Court, and they may provide consultation to CWS staff at any phase of a CWS case based on PHN capacity and triage determination. The PHN role is consultative/administrative and does not include direct patient care.

3. ATTACHMENT F, HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) PROGRAM SCOPE OF WORK, Section A, PROGRAM DESCRIPTION of the MOU is amended to state in its entirety:

The PHD Maternal Child Adolescent Health program administers the Health Care Program for Children in Foster Care (HCPCFC). The services of this program are in support of and in compliance with the service plan developed for the family.

The HCPCFC is a public health nursing program located in the Department of Social Services' Child Welfare Service (DSS CWS) Agency to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth placed in foster care by CWS and Probation. The HCPCFC PHN serves in an administrative capacity, linking the child to vital community resources. Services provided are limited to Title XIX mandates and do not include direct patient care.

- 4. ATTACHMENT F, HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) PROGRAM SCOPE OF WORK, Section B, POINTS OF CONTACT, PHD to state:
 - PHD The *Maternal Child Adolescent Health* Manager and, in his or her absence, the Deputy Director for Community Health Division, will serve as primary contact for Foster Care.
- 5. ATTACHMENT G, RX PROGRAM PUBLIC HEALTH NURSE (PHN) IN CHILD WELFARE SERVICES (CWS) SCOPE OF WORK, of the MOU is amended its entirety and attached to this First Amendment.

Please indicate your approval of the above-stated amendments by signing below and returning one fully executed amendment.

AGREED TO AND ACCEPTED BY:

Daniel Nielson, Director

Department of Social Services

Takashi Wada, MD, MPH

Public Health Director/Health Officer

Public Health Department

7-29-2016

Date

Date

ATTACHMENT G RX PROGRAM – PUBLIC HEALTH NURSE (PHN) in CHILD WELFARE SERVICES (CWS) SCOPE OF WORK

A. PROGRAM DESCRIPTION

DSS RX Program provides a PHN to promote optimal childhood growth and development and enhance family and child well-being through comprehensive health assessments, developmental screenings and care coordination for children who receive DSS/CWS services in coordination with the DSS/CWS case manager.

The RX for Kids program is operated between PHD and DSS CWS. The goal of the program is to share PHN expertise with CWS to pursue the reduction and prevention of child abuse and neglect by promoting healthy lifestyles for families in our community. The PHD will bring the nursing process (which consists of assessment, nursing diagnosis, plan, interventions, outcome and evaluation) in collaboration with the child's social worker, focusing on facilitating the delivery of appropriate health services to meet the needs of the child at risk of abuse or neglect when a healthcare need is identified. The PHN may accompany social workers on response to referrals of suspected child abuse or child neglect, they may provide services in preparation for Court, and they may provide consultation to CWS staff at any phase of a CWS case based on PHN capacity and triage determination.

B. POINTS OF CONTACT

DSS – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director will serve as primary contact for Foster Care.

PHD — The Maternal Child Adolescent Health Manager and, in his or her absence, the Deputy Director for Community Health Division, will serve as primary contact for Foster Care.

Probation – The Deputy Chief of Juvenile Service will serve as primary contact for Foster Care.

C. DSS RESPONSIBILITIES

DSS will hire and support the administrative, training and operational needs of the PHN.

DSS agrees that the child's social worker is the primary on the case and is responsible for assuring the child's educational, emotional, and medical needs are met.

D. PHD RESPONSIBILITIES

- PHD will provide nursing supervision to interview, hire, train and supervise PHN in the provision of activities in the scope of practice.
- Provide nursing input when accompanying social workers on emergency response referrals including physical abuse, unstable medical conditions, non-compliance with medical treatment and substance exposure-Drug Endangered Child (DEC)
- Care coordination and nursing consultation to children in dependency proceedings
- Complete initial comprehensive nursing assessments and screenings (e.g. ASQ,) as indicated
- Provide health related consultation services to CWS staff
- · Complete quality assurance activities
- Assure documentation regarding medical information and or health findings in CWS/CMS - DocStar and provide written assessment for court hearings on children who were actively engaged in PHN services

PHN's work in regional areas of Santa Barbara County, with one PHN located in North County and one PHN located in South County. Each regional PHN will work half-time in the Health Care Program for Children in Foster Care (HCPCFC) program and half-time in the RX for Kids program.

E. FISCAL PROVISIONS / BILLING

Quarterly, PHD will prepare an invoice for the cost of the actual hours and related Indirect Cost Rate Proposal (ICRP) of the .50 Full-Time Equivalent (FTE) PHD PHN and the PHD PHN Supervision time and submit the invoice to DSS for approval. DSS will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

Quarterly, DSS will prepare an invoice for the cost of the actual hours and related ICRP of the .50 FTE DSS PHN time and submit the invoice to PHD for approval. PHD will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

CHDP Administrative Budget Summary for FY 2016-17 No County/City Match County/City Name: Santa Barbara

	w	1	=	=	=	I =	1	
	Budget Grand Total	V. Total Other Expenses	IV. Total Indirect Expenses	III. Total Capital Expenses	II. Total Operating Expenses	Total Personnel Expenses	Category/Line Item	Column
	\$ 615,985	€ 9	\$ 95,891	\$ 3,102	\$ 23,540	\$ 493,452	Total Budget (2 + 3)	
\$ 6,939	\$ 6,939 \$	(\$ 546	\$ 3,102	\$ 483	\$ 2,808	Total CHDP Budget	2
	\$ 609,047 \$	€	\$ 95,346	69	\$ 23,057	\$ 490,644	Total Medi-Cal Budget (4 + 5)	3
	\$ 275,612 \$				\$ 1,475	\$ 274,137	Enhanced State/Federal (25/75)	4
	\$ 333,435	СР	\$ 95,346	↔	\$ 21,582	\$ 216,507	Nonenhanced State/Federal (50/50)	5

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	\$ 6,939	\$ 6,939			
Medi-Cal Funds:	\$ 609,047		\$ 609,047		
State	\$ 235,620		\$ 235,620	\$ 68,903	\$ 166,717
Federal (Title XIX)	\$ 373,426		\$ 373,426 \$	\$ 206,709	\$ 166,717
•	242,559				

8/31/16

CHDP Director or Deputy
Director (Signature)

Prepared By

(805) 681-5183 Phone Number

8/15/2016 Date Prepared

(805)681-4026 Phone Number

28

08/22/2016

FY 2016-17

Santa Barbara County
CHDP No-County-Match Budget Summary

8/15/2016

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

County/City Name: _ Santa Barbara

Fiscal Year 2016-17

Column	1A	18		1	2A	_	2	3A	,	3					
30,0,111	<u> </u>	† - 15	+			┼-			 		4A	 	4	5A	5
Catagory II in a litera	% or			Total Budget	CHDP	۱т	otal CHDP	Total	•	al Medi-Cal	% or		Enhanced	% or	Nonenhanced
Category/Line Item	FTE	Annual Sala	ןעי	(1A x 1B or	% or		Budget	Medi-		Budget	FTE	S	tate/Federal	FTE	State/Federal
				2 + 3)	FTE	<u></u>	-	Cal %	<u> </u>	(4 + 5)			(25/75)		(50/50)
Personnel Expenses	100														
4 BU B A C															
PH Prog Mgr A. Stenersen PHN J Rara	25%			\$ 26,375	0.71%		187	99.29%		26,188	50%		13,094	50%	
	100%			\$ 98,780	0.71%		701	99.29%		98,079	85%		83,367	15%	
PHN, Supv D Blasing Staff Phys. Dr. Goumas	25%			\$ 27,163	0.71%		193	99.29%		26,970	85%		22,924	15%	
4. Health Educator J Rivera	10% 50%			\$ 19,200	0.92%		177	99.08%		19,023	80%		15,219	20%	
5. AOP II	75%			\$ 37,750 \$ 54,358	0.11%		42 60	99.89%		37,708	75%		28,281	25%	
6. AOP II	75%			\$ 55,118	0.11%		61	99.89%		54,298	30%		16,289	70%	
7. AOP III	5%			\$ 3,775	11.00%		415	89.00%		55,057	0%			100%	
1. AOF III	370	\$ 75,50	4	3 3,773	11.00%	13	415	89.00%	\$	3,360	0%	\$		100%	\$ 3,360
			-+									\vdash			
		 	+			 			 						
		 	-+			-							<u></u>		
Total Salaries and Wages				\$ 322,518		\$	1,835		\$	320,682		\$	179,174		\$ 141,508
Less Salary Savings				\$ -		\$	1,655		\$	320,002		S	179,174		\$ 141,508
Net Salaries and Wages		7.5		\$ 322,518		\$	1,835		\$	320.682		\$	179,174		\$ 141,508
Staff Benefits (Specify %) 53.00%				\$ 170,934		\$	973		\$	169,962		\$	94,962		\$ 74,999
I. Total Personnel Expenses				\$ 493,452		\$	2,808		\$	490,644		\$	274,137		\$ 216,507
II. Operating Expenses		555.5								100,011			2/4,13/		\$ 210,307
1. Travel				\$ 500		S	21		\$	479		S	383		\$ 96
2. Training				\$ 1,500		\$	135		\$	1,365		\$	1,092	1	\$ 273
3. Office expense				\$ 2,300		\$	200		\$	2,100			1,032		\$ 2,100
4.Printing/Duplicating				\$ 3,900		\$	40		\$	3,860	22.00				\$ 3,860
5. Communications	100			\$ 3,000		S	6		\$	2,994					\$ 2,994
6. Matorpool		41.7		\$ 3,800		s	-		s	3,800					\$ 3,800
7. Utilities				\$ 1,540		\$	66		\$	1,474					\$ 1,474
8. Data Processing				\$ 7,000		\$	15		\$	6,985					\$ 6,985
		177													
		40-													
II. Total Operating Expenses				\$ 23,540		\$	483		\$	23,057		\$	1,475		\$ 21,582
III. Capital Expenses															
1. Copier				\$ 3,102											
2.														200	
3.															
4.															
5.						L_					4.0				
II. Total Capital Expenses				\$ 3,102		\$	-		Ş	- 1					\$ -
IV. Indirect Expenses								41.75					3 (** Sec. 2013)		
1. Internal (Specify %) 14.30%				\$ 70,579		\$	402		\$	70,177					\$ 70,177
2. External (Specify %) 5.13%				\$ 25,312		\$	144		\$	25,168					\$ 25,168
IV. Total Indirect Expenses			۸,	\$ 95,891		\$	546		\$	95,346			100000		\$ 95,346
V. Other Expenses		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
1. 2.															***************************************
3.		(4) (4) (4) (4)	#		9 (2)										
	10 (A) E														
4. 5.		42.50 (0.00)					_								
				<u></u>									55.0		
V. Total Other Expenses Budget Grand Total				\$ -	100	\$			\$						s -
Douget Grant Total		la de la companya de		\$ 615,985	200	\$	3,837		\$	609,047		\$	275,612		\$ 333,435

Prepared By

u Se

8/15/2016 Date Prepared

8 31/16 Date 805-681-5183 Phone Number

(805) 681-5476 4026 Phone Number

CHDP No County Match Budget Narrative Santa Barbara County Fiscal Year 2016-17

I. PERSONNEL EXPENSE

 Total Salaries
 322,517.75

 Total Benefits
 170,934.41

 Total Personnel Expense
 493,452.16

II. OPERATING EXPENSE

1. Travel	500.00	Estimate of travel necessary to perform program activities
2. Training		Estimate of training needed for current and new staff
3. Office expense	2,300.00	Estimate of office expense based on CY usage
Printing/Duplicating	3,900.00	Copying and printing for program activities and newsletter
5. Communications		Telephone charges
6. Motorpool	3,800.00	County Carpool attibutable to CHDP
7. Utilities	1,540.00	pro-rated CHDP share of utilities
8. Data Processing	7,000.00	Charges by county's IT department
TOTAL OPERATING EXPENSE	23,540.00	

III. CAPITAL EXPENSE

3,102.00 **TOTAL CAPITAL EXPENSE** 3,102.00

IV. INDIRECT EXPENSE

1. Internal70,578.96Program share of internal overhead, per PHD cost plan2. External25,312.22Program share of external overhead, per PHD cost planTOTAL INDIRECT EXPENSE95,891.18

TOTAL INDINECT EXPENSE

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET 615,985.34

HCPCFC Administrative Budget Summary Fiscal Year 2016-17

County/City Name: Santa Barbara County

Column		2	ယ
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$150,957	\$150,957	\$0
II. Total Operating Expenses	\$1,800	\$1,800	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$21,592		\$21,592
V. Total Other Expenses			
Budget Grand Total	\$174,349	\$152,757	\$21,592

		174,349	Budget Grand Total
10,796	114,568	125,364	Federal Funds (Title XIX)
10,796	38,189	48,985	State Funds
Nonenhanced State/Federal (50/50)	Enhanced State/Federal (25/75)	Total Funds	Source of Funds
3	2	1	Column

CHDP Director or Deputy Director (Signature)	Mrs. 9	Prepared By (Signature)	Anama forobas-
Date	08/26/16	Date Prepared	8/26/2016
Phone Number	805-681-5476	Phone Number	805-681-5188
Email Address	scopley@sbcphd.org	Email Address	nleidel@sbcphd.org

HCPCFC Administrative Budget Worksheet Fiscal Year 2016-17

County/City Name: Santa Barbara County

\$21,592		\$152,757		\$174,349			Budget Grand Total
							V. Total Other Expenses
							2.
							V. Other Expenses
28C112¢				\$21,592			IV. Total Indirect Expenses
100							2. External 5.13%
26,174				\$21,592			1. Internal (Specify %) 14.30%
2							IV. Indirect Expenses
							II. Total Capital Expenses
							2.
							III. Capital Expenses
		\$1,800		\$1,800			II. Total Operating Expenses
			100%	\$150			3. Licenses
		ક	100%	\$1,600			2. Training
			100%	\$200			1. Travel
							II. Operating Expenses
		\$150,957		\$150,957			I. Total Personnel Expenses
		\$52,292		\$52,292			Staff Benefits (Specify %) 53.00%
			100%	\$98,665			Net Salaries and Wages
							Less Salary Savings
		\$98,665		\$98,665			Total Salaries and Wages
							10.
							9.
							8.
							7.
							6.
							5.
							4.
							3.
		\$3,165	100%	\$3,165	\$105,500	3%	2. Program Mgr, E Tran
		49	100%	\$95,500	\$95,500	100%	1. PHN, I. Lopez/C.Torres
							I. Personnel Expenses
Nonenhanced State/Federal (50/50)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Total Budget (1A x 1B or 2 + 3)	Annual Salary	% or FTE	Category/Line Item
3	3A	7	2A	1	18	JA A	Column
2	2	3	3	-			

CHDP Director or Deputy Director (Signature)

Prepared By (Signature)

Date prepared Phone Number

08/26/16

805-681-5188

nleidel@sbcphd.org

Email Address

805-681-5476 Phone Number

Email Address

HCPCFC No County Match Budget Narrative Santa Barbara County Fiscal Year 2016-17

I. PERSONNEL EXPENSE

Total Salaries 98,665
Total Benefits 52,292
Total Personnel Expense 150,957

II. OPERATING EXPENSE

1. Travel 200 Estimate of travel necessary to perform program activities

2. Training 1,600 Estimate of training needed for current

TOTAL OPERATING EXPENSE 1,800

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE -

IV. INDIRECT EXPENSE

Internal
 External
 Program share of internal overhead, per PHD cost plan
 Program share of external overhead, per PHD cost plan

TOTAL INDIRECT EXPENSE 21,592

V. OTHER EXPENSE

TOTAL OTHER EXPENSE -

TOTAL BUDGET 174,349

08/22/2016 33

	400%	2044	
County:	78.32%	1575	MEDI-CAL - Total Cases of Open (Active) Medi-Cal (<u>non</u> -OTLICP) Children
Fiscal Year:	15.37%	309	OTLICP - Total Cases of Open (Active) OTLICP Children
CCS Administrative Budget	6,32%	127	STRAIGHT CCS - Tola! Cases of Open (Active) Straight CCS Children
	Percent of Total CCS Caseload	Actual Caseload	CCS CASELOAD

et Summary

Four Quarters Total / 2016-17

Santa Barbara

						ed Name)	CCS Administrator (Printed Name)		cps Administrator (Signature)
pnd.org	ana.sternersen@sbcpng.org						Ana Stenersen		Mrs Xrs
						me)	Prepared By (Printed Name)		Prepared By Signature)
sbcphd.org	suzanne.jacobson@sbcphd.org						Suzanne Jacobson		Shopima- parceloner
200,000	1047,000	1,127,203					一 日本 日本 名 一 大 一 大 一 大 一 大 一 大 一 大 一 大 一 大 一 大 一	1,127,203	Foderal (Title XIX)
200,000		440,007						755,044	State
ARP RAS		The Day							Medi-Cal
			470,100	00.00		303,730		303,730	Federal (Title XXI)
						02,770		32,113	County
			16,618			32 773		10 772	5(2)6
	がたがは、大きないのでは、大きになる。 では、大きないのでは、大きないできた。 では、大きないのできた。 では、たちないのできたないのでできたないのでもないのできたないのできたないのできたないのできたないのでもないのできたないのでもないのできたないのできたないのでもないのでもないのでもないのでもないのでもないのでもないのでもないのでも		16,618	16,155	0	32,773		32 773	
									OTLICP
							75,887	75,887	County
							75,886	75,886	State
									Straight CCS
							100000000000000000000000000000000000000		
Non-Enhanced Medi- Cal State/Federal (50/50)	Enhanced Medi-Cai State/Federal (25/75)	Medi-Cal State/Foderal	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/88) C2, Q3, Q4	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed Non Enhanced (17.5/17.5/65)	Optional Targeted Low income Children's Program (OTLICP) Co/State/Fed Enhanced (12.5/12.5/76)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fod	Straight CCS County/State (80/50)	Total Budget	Source of Funds
9	0	4				3	2	1	Column
olumns 5 + 6)	Madi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	Medi-Cal (non-		OTLICP	11.0		Straight CCS	Coi 1 = Coi 2+3+4	
				2		303,670	101,101	2,403,301	Budget Grand Total
1,137,927	744,320	1.882.247	276 959	2717		מרה כמה	140	400411	V. Total Other expense
9,241		9,241	1,380	453		1 813	745	44 800	IV. Iotal indirect expense
323,882		323,882	47,657	15,886		63,543	26 116	413.541	
c		0	0	0		٥	0	0	III. Total Capital Expense
875'10	3.977	900.18	13,464	4,488	0	17,952	7,377	118.839	II. Yotal Operating Expense
675.717	740,343	1,457,618	214,478	71,490	0	285,968	117.535	1,881,121	I. Total Personnel Expense
Non-Enhanced Medi- Cai Stato/Federal (60/50)			Optional Targeted Low Income Children's Program (OTLICP) Co/StatuFed (6.0/6.0/88) Q2, Q3, Q4	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fad Q 1 Non-Enhanced (17.5/17.5/65)	Optional Targeted Low income Children's Program (OTLICP) Co/State/Fed Enhanced Q 1 (12.5/12.6/75)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Straight CCS County/State (50/50)	Total Budget	Category/Line Item
6	5	4				3	2	-	Column
lumns 5 + 6)	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	Medi-Cal (non-L		OTLICP)	Optional Targeted Low Income Children's Program (OTLICP)		Straight CCS	Col 1 = Col 2+3+4	

Actual Caseload

Percent of Total CCS
Caseload

Medi-Cai (non-OTLICP) (Column 4 = Columns 5 + 6)	OTLICP	Straight CCS	Col 1 = Col 2+3+4	
		100%	2011	TOTAL CCS CASELOAD
Santa Barbara	County:	78.32%	1575	MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children
Quarter 1 / 2016-17	Fiscal Year:	15.37%	309	OTLICP - Total Cases of Open (Active) OTLICP Children
CCS Administrative Budget Summary	CCS Administrativ	6.32%	127	STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children

Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children				C	ounty.		00:00:00:00:00:00:00:00:00:00:00:00:00:	
TOTAL CCS CASELOAD	2011	100%						
	Col 1 = Col 2+3+4	Straight CCS		OTLICP		Medi-Cai (non	Medi-Cai (non-OTLICP) (Column 4 = Columns 5 + 6)	olumns 5 + 6)
	•	3		3A	38	4	5	6
Column	-	2	ı					
Gategory/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Optional Targeted Low Income Children's Program (OTLICP) Co/Stato/Fed Enhanced (12.6/12.5/75)	Opilonal Targeted Low Income Children's Program (OTLICP) Co/Stato/Fed Non-Enhanced (17.5/17.5/66)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (60/50)
	AGE 270	785.00	71 492	0	71,490	364,404	185,085	179,319
i. joial Personnel Expense	100,000		4 400	0	d ARR	22 876	994	21,882
II. Total Operating Expense	012,82	1,041	4,400					D
III Total Capital Expense	0	0	0		0	0		
N. Total Indicat Expanse	103.385	6,529	15,886		15,886	80,970		80,970
IV. lotal indirect expense	030 6	186			453	2,310		2,310
V. Total Other expense	2,000		2	٥	02 317	470 560	186.079	284,481
Burdget Grand Total	600,824	37,943	92,319		110.76	4,0,00	100,000	

				STATE TO SERVICE SERVICES SERV			281,799	Federal (Title XIX)
142,240	139,559	281.799					100,700	State
142,241	075,04	188,761					199 761	
140 041	10 500							Medi-Cal
			T. C.		20,001		60,007	Federal (Title XXI)
上午 は 日本 の 日本			60,007	-	50 007		50.00	
			16,155		16,155		16,155	County
			10,100		16,155		16,155	State
			40 466	PERSONAL PROPERTY OF STREET, S				OTLICP
						3 C S C S C S C S C S C S C S C S C S C	10,01	County
						18.972	18 972	
					-	18,971	18,971	State
								Straight CCS
Non-Enhanced Medi- Cal State/Federal (50/50)	Enhanced Medi-Cal State/Federal (25/75)	Medl-Cal State/Federal	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed Non Enhanced (17.6/17.5/65)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed Enhanced (12.5/12.5/75)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Straight CCS County/State (50/50)	Total Budget	Source of Funds
	9	4	38	3A	u	2	1	Column
lumns 5 + 6)	Medi-Cal (non-OTLICP) (Column 4 ≈ Columns 5 + 6)	Medi-Cal (non-		OTLICP		Straight CCS	Col 1 = Col 2+3+4	

Ana Stenersen

CCS Administrator (Printed Name)

Suzanne Jacobson
Prepared By (Printed Name)

Email Address

ana.stenersen@sbcphd.org

Email Address

suzanne.jacobson@sbcphd.org

Email Address

COS Administrator (Signature)

	Email Address	m	Name)	CCS Administrator (Printed Name)		CCS Administrator (Signature)
ohd.org	ana.stenersen@sbcphd.org	in		Ana Stenersen		Mari Xtur
	Email Address	m	e)	Prepared By (Printed Name)		Prepared By (Syghaldre)
sbcphd.org	Suzanne.jacobson@sbcphd.org			Suzanne Jacobson		Anjana forebase
426,723	418,681	845,404			845,404	Federal (Title XIX)
426,723	139,560	566,283			566,283	State
						Medi-Cal
			243,723		243,723	Federal (Title XXI)
			16,618		16,618	County
			16,618		16,618	State
						OTLICP
				56,915	56,915	County
				56,915	56,915	State
						Straight CCS
Non-Enhanced Medi- Cal State/Federal (50/50)	Enhanced Medi-Cal State/Federal (25/75)	Medi-Cai State/Federal	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/88) - Q2, Q3, Q4	Straight CCS County/State (50/50)	Total Budget	Source of Funds
6	5	4	3	2	1	Column
olumns 5 + 6)	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	Medi-Cal (non-	OTLICP	Straight CCS	Col 1 = Col 2+3+4	
853,446	558,241	1,411,687	276,959	113,830	1,802,477	Budget Grand Total
6,931		6,931	1,360	559	8,850	V. Total Other Expense
242,912		242,912	47,657	19,587	310,156	IV. Total Indirect Expense
0		0	0	0	0	III. Total Capital Expense
65,647	2,983	68,630	13,464	5,533	87,629	II. Total Operating Expense
537,956	555,258	1,093,214	214,478	88,151	1,395,842	I. Total Personnel Expense
Non-Enhanced Medi- Cal State/Federal (50/50)	Enhanced Medi-Cal State/Federal (25/75)	Medi-Cal State/Federal	Optional Targeted Low income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/68) - Q2, Q3, Q4	Straight CCS County/State (50/50)	Total Budget	Category/Line Item
6	5	4	u	2	1	Column
olumns 5 + 6)	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	Medi-Cal (non-	OTLICP	Straight CCS	Col 1 = Col 2+3+4	
				100%	2011	TOTAL CCS CASELOAD
ara County	Santa Barbara County	ţ.	County:	78.32%	1575	MEDI-CAL - Tolal Cases of Open (Active) Medi-Cal (non-OTLICP) Children
& 4 / 2016-17	Quarter 2, 3, & 4 / 2016-17	Year:	Fiscal Year:	15.37%	309	OTLICP - Total Cases of Open (Active) OTLICP Children
ımary	ministrative Budget Summary		CCS Ad	6.32%	127	STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children
				Percent of Total CCS Caseload	Actual Caseload	CCS CASELOAD

	Actual	Percent of Total CCS
CCS CASELOAD	Caseload	Caseload
STRAIGHT CCS -	137	34.6
Total Cases of Open (Active) Straight CCS Children	121	0.32%
OTLICP.	300	46.53
Total Cases of Open (Active) OTLICP Children	200	4.7F'C!
MEDI-CAL - Total Cases of Open (Active) Medi-Cal		
(non-OTLICP) Children	6/61	78.32%
TOTAL CCS CASELOAD	2011	100%

ccs
Administrati
ve Budget
Worksheet

Fiscal Year: Quarter 1 / 2016-17

County: Santa Barbara

CCS CASELOAD	Actual Caseload	Total CCS Caseload		
S Children		6.32%	CCS Admini	CCS Administrative Budget Worksheet
OTLICP . Total Cases of Open (Active) OTLICP Children	309	15.37%	Fiscal Year:	Quarter 1 / 2016-17
MEDI-CAL - Total Cases of Open (Active) Med-Cal (non-OTLICP) Children	1575	78.32%	County:	- 1
TOTAL CCS CASELOAD	2011	100%		

		Phone Number	Phone							Date Signed			_	r (Printed Name)	CCS Administrator (Printed Name)		(Sprame)	Con Administrator (Sphame)
						805-681-4026				8/23/2018					Ana Stenersen		X7x (Une
		Phone Number	Phone			Phone Number	Phone			Date Prepared				ted Name)	Prepared By (Printed Name)	_	Country	richard (X (Signature)
						805-681-5183				8/23/2015					Suzanne Jacobson	č	Imamufacta-	An
264,481		186,079		470,560	New York	92,317		0		92,319		37,943	100000000000000000000000000000000000000	600,824		100000000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , ,	Confer Craire Con
2,310		11.50.647		2,310		453		5 C. S. S. S. L. S.		453		ig.		2,950			Victoria de la companya de la compan	Bildhat Grand Total
0	100.00%		100000000000000000000000000000000000000	0	78.32%	0	100,00%			c c	15.37%	0	6.32%				X2000	V Total Other E
0	100.00%			0	78.32%	0	100.00%		である。	0	15.37%	0	6.32%					, ,
c	100,00%			0	78.32%	0	100.00%			0	15.37%	0	6.32%					
0	100.00%			0	78.32%	0	100.00%			0	15.37%	0	6.32%					٠,
2,310	100.00%			2,310	78.32%	453	100.00%			453	15.37%	186	6.32%	2,950			to meaning about a president conduct	3 :
											100000000000000000000000000000000000000						denote & Transportation	1 Mobile
80,970				80,970		15,886				15,680		6,529		103,365			and but the same	V Other Evron
18,694	100.00%			18,694	78.32%	3,668	100.00%			3,668	15.37%	1,507	6.32%	23,869			Strong S. 13%	N. Total indicact Expense
62,276	100,00%			62,276	78.32%	12,216	100,00%			12,218	15.37%	5,022	6.32%	79,516				o Salaria
									The second second			THE STATE OF THE S	100 March 100 Ma	100000000000000000000000000000000000000				
0				0	機能は発	0				0		0		0			1000	W Indirect Expense
0	() a () () () () () () () () () () () () ()			o	78.32%	0				0	15.37%	0	6.32%				D + C + C + C + C + C + C + C + C + C +	III. Total Capital Exposure
0				0	78.32%	0				0	15.37%	0	6.32%					Ţ,
0				0	78.32%	0				0	15,37%	9	0.32%					3
								New York		A STATE OF S	NAME OF STREET	Section Section 1	Steel Control	2555405405				-
21,882		994		22,876	200000	4,488		0		4,468		1,844		29,210			790	III. Capital Expense
0	100.00%			0	78.32%	0	100.00%	SECTION SECTION		0	15,57%	-	4.76.6				n France	I Total Operation From
o	100.00%			0	78.32%	o	100,00%			0	15.37%	0	6.32%					7
Non-Enhanced Medi-Cat State/Federal (50/50)	Non- Enhanced %	Enhanced Medi-Cal State/Federal (25/75)	Enhanced % FTE	Medi-Cal State/Federal	Caseload %	Non-Enhanced OTLICP State/Federal (17.5/17.5/85)	Non-Enhanced % FTE	Enhanced OTLICP State/Federal (12.5/12.5/75)	Enhanced % FTE	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Caseload %	Straight CCS County/State (50/50)	*	Total Budget (1 x 2 or 4+5+6+7)	Annual Salary	% FTE	Category/Line Item	
8	8.A	7	7A	6	84	5E	90	50	5B	3	A3	•	4.4	3	2		Coumn	
		Medi-Cal (Non-OTLICP)	Medi-Cai				т (отцер)	Optional Targeted Low Income Children's Program (OTLICP)	sted Low Incom	Optional Targ		Straight CCS	Strate					
		The state of the s	-	The second secon	1								-					

	Actual	Total CCS
CCS CASELOAD	Caseload	Caseload
STRAIGHT CCS . Total Cases of Open (Active) Straight CCS Children	127	6 32%
OTLICP - Total Cases of Open (Active) OTLICP Children	309	15.37%
MEDI-GAL - Total Cases of Open (Active) Medi-Cal	1575	78.32%
TOTAL CCS CASELOAD	2011	100%

CCS Administrative Budget Worksheet

Fiscal Year: Quarter 2, 3, & 4 / 2016-17

County:	
Santa Barbara	

				Strai	Straight CCS	Childr	Optional Targeted Low Income Children's Program (OTUCP)			Medi-Cal	Medi-Cal (Non-OTLICP)		
Column	1	2	3	A		5A	5	8A	6	7,6	7	A8	8
Calegory/Line (lem	% FTE	Armual Salary	Total Budget {1 x 2 or 4 + 5 +6 +7}	*	Straight CC9 Courty/State (50/50)	5	Optional Targeted Low incorne Children's Program (OTLICP) CorStateFed (5.05.088) -02, 03, 04	Caseload %	Medi-Cal State/Federal	ă,	Enhanced Medi-Cal State/Federal (25/75)	×,	Non-Enhanced Redi-Cal State/Federal (50/50)
Personnel Expense													
Program Administration			100										
Stenersen, Ana. Program Manager	56 25%	111,370	67,646	632%	39%	15 37%	3C3 to	79.75%	420004			3	
2. Employee Name, Position	000%	0		632	,,,,,	7	0,020,0	W.75.01	400,ep			100.00%	49,004
3. Employee Name, Position	\$,000	0	0	632%	5 .	7		70 70 00					
4. Employee Name, Poskion	0.00%	o	٥	632%		15 37%	0	79.37%	0 0			3 8 8	
5. Employee Name, Position	200%	0	٥	6.32%		7	0	78.32%	0			1000	
Subtotal		111,370	62,646		3,956		9.626		49064				2002
Medical Case Management													
1. Blasing, Dorothy, PHN St	56.25%	93,922	52,831	632%	3,336	15.37%	8.116	70 32%	41 377	2000%	- T	3	a 275
2. Harris, Roe PHN	37.50%	93,922	35,221	6.32%	2,224	_	5,412	78.32%	27.585	80.00%	22,068	286	551
3. Buenaflor, Valerie PHN	75.00%	81,100	60,825	632%	3,841	15.37%	9,346	78.32%	47,630	80.00%	38,110	20.00%	9.520
4. Berger, Emeino PHN	56.25%	81,084	45,610	6.32%	2,880		7,008	78.32%	35,721	8000%	28,577	% 88 86	7,144
5. Folden, Heidi	75.00%	81,100	50.825	6.32%	3,841		9,346	78 32%	47,630	\$0,00%	38,110	X800X	9,528
6. Stronin, Maxyne, PHN	45.00%	93,922	42,265	632%	2,669	15.37%	6,494	78 32%	33,102	80.00%		20.00%	6,620
7. Cheng, Linda PRR	45.00%	93,922	42,265	6.32%	2,669	Г	6,494	78.32%	33,102	8000%		20,00%	6,620
Subjected New Staff Physician	26.2.5%	190,911	50,114	632%	3,165	15.37%	7,700	78.32%	39,249	80.00%	31,399	20.00%	7,850
Other Health Care Professionals	1	003,004	30,556		24,625		916,65		305,412		244,330		61,082
1. Barr, Shereen MSW	56.25%	60,000	33.750	6.32%	2 131	15 37%	5 100	78 3794	3	7000		3	200
2. Employee Name, Position	\$,000	0	0	632%	0	7	0	78.33%	00000	0.00	10,500	3000	nce.
3. Employee Name, Poskion	0.00%	0	0	632%	0	7	0	78.32%	0	000		100 000	0
Subtotal		60,000	33,750		2,131	âĢ	5,186		26,433		18.503		7.930
Ancillary Support						800000							
1. Bayquen, Case Worker	75,00%	52,100	39,075	6.32%	2,468	15.37%	6,004	76.32%	30,603			¥0000	:03.00
2. Cornor, Case Worker	75.00%	52,100	39,075	632%	2,468		6,004	78.32%	30,603			100.00%	30,603
3. Escobedo, Casa Worker	75.00%	52,100	39,075	6.32%	2,468	15.37%	6,004	76.32%	30,503			100,00%	30,603
4. Ramos, Case Worker	75.00%	52,100	39,075	6.32%	2,468	1537%	6,004	78.32%	£03.0€			100.00% *	30,603
5. Guendulain Ordaz, Case Worker	75.00%	52,100	39,075	6.32%	2,460	15.37%	6,004	78.32%	30,603			100 00% *	30,603
5. Viridiana Ruiz, Case Worker	75.00%	52,100	39,075	632%	2,468	15.37%	6,004	78.32%	30,633			100.00%	30,603
Subtotal		312,600	234,450		14,800		36,024		819'601				183,618
Clerical and Claims Support						1		2007/2016					
. Castaneda, Administrative Office Professional	75.00%	73,000	54,750	6.32%	3,458	Т	8,413	78.32%	42,880	8000%	34,304	20.00%	8,576
L Exapt, Administrative Unice Professional	75 00%	56,500	42.376	632%	2,676	Т	6,511	70.32%	33,166	50.00%	16,594	50.00%	16,594
3. Quezada, Administrative Office Protessional	75,00%	56,500	42.375	6.32%	2,676	7	6,511	78.32%	33,188	50 00%		%00,002	16,594
4. Emmerra/Gilaspy, Administrative Office Professional	71.25%	73,000	52,013	6.32%	3,265	Т	7,992	78.32%	40,736	80,00%	-	20.00%	8,147
5. Employee Name, Position	0.00%	0	0	6.32%	0	15.37%	o	78.32%	0	0.00%		100.00%	0
Subtotal		259,000	191,513		12,095	300	29,427		149,992		100,081		49,911
Total Salaries and Wages			912,315	632%	57,615	1	140,182	78.32%	714.519	50.79%	362,914	49.21%	351,605
Benefits (Specify %) 53.00%			483,527	6.32%	30,536	15.37%	74,296	78.32%	378,695		192,344		186,351
Total Personnel Expense			1,395,842	632%	88,151	Г	214,478	78 32%	1,093,214		555,258		537,956
. Operating Expense						2000							
1. Travel			1,875	632%	118	15.37%	209	70.32%	1,458	50.79%	746	4921%	227
2. Training			5,625	6.32%	355		864	78.32%	4,405	50.79%	2,237	49.21%	2,168
3. Operating expenses			80,129	6.32%	5,060		12,312	76.32%	62,757		_	100.00%	62,757
4				6.32%	0	15.37%	0	78 32%	0			100.00%	0
V				0.32%	0	7	0	78 32%	o			100,00%	0
	Considerate Measurement	A CHARLES OF GREEK SAN				1	Š	1000		3696797CC3	Property Control	100,000	

	Actual	Total CCS
CCS CASELOAD	Caseload	Caseload
STRAIGHT CCS. Total Cases of Open (Active) Straight CCS Children	127	6.32%
OTLIGP . Total Cases of Open (Active) OTLIGP Children	309	15.37%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	1575	78.32%
TOTAL CCS CASELOAD	7011	100%

CCS Administrative Budget Worksheet

Fiscal Year: Quarter 2, 3, 8.4 / 2016-17
County: Santa Barbara

CCS Administr	2	Prepared 89 (Sanature)	M	popular crand total	V. rotal Critar Expense	9	,	. 3			V. Coner Expense	iv. total inci	2 5	7 -	in manual capenar	H. Iolai Capital Expense		,	,	and a principal and a second	The Contract of the	II Total Day	7			The section of the se
CCS Administrator (Signatury)	lay Xha	Spirature)	Aminone proban	7	r Expense					a. Markenance & Iransportation	ense e	iv. total marror expense	2. External	1. Promai	repense	Kill Capense				A Post of the Control	TO COURT OF THE PARTY OF THE PA	ration Grants		Category/Line Hem	Column	THE TOTAL STREET, SOME THE PROPERTY OF THE PRO
													5.13%	17.09%												
			9										がのはないがある											% FTE	1	Quotamento con esta de la constanta
CCS Administrat	Ana Stenerson	Prepared By (Printed Name)	Suzanne Jacobson					910000000000000000000000000000000000000							Section 2		20 May 20			100000000000000000000000000000000000000				Annual	2	*
CCS Administrator (Printed Name)		inted Name)	9	1,802,477	8,850					8,650		310,156	71,607	239,549	A1000 (2000)					\$1000 Berton	87,629		4.9.8.2	Total Budget (1 x 2 or	3	ENTANTAE PRODUCTOR AND
_						6.32%	6,32%	6.32%	6.32%	6.32%	Service.	建管理器	6.32%	6.32%		50.00	6.32%	6.32%	6.32%	S278-31085	No. No. of Contract of Contrac	6.24.0	1	Caseload %	44	511
				113,830	559	0	0	0	0	559		19,587	4,522	15,065		0	o	٥	0	STATE OF STATE OF	5,533		(50/50)	Straight CCS County/State		Straight CCS
						15 37%	15.37%	15.37%	15:37%	15.37%		建基础	15.37%	15.37%			15.37%	15.37%	15.37%			15,37%		Caselgad	5A	Childre
Date Signed	8/23/2016	Date Prepared	8/23/2016	276,959	1,360	0	0	0	0	1,360		47,657	11,003	36,854		0	0	a	0		13,464	0	Co/State/Fed (8.0/6.0/88)	Optional Targated Low Income Children's Program (OTLICP)	5	Optional Targated Low Income Children's Program (OTLICP)
						78.32%	78.32%	78.32%	78.32%	78.32%	建图图600 字		78 32%	78.32%			78.32%	78.32%	78.32%		16 17 18 18	78.32%		% project	6A	
				1,411,687	8,931	0	0	a	0	6,931		242,912	56,082	186,830		O	0	a	0		69,630	0	Control over 1	Medi Cal	8	
Phon		Phon													De Section				19 See 3		SALES SALES	The Control of the Co	,	Enhanced %	7A	Medi-Cal
	805-681-4026	Phone Number	805-681-5183	558,241								514000		JOSEPH STREET							2,983		(25/75)	Enhanced Medi-Cal	7	Medi-Cal (Non-OTLICP)
	-					100,00%	*00.00	100.00%	*x00,001	100,00%			100.00%	100,00%			2					100,00%	ā	Non- Enhanced %	A.	
				653,446	1063	0	0	0	0	6,931		242,912	56,082	186,830		0	0	0	0		65,647	0	(50/50)	Non-Enhanced ModI-Cal	8	

Budget Justification Narrative

Children's Medical Services Santa Barbara County Budget Narrative Fiscal Year 2016-17

I. PERSONNEL EXPENSES		Identify and explain any changes in Personnel including FTE percentage changes.
Total Salaries:	\$1,216,419	Salary increase are a result of COLA increases in Santa Barbara County
Total Benefits:	\$644,702	Benefits rates have increased from prior year due to cost increases
Total Personnel Expenses:	\$1,861,121	
FTEs	No FTE incre	ases from prior year

II. OPERATING EXPENSES		List all Operating Expense line items. Identify and explain any increase, decrease, or new listed line item.
Travel	\$2,500	No increase/decrease
Training	\$7,500	No increase/decrease
Other operating expenses	\$106,839	Minor decrease from prior year

Total Operating Expenses:	\$116,839	
II. CAPITAL EXPENSES	<u></u>	List all Capital Expense line Items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.
Total Capital Expenses:	0	None
V. INDIRECT EXPENSES		
A. Internal @ 17.09%	\$318,065	According to Cost Allocation Plan and Indirect Cost Rate Plan on file.
3. External @ 5.13%	\$95,476	County-Wide Cost Allocation Plan (CWCAP) allocates audited expenses by County Budget Unit. The rate for the Children's Medical Services Programs is applied to labor
Total Indirect Expenses:	\$413,541	
/. OTHER EXPENSES		List all Other Expense line items. Identify and explain increased, decreased, or newly lister line items. Include County/City Other Expenses Justification Form.
Maintenance and Fransportation	\$11,800	No increase from prior year
Intal Other Evenene	\$11,800	
otal Other Expenses:	\$11,000	

Systems of Care Children's Medical Services Branch

CMSB A-2 ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

County/City Name: Santa Barbara County CCCS	Date of Report: 08/11/2016
Complete Address: 345 Camino del Remedio	CMS Administrative Consultant: Ana Stenersen, RN, PHN
Santa Barbara, CA 93110	Consultant's Address: 345 Camino del Remedio Santa Barbara CA 93110
Program Name: CCS	Consultant's Telephone No.: 805-681-4026
Program Contract Telephone No.: 805-681-5360	

Program Contract E-Mail Address: ana.stenersen@sbcphd.org

DHCS PROPERTY	Quantity	Description				
CONTROL USE ONLY STATE ID TAG NO.		 Include Manufacturer's name, model no./(type, size, and/or capacity. If motor vehicle, list year, make model no., type of vehicle (van, sedan, truck, etc.) If Van, include passenger capacity. 	Base Cost Per DHCS Order Unit or Document No.	DHCS Order or Document Date Received No.		Serial No. (If Motor Vehicle, list VIN No.)
		Kyonera Tankalfa Asodi INO HONO.	2			
		I Kyocera I ASKalfa 4501i, INCLUDING:	\$6,116.00		4/27/2016	4/27/2016 L7N5Z10844
		1 175 Sheet Dual Scan Doc Processor			4/27/2016	4/27/2016 L8R5Y56041
		1 1,000 Sheet Finisher (50 Sheet Stapler)			4/27/2016	4/27/2016 LRP6137475
		1 dual 1,500 Sheet Paper Trays- Letter			4/27/2016	4/27/2016 LEX5Y37118
		1 2/3 Hole Punch Unit			4/27/2016	4/27/2016 N366144742
		Data Security Kit			4/27/2016	4/27/2016 UH8I 2G7MMC

Payised: March 2008						

CMSB A-2 (7/01)

Systems of Care Children's Medical Services Branch

CMSB A-2 ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

County/City Name: Santa Barbara County	Date of Report: 06/30/2016
Complete Address: 345 Camino Del Remedio, Santa Barbara, CA 93110	CMS Administrative Consultant: Ana Stenersen, RN, PHN
	Consultant's Address: 345 Camino Del Remedio, Santa Barbara, CA 93110
Program Name: CHDP	Consultant's Telephone No.: 805-681-4026
Program Contract Telephone No.: 805-681- 4026	

Program Contract E-Mail Address: Ana.Stenersen@sbcphd.org

DHCS PROPERTY	Quantity	Description				And the second s
CONTROL USE ONLY STATE ID TAG NO.		 Include Manufacturer's name, model no./(type, size, and/or capacity. If motor vehicle, list year, make model no., type of vehicle (van, sedan, truck, etc.) If Van, include passenger capacity. 	Base Cost Per DHCS Order Unit or Documen No.	DHCS Order or Document No.	Date Received	DHCS Order Serial No. (If Motor or Document Date Received Vehicle, list VIN No.)
		ED 01:500057 900 01 900				
		THE THEOLESK BUU GI STT	\$ 978.20		2/17/2015	2/17/2015 XWV7XYTK8B63
		Kyocera TASKalfa 6501i	\$3,102.00		8/27/2015	8/27/2015 L8X5502717
		HP Officejet Prpo 251DW	\$ 225.00		11/17/2015	11/17/2015 CN58VCV04J
				9		

Revised: March 2008				***************************************		

CMSB A-2 (7/01)