

Plan and Budget Required Documents Checklist

MODIFIED FY 2017-18

County/City: Santa Barbara

Fiscal Year: 2017-18

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County/City: Santa Barbara

Fiscal Year: 2017-18

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Agency Information Sheet

County/City: Santa Barbara/Santa Barbara

Fiscal Year: 2017-18

Official Agency

Name:	County of Santa Barbara	Address:	345 Camino del Remedio
Health Officer	Van Do-Reynoso, MPH, PhD, Director		Santa Barbara, CA. 93110

CMS Director (if applicable)

Name:	Rea Goumas, MD.	Address:	345 Camino del Remedio
Phone:	(805) 681-4027		Santa Barbara, CA. 93110
Fax:	(805) 681-4958	E-Mail:	Rea.Goumas@sbcphd.org

CCS Administrator

Name:	Ana V. Stenersen, PHN	Address:	345 Camino del Remedio
Phone:	(805) 681-4026		Santa Barbara, CA. 93110
Fax:	(805) 681-4763	E-Mail:	Ana.Stenersen@sbcphd.org

CHDP Director

Name:	Rea Goumas, MD.	Address:	345 Camino del Remedio
Phone:	(805) 681-4027		Santa Barbara, CA. 93110
Fax:	(805) 681-4958	E-Mail:	Rea.Goumas@sbcphd.org

CHDP Deputy Director

Name:	Ana V. Stenersen, PHN	Address:	345 Camino del Remedio
Phone:	(805) 681-4026		Santa Barbara, CA. 93110
Fax:	(805) 681-4763	E-Mail:	Ana.Stenersen@sbcphd.org

Clerk of the Board of Supervisors or City Council

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

Director of Social Services Agency

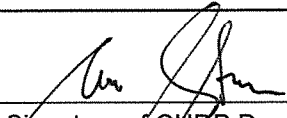
Name:	Daniel Nielson		234 Camino del Remedio
Phone:	(805) 681-4451		Santa Barbara, CA. 93110
Fax:	(805) 681-4403	E-Mail:	dnielson@sbcsocialserv.org

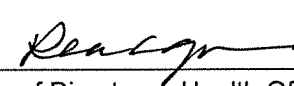
Interim Chief Probation Officer

Name:	Beverly Taylor		117 E. Carrillo St.
Phone:	(805) 739-8588		Santa Barbara, CA. 93101
Fax:	(805) 882-3651	E-Mail:	btaylor@co.santa-barbara.ca.us

Certification Statement - Child Health and Disability Prevention (CHDP) Program**County/City:** Santa Barbara/Santa Barbara**Fiscal Year:** 2017-18

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.

	9/14/17
Signature of CHDP Deputy Director	Date Signed

	9-14-17
Signature of Director of Health Officer	Date Signed

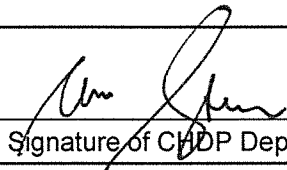
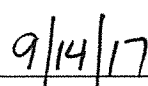
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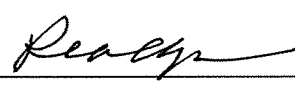
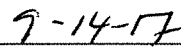
I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson	Date

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Signature of CHDP Deputy Director	Date Signed

	
Signature of Director or Health Officer	Date Signed

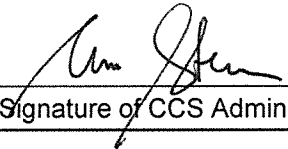
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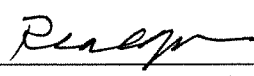
I certify that this plan has been approved by the local governing body.		
<table style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">Signature of Local Governing Body Chairperson</td> <td style="width: 40%; text-align: center;">Date</td> </tr> </table>	Signature of Local Governing Body Chairperson	Date
Signature of Local Governing Body Chairperson	Date	

Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara/Santa Barbara	Fiscal Year: 2017-18
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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.

	9/14/17
Signature of CCS Administrator	Date Signed

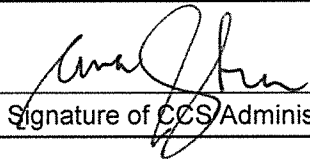
	9-14-17
Signature of Director or Health Officer	Date Signed

Signature and Title of Other – Optional	Date Signed

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Signature of Local Governing Body Chairperson	Date

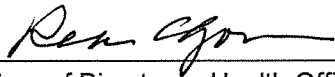
Certification Statement - California Children's Services (CCS)**County/City:** Santa Barbara/Santa Barbara**Fiscal Year:** 2017-18

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Signature of CCS Administrator

 9/14/17
 Date Signed



Signature of Director or Health Officer

 9-14-17
 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

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES
AGENCY DESCRIPTION: CHDP AND HCPCFC FY 2017-2018

CHDP

The Child Health and Disability Prevention (CHDP) program is in the Santa Barbara County Public Health Department . The Child Health and Disability Prevention (CHDP) program is 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 administrative oversight in May 2016. Currently there is a vacant CHDP PHN position (1.0 FTE), HCPCFC PHN (1.0 FTE), Health Educator (.50 FTE) and 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 11,706 PM160s submitted, excluding partials. 898 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 health coverage access, oral health services, children with $\geq 85\%$ BMI, standardized developmental screening and a volunteer coalition (Promotoras) for promotion of preventative health services. 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) to increase awareness of the CHDP program. Trainings to providers 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 four vision trainings in FY 2016-2017.

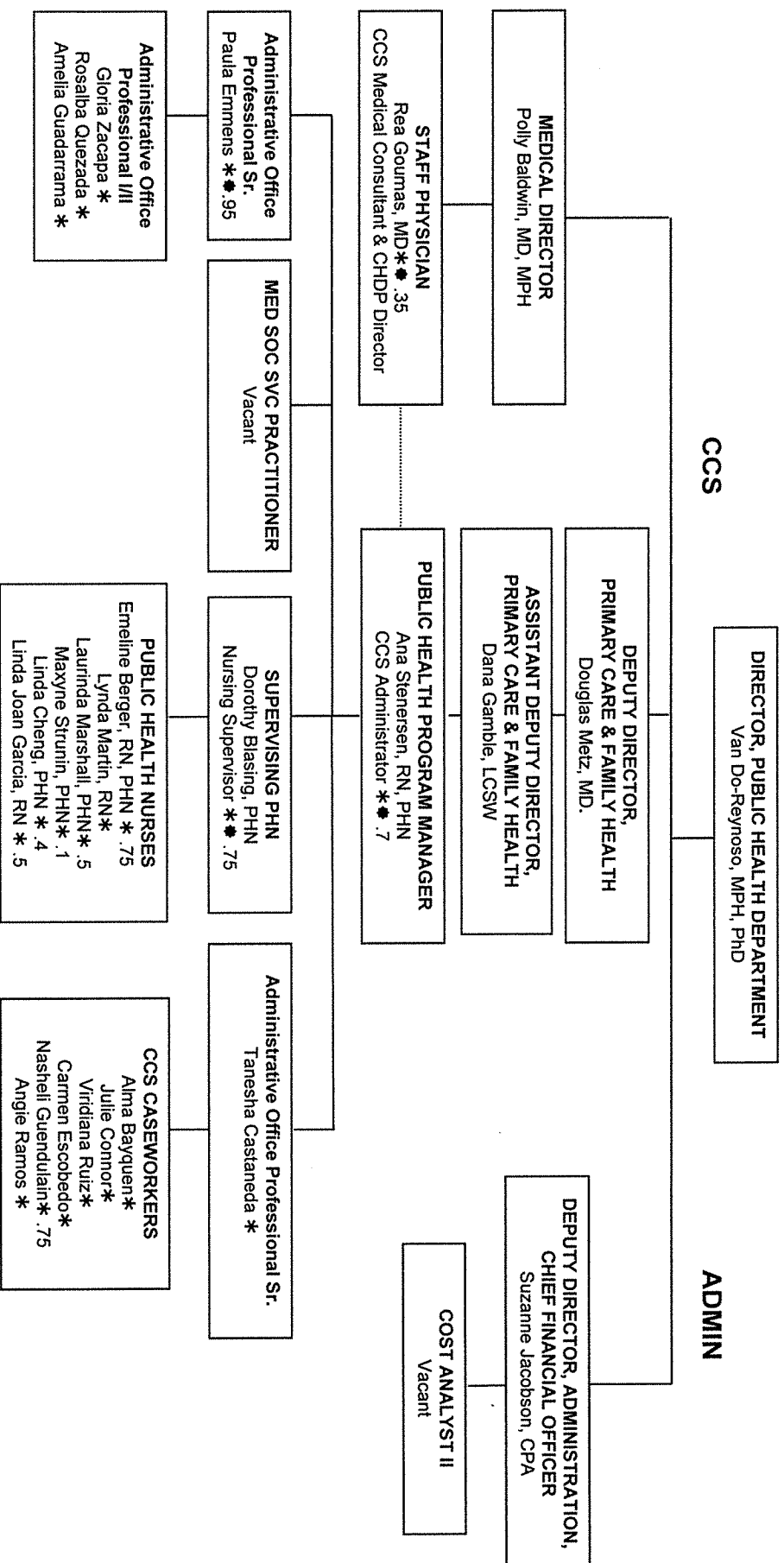
HCPCFC

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. The program is staffed by 1 PHN (1.0 FTE) who is supervised by a Program Director (.05 FTE), Ana Stenersen.

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.

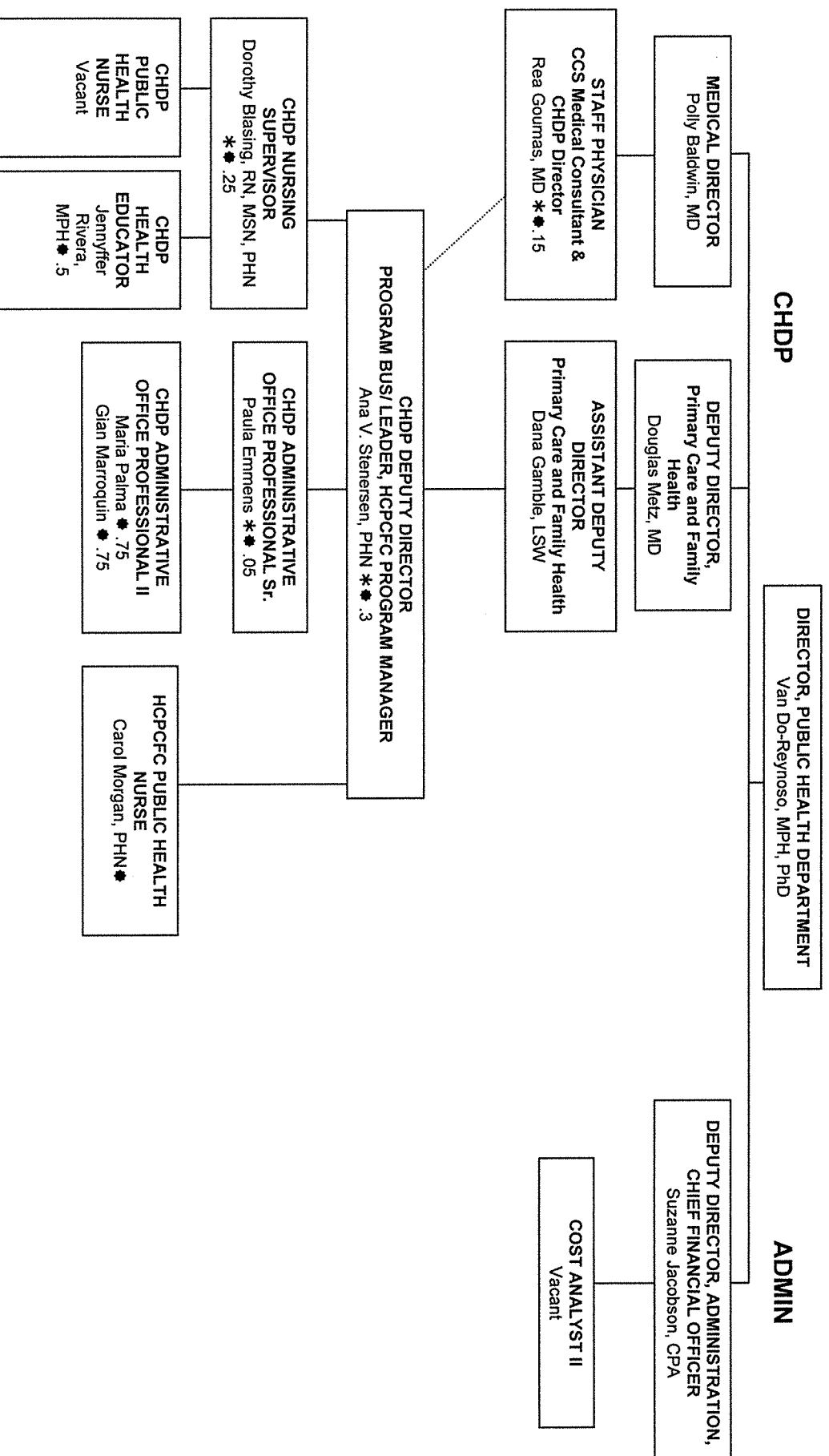
SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CCS



KEY

- Supervisory/Reporting relationship
- Collaborative/Consulting relationship
- * Incumbent in CCS Administration Budget
- Incumbent in CHDP Budget

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



KEY

- Supervisory/Reporting relationship
- Collaborative/Consulting relationship
- * Incumbent in CCS Administration Budget
- Incumbent in CHDP Budget

Incumbent List - California Children's Services FY 2017-2018

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			Fiscal Year: 2017-2018	
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	70%	No	No
Staff Physician	Rea Goumas, MD.	35%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Emeline Berger, RN, PHN	75%	No	No
Staff RN (Limited Term)	Lynda Martin, RN	100%	No	No
Staff RN (Limited Term)	Linda Garcia, RN	50%	No	No
Staff PHN - EXT	Laurinda Marshall, RN, PHN	50%	No	No
Staff PHN - EXT	Linda Cheng, RN, PHN	40%	No	No
Staff PHN - EXT	Maxyne Strunin, RN, PHN	10%	No	No
Staff PHN (Limited Term)	Vacant	50%	No	No
Medical Social Worker	Vacant	75%	No	No
Administrative Office Professional Sr	Tanesha Castaneda	100%	No	No
Administrative Office Professional Sr	Paula Emmens	95%	No	No
Administrative Office Professional II	Gloria Zacapa	100%	No	No
Administrative Office Professional II	Rosalba Quezada	100%	No	No
Administrative Office Professional II-EXT	Amelia Guadarrama	100%	No	No

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification 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	75%	No	No
Caseworker (1414/Backfill)	Vacant	100%	No	No

Incumbent List - Child Health and Disability Prevention Program FY 2017-2018

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/Santa Barbara			Fiscal Year: 2017-2018			
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	Ana V. Stenersen, RN, PHN	25%	N/A	70% CCS, 5% HCPCFC	Yes	
Staff Physician	Rea Goumas, MD.	15%	N/A	50% CCS, 10% Clinic	No	No
PHN Supervisor	Dorothy Blasing, RN, PHN, MSN	25%	N/A	80% CCS	Yes	No
Public Health Nurse	Vacant	100%	N/A		No	No
Health Educator	Jennyffer Rivera, MPH	50%	N/A		No	No
Administrative Office Professional Sr.	Paula Emmens	5%	N/A	95% CCS	Yes	No
Administrative Office Professional II	Maria Palma	75%	N/A		No	No
Administrative Office Professional II	Gian Marroquin	75%	N/A		No	No

Complete the table below for all personnel listed in the HCPFC 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.

14

CHILD HEALTH AND DISABILITIES PROGRAM STAFF DUTY STATEMENT

PROGRAM ADMINISTRATOR

Ana Stenersen, RN, PHN

This position serves as Program Manager, CHDP Deputy Director, HCPCFC Program Director.

Civil Service Classification: Business Leader

CCS 70%, CHDP: 25%, HCPCFC .05%

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: 35% / Clinic: 25%

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:

1. 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.

PROGRAM SUPERVISOR

Dorothy Blasing, RN, MSN, PHN

This position serves as a PHN Supervisor

Civil Service Classification: PHN Supervisor

CCS: 75%, CHDP: 25%

1. Supervise CHDP PHN and Health Educator
2. Coordinate and collaborate with Program Manager & PHD Human Resources with hiring and recruitment of CHDP staff
3. Provide direction to CHDP PHN for issues related to provider and 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

Vacant, 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 re-certification 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 Rivera, 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.

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.

SANTA BARBARA COUNTY FISCAL YEAR 2017-18

HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

PUBLIC HEALTH PROGRAM MANAGER

Ana Stenersen, RN, PHN

This position serves as Program Manager, 5% 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

Carol Morgan, 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.

California Children's Services Caseload Summary Form

Santa Barbara County, Fiscal Year 2015-16

County: Santa Barbara

Fiscal Year: 2016-17

		A	B			
CCS Caseload 0 to 21 Years		2015-16 Actual Caseload	% of Grand Total	2016-17 Actual Caseload	% of Grand Total	2017-18 Estimated Caseload
MEDI-CAL						
1	Average of Total Open (Active) Medi-Cal Children	1600		1658		1682
2	Potential Case Medi-Cal	81		72		86
3	TOTAL MEDI-CAL (row 1 + row 2)	1681	78%	1730	78%	1768
NON MEDI-CAL OTLIC						
4	Average of Total Open (Active) OTLIC	312		339		343
5	Potential Cases OTLIC	16		15		17
6	Total OTLIC (row 4 + row 5)	328	15%	354	16%	360
STRAIGHT CCS						
7	Average of Total Open (Active) Straight CCS Children	129		128		130
8	Potential Cases Straight CCS Children	7		6		7
9	Total Straight CCS (row 7 + row 8)	136	7%	134	6%	137
10	TOTAL NON MEDI-CAL (row 6 + 9)	464	22%	488	22%	497
11	Row 3 + Row 10	2145	100%	2218	100%	2265

CHDP Program Referral Data Santa Barbara County

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

County/City:	FY 14-15	FY 15-16	FY 16-17
Basic Informing and CHDP Referrals			
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	*		
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	
a. Number of CalWORKs cases/recipients	1,382	3,322	1,177
b. Number of Foster Care cases/recipients	1,266	1,266	1,178
c. Number of Medi-Cal only cases/recipients	1,285	2,971	967
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	5,356	4,302	3,720

b. Medical and/or dental services with scheduling and/or transportation	1,978	1,525	1,011
c. Information only (optional)	6,585	5,428	3,894
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	18,105	16,620	14,165
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0

*The Santa Barbara County CHDP office is not able to provide the requested numbers for question. The CHDP office does not receive this information from the Department of Social Services.

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: 2017-18

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
MOU Santa Barbara Public Health CHDP and CenCal Health – CHDP	IAA	12-20-2012 through 12-14-2016	12-14-2016	Ana Stenersen	Yes
First Amendment to MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	07-01-2015 through 7-29-2016	07-29-2016	Ana Stenersen	Yes
CenCal Health – CCS	MOU	01-01-2014 through 12-30-2015	1-1-2014	Ana Stenersen	Currently being renewed due to CCS Whole-Child Redesign

MEMORANDUM OF UNDERSTANDING BETWEEN
SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT
AND
CENCAL HEALTH
REGARDING THE CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

This MEMORANDUM OF UNDERSTANDING (hereafter "MOU") is made by and between Santa Barbara County Public Health Department (hereafter "SBCPHD") regarding the Child Health and Disability Prevention (hereafter "CHDP") Program and Santa Barbara San Luis Obispo Regional Health Authority, a body corporate and politic, dba CenCal Health, (hereafter "CenCal Health") in order to implement the provisions of the California Health and Safety Code § 124025 et seq., Title 17 CCR, Sections 6840-6850, and pursuant to the Medi-Cal Managed Care Division Policy Letters 96-12, Pediatric Preventive Services 96-13, and Immunization Services.

The purpose of this MOU is to describe the responsibilities of SBCPHD and CenCal Health in the delivery of coordinated, high quality and appropriate care of CHDP Program services in Santa Barbara County to Medi-Cal beneficiaries (hereafter "Members") who are served by both parties.

SBCPHD and CenCal Health have identified staff, per Section V. A. 2. to function as liaison to the other. These staff members will work together to implement and execute the terms of this MOU and will meet quarterly to review areas of their respective programs that require collaborative strategies to support CHDP Providers and inform Members of health conditions and available services.

I. CLIENT OUTREACH

A. SBCPHD will:

1. Provide outreach to potential Members regarding CHDP services.
2. Offer basic (face-to-face) information through the Santa Barbara County Department of Social Services (DSS) as specified in the separate CHDP/DSS/Probation Interagency Agreement.
3. Provide information, referral, and documentation to persons referred by DSS eligibility workers via the PM 357 Process as described in the CHDP/DSS Interagency Agreement.
4. In coordination with CenCal Health, provide outreach to Members who are not using preventive health care services.
5. Inform CenCal Health Providers of the CHDP Gateway Program for those former Members who have lost their Medi-Cal eligibility.

B. CenCal Health will:

1. Inform Members of all available Medi-Cal benefits, including the availability of CHDP services.
2. Provide the local SBCPHD office, located at 345 Camino del Remedio, Bldg. 4, Rm 313, with a list of CenCal Health Providers who: may be potential CHDP Providers; are specialized providers; providers who examine/treat children with identified health problems as noted during their CHDP well-child examinations.
3. Ensure that Members are assigned to CHDP-approved Primary Care Providers (PCPs).
4. Ensure that all pediatric PCPs in CenCal Health are actively certified as CHDP Providers.

II. CARE COORDINATION, TRACKING, FOLLOW-UP, AND OTHER MEMBER ASSISTANCE

A. SBCPHD will:

1. Provide health information and encouragement to CHDP Members who are referred for follow-up specialty health care services designated by Code 4/5 from data based on the PM 160. CHDP care coordination will be limited to Members enrolled through Gateway with Medi-Cal Aid Codes 8 U, 8 W, 8 X, 8 Y. Current priority areas for health education and follow-up include nutrition, dental, vision and developmental assessments.
2. Offer consultation to parents/guardians to ensure that the methods to access medical treatment services are understood, including the significance of keeping appointments. The CHDP local office will provide this service to members enrolled through Gateway with Medi-Cal Aid Codes 8 U, 8 W, 8 X, 8 Y.
3. Provide CHDP Providers with information that will assist them in making referral lists for follow-up care. CHDP will also provide appropriate community resources and local agency referral lists to the CHDP Providers, as needed.
4. Inform CHDP Providers and CenCal Health of changes in the schedule of pediatric preventative care and other services that are required or recommended by CHDP/State Children's Medical Services.

B. CenCal Health will:

1. Ensure that PCPs provide primary care case management, care coordination, medical referrals, and continuity of care. CenCal Health will promote PCPs case management by requiring all referrals for specialty care be issued by the Members' assigned PCPs, and/or authorized by CenCal Health.
2. Require that PCPs follow-up on missed appointments according to CenCal Health approved protocols.

3. Require that PCPs refer Members to the CHDP Program when they no longer qualify for CenCal Health benefits yet may still qualify for pediatric preventive or time-limited treatment services covered as program benefits through CHDP or other County programs and provide appropriate documentation to CHDP.
4. Refer Members who are potentially eligible for community resources to agencies such as CCS, WIC, Early Start, Regional Center, Mental Health Services, and generalized dental care.
5. Refer CenCal Health Providers to appropriate agencies when claims, prior authorization, or other administrative information is available that suggest a medical need for referral.
6. Share information with the CHDP Program regarding a Member's specific PCP assignment and services provided to the Member, as requested.
7. Monitor the CHDP Providers' System that tracks the results of the periodic health assessments for those patients who have an identified medical problem and follow-up on the necessary treatment within one hundred and twenty (120) days.
8. Ensure access by SBCPHD to any delegated billing or CHDP data system used by CenCal Health to document or pay for CHDP services in County.

III. HEALTH EDUCATION

A. SBCPHD will:

1. Perform community-wide education about child health issues including CHDP services.
2. Provide CHDP Providers with access to health education materials and resources that support the provision and documentation of complete well-child visits, including developmental histories (physical and mental), thorough physical exams, age-appropriate health education and anticipatory guidance. This includes, but is not limited to, health information on the local CHDP and State websites, brochures, videos, and/or training on a variety of topics such as nutrition, fluoride varnish, injury prevention, lead screening, and anti-tobacco information.

B. CenCal Health will:

1. Ensure that PCPs provide complete well-child visits, according to CHDP guidelines. Health Educator(s) employed by CenCal Health will coordinate with CHDP staff to provide prevention activities and community-wide education targeted at children and teens.
2. Coordinate with CHDP staff to provide PCPs with materials that are in accordance with CHDP and American Academy of Pediatrics (AAP) clinical guidelines for the provision of pediatric preventive care.

IV. PROVIDER NETWORK

A. SBCPHD will:

1. In collaboration with CenCal Health staff, enroll as many of the CenCal Health primary care providers (Family Practice and Pediatrics) as possible serving children ages 0 through 20 years as CHDP providers
2. Recruit and maintain an adequate network of CHDP Providers.
3. Provide CenCal Health and CenCal Health Providers with up-to-date CHDP administrative policies and guidelines.
4. Inform providers that American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP) schedules and recommendations for preventive services shall be used for all members under 21 years of age.
5. Provide training to both CenCal Health Providers and CHDP Providers on CHDP medical standards and requirements. Training shall be coordinated with CenCal Health staff to ensure a consistent and uniform message from both parties.
6. Distribute CHDP Provider Information Notices (PINs) to CenCal Health Providers and the CenCal Health liaison established for the CHDP Program.

B. CenCal Health will:

1. Maintain an adequate pediatric provider network of primary, specialty, and allied care providers.
2. Encourage all CenCal Health providers serving physical health needs of children ages 0 through 20 years to enroll as CHDP providers and follow CHDP standards and guidelines.
3. Assist CHDP staff in provider training on CHDP and CenCal Health program standards, as requested.
4. Ensure providers use the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP) schedules and recommendations for preventive services shall be used for all members under 21 years of age.
5. Credential and re-credential healthcare providers according to National Committee for Quality Assurance (NCQA) guidelines, CenCal Health criteria and Title 28 regulations.

V. QUALITY IMPROVEMENT

A. SBCPHD will:

1. Meet quarterly or more often as needed with CenCal Health staff to discuss quality of care trends in the provider network and develop mutual strategies to address trends.

2. Require provider compliance with EPSDT mandates and the standards and policies that implement these mandates per Medi-Cal Managed Care Division Policy Letters.
3. Notify CenCal Health when a problem is identified regarding PCP services provided within the CHDP Program, to the extent that such notification is CenCal Health related and permitted by law, statute or regulation.
4. The CHDP Deputy Director or designee will serve as the designated liaison to coordinate CHDP activities with CenCal Health.
5. Review and analyze data available through form PM 160 and report findings to the CHDP Provider community via newsletters and direct mailings.
6. Coordinate with CenCal Health to schedule joint site audit reviews (to the extent that such sharing is permitted by law, statute or regulation) and implement corrective actions required of those providers who are common to both CHDP and CenCal Health.
7. Provide CHDP-related data to the CenCal Health office if needed.

B. CenCal Health will:

1. Meet quarterly or more often as needed with SBCPHD staff to discuss quality of care trends in the provider network and develop mutual strategies to address trends.
2. Require provider compliance with EPSDT mandates and the standards and policies that implement these mandates per Medi-Cal Managed Care Division Policy Letters.
3. Notify SBCPHD when a problem is identified to the extent that such notification is CHDP-related and permitted by law, statute or regulation.
4. Appoint a liaison person(s) to coordinate activities with SBCPHD and to notify CenCal Health staff and CenCal Health Providers of their CHDP Program responsibilities.
5. Coordinate with SBCPHD to schedule joint site audit reviews (to the extent that such sharing is permitted by law, statute or regulation) and implement corrective actions required of those providers who are common to both CHDP and CenCal Health.
6. Inform SBCPHD of quality indicators/measures required for PCPs/CHDP Providers within the CenCal Health guidelines. As requested by SBCPHD, report the quality measures that have been recorded for each PCPs/CHDP Provider.

VI. GENERAL PROVISIONS

A. Term

This MOU shall be effective on the date executed by SBCPHD and shall renew automatically for subsequent terms of two (2) years each unless earlier terminated or amended as provided herein.

B. Termination

For Cause. If a party materially breaches this MOU and fails to cure the material breach to the satisfaction of the non-breaching party within fourteen (14) days after the non-breaching party gives written Notice of the material breach, the non-breaching party may terminate this MOU immediately upon written Notice to the other party.

For Convenience. Either party may terminate this MOU with a minimum of sixty (60) days advance written Notice to the other and the effective date of such termination shall be the first day of the month following the completion of the sixty (60) day period. Such written Notice shall be given by U.S. mail, addressed to the office of the other party at the address provided in § VI. E, Notices or sent to the most recent address on file. Subsequently, both parties may work in good faith to renegotiate a new MOU that meets program requirements and mutually satisfies the needs of the other.

Termination shall be immediate and automatic in the event that the State CHDP Contract is terminated.

C. Amendments

Neither party shall be precluded from mutually agreeing to amendments as may be necessary to effectuate or change the terms herein. In the event that a party wishes to amend this MOU, it shall notify the other party in writing of said request and shall propose language for the amendment. Any and all amendments must be in writing and signed by both parties.

D. Authority

Both SBCPHD and CenCal Health warrant and represent that they have the power and authority to enter into this MOU in the names, titles and capacities herein stated without the need for approval or agreement by any other person or entity.

E. Notices

Any Notice or other communication required or permitted in this MOU shall be in writing and shall be deemed to have been duly given on the day of service if served personally or by facsimile transmission with confirmation, or five (5) days after mailing if mailed by US mail, or two (2) days after delivery if delivered by a nationally recognized overnight courier, to the person and address noted below or to such other person or address as a party may designate in writing from time to time.

If served on CenCal Health:
Director of Provider Services
CenCal Health
4050 Calle Real
Santa Barbara, CA 93110
Facsimile Number: 805-683-9203

If served on SBCPHD:

County of Santa Barbara, Public Health Department
Contracts Unit
300 N. San Antonio Rd., Bldg. 8
Santa Barbara, CA 93110
Facsimile Number: 805-681-5191

F. Entire Agreement

This agreement constitutes the entire understanding of the parties thereto and supersedes all prior and contemporaneous understandings or agreements of the parties.

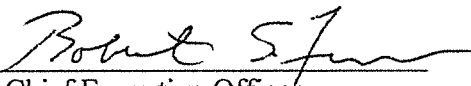
G. Cooperation of Parties

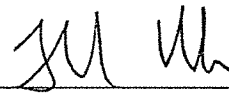
In an effort to effectuate the purpose and intent of this MOU, each party agrees to meet annually or 90-days before the two (2) year anniversary of the date of execution, to review the MOU and its terms.

IN WITNESS WHEREOF, CenCal Health and Santa Barbara County Public Health Department have executed this MOU on the day and year set forth below.

CENCAL HEALTH

SANTA BARBARA COUNTY PUBLIC
HEALTH DEPARTMENT

By: 
Chief Executive Officer

By: 
Director

12/22/16
Date of Execution by CenCal Health

12/14/16
Date of Execution by SBCPHD

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:

1. 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

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.

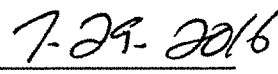
5. **ATTACHMENT G, RX PROGRAM - PUBLIC HEALTH NURSE (PHN) IN CHILD WELFARE SERVICES (CWS) SCOPE OF WORK**, of the MOU is amended its entirety and attached to this First Amendment.

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

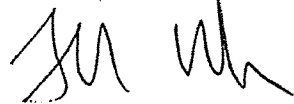
AGREED TO AND ACCEPTED BY:



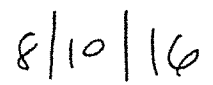
Daniel Nielson, Director
Department of Social Services



Date



Takashi Wada, MD, MPH
Public Health Director/Health Officer
Public Health Department



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 2017-18
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	\$ 476,306	\$ -	\$ 476,306	\$ 250,574	\$ 225,732
II. Total Operating Expenses	\$ 28,470	\$ -	\$ 28,470	\$ 2,360	\$ 26,110
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 93,499	\$ -	\$ 93,499		\$ 93,499
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 598,275	\$ -	\$ 598,275	\$ 252,934	\$ 345,341
		\$ -			

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	\$ -	\$ -	\$ 598,275		
Medi-Cal Funds:	\$ 598,275		\$ 598,275		
State	\$ 235,904		\$ 235,904	\$ 63,233	\$ 172,670
Federal (Title XIX)	\$ 362,371		\$ 362,371	\$ 189,700	\$ 172,670
	235,904				

Suzanne Jacobson

Prepared By

Date Prepared

(805) 681-5183
Phone Number

Suzanne Jacobson
 CHDP Director or Deputy
 Director (Signature)

9/13/17
 Date

(805) 681-4026
 Phone Number


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

County/City Name: Santa Barbara Fiscal Year **2017-18**

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
1. PH Prog Mgr A. Stenersen	25%	\$ 113,285	\$ 28,321	0.00%	\$ -	100.00%	\$ 28,321	50%	\$ 14,161	50%	\$ 14,161
2. PHN, Vacant	100%	\$ 90,000	\$ 90,000	0.00%	\$ -	100.00%	\$ 90,000	80%	\$ 72,000	20%	\$ 18,000
3. PHN, Supv D Blasing	25%	\$ 101,177	\$ 25,294	0.00%	\$ -	100.00%	\$ 25,294	80%	\$ 20,235	20%	\$ 5,059
3. Staff Phys. Dr. Goumas	15%	\$ 227,000	\$ 34,050	0.00%	\$ -	100.00%	\$ 34,050	75%	\$ 25,538	25%	\$ 8,513
4. Health Educator J Rivera	50%	\$ 80,667	\$ 40,333	0.00%	\$ -	100.00%	\$ 40,333	75%	\$ 30,250	25%	\$ 10,083
5. AOP II	75%	\$ 58,306	\$ 43,730	0.00%	\$ -	100.00%	\$ 43,730	0%	\$ -	100%	\$ 43,730
6. AOP II	75%	\$ 56,976	\$ 42,732	0.00%	\$ -	100.00%	\$ 42,732	0%	\$ -	100%	\$ 42,732
7. AOP III	5%	\$ 76,561	\$ 3,828	0.00%	\$ -	100.00%	\$ 3,828	0%	\$ -	100%	\$ 3,828
Total Salaries and Wages			\$ 308,289		\$ -		\$ 308,289		\$ 162,184		\$ 146,105
Less Salary Savings			\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages			\$ 308,289		\$ -		\$ 308,289		\$ 162,184		\$ 146,105
Staff Benefits (Specify %) 54.50%			\$ 168,017		\$ -		\$ 168,017		\$ 88,390		\$ 79,627
I. Total Personnel Expenses			\$ 476,306		\$ -		\$ 476,306		\$ 250,574		\$ 225,732
II. Operating Expenses											
1. Travel			\$ 750		\$ -		\$ 750		\$ 600		\$ 150
2. Training			\$ 2,200		\$ -		\$ 2,200		\$ 1,760		\$ 440
3. Office expense			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
4. Printing/Duplicating			\$ 3,900		\$ -		\$ 3,900				\$ 3,900
5. Communications			\$ 3,000		\$ -		\$ 3,000				\$ 3,000
6. Motorpool			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
7. Utilities			\$ 1,620		\$ -		\$ 1,620				\$ 1,620
8. Data Processing			\$ 7,000		\$ -		\$ 7,000				\$ 7,000
II. Total Operating Expenses			\$ 28,470		\$ -		\$ 28,470		\$ 2,360		\$ 26,110
III. Capital Expenses											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
III. Total Capital Expenses			\$ -		\$ -		\$ -				\$ -
IV. Indirect Expenses											
1. Internal (Specify %) 15.47%			\$ 73,685		\$ -		\$ 73,685				\$ 73,685
2. External (Specify %) 4.16%			\$ 19,814		\$ -		\$ 19,814				\$ 19,814
IV. Total Indirect Expenses			\$ 93,499		\$ -		\$ 93,499				\$ 93,499
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			\$ -		\$ -		\$ -				\$ -
Budget Grand Total			\$ 598,275		\$ -		\$ 598,275		\$ 252,934		\$ 345,341

Suzanne Jacobson

Prepared By



CHDP Director or Deputy

8/15/2016

Date Prepared

 9/13/17
 Date

805-681-5183

Phone Number

(805) 681-4026

Phone Number

**CHDP No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2017-18**

I. PERSONNEL EXPENSE

Total Salaries	\$	308,289
Total Benefits		168,017
Total Personnel Expense		476,306

II. OPERATING EXPENSE

1. Travel	750.00	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	5,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	3,900.00	Copying and printing for program activities and newsletter
5. Communications	3,000.00	Telephone charges
6. Motorpool	5,000.00	County Carpool attributable to CHDP
7. Utilities	1,620.00	pro-rated CHDP share of utilities
8. Data Processing	7,000.00	Charges by County's IT department
TOTAL OPERATING EXPENSE	28,470.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE -

IV. INDIRECT EXPENSE

1. Internal	73,685	Program share of internal overhead, per PHD cost plan
2. External	19,814	Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	93,499	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE -

TOTAL BUDGET \$ **598,275**

HCPCFC Administrative Budget Summary Fiscal Year 2017-18

County/City Name: Santa Barbara County

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$152,436	\$152,436	\$0
II. Total Operating Expenses	\$2,100	\$2,100	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$23,582		\$23,582
V. Total Other Expenses			
Budget Grand Total	\$178,118	\$154,536	\$23,582


Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	50,425	38,634	11,791
Federal Funds (Title XIX)	127,693	115,902	11,791
Budget Grand Total	178,118		

<i>Suzanne Jacobson</i>	9/13/2017	805-681-5183	Suzanne.Jacobson@sbcpd.org
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
<i>Ana Stenersen</i>	9/13/2017	805-681-4026	Ana.Stenersen@sbcpd.org
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

HCPFCF Administrative Budget Worksheet Fiscal Year 2017-18

County/City Name: Santa Barbara County

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
1. PHN, C. Morgan	100%	\$93,000	\$93,000	100%	\$93,000		
2. Program Mgr, A. Stenersen	5%	\$113,285	\$5,664	100%	\$5,664		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$98,664		\$98,664		
Less Salary Savings							
Net Salaries and Wages			\$98,664	100%	\$98,664		
Staff Benefits (Specify %) 54.50%			\$53,772		\$53,772		
I. Total Personnel Expenses			\$152,436		\$152,436		
II. Operating Expenses							
1. Travel			\$500	100%	\$500		
2. Training			\$1,250	100%	\$1,250		
3. Licenses			\$150	100%	\$150		
4. Office Supplies			\$200	100%	\$200		
II. Total Operating Expenses			\$2,100		\$2,100		
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %) 15.47%			\$23,582				\$23,582
2. External 4.16%							
IV. Total Indirect Expenses			\$23,582				\$23,582
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$178,118		\$154,536		\$23,582



Prepared By (Signature)

9/13/2017

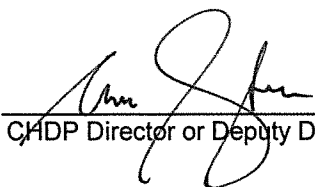
Date prepared

805-681-5183

Phone Number

Suzanne.Jacobson@sbcphd.org

Email Address



CHDP Director or Deputy Director (Signature)

9/13/2017

Date

805-681-4026

Phone Number

Ana.Stenersen@sbcphd.org

Email Address

**HCPFC No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2017-18**

I. PERSONNEL EXPENSE

Total Salaries	98,664
Total Benefits	53,772
Total Personnel Expense	152,436

II. OPERATING EXPENSE

1. Travel	500	Estimate of travel necessary to perform program activities
2. Training	1,250	Estimate of training needed for current program activities
3. Licenses	150	
4. Office Supplies	200	
TOTAL OPERATING EXPENSE	2,100	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE	-
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IV. INDIRECT EXPENSE

1. Internal	23,582	Program share of internal overhead, per PHD cost plan
2. External		Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	23,582	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE	-
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TOTAL BUDGET	178,118
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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	117	5.49%
OTLICP -		
Total Cases of Open (Active) OTLICP Children	334	15.67%
MEDI-CAL -		
Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	1680	78.84%
TOTAL CCS CASELOAD	2131	100%

CCS Administrative Budget Summary

Fiscal Year:

2017-18

County:

Santa Barbara

Category/Line Item	Col 1 = Col 2+3+4		Straight CCS State/County (50/50)	OTLICP Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6,0/6,0/88)	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	
	1	2			4	5
I. Total Personnel Expense	1,960,403	107,634		307,262	1,545,508	743,211
II. Total Operating Expense	94,680	5,198		14,840	74,642	23,884
III. Total Capital Expense	0	0		0	0	0
IV. Total Indirect Expense	384,827	21,129		60,315	303,383	303,383
V. Total Other Expense	8,000	439		1,254	6,307	6,307
Budget Grand Total	2,447,910	134,400		383,671	1,929,840	767,095
						1,162,745

Source of Funds	Col 1 = Col 2+3+4		Straight CCS State/County (50/50)	OTLICP Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6,0/6,0/88)	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	
	1	2			4	5
Straight CCS						
State	67,200	67,200				
County	67,200	67,200				
OTLICP						
State	23,020			23,020		
County	23,020			23,020		
Federal (Title XXI)						
Medi-Cal	337,631			337,631		
State	773,147				773,147	191,774
Federal (Title XIX)						
Federal (Title XIX)	1,156,693				1,156,693	575,321
						581,373
						581,372

Prepared By: (Signature)

Suzanne Jacobson

Date

9/13/17

Email Address

suzanne.jacobson@sbcpd.org

CCS Administrator (Signature)

Ana Stenersen

Date

09/13/2017

Email Address

Ana.stenersen@sbcpd.org

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	117	5.49%
OTLCP - Total Cases of Open (Active) OTLCP Children	334	15.67%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (000-OTLCP) Children	1680	78.84%
TOTAL CCS CASELOAD	2131	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2017-18

County: Santa Barbara

				Straight CCS		Optional Targeted Low Income Children's Program (OTLCP)		Medi-Cal (Non-OTLCP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (\$0/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) State/County/Federal (\$,006,018/5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (\$25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (\$0/50)
1. Personnel Expense													
Program Administration													
1. Ana Steinhisen, Program Manager	70.00%	113,285	79,300	5.49%	4,354	15.67%	12,429	78.84%	62,517	80.00%	25,227	20.00%	6,307
2. Employee Name, Position	0.00%	0	0	5.49%	0	15.67%	0	78.84%	0	80.00%	50,140	20.00%	12,535
3. Employee Name, Position	0.00%	0	0	5.49%	0	15.67%	0	78.84%	0	80.00%	44,427	20.00%	11,107
Subtotal		113,285	79,300		4,354		12,429		62,517			100.00%	62,517
Medical Case Management													
1. Blasing, Dorothy PHN Sr	75.00%	101,177	75,883	5.49%	4,166	15.67%	11,893	78.84%	59,823	80.00%	47,858	20.00%	11,965
2. Marshall, Laurinda PHN	50.00%	80,000	40,000	5.49%	2,196	15.67%	6,269	78.84%	31,534	80.00%	25,227	20.00%	6,307
3. Martin, Linda RN	100.00%	79,500	79,500	5.49%	4,365	15.67%	12,460	78.84%	62,675	80.00%	50,140	20.00%	12,535
4. Berger, Enelele PHN	75.00%	93,922	70,442	5.49%	3,866	15.67%	11,041	78.84%	55,534	80.00%	44,427	20.00%	11,107
5. Vacant, RN	100.00%	79,500	79,500	5.49%	4,365	15.67%	12,460	78.84%	62,675	80.00%	50,140	20.00%	12,535
6. Vacant, PHN	50.00%	90,000	45,000	5.49%	2,471	15.67%	7,053	78.84%	35,476	80.00%	26,381	20.00%	7,095
7. Strutin, Mayne PHN	10.00%	85,000	8,500	5.49%	467	15.67%	1,332	78.84%	6,701	80.00%	5,361	20.00%	1,340
8. Cheng, Linda PHN	40.00%	85,000	34,000	5.49%	1,867	15.67%	5,329	78.84%	26,804	80.00%	21,443	20.00%	5,361
9. Gounas, Rea Staff Physician	35.00%	190,911	66,819	5.49%	3,669	15.67%	10,473	78.84%	52,678	80.00%	42,142	20.00%	10,536
Subtotal		885,010	499,644		27,434		78,310		393,900		315,119		78,781
Other Health Care Professionals													
1. Vacant, MSW	75.00%	65,000	48,750	5.49%	2,677	15.67%	7,641	78.84%	38,433	70.00%	26,903	30.00%	11,530
2. Employee Name, Position	0.00%	0	0	5.49%	0	15.67%	0	78.84%	0	0.00%	0	100.00%	0
Subtotal		65,000	48,750		2,677		7,641		38,433		26,903		11,530
Ancillary Support													
1. Bayquen, Case Worker	100.00%	58,000	58,000	5.49%	3,184	15.67%	9,091	78.84%	45,725			100.00%	45,725
2. Connor, Case Worker	100.00%	58,000	58,000	5.49%	3,184	15.67%	9,091	78.84%	45,725			100.00%	45,725
3. Escobedo, Case Worker	100.00%	58,000	58,000	5.49%	3,184	15.67%	9,091	78.84%	45,725			100.00%	45,725
4. Ramos, Case Worker	100.00%	58,000	58,000	5.49%	3,184	15.67%	9,091	78.84%	45,725			100.00%	45,725
5. Guendalin, Case Worker	100.00%	58,000	58,000	5.49%	3,184	15.67%	9,091	78.84%	45,725			100.00%	45,725
6. Virdiana Ruiz, Case Worker	100.00%	58,000	58,000	5.49%	3,184	15.67%	9,091	78.84%	45,725			100.00%	45,725
Subtotal		348,000	348,000		19,104		54,546		274,350				274,350
Clerical and Claims Support													
1. Casteneda, Administrative Office Professional	100.00%	76,500	76,500	5.49%	4,200	15.67%	11,990	78.84%	60,310	80.00%	48,248	20.00%	12,062
2. Zaccapa, Administrative Office Professional	100.00%	57,000	57,000	5.49%	3,130	15.67%	8,934	78.84%	44,937	50.00%	22,469	50.00%	22,468
3. Quezada, Administrative Office Professional	100.00%	57,000	57,000	5.49%	3,130	15.67%	8,934	78.84%	44,937	50.00%	22,469	50.00%	22,468
4. Emmens, Administrative Office Professional	95.00%	76,500	72,675	5.49%	3,990	15.67%	11,391	78.84%	57,294	80.00%	45,835	20.00%	11,459

09/13/2017

42

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)						
Column		1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE		Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/68)	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)
5. Guadarama, Administrative Office Professional	100.00%		30,000	30,000	5.49%	1,647	15.67%	4,702	78.84%	23,651	0.00%	0	100.00%	23,651
Subtotal			297,000	293,175		16,097		45,951		231,129		139,021		92,108
Total Salaries and Wages				1,288,889	5.49%	69,666	15.67%	198,875	78.84%	1,000,329	48.09%	481,043	51.91%	519,286
Staff Benefits (Specify %)	54.50%			691,534	5.49%	37,968	15.67%	108,387	78.84%	545,179		262,168		283,011
I. Total Personnel Expense				1,980,403	5.49%	107,634	15.67%	307,262	78.84%	1,545,508		743,211		802,297
II. Operating Expense														
1. Information Technology				35,000	5.49%	1,922	15.67%	5,486	78.84%	27,593	48.09%	13,269	51.91%	14,324
2. Telephone/Communication				28,000	5.49%	1,537	15.67%	4,389	78.84%	22,074	48.09%	10,615	51.91%	11,459
3. Office and Other Expenditures				31,680	5.49%	1,739	15.67%	4,965	78.84%	24,975			100.00%	24,975
4.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
5.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
6.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
7.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
II. Total Operating Expense				94,680		5,198		14,840		74,642		23,884		50,758
III. Capital Expense														
1.				0	5.49%	0	15.67%	0	78.84%	0				0
2.				0	5.49%	0	15.67%	0	78.84%	0				0
3.				0	5.49%	0	15.67%	0	78.84%	0				0
III. Total Capital Expense				0		0		0		0				0
IV. Indirect Expense														
1. Internal	15.47%			303,274	5.49%	16,651	15.67%	47,533	78.84%	239,090			100.00%	239,090
2. External	4.16%			81,553	5.49%	4,478	15.67%	12,782	78.84%	64,293			100.00%	64,293
IV. Total Indirect Expense				384,827		21,129		60,315		303,383				303,383
V. Other Expense														
1. Maintenance & Transportation				8,000	5.49%	439	15.67%	1,254	78.84%	6,307			100.00%	6,307
2.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
3.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
4.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
5.				0	5.49%	0	15.67%	0	78.84%	0			100.00%	0
V. Total Other Expense				8,000		439		1,254		6,307				6,307
Budget Grand Total				2,447,910		134,400		383,671		1,929,840		767,095		1,162,745

Prepared By (Signature) *Suzanne Jacobson* Prepared By (Printed Name) Suzanne Jacobson Date Prepared 9/13/17 Date Signed *9/13/17*
 Prepared By (Signature) *Ana Stenersen* Prepared By (Printed Name) Ana Stenersen E-Mail address ana.stenersen@sbcphd.org E-Mail address ana.stenersen@sbcphd.org Telephone Number with Area Code (805) 681-5163 Telephone Number with Area Code (805) 681-4026

CCS Administrator (Signature) *Ana Stenersen* CCS Administrator (Printed Name) Ana Stenersen Date Signed 9/13/17 E-Mail address ana.stenersen@sbcphd.org Telephone Number with Area Code (805) 681-4026
 Revised 8/25/2016

Budget Justification Narrative

**Children's Medical Services
Santa Barbara County
Budget Narrative
Fiscal Year 2017-2018**

I. PERSONNEL EXPENSES		Identify and explain any changes in Personnel including FTE percentage changes.
Total Salaries:	\$1,268,869	Salary increases are a result of COLA granted in Santa Barbara county
Total Benefits:	\$691,534	Benefit rates have increased from the prior year due to cost increases for various insurances and retirement costs.
Total Personnel Expenses:	\$1,960,403	
FTEs	No FTE increases from the prior year	

II. OPERATING EXPENSES		List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.
Travel	\$1,000	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc, for State meetings, conferences and trainings, and other program related travel.
Training	\$1,200	Includes registration and/or tuition fees for CCS trainings, seminars, conferences, etc. This equal to prior fiscal year expenditures.
Office Supplies and Services	\$21,480	No Increased cost of office supplies over prior year. Includes printer supplies, on-going chart supplies; copy, print and reproduction costs.
Postage & Shipping	\$8,000	Cost of postage for anticipated volume of mailing CMSNet correspondence and other miscellaneous mailing based on history.
Telephone	\$28,000	No increase from prior year.
Information Technology Expenses	\$35,000	No increase from prior year. Includes non-capital hardware and software and ongoing maintenance charges.
Total Operating Expenses:	\$94,680	

III. CAPITAL EXPENSES		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

IV. INDIRECT EXPENSES		
A. Internal @ 15.47%	\$303,274	According to Cost Allocation Plan on file.
B. External @ 4.16%	\$81,553	County-Wide Cost Allocation Plan (COWCAP) allocates audited expenses by County Budget Unit. The rate for the Children's Medical Services Programs is 4.16% applied to total net salaries.
Total Indirect Expenses:	\$384,827	

V. OTHER EXPENSES		List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.
Maintenance and Transportation	\$8,000	No increase. Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. This is based on last year's expenditures.
Total Other Expenses:	\$8,000	

Budget Grand Total **\$2,447,910**

09/13/2017