



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

Child Health and Disability Prevention Program
 Plan and Budget Reporting Checklist

County/City: Yolo	Fiscal Year: 2022-23	Page Number
1. CHDP Plan and Budget Reporting Checklist		1
2. CHDP Certification Statement		2
3. CHDP Organizational Chart		3
4. CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		4
5. If Applicable:		
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		N/A
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		N/A
c. Property Survey Report Form (STD 152)		N/A
6. CHDP Plan and Budget Reporting Spreadsheet		
a. Agency Information Sheet		5
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		6
c. CHDP Incumbent List		7
d. CHDP Budget		
i. CHDP Administrative Budget		
– Summary and Worksheet		8-9
– Budget Narrative		10
ii. Optional County/City - Federal Match Budget		
– Summary and Worksheet		11-12
– Budget Narrative		13

All items listed here should be submitted to the ISCD Budget Portal as one signed PDF document. In addition, Excel worksheet components of this reporting package should also be submitted as one document. Detailed instruction for each item listed can be found in the Integrated Systems of Care Division Plan and Fiscal Guidelines.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



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**Child Health and Disability Prevention Program
Certification Statement**

County/City: Yolo

Fiscal Year: 2022-23

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 Integrated Systems of Care Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Signature of CHDP Director/Deputy Director

9/12/22

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 Signed



COUNTY OF YOLO

Health and Human Services Agency

Nolan Sullivan
Interim Director

137 North Cottonwood Street • Woodland, CA 95695
(530) 661-2945 • www.yolocounty.org

June 14, 2022

Jeneba Lahai, Executive Director
Yolo County Children's Alliance
600 A Street, Suite Y
Davis, CA 95616

Delivered via email to robin.frank@yolocounty.org

Re: Option Year #1 for MOU ID-1364

Dear Jeneba Lahai:

On or about April 19, 2019, the County of Yolo ("the County") and Yolo County Children's Alliance entered into a Memorandum of Understanding ("MOU") for the provision of access to health care through the Child Health and Disability Prevention ("CHDP") program. This letter provides notice that the County is exercising its option to extend the MOU by one year, from July 1, 2022 to June 30, 2023, as provided in Section C.5. of the MOU.

All other terms and conditions as set forth in the Agreement apply, including the provision that either party may terminate the Agreement in its sole discretion, for any reason or for no reason at all, upon at least 30 days' advance written notice to the other party.

Please counter sign and return a copy of this letter, indicating your receipt and acknowledgement of same. We would appreciate your response no later than June 21, 2022. Responses may be scanned and emailed to HHSAContracts@yolocounty.org. We look forward to continuing our association with your organization. If you have any questions, please contact Nicole Jamison, Contracts Unit Supervisor at (530) 666-8667. We appreciate your involvement with and your support of services that benefit our community's wellbeing.

Sincerely,

Nolan Sullivan, Interim Director
Health and Human Services Agency
County of Yolo

Acknowledged By

Jeneba Lahai, Executive Director
Yolo County Children's Alliance

Date:



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Agency Information



GAVIN NEWSOM
GOVERNOR

County/City:	Yolo	Fiscal Year:	2022-23
Official Agency			
Street Address:	137 N. Cottonwood Street	Health Officer:	Aimee Sisson, MD, MPH
City:	Woodland	Local CHDP	jaime.ordonez@yolocounty.org
Zip Code:	95695	Central Inbox:	rg
CMS Director (if applicable)			
Name:	Aimee Sisson, MD, MPH	Street Address:	137 N. Cottonwood Street, Suite 2510
Phone:	(530) 666-8765	City:	Woodland
Email:	aimee.sisson@yolocounty.org	Zip Code:	95695
CHDP Director			
Name:	Aimee Sisson, MD, MPH	Street Address:	137 N. Cottonwood Street, Suite 2510
Phone:	(530) 666-8765	City:	Woodland
Email:	aimee.sisson@yolocounty.org	Zip Code:	95695
CHDP Deputy Director			
Name:	Jaime Ordonez	Street Address:	137 N. Cottonwood Street, Suite 1201
Phone:	(530) 666-8241	City:	Woodland
Email:	Jaime.ordonez@yolocounty.org	Zip Code:	95695
Clerk of the Board of Supervisors or City Council			
Name:	Julie Dachtler	Street Address:	625 Court St. Rm. 204
Phone:	(530) 666-8195	City:	Woodland
Email:	Julie.dachtler@yolocounty.org	Zip Code:	95695



MICHELLE BAASS
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State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Memoranda of Understanding/Interagency Agreement List



GAVIN NEWSOM
GOVERNOR

County/City:	Yolo	Fiscal Year:	2022-23
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List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Child Health and Disability Prevention.

	Title or Name of MOU/IA	Name of Partner Entity	Date Last Renewed
1	Agreement # 13 NF02 Health and Human Services Agency/Probation/CHDP	Health and Human Services Agency/Probation	7/1/2017
2	Yolo County CHDP and Yolo County Office of Education Head Start and Early Head Start	Yolo County Office of Education Head Start and Early Head Start	7/7/2017
3	Yolo County Health and Human Services Agency/CHDP/Partnership Health Plan of California	Yolo County Health and Human Services Agency and Partnership Health Plan of California	1/1/2012
4	Yolo County CHDP and Yolo County Children's Alliance (YCCA)	Yolo County Children's Alliance (YCCA)	7/1/2019
5			
6			
	<i>(Insert additional rows as needed)</i>		



MICHELLE BAASS
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State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Incumbent List



GAVIN NEWSOM
GOVERNOR

County/City:	Yolo	Fiscal Year:	2022-23
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List all Child Health and Disability Prevention staff.

Please include applicable vacant positions, including title.

	Name	Title	Email Address	Other Programs (with FTE % each)
1	Dr. Aimee Sisson	Health Officer	aimee.sisson@yolocounty.org	100% Health Officer
2	Jaime Ordonez	CHDP Deputy Director	jaime.ordonez@yolocounty.org	50% CCS
3	Sandeep Shahi	Senior Public Health Nurse	sandeep.shahi@yolocounty.org	N/A
4	Vanessa Enriquez	Senior Community Health Assistant (bilingual)	vanessa.enriquez@yolocounty.org	N/A
5	Farhad Rahimi	Office Support Specialist	farhad.rahimi@yolocounty.org	64% CCS
6				
7				
8				
9				
10				
	<i>(Insert additional lines as needed)</i>			



State of California—Health and Human Services Agency
 Department of Health Care Services



Child Health and Disability Prevention
 Budget Summaries

County/City:	YOLO					Fiscal Year:	2022-23		
Funding Source:	Base					County/City-Federal			
Category/Line Item	1 Total Budget	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	B Total Budget	C Enhanced	D Non-Enhanced	
I. Total Personnel Expenses	\$189,124	\$67,126	\$121,998	\$0	\$0	\$264,483	\$119,101	\$145,382	
II. Total Operating Expenses	\$1,753	\$0	\$1,753	\$0	\$0	\$1,350	\$158	\$1,192	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$47,282		\$47,282	\$0	\$0	\$66,121		\$66,121	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
Budget Grand Total	\$238,159	\$67,126	\$171,033	\$0	\$0	\$331,954	\$119,259	\$212,695	
Source of Funds:	1 Total Funds	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	F Total Funds	G Enhanced	H Non-Enhanced	
State General Funds	\$0			\$0					
Medi-Cal Funds:	\$0				\$0				
State/County Funds	\$102,299	\$16,782	\$85,517		\$102,299	\$136,163	\$29,815	\$106,348	
Federal Funds (Title XIX)	\$50,345	\$50,345	\$0		\$50,345	\$89,444	\$89,444	\$0	
Budget Grand Total	\$238,159	\$67,126	\$171,033	\$0	\$238,159	\$331,954	\$119,259	\$212,695	

Prepared By: *Angelika Eberlein* Sign *Angelika Eberlein* Print Angelika Eberlein Title Admin. Svcs. Analyst Date 8/22/2022

Authorized CHDP Program Representative: *Jaime Ordenez* Sign *Jaime Ordenez* Print Jaime Ordenez Title Program Administrator Date 8/25/2022



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Budget Worksheet



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State/Federal Funding Source: _____ Base

County/City Name: YOLO Fiscal Year: 2022-23

Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
I. Personnel Expenses											
# Name											
1 CHDP Deputy Director/Ordonez	20%	\$116,205	\$23,241	0%	\$0	100%	\$23,241	0%	\$0	0%	\$0
2 Senior PHN/Shahi	35%	\$138,398	\$48,439	85%	\$41,173	15%	\$7,266				
3 Sr. CHA/Enriquez	50%	\$68,324	\$34,162	0%	\$0	100%	\$34,162				
4 Office Support Specialist/Rahimi	21%	\$48,387	\$10,161	0%	\$0	100%	\$10,161				
5			\$0		\$0	100%	\$0				
6			\$0		\$0	100%	\$0				
7			\$0		\$0	100%	\$0				
8			\$0		\$0	100%	\$0				
9			\$0		\$0	100%	\$0				
10			\$0		\$0	100%	\$0				
(insert additional rows as needed)			\$0		\$0	100%	\$0				
Total Salaries and Wages			\$116,004		\$41,173		\$74,830		\$0		\$0
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$116,004		\$41,173		\$74,830		\$0		\$0
Staff Benefits (Specify %)	63.0340%		\$73,122		\$25,953		\$47,168		\$0		\$0
I. Total Personnel Expenses			\$189,126		\$67,126		\$121,998		\$0		\$0
II. Operating Expenses (List in Narrative)											
II. Total Operating Expenses			\$1,753		\$0		\$1,753		\$0		\$0
III. Capital Expenses (List in Narrative)											
III. Total Capital Expenses			\$0				\$0		\$0		\$0
IV. Indirect Expenses											
1. Internal (Specify %)	25%		\$47,282				\$47,282		\$0		\$0
2. External (Specify %)	0%		\$0				\$0		\$0		\$0
IV. Total Indirect Expenses			\$47,282				\$47,282		\$0		\$0
V. Other Expenses											
V. Total Other Expenses			\$0				\$0		\$0		\$0
Budget Grand Total			\$238,161		\$67,126		\$171,033		\$0		\$0

Prepared By: *Angelika Eberlein* Sign: Angelika Eberlein Title: Admin. Svcs. Analyst Date: 8/22/2022 Email: angel.eberlei@yolocounty.org

Authorized CHDP Program Representative: *J. Ordonez* Sign: Jaime Ordonez Title: Program Administrator Date: 8/22/22 Email: jaime.ordonez@yolocounty.org

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Budget Narrative



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State/Federal Funding Source:		Base	
County/City Name: YOLO		Fiscal Year: 2022-23	
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
CHDP Deputy Director Ordonez--remains at .20 FTE.. Sr. PHN Shahi reduced from .40 FTE to .35 FTE. Sr. CHA Enriquez reduced from .54 FTE to .50 FTE. CHDP OSS Rahimi increased from .20 FTE to .21 FTE. These changes were made to reconcile to allocation amounts. Benefits are calculated pro-rata.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	Travel--no change. Remains at \$200.		
Training:	Training--no change. Remains at \$800.		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file.		
External:			
V. Other Expenses			
Identify and Explain All Other Expense Line Items			
	Office Expense remains at \$1,100. Information Technology remains at \$200.		

	Angelika Eberlein	Admin. Svcs. Analyst	8/22/22	eberlei@yolocount
Prepared By:	Sign	Print	Title	Date
	Jaime Ordonez	Program Administrator	8/25/22	ordonez@yolocour
Authorized CHDP Program Representative:	Sign	Print	Title	Date
				Email



State of California—Health and Human Services Agency
 Department of Health Care Services



Child Health and Disability Prevention
 Budget Summaries

County/City:	YOLO					Fiscal Year:	2022-23		
Funding Source:	Base					County/City-Federal			
Category/Line Item	1 Total Budget	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	B Total Budget	C Enhanced	D Non-Enhanced	
I. Total Personnel Expenses	\$189,124	\$67,126	\$121,998	\$0	\$0	\$264,483	\$119,101	\$145,382	
II. Total Operating Expenses	\$1,753	\$0	\$1,753	\$0	\$0	\$1,350	\$158	\$1,192	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$47,282		\$47,282	\$0	\$0	\$66,121		\$66,121	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
Budget Grand Total	\$238,159	\$67,126	\$171,033	\$0	\$0	\$331,954	\$119,259	\$212,695	
Source of Funds:	1 Total Funds	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	F Total Funds	G Enhanced	H Non-Enhanced	
State General Funds	\$0			\$0					
Medi-Cal Funds:	\$0				\$0				
State/County Funds	\$102,299	\$16,782	\$85,517		\$102,299	\$136,163	\$29,815	\$106,348	
Federal Funds (Title XIX)	\$50,345	\$50,345	\$0		\$50,345	\$89,444	\$89,444	\$0	
Budget Grand Total	\$238,159	\$67,126	\$171,033	\$0	\$238,159	\$331,954	\$119,259	\$212,695	

Prepared By: *Angelika Eberlein* Sign *Angelika Eberlein* Print Angelika Eberlein Admin. Svcs. Analyst Title 8/22/2022 Date

Authorized CHDP Program Representative: *Jaime Ordenez* Sign *Jaime Ordenez* Print Jaime Ordenez Program Administrator Title 8/25/2022 Date



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Budget Worksheet



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GOVERNOR

County/City - Federal Funding Source:	County/City-Federal
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County/City Name:	YOLO	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Co-Fed FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	30.00%	\$116,205	\$34,862	0%	\$0	100%	\$34,862
2	62.10%	\$138,398	\$85,945	85%	\$73,053	15%	\$12,892
3	50.00%	\$68,324	\$34,162	0%	\$0	100%	\$34,162
4	15.00%	\$48,387	\$7,258	0%	\$0	100%	\$7,258
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
	(insert additional lines as needed)		\$0		\$0	100%	\$0
Total Salaries and Wages			\$162,227		\$73,053		\$89,173
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$162,227		\$73,053		\$89,173
Staff Benefits (Specify %)	63.03%		\$102,258		\$46,048		\$56,209
I. Total Personnel Expenses			\$264,485		\$119,101		\$145,382
II. Operating Expenses (List in Narrative)							
II. Total Operating Expenses			\$1,350		\$158		\$1,192
III. Capital Expenses							
III. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1.	Internal (Specify %)	25%	\$66,121				\$66,121
2.	External (Specify %)	0%	\$0				\$0
IV. Total Indirect Expenses			\$66,121				\$66,121
V. Other Expenses							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$331,956		\$119,259		\$212,695

	Angelika Eberleir	Admin. Svcs. Analyst	8/24/22	angel.eberlei@yolocounty.org
Prepared By:	Print	Title	Date	Email
	Jaime Ordonez	Program Administrator	8/25/22	jaime.ordonez@yolocounty.org
Authorized CHDP Program Representative:	Sign	Print	Title	Date
				Email

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.

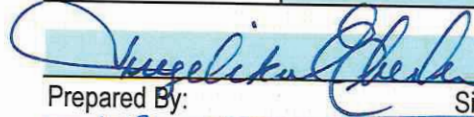



State of California—Health and Human Services Agency
 Department of Health Care Services



Child Health and Disability Prevention
 Budget Narrative

State/Federal Funding Source:		County/City-Federal Match	
County/City Name: YOLO		Fiscal Year: 2022-23	
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
CHDP Deputy Director Ordonez--increased from .15 FTE to .30 FTE. Sr. PHN Shahi increased from .56.25 FTE to 62.10 FTE. Sr. CHA Enriquez increased from .46 FTE to .50 FTE. CHDP OSS Rahimi increased from .14 FTE to .15 FTE. These changes were made to reconcile to allocation amounts. Benefits are calculated pro-rata.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	No change-remains at 250.		
Training:	No change-remains at 100..		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file.		
External:			
V. Other Expenses			
Identify and Explain All Other Expense Line Items			
	Office Expense remains at \$1,000. Information Technology remains at \$500.		

 Angelika Eberlein Admin. Svcs. Analyst 8/24/22 eberlei@yolocount
 Prepared By: Sign Print Title Date Email
 Jaime Ordonez Program Administrator 8/25/22 ordonez@yolocoun
 Authorized CHDP Program Representative: Sign Print Title Date Email



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Child Health and Disability Prevention | Lead Poisoning and Prevention

CHDP LPP Budget Summary					
County-City:		Yolo	Fiscal Year:		2022-23
Column		1	2	3	
Category/Line Item		% of FTE towards CHDP-LPP	Annual Salary	Total	
I. Personnel Expense					
	<i>Name</i>	<i>Title</i>			
1	Shahi, Sandeep	Sr. Public Health Nurse	3%	138,398.00	\$4,018.63
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
Total Salaries and Wages					\$4,018.63
Staff Benefits (Specify %)		57.41%			57%
I. Total Personnel Expense					\$6,325.73
II. Total Travel Expense					\$0.00
III. Other Expense (Must Separately Itemize all Other Expenses below)					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
III. Total Other Expense					\$0.00
IV. Budget Grand Total					\$6,325.73

CHDP Director/Deputy Director, Jaime Ordonez

8/25/2022

Date



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



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Child Health and Disability Prevention | Lead Poisoning and Prevention

CHDP LPP Budget Summary			
County-City:		Yolo	Fiscal Year: 2022-23
Category/Line Item			CHDP LPP Funds (100% CHDP-LPP)
I	Total Personnel Expenses		\$6,326
II	Total Travel Expenses		\$0
V	Total Other Expenses		\$0
Budget Grand Total			\$6,326

Source of Funds		CHDP LPP Funds (100% CHDP-LPP)
CHDP-LPP Fund Grand Total		\$6,326

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

CHDP Director/Deputy Director, Jaime Ordóñez

8/25/2022

Date

Health Care Program for Children in Foster Care Plan and Budget Reporting Checklist

	<i>Page Number</i>
1. HCPCFC Plan and Budget Reporting Checklist	1
2. HCPCFC Certification Statement	2
3. HCPCFC Organizational Chart	3
4. HCPCFC MOU with Local Child Welfare/Social Services	N/A
5. HCPCFC Probation IA	4-12
6. If Applicable:	
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
c. Property Survey Report Form (STD 152)	N/A
7. HCPCFC Plan and Budget Reporting Spreadsheet	
a. Agency Information Sheet	5
b. Memorandum of Understanding and Interagency Agreement List	14
c. HCPCFC Incumbent List	15
d. HCPCFC Budgets	
i. Base	16-17
– Summary and Worksheet	18
– Budget Narrative	
ii. Psychotropic Medication Monitoring and Oversight	19-20
– Summary and Worksheet	21
– Budget Narrative	
iii. Caseload Relief	22-23
– Summary and Worksheet	24
– Budget Narrative	
iv. Optional County/City - Federal Match	N/A
– Summary and Worksheet	
– Budget Narrative	N/A



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

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

County/City: Yolo

Fiscal Year: 2022-23

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the Integrated Systems of Care Plan and Fiscal Guidelines Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Signature of HCPCFC Director/County Authorized Representative

9/12/22

Date Signed

Signature of Director or Health Officer

9/13/22

Date Signed

Signature and Title of Other – Optional

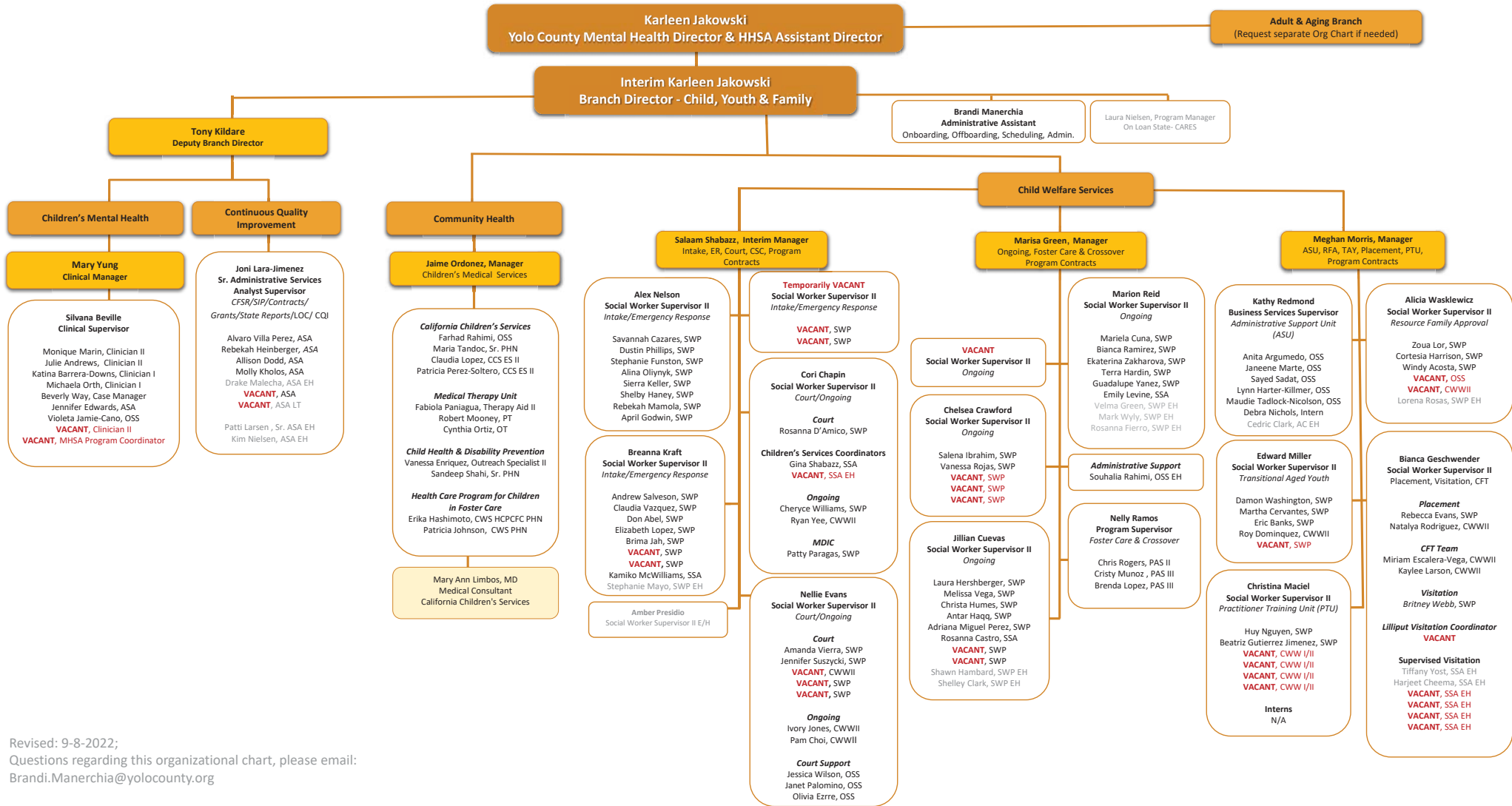
Date Signed

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

Signature of Local Governing Body Chairperson

Date Signed

Yolo County Health and Human Services Agency- Child, Youth and Family Branch Organizational Chart



Revised: 9-8-2022;
 Questions regarding this organizational chart, please email:
 Brandi.Manerchia@yolocounty.org

**INTERAGENCY AGREEMENT BETWEEN
COUNTY OF YOLO HEALTH AND HUMAN SERVICES AGENCY
AND
COUNTY OF YOLO PROBATION DEPARTMENT
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE**

I. PARTIES

COUNTY OF YOLO HEALTH AND HUMAN SERVICES AGENCY (HHSA)

COUNTY OF YOLO PROBATION DEPARTMENT

II. PURPOSE OF AGREEMENT

The County of Yolo HHSA and County of Yolo Probation Department desire to collaborate, enhance and strengthen services in a focused effort to improve health care of children in out of home placement. HHSA and Probation staff will provide more comprehensive and coordinated health care services to this population through the use of Public Health Nurses (PHN). For purposes of the Health Care Program for Children in Foster Care (HCPCFC), a child in out of home placement is a court dependent/ward placed by the Court with someone other than their parent(s).

The program is a collaboration between the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) to serve Child Welfare Services (CWS) and Probation youth in foster care.

III. TERM

- A. This Interagency Agreement is in effect from July 1, 2015 and shall continue in effect from this date until amended or rescinded. Agreement may be terminated by either party upon thirty (30) days written notice by either party. .
- B. The terms of this Agreement shall be evaluated annually.
- C. In the event that changes in federal or state legislation impact the current Interagency Agreement, HHSA and Probation Department agree to renegotiate the pertinent section within ninety (90) days of receiving new language or instructions from the State.

IV. STATEMENT OF OBJECTIVES

- A. The HCPCFC PHN will document information regarding the health status and health care needs in the child's case record, Health Education Passport (HEP) or its equivalent within ten (10) days of receipt of information, for each child in out of home placement.
- B. HCPCFC PHN will develop a health plan for each child that is placed and expected

to remain in out of home placement within forty-five (45) days of initial placement. CWS social worker / probation officer will incorporate the health plan into the child's case record.

- C. HCPCFC PHN will ensure that health care services identified in the initial health screening are included in the child's health plan and completed within sixty (60) days of the initial screening.
- D. The health plan of children in out of home placement will be reviewed and updated by the HCPCFC PHN on a regular basis, but no fewer than once every six (6) months, and kept current with each health care occurrence.
- E. HCPCFC PHN will maintain a list of providers qualified and willing to accept a referral of a child in out of home placement for services to facilitate timely assessments and/or treatment services.
- F. HCPCFC PHNs will collaborate with colleagues in other counties/cities to expand and share strategies for addressing the health care needs of the population of children in out of home placement.

**V. HHSA CHILD, YOUTH AND FAMILY BRANCH, CHDP DIVISION
RESPONSIBILITY AND ACTIVITIES**

A. Administration

HCPCFC PHNs will be located in the CWS Division's facility with accessibility to all team members. HCPCFC PHNs will be supervised by a Supervising Public Health Nurse within the Children Youth and Families Branch of HHS.

B. Accessing Resources

HCPCFC PHNs will:

1. Identify health care providers in the community.
2. Evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.
3. Facilitate referrals to early intervention providers, specialty providers, dentists, mental health providers, California Children's Services (CCS) and other community programs. Facilitation will include but not necessarily be limited to providing assistance in scheduling appointments and arranging transportation.
4. Assist PHNs in the child's county of jurisdiction to identify and access resources to address the health care needs of children placed out of county.

C. Health Care Planning and Coordination

HCPCFC PHNs will:

1. Interpret health care reports for social worker / probation officer and others as needed.
2. Develop a health plan for each child expected to remain in out of home placement.
3. Work with the Substitute Care Provider (SCP) to ensure that the child's HEP or its equivalent is updated.
4. Assist the SCPs in obtaining timely comprehensive assessments.
5. Expedite timely referrals for medical, dental, developmental and mental health services.
6. Assist social worker / probation officer in obtaining additional services necessary to educate and/or support the SCP in providing for special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT - SS).
7. Obtain and provide health care documentation when necessary to support the request for health care services.
8. Collaborate with social worker / probation officer and the biological parent, whenever possible, as well as the SCP to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child. The SCP should receive a copy of the HEP or equivalent within thirty (30) days of placement and annually thereafter.
9. Assist social worker / probation officer assess the suitability of the out of home placement in light of the health care needs of the child.
10. Collaborate with the social worker / probation officer and SCP to develop a system of tracking and follow-up, including but not necessarily limited to changes in the health care status of the child, service needs, and the effectiveness of services provided.
11. Review child's health plan with social worker / probation officer as needed but no fewer than every six (6) months.

D. Training/Orientation

HCPCFC PHNs will:

1. Participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in out of home placement.
2. Educate social workers, deputy probation officers, SCPs, school nurses and others about the health care needs of children in out of home placement.

E. Policy/Procedure Development

HCPCFC PHNs will:

1. Provide program consultation to HHSa and Probation Department in the development and implementation of the EPSDT/CHDP program policies related to the HCPCFC.
2. Participate in multi-disciplinary meetings for review of health-related issues.

F. Transition from Out of Home Placement

HCPCFC PHNs will:

1. Provide assistance to the social worker / probation officer and the child leaving out of home placement on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.

G. Quality Assurance

HCPCFC PHN will:

1. Conduct joint reviews of case records for documentation of health care services with CWS and Probation Department.
2. Work with CWS and Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component.
3. Establish baseline data for evaluating health care services provided to children in out of home placement.

H. Health and Education Passport

HCPCFC PHNs will:

1. Provide PHN expertise for the synthesis and summary of health information for individual HEPs or equivalent.
2. Collaboratively work with CWS to assess, strategically plan, implement and evaluate the HEP or equivalent.
3. Use CWS/Case Management System (CWS/CMS) or alternative system to input data.
4. Provide HEP data for the social work case record and the SCP that documents the follow-up needed.
5. Coordinate with community health professionals, including CHDP providers, regarding special health needs of children in out of home placement and utilization of HEP or equivalent.

VI. HHS AND PROBATION DEPARTMENT RESPONSIBILITIES AND ACTIVITIES

A. Administration

1. A HCPCFC PHN will be located in the CWS facility with accessibility to all team members serving children in out of home placement, including PHNs currently working in CWS.
2. CWS Division Manager and Supervising Probation Officer will provide input to the Supervising PHN and CHDP Deputy Director.

B. Accessing Resources

CWS Social Worker and Probation Officer will:

1. Work with the HCPCFC PHN to ensure that all children in out of home placement are referred for health services appropriate to age and health status on a timely basis.
2. Work with the SCP and the HCPCFC PHN to identify an appropriate health care provider for the child.
3. Work with the HCPCFC PHN to ensure that children placed out of county have access to health services appropriate to age and health status.

C. Health Care Planning and Coordination

CWS Social Worker and Probation Officer will:

1. Collaborate with HCPCFC PHN to develop a health plan that identifies the health care needs and service priorities for each child expected to remain in out of home placement for six (6) months or longer.
2. Incorporate health plan into child's case record.
3. Assemble and provide health care documentation to the court when necessary to support the request for health care services.
4. Collaborate to keep current and complete the child's HEP or equivalent and provide a copy of the HEP or equivalent to the SCP.
5. Consult with the HCPCFC PHN to assess the suitability of the out of home placement in light of the health care needs of the child.
6. Collaborate with the HCPCFC PHN and SCP to develop a system of tracking and follow-up, including but not necessary limited to changes in the health care status of the child, service needs, and effectiveness of services provided.
7. Review child's health plan with the HCPCFC PHN as needed and at least every six (6) months and before every court hearing; relevant information will be incorporated into HEP or equivalent and court report.

D. Training/Orientation

CWS Social Worker and Probation Officer will:

1. Provide input to the HCPCFC PHN in developing curriculum for training others about health care needs of children in out of home placement.
2. Collaborate with the HCPCFC PHN in educating Juvenile Court Staff, SCP and others about the health care needs of children in out of home placement.
3. Arrange for the HCPCFC PHN to have access to the CWS/CMS and provide training in its use.

E. Policy/Procedure Development

CWS Social Worker and Probation Officer will include the HCPCFC PHN in team meetings, provide the PHN with an orientation to CWS and probation services, and provide consultation to the PHN on CWS/CMS.

F. Transition from Out of Home Placement

CWS Social Worker and Probation Officer will collaborate with HCPCFC PHN

to assure person leaving out of home placement is aware of and connected to resources for independent living including, but not limited to, identifying health care providers in the community, evaluating the adequacy, accessibility and availability of health care services and serve as a resource to facilitate referrals to early intervention providers, specialty providers, dentists, mental health providers, and other community programs.

G. Quality Assurance

CWS Social Worker and Probation Officer will:

1. Conduct joint reviews of case records for documentation of health care services.
2. Work with HCPCFC PHN to develop a plan for evaluating the process and impact of the addition of the PHN component.
3. Collaborate and assist HCPCFC PHN in gathering data.

H. Health and Education Passport

1. Use HCPCFC PHN expertise for the synthesis and summary of health information for individual HEP or equivalent.
2. Collaboratively work with HCPCFC PHN to assess, strategically plan, implement and evaluate the HEP or equivalent.
3. Receive HEP electronic copy or equivalent from the HCPCFC PHN and give social worker and probation officer the child's case record that documents follow-up needed.

VII. MUTUAL RESPONSIBILITIES

CWS and Probation will establish mutually satisfactory methods for problem resolution at the lowest possible level, with a procedure to mobilize problem resolution up through the appropriate chain of command, as necessary.

VII. MANAGEMENT INFORMATION AND PROGRAM EVALUATION

The following statistical information will be compiled and shared between departments on an annual basis:

HHSAs' Child, Youth and Family Branch will share:

1. The number of children referred to HCPCFC PHN, the number contacted, and the number of health exams verified.

2. The number of PHN consultation requests from social workers, probation officers, and foster parents.
3. The number of educational sessions provided and the attendance of foster parents and social workers.
4. Access to CWS/CMS for history and current status of child's placement and worker status. Information will be used by PHN to gather and transmit health information, and to follow up on health problems.
5. Access to the HEP information compliancy data on a monthly basis, and provide feedback to the SCP and PHN.

Probation Department will share:

1. Appropriate information on placement history and current status of child's placement. Information will be used by the PHN to gather and transmit health information, and to follow up on health problems.

VIII. FUNDING

- A. CWS division will reimburse the CHDP division for costs related to salaries and benefits of a Public Health Nurse in this program; the amount of this reimbursement shall not exceed the following:

Fiscal Year 2015-2016 and thereafter unless otherwise negotiated and mutually agreed upon by both parties	\$10,000
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- B. CWS division will be invoiced as needed through the County of Yolo internal billing process or a journal entry; supporting documentation to process reimbursement consists of payroll records for identified staff.
- C. The Fiscal terms of this agreement shall be re-evaluated annually. Parties agree to meet by April 15th of each year, to discuss the contract/payment amounts for the following fiscal year.

IX. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the HHSA and the Probation Department and supersedes all prior negotiations, representations, or agreements, whether written or oral. In the event of a dispute between the parties as to the language of this Agreement or the construction or meaning of any term hereto, this Agreement shall be deemed to have been drafted by the parties in equal parts so that no presumptions or inferences concerning its terms or interpretation may be construed against any party to this Agreement.

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IN WITNESS WHEREOF, THIS Agreement has been executed by and on behalf of County of Yolo Health and Human Services Agency, and the Probation Department.

Health and Human Services Agency

Probation Department

Joan Planell 7/14/15
Joan Planell Date
County of Yolo HHSA Director

Brent Cardall 7/6/15
Brent Cardall Date
County of Yolo Chief Probation Officer

Constance Caldwell, MD 7/13/15
Constance Caldwell, MD Date
County of Yolo HHSA Public Health Officer
CHDP Program Director



State of California—Health and Human Services Agency
 Department of Health Care Services

Health Care Program for Children in Foster Care
 Agency Information



County/City:	Yolo	Fiscal Year:	2022-23
Official Agency			
Street Address:	137 N. Cottonwood Street	Health Officer:	Aimee Sisson, MD, MPH
City:	Woodland	Local HCPCFC	jaime.ordonez@yolocounty.org
Zip Code:	95695	Central Inbox:	g
Parent Agency Director (if applicable)			
Name:	Nolan Sullivan	Street Address:	25 N. Cottonwood St.
Phone:	(530) 666-8651	City:	Woodland
Email:	Nolan.Sullivan@yolocounty.org	Zip Code:	95695
Authorized HCPCFC Program Administrative Representative			
Name:	Jaime Ordonez	Street Address:	137 N. Cottonwood Street, Suite 1201
Phone:	(530) 666-8241	City:	Woodland
Email:	Jaime.ordonez@yolocounty.org	Zip Code:	95695
Clerk of the Board of Supervisors or City Council			
Name:	Julie Dachtler	Street Address:	625 Court St. Rm. 204
Phone:	(530) 666-8195	City:	Woodland
Email:	Julie.dachtler@yolocounty.org	Zip Code:	95695
Director of Social Services Agency			
Name:	Nolan Sullivan	Street Address:	25 N. Cottonwood St.
Phone:	(530) 666-8651	City:	Woodland
Email:	Nolan.Sullivan@yolocounty.org	Zip Code:	95695
Chief Probation Officer			
Name:	Dan Fruchtenicht	Street Address:	2780 E. Gibson Road
Phone:	(530) 406-5343	City:	Woodland
Email:	Dan.Fruchtenicht@yolocounty.org	Zip Code:	95776



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Memoranda of Understanding/Interagency Agreement List



GAVIN NEWSOM
GOVERNOR

County/City:	Yolo	Fiscal Year:	2022-23
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<i>List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Health Care Program for Children in Foster Care.</i>					
	Title or Name of MOU/IA	MOU with Local Social Services / Child Welfare	IA with Probation	Name of Partner Entity	Date Last Renewed
1	Agreement # 13 NF01 Interagency agreement between County of Yolo Health and Human Services Agency, and Probation Department, Health Care Program for Children in Foster Care	No	Yes	County of Yolo Health and Human Services, Probation Department	7/13/2017
	<i>(Insert additional rows as needed)</i>				



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Incumbent List



GAVIN NEWSOM
GOVERNOR

County/City: Yolo	Fiscal Year: 2022-23
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List all Health Care Program for Children in Foster Care staff.

HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By selecting "Yes" you certify that this individuals Civil Service Classification and Duty Statement meet the requirements outlined in Section 8 of the Plan and Fiscal Guidelines for the position selected. Please enter Vacant positions, including Title.

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
1	Erika Hashimoto	Public Health Nurse		Yes	100%	Erika.hashimoto@yolocounty.org	
2	Patricia Johnson	Public Health Nurse		Yes	52%	Patricia.Johnson@yolocounty.org	CWS 48%
3							
4							
5							
6							
7							
8							
9							
10							
	<i>(Insert additional lines as needed)</i>						



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Summaries

County/City:	YOLO									Fiscal Year:	2022-23	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal		
A	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$154,006	\$147,846	\$6,160	\$37,762	\$35,874	\$1,888	\$70,626	\$68,101	\$2,525	\$0	\$0	\$0
II. Total Operating Expenses	\$502	\$0	\$502	\$0	\$0	\$0	\$200	\$0	\$200	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$38,502		\$38,502	\$9,441		\$9,441	\$17,656		\$17,656	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$193,010	\$147,846	\$45,164	\$47,203	\$35,874	\$11,329	\$88,482	\$68,101	\$20,381	\$0	\$0	\$0
E	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$59,544	\$36,962	\$22,582	\$14,634	\$8,969	\$5,665	\$27,216	\$17,025	\$10,191	\$0	\$0	\$0
Federal Funds (Title XIX)	\$133,467	\$110,885	\$22,582	\$32,571	\$26,906	\$5,665	\$61,267	\$51,076	\$10,191	\$0	\$0	\$0
Budget Grand Total	\$193,010	\$147,846	\$45,164	\$47,203	\$35,874	\$11,329	\$88,482	\$68,101	\$20,381	\$0	\$0	\$0

Prepared By: *Angelika Eberlein* Sign *Angelika Eberlein* Print Angelika Eberlein Title Admin. Svcs. Analyst Date 8/24/2022 Email angel.eberlein@yolocounty.org
 Authorized HPCFC Program Representative: *Jaime Ordonez* Sign *Jaime Ordonez* Print Jaime Ordonez Title Program Director Date 8/25/22 Email jaime.ordonez@yolocounty.org



State of California—Health and Human Services Agency
Department of Health Care Services



Health Care Program for Children in Foster Care
Budget Worksheet

State/Federal Funding Source:	Base
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County/City Name:	YOLO	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	73%	\$101,984	\$74,448	95%	\$70,726	5%	\$3,722
2	17%	\$109,405	\$18,599	100%	\$18,599	0%	\$0
3			\$0		\$0	100%	\$0
4			\$0		\$0	100%	\$0
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
	<i>(insert additional rows as needed)</i>						
			\$0		\$0	100%	\$0
Total PHN FTE %	90%			0%		0%	
Total Direct Support Staff FTE %	0%			0%		0%	
Net Salaries and Wages			\$93,047		\$89,325		\$3,722
Staff Benefits (Specify %)	66%		\$60,960		\$58,521		\$2,438
I. Total Personnel Expenses			\$154,007		\$147,846		\$6,160
II. Operating Expenses							
1.	Travel		\$252	0%	\$0	100%	\$252
2.	Training		\$250	0%	\$0	100%	\$250
II. Total Operating Expenses			\$502		\$0		\$502
III. Total Capital Expenses							
IV. Indirect Expenses							
1.	Internal (Specify %)	25%			\$38,502		\$38,502
IV. Total Indirect Expenses					\$38,502		\$38,502
V. Total Other Expenses							
Budget Grand Total			\$193,011		\$147,846		\$45,164

Prepared By:	<i>Angelika Eberlein</i>	Angelika Eberlein	Admin. Svcs. Analyst	08/23/22	angel.eberlein@yolocounty.org
Authorized HCPCFC Program Representative:	<i>Jaime Ordonez</i>	Jaime Ordonez	Program Director	8/25/22	jaime.ordonez@yolocounty.org

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Narrative



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Base
County/City Name: YOLO	Fiscal Year: 2022-23
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses	
Sr. PHN Hashimoto reduced from .85 FTE to .73 FTE. Sr. PHN Johnson remains at .17 FTE.	
II. Operating Expenses Identify and Explain All Operating Expense Line Items	
Travel:	Increased \$2 from \$250 to \$252 to balance to allocation.
Training:	Training reduced from \$450 to \$250.
III. Capital Expenses <i>cannot be included in this budget</i>	
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i> Identify and Explain All Indirect Expense Line Items	
Internal:	Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file.
V. Other Expenses <i>cannot be included in this budget</i>	

	Angelika Eberlein	Admin. Svcs. Analyst			l.eberlein@yolocount
Prepared By:	Sign	Print	Title	Date	Email
	Jaime Ordonez	Program Director		8/25/22	e.ordonez@yolocount
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

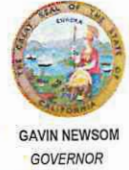
Health Care Program for Children in Foster Care
Budget Summaries

County/City:	YOLO									Fiscal Year:	2022-23	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal		
A	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$154,006	\$147,846	\$6,160	\$37,762	\$35,874	\$1,888	\$70,626	\$68,101	\$2,525	\$0	\$0	\$0
II. Total Operating Expenses	\$502	\$0	\$502	\$0	\$0	\$0	\$200	\$0	\$200	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$38,502		\$38,502	\$9,441		\$9,441	\$17,656		\$17,656	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$193,010	\$147,846	\$45,164	\$47,203	\$35,874	\$11,329	\$88,482	\$68,101	\$20,381	\$0	\$0	\$0
E	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$59,544	\$36,962	\$22,582	\$14,634	\$8,969	\$5,665	\$27,216	\$17,025	\$10,191	\$0	\$0	\$0
Federal Funds (Title XIX)	\$133,467	\$110,885	\$22,582	\$32,571	\$26,906	\$5,665	\$61,267	\$51,076	\$10,191	\$0	\$0	\$0
Budget Grand Total	\$193,010	\$147,846	\$45,164	\$47,203	\$35,874	\$11,329	\$88,482	\$68,101	\$20,381	\$0	\$0	\$0

Prepared By: *Angelika Eberlein* Sign *Angelika Eberlein* Print Angelika Eberlein Title Admin. Svcs. Analyst Date 8/24/2022 Email angel.eberlein@yolocounty.org
 Authorized HPCFC Program Representative: *Jaime Ordonez* Sign *Jaime Ordonez* Print Jaime Ordonez Title Program Director Date 8/25/22 Email jaime.ordonez@yolocounty.org



State of California—Health and Human Services Agency
Department of Health Care Services



Health Care Program for Children in Foster Care
Budget Worksheet

State/Federal Funding Source: Psychotropic Medication Monitoring & Oversight

County/City Name: YOLO Fiscal Year: 2022-23

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	21.42%	\$109,405	\$23,435	95%	\$22,263	5%	\$1,172
2			\$0		\$0	100%	\$0
3			\$0		\$0	100%	\$0
4			\$0		\$0	100%	\$0
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
	<i>(insert additional lines as needed)</i>						
			\$0		\$0	100%	\$0
Total PHN FTE %	21%						
Total Direct Support Staff FTE %	0%			0%		0%	
Net Salaries and Wages			\$23,435		\$22,263		\$1,172
Staff Benefits (Specify %)	61.14%		\$14,328		\$13,611		\$716
I. Total Personnel Expenses			\$37,762		\$35,874		\$1,888
II. Operating Expenses							
1. Travel			\$0	0%	\$0	0%	\$0
2. Training			\$0	0%	\$0	0%	\$0
II. Total Operating Expenses			\$0		\$0		\$0
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	25%		\$9,441				\$9,441
IV. Total Indirect Expenses			\$9,441				\$9,441
V. Total Other Expenses							
Budget Grand Total			\$47,203		\$35,874		\$11,329

Prepared By: *Angelika Eberlein* Sign: *Angelika Eberlein* Title: Admin. Svcs. Analyst Date: 08/23/22 Email: angel.eberlein@yolocounty.org
 Program Director: *Jaime Ordonez* Sign: *Jaime Ordonez* Title: Program Director Date: 8/25/22 Email: jaime.ordonez@yolocounty.org
 Authorized HCPCFC: _____ Sign: _____ Title: _____ Date: _____ Email: _____
 Program Representative: _____

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Narrative



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Psychotropic Medication Monitoring & Oversight	
County/City Name: YOLO		Fiscal Year: 2022-23	
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Sr. PHN Johnson increased from .12 FTE to .2142 FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel:	Training reduced from \$450 to \$0.		
Training:	Training reduced from \$450 to \$0.		
III. Capital Expenses <i>cannot be included in this budget</i>			
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i> Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file.		
V. Other Expenses <i>cannot be included in this budget</i>			

	Angelika Eberlein	Admin. Svcs. Anal	8/24/2022	l.eberlein@yolocount
Prepared By:	Sign	Print	Title	Date
	Jaime Ordonez	Proram Director	8/25/22	ordonez@yolocount
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date
				Email



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Summaries

County/City:	YOLO									Fiscal Year:	2022-23		
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			
A	B	C	D	B	C	D	B	C	D	B	C	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$154,006	\$147,846	\$6,160	\$37,762	\$35,874	\$1,888	\$70,626	\$68,101	\$2,525	\$0	\$0	\$0	
II. Total Operating Expenses	\$502	\$0	\$502	\$0	\$0	\$0	\$200	\$0	\$200	\$0	\$0	\$0	
III. Total Capital Expenses													
IV. Total Indirect Expenses	\$38,502		\$38,502	\$9,441		\$9,441	\$17,656		\$17,656	\$0		\$0	
V. Total Other Expenses													
Budget Grand Total	\$193,010	\$147,846	\$45,164	\$47,203	\$35,874	\$11,329	\$88,482	\$68,101	\$20,381	\$0	\$0	\$0	
E	F	G	H	F	G	H	F	G	H	F	G	H	
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	
State/County Funds	\$59,544	\$36,962	\$22,582	\$14,634	\$8,969	\$5,665	\$27,216	\$17,025	\$10,191	\$0	\$0	\$0	
Federal Funds (Title XIX)	\$133,467	\$110,885	\$22,582	\$32,571	\$26,906	\$5,665	\$61,267	\$51,076	\$10,191	\$0	\$0	\$0	
Budget Grand Total	\$193,010	\$147,846	\$45,164	\$47,203	\$35,874	\$11,329	\$88,482	\$68,101	\$20,381	\$0	\$0	\$0	

Prepared By: *Angelika Eberlein* Sign *Angelika Eberlein* Print Angelika Eberlein Title Admin. Svcs. Analyst Date 8/24/2022 Email angel.eberlein@yolocounty.org
 Authorized HPCFC Program Representative: *Jaime Ordonez* Sign *Jaime Ordonez* Print Jaime Ordonez Title Program Director Date 8/25/22 Email jaime.ordonez@yolocounty.org



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Worksheet



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Caseload Relief
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County/City Name:	YOLO	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Caseload Relief FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	27%	\$101,984	\$27,536	100%	\$27,536	0%	\$0
2	14%	\$109,405	\$15,317	90%	\$13,785	10%	\$1,532
3			\$0		\$0	100%	\$0
4			\$0		\$0	100%	\$0
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
	(insert additional lines as needed)		\$0		\$0	100%	\$0
Total PHN FTE %	41%			0%		0%	
Total Direct Support Staff FTE %	0%			0%		0%	
Net Salaries and Wages			\$42,852		\$41,321		\$1,532
Staff Benefits (Specify %)	64.81%		\$27,772		\$26,780		\$993
I. Total Personnel Expenses			\$70,624		\$68,101		\$2,525
II. Operating Expenses							
1. Travel			\$100	0%	\$0	100%	\$100
2. Training			\$100	0%	\$0	100%	\$100
II. Total Operating Expenses			\$200		\$0		\$200
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	25%		\$17,656				\$17,656
IV. Total Indirect Expenses			\$17,656				\$17,656
V. Total Other Expenses							
Budget Grand Total			\$88,480		\$68,101		\$20,381

	Angelika Eberleir	Admin. Svcs. Analyst	08/23/22	angel.eberlein@yolocounty.org
Prepared By	Sign	Print	Title	Date
	Jaime Ordonez	Program Director	8/25/22	jaime.ordonez@yolocounty.org
Authorized HCPCFC	Sign	Print	Title	Date
Program Representative:				

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Narrative



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Caseload Relief		
County/City Name:	YOLO	Fiscal Year:	2022-23
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Sr. PHN Hashimoto increased from .0 FTE to .27 FTE. Sr. PHN Johnson reduced from .155 FTE to .14 FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel:	Reduced from \$250 to \$100.		
Training:	Reduced from \$450 to \$100.		
III. Capital Expenses <i>cannot be included in this budget</i>			
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i> Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file.		
V. Other Expenses <i>cannot be included in this budget</i>			

	Angelika Eberlein	Admin. Svcs. Ana	8/24/2022	el.eberlein@yolocounty	
Prepared By:	Sign	Print	Title	Date	Email
	Jaime Ordonez	8/25/22	Program Director	me.ordonez@yolocounty.c	
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email