Plan and Budget Required Documents Checklist

MODIFIED FY 2021-2022

С	ounty/	City: Santa Barbara Fis	cal Year: 2021-2022
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	A.	Brief Narrative	8-9
	B.	Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
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		Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
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5.		mentation of Performance Measures – Performance Measures for FY 9-20 are due November 30, 2020.	N/A
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	C.	CHE	P Foster Care Administrative Budget (County/City Match) - Optional	WAR THE THE PROPERTY OF THE PR
		1.	Budget Summary	N/A
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	G.,	Othe	er Forms	Mark Mark Annual Construction of the Construct
		1.	County/City Capital Expenses Justification Form	N/A
		2.	County/City Other Expenses Justification Form	
9.		Man	agement of Equipment Purchased with State Funds	N/A
3 .				N. 1 / A
		1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
		2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
		3.	Property Survey Report Form (STD 152)	N/A

Agency Information Sheet

County/City:	Santa Barbara	County	Fiscal Year: 2021-22
		Official Agency	,
Name:	Public Health Department	Address:	300 N San Antonio Rd Santa Barbara, Ca 93110
Director	Van Do-Reynoso, PhD, MPH		
	CMS	Director (if appli	cable)
Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio
Phone:	(805) 681-4027		Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	rgordon@sbcphd.org
	C	CS Administrate	or
Name:	Tanesha Castaneda	Address:	345 Camino del Remedio
Phone:	(805) 692-5793	_	Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	tanesha.castaneda@sbcphd.org
		CHDP Director	
Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio
Phone:	(805) 681-4027	···	Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	rgordon@sbcphd.org
haraneessa kalaleessa kalaleessa kalaleessa kalaleessa kalaleessa kalaleessa kalaleessa kalaleessa kalaleessa k	СНІ	OP Deputy Direc	etor
Name:	Tanesha Castaneda	Address:	345 Camino del Remedio
Phone:	(805) 692-5793	-	Santa Barbara, CA 93110
Fax:	(805) 681-4763	E-Mail:	tanesha.castaneda@sbcphd.org
Name of the second seco	Chief Deputy Clerk of th	e Board of Sup	ervisors or City Council
Name:	Jacquelyne Alexander	Address:	105 E Anapamu St Room #407
Phone:	(805) 568-2245	•	Santa Barbara, CA 93101
Fax:	(805) 568-2249	E-Mail:	jralexander@co.santa-barbara.ca.us
	Director o	f Social Service	s Agency
Name:	Daniel Nielson		2125 S. Centerpointe Parkway
Phone:	(805) 346-7101	-	Santa Maria, CA 93455
Fax:	(805) 346-8366	E-Mail:	D.Nielson@sbcsocialserv.org
<u>Буруу на тамина на т</u>	Chie	ef Probation Off	icer
Name:	Tanja Heitman		117 E. Carrillo St
Phone:	(805) 882-3652	-	Santa Barbara, CA 93101
Fax:	(805) 739-8579	E-Mail:	heitman@co.santa-barbara.ca.us

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

County/City:	Santa Barbara County	Fiscal Year:	2021-22
106, Part 2, Ch 9, Part 3, Chap Section 16970 Chapters, and Services Plan Participation. I governing and the Social Sec subject to all sa	e CHDP Program will comply with all applicable provision apter 3, Article 6 (commencing with Section 124025), Noters 7 and 8 (commencing with Section 14000 and 1420, and any applicable rules or regulations promulgated by that section. I further certify that this CHDP Program wand Fiscal Guidelines Manual, including but not limited I further certify that this CHDP Program will comply with regulating recipients of funds granted to states for mediurity Act (42 U.S.C. Section 1396 et seq.). I further agranctions or other remedies applicable if this CHDP Program with which it has certified it will comply.	Welfare and Ins 200), Welfare are by DHCS pursuated will comply with to, Section 9, For all federal laws lical assistance ee that this CHI	titutions Code, Division and Institutions Code and Institutions Code and to that Article, those the Children's Medical ederal Financial and regulations pursuant to Title XIX of DP Program may be
Signature of C	HDP Director	Date Signed	
Signature of Di	irector or Health Officer	Date Signed	
Signature and	Title of Other – Optional	Date Signed	
,		ted Williams Andrews Committee Commi	
I certify that thi	s plan has been approved by the local governing body.		
Signature of Lo	ocal Governing Body Chairperson	Date	

Signature of Local Governing Body Chairperson

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

County/City:	Santa Barbara County	Fiscal Year:	2021-22
106, Part 2, Ch 9, Part 3, Chap Section 16970, Chapters, and t Services Plan a Participation. I governing and a the Social Secusubject to all sa	e CHDP Program will comply with all applicable provapter 3, Article 6 (commencing with Section 124026 ters 7 and 8 (commencing with Section 14000 and and any applicable rules or regulations promulgate that section. I further certify that this CHDP Program of Fiscal Guidelines Manual, including but not limit further certify that this CHDP Program will comply be regulating recipients of funds granted to states for nurity Act (42 U.S.C. Section 1396 et seq.). I further anctions or other remedies applicable if this CHDP For It policies with which it has certified it will comply.	5), Welfare and Ins 14200), Welfare ared by DHCS pursuant will comply with the to, Section 9, Fouth all federal laws medical assistance agree that this CHI	titutions Code, Division and Institutions Code ant to that Article, those the Children's Medical ederal Financial and regulations pursuant to Title XIX of DP Program may be
Signature of Ch	HDP Director	Date Signed	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Signature of Dir	rector or Health Officer	Date Signed	
Signature and 1	Fitle of Other – Optional	Date Signed	
I certify that this	s plan has been approved by the local governing bo	dy.	

Date

Certification Statement - California Children's Services (CCS)

County/City:	Santa Barbara County	Fiscal Year:	2021-22
Part 2, Chapter Institutions Cod by DHCS pursu Children's Medi Federal Financi regulations gov XIX of the Social Maternal and C 701 et seq.). It	CCS Program will comply with all applicable provision 3, Article 5, (commencing with Section 123800) and 0 le (commencing with Sections 14000-14200), and any leant to this article and these Chapters. I further certify ical Services (CMS) Plan and Fiscal Guidelines Manufal Participation. I further certify that this CCS Programerning and regulating recipients of funds granted to stall Security Act (42 U.S.C. Section 1396 et seq.) and rehild Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and program with the content of the security of the security of the security regulations and program violates any of the security security regulations and program violates and security secu	Chapters 7 and 8 applicable rules that this CCS Pral, including but rules will comply with ates for medical accipients of funds the Social Secuple all sanctions or	of the Welfare and or regulations promulgated ogram will comply with the not limited to, Section 9 all federal laws and assistance pursuant to Title allotted to states for the rity Act (42 U.S.C. Section other remedies applicable
Signature of CC	S Administrator	Date Signed	
Signature of Dir	ector or Health Officer	Date Signed	***************************************
Signature and T	itle of Other – Optional	Date Signed	

I certify that this	plan has been approved by the local governing body.		
Signature of Loc	cal Governing Body Chairperson	Date	

Certification Statement - California Children's Services (CCS)

County/City:	Santa Barbara County	Fiscal Year:	2021-22
Part 2, Chapter Institutions Coo by DHCS pursu Children's Med Federal Financ regulations gov XIX of the Soci Maternal and C 701 et seq.).	e CCS Program will comply with all applicable provision 3, Article 5, (commencing with Section 123800) and Cde (commencing with Sections 14000-14200), and any uant to this article and these Chapters. I further certify ical Services (CMS) Plan and Fiscal Guidelines Manualial Participation. I further certify that this CCS Program remains and regulating recipients of funds granted to stated Security Act (42 U.S.C. Section 1396 et seq.) and reschild Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and potential services.	hapters 7 and 8 applicable rules that this CCS Pr I, including but rowill comply with tes for medical acipients of funds the Social Secuall sanctions or	of the Welfare and or regulations promulgated ogram will comply with the not limited to, Section 9 in all federal laws and assistance pursuant to Title allotted to states for the rity Act (42 U.S.C. Section other remedies applicable
Signature of CO	CS Administrator	Date Signed	
Signature of Dir	rector or Health Officer	Date Signed	
Signature and T	Fitle of Other – Optional	Date Signed	
I certify that this	s plan has been approved by the local governing body.		
Signature of Lo	cal Governing Body Chairperson	Date	

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

CHDP

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

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

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

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

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

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

Vision Screening Trainings Provided in Fiscal Year 2020-21:

Countywide

FY 2020-21

3 Sessions with 30 Participants

Audiometric Screening Trainings Provided in Fiscal Year 2020-21:

Countywide

FY 2020-21

4 Sessions with 67 Participants

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

Countywide

FY 2020-21

4 Sessions with 46 Participants

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

Countywide

FY 2020-21

7 Sessions with 23 Participants

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

Countywide

06/10/21

19 Participants

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

Countywide

FY 2020-21

2 Sessions with 8 Participants

Provider Site Reviews Completed in Fiscal Year 2020-21:

Countywide

FY 2020-21

9 Sites

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

Countywide

FY 2020-21

12 Certifications

Countywide

FY 2020-21

13 Orientation Sessions

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

Countywide

12/07/20

20 Participants

HCPCFC

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

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

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

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

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

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

County/City: Santa Barbara			Fisci	Fiscal Year: 2021-22
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanesha Castaneda	75%	No	No
Staff Physician	Rhonda Gordon, MD.	15%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Linda Garcia, RN, PHN	100%	No	No
Administrative Office Professional II	Vacant	%06	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Carmen Escobedo	100%	No	No

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

Complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent. Specify whether job duty statements or civil service classification statements have been revised or changed in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Santa Barbara		***************************************			Fiscal Year: 2021-22	r: 2021-22
Job Title	Incumbent Name	FTE% on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanesha Castaneda	25%	N/A	75% CCS,	No	No
Staff Physician	Rhonda Gordon, MD.	15%	N/A	15% CCS, 50% Clinic	o Z	No
PHN Supervisor	Dorothy Blasing, RN,PHN,MSN	20%	N/A	75% CCS, 5% HCPCFC	NO No	No
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		S O N	ON.
Public Health Nurse	Vacant	25%	N/A		No	No
Health Educator	Vacant	20%	N/A		No	No
Administrative Office Professional II	Maria Palma	100%	N/A		No	No
Administrative Office Professional II	Vacant	10%	N/A	80% CCS	No	NO.



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care Incumbent List



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County-City Name: Santa Barbara		12021-22
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Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HCPCFC administrative budgets (Summary, Worksheet, and Narratve), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/ Federal	% FTE Other Programs (Specify)	% FTE Total
1	Vorce	Vivian	HCPCFC PHN	Y	100.00%	0.00%	0.00%	0.00%	0.00%	1.00%
2	Blasing	Dorothy	Supervising PHN	Y	5.00%	0.00%	0.00%	0.00%	75% CCS, 20% CHDP	1.00%

						•				-

CHDP Program Referral Data Santa Barbara County

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

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

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

Memoranda of Understanding/Interagency Agreement List

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

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

State of California - Health and Human Services Agency

Santa Barbara County
CHDP No-County-Match Burget Summary
FY 2021-22
Page 1 of 1

CHDP Administrative Budget Summary for FY 2021-22 No County/City Match County/City Name: Santa Barbara

Column	F	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)
Total Personnel Expenses	\$ 488,858	*	\$ 488,858	ક્ક	\$ 140,004
. Total Operating Expenses	\$ 36,674	٠	\$ 36,674	\$ 2,560	\$ 34,114
 Total Capital Expenses 		69	9		8
IV. Total Indirect Expenses	\$ 72,742	49	\$ 72,742		\$ 72.742
/. Total Other Expenses	٠	€9	8		ક
Budget Grand Total	\$ 598,275	69	\$ 598,275 \$	\$ 351,414 \$	\$ 246.860
		·			***************************************

		7	က	4	5
Total Funds	spun.	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
S	1	€			
\$ 5	598,275		\$ 598,275		
\$	211,284		\$ 211,284	\$ 87,854	\$
\$	386,991		\$ 386,991	\$	\$ 123,430
2	211,284				

(805) 681-5183	(805) 692-5793
Phone Number	Phone Number
10/7/2021	10/29/2021
Date Prepared	Date
Suzanne Jacobson	CHDP Director or Deputy
Prepared By	Director (Signature)

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

County/City Name: _ Santa Barbara

Fiscal Year 2021-22

Column	1A	1B		1	2A	2	3A	3	4A	4	5A	5
				Total Budget	CHDP	1	Total	Total Medi-Cal		Enhanced		Nonenhance
Category/Line Item	% or	Annual S	Salary	(1A x 1B or	% or	Total CHDP	Medi-	Budget	% or	State/Federal	% or	State/Federa
	FTE	741114411	Juliut y	2 + 3)	FTE	Budget	Cal %	(4 + 5)	FTE	1	FTE	1
	mm	coccoc	~~~		1112		Cal 76	(4 T D)		(25/75)		(50/50)
Personnel Expenses	HHH	HHH	HH	HHHHH	uuu		HHH		ШШ		UUU	HHHHH
	anni	anni	71111		inni.		anna	<u>IIIIIIIIII</u>	IIIII			
I. Team Project Ldr, T Castaneda	25%		2,000	\$ 25,500	0.00%		100.00%		50%		50%	
P. PHN, N. Confiac	75%		0,000	\$ 82,500	0.00%		100.00%		85%	\$ 70,125	15%	
. PHN, Supv D Blasing	20%		0,000	\$ 24,000	0.00%		100.00%		80%		20%	
S. Staff Phys. Dr. Gordon	15%		0,000	\$ 37,500	0.00%	S -	100,00%		80%	\$ 30,000	20%	
. Health Educator, Vacant	50%		8,000	S 44,000	0.00%		100.00%		80%	S 35,200	20%	
. AOP II, M Palma	100%		8,000	\$ 68,000	0.00%	S -	100.00%		50%	\$ 34,000	50%	
5. PHN, Vacant	25%		0,000	\$ 27,500	0.00%	\$ -	100.00%		75%	S 20,683	25%	
7. AOPII, Vacant	10%	\$ 6	000,8	\$ 6,800	0.00%	S -	100.00%	\$ 6,800	50%	S 3,400	50%	\$ 3,4
												
Total Salaries and Wages	amm	HHH	IIII	\$ 315,800	ШШ	S -	annn	\$ 315,800	ullille	\$ 225,358	MMM	\$ 90,4
ess Salary Savings	uuu	uuuu	IIII	\$ <u>-</u>	ullille	\$ -		S -		\$ -	uuu	S -
let Salaries and Wages			mu	\$ 315,800	IIIII	s -		\$ 315,800		\$ 225,358		\$ 90,4
Staff Benefits (Specify %) 54.80%	ullilli		m	\$ 173,058	IIIII	S -		\$ 173,058		S 123,496		\$ 49,5
. Total Personnel Expenses		IIIIIII	IIII	\$ 488,858	IIIIII	\$ -		\$ 488,858		\$ 348,854		\$ 140.0
I. Operating Expenses					IIIII						MM	MININ
I. Travel				\$ 1,000		S -	IIIIIII	\$ 1,000	anna	S 800	allilla	\$ 2
2. Training				\$ 2,200		\$ -	MIIII	\$ 2,200		S 1,760	MITTE	\$ 4
Office expense			IIII	\$ 6,000	IIIII	S -	MITTE	\$ 6,000	MM	mmm	mm	\$ 6,0
I.Printing/Duplicating			IIII	\$ 4,200	MIMIL	\$ -	MITTE	\$ 4,200	MM		MITTE	\$ 4,2
5. Communications	MILLE	MM	III	\$ 5,274	MITTE	\$ -	mm	\$ 5,274	attiti	HHHHHH	MITTE	\$ 5.2
i. Motorpool	MITTE	MM	IIII	\$ 5,000	MILLE	S -	mm	\$ 5,000	HHH	HHHHHH	tittiin.	S 5,0
7. Utilities	MITTE	mm	IIII	\$ 2,000	MM	\$ -	mm	\$ 2,000	HHH	HHHHHH	attiti	\$ 2,0
Data Processing	MINI	mm	11117	\$ 11,000	m	\$ -	MITTE	S 11,000	HHH	HHHHHH	HHH	S 11.0
	HHH	MM	M	·····	<i>HHH</i>		<i>(111111)</i>		111111	*********	HHHH	
I. Total Operating Expenses	AHHH	ttttti.	THI)	\$ 36,674	HHH	S -	HHH	S 36,674	HHH	\$ 2,560	HHH	\$ 34,1
II. Capital Expenses	attiti	111111	HH	nimm	4444	HIIIIIII	HHHH	Million	HHH.	minnin	HHH	immi
	HHH	HHH	11114	******	HHH	************	attititi	2	HHH:	444444	HHH	\$
	44444	HHH	1444		HHH		HHH	·	HHH	444444	HHH	···
	HHH	HHHH	444		HHH		HHHH		44443	HHHHHH	HHH	
	HHH	HHHH	HH		HHH		HHH		HHH	********	HHH	
	HHH	HHH	HH		HHH		HHHH		HHH	********	HHH	
. Total Capital Expenses	HHH	HHH	HH	s -	4444	S -	HHHH.	s -	HHH	**********	HHH	s -
V. Indirect Expenses	HHH	44444	HH	amminin	HHH	mmmin	HHHH	ammin	HHH	**********	HHH	imminin
. Internal (Specify %) 11.23%	4444	HHHH	HH	54,899	HHH	2	HHHH	\$ 54,899	HHH	******	HHH	\$ 54,89
External (Specify %) 3.65%	HHH	HHHH	HH)	\$ 17,843	HHH	\$ -	HHHH	\$ 17,843	HHH	*******	HHH	\$ 17,8
V. Total Indirect Expenses	HHH	HHHH	HH	\$ 72,742	HHH	\$ -	HHHH	\$ 72,742	HHH	4444444	HHH	\$ 72,7
Other Expenses	HHH	HHHH	HH	illi illimin	HHH	vimmin	HHHH	dillimmin	HHH	HHHHHH	HHH	iiimmin
. Other Expenses	HHH	44444	HH	mmmm	HHH	mmmi	HHH	mmminik	HHH	HHHHHH	HHH	mmm
	HHH	НННН	HH		HHH		HHHH		HHH	HHHHHH	HHH	
	HHH	HHHH	HH		HHH		HHHH	{	HHH	HHHHH	HHH	
	HHH	HHHH	444		HHH		HHH	{	HHH	HHHHHH	HHH	
	HHH	HHHH	Ш		um		HHH		MMX	ummumm	MMM	
	uuu	uuuu	ШХ		uuu		uuu	8	uuu		MINN	
/. Total Other Expenses	uuu.	UUUU	Ш	\$ -	uuu	s -	UIIIII)	s - 8	ШШ		MILLE	<u>s</u> -
Sudget Grand Total	1111111	1111111	ulli	\$ 598,275	minn	s -	illlili.	\$ 598,275	THILL	S 351,414	VIIIII	\$ 246,89

Suzanne Jacobson	10/7/2020	805-681-5183
Prepared By	Date Prepared	Phone Number
	10/29/2021	(805) 692-5793
CHDP Director or	Date	Phone Number
Deputy		

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

I. PERSONNEL EXPENSE Total Salaries Total Benefits Total Personnel Expense	\$ 315,800 173,058 488,858	
II. OPERATING EXPENSE 1. Travel 2. Training 3. Office expense 4. Printing/Duplicating 5. Communications 6. Motorpool 7. Utilities 8. Data Processing TOTAL OPERATING EXPENSE	2,200.00 6,000.00 4,200.00 5,274.00 5,000.00 2,000.00	Estimate of travel necessary to perform program activities Estimate of training needed for current and new staff Estimate of office expense based on CY usage Copying and printing for program activities and newsletter Telephone charges County Carpool attibutable to CHDP pro-rated CHDP share of utilities Charges by County's IT department
III. CAPITAL EXPENSE		
TOTAL CAPITAL EXPENSE	-	
IV. INDIRECT EXPENSE 1. Internal 2. External TOTAL INDIRECT EXPENSE	-	Program share of internal overhead, per CDPH approved rate Program share of internal overhead, per CDPH approved rate
V. OTHER EXPENSE		
TOTAL OTHER EXPENSE	-	

\$ 598,275

TOTAL BUDGET



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



Identify State/Federal Funding Source (Base, F	MM&O, or Caseload Relief)	В	ase
County-City Name: Santa Barbara		Fiscal Year:	2021-22
		1.10041.10411	Jacks I had
		Enhanced	Non-Enhanced
Category/Line Item	Total Budget	State/Federal	State/Federal
		(25/75)	(50/50)
Α	(B = C + D)	C	D
Total Personnel Expenses	\$171,829	\$154,646	\$17,183
Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$26,840		\$26,840
V Total Other Expenses			
Budget Grand Total	\$201,669	\$154,646	\$47,023
		Enhanced	Non-Enhanced
Source of Funds	Total Funds	State/Federal	State/Federal
		(25/75)	(50/50)
E	(F = G + H)	G	Н
State Funds	\$62,172	\$38,661	\$23,511
Federal Funds (Title XIX)	\$139,497	\$115,985	\$23,512
Budget Grand Total	\$201,669	\$154,646	\$47,023
Suzanne Jacobson	10/12/2021	(805) 681-5183	Suzanne Jacobson@sbcphd.org
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



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



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):							Ва	ase		
County-City Name:	Santa Barbara			······································	Fiscal Year:	2021-22				
deality only manic.	Tourita Darbara			······································	ristal real.	12021-22				
	Column		************	1A	1B	1 1	2A	2	3A	3
	Category/Line I	ltem		% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non- Enhanced State/Federal (50/50)
I. Personnel Expense	S			IIIIIII	mmm	HIHIIII	HIIII	HIHIHI	HIIII	THITTIES THE
# Last	First	Title	PHN (Y/N)							
1 Vorce	Vivian	Public Health Nurse	Y	100.00%	\$105,000		90.00%	\$94,500		
2 Blassing	Dorothy	Supervising PHN	Y	5.00%	\$120,000	\$6,000.00	90.00%	\$5,400		\$600
3			<u> </u>		S0	\$0.00		\$0		\$0
4			ļ		\$0	\$0.00		S0		\$0
5			ļ		\$0	\$0.00		\$0		\$0
6			ļ		\$0	\$0.00		\$0		S0
			 		\$0	\$0.00		\$0		\$0
8 9			 		\$0 80	\$0.00		\$0		\$0 \$0
10					\$0 80	\$0.00		\$0		\$0
11					\$0 \$0	\$0.00		\$0 \$0		\$0 60
12					\$0 \$0	\$0.00 \$0.00		\$0 \$0		\$0 \$0
13					\$0 \$0	\$0.00		\$0 \$0		\$0 \$0
14			 		\$0 \$0	\$0.00		\$0 \$0		\$0 \$0
15					\$0 \$0	\$0.00		\$0		\$0 \$0
16					S0	\$0.00		\$0		S0
17					\$0	\$0.00		\$0		\$0
18					\$0	\$0.00		\$0		SO
Total Number of Ph	IN Staff		2		immi	HIIIIIIII	THINITY	illillillilli	HIIII	immmi
Total FTE PHN Sta	ff			1.05%			90.00%		10.00%	
Total Salaries and Wag	jes			THINK I		\$111,000		\$99,900	THINITY OF THE PARTY OF THE PAR	\$11,100
Less Salary Savings						\$0		\$0	HHH	\$0
Net Salaries and Wage						\$111,000		\$99,900		\$11,100
Staff Benefits (Specify			54.80%			\$60,828		\$54,746		\$6,083
	enses					\$171,829		\$154,646		\$17,183
II. Operating Expense	S	*****								
1 Travel		*	\$1,000			\$1,000	0.00%	, \$0	100.00%	\$1,000
2 Training			\$2,000			\$2,000	0.00%	\$0	100.00%	\$2,000
II. Total Operating Exp	penses					\$3,000		\$0}	ullilli	\$3,000
III. Capital Expenses							HHHH			
III. Total Capital Exper	1Ses						HHHK		HHH	
IV. Indirect Expenses			15 000/				HHH		HHHH	
1 Internal (Specify %)	<u>}</u>		15.62%	HHHH		\$26,840	HHHH		HHHH	\$26,840
2 External IV: Total Indirect Expe	neae		12.55.51.51.51.51	HHH		\$26,840	HHH		HHH	220.040
V. Other Expenses	iliaea	2	9445.505	HHHH	HHHHH	320,040	HHHH		HHHH	\$26,840
V. Total Other Expens	oc			HHHH		HHHHHH	HHHH	HHHHH	HHHH	
Budget Grand Total			and the second	HHHH	HHHHH	\$201,669	HHH	\$154,646	HHH	\$47,023
Duuget Granus Gran				mmm		\$201,008 <u>f</u>		\$154,040	IIIIIIIX	\$47,023
Suzanne Jacobson					10/12/2021	(805)681-5	5183	Suzanne.ja	cobson@s	bcohd.org
	Prepared By (Print & Sign)			Date	Phone Nur			nail Addres	
					10/29/2021	(805) 692-	5793	Tanesha.cas	staneda@	sbcphd.ora
	CHDP Director Or Deputy	y Director (Print & Sign)		***************************************	Date	Phone Nur			nail Addres	

HCPCFC Budget Narrative Santa Barbara County Fiscal Year 2021-22

I. PERSONNEL EXPENSE Total Salaries Total Benefits Total Personnel Expense	\$ 111,000 60,828 171,828	-
II. OPERATING EXPENSE 1. Travel 2. Training TOTAL OPERATING EXPENSE		Estimate of travel necessary to perform program activities Estimate of training needed for current and new staff
III. CAPITAL EXPENSE	-	
TOTAL CAPITAL EXPENSE	*	
IV. INDIRECT EXPENSE 1. Internal 15.62% 2. External TOTAL INDIRECT EXPENSE	26,840 - 26,840	Program share of internal overhead, per CDPH approved rate
V. OTHER EXPENSE		
TOTAL OTHER EXPENSE	-	
TOTAL BUDGET	\$ 201,669	

	CCS Administrative Baseline Budget Summary	Fiscal Year: 2021-22	County: Santa Barbara	
Percent of Total CCS Actual Caseload	5,48%	14,53%	79.99%	100%
Actual Cascload	136	361	1987	2484
CCS CASELOAD	STRAIGHT CCS. Total Cases of Open (Active) Straight CCS Children	OTLICP . Total Cases of Open (Active) OTLICP Children	MEDI-CAL - Total Cases of Open (Active) Medi-Cal (<u>ngn</u> -OTLICP) Children	TOTAL CCS CASELOAD

	Coi 1 = Coi 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	Columns 5 + 6)
Column	1	2	r	4	5	9
Саtедогу/Line liem	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Gal Slate/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
1. Total Personnel Expense	749,903	41,058	108,983	599,863	234.180	365 683
II. Total Operating Expense	42,350	2,319	6,155	33.877	10.01	23.806
III. Total Capital Expense	0	0	0	0		
IV. Total Indirect Expense	155,230	8,499	22,560	124.172		221 122
V. Total Other Expense	0	0	0	0		0
Budget Grand Total	947,483	51,876	137,698	757.912	244 251	513 661

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	3alumns 5 + 6)
Column	1	2	c c	4	5	9
Source of Funds	Total Budget	Straight GCS Gounly/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal State/Federal (25/75)	Enhanced Medi-Cal Stato/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	25,938	25 938				
County	25,938					
OTLICP						
State	24,097		24.097			
County	24,097		24 097			
Federal (Title XXI)	89,504		89 504			
Medi-Cal		:				
State	317,894			317 894	61 061	126 336
Federal (Title XIX)	440,018			440.018	183 188	
					001,000	

Suzanne.iacobson@sbcphd.org	Tanesha Caslaneda@sbcphd.org
Email Address	Email Adriess
Suzanne Jacobson	Tanesha Castaneda
Prepared By (Printed Name)	CCS Administrator (Pinated Namo)
Prepared By (Signature)	CCS Administrator (Signature)

State of California – Health and Human Services Agency Revised 2/10/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS. Total Casas of Open (Active) Straight CCS Childron	136	5,48%
OTLICP . Total Cases of Open (Activo) OTLICP Children	361	14.53%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (neg-OTLICP) Children	1987	79.99%
TOTAL CCS CASELOAD	2484	100%

CCS Administrative Baseline Budget Worksheet

Santa Barbara 2021-22 Fiscal Year; County:

				Strai	Straight CCS	Optional Ta Children's	Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal	Medi-Cal (Non-OTLICP)		
Column	1	2	3	44	7	5.4	5	6А	9	K	7	88	8
Category/Line item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Castload "	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enbanced % FTE	Enhanced Medi-Cal State/Foderal (25/75)	Non. Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense									0.380				
Program Administration			1000					4000					
1. Tanesha Castaneda, Program Business Leader	75.00%	102,000	76,500	5.48%	4,188	14.53%	11.118	%66.62	61 194			100,000	61.00
2. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	70.10
3. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	
4. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100 00%	0
5. Employee Name, Position	0.00%	o	0	5.48%	0	14.53%	0	79.99%	0			100 00%	
Subtotal		102,000	76,500		4,188		11,118		61 194			2	2 2
Medical Case Management										Ī			*
1. Dorothy Blassing, Public Health Nursing Supervisor	75.00%	120,000	90,000	5.48%	4,928	14.53%	13,080	79.99%	71.993	79 00%	56.874	21 00%	15.110
2. Linda Garcia, Public Health Nurse	100,00%	104,000	104,000	5.48%	5,694	14.53%	15,114	79.99%	83,192	85.00%	70.713	15.00%	15.479
3. Rhonda Gordon, Staff Physician	15.00%	255,000	38,250	5.48%	2,094	14,53%	5,559	79.99%	30,597	80 00%	24.478	20.00%	6 110
4. Employee Name, Position	%00.0	o	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	o c
5. Emplayce Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	%00'0	0	100 00%	0 0
6. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0 0
7. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	7,00 001	0 0
8. Employee Name, Position	0.00%	0	0	5,48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	, ,
Subtotal		479,000	232,250		12,716		33,753		185,782		152,065		33,717
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	5.48%	0	14,53%	0	79.99%	0	0.00%	0	100.00%	0
2. Employee Name, Position	%00.0	0	0	5.48%	0	14.53%	O	79.99%	0	0.00%	0	100.00%	0
3. Emplayee Name, Position	0.00%	0	0	5,48%	0	14,53%	0	79.99%	0	0.00%	a	100.00%	0
Sublata		0	٥		0		0		0		0		6
Anchiary Support													
1. Vaterni, Cus Casawaixar	100.00%	63,000	63,000	5,48%	3,449	14.53%	9,156	79.99%	50,395			100.00%	50,395
2. Aima bayquen, CCS Caseworkor	100.00%	63,000	63,000	5.48%	3,449	14.53%	9,156	79.99%	56,395			100.00%	50,395
J. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0
4. Employee Name, Position	%00'0	0	0	5.48%	0	14,53%	0	79.99%	0			100.00%	0
5, employee Name, Postion	0.00%	0	0	5.48%	0	14.53%	С	79,99%	0			100.00%	0
inner		126,000	126,000		6.898		18,312		100,790				100,750
Ciercal and Claims Support													
1. Vacant, Admin Office Professional I/II	90.00%	58,000	\$2,200	5.48%	2,858	14.53%	7,585	79.99%	41,756	%00:0	a	100.00%	41,756
2. Employee Name, Position	0.00%	0	0	5,48%	0	14.53%	0	79.99%	o	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	c	0	5.48%	0	14,53%	0	79.99%	o	0.00%	0	100.00%	0
4. Employce Name, Position	0.00%	O	0	5.48%	0	14.53%	0	79.99%	0	%00.0	0	100.007%	0
5. Emplayee Name, Position	0,00%	0	0	5,48%	0	14.53%	O	79.99%	0	0.00%	0	100.00%	0
Sublotal		58,000	52,200		2,858		7,586		41,756		С		41,756

State of California – Health and Human Services Agency Rovised 2/10/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS. Total Cases of Open (Active) Straight CCS Children	136	5,48%
OTLICP - Total Cases of Open (Active) OTLICP Children	361	14.53%
MEDI-CAL. Total Cases of Open (Active) Medi-Cal (aon-OTLICP) Children	1987	79.99%
TOTAL CCS CASELOAD	2484	100%

CCS Administrative Baseline Budget Worksheet

2021-22 Fiscal Year:

County:

Santa Barbara

					Stra	Straight CCS	Optional T Children's	Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal	Medi-Cal (Non-OTLICP)		
Сојита		-	2	3	4A	4	5A	5	49	9	7.A	7	8A	8
Category/Line Item		% FTE	Annuai Salary	Total Budget (1 x 2 or 4 + 5 +6)	Gaseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Gal State/Federal (25/75)	Non- Entunced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Fotal Salaries and Wages		A. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		486,950	5.48%	26,661	14,53%	70,768	79.99%	389,522	39.04%	152,065	896.09	237.457
Staff Benefits (Specify %)	54.00%			262,953	5.48%	14,397	14.53%	38,215	79,99%	210,341		82.115		128 226
. Total Personnel Expense				749,903	5.48%	41,058	14.53%	108,983	79.99%	599,863		234 180		364.683
II. Operating Expense		\$3 - -							_					
1. Information Technology				18,000	5.48%	986	14.53%	2,616	79.99%	14,399	39.04%	5.621	60.96%	8778
2. Telephone/Communication				14,250	5.48%	780	14.53%	2,071	79.99%	11,399	J	4,450	60.96%	6 949
3, Office, travel, and other expenses				10,100	5.48%	553	14.53%	1,468	79.99%	8,079	1		100.00%	8.079
***					5.48%	0	14,53%	0	79.99%	0			100.00%	0
5					5.48%	0	14,53%	0	79.99%	o			100,00%	0
6,					5.48%	0	14.53%	0	79.99%	0			100.00%	0
7.					5.48%	0	14.53%	0	79.99%	0			100.00%	0
II, Total Operating Exponse				42,350		2,319		6,155		33,877		10.071		23 806
III. Capital Expense														
1					5.48%	Đ	14,53%	0	79.99%	0				
2.					5,48%	D	14.53%	0	<u> </u>	0				, °
ri .					5,48%	0	14.53%	0	79.99%	0				0
III. Total Capital Expense				C		0		0	1	d				, 0
IV. Indirect Expense														
1. Indirect Cost Rate	20.70%	,		155,230	5.48%	8,499	14.53%	22,560	79.99%	124,172			100.00%	124,172
				0	5.48%	O	14,53%	0	79.99%	0			100,00%	0
IV. Total Indirect Expense				155,230		8,499		22,560		124,172				124.172
V. Other Expense														
1. Maintenance & Transportation				0	5.48%	0	14.53%	0	79.99%	0			100 00%	•
2.					5.48%	О	14.53%	0	79.99%	0			150.00%	0
3,					5.48%	0	14.53%	D	79.99%	0			100.00%	0
4.					5.48%	0	14.53%	0	79.99%	0			100.00%	0
					5.48%	0	14.53%	0	79.99%	O			100.00%	0
V. Jolai Olher Expense				0		D		0		0				0
Budget Grand Total			i.	947,483		51,876		137,698		757,912		244,251		513.661

(805) 681-5183 Phone Number	(805) 692-5793 Phone Number
Date Propared	Date Signed
Suzanne Jacobson Prepared By (Pinted Name)	Tanesha Castaneda CCS Administrator (Printed Name)
Prepared By (Signalure)	CCS Administrator (Signature)

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

1.	PFR	SO	NNFI	FXP	ENSE

Total Salaries \$ 486,950
Total Benefits 262,953
Total Personnel Expense 749,903

II. OPERATING EXPENSE

Information Technology 18,000.00 Charges by County's IT department 14,250.00 Telephone charges

Office, travel, other expenses 10,100.00 Estimate of office, travel and other expenses based on CY usage

TOTAL OPERATING EXPENSE 42,350.00

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

IV. INDIRECT EXPENSE

1. CDPH approved rate ______155,230 Program share of overhead, per CDPH approved rate

TOTAL INDIRECT EXPENSE 155,230

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET \$ 947,483