## Plan and Budget Required Documents Checklist

## **MODIFIED FY 2021-2022**

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4.	Ager	ncy Description	
	A.	Brief Narrative	8-9
	B.	Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
	C.	CCS Staffing Standards Profile	Retain locally
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5.		ementation of Performance Measures – Performance Measures for FY 19-20 are due November 30, 2020.	N/A
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	A.	CHDP Administrative Budget (No County/City Match)	
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E	В. С	CHDP	Administrative Budget (County/City Match) - Optional	
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(	C. C	CHDP	Foster Care Administrative Budget (County/City Match) - Opt	ional
	1	١.	Budget Summary	N/A
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	3	3.	Budget Justification Narrative	N/A
	D. H	HCPC	FC Administrative Budget	
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G	3 C	Other I	Forms	
	1		County/City Capital Expenses Justification Form	N/A
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9.	IV	lanag	gement of Equipment Purchased with State Funds	Marie Control of the
	1		Contractor Equipment Purchased with DHCS Funds Fo (DHCS1203)	orm N/A
	2		Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	n N/A
	3	i.	Property Survey Report Form (STD 152)	N/A

## Agency Information Sheet

County/City: Santa Barbara County Fiscal Year: 2021-22						
		Official Agency	<i>'</i>			
Name:	Public Health Department	Address:	300 N San Antonio Rd Santa Barbara, Ca 93110			
Director	Van Do-Reynoso, PhD, MPH	_				
	CMS	Director (if appl	icable)			
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 Administrat	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			
,	СН	OP Deputy Dire	ctor			
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			
	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 of	f Social Service	es 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			
	Chie	f 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			
.,						

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 provision apter 3, Article 6 (commencing with Section 124025), Vers 7 and 8 (commencing with Section 14000 and 142 and any applicable rules or regulations promulgated by that section. I further certify that this CHDP Program was and Fiscal Guidelines Manual, including but not limited to further certify that this CHDP Program will comply with regulating recipients of funds granted to states for medianity Act (42 U.S.C. Section 1396 et seq.). I further agreement of the second successful this CHDP Program will comply.	Velfare and Inst 00), Welfare and y DHCS pursuated ill comply with too, Section 9, For all federal lawstical assistance the 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
RKA (	J 40	ulula i	
Signature of Ch	4DP Director	Date Signed	
Oignature or Or	IDI Director	Date Signed	
Signature of Dir	rector or Health Officer	Date Signed	2/21
		Date orginea	
Signature and T	Fitle of Other – Optional	Date Signed	
I certify that this	s plan has been approved by the local governing body.	12.7.2	021

Date

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

County/City: Santa Barbara County	Fiscal Year: 2021-22
I certify that the CHDP Program will comply with all applicable provision 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), V. 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 142 Section 16970, and any applicable rules or regulations promulgated by Chapters, and that section. I further certify that this CHDP Program with Services Plan and Fiscal Guidelines Manual, including but not limited Participation. I further certify that this CHDP Program will comply with governing and regulating recipients of funds granted to states for med the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree subject to all sanctions or other remedies applicable if this CHDP Program and policies with which it has certified it will comply.	Welfare and Institutions Code, Division (00), Welfare and Institutions Code by DHCS pursuant to that Article, those will comply with the Children's Medical to, Section 9, Federal Financial all federal laws and regulations ical assistance pursuant to Title XIX of the ee that this CHDP Program may be
RKGL MD Signature of CHDP Director	ル / 4/2 / Date Signed
Signature of Director or Health Officer	11/22/2/ Date Signed
Signature and Title of Other – Optional	Date Signed
I certify that this plan has been approved by the local governing body.	12.7.2021
Signature of Local Governing Body Chairperson	Date

## Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara County	Fiscal Year: 2021-22
I certify that the CCS Program will comply with all applicable provision Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Constitutions Code (commencing with Sections 14000-14200), and any by DHCS pursuant to this article and these Chapters. I further certify Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual Federal Financial Participation. I further certify that this CCS Program regulations governing and regulating recipients of funds granted to statistical Security Act (42 U.S.C. Section 1396 et seq.) and results and Child Health Services Block Grant pursuant to Title V of 701 et seq.). I further agree that this CCS Program may be subject to if this CCS Program violates any of the above laws, regulations and promptly.	Chapters 7 and 8 of the Welfare and applicable rules or regulations promulgated that this CCS Program will comply with the al, including but not limited to, Section 9 in will comply with all federal laws and ates for medical assistance pursuant to Title ecipients of funds allotted to states for the fithe Social Security Act (42 U.S.C. Section of all sanctions or other remedies applicable
Janesha Castaneola	11/4/21
Signature of CCS Administrator	Date Signed
1 lando Emon	11/22/21
Signature of Director or Health-Officer	Date Signed
Signature and Title of Other – Optional	Date Signed
I certify that this plan has been approved by the local governing body.	
The Weben	12-7-2021
Signature of Local Governing Body Chairperson	Date

Signature of Local Governing Body Chairperson

## 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	e CCS Program will comply with all applicable provision 3, Article 5, (commencing with Section 123800) and Cle (commencing with Sections 14000-14200), and any uant to this article and these Chapters. I further certify the lical Services (CMS) Plan and Fiscal Guidelines Manual ial Participation. I further certify that this CCS Program erning and regulating recipients of funds granted to state all Security Act (42 U.S.C. Section 1396 et seq.) and reshild 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 Production I, including but no will comply with tes for medical accipients of funds the Social Securall sanctions or	of the Welfare and or regulations promulgated ogram will comply with the ot 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
Sharesh	a Castaneala	11/4/21	
Signature of CC	CS Administrator	Date Signed	
Signature of Dir	ector or Health Officer	II 22	2/2/
Signature and T	itle of Other – Optional	Date Signed	
I certify that this	plan has been approved by the local governing body.		
B	I Selen	12.7-20	25/

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 job duties or activities.

County/City: Santa Barbara			Fisc	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.	CN

## 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				The second secon	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	No	No
PHN Supervisor	Dorothy Blasing, RN,PHN,MSN	20%	N/A	75% CCS, 5% HCPCFC	o N	No No
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No
Public Health Nurse	Vacant	25%	N/A		No	No
Health Educator	Vacant	50%	N/A		No	No
Administrative Office Professional II	Maria Palma	100%	N/A		No	No
Administrative Office Professional II	Vacant	10%	N/A	90% CCS	SN CN	CN



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



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

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)	State/Federal	% FTE PMM&O State/Federal	Staterrederal	% FTE County-City/ Federal	(Specify)	
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%

Revised 06/2019 12

## **CHDP Program Referral Data Santa Barbara County**

Cou	nty/City: Santa Barbara	F	/ 18-19	F	Y 19-20	FY 20-21	
Basi	c Informing and CHDP Referrals						
1.	Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	*	*	*	*	*	*
2.	Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	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		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		1,321 336 2,359		1,083	
	b. Medical and/or dental services with scheduling and/or transportation	403				312 2,664	
	c. Information only (optional)	2,618					
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	
		<del></del>					
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.

<sup>\*</sup>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.

County/City:		Santa Barbara		Fiscal Year: 2021-22	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)
MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOM	MOU effective 07-01-17 and will continue in effect unless revised or terminated by mutual agreement.	10-04-2019	Tanesha Castaneda	O O
CenCal Health – CCS	MOU	MOU effective 07-01-18 and is automatically renewed on July 1 of each year.	10-31-2018	Tanesha Castaneda	o Z
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

## CHDP Administrative Budget Summary for FY 2021-22 No County/City Match

County/City Name: Santa Barbara

Column	-	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	\$ 348,854	\$ 140,004
<ol> <li>Total Operating Expenses</li> </ol>	\$ 36,674	ر ج	\$ 36,674	\$ 2,560	\$ 34,114
III. Total Capital Expenses	<i>€</i>	· •	·		€
IV. Total Indirect Expenses	\$ 72,742	ا ج	\$ 72,742		\$ 72,742
V. Total Other Expenses	٠ <del>د</del>	5	49		8
Budget Grand Total	\$ 598,275	ا ج	\$ 598,275	\$ 351,414	\$ 246,860
		ا ج			

2 3 4 5	Total CHDP		\$ 598,275	\$ 211,284 \$ 87,854 \$ 123,430	s	
-	Total Funds	5	\$ 598,275	\$ 211,284	\$ 386,991	211.284
Column	Source of Funds	State General Funds	Medi-Cal Funds:	State	Federal (Title XIX)	

However factors
Prepáred By (Signature)

Date Prepared Phone Number Email Address

(805) 681-5183 Suzanne.Jacobson@sbcphd.org

10/7/2021

(805) 962-5793 Tanesha.Castaneda@sbcphd.org
Phone Number Email Address

10/29/2021

CHDP Director or Deputy Director (Signature)

Date

## 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
	1,1,1		Total Budget	CHDP		Total	Total Medi-Cal		Enhanced	7	Nonenhanced
Category/Line Item	% or	Annual Salary	(1A x 1B or	% or	Total CHDP	Medi-	l .	% or	State/Federal	% or	State/Federal
Category/Line item	FTE	Ailliuai Salary	,	FTE	Budget	1	Budget	FTE	į	FTE	
			2 + 3)	FIE	-	Cal %	(4 + 5)		(25/75)		(50/50)
Personnel Expenses	IIIIII										
				IIIII							
1. Team Project Ldr, T Castaneda	25%	\$ 102,000	\$ 25,500	0.00%	\$ -	100.00%	\$ 25,500	50%	\$ 12,750	50%	\$ 12,750
2. PHN, N. Confiac	75%	\$ 110,000	\$ 82,500	0.00%	\$ -	100.00%	\$ 82,500	85%	\$ 70,125	15%	\$ 12,375
3. PHN, Supv D Blasing	20%	\$ 120,000	\$ 24,000	0.00%	\$ -	100.00%	\$ 24,000	80%	\$ 19,200	20%	\$ 4,800
3. Staff Phys. Dr. Gordon	15%	\$ 250,000	\$ 37,500	0.00%	\$ -	100.00%	\$ 37,500	80%	\$ 30,000	20%	\$ 7,500
4. Health Educator, Vacant	50%	\$ 88,000	\$ 44,000	0.00%	\$ -	100.00%	\$ 44,000	80%	\$ 35,200	20%	\$ 8,800
5. AOP II, M Palma	100%	\$ 68,000	\$ 68,000	0.00%	\$ -	100.00%	\$ 68,000	50%	\$ 34,000	50%	\$ 34,000
6. PHN, Vacant	25%	\$ 110,000	\$ 27,500	0.00%	\$ -	100.00%	\$ 27,500	75%	\$ 20,683	25%	\$ 6,817
7. AOPII, Vacant	10%	\$ 68,000	\$ 6,800	0.00%	\$ -	100.00%	\$ 6,800	50%	\$ 3,400	50%	\$ 3,400
Total Salaries and Wages	MMN		\$ 315,800	IIIIII	\$ -	IIIIIII	\$ 315,800		\$ 225,358		\$ 90,442
Less Salary Savings			\$ -		\$ -	THILL	\$ -	THIE	\$ -	THIII I	\$ -
Net Salaries and Wages			\$ 315,800		\$ -		\$ 315,800		\$ 225,358		\$ 90,442
Staff Benefits (Specify %) 54.80%			\$ 173,058		\$ -		\$ 173,058		\$ 123,496		\$ 49,562
I. Total Personnel Expenses			\$ 488,858	mm	\$ -		\$ 488,858		\$ 348,854		\$ 140,004
II. Operating Expenses						mm		unn.		anna a	
1. Travel	MILLE		\$ 1,000	mm	\$ -	MINI	\$ 1,000		\$ 800	MILL	\$ 200
2. Training	MITTE		\$ 2,200	mm	\$ -	mm	\$ 2,200	MINIT	\$ 1,760		\$ 440
3. Office expense	MITTE		\$ 6,000	mm	\$ -	mm	\$ 6,000	MINIT		MILLE	\$ 6,000
4.Printing/Duplicating	mm		\$ 4,200	mm	S -	HHH	\$ 4,200	HHH		attiti	\$ 4,200
5. Communications	amm		\$ 5,274	HHH	\$ -	MM	\$ 5,274	HHH		HHH	\$ 5,274
6. Matorpaal	MITTE		\$ 5,000	mm	\$ -	mm	\$ 5,000	anna		MILLE	\$ 5,000
7. Utilities	MM		\$ 2,000	HHH	\$ -	HHH	\$ 2,000	HHH	HHHHHH	MITT	\$ 2,000
8. Data Processing	MITTE		\$ 11,000	THIN	\$ -	mm	\$ 11,000	MIIII		MINIT	\$ 11,000
	MM			HHH		HHHH		HHH		HHH	······································
II. Total Operating Expenses	HHH		\$ 36,674	THIN)	\$ -	HHHH	\$ 36,674	HHH	\$ 2,560	HHH	\$ 34,114
III. Capital Expenses	umm			MM	THIIIIIIII	amm	minimini.	amm	ummumini.	MM	THINININI THE
1.	MM			HHH		MM	\$ -	HHH	<i>11111111111</i>	HHH	\$ -
2.	MM			MILITY		MM		111111		MM	
3.	MM			THIII.		mm		MM		HHH	
4.	MITTE			MITTE		MINIT		MM	THINIT THE	MILLE	
5.	anni			HHH		mm		anna		MITT	
II. Total Capital Expenses	MM		\$ -	HHH	\$ -	attiti	\$ -	umm		THIN.	\$ -
IV. Indirect Expenses	HHH	dililili	mmmmy.	HHH	mmmin (1)	HHH	mmmm (	ttttt	ammanna	HHH	mmmm
1. Internal (Specify %) 11.23%	HHH	4444444	54,899	4444	\$ -	HHHH	\$ 54,899	HHH	HHHHHH	4444	\$ 54,899
2. External (Specify %) 3.65%	HHH	HHHHH	\$ 17,843	ttttt	s -	HHH	\$ 17,843	HHH	HHHHHH	4444	\$ 17,843
IV. Total Indirect Expenses	HHH	111111111111111111111111111111111111111	\$ 72,742	HHH	S -	HHHH	\$ 72,742	HHH	************	14444	\$ 72,742
V. Other Expenses	HHH		<i>IIIIIIIIII</i>	ettiti.	<i>ullillilli</i>	ttttti.	mmmmy	amm	HHHHHH	HHH	nimmin
1.	tttttt.	HHHHH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HHH	************	44444	***************************************	HHH	HHHHHH	4444	*********
2.	HHHH	HHHHHH		HHH		1111111		HHHH	HHHHHH	411111	
3.	<i>HHHH</i>	HHHHH		HHH		HHHH		4444	444444	HHH)	
4.	<i>HHH</i>	HHHHH		HHH		44444		HHH	HHHHHH	HHH	······································
5.	HHH	4444444		HHH		4444		HHH	HHHHHH	HHH	
V. Total Other Expenses	HHH	HHHHHH	\$ -	HHH	s -	HHHH	\$ -	HHH	HHHHH	HHH	\$ -
Budget Grand Total	HHHH	HHHHH	\$ 598.275	HHH	\$ -	HHHH	\$ 598.275	HHH	\$ 351,414	HHH	\$ 246,860
	MITTITI	minimi (	U00,210 (	um	·	mmm	¥ 550,275	umm	₩ JU1,714 P	uuuu	¥ 270,000

Hepared By (Signature)

Date Prepared
Phone Number

Email Address

10/29/2021

B05-681-5183

Suzanne.Jacobson@sbcphd.org
Phone Number

Email Address

Tanesha.Castaneda@sbcphd.org

CHDP Director or Deputy
(Signature)

Date
Phone Number

Email Address

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

## I. PERSONNEL EXPENSE

**Total Salaries** \$ 315,800 **Total Benefits** 173,058 **Total Personnel Expense** 488,858

## II. OPERATING EXPENSE

1. Travel	1,000.00	Estimate of travel necessary to perform program activities
2. Training	2,200.00	Estimate of training needed for current and new staff
3. Office expense	6,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	4,200.00	Copying and printing for program activities and newsletter
5. Communications	5,274.00	Telephone charges
6. Motorpool	5,000.00	County Carpool attibutable to CHDP

7. Utilities 2,000.00 pro-rated CHDP share of utilities 11,000.00 Charges by County's IT department 8. Data Processing TOTAL OPERATING EXPENSE 36,674.00

## III. CAPITAL EXPENSE

**TOTAL CAPITAL EXPENSE** 

### IV. INDIRECT EXPENSE

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

V. OTHER EXPENSE

**TOTAL OTHER EXPENSE** 

**TOTAL BUDGET** \$ 598,275



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



Identify State/Federal Funding Source (Base,	PMM&O, or Caseload Relie	<u>f):</u>	Base
County-City Name:   Santa Barbara		Fiscal Year:	2021-22
Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	С	D
Total Personnel Expenses	\$171,829	\$154,646	\$17,183
II Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$26,840		\$26,840
V Total Other Expenses			
Budget Grand Total	\$201,669	\$154,646	\$47,023
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	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 America force	lse- 10/12/2021	(805) 681-5183	Suzanne Jacobson@sbcphd org
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
Tanesha Castaneda  CHDP Director Or Deputy Director (Print & Sign	10/29/2021 Date	(805) 692-5793 Phone Number	Tanesha Castaneda@sbphd.or



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



ae	entify State/Federal F	anding Source (Dase	, i mindo, or caseroad i	venerj.		<u> </u>		D 0	ise		
ò	ounty-City Name:	Santa Barbara				Fiscal Year:	2021-22				
	······································	Column			1A	1B	1 1	2A	2	3A	3
	)	Category/Line l	tem		% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non- Enhanced State/Feder (50/50)
. 1	Personnel Expenses	T		PHN							
#		First	Title	(Y/N)							
_	Vorce	Vivian	Public Health Nurse	Y	100.00%	\$105,000	\$105,000.00	90.00%	\$94,500	10.00%	\$10,5
2	Blassing	Dorothy	Supervising PHN	Y	5.00%	\$120,000	\$6,000.00	90.00%	\$5,400 \$0	10.00% 100.00%	\$6
<u>د</u>						\$0 \$0	\$0.00 \$0.00		\$0 \$0		
5						\$0	\$0.00		\$0		
6				<b> </b>		\$0	\$0.00		\$0		
7	+~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>					\$0	\$0.00	***************************************	\$0		
8						\$0	\$0.00		\$0	100.00%	
9				ļ		\$0	\$0.00		\$0		
0				<b></b>		\$0	\$0.00		\$0		
$\frac{1}{2}$		<u> </u>		-		\$0 \$0	\$0.00 \$0.00		\$0 \$0		
3		<del> </del>		·		\$0	\$0.00		\$0		
4				-		\$0	\$0.00		\$0		
5				<u> </u>		\$0	\$0.00		\$0		
6						\$0	\$0.00		\$0		
7						\$0	\$0.00		\$0		
8				<u> </u>	mmm	\$0	\$0.00	mmn	\$0	100.00%	mmmm
	Total Number of PHN Total FTE PHN Staff	Statt		2	1.05%			90.00%		10.00%	
nt	al Salaries and Wages			··	willing		\$111,000	William Comme	\$99,900	(N 00.01	\$11,10
	ss Salary Savings			<del></del>			\$0	HHHH	\$0	HHHH	41,,,,
e	Salaries and Wages	V					\$111,000		\$99,900		\$11,10
	ff Benefits (Specify %)			54.80%			\$60,828		\$54,746		\$6,0
	otal Personnel Expen	ses					\$171,829		\$154,646		<b>\$1</b> 7,13
	Operating Expenses Travel			\$1,000			\$1,000	0.00%	\$0 \$0	100.00%	\$1,00
	Training			\$2,000	HHHH		\$2,000	0.00%	\$0 \$0	100.00%	\$2,0
	otal Operating Exper	ises		VZ,000	HHHH	********	\$3,000		\$0	illinin en	\$3,0
	Capital Expenses				MITHE			MINIT		HHH	
	Total Capital Expense	ıs .									
	Indirect Expenses										
_	Internal (Specify %)	<del> </del>		15.62%			\$26,840				\$26,84
_	External Total Indirect Expens						\$26,840				\$26,84
450	rotar indirect Expens Other Expenses	00			HHHH	HHHHH	\$20,840 <u>)</u>	HHHH	HHHHHH	HHHH	320,84 
	Total Other Expenses				HHHH		***********	HHHH		HHHH	*******
	dget Grand Total				HHH		\$201,669	1111114	\$154,646	111111	\$47,02
-		/	/ /								
JZ	zanne Jacobson	Myann	e facolism			10/12/2021	(805)681-		Suzanne.ja		
		Prepared By (F	pige & Sign)			Date	Phone Nu	mber	E-r	nail Addres	is
~ ~	nesha Castaneda	Suluc	- In			10/29/2021	(805)692-5	5793	Tanesha.ca	staneda@	shoobd org
	iosita Oastalleda					1012012021	(000)002-		i uniconia. Cai		VOUPIRU-UIU

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

1	PI	= 1	0	30	۱۸	1	N	=	1	= >	,	D	E	N	0	=	
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Total Benefits	 60,828
Total Personnel Expense	 171.828

11	Ω	PF	P	Δ	TI	N	2	FX	p	=1	VS.	=
16.												

1. Travel	1,000.00	Estimate of travel necessary to perform program activities
2. Training	2,000.00	Estimate of training needed for current and new staff
TOTAL OPERATING EXPENSE	3.000.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

IV. INDIRECT EXPENSE

1. Internal 15.62% 26,840 Program share of internal overhead, per CDPH approved rate 2. External

TOTAL INDIRECT EXPENSE 26,840

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET \$ 201,669

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload				
STRAIGHT CCS . Total Cases of Open (Active) Straight CCS Children	136	5.48%	CCS A	CCS Administrative Baseline Budget Summary	Baseline Budge	st Summary
OTLICP . Total Cases of Open (Active) OTLICP Children	361	14.53%	Fisc	Fiscal Year:	202	2021-22
MEDI-CAL - Total Cases of Open (Active) Medi-Cal ( <u>non-</u> OTLICP) Children	1987	79.99%	Ö	County:	Santa E	Santa Barbara
TOTAL CCS CASELOAD	2484	100%				
	Col 1 = Col 2+3+4	Straight CCS	ОПІСР	Medi-Cal (non	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	olumns 5 + 6)
Column	-	2	£	4	5	9
Category/Line Item	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-Cal State/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	10,071	23,806
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	155,230	8,499	22,560	124,172		124,172
V. Total Other Expense	0	0	0			0
Budget Grand Total	947,483	51,876	137,698	757,912	244,251	513,661
	Coi 1 = Coi 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	Medi-Cal (non-OTLICP) (Column 4 ≈ Columns 5 + 6)	olumns 5 + 6)
Column	+	2		7	\$	4
	-	7	,			0
Source of Funds	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-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	25,938	86'52				
County	25,938	25,938				
OTLICE						
State	24,097		24,097			
County	24,097		24.097			
Federal (Titte XXI)	89.504		89.504			
Medi-Cal						
State	317.894			317,894	61,063	256,831
Federal (Title XIX)	440,018			440,018	183,188	256,830
Storeme Parlan-		Suzanne Jacobson			Suzanne jacobson@sbcphd.org	sbcphd.org
Prepared By (Sighature)		Prepared By (Printed Name)	(a)		Email Address	
- Langer Cod-		Tanesha Castaneda			Tanesha Castaneda@sbcphd.org	@sbcphd.org
CCS Administrator (Signature)		CCS Administrator (Printed Name)	d Name)		Email Address	

State of California – Health and Human Services Agency Revised 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 (non-OTLICP) Children	1987	79.99%
TOTAL CCS CASELOAD	2484	100%

## CCS Administrative Baseline Budget Worksheet

2021-22 Fiscal Year:

Santa Barbara County:

				Strai	Straight CCS	Optional Ta	Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal	Medi-Cal (Non-OTLICP)		
Column	-	2	3	44	4	5.4	s	6A	9	A7	7	8A	8
Category/Line kem	% ETE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense				がが強続機									
Program Administration						をおいました。			and a				
1. Tanesha Castaneda, Program Business Leader	75.00%	102,000	76,500	5.48%	4,188	14.53%	11,118	79.99%	61,194			100.00%	61,194
2. Employee Name, Position	%00:0	0	0	5.48%	0	14.53%	0	79.99%	٥			100.00%	0
3. Employee Name, Position	%00:0	0	0	5.48%	0	14.53%	C	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, Position	%00'0	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0
Subtotal		102,000	76,500		4,188		11,118		61,194				61,194
Medical Case Management												は後に必要	
1. Dorothy Blassing, Public Health Nursing Supervisor	75.00%	120,000	90,000	5.48%	4,928	14.53%	13,080	79.99%	71,993	79.00%	56,874	21.00%	15,119
2. Linda Garcia, Public Health Nurse	100.00%	104,000	104,000	5.48%	5,694	14.53%	15,114	79.99%	83,192	82.00%	70,713	15.00%	12,479
3, Rhonda Gordon, Staff Physician	15.00%	255,000	38,250	5.48%	2.094	14.53%	5,559	79.99%	30,597	80.00%	24,478	20.00%	6,119
4. Employee Name, Position	%00.0	0	0	5.48%	0	14.53%	0	79.99%	0	%00'0	0	100.00%	0
5. Employee Name, Position	%00:0	0	0	5.48%	O	14.53%	0	79.99%	0	%00'0	٥	100.00%	0
6. Employee Name, Position	%00:0	0	0	5.48%	o	14.53%	0	%66'62	0	%00.0	0	100.00%	0
7. Етрloyee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	%00.0	0	100.00%	0
8. Employee Name, Position	%00'0	0	0	5.48%	0	14.53%	0	79.99%	0	%00'0	0	100.00%	0
Subtotal		479,000	232,250		12,716		33,753		185,782		152,065		33,717
Other Health Care Professionals								100					
1. Етріоуев Name, Position	%00.0	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%	0	79.99%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support	dD			5,438,538	Ch. ASOM	SOUTH CO.							
1. Alma Bayquen, CCS Caseworker	100.00%	63,000	63,000	5.48%	3,449	14.53%	9,156	79.99%	56,395			100.00%	50,395
2. Carmen Escobedo, CCS Caseworker	100.00%	63,000	63,000	5.48%	3,449	14.53%	9,156	79.99%	56,395			100.00%	50,395
3. Employee Name, Position	%00.0	0	0	5.48%	0	14.53%	0	79.99%	0		100	100.00%	0
4. Employee Name, Position	0.00%	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0
5. Employee Name, Position	%00.0	0	0	5.48%	0	14.53%	0	79.99%	0			100.00%	0
Subtotal		126,000	126,000		969'9		18,312	100 to 10	100,790				100,790
Clerical and Claims Support													
1. Vacant, Admin Office Professional I/II	%00'06	58,000	52,200	5.48%	2,858	14.53%	7,586	79.99%	41,756	%00.0	0	100.00%	41,756
2. Employee Name, Position	%00:0	0	٥	5,48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
3. Employee Name, Position	%00:0	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
4. Employee Name, Position	%00'0	0	0	5.48%	0	14.53%	0	79.99%	0	0.00%	0	100.00%	0
5. Employce Name, Position	%00.0	0	0	5.48%	0	14.53%	0	79,99%	٥	%00.0	0	100.00%	0
Subtotal		58,000	52,200		2,858		985'1		41,756		0		41.756

State of California – Health and Human Services Agency Revised 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 . Talal Cases of Open (Active) OTLICP Children	361	14.53%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Iggn-OTLICP) Children	1987	%66.62
TOTAL CCS CASELOAD	2484	100%

## CCS Administrative Baseline Budget Worksheet

2021-22 Fiscal Year: Santa Barbara County:

Category/Line Item  Total Salaries and Wages Staff Benefits (Specity %) 1. Total Personnel Expense 1. Information Technology 2. Telephone/Communication 3. Office, travel, and other expenses 4.	% FTE	2 Annual Salary	3	44	7	5A	'n	6A	9	7.A	7	8A	æ
Category/Line flem  se echnology onmunication and other expenses	% FTE	Annuai Salary											
ise echnology ommunication and other expenses			Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	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-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
echnology ommunication and other expenses		18 (19 CAS NAC	486,950	5.48%	26,661	14.53%	70,768	79.99%	389,522	39.04%	152,065	%96'09	237,457
I. Total Personnel Expense II. Operating Expense 7. Information Technology 2. Telephone/Communication 3. Office, travel, and other expenses 4.			262,953	5.48%	14,397	14.53%	38,215	79.99%	210,341		82,115		128,226
II. Operating Expense  1. Information Technology  2. Telephone/Communication  3. Office, travel, and other expenses  4.			749,903	5.48%	41,058	14.53%	108,983	79.99%	599,863		234,180		365,683
I. Information Technology     2. Telephone/Communication     3. Office, travel, and other expenses     4.     5.													
2. Telephone/Communication 3. Office, travel, and other expenses 4. 5.			18,000	5.48%	986	14.53%	2,616	79.99%	14,399	39.04%	5,621	%96.09	8,778
3. Office, travel, and other expenses 4.			14,250	5.48%	780	14.53%	2,071	79.99%	11,399	39.04%	4,450	%96.09	6,949
4, 0, 0	A 2 COLUMN TO SECURE ASSESSMENT OF THE PERSON NAMED IN CO		10,100	5.48%	553	14.53%	1,468	%66'62	8,079			100.00%	8,079
, 5,				5.48%	o	14.53%	0	79.99%	0			100.00%	o
T T				5.48%	0	14.53%	0	79.99%	0			100.00%	0
·				5.48%	0	14.53%	0	79.99%	0			100.00%	o
. 2				5.48%	0	14.53%	0	79.99%	0			100.00%	Ò
II. Total Operating Expense			42,350		2,319		6,155		33,877		10,071		23,806
III. Capital Expense													
· ·	信息を表			5.48%	0	14.53%	0	79.99%	0				0
2.				5.48%	0	14.53%	0	79.99%	0				0
ń				5.48%	O	14.53%	0	79.99%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate 20.70%			155,230	5.48%	8,499	14.53%	22,560	79.99%	124,172			100.00%	124,172
			0	5.48%	0	14.53%	0	79.99%	٥			100.00%	0
IV. Total Indirect Expense			155,230		8,499		22,560		124,172				124,172
V. Other Expense													
1. Maintenance & Transportation			0	5.48%	0	14.53%	0	79.99%	0			100.00%	0
2.				5.48%	0	14.53%	0	79.99%	0			100.00%	0
3,				5.48%	0	14.53%	0	79.99%	0			100.00%	0
4.				5.48%	0	14.53%	0	79.99%	0			100.00%	0
5.				5.48%	0	14.53%	0	79.99%	0			100.00%	0
V. Total Other Expense			0		0		0		0				0
Budget Grand Total			947,483		51,876		137,698		757,912		244,251		513,661
America Good Lear-	٥						6/62/01	120		(805) 681-5183	5183		
	a	Suzanne Jacobson	_				,,,			100 (000)	2010-101		

Tanesha Castaneda CCS Administrator (Printed Name)

(805) 692-5793 Phone Number

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

I. PERS	ONNEL	EXPENSE
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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

Information Technology 18,000.00 Charges by County's IT department
Telephone/Communication 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