

**California Children Services (CCS) Monitoring & Oversight (M&O)****Budget Workbook Instructions**

- 1 To begin developing your budget, please reference the Fiscal Year (FY) 2024-25 CCS Case Management Allocation Information Notice.
- 2 Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Please ensure your data into these cells. Rows may be expanded as needed.
- 3 Within each sheet of this reporting workbook are cells shaded in grey. **DO NOT ENTER DATA INTO THESE CELLS.** These cells will automatically pull data from previously entered information.
- 4 **Agency Information Tab - (CCS M&O)**  
This tab requests county contact information and a list of all program staff. To complete this tab please do the following:
  - Complete all yellow highlighted cells
  - Using the drop down box, enter your County/City Name and FY
  - Using the appropriate tab list all program staff, titles, and emails
  - Director or Designee Signature is Required
- 5 **Budget Worksheet Tab (CCS M&O)**  
This tab requests the county's proposed budget for Personnel, Operating, Capital, Indirect, and Other Expenses. To complete this tab please do the following:
  - Complete all yellow highlighted cells
  - All data within the grey cells will auto-populate from the Agency tab. **DO NOT ENTER DATA**
  - Director or Designee Signature is Required
- 6 **Budget Narrative Tab (CCS M&O)**  
This tab is used to provide a narrative description of the county's proposed budget based on the data provided in the Budget Worksheet tab. To complete this tab provide a narrative description of all costs for each of the following budget line items:
  - I. Personnel Expenses: *Please be sure to specify each staff's role, time allocation, and other personnel costs to support the program.*
  - II. Operating Expenses: *This line item should include operating expenses such as travel costs, staff training, etc.*
  - III. Capital Expenses
  - IV. Indirect Expenses (Internal and External)
  - V. Other Expenses
  - Director or Designee Signature is Required
- 7 **Summary Table Tab (CCS M&O)**  
This tab is a summary of the county's proposed budget and will auto-populate once the other tabs are complete. This document only requires the Director or Designee signature. No other data should be entered.

## 8 Budget Submission Instructions

***Budgets must be submitted to the ISCD Budget Portal.*** Please ensure that you are submitting the following documents:

- I. CCS Monitoring and Oversight Budget workbook in Excel Format
- II. CCS Monitoring and Oversight Budget workbook with Electronic Signature (PDF Format)

Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov).

Counties should be prepared to provide DHCS with documentation to demonstrate compliance with program requirements upon request.

Questions may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov).



California Children's Services (CCS) Monitoring & Oversight (M&O)  
Agency Information

		County:	Fiscal Year:
		San Bernardino	2025-26
Street Address: 451 E Vanderbilt Way		Central Email Address:	<a href="mailto:CCS@dph.sbcounty.gov">CCS@dph.sbcounty.gov</a>
City: San Bernardino			
Zip Code: 92408			
Director		Deputy Director	
Name, Title: Jennifer St.Antoine, Program Manager		Name:	
Phone: (909) 458-1632		Phone:	
Email: <a href="mailto:jstantoine@dph.sbcounty.gov">jstantoine@dph.sbcounty.gov</a>		Email:	
List All Program Staff (CCS M&O)			
Name:	Position/Classification:	Email:	
Jennifer St.Antoine	Program Manager	<a href="mailto:jstantoine@dph.sbcounty.gov">jstantoine@dph.sbcounty.gov</a>	
Mayra Gómez	Supervising Accountant	<a href="mailto:mayra.gomez@dph.sbcounty.gov">mayra.gomez@dph.sbcounty.gov</a>	
Vacant	Staff Analyst II	TBD	
Elizabeth Alavara-Barajas	Staff Aide	<a href="mailto:Elizabeth.Alvara-Barajas@dph.sbcounty.gov">Elizabeth.Alvara-Barajas@dph.sbcounty.gov</a>	
Vacant	Staff Aide	TBD	
Kennedy Parker-Tucker	Program Specialist I	<a href="mailto:kennedy.parker-tucker@dph.sbcounty.gov">kennedy.parker-tucker@dph.sbcounty.gov</a>	
Veronica Zavala-Lopez	Office Specialist	<a href="mailto:veronica.zavala-lopez@dph.sbcounty.gov">veronica.zavala-lopez@dph.sbcounty.gov</a>	
LaPorsha Newborn	Office Assistant	<a href="mailto:laporsha.newborn@dph.sbcounty.gov">laporsha.newborn@dph.sbcounty.gov</a>	
TBD	Automated Analyst	TBD	
Additional rows may be added above this line.			
Authorized Director: Joshua Dugas, Director, Public Health		Signature and Date:	



**California Children's Services (CCS) Monitoring & Oversight (M&O)  
Budget Worksheet**

			County/City Name:	Fiscal Year:
			San Bernardino	2025-26
<b>I. Personnel Expenses</b>			<b>Total FTE %</b>	<b>Annual Salary</b>
#	Name	Position Classification		<b>Total Budget</b>
1	Jennifer St.Antoine	Program Manager	10%	\$135,919
2	Mayra Gómez	Supervising Accountant	10%	\$92,951
3	Vacant	Staff Analyst II	100%	\$80,967
4	Elizabeth Alavara-Barajas	Staff Aide	100%	\$60,072
5	Vacant	Staff Aide	100%	\$59,184
6	Kennedy Parker-Tucker	Program Specialist I	50%	\$70,851
7	Veronica Zavala-Lopez	Office Specialist	50%	\$52,934
8	LaPorsha Newborn	Office Assistant	50%	\$42,124
9	TBD	Automated Analyst	10%	\$92,790
10	0	0	0%	\$0
<i>(insert additional rows above this line as needed)</i>				
Total Support Staff FTE %			100%	
Total Net Salaries and Wages				\$315,344
Staff Benefits (Specify %)			46.35%	\$146,162
<b>I. Total Personnel Expenses</b>				<b>\$461,506</b>
<b>II. Total Operating Expenses</b> <i>(Provide Details in Narrative)</i>				<b>\$24,867</b>
<b>III. Total Capital Expenses</b> <i>(Provide Details in Narrative)</i>				<b>\$0</b>
<b>IV. Indirect Expenses</b> <i>(Provide Details in Narrative)</i>				
1.	Internal (Specify %)	11.864%		\$54,753
2.	External (Specify %)			
<b>IV. Total Indirect Expenses</b> <i>(Provide Details in Narrative)</i>				<b>\$54,753</b>
<b>V. Total Other Expenses</b> <i>(Provide Details in Narrative)</i>				<b>\$5,070</b>
<b>Budget Grand Total</b>				<b>\$546,196</b>

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Joshua Dugas, Director, Public Health

Authorized Director:

Signature and Date:



**California Children Services (CCS) Monitoring & Oversight (M&O)  
Budget Narrative**

		County/City Name:	Fiscal Year:
		San Bernardino	2025-26
<b>I. Personnel Expenses:</b> <i>Identify Personnel Expenses, specifying roles and M&amp;O activities, time allocations, and costs supporting M&amp;O activities.</i>			
<p>The designated positions will be assigned to the CCS Monitoring &amp; Oversight (M&amp;O) unit and will collaborate with the Department of Health Care Services (DHCS) in developing a Memorandum of Understanding (MOU) outlining the monitoring protocols established by DHCS. This collaboration will ensure clear and appropriate oversight of both county and state responsibilities within the CCS program.</p> <p>Staff in these roles will participate in DHCS-led CCS program onboarding training to ensure adherence to the six core administrative domains: Access to Care, Administrative Functions, Authorizations, Case Management/Care Coordination, Eligibility, and Quality Assurance.</p> <p>To support program operations, an IT personnel has also been budgeted to assist with technical troubleshooting and the development of training tools and materials. This resource will help facilitate efficient implementation and ongoing support for CCS M&amp;O activities.</p> <p>Once trained, the assigned staff will oversee all monitoring and oversight functions for the San Bernardino County CCS Program.</p>			
<b>II. Operating Expenses:</b> <i>Identify and explain all expenses included in the "Operating Expenses" line item of the Budget Worksheet.</i>			
Operating expenses will cover essential equipment and services necessary for program functionality, including computers, printers, desk phones, cell phones, VPN access, network connectivity, general office supplies and lease.			
<b>III. Capital Expenses:</b> <i>Identify and explain all expenses included in the in the "Capital Expenses" line item of the Budget Worksheet.</i>			
N/A			
<b>IV. Indirect Expenses:</b> <i>Identify and explain all expenses included in the "Indirect Expenses" line items (Internal and External) of the Budget Worksheet.</i>			
Internal:	The current indirect rate for the San Bernardino County CCS program is 11.864%.		
External:	External indirect rate is a flat rate implemented by the County of San Bernardino.		
<b>V. Other Expenses:</b> <i>Identify and explain all expenses included in the "Other Expenses" line item of the Budget Worksheet.</i>			
The budget amount is set for travel expenses that may be incurred by our M&O staff. At this time it is unknown if the CCS program onboarding training established by DHCS will require any travel expenses.			

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Authorized Director: Joshua Dugas, Director, Public Health	Signature:
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**California Children Services (CCS) Monitoring & Oversight (M&O)  
Budget Summary**

	County Name	Fiscal Year
	San Bernardino	2025-26
<b>Category/Line Item</b>	<b>Total Budget</b>	
I. Total Personnel Expenses	\$461,506	
II. Total Operating Expenses	\$24,867	
III. Total Capital Expenses	\$0	
IV. Total Indirect Expenses	\$54,753	
V. Total Other Expenses	\$5,070	
<b>Budget Grand Total</b>	<b>\$546,196</b>	

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Authorized Director: Joshua Dugas, Director, Public Health	Signature and Date:

<b>Operating Expense</b>	<b>Amount</b>
2037 - ComNet	1,164.00
2116 -Computers and Printers	7,500.00
2305 -General Office	2,000.00
2410 - Emails	2,484.00
5012- Staples	6,000.00
5012- Rent	5,719.37
<b>Total Operating Expense</b>	<b>24,867.37</b>

CCS Floor Square Footage	19,310
Monthly Rate (July to March)	47,696.00
Cost per Sq Ft per month	2.47
Monthly Rate (April to June)	48,650.00
Cost per Sq Ft per month	2.52

M&O Square Footage	192
M&O Lease Monthly Cost (July to March)	474.24
M&O Lease Monthly Cost (April to June)	483.73
<b>M&amp;O Annual Lease Total</b>	<b>5,719.37</b>

Department Department Display Name 933 - California Children's Services

Row Labels	Sum of Year 1 Annual	Salary	FTE	Salary Amount	Comments	
Clinical Therapist I (00099884)	125,576.96	92,951.14	10%	9,295.11	Position title to be changed to Supervising Accountant/Auditor	12,557.70
Office Assistant II (00072278): Laporsha T Newborn (J5291)	61,649.11	42,124.43	50%	21,062.22		30,824.55
Office Specialist (00075385): Veronica Z Lopez (G7510)	77,469.29	52,934.26	50%	26,467.13		38,734.65
PH Program Manager (00000961): Jennifer St. Antoine (M3518)	198,917.19	135,918.82	10%	13,591.88		19,891.72
Staff Aide (00058492)	87,915.28	60,071.94	100%	60,071.94		87,915.28
Staff Aide (00058493)	86,615.28	59,183.66	100%	59,183.66		86,615.28
Staff Analyst II (00058494)	118,495.16	80,966.97	100%	80,966.97		118,495.16
Grand Total	756,638.27			270,638.91		395,034.34

Department Department Display Name 930 - Public Health

Row Labels	Sum of Year 1 Annual					
Automated Systems Analyst II (00056344): Dennis Cruz (I3718)	135,798.27	92,790.07	10%	9,279.01		13,579.83
Program Specialist I (00056038): Kennedy J Parker-Tucker (I9754)	103,691.87	70,851.98	50%	35,425.99		51,845.94
Grand Total	239,490.14					

Total S&B M&O 2310 315,343.90