

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

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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

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

County/City: San Berna

Fiscal Year: 2022-23

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

Monique Amis

12/21/23

Signature of HCPCFC Director/County Authorized Representative

Date Signed

Jeshua Dugas

12/21/23

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.

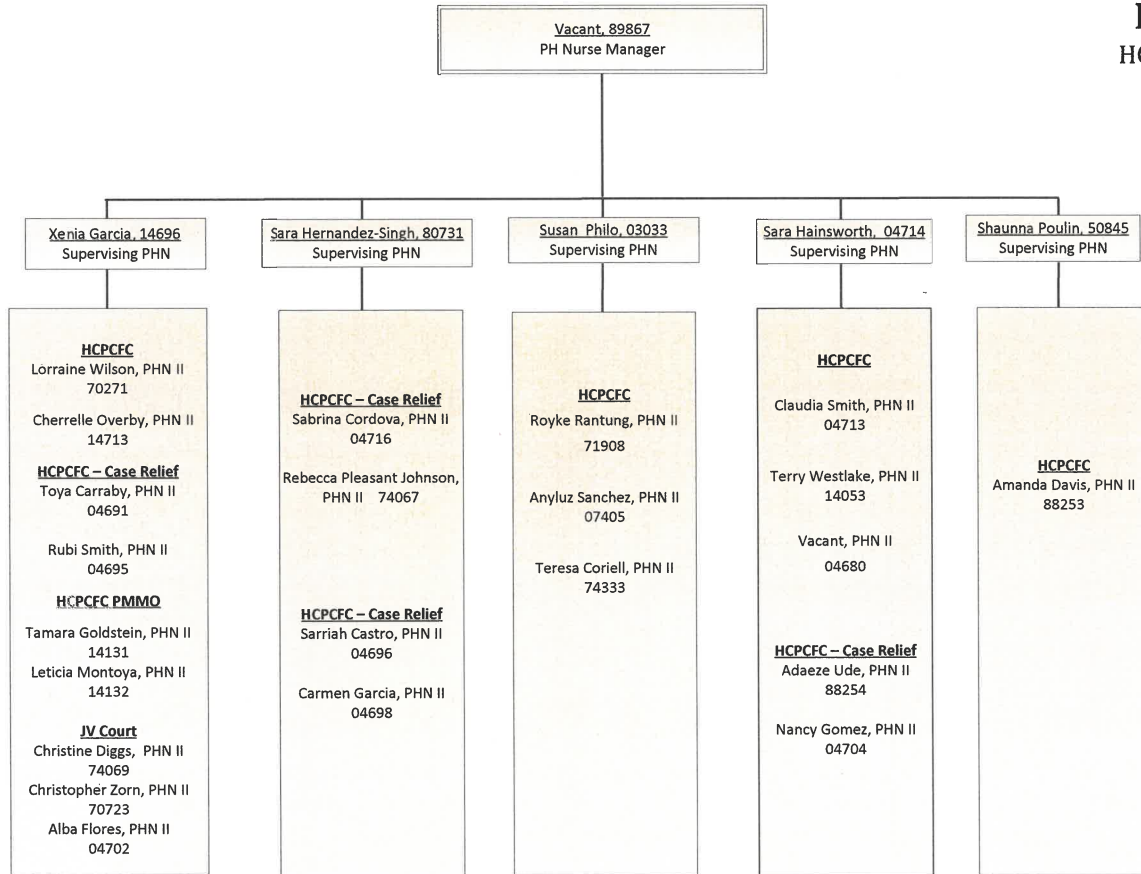
Dawn Rowe, Chair, Board of Supervisors

Signature of Local Governing Body Chairperson

Date Signed



County of San Bernardino
 Department of Public Health
 HCPCFC/PMMO/ HCPCFC Caseload Relief
 FY 22/23



MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Children and Family Services
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Children and Family Services (CFS) Responsibilities Social Worker
Location & Equipment	<p>Public Health Nurses (PHNs) will be located in a majority of Children and Family Services (CFS) offices geographically located throughout the county and have access to all team members.</p> <p>In the event CFS does not have a desk and work area in any CFS office available for PHNs assigned to SB 319 duties (psychotropic medications) and/or Health Care Program for Children in Foster Care (HCPCFC)-Caseload Relief, Department of Public Health (DPH) will provide a temporary desk and work area at a DPH location for each PHN. This arrangement is subject to availability of DPH space and limited to the time period that CFS prepares for permanent placement of PHNs at CFS locations, consistent with program guidelines. Public Health work areas will include phone, e-mail, individual desk top computer, photocopier access, and office supplies. DPH will invoice CFS on a quarterly basis for actual costs incurred by PHNs located at DPH locations for the aforementioned items.</p>	<p>PHNs will be located in the CFS offices with accessibility to all team members servicing children in foster care.</p> <p>The number of PHNs assigned per office is based on the work burden and guided by the state ratio of PHNs to foster children. PHNs may be placed at an alternate CFS work site, based on availability of space. In such instances, CFS shall take all necessary steps to relocate PHNs to alternate CFS work sites that are located as close as possible to their current respective work sites.</p> <p>CFS offices will provide a desk, phone, e-mail, individual desk top computer, necessary office supplies for each PHN, and clerical support.</p> <p>CFS may provide desk space in any CFS office, based on the availability of space. In such instances, CFS shall take all necessary steps to relocate PHNs to alternate CFS offices that are located as close as possible to their current respective offices.</p> <p>In the event CFS does not have a desk and work area available in any CFS office for PHNs assigned to SB 319 duties (psychotropic medications) and/or Health Care Program for Children in Foster Care (HCPCFC)-Caseload Relief, CFS will reimburse DPH on a quarterly basis for actual costs incurred by PHNs temporarily located at DPH locations while CFS prepares space for permanent placement, consistent with program guidelines. Costs will include a pro rata share for lease</p>

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		expenses for a desk and work area, phone, e-mail, individual desk top computer, photocopier expense, and office supplies. Please see Attachment A for a summary of costs for the term of the MOU.
Supervision	PHNs will be supervised by the Supervising Public Health Nurse (SPHN) designated by DPH. The SPHN will be directly accountable to the Public Health Program Manager.	The Director of CFS (or designee) will provide input and recommendations, including work assignments and CFS program changes to the Public Health Program Manager. The Supervising Social Workers (SSW) will provide input and recommendations, including work assignments and CFS program changes to the SPHN.
Health Care Planning and Coordination	<p>PHNs will interpret health care reports for Social Workers (SWs) and others as needed.</p> <p>PHNs will collaborate with SWs to keep the child’s Health Education Passport (HEP) up-to-date.</p> <p>PHNs will assist SWs in obtaining timely comprehensive health assessments per Child Health and Disability Prevention (CHDP) Bright Futures periodicity schedules & guidelines. PHNs’ assistance will be on an as needed basis and as staffing permits. <i>If PHN staffing is limited, PHNs’ priority will be children with special health care needs.</i></p> <p>PHNs will develop a Health Plan, in collaboration with the SWs, for each child <i>with special health care needs</i> in foster care. Plan will identify service priorities. PHNs will attend interdisciplinary meetings upon each child’s discharge, as applicable.</p>	<p>SWs will collaborate with PHNs and SCPs to complete and keep current the child’s HEP and provide a copy to the SCP. When the child is placed in a new foster care home, the SW will be responsible for transferring the juvenile’s HEP to the new SCP within 48 hours (2 calendar days).</p> <p>SWs will monitor and intervene, if necessary, to ensure the SCP takes children to all health related appointments.</p> <p>SWs will collaborate with PHN to develop a Health Plan for each child <i>with special health care needs</i> in foster care. SW or designee will incorporate Health Plan for children with <i>special health care needs</i> into child’s case record.</p> <p>SWs will collaborate with the PHNs and SCPs to ensure compliance with needed physical and dental exams and with any related medical follow up needed to maximize the child’s health.</p>

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	<p>PHNs will coordinate with SWs in obtaining additional health services necessary to educate and/or support the Substitute Care Providers (SCP) in providing for the special health care needs.</p> <p>PHNs will collaborate with SWs to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child, including a copy of the HEP.</p> <p>PHNs will track physical and dental exams to promote compliance. PHNs will review and record information from exams, and remind SWs of the required timelines for physical and dental exams. PHN will notify SWs of noncompliance of exams.</p> <p>PHNs will collaborate with the SWs to assess the needs of the child related to placement.</p> <p>For children with special health care needs, PHNs will review child's Health Plan with SWs as needed and at a minimum of every six (6) months. Relevant information will be incorporated into the HEP.</p>	<p>SWs will consult with the PHNs to assess the suitability of the foster care placement based on the health care needs of the child.</p> <p>For children with special health care needs, SWs will review child's Health Plan with PHNs as needed and at a minimum of every six (6) months.</p>
Psychotropic Medication Court Desk (PMCD)	<p>PHNs have the following responsibilities:</p> <ul style="list-style-type: none"> Provide full-time coverage at the Juvenile Court. Serve as a liaison to the Physicians, Social Workers, and care providers who call the PMCD 	<p>The CFS Office Assistant (OA) III has the following responsibilities:</p> <ul style="list-style-type: none"> Serve as a centralized point of entry to the Court for required requests for psychotropic medication.

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	<p>to obtain information on status of the Application for Psychotropic Medication (JV-220) and/or surgical/medical requests.</p> <p>Review all psychotropic medication/surgical medical requests for completion. Determine whether further evaluation by JCBHS is needed, per protocol.</p> <p>Data enter information in CWS/CMS regarding psychotropic medication and surgical/medical, as appropriate.</p> <p>Psychotropic Medication Authorization Process</p> <p>Responsibilities of the PHNs assigned to Psychotropic Medication Court Desk (PMCD):</p> <p>Receive from CFS OA III notice of a child with the need for psychotropic medication.</p> <p>Review JV-220 and JV-220A forms for completeness of the medical information.</p> <p>Contact treating physician if JV-220 and JV-220A are not complete.</p> <p>Review, initiate, or update CFS 10 PHN form.</p>	<p>Maintain the psychotropic medication tracking system, which tracks all court dependents with existing court orders for psychotropic medication for renewals of medication.</p> <p>Ensure notice parents/guardians, caregiver, attorneys and CASA (if applicable) via telephone or email of the psychotropic medication request.</p> <ul style="list-style-type: none"> o Informs the assigned SW by email that notice has been sent. <p>Ensure the court application for psychotropic medications is forwarded to the Juvenile Court for judicial review.</p> <p>Provide the following forms to any party who objects:</p> <ul style="list-style-type: none"> o JV-219-INFO INFORMATION ABOUT PSYCHOTROPIC MEDICATION FORMS, o JV-220 APPLICATION REGARDING PSYCHOTROPIC MEDICATION, o JV-220A PRESCRIBING PHYSICIAN'S STATEMENT – ATTACHMENT, and o JV-222 OPPOSITION TO APPLICATION REGARDING PSYCHOTROPIC MEDICATION. <p>Ensure the completion of the JV-221 PROOF OF NOTICE: APPLICATION REGARDING PSYCHOTROPIC MEDICATION and forwards it to the PMCD PHN.</p> <p>Assist PMCD PHN in contacting the physician.</p>

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	<p>Forward completed JV-220, JV-220A, and CFS 10 PHN forms to Department of Behavioral Health (DBH) child psychiatrist for review and recommendations to court. Subsequently receive HS-220B Consulting Physician Statement – Attachment form from DBH child psychiatrist.</p> <p>Forward JV-220, JV-220A, CFS 10 PHN, and HS-220B forms to the OA III.</p> <p>Send all court applications for psychiatric medication to JCBHS by placing it in the tray identified for JCBHS., including:</p> <ul style="list-style-type: none"> ○ For children seven years-old and under, and/or ○ For two or more medications. <p>Court Review Process</p> <p>Responsibilities of the PHNs assigned to Psychotropic Medication Court Desk (PMCD):</p> <p>Receive, from court, the approved or denied copy of the JV-223 ORDER REGARDING APPLICATION FOR PSYCHOTROPIC MEDICATION, along with the other documents in the court application for psychiatric medication.</p>	<p>Type, store electronically, and retrieve the CFS 10 PHN PSYCHOTROPIC MEDICATION COURT DESK ADDENDUM, as requested.</p> <p>Attach the CFS 10 PHN and Parameters 3.8 for Use of Psychotropic Medication to the packet sent to the PMCD PHN.</p> <p>Distribute copies of the approved or denied psychotropic medication application to:</p> <ul style="list-style-type: none"> ○ Regional PHNs, ○ Assigned SWs, and ○ Physician or facility.

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	Enter the approval information into the CWS/CMS Health Notebook.	
Computer Access	SPHNs/PHNs and/or clerical support will access and utilize Child Welfare System/Case Management System (CWS/CMS) database, JNET, Safe Measures, and HEP data system.	The Director of CFS or designee will assure that the SPHNs/PHNs and clerical support have access to the CWS/CMS database, JNET, Safe Measures, and HEP data system.
Training/ Orientation	<p>SPHNs/PHNs will arrange orientation of SWs to CHDP and PHN program roles and responsibilities.</p> <p>PHNs will provide information about a limited number of health topics to SWs, SCPs, health care providers, and others related to health care needs of children in foster care, including access to care and compliance with medical treatment plans. The topics shall not include use of medical equipment, medical devices, or medical procedures.</p> <p>SPHNs/PHNs will attend training(s) as deemed appropriate to enhance their performance in CFS, including training in psychotropic medications and HEP in conjunction with CWS/CMS at regional/statewide training centers (e.g., Riverside County).</p> <p>SPHNs will participate in any/all CFS Orientation and Induction training(s) offered by CFS to assist SWs in understanding the role of the PHN.</p>	<p>CFS staff will provide input to SPHNs/PHNs in developing curriculum for training CFS staff and others about health care needs of children in foster care.</p> <p>CFS staff will collaborate with PHNs in educating SCPs and others about the health care needs of children in foster care. The topics shall not include use of medical equipment, medical devices, or medical procedures.</p> <p>CFS will make various training modules available to SPHN/PHNs as deemed appropriate.</p> <p>CFS will notify SPHNs about training sessions in psychotropic medications and HEP for the SPHNs/PHNs, provide a schedule of said trainings, and assist in coordination of attendance by DPH staff at regional/statewide training centers.</p>

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Policy/ Procedure Development	<p>SPHNs will act as the consultant on the Policies and Procedures from the state branch of Children's Medical Services related to children in foster care.</p> <p>SPHNs/PHNs will participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination and evaluation of services, as resources allow.</p>	<p>CFS staff will act as consultants on the Policies and Procedures from the state branch of Department of Social Services as related to children in foster care.</p> <p>SWs will notify SPHNs/PHNs of multidisciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination and evaluation of services.</p>
Transition from Foster Care	<p>PHNs will work to ensure that the HEP is up to date.</p> <p>Prior to bi-yearly exit workshops for teens transitioning out of system, PHN will meet and explain the contents of the HEP SWs and/or teen to promote regular access to care and Medi-Cal services. Attend Transitioning Conferences, as needed.</p>	<p>SWs and/or the Independent Living Program (ILP) Worker will notify PHNs in a timely manner, of exit interview for all teens. If the teen is reunified, the SWs and the ILP Worker will provide HEP to parents.</p> <p>For children with special health care needs and/or ongoing medical problems, the SWs with the assistance from the PHNs, when needed, will contact the child's new caretaker to review/explain the written health care information listed above. In addition, SWs with assistance from the PHN will assure that persons leaving foster care supervision are aware of and connected to resources for independent living which will meet both current and anticipated future health care needs.</p>

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Quality Assurance	<p>SPHNs will be responsible for evaluating HEPs on a random sample of children (age/demographics to be specified) for completion of the CHDP Bright Futures preventive health guidelines for age and for follow up on any identified medical, dental, and mental health conditions.</p> <p>SPHNs/PHNs will participate in outcome based data collection and report quarterly to CFS and PH. SPHN will address any/all compliance issues in collaboration with CFS.</p>	<p>CFS Director or designee will notify PH regarding any/all data collection and reporting concerns to ensure compliance with regulatory reporting requirements.</p>
Other	<p>SPHNs/PHNs will assist SWs with quarterly audit rebuttals on health issues.</p> <p>SPHNs will be a member of the audit/compliance committee and participate in the evaluation.</p> <p>PHN will participate in Independent Living Events as needed to educate youth on healthcare care issues.</p>	<p>CFS will provide PHNs with quarterly audit results.</p> <p>CFS will notify SPHNs of audit/compliance committee meetings.</p> <p>CFS will provide data to assist DPH in determining the ratio of PHNs to foster care children by region and/or by office.</p>

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July 1, 2020 – June 30, 2023

CONCLUSION:

1. This MOU, consisting of nine (9) pages and Attachment A (Summary of Costs), is the full and complete document describing services to be rendered by each party, including all covenants, conditions, and benefits.
2. This MOU is in effect from July 1, 2020 through June 30, 2023, unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current MOU, the Department of Public Health and the Department of Children and Family Services agree to renegotiate the pertinent section within ninety (90) days of receiving new instructions from the State.
3. The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.
4. This MOU may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same MOU. The parties shall be entitled to sign and transmit an electronic signature of this MOU (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed MOU upon request.

DocuSigned by:

Marlene Hagen

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Marlene Hagen, Director
Children and Family Services

July 8, 2020

Date

Corwin Porter

D8FE229598E24G1...

Corwin Porter, Interim Director
Department of Public Health

July 8, 2020

Date

ATTACHMENT A

Summary of Costs

Description	FY 20-21	FY 21-22	FY 22-23
Telephone	3,975	4,633	4,726
Computer Network Account	11,550	13,464	13,733
Office Supplies	1,050	1,200	1,236
Photocopy Costs	1,275	1,458	1,501
Rent/Lease (at 606 East Mill Street)	36,884	43,417	44,720
Subtotal	54,734	64,172	65,917
Furniture (3 cubicles and chairs)	11,428	0	0
Computer (on a 3-year cycle)	3,600	0	8,912
Additional monitor for staff	1,500	0	0
Printer	350	0	743
TOTAL	71,612	64,172	75,571

MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Probation Department
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
Location	PHNs will be located in the Probation Department's Placement Unit with accessibility to all team members.	Provide each PHN with desk, telephone, voice mail, e-mail, individual desk top computer, and all other needed equipment/supplies necessary to carry out agreed duties in the Probation Department's Placement Unit. Probation Director will arrange for authorization for the PHNs/Supervising Public Health Nurse (SPHN) to access the Probation Department, including the Juvenile Detention and Assessment Center(s) (JDAC).
Supervision	PHNs will be supervised by the Supervising Public Health Nurse (SPHN) designated by the Department of Public Health. The SPHN will be directly accountable to the Public Health Program Manager.	Probation Director or Health Service Manager and the Supervising Correctional Nurse will provide input and recommendations to the SPHN.
Accessing Resources	SPHN/PHNs will identify health care providers in the County, as needed, for medical, dental, developmental, and behavioral health care services for juveniles on probation in foster care placement. SPHN/PHNs will utilize and monitor the adequacy, accessibility, and availability of the referral network and resources for health care services. Also, the SPHN/PHN will collaborate with Child Health and Disability Prevention (CHDP) staff to identify and recruit additional qualified providers, as needed.	Probation Department Placement Unit will coordinate with Substitute Care Provider(s) (SCPs) and the PHN to ensure that all juveniles on probation in foster care are referred for routine and specialty health services appropriate to age and health status, on a timely basis. Probation Director and/or Probation Officer will arrange for PHNs/SPHN to have authorization to access and update juvenile case records and health related information. Probation Officer (PO) will coordinate with the court-appointed placement SCP and the PHN to identify an appropriate health care provider for the juvenile.

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Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
<p>Accessing Resources, Continued</p>	<p>PHNs will serve as a resource to Juvenile Probation Placement staff to facilitate collection of health and education information.</p> <p>The PHN will advise the Juvenile Probation Placement staff of any identified medical, dental, developmental, or behavioral health problems, to assist Probation Placement staff in selection of appropriate placement, either locally or out-of-county or state.</p> <p>PHN will review the in-custody health records of juveniles on probation in foster care upon notification of their release from the JDAC to Probation.</p> <p>PHN will collaborate with appropriate out-of-county and out-of-state Probation Offices' Foster Care PHNs to coordinate assistance and access to resources for health care needs of juveniles in out-of-county and out-of-state placement sites.</p>	<p>The JDAC Supervising Nurse will implement a system to notify PHN (via electronic communication) of juveniles with special health care needs released from custody to Probation in Foster Care. The Supervising Nurse will arrange for PHNs/SPHN to have authorization to access juvenile medical or health records. POs will work with the PHN to ensure that juveniles on probation in foster care placed out-of-county or out-of-state have access to health services appropriate to age and health status.</p> <p>PO will consult with the PHN for placement of juveniles with Special Health Care Needs (SHCN).</p> <p>Probation Office staff will furnish PHNs (via electronic communication) with lists of names, addresses, and phone numbers of out-of-county and out-of-state Probation Offices to assist in contacting the foster care PHNs and SCP in other counties.</p>

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Health Care Planning and Coordination	<p>As part of the health care planning and coordination, PHNs will:</p> <ul style="list-style-type: none"> • Interpret health care records to assist POs with information regarding health needs of the individual juvenile, as needed. • Develop a Health and Education Passport (HEP) with assistance from the PO to identify medical, dental, developmental, and behavioral health care needs and service priorities for each juvenile on probation in foster care (excluding Home Supervision). <i>If PHN staffing is limited, PHNs' priority will be juveniles with special health care needs.</i> • Work with court-appointed SCPs and POs to ensure that the juvenile's HEP is kept up-to-date in order to provide continuity of care. • Assist court-appointed SCPs in obtaining timely comprehensive health assessments for juveniles on probation in foster care placement per CHDP periodicity schedules & guidelines. PHN assistance will be on an as needed basis and as staffing permits. <i>If PHN staffing is limited, PHN's priority will be juveniles with special health care needs.</i> 	<p>As part of the health care planning and coordination PO's will:</p> <ul style="list-style-type: none"> • Assemble and provide health care documentation to the court when necessary to support the request for special health care services, with the assistance and interpretation of the PHN. • Advise PHNs of upcoming court detention hearing(s) regarding out-of-home placement. • Collaborate with PHNs and SCP to complete and update the juvenile's HEP. Provide a copy to the SCP within 48 hours. • Transfer the juvenile's HEP to the new SCP within 48 hours when the juvenile is placed in a new placement. • Ensure the SCP facilitates transportation arrangements for the juvenile to health appointments. • Ensure that the proper documentation for a non-minor is on file and available to the PHN.

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Health Care Planning and Coordination, Continued	<ul style="list-style-type: none"> • Upon review of medical records, the PHN will inform the PO when a child is identified as having a condition that meets the special health care needs criteria (per Welfare and Institutions Code Section 17710). The PHN will submit to the PO, a completed CFS 415 form, PHN Assessment for Referral to Special Health Care Needs. • Collaborate with PO and court-appointed SCP to ensure necessary special health care needs are met and the CFS412 Individual Health Care Plan (IHCP) is completed. The PHN will prepare the CFS412 IHCP form. • Assist PO in obtaining additional services necessary to educate and/or support the SCPs in providing for the special health care needs of the juvenile in placement. • Obtain copies of health exams and other health information available in the JDAC. • Record health information into the Child Welfare Services/Case Management System (CWS/CMS) database and include recommendations for follow up. 	<ul style="list-style-type: none"> • Notify PHN for placement changes which may include hospitalization or return home. • Include the PHN to participate in Child and Family Team meetings and other for juveniles with SHCN or on psychotropic medications. PO and court-appointed SCP will review the CFS412 IHCP form and approve during these meetings, if applicable. • Collaborate with the Supervising Nurse to provide access to JDAC health records. • Consult with the PHN to assess the suitability of foster care placement in light of the health care needs of the juvenile. • Consult with the PHN regarding concerns related to the juvenile’s health, safety, and/or welfare, as observed by the PO at the foster care placement site, and file a written report if indicated. • PO will notify the PHN (via electronic communication) of the impending release or placement of any juveniles, with psychotropic medication orders.

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July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
Health Care Planning and Coordination, Continued	<ul style="list-style-type: none"> • Assist the PO to assess the suitability of foster care placement in light of the health care needs of the juvenile. • Follow all probation juveniles in placement on psychotropic medications once identified to facilitate follow-up healthcare. • Collaborate with the Probation Placement Unit to facilitate the JV 220 process as well as coordination of JV 220 paperwork between the courts, physicians, and Probation. 	<ul style="list-style-type: none"> • Probation Director will inform the SPHN and/or PHN of the DBH child psychiatrist designated to provide a second opinion on psychotropic medication(s) by completing the HS-220 (B) Consulting Physician Statement.
Psychotropic Medication Authorization	<p>PHN has the following responsibilities:</p> <ul style="list-style-type: none"> • Receive completed JV-220 and JV220 (A) or JV220 (B) forms from PO as notice a juvenile has the need for psychotropic medication. • Review the JV-220 and JV-220 (A) or JV220 (B) forms for completeness of the health information. • Contact the treating physician if JV-220 and JV-220 (A) or JV220 (B) are not complete. • Initiate/update Child Information Sheet and submit it to the Department of Behavioral Health (DBH) 	<p>The PO has the following responsibilities:</p> <ul style="list-style-type: none"> • Maintain the psychotropic medication tracking system, which tracks all court dependents with existing court orders for psychotropic medication for renewals of medication. • Ensure notice to parents/guardians, caregiver, attorneys and CASA (if applicable) via telephone or email of the psychotropic medication request. • Ensure the court application for psychotropic medications is forwarded to the Probation Court for judicial review.

MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Probation Department
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
<p>Psychotropic Medication Authorization, Continued</p>	<p>Juvenile Court Behavioral Health Services (JCBHS) consulting psychiatrist.</p> <ul style="list-style-type: none"> • Attach the latest Parameters 3.8 for Use of Psychotropic Medication to the packet sent to JCBHS consulting psychiatrist. • Forward completed JV-220, JV-220 (A) or JV220 (B), JV-224, and CFS 10 PHN forms to a DBH child psychiatrist for review and recommendations to court. Subsequently receive HS-220 (B) Consulting Physician Statement – Attachment form from DBH child psychiatrist. • Forward JV-220, JV-220 (A) or JV-220 (B), CFS 10 PHN, JV-224, and HS-220 (B) forms to the PO. • Receive the approved or denied copy of the JV-223 ORDER ON APPLICATION FOR PSYCHOTROPIC MEDICATION, along with the other documents in the court application for psychiatric medication from the PO. • Enter the approval information into the CWS/CMS Health Notebook. 	<ul style="list-style-type: none"> • Provide the following forms to any party who objects: <ul style="list-style-type: none"> ○ JV-219-INFO INFORMATION ABOUT PSYCHOTROPIC MEDICATION FORMS ○ JV-220 APPLICATION REGARDING PSYCHOTROPIC MEDICATION ○ JV-220A PRESCRIBING PHYSICIAN'S STATEMENT – ATTACHMENT, and ○ JV-222 INPUT ON APPLICATION REGARDING PSYCHOTROPIC MEDICATION. • Ensure the completion of the following forms and forward them to the PHN: <ul style="list-style-type: none"> ○ JV-221 PROOF OF NOTICE: APPLICATION REGARDING PSYCHOTROPIC MEDICATION and forward it to the PHN. ○ JV-223 ORDER ON APPLICATON FOR PSYCHOTROPIC MEDICATION ○ JV-224 COUNTY REPORT ON PSYCHOTROPIC MEDICATION • Distribute copies of the approved or denied psychotropic medication application to: <ul style="list-style-type: none"> ○ PHNs ○ Assigned Social Workers,

MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Probation Department
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
		<ul style="list-style-type: none"> o Facility/group home, and o Physician
Computer Access	SPHN/PHNs will access and utilize the Juvenile Justice Institutional System Caseload Explorer (CE), (CWS/CMS database) and electronic health record systems.	Probation Director or Health Service Manager will arrange for SPHN/PHNs to have read-only access to the Juvenile Justice Institutional System (JJIS/JNET) and/or CE, CWS/CMS database and electronic health record systems.
Training/ Orientation	<p>PHNs will provide educational and/or other requested resources for Probation Department staff to increase awareness of, and interest in, the health care needs of juveniles in foster care, as well as the role of the PHN in public health.</p> <p>SPHN/PHNs will attend trainings to enhance their knowledge/skills to better serve juveniles in the care of the Probation Department, as necessary.</p>	<p>PO will provide input, collaboration, and assistance to SPHN/PHNs in developing and presenting curriculum for training others about health care needs of juveniles on probation in foster care. Probation Director or designee will also arrange for information updates as needed and at least annually.</p> <p>Probation Department will make training available to SPHN/PHN.</p>
Policy/ Procedure Development	<p>The SPHN will act as the consultant on the policies and procedures from the State branch of Children’s Medical Services related to the medical, dental, developmental, and behavioral health of children in foster care.</p> <p>SPHN/PHNs will participate in multidisciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination and evaluation of services.</p>	<p>Probation Department staff will act as consultants on the policies and procedures from the State Department of Social Services as related to children in foster care.</p> <p>Supervising PO/PO and JDAC nursing staff will notify SPHN/PHNs (via electronic communication) of multidisciplinary and other appropriate meetings related to the review of juvenile health-related issues, program implementation, coordination and evaluation of services.</p>

MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Probation Department
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
	<p>The SPHNs will participate in the Southern California Foster Care Nurses Network in an effort to assess and evaluate the scope of work for the Health Care Program for Children in Foster Care (HCPCFC)/Out of Home Placement, as needed.</p> <p>The SPHNs will participate in the Statewide Foster Care Subcommittee to help facilitate the policy development for the HCPCFC/Out of Home Placement, as needed.</p>	
Transition from Probation	<p>PHNs will work to ensure the HEP is up-to-date. Upon release from placement, PHNs will provide written information for the juvenile released from Probation to his/her legal guardian.</p> <p>PHNs will arrange for a copy of the HEP for juveniles under 18-years-old to be sent to JDAC health records upon release from Probation.</p> <p>PHNs will provide HEP to parents of reunified juveniles under 18 years of age upon notification of the PO.</p>	<p>PO will notify PHN (via electronic communication) of exit interviews for juveniles released from Probation in effort to assist the PHN to maintain a current HEP.</p>
Quality Assurance	<p>SPHN and/or other designee(s) will conduct random reviews of juvenile case records to confirm the health care needs of the juvenile are being met and health care services documented.</p> <p>SPHN/PHNs will participate in outcome-based data collection and report quarterly to the Probation</p>	<p>Probation Director or designee will notify Public Health (via electronic communication) regarding any/all data collection concerns to ensure compliance with regulatory reporting requirements.</p>

MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Probation Department
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

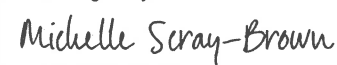
Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
	<p>Department and Public Health. The data will include stats:</p> <ul style="list-style-type: none"> • Documented physicals and dental examinations • New HEPs • File reviews completed by the PHNs. <p>SPHN will address any/all compliance issues in collaboration with Probation.</p>	
Other	<p>SPHN/PHNs will assist PO with quarterly audit rebuttal on health and dental issues.</p> <p>SPHN will be a member of audit/compliance committee and participate in evaluation.</p> <p>SPHN will meet once quarterly for joint communication and collaboration on policy and practices.</p>	<p>Probation Department will provide PHN with quarterly audit results.</p> <p>Probation Department will notify SPHN of audit/compliance committee meetings.</p> <p>Probation Department will meet once quarterly for joint communication and collaboration on policy and practices.</p>

MEMORANDUM OF UNDERSTANDING
between
San Bernardino County Department of Public Health
and
San Bernardino County Probation Department
for
Health Care Program for Children in Foster Care

July 1, 2020 – June 30, 2023

CONCLUSION:

1. This MOU, consisting of ten (10) pages, is the full and complete document describing services to be rendered by each party, including all covenants, conditions, and benefits.
2. This MOU is in effect from July 1, 2020 through June 30, 2023, unless revised by mutual agreement. In the event that changes in federal or state requirements impact the MOU, DPH and the Probation Department agree to renegotiate the pertinent section within ninety (90) days of receiving new instructions from the State.
3. The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.
4. This MOU may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same MOU. The parties shall be entitled to sign and transmit an electronic signature of this MOU (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed MOU upon request.

DocuSigned by:

 CFC186F0032C46E...

 Michelle Scray-Brown, Chief Probation Officer
 Probation Department

July 22, 2020

Date

DocuSigned by:

 D6FE229599E24C1...

 Corwin Porter, Interim Director
 Department of Public Health

July 23, 2020

Date



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Agency Information



GAVIN NEWSOM
GOVERNOR

County/City:	San Bernardino	Fiscal Year:	2022-23
Official Agency			
Street Address:	351 N. Mt. View Ave., 3rd Fl	Health Officer:	Dr. Michael Sequeira
City:	San Bernardino, CA	Local HCPCFC	
Zip Code:	92415-0010	Central Inbox:	
Parent Agency Director (if applicable)			
Name:	N/A	Street Address:	
Phone:		City:	
Email:		Zip Code:	
Authorized HCPCFC Program Administrative Representative			
Name:	Monique Amis	Street Address:	351 N. Mt. View Ave., 3rd Fl
Phone:	(909) 387-6218	City:	San Bernardino, CA
Email:	Monique.Amis@dph.sbcounty.gov	Zip Code:	92415-0010
Clerk of the Board of Supervisors or City Council			
Name:	Lynna Monell	Street Address:	385 N. Arrowhead Ave., 2nd Fl
Phone:	(909) 387-3848	City:	San Bernardino, CA
Email:	lmonell@cob.sbcounty.gov	Zip Code:	92415-0130
Director of Social Services Agency			
Name:	Gilbert Ramos	Street Address:	860 E. Brier Dr.
Phone:	(909) 388-0245	City:	San Bernardino, CA
Email:	gramos@hss.sbcounty.gov	Zip Code:	92415-0520
Chief Probation Officer			
Name:	Tracy Reece	Street Address:	175 West Fifth Street, 4th Fl
Phone:	(909) 387-5874	City:	San Bernardino, CA
Email:	Tracy.Reece@prob.sbcounty.gov	Zip Code:	92415-0460



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

County/City: San Bernardino	Fiscal Year: 2022-23
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List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Health Care Program for Children in Foster Care.

	Title or Name of MOU/IA	MOU with Local Social Services / Child Welfare	IA with Probation	Name of Partner Entity	Date Last Renewed
1	MOU with County Children and Family Services (CFS) Department	Yes		County of San Bernardino CFS Department	7/1/2020
2	MOU with County Probation Department		Yes	County of San Bernardino Probation Department	7/1/2020
3					
4					
5					
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8					
9					
10					
	<i>(Insert additional rows as needed)</i>				



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Incumbent List



GAVIN NEWSOM
GOVERNOR

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

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

Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
1 Gomez, Nancy	Public Health Nurse II		Yes		Nancy.Gomez@hss.sbcounty.gov	N/A
2 Smith, Claudia	Public Health Nurse II		Yes		Claudia.Smith@hss.sbcounty.gov	N/A
3 Sanchez, Anyluz	Public Health Nurse II		Yes		Anyluz.Sanchez@hss.sbcounty.gov	N/A
4 Westlake, Terry Lynn	Public Health Nurse II		Yes		Terry.Westlake@hss.sbcounty.gov	N/A
5 Overby, Cherrelle	Public Health Nurse II		Yes		Cherrelle.Overby@hss.sbcounty.gov	N/A
6 Diggs, Christine S.	Public Health Nurse II		Yes		Christine.Diggs@hss.sbcounty.gov	N/A
7 Zorn, Christopher Stephen	Public Health Nurse II		Yes		Christopher.Zorn@dph.sbcounty.gov	N/A
8 Davis, Amanda V.	Public Health Nurse II		Yes		Amanda.Davis@hss.sbcounty.gov	80%-HCPCFC; 20%-RXKids
9 Rantung, Royke	Public Health Nurse II		Yes		Royke.Rantung@hss.sbcounty.gov	N/A
10 Coriell, Teresa	Public Health Nurse II		Yes		Teresa.coriell@hss.sbcounty.gov	N/A

Name		Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
11	Castro, Sarriah	Public Health Nurse II		Yes		sarriah.castro@dph.sbcounty.gov	N/A
12	Cordoya, Sabrina	Public Health Nurse II		Yes		sabrina.cordova@hss.sbcounty.gov	N/A
13	Vacant	Public Health Nurse II		Yes		N/A	82%-HCPCFC; 18%-RXKids
15	Goldstein, Tammy	Public Health Nurse II		Yes		Tamara.Goldstein@dph.sbcounty.gov	N/A
16	Montoya, Leticia	Public Health Nurse II		Yes		leticia.montoya@dph.sbcounty.gov	N/A
17	Smith, Rubi	Public Health Nurse II		Yes		rubi.smith@hss.sbcounty.gov	30%-PMMO; 69%-Caseload Rel; 1%-CHDP
18	Carraby, Toya	Public Health Nurse II		Yes		toya.carraby@hss.sbcounty.gov	N/A
19	Flores, Alba	Public Health Nurse II		Yes		alba.flores@hss.sbcounty.gov	N/A
20	Garcia, Carmen	Public Health Nurse II		Yes		carmen.garcia@dph.sbcounty.gov	N/A
21	Ude, Adaeze	Public Health Nurse II		Yes		adaeze.ude@hss.sbcounty.gov	56%-Caseload Rel; 44%-HCPCFC
22	Pleasant-Johnson, Rebecca	Public Health Nurse II		Yes		N/A	N/A
23	Wilson, Lorraine	Public Health Nurse II		Yes		N/A	N/A
24	Philo, Susan	Supervising Public Health Nurse		Yes	60%	Susan.Philo@dph.sbcounty.gov	38%-HCPCFC; 1%-PMM&O; 21%-Caseload; 40%-RXKids
25	Hainsworth, Sara	Supervising Public Health Nurse		Yes	21%	Sara.Hainsworth@dph.sbcounty.gov	12%-HCPCFC; 1%-PMM&O; 8%-Caseload; 79%-RX4Kids
26	Poulin, Shaunna	Supervising Public Health Nurse		Yes	78%	Shaunna.Poulin@dph.sbcounty.gov	48%-HCPCFC; 16%-PMM&O; 14%-Caseload; 22%-RX4Kids

Name		Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
27	Garcia, Xenia	Supervising Public Health Nurse		Yes	21%	xenia.garcia@dph.sbcounty.gov	12%-HCPCFC; 1%-PMM&O; 8%-Caseload; 34%-RX4Kids; 23%-NCM; 5%-CHDP; 15%-MCAH; 2%-BIH
28	Vacant	Supervising Public Health Nurse		Yes	50%	N/A	49%-HCPCFC; 1%-Caseload; 25%-RX4Kids; 20%-NCM; 5%-Contracts
29	Vacant	Public Health Nurse Manager		Yes		N/A	35%-HCPCFC; 5%-PMM&O; 10%-Caseload; 20% -RX4Kids; 10%- No County Match Budget; 4% -County Match; 2%-MCAH; 3%-PEI; 5%-CLPPP; 5%-MCLP; 1% -BIH
<i>(Insert additional lines as needed)</i>							



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Summaries

County/City:	San Bernardino									Fiscal Year:	2022-23		
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			
A	B	C	D	B	C	D	B	C	D	B	C	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$2,208,715	\$1,761,006	\$447,709	\$372,128	\$306,762	\$65,366	\$1,005,259	\$832,400	\$172,859	\$0	\$0	\$0	
II. Total Operating Expenses	\$4,305	\$0	\$4,305	\$3,730	\$0	\$3,730	\$3,078	\$0	\$3,078	\$0	\$0	\$0	
III. Total Capital Expenses													
IV. Total Indirect Expenses	\$373,273		\$373,273	\$62,890		\$62,890	\$169,889		\$169,889	\$0		\$0	
V. Total Other Expenses													
Budget Grand Total	\$2,586,293	\$1,761,006	\$825,287	\$438,748	\$306,762	\$131,986	\$1,178,226	\$832,400	\$345,826	\$0	\$0	\$0	
E	F	G	H	F	G	H	F	G	H	F	G	H	
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	
State/County Funds	\$852,896	\$440,252	\$412,644	\$142,684	\$76,691	\$65,993	\$381,013	\$208,100	\$172,913	\$0	\$0	\$0	
Federal Funds (Title XIX)	\$1,733,399	\$1,320,755	\$412,644	\$296,065	\$230,072	\$65,993	\$797,213	\$624,300	\$172,913	\$0	\$0	\$0	
Budget Grand Total	\$2,586,293	\$1,761,006	\$825,287	\$438,748	\$306,762	\$131,986	\$1,178,226	\$832,400	\$345,826	\$0	\$0	\$0	

Prepared By: <i>Stewart Hunter</i>	Print	Stewart Hunter	Title	Program Manager	Date	8/14/2023	Email	SHunter@dph.sbcounty.gc
Authorized HCPCFC Program Representative: <i>Monique Amis</i>	Print	Monique Amis	Title	Public Health Division Chief	Date	1/3/2024	Email	nique.Amis@dph.sbcounty.



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



Health Care Program for Children in Foster Care
Budget Worksheet

State/Federal Funding Source:	Base
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County/City Name:	San Bernardino	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
# Name							
1 Coriell, Teresa, Public Health Nurse (PHN)	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
2 Davis, Amanda, PHN	80%	\$92,363	\$73,890	90%	\$66,501	10%	\$7,389
3 Diggs, Christine, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
4 Gomez, Nancy, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
5 Overby, Cherrelle, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
6 Pleasant-Johnson, Rebecca, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
7 Rantung, Royke, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
8 Sanchez, Anyluz, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
9 Smith, Claudia, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
10 Wilson, Lorraine, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
11 Westlake, Terry, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
12 Zorn, Christopher, PHN	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
13 Ude, Adaeze, PHN	44%	\$92,363	\$40,640	90%	\$36,576	10%	\$4,064
14 Vacant, PHN	82%	\$92,363	\$75,738	90%	\$68,164	10%	\$7,574
15 Garcia, Xenia, Supervising PHN	12%	\$104,677	\$12,561	20%	\$2,512	80%	\$10,049
16 Hainsworth, Sara, Supervising PHN	12%	\$104,677	\$12,561	20%	\$2,512	80%	\$10,049
17 Philo, Susan, Supervising PHN	38%	\$104,677	\$39,777	20%	\$7,955	80%	\$31,822
18 Poullin, Shaunna, Supervising PHN	48%	\$104,677	\$50,245	20%	\$10,049	80%	\$40,196
19 Vacant Supervising PHN	49%	\$104,677	\$51,292	20%	\$10,258	80%	\$41,034
20 Vacant Public Health Nurse Manager	35%	\$117,057	\$40,970	20%	\$8,194	80%	\$32,776
Total PHN FTE %	1306.00%			1175.40%		130.60%	
Total Direct Support Staff FTE %	194%			38.80%		155.20%	
Net Salaries and Wages			\$1,413,668		\$1,127,116		\$286,552
Staff Benefits (Specify %)	56.24%		\$795,047		\$633,890		\$161,157
I. Total Personnel Expenses			\$2,208,715		\$1,761,006		\$447,709
II. Operating Expenses							
1. Travel			\$2,049	0%	\$0	100%	\$2,049
2. Training			\$2,256	0%	\$0	100%	\$2,256
II. Total Operating Expenses			\$4,305		\$0		\$4,305
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	16.90%		\$373,273				\$373,273
IV. Total Indirect Expenses			\$373,273				\$373,273
V. Total Other Expenses							
Budget Grand Total			\$2,586,293		\$1,761,006		\$825,287

Prepared By:	Sign	Print	Title	Date	Email
		Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email
		Monique Amis	Public Health Division Chief	1/3/2024	Monique.Amis@dph.sbcounty.gov

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



MICHELLE BAASS
DIRECTOR

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

**Health Care Program for Children in Foster Care
Budget Narrative**



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Base	
County/City Name: San Bernardino		Fiscal Year: 2022-23	
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN, SPHN, and Nurse Manager staffing increased by 0.05 FTE (0.3%) due to a small reduction in the annual unit cost for the PHN job classification that facilitated a small increase in FTE. The fringe benefits percentage increased from 50.59% to 56.24% of Salaries.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	<p>This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel.</p> <p>Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate.</p> <p>Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).</p> <p>Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.</p>		
Training:	<p>This includes costs for anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager), including continuing education and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of the clients served. The amount per each FTE in the HCPCFC budget is \$150.</p>		
III. Capital Expenses cannot be included in this budget			
IV. Indirect Expenses Indirect External Expenses cannot be included in this budget			
Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage decreased from 18.261% to 16.90% of Personnel Costs (Salaries plus Fringe Benefits).		
V. Other Expenses cannot be included in this budget			

Prepared By:		Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
	Sign	Print	Title	Date	Email
Authorized HCPCFC Program Representative: Sign		Monique Amis	Public Health Division Chief	1/3/2024	Monique.Amis@dph.sbcounty.gov
	Sign	Print	Title	Date	Email



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Budget Summaries



GAVIN NEWSOM
GOVERNOR

County/City:	San Bernardino									Fiscal Year:	2022-23		
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			
A	B	C	D	B	C	D	B	C	D	B	C	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$2,208,715	\$1,761,006	\$447,709	\$372,128	\$306,762	\$65,366	\$1,005,259	\$832,400	\$172,859	\$0	\$0	\$0	
II. Total Operating Expenses	\$4,305	\$0	\$4,305	\$3,730	\$0	\$3,730	\$3,078	\$0	\$3,078	\$0	\$0	\$0	
III. Total Capital Expenses													
IV. Total Indirect Expenses	\$373,273		\$373,273	\$62,890		\$62,890	\$169,889		\$169,889	\$0		\$0	
V. Total Other Expenses													
Budget Grand Total	\$2,586,293	\$1,761,006	\$825,287	\$438,748	\$306,762	\$131,986	\$1,178,226	\$832,400	\$345,826	\$0	\$0	\$0	
E	F	G	H	F	G	H	F	G	H	F	G	H	
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	
State/County Funds	\$852,896	\$440,252	\$412,644	\$142,684	\$76,691	\$65,993	\$381,013	\$208,100	\$172,913	\$0	\$0	\$0	
Federal Funds (Title XIX)	\$1,733,399	\$1,320,755	\$412,644	\$296,065	\$230,072	\$65,993	\$797,213	\$624,300	\$172,913	\$0	\$0	\$0	
Budget Grand Total	\$2,586,293	\$1,761,006	\$825,287	\$438,748	\$306,762	\$131,986	\$1,178,226	\$832,400	\$345,826	\$0	\$0	\$0	

Prepared By: *Stewart Hunter* Sign *Stewart Hunter* Print Stewart Hunter Title Program Manager Date 8/14/2023 Email SHunter@dph.sbcounty.gc
 Authorized HCPCFC Program Representative: Sign *Monique Amis* Print Monique Amis Title Public Health Division Chief Date 1/3/2024 Email nique.Amis@dph.sbcounty.



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Worksheet

State/Federal Funding Source: Psychotropic Medication Monitoring & Oversight

County/City Name: San Bernardino Fiscal Year: 2022-23

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
2	100%	\$92,363	\$92,363	90%	\$83,127	10%	\$9,236
3	30%	\$92,363	\$27,709	90%	\$24,938	10%	\$2,771
4	1%	\$104,677	\$1,047	20%	\$209	80%	\$837
5	1%	\$104,677	\$1,047	20%	\$209	80%	\$837
6	1%	\$104,677	\$1,047	20%	\$209	80%	\$837
7	16%	\$104,677	\$16,748	20%	\$3,350	80%	\$13,399
8	5%	\$117,057	\$5,853	20%	\$1,171	80%	\$4,682
9			\$0		\$0		\$0
10			\$0		\$0		\$0
			\$0		\$0		\$0
Total PHN FTE %	230.00%			207.00%		23.00%	
Total Direct Support Staff FTE %	24.00%			4.80%		19.20%	
Net Salaries and Wages			\$238,177		\$196,340		\$41,837
Staff Benefits (Specify %)	56.24%		\$133,951		\$110,422		\$23,529
I. Total Personnel Expenses			\$372,128		\$306,762		\$65,366
II. Operating Expenses							
1.			\$2,290	0%	\$0	100%	\$2,290
2.			\$1,440	0%	\$0	100%	\$1,440
II. Total Operating Expenses			\$3,730		\$0		\$3,730
III. Total Capital Expenses							
IV. Indirect Expenses							
1.	Internal (Specify %)	16.90%	\$62,890				\$62,890
IV. Total Indirect Expenses			\$62,890				\$62,890
V. Total Other Expenses							
Budget Grand Total			\$438,748		\$306,762		\$131,986

Prepared By: *Stewart Hunter* Sign: Stewart Hunter Title: Program Manager Date: 8/14/2023 Email: SHunter@dph.sbcounty.gov

Authorized HCPCFC Program Representative: *Monique Amis* Sign: Monique Amis Title: Public Health Division Chief Date: 1/3/2024 Email: Monique.Amis@dph.sbcounty.gov

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



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Narrative

State/Federal Funding Source:	Psychotropic Medication Monitoring & Oversight
-------------------------------	--

County/City Name:	San Bernardino	Fiscal Year:	2022-23
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I. Personnel Expenses

Identify and Explain Any Changes in Personnel/Personnel Expenses

Aggregate PHN, SPHN, and Nurse Manager staffing increased by 0.02 FTE (0.8%) due to a small reduction in the annual unit cost for the PHN job classification that facilitated a small increase in FTE. The fringe benefits percentage increased from 50.59% to 56.24% of Salaries.

II. Operating Expenses

Identify and Explain All Operating Expense Line Items

Travel:	<p>This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel.</p> <p>Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate.</p> <p>Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).</p> <p>Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.</p>
Training:	<p>This includes costs for anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager), including continuing education and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of the clients served. The amount per each FTE in the HCPCFC budget is \$565.</p>

III. Capital Expenses *cannot be included in this budget*

IV. Indirect Expenses *Indirect External Expenses cannot be included in this budget*

Identify and Explain All Indirect Expense Line Items

Internal:	The indirect cost percentage decreased from 18.261% to 16.90% of Personnel Costs (Salaries plus Fringe Benefits).
------------------	---

V. Other Expenses *cannot be included in this budget*

<u>Stewart Hunter</u>		Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
Prepared By:	Sign	Print	Title	Date	Email
		0	0	0	
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Budget Summaries



GAVIN NEWSOM
GOVERNOR

County/City:	San Bernardino	Fiscal Year:	2022-23
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Funding Source: A	Base			PMM&O			Caseload Relief			County/City-Federal		
	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$2,208,715	\$1,761,006	\$447,709	\$372,128	\$306,762	\$65,366	\$1,005,259	\$832,400	\$172,859	\$0	\$0	\$0
II. Total Operating Expenses	\$4,305	\$0	\$4,305	\$3,730	\$0	\$3,730	\$3,078	\$0	\$3,078	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$373,273		\$373,273	\$62,890		\$62,890	\$169,889		\$169,889	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$2,586,293	\$1,761,006	\$825,287	\$438,748	\$306,762	\$131,986	\$1,178,226	\$832,400	\$345,826	\$0	\$0	\$0
Source of Funds: E	Total Funds F	Enhanced G	Non-Enhanced H	Total Funds F	Enhanced G	Non-Enhanced H	Total Funds F	Enhanced G	Non-Enhanced H	Total Funds F	Enhanced G	Non-Enhanced H
State/County Funds	\$852,896	\$440,252	\$412,644	\$142,684	\$76,691	\$65,993	\$381,013	\$208,100	\$172,913	\$0	\$0	\$0
Federal Funds (Title XIX)	\$1,733,399	\$1,320,755	\$412,644	\$296,065	\$230,072	\$65,993	\$797,213	\$624,300	\$172,913	\$0	\$0	\$0
Budget Grand Total	\$2,586,293	\$1,761,006	\$825,287	\$438,748	\$306,762	\$131,986	\$1,178,226	\$832,400	\$345,826	\$0	\$0	\$0

Prepared By: <i>Stewart Hunter</i>	Sign	Print	Stewart Hunter	Title	Program Manager	Date	8/14/2023	Email	SHunter@dph.sbcounty.gc
Authorized HCPCFC Program Representative: <i>Monique Amis</i>	Sign	Print	Monique Amis	Title	Public Health Division Chief	Date	1/3/2024	Email	monique.Amis@dph.sbcounty.



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Worksheet

State/Federal Funding Source:	Caseload Relief
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County/City Name:	San Bernardino	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Caseload Relief FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
Total PHN FTE %	625.00%			562.50%		62.50%	
Total Direct Support Staff FTE %	62.00%			12.40%		49.60%	
Net Salaries and Wages			\$643,407		\$532,770		\$110,637
Staff Benefits (Specify %)	56.24%		\$361,852		\$299,630		\$62,222
I. Total Personnel Expenses			\$1,005,259		\$832,400		\$172,859
II. Operating Expenses							
1. Travel			\$676	0%	\$0	100%	\$676
2. Training			\$2,402	0%	\$0	100%	\$2,402
II. Total Operating Expenses			\$3,078		\$0		\$3,078
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	16.90%		\$169,889				\$169,889
IV. Total Indirect Expenses			\$169,889				\$169,889
V. Total Other Expenses							
Budget Grand Total			\$1,178,226		\$832,400		\$345,826

Prepared By:	Sign	Print	Title	Date	Email
		Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email
		Monique Amis	Public Health Division Chief	1/3/2024	Monique.Amis@dph.sbcounty.gov

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



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



Health Care Program for Children in Foster Care
 Budget Narrative

GAVIN NEWSOM
 GOVERNOR

State/Federal Funding Source:		Caseload Relief	
County/City Name	San Bernardino	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN, SPHN, and Nurse Manager staffing increased by 0.10 FTE (1.5%) due to a small reduction in the annual unit cost for the PHN job classification that facilitated a small increase in FTE. The fringe benefits percentage increased from 50.59% to 56.24% of Salaries.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	<p>This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel.</p> <p>Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate.</p> <p>Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).</p> <p>Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.</p>		
Training:	<p>This includes costs for anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager), including continuing education and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of the clients served. The amount per each FTE in the HCPCFC budget is \$350.</p>		
III. Capital Expenses cannot be included in this budget			
IV. Indirect Expenses Indirect External Expenses cannot be included in this budget			
Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage decreased from 18.261% to 16.90% of Personnel Costs (Salaries plus Fringe Benefits).		
V. Other Expenses cannot be included in this budget			

Prepared By:		Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
	Sign	Print	Title	Date	Email
Authorized HCPCFC Program Representative:		Monique Amis	Public Health Division Chief	1/3/2024	Monique.Amis@dph.sbcounty.gov
	Sign	Print	Title	Date	Email



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

Child Health and Disability Prevention Program
 Plan and Budget Reporting Checklist

County/City: San Bernardino <input type="checkbox"/>		Fiscal Year: 2022-23	Page Number
1.	CHDP Plan and Budget Reporting Checklist		1
2.	CHDP Certification Statement		2
3.	CHDP Organizational Chart		3
4.	CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		N/A
5.	If Applicable:		
	a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		N/A
	b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		N/A
	c. Property Survey Report Form (STD 152)		N/A
6.	CHDP Plan and Budget Reporting Spreadsheet		
	a. Agency Information Sheet		4
	b. CHDP Memorandum of Understanding and Inter-agency Agreement List		5
	c. CHDP Incumbent List		6-8
	d. CHDP Budget		
	i. CHDP Administrative Budget		
	– Summary and Worksheet		9-10
	– Budget Narrative		11-13
	ii. Optional County/City - Federal Match Budget		
	– Summary and Worksheet		14-15
	– Budget Narrative		16-18

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



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

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

County/City: San Berna

Fiscal Year: 2022-23

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Integrated Systems of Care Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Monique Amis

3/24/21

Signature of CHDP Director/Deputy Director

Date Signed

Signature and Title of Other – Optional

Date Signed

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

Dawn Rowe, Chair, Board of Supervisors

Signature of Local Governing Body Chairperson

Date Signed



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention
 Childhood Lead Poisoning Prevention Program
 Certification Statement**

County/City: San Berna

Fiscal Year: 2022-23

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

Monique Amis

12/21/23

Signature of County Authorized Program Representative

Date Signed

Joshua Dugas

Signature of Director or Health Officer

Date Signed

12/21/23

Signature and Title of Other – Optional

Date Signed

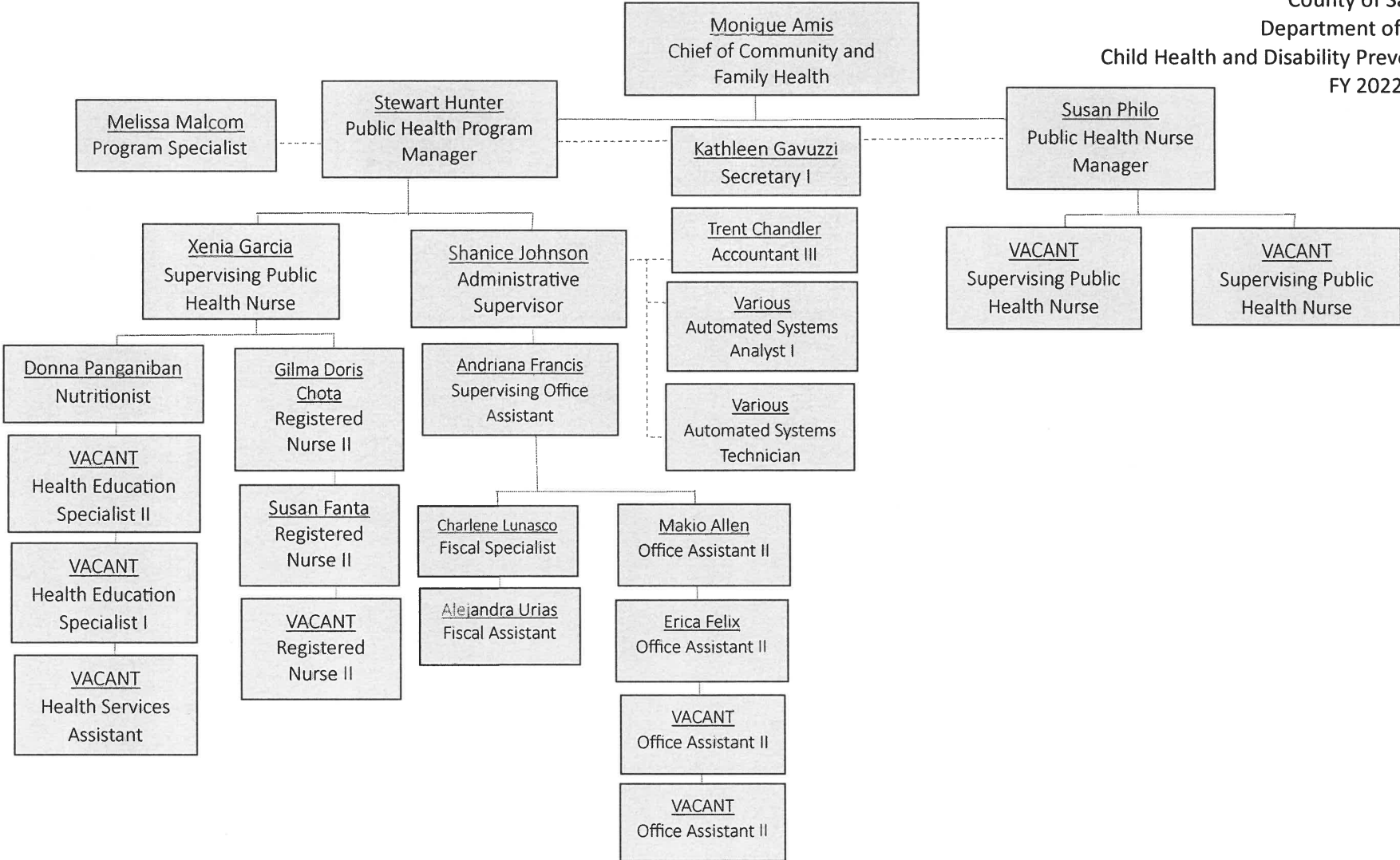
I certify that this plan has been approved by the local governing body.

Dawn Rowe, Chair, Board of Supervisors

Signature of Local Governing Body Chairperson

Date Signed

County of San Bernardino
 Department of Public Health
 Child Health and Disability Prevention (CHDP)
 FY 2022-2023





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

**Child Health and Disability Prevention
 Agency Information**



GAVIN NEWSOM
 GOVERNOR

County/City:	San Bernardino	Fiscal Year:	2022-23
Official Agency			
Street Address:	351 N. Mt. View Ave., 3rd Fl	Health Officer:	Dr. Michael Sequeira
City:	San Bernardino, CA	Local CHDP	
Zip Code:	92415-0010	Central Inbox:	
CMS Director (if applicable)			
Name:	Jeany Zepeda	Street Address:	150 S. Lena Rd
Phone:	(909) 387-2792	City:	San Bernardino, CA
Email:	Jeany.Zepeda@hss.sbcounty.	Zip Code:	92415
CHDP Director			
Name:	Michael Sequeira, MD	Street Address:	351 N. Mt. View Ave., 3rd Fl
Phone:	(909) 387-6219	City:	San Bernardino, CA
Email:	Michael.Sequeira@dph.sbcounty	Zip Code:	92415-0010
CHDP Deputy Director			
Name:	Monique Amis	Street Address:	351 N. Mt. View Ave., 3rd Fl
Phone:	(909) 387-6218	City:	San Bernardino, CA
Email:	Monique.Amis@dph.sbcounty	Zip Code:	92415-0010
Clerk of the Board of Supervisors or City Council			
Name:	Lynna Monell	Street Address:	385 N. Arrowhead Ave 2nd Fl
Phone:	(909) 387-3848	City:	San Bernardino, CA
Email:	lmonell@cob.sbcounty.gov	Zip Code:	92415-0130



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

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

	Title or Name of MOU/IA	Name of Partner Entity	Date Last Renewed
1	MOU with Preschool Services Department	County Preschool Services Department	7/1/2020
2	MOU with Transitional Assistance Department	County Transitional Assistance Department	7/1/2020
3	MOU with WIC Program	Women, Infants, and Children, Department of Public Health	7/1/2020
4			
5			
6			
7			
8			
9			
10			
	<i>(Insert additional rows as needed)</i>		



MICHELLE BAASS
DIRECTOR

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

Child Health and Disability Prevention
Incumbent List



GAVIN NEWSOM
GOVERNOR

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

Please include applicable vacant positions, including title.

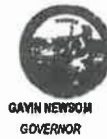
Name	Title	Email Address	Other Programs (with FTE % each)
1 Johnson, Shanice	Administrative Supervisor I	Shanice.Johnson@dph.sbcounty.gov	MCAH=10% Contracts=1% CLPPP=6% BIH=15% CHVP=5% PEI=15%
2 Garcia, Xenia	Clinic Supervisor-PH	Xenia.Garcia@dph.sbcounty.gov	HCPCFC=12% PMM&O=1% CASELOAD=8% RX4Kids=34% CHDP=5% MCAH= 15% BIH=2%
3 Urias, Alejandra	Fiscal Assistant I	Alejandra.Urias@dph.sbcounty.gov	RX4Kids =60% MCAH=7% Contracts=2% CLPPP=5% BIH=15% CHVP=2% PEI= 1%
4 Lunasco, Charlene	Fiscal Specialist	Charlene.Lunasco@dph.sbcounty.gov	MCAH=3% CLPPP=5% BIH=10% CHVP=2% PEI=1%
5 Felix, Erica	Office Assistant II	ESanchez-Felix@dph.sbcounty.gov	MCAH=2% Contracts=4% PEI=2% CHDP=1%
6 Allen, Makio	Office Assistant II	Mallen@dph.sbcounty.gov	MCAH=6% PEI=11%
7 Hunter, Stewart	Public Health Manager	Shunter@dph.sbcounty.gov	RX4Kids=20% MCAH=15% CLPPP=10% BIH=10% CHVP=7% PEI=5%
8 Chota, Gilma	Registered Nurs II - Clinic	Gchota@dph.sbcounty.gov	CHDP=7%

9	Fanta, Susan	Registered Nurs II - Clinic	Susan.Fanta@dph.sbcounty.gov	Contracts=6%
10	Gavuzzi, Kathleen	Secretary I	Kathleen.Gavuzzi@dph.sbcounty.gov	RX4Kids=30% MCAH=12% BIH=10% CHVP=5% PEI=2%
11	Francis, Andriana	Supervising Office Assistant	Andriana.Francis@dph.sbcounty.gov	RX4Kids=5% MCAH=7%-CLPPP=3%-BIH =10% PEI=1%
	Vacant	Supervising Public Health Nurse	N/A	HCPFC=49% Caseload =1% RXKids=25% Contracts=5%
12	Vacant	Supervising Public Health Nurse	N/A	MCAH=55%
14	Chandler, Trent	Accountant III	Trent.Chandler@dph.sbcounty.gov	RX4Kids=10% CHDP=1% MCAH=10% -CLPPP=5% BIH=10% CHVP=5% PEI=5% Other Programs=50%
15	Various	Automated Systems Analyst I	N/A	MCAH=1% CLPPP=10% BIH=5% CHVP=3% PEI=1% Other Programs = 30%
16	Vacant	Health Education Specialist I	N/A	MCAH=60%
	Vasquez, Beatriz	Health Education Specialist II	beatriz.vasquez@dph.sbcounty.gov	MCAH=1% PEI=1% CLPPP=70% MCLP=24%
17	Panganiban, Donna	Nutritionist	Donna.Panganiban@dph.sbcounty.gov	CLPPP= 5% Other Programs=90%
18	Malcom, Melissa	Program Specialist I	Melissa.Malcom@dph.sbcounty.gov	MCAH=10% CHVP=20% PEI=64%
19	Vacant	Health Services Assistant I	N/A	N/A
20	Vacant	Office Assistant II	N/A	MCAH=2% PEI=10% CLPPP=61% MCLP25%
21	Vacant	Office Assistant II	N/A	BIH=50% PEI=1%

23	Davila, Robert	PublicHealth Nurse Manager	Susan.Philo@dph.sbcounty.gov	HCPCFC=35% PMM&0=5% Caseload=10% RX4Kids=20% MCAH=2% CLPPP=5% MCLP=5% BIH=1% PEI=3%
24	Vacant	Automated Systems Technician: Va	N/A	CHVP=2% MCAH=1% PEI=1% CLPPP=3% BIH=1% Other program=90%
25	Vacant	Registered Nurse II-Clinic	N/A	0%



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



Child Health and Disability Prevention
 Budget Summaries

County/City:	San Bernardino					Fiscal Year:	2022-23		
Funding Source:	Base					County/City-Federal			
Category/Line Item	1 Total Budget	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	B Total Budget	C Enhanced	D Non-Enhanced	
I. Total Personnel Expenses	\$1,018,827	\$380,790	\$638,037	\$0	\$0	\$148,925	\$19,911	\$127,014	
II. Total Operating Expenses	\$139,353	\$0	\$139,353	\$0	\$0	\$37,747	\$0	\$37,747	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$172,182		\$172,182	\$0	\$0	\$24,830		\$24,830	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
Budget Grand Total	\$1,330,362	\$380,790	\$949,572	\$0	\$0	\$209,502	\$19,911	\$189,591	
Source of Funds:	1 Total Funds	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	F Total Funds	G Enhanced	H Non-Enhanced	
State General Funds	\$0			\$0					
Medi-Cal Funds:	\$0				\$0				
State/County Funds	\$569,884	\$95,198	\$474,786		\$569,884	\$99,774	\$4,978	\$94,796	
Federal Funds (Title XIX)	\$285,593	\$285,593	\$0		\$285,593	\$14,933	\$14,933	\$0	
Budget Grand Total	\$1,330,362	\$380,790	\$949,572	\$0	\$1,330,362	\$209,502	\$19,911	\$189,591	

Prepared By: Sign *[Signature]* Stewart Hunter Program Manager Date 8/14/2023
 Authorized CHDP Program Representative: Sign *[Signature]* Monique Amis Public Health Division Chief Date 12/21/23



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



Child Health and Disability Prevention
Budget Worksheet

State/Federal Funding Source: Base

County/City Name: San Bernardino Fiscal Year: 2022-23

Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
I. Personnel Expenses											
# Name											
1 Accountant II: Chandler, Trent	2%	\$72,346	\$1,447	0%	\$0	100%	\$1,447				
2 Administrative Supervisor I: Johnson, Shanice	38%	\$83,265	\$31,641	0%	\$0	100%	\$31,641				
3 Automated Systems Analyst I: Various	30%	\$68,939	\$20,682	0%	\$0	100%	\$20,682				
4 Health Education Specialist I: Vacant	40%	\$55,730	\$22,292	0%	\$0	100%	\$22,292				
5 Health Services Assistant I: Vacant	100%	\$43,641	\$43,641	0%	\$0	100%	\$43,641				
6 Nutritionist: Panganiban, Donna Plata	2%	\$60,145	\$1,203	0%	\$0	100%	\$1,203				
7 Office Assistant II: Felix, Erica	83%	\$38,559	\$32,004	0%	\$0	100%	\$32,004				
8 Office Assistant II: Allen, Makio S	78%	\$38,559	\$30,076	0%	\$0	100%	\$30,076				
9 Office Assistant II: Vacant	11%	\$38,559	\$4,241	0%	\$0	100%	\$4,241				
10 Office Assistant II: Vacant	49%	\$38,559	\$18,894	0%	\$0	100%	\$18,894				
11 Program Specialist: Malcom, Melissa	5%	\$68,891	\$3,495	0%	\$0	100%	\$3,495				
12 Fiscal Assistant: Urias, Alejandra	3%	\$41,281	\$1,238	0%	\$0	100%	\$1,238				
13 Fiscal Specialist: Lunasco, Charlene	54%	\$47,912	\$25,873	0%	\$0	100%	\$25,873				
14 Program Manager: Hunter, Stewart	23%	\$111,218	\$25,580	0%	\$0	100%	\$25,580				
15 PH Program Nurse Manager: Davila, Robert	10%	\$117,057	\$11,706	20%	\$2,341	80%	\$9,365				
16 Registered Nurse II: Chota, Gilma Doris	93%	\$89,772	\$83,488	90%	\$75,139	10%	\$8,349				
17 Registered Nurse II: Fanta, Susan L	94%	\$89,772	\$84,385	90%	\$75,947	10%	\$8,439				
18 Registered Nurse II: Vacant	92%	\$89,772	\$82,590	90%	\$74,331	10%	\$8,259				
19 Secretary I: Gavruzzi, Kathleen	38%	\$48,398	\$17,631	0%	\$0	100%	\$17,631				
20 Supv Office Assistant: Francis, Adriana	74%	\$52,439	\$38,805	0%	\$0	100%	\$38,805				
21 Supv Public Health Nurse II: Vacant	25%	\$104,677	\$26,169	19%	\$4,972	81%	\$21,197				
22 Supv Public Health Nurse II: Vacant	20%	\$104,677	\$20,935	18%	\$3,768	82%	\$17,167				
23 Supv Public Health Nurse II: Garcia, Xenia	23%	\$104,677	\$24,076	30%	\$7,223	70%	\$16,853				
Total Salaries and Wages			\$652,091		\$243,721		\$408,370		\$0		\$0
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$652,091		\$243,721		\$408,370		\$0		\$0
Staff Benefits (Specify %)	56.24%		\$368,736		\$137,069		\$229,667		\$0		\$0
I. Total Personnel Expenses			\$1,011,827		\$380,790		\$638,037		\$0		\$0
II. Operating Expenses (List in Narrative)											
II. Total Operating Expenses			\$139,353		\$0		\$139,353		\$0		\$0
III. Capital Expenses (List in Narrative)											
III. Total Capital Expenses			\$0		\$0		\$0		\$0		\$0
IV. Indirect Expenses											
1. Internal (Specify %)	16.90%		\$172,182				\$172,182		\$0		\$0
2. External (Specify %)	0%		\$0				\$0		\$0		\$0
IV. Total Indirect Expenses			\$172,182		\$0		\$172,182		\$0		\$0
V. Other Expenses											
V. Total Other Expenses			\$0		\$0		\$0		\$0		\$0
Budget Grand Total			\$1,330,362		\$380,790		\$949,572		\$0		\$0

Prepared By: Stewart Hunter Sign: [Signature] Title: Program Manager Date: 8/14/2023 Email: SHunter@dph.sbcounty.gov
 Authorized CHDP: Monique Aris Sign: [Signature] Title: Public Health Division Chief Date: 8/14/23 Email: Monique.Aris@dph.sbcounty.gov
 Program Representative: _____ Sign: _____ Title: _____ Date: _____ Email: _____

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



State of California—Health and Human Services Agency
Department of Health Care Services
Child Health and Disability Prevention
Budget Narrative





GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Base	
County/City Name:	San Bernardino	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate staffing for No County Match increased by 0.15 FTE (1.5%) due to adjustments in the composition of FTE by job classification compared to FY 21-22. The fringe benefits percentage increased from 50.59% to 56.24% of Salaries.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	Travel \$1,100 This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel. Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate. Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location). Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.		
Training:	Training \$300 This includes costs for anticipated training needs for program staff, including continuing education, automated systems applications, and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of clients served by the program.		
	Communications \$21,250 This category includes costs associated with communications for the program, including telephones, voice mail accounts, circuit charges, cellular telephones, Internet access, e-mail accounts, Virtual Private Network (VPN), and e-mail sync with cellular service.		
	Office Supplies \$2,136 The costs associated with this budget item are general office supplies, paper, toner, photocopier and facsimile supplies, pens, writing pads, binders, and minor office equipment for use by program staff.		
	Office Supplies \$2,136 The costs associated with this budget item are general office supplies, paper, toner, photocopier and facsimile supplies, pens, writing pads, binders, and minor office equipment for use by program staff.		
	Printing \$1,000 This budget item funds the program’s photocopy, outside printing, and bindery costs (as applicable) of brochures, flyers, and other informational/educational materials for providers and the community; health fairs; business cards; administrative forms and personnel documents; and training resources.		

	<p>Special Department Expense \$1,000 This is the title of the Department of Public Health’s accounting code for specialty items. In this case, it includes purchase of outside educational resources (e.g., brochures, flyers) that typically cannot be copied within the program due to expense, licensing, or copyright issues. The items purchased are used in staff outreach activities at health fairs and other community events. The cost of community advertising/promotion and/or marketing media may also be accounted to this budget line item (e.g., notice or promotional material in a resource guide or list of referrals in a community-based agency’s publication). Depending on the item type, the costs may alternately be charged to the Printing line item above).</p>
	<p>Rent/Lease of Equipment \$1,950 This budget item funds the cost to lease of photocopy equipment for the program, including all normal maintenance and repairs. The costs incurred are prorated within the program based on specific accounting codes recorded by staff for each photocopy/printing job.</p>
	<p>Automated Systems Equipment/Software \$10,945 This is for purchase of replacement computers and monitors, which is estimated as 6 systems at \$2,000 per unit and 2 printers at \$500 each, for use by CHDP staff. As necessary, it includes other minor office machinery and equipment (i.e., those items that are not classified as fixed assets or capital expenses), which is estimated at \$200.</p>
	<p>Chairs/Modular Furniture \$7,800 This line item includes funds to purchase new chairs for 5 staff (estimated \$600 unit cost) and purchase/installation taller modular paneling for office cubicles for 5 staff (estimated \$2,000 unit cost).</p>
	<p>County Counsel \$500 This funds County Counsel review of documents as to legal form related to submission of the ISCD Plan. Items that will be approved by the County Board of Supervisors (e.g., ISCD Plan) are typically reviewed first by County Counsel.</p>
	<p>Professional Services \$7,350 The program regularly requires use of internal and external support services. External services include, but are not limited to, security guards at office locations, employee wellness services (pre-employment physicals), and/or pre-employment background checks for new hires. The costs are charged directly to the program based on actual hours and/or specific tasks. Services in this line item are not included in the indirect cost amount, are not calculated based on an allocation, nor are they duplicative of any indirect cost item.</p>
	<p>Audit Expense \$500 The CHDP No County Match Program incurs audit costs on an annual basis related to internal review and Single Audit.</p>
	<p>Human Services (HS) Contracts Unit \$1,000 This funds preparation and review of contracts with community-based organizations, memoranda of understanding required per the ISCD Plan, and/or other documents prior to Board of Supervisors’ approval (e.g., ISCD Plan submission). The services are not included in the indirect cost amount, are not calculated based on an allocation, nor are they duplicative of any indirect cost item.</p>
	<p>Rent/Lease of Structure \$75,922 This is the cost for lease of the facility that houses program staff and for space to store program materials (both in San Bernardino). The amount budgeted is for the program’s pro rata share of the leased space. The calculation for the office space is based on roughly 3,338.35 square feet at \$1.895 per square foot for 12 months.</p>
<p>III. Capital Expenses Identify and Explain All Capital Expense Line Items</p>	
<p>IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items</p>	

Internal:	The indirect cost percentage decreased from 18.261% to 16.90% of Personnel Costs (Salaries plus Fringe Benefits).
External:	
V. Other Expenses	
Identify and Explain All Other Expense Line Items	

	Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
Prepared By: Sign	Print	Title	Date	Email
	Monique Amis	Public Health Division Chief	8/11/23	Monique.Amis@dph.sbcounty.gov
Authorized CHDP Program Representative: Sign	Print	Title	Date	Email



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



Child Health and Disability Prevention
 Budget Summaries

County/City:	San Bernardino					Fiscal Year:	2022-23		
Funding Source:	Base					County/City-Federal			
	1	4	5	2	3	B	C	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$1,016,827	\$380,790	\$638,037	\$0	\$0	\$148,925	\$19,911	\$127,014	
II. Total Operating Expenses	\$139,353	\$0	\$139,353	\$0	\$0	\$37,747	\$0	\$37,747	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$172,182		\$172,182	\$0	\$0	\$24,830		\$24,830	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
Budget Grand Total	\$1,330,362	\$380,790	\$949,572	\$0	\$0	\$209,502	\$19,911	\$189,591	
	1	4	5	2	3	F	G	H	
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced	
State General Funds	\$0			\$0					
Medi-Cal Funds:	\$0				\$0				
State/County Funds	\$589,984	\$95,198	\$474,786		\$569,984	\$99,774	\$4,878	\$94,796	
Federal Funds (Title XIX)	\$285,593	\$285,593	\$0		\$285,593	\$14,933	\$14,833	\$0	
Budget Grand Total	\$1,330,362	\$380,790	\$949,572	\$0	\$1,330,362	\$209,502	\$19,911	\$189,591	

Prepared by: Sign *[Signature]* Print Stewart Hunter Title Program Manager Date 8/14/2023
 Authorized CHDP Program Representative: Sign *[Signature]* Print Monique Amis Title Public Health Division Chief Date 8/14/2023



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



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**Child Health and Disability Prevention
 Budget Narrative**

State/Federal Funding Source:		County/City-Federal Match	
County/City Name:	San Bernardino	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate staffing for No County Match decreased by 0.55 FTE (-30.0%) due to adjustments in the composition of FTE by job classification compared to FY 21-22 and the status of CHDP. The fringe benefits percentage increased from 50.59% to 56.24% of Salaries.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	<p>Travel \$400 This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel.</p> <p>Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate.</p> <p>Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).</p> <p>Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.</p>		
Training:	<p>Training \$300 This includes costs for anticipated training needs for program staff, including continuing education, automated systems applications, and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of clients served by the program.</p>		
	<p>Communications \$8,500 This category includes costs associated with communications for the program, including telephones, voice mail accounts, circuit charges, cellular telephones, Internet access, e-mail accounts, Virtual Private Network (VPN), and e-mail sync with cellular service.</p>		
	<p>Office Supplies \$4,600 The costs associated with this budget item are general office supplies, paper, toner, photocopier and facsimile supplies, pens, writing pads, binders, and minor office equipment for use by program staff.</p>		
	<p>Postage \$100 This amount funds the program’s postage allocation expenses for mailings to providers and general postage fees. It further includes a prorated share of the cost for interoffice mail services between county offices.</p>		

	<p>Printing \$100 This budget item funds the program's photocopy, outside printing, and bindery costs (as applicable) of brochures, flyers, and other informational/educational materials for providers and the community; health fairs; business cards; administrative forms and personnel documents; and training resources.</p>
	<p>Special Department Expense \$1,900 This is the title of the Department of Public Health's accounting code for specialty items. In this case, it includes purchase of outside educational resources (e.g., brochures, flyers) that typically cannot be copied within the program due to expense, licensing, or copyright issues. The items purchased are used in staff outreach activities at health fairs and other community events. The cost of community advertising/promotion and/or marketing media may also be accounted to this budget line item (e.g., notice or promotional material in a resource guide or list of referrals in a community-based agency's publication). Depending on the item type, the costs may alternately be charged to the Printing line item above).</p>
	<p>Rent/Lease of Equipment \$200 This budget item funds the cost to lease of photocopy equipment for the program, including all normal maintenance and repairs. The costs incurred are prorated within the program based on specific accounting codes recorded by staff for each photocopy/printing job.</p>
	<p>Automated Systems Equipment/Software \$1,839 This is for purchase of replacement computers and monitors, which is estimated as 6 systems at \$2,000 per unit and 2 printers at \$500 each, for use by CHDP staff. As necessary, it includes other minor office machinery and equipment (i.e., those items that are not classified as fixed assets or capital expenses), which is estimated at \$200.</p>
	<p>Professional Services \$2,050 The program regularly requires use of internal and external support services. External services include, but are not limited to, security guards at office locations, employee wellness services (pre-employment physicals), and/or pre-employment background checks for new hires. The costs are charged directly to the program based on actual hours and/or specific tasks. Services in this line item are not included in the indirect cost amount, are not calculated based on an allocation, nor are they duplicative of any indirect cost item.</p>
	<p>Audit Expense \$300 The CHDP No County Match Program incurs audit costs on an annual basis related to internal review and Single Audit.</p>
	<p>Human Services (HS) Contracts Unit \$1,500 This funds preparation and review of contracts with community-based organizations, memoranda of understanding required per the ISCD Plan, and/or other documents prior to Board of Supervisors' approval (e.g., ISCD Plan submission). The services are not included in the indirect cost amount, are not calculated based on an allocation, nor are they duplicative of any indirect cost item.</p>
	<p>Rent/Lease of Structure \$15,958 This is the cost for lease of the facility that houses program staff and for space to store program materials (both in San Bernardino). The amount budgeted is for the program's pro rata share of the leased space. The calculation for the office space is based on roughly 701.68 square feet at \$1.895 per square foot for 12 months.</p>
<p>III. Capital Expenses Identify and Explain All Capital Expense Line Items</p>	
<p> </p>	
<p>IV. Indirect Expenses</p>	

Identify and Explain All Indirect Expense Line Items

Internal:	The indirect cost percentage decreased from 18.261% to 16.90% of Personnel Costs (Salaries plus Fringe Benefits).
External:	
V. Other Expenses	
Identify and Explain All Other Expense Line Items	



		Stewart Hunter	Program Manager	8/14/2023	SHunter@dph.sbcounty.gov
Prepared By	Sign	Print	Title	Date	Email
		Monique Amis	Public Health Division Chief		Monique.Amis@dph.sbcounty.gov
Authorized CHDP Program Representative: Sign		Print	Title	Date	Email

CHDP-LPP Local Assistance Allocation Budget Worksheet

Fiscal Year: 2022-23

County/City Name: County of San Bernardino

Column	1	2	
Category/Line Item	% of FTE towards CHDP-LPP	Annual Salary	Total Budget (1 x 2 for Personnel)
I. Personnel Expense			
Xenia Garcia, Supervising Public Health Nurse	5.00%	104,677.42	5,233.87
Vacant, Public Health Nurse	1.00%	92,363.03	923.63
Doris Chota, Registered Nurse	7.00%	89,771.51	6,284.01
Susan Fanta, Registered Nurse	6.00%	89,771.51	5,386.29
Erica Felix, Office Assistant II	1.00%	38,558.63	385.59
Trent Chandler, Accountant III	1.00%	72,345.75	723.46
	0.00%	0	
	0.00%	0	
	0.00%	0	
Total Salaries and Wages	21.00%		18,936.84
Staff Benefits (Specify %)	56.24%		10,650.08
I. Total Personnel Expense			29,586.92
II. Total Travel Expense			414.00
III. Other Expense (Must Separately Itemize all Other Expenses below)			
1. Office Expense			100.00
2. Photocopying/Printing			749.16
3. Indirect Costs @ 16.90% of Total Personnel			5,000.19
4.			
5.			
III. Total Other Expense			5,849.35
Budget Grand Total			35,850.27

Prepared By:  Stewart Hunter


Monique Amis

CHDP Director or Deputy Director

Date Prepared: 11/5/2022



Date

Email Address: SHunter@dph.sbcounty.gov

 Monique.Amis@dph.sbcounty.gov
 Email Address






ATT-DPH-3-26-24-Integrated Systems of Care Division Plan FY 22-23 Signed

Final Audit Report

2024-03-21

Created:	2024-03-21
By:	Rebecca Saucedo (Rebecca.Saucedo@dph.sbcounty.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAACtjPe7afgdPlci7FbuLSjeBTplfNLte

"ATT-DPH-3-26-24-Integrated Systems of Care Division Plan FY 22-23 Signed" History

-  Document created by Rebecca Saucedo (Rebecca.Saucedo@dph.sbcounty.gov)
2024-03-21 - 8:06:24 PM GMT- IP address: 170.164.239.3
-  Document emailed to Stewart Hunter (shunter@dph.sbcounty.gov) for signature
2024-03-21 - 8:06:43 PM GMT
-  Email viewed by Stewart Hunter (shunter@dph.sbcounty.gov)
2024-03-21 - 11:18:38 PM GMT- IP address: 104.47.64.254
-  Document e-signed by Stewart Hunter (shunter@dph.sbcounty.gov)
Signature Date: 2024-03-21 - 11:18:59 PM GMT - Time Source: server- IP address: 170.164.239.5
-  Agreement completed.
2024-03-21 - 11:18:59 PM GMT