



Health Care Program for Children in Foster Care

Budget Workbook Instructions

1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPFCF) budget can be found within this workbook, the yearly HCPFCF Allocation Letter, and the Plan & Fiscal Guidelines.
2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
4. Budget Submission Instructions
 - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPFCF Allocation Letter.
 - A budget submission must consist of two documents:
 - I. Reporting Workbook in Excel Format
 - II. Reporting Workbook in Electronically Signed PDF Format
5. Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact your DHCS HCPFCF Liaison at HCPFCF@dhcs.ca.gov.
6. Submissions need only include the information requested in the attached HCPFCF Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
8. Questions regarding access to the ISCD Budget Portal and expenditure invoicing may be directed to: ISCDFiscal@dhcs.ca.gov. All other questions may be directed to: HCPFCF@dhcs.ca.gov.




Health Care Program for Children in Foster Care

Agency Information		County/City:	Fiscal Year:		
		San Bernardino	2025-26		
Street Address:	451 East Vanderbilt Way	Health Officer Name:	Sharon Wang, DO, MSHPE, FIDSA		
City:	San Bernardino, CA	HPCFC Central Email			
Zip Code:	92415-0012	Address:			
Authorized HPCFC Representative		Director of Social Services Agency			
Name, Title:	Monique Amis, Division Ch	Name:	James Locurto		
Phone:	909-387-6218	Phone:	909-388-0245		
Email:	Monique.Amis@dph.sbcounty.gov	Email:	James.Locurto@hss.sbcounty.gov		
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:	Lynn Monell	Name:	Tracy Reece		
Phone:	909-387-3824	Phone:	909-387-5874		
Email:	lmonell@cob.sbcounty.gov	Email:	Tracy.Reece@prob.sbcounty.gov		
List All HPCFC Program Staff					
Name:	Title:	Support Staff	PHN	Email:	
1	Christine Diggs	Public Health Nurse II	No	Yes	Christine.Diggs@hss.sbcounty.gov
2	Alba Flores	Public Health Nurse II	No	Yes	Alba.Flores@hss.sbcounty.gov
3	Angelo De Jesus	Public Health Nurse II	No	Yes	Angelo.DeJesus@hss.sbcounty.gov
4	Cherrelle Overby	Public Health Nurse II	No	Yes	Cherelle.Overby@hss.sbcounty.gov
5	Tanoka Reed	Public Health Nurse II	No	Yes	Tanoka.Reed@hss.sbcounty.gov
6	Dejanae Tinner	Supervising Public Health Nurse	No	Yes	Dejanae.Tinner@hss.sbcounty.gov
7	Nancy Gomez	Public Health Nurse II	No	Yes	Nancy.Gomez@hss.sbcounty.gov
8	Anyluz Sanchez	Public Health Nurse II	No	Yes	Anyluz.Sanchez@hss.sbcounty.gov
9	Adaeze Ude	Public Health Nurse II	No	Yes	Adaeze.Ude@hss.sbcounty.gov
10	Toya Carraby	Public Health Nurse II	No	Yes	Toya.Carraby@hss.sbcounty.gov
11	Sabrina Cordova	Public Health Nurse II	No	Yes	Sabrina.Cordova@hss.sbcounty.gov
12	Victoria Garcia	Public Health Nurse II	No	Yes	Victoria.Garcia@hss.sbcounty.gov
13	Marissa Uresti	Public Health Nurse II	No	Yes	Marissa.Uresti@hss.sbcounty.gov
14	Joanna Guzman	Public Health Nurse II	No	Yes	Joanna.Guzman@hss.sbcounty.gov
15	Christopher Zorn	Public Health Nurse II	No	Yes	Christopher.Zorn@dph.sbcounty.gov
16	Tamara Goldstein	Public Health Nurse II	No	Yes	Tamara.Goldstein@dph.sbcounty.gov
17	Carmen Garcia	Public Health Nurse II	No	Yes	Carmen.Garcia@dph.sbcounty.gov
18	Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	Sandra.Gonzalez-Olascon@hss.sbcounty.gov
19	Tonya Duckett	Public Health Nurse II	No	Yes	Tonya.Duckett@dph.sbcounty.gov
20	Wendy Gonzales	Public Health Nurse II	No	Yes	Wendy.Gonzales@hss.sbcounty.gov
21	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
22	Stewart Hunter	Public Health Program Manager	No	No	Stewart.Hunter@dph.sbcounty.gov
23	Rubi Smith	Supervising Public Health Nurse	No	Yes	Rubi.Smith@hss.sbcounty.gov
24	Shaunna Poulin	Supervising Public Health Nurse	No	Yes	Shaunna.Poulin@dph.sbcounty.gov
25	Julieann Steele	Supervising Public Health Nurse	No	Yes	Julieann.Steele@dph.sbcounty.gov
26	Vacant	Public Health Nurse Manager	Yes	Yes	To be assigned upon hire
27	Trent Chandler	Accountant III/Senior Accountant	Yes	No	Trent.Chandler@dph.sbcounty.gov
28	Celeste Quiroz	Administrative Supervisor I	Yes	No	Celeste.Quiroz@dph.sbcounty.gov
29	Alyssa Olivas	Program Specialist I	Yes	No	Alyssa.Olivas@dph.sbcounty.gov
30	Amy Trihn	Health Education Specialist	Yes	No	Amy.Trihn@dph.sbcounty.gov
31	Erica Felix	Office Assistant II	Yes	No	Erica.Felix@dph.sbcounty.gov

View additional rows by selecting the "+" to the left.



Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	San Bernardino	2025-26
<p>I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPFC Program Manual. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above.</p>		
Monique Amis, Division Chief		8/27/25
HCPFC/County Authorized Representative	Signature	Date
Dawn Rowe, Chair, Board of Supervisors		
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet													County/City Name: San Bernardino		Fiscal Year: 2025-26	
Column	1A				1B		1		2A		2		3A		3	
I. Personnel Expenses	Total Base FTE %				Annual Salary		Total Budget		Enhanced FTE %		Enhanced Total		Non-Enhanced FTE %		Non-Enhanced Total	
#	Name	Title	DSS	PHN												
1	Christine Diggs	Public Health Nurse II	No	Yes			\$157,635	\$157,635	90%	\$141,871	10%	\$15,763				
2	Alba Flores	Public Health Nurse II	No	Yes			\$112,716	\$0	90%	\$0	10%	\$0				
3	Angelo De Jesus	Public Health Nurse II	No	Yes			\$112,543	\$119,505	90%	\$107,555	10%	\$11,951				
4	Cherelle Overby	Public Health Nurse II	No	Yes			\$110,616	\$0	90%	\$0	10%	\$0				
5	Tanaka Reed	Public Health Nurse II	No	Yes			\$107,063	\$0	90%	\$0	10%	\$0				
6	Dijanae Trimer	Supervising Public Health Nurse II	No	Yes			\$129,367	\$129,367	90%	\$116,431	10%	\$12,937				
7	Nancy Gomez	Public Health Nurse II	No	Yes			\$109,211	\$109,211	90%	\$98,290	10%	\$10,921				
8	Amyluz Sanchez	Public Health Nurse II	No	Yes			\$133,209	\$133,209	90%	\$119,888	10%	\$13,321				
9	Adaeze Ude	Public Health Nurse II	No	Yes			\$125,015	\$0	90%	\$0	10%	\$0				
10	Toya Carraby	Public Health Nurse II	No	Yes			\$111,168	\$111,168	90%	\$100,051	10%	\$11,117				
11	Sabrina Cordova	Public Health Nurse II	No	Yes			\$108,523	\$108,523	90%	\$97,671	10%	\$10,852				
12	Victoria Garcia	Public Health Nurse II	No	Yes			\$109,817	\$109,817	90%	\$98,836	10%	\$10,982				
13	Marissa Uresti	Public Health Nurse II	No	Yes			\$157,635	\$157,635	90%	\$141,871	10%	\$15,763				
14	Jacqueline Brazil	Public Health Nurse II	No	Yes			\$133,425	\$133,425	90%	\$120,082	10%	\$13,342				
15	Amanda Davis	Public Health Nurse II	No	Yes			\$100,504	\$100,504	90%	\$90,454	10%	\$10,050				
16	Monique Leonard	Public Health Nurse II	No	Yes			\$100,504	\$100,504	90%	\$90,454	10%	\$10,050				
17	Joanna Guzman	Public Health Nurse II	No	Yes			\$128,997	\$128,997	90%	\$116,098	10%	\$12,900				
18	Christopher Zorn	Public Health Nurse II	No	Yes			\$135,952	\$0	90%	\$0	10%	\$0				
19	Tamara Goldstein	Public Health Nurse II	No	Yes			\$117,765	\$0	90%	\$0	10%	\$0				
20	Carmen Garcia	Public Health Nurse II	No	Yes			\$59,312	\$0	90%	\$0	10%	\$0				
21	Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes			\$111,168	\$0	90%	\$0	10%	\$0				
22	Tonya Duckett	Public Health Nurse II	No	Yes			\$119,568	\$119,568	90%	\$107,611	10%	\$11,957				
23	Wendy Gonzales	Public Health Nurse II	No	Yes			\$17,935	\$17,935	90%	\$16,142	10%	\$1,794				
24	Vacant	Public Health Nurse II	No	Yes			\$130,695	\$0	20%	\$0	80%	\$0				
25	Stewart Hunter	Public Health Program Manager	No	No			\$118,473	\$0	20%	\$0	80%	\$0				
26	Rubi Smith	Supervising Public Health Nurse II	No	Yes			\$129,414	\$0	20%	\$0	80%	\$0				
27	Shaurna Poulin	Supervising Public Health Nurse II	No	Yes			\$118,473	\$0	20%	\$0	80%	\$0				
28	Julienne Steele	Supervising Public Health Nurse II	No	Yes			\$137,208	\$0	20%	\$0	80%	\$0				
29	Vacant	Public Health Nurse Manager	Yes	Yes			\$100,771	\$0	0%	\$0	100%	\$0				
30	Trent Chandler	Accountant III/Senior Accountant	Yes	No			\$115,861	\$0	0%	\$0	100%	\$0				
31	Celeste Quiroz	Administrative Supervisor	Yes	No			\$50,305	\$0	0%	\$0	100%	\$0				
32	Alyssa Olivas	Program Specialist I	Yes	No			\$62,642	\$0	0%	\$0	100%	\$0				
33	Amy Trinn	Health Education Specialist	Yes	No			\$58,941	\$0	0%	\$0	100%	\$0				
34	Erica Felix	Office Assistant II	Yes	No				\$0	0%	\$0	100%	\$0				
View additional rows by selecting the "+" to the left.																
Total Net Salaries and Wages								\$1,737,004		\$1,563,304		\$173,700				
Staff Benefits (Specify %)				46.36%				\$805,275		\$724,748		\$80,527				
I. Total Personnel Expenses								\$2,542,279		\$2,288,052		\$254,227				
II. Total Operating Expenses (List in Narrative)								\$3,094		\$0		\$3,094				
III. Total Capital Expenses (List in Narrative)								\$0				\$0				
IV. Indirect Expenses (List in Narrative)																
1. Internal (Specify %)				17.614%				\$447,797				\$447,797				
2. External (Specify %)				0%				\$0				\$0				
IV. Total Indirect Expenses (List in Narrative)								\$447,797				\$447,797				
V. Total Other Expenses (List in Narrative)								\$0				\$0				
								Budget Grand Total		\$2,993,170		\$2,993,170				

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1705 or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief
Authorized HCPFC Signor Name, Title

Signature

Date

8/27/25



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name:	Fiscal Year:
		San Bernardino	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN staffing decrease by 1.55 FTE (6.66%) due to a cost of living increase.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel-\$618 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 \$0.70, 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 -\$2476 This includes costs for anticipated training needs for program staff (PHN I/II), 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 approximately \$175.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage is 17.614% of Personnel Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet										County/City Name: San Bernardino	Fiscal Year: 2025-26
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Tamara Goldstein	Public Health Nurse II	No	Yes	100%	\$135,952	\$135,952	90%	\$122,357	10%	\$13,595
2	Tonya Duckett	Public Health Nurse II	No	Yes	100%	\$125,015	\$125,015	90%	\$112,513	10%	\$12,501
3	Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	5%	\$99,312	\$4,966	90%	\$4,469	10%	\$497
4			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
5			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
6			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
8			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
9			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
10			No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$265,932		\$239,339		\$26,593
Staff Benefits (Specify %)					46.36%		\$123,286		\$110,958		\$12,329
I. Total Personnel Expenses							\$389,218		\$350,297		\$38,922
II. Total Operating Expenses (List in Narrative)							\$2,739		\$0		\$2,739
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)				17.614%		\$68,557				\$68,557
2.	External (Specify %)				0%		\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$68,557				\$68,557
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$460,514		\$350,297		\$110,218

I certify that the Health Care Program for Children in Foster Care (HCPFCF) will comply with all applicable state and federal 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 HCPFCF will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFCF may be subject to sanctions or other remedies if this HCPFCF violates any of the above. HCPFCF staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFCF program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief
Authorized HCPFCF Signor Name, Title

Signature

8/27/25

Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: San Bernardino	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN staffing decrease by .53FTE (22.89%) due to a cost of living increase.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel - \$1369 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 \$0.70, 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 - \$1370 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			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage is 17.614% of Personnel Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.

Monique Amis, Division Chief

Authorized HPCFC Signor Name, Title

Signature

Date

8/27/25



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet													County/City Name: San Bernardino		Fiscal Year: 2025-26	
Column	1A					1B	1	2A	2	3A		3				
#	Name	Title	DSS	PHN	Total Base	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total					
					FTE %											
I. Personnel Expenses																
1	Christine Diggs	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
2	Alba Flores	Public Health Nurse II	No	Yes	100%	\$112,716	\$112,716	90%	\$101,444	10%	\$11,272					
3	Angelo De Jesus	Public Health Nurse II	No	Yes	100%	\$112,543	\$112,543	90%	\$101,289	10%	\$11,254					
4	Cherelle Overby	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
5	Tanaka Reed	Public Health Nurse II	No	Yes	100%	\$110,616	\$110,616	90%	\$99,554	10%	\$11,062					
6	Dejanee Tinner	Supervising Public Health Nurse III	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
7	Nancy Gomez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
8	Amyluz Sanchez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
9	Adaeze Ude	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
10	Toya Carraby	Public Health Nurse II	No	Yes	100%	\$125,015	\$125,015	90%	\$112,513	10%	\$12,501					
11	Sabrina Cordova	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
12	Victoria Garcia	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
13	Marissa Uresti	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
14	Joanna Guzman	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
15	Christopher Zorn	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
16	Tamara Goldstein	Public Health Nurse II	No	Yes	100%	\$117,765	\$117,765	90%	\$105,989	10%	\$11,777					
17	Carmen Garcia	Public Health Nurse II	No	Yes	95%	\$99,312	\$94,346	90%	\$84,912	100%	\$9,435					
18	Sandra Gonzalez-Olason	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
19	Tenya Duckett	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
20	Wendy Gonzales	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
21	Vacant	Public Health Nurse II	No	Yes	35%	\$119,568	\$41,849	0%	\$0	100%	\$41,849					
22	Stewart Hunter	Public Health Program Manager	No	No	0%	\$0	\$0	0%	\$0	100%	\$0					
23	Rubi Smith	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
24	Shaunna Poulin	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
25	Julianna Steele	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
26	Vacant	Public Health Nurse Manager	Yes	Yes	0%	\$0	\$0	0%	\$0	100%	\$0					
27	Trent Chandler	Accountant III/Senior Accountant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0					
28	Celeste Quiroz	Administrative Supervisor I	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0					
29	Alyssa Olivas	Program Specialist I	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0					
30	Amy Trinn	Health Education Specialist II	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0					
31	Erica Felix	Office Assistant II	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0					
View additional rows by selecting the "+" to the left.																
Total PHN FTE %					630%			540%								
Total Direct Support Staff FTE %					0%			0%								
Total Net Salaries and Wages						\$714,850			\$605,701		\$109,149					
Staff Benefits (Specify %)						\$331,404			\$280,803		\$50,601					
I. Total Personnel Expenses					46.36%				\$886,504		\$159,750					
II. Total Operating Expenses (List in Narrative)						\$2,298.62			\$0		\$0					
III. Total Capital Expenses (List in Narrative)						\$0										
IV. Indirect Expenses (List in Narrative)																
1. Internal (Specify %)					17.614%	\$184,287					\$184,287					
2. External (Specify %)					0%	\$0					\$0					
IV. Total Indirect Expenses (List in Narrative)						\$184,287					\$184,287					
V. Total Other Expenses (List in Narrative)						\$0			\$886,504		\$346,336					
Budget Grand Total							\$1,232,840									

I certify that the Health Care Program for Children in Foster Care (HCPCCF) will comply with all applicable state and federal 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 HCPCCF will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCCF may be subject to sanctions or other remedies if this HCPCCF violates any of the above. HCPCCF staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCCF program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supervising Staff, as defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief
Authorized HCPCCF Signor Name, Title

Signature

Date

8/27/25



Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name: San Bernardino	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN staffing decrease by 0.62FTE (9.38%) due to a cost of living increase.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel - \$409 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 \$0.70, 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			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage is 17.614% of Personnel Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above.

Monique Amis, Division Chief

Authorized HCPFC Signor Name, Title

Signature

Date

8/21/25



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet										County/City Name: San Bernardino		Fiscal Year: 2025-26	
Column				1A	1B	1	2A	2	Non-Enhanced FTE %	3A	3		
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total			Non-Enhanced Total		
#	Name	Title	DSS	PHN									
1	Christine Diggs	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
2	Alba Flores	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
3	Angelo De Jesus	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
4	Cherrelle Overby	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
5	Tanoka Reed	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
6	Dejanae Tinner	Supervising Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
7	Nancy Gomez	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
8	Amyluz Sanchez	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
9	Adaeze Ude	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
10	Toya Carrahy	Public Health Nurse II	No	Yes		\$0	0%	\$0	0%	100%	\$0		
View additional rows by selecting the "+" to the left.													
Total Net Salaries and Wages						\$0		\$0			\$0		
Staff Benefits (Specify %)					73%	\$0		\$0			\$0		
I. Total Personnel Expenses						\$0		\$0			\$0		
II. Total Operating Expenses (List in Narrative)						\$0		\$0			\$0		
III. Total Capital Expenses (List in Narrative)						\$0		\$0			\$0		
IV. Indirect Expenses (List in Narrative)													
1. Internal (Specify %)					0%	\$0		\$0			\$0		
2. External (Specify %)					0%	\$0		\$0			\$0		
IV. Total Indirect Expenses (List in Narrative)						\$0		\$0			\$0		
V. Total Other Expenses (List in Narrative)						\$0		\$0			\$0		
Budget Grand Total						\$0		\$0			\$0		

I certify that the Health Care Program for Children in Foster Care (HCPFCF) will comply with all applicable state and federal 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 HCPFCF will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFCF may be subject to sanctions or other remedies if this HCPFCF violates any of the above. HCPFCF staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFCF program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief
Authorized HCPFCF Signor Name, Title

[Signature]

8/27/25

Signature Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		San Bernardino	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:			
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.


Monique Amis, Division Chief		8/27/25
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet										County/City Name: San Bernardino		Fiscal Year: 2025-26				
Column										1A	1B	1	2A	2	3A	3
I. Personnel Expenses										Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN												
1	Christine Diggs	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
2	Alba Flores	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
3	Angelo De Jesus	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
4	Cherelle Overby	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
5	Tanoka Reed	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
6	Dejaeae Tinner	Supervising Public Health Nurse II	No	Yes						38%	\$107,063	\$40,684			38%	\$40,684
7	Nancy Gomez	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
8	Anyuluz Sanchez	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
9	Adaeze Ude	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
10	Toya Carraby	Public Health Nurse II	No	Yes						0%	\$0	\$0			0%	\$0
11	Sabrina Cordova	Public Health Nurse II	No	Yes						0%	\$0	\$0			100%	\$0
12	Victoria Garcia	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
13	Marissa Uresti	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
14	Joanna Guzman	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
15	Christopher Zorn	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
16	Tamara Goldstein	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
17	Carmen Garcia	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
18	Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
19	Tonya Duckett	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
20	Wendy Gonzales	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
21	Vacant	Public Health Nurse II	No	Yes						0%	\$0	\$0		\$0	100%	\$0
22	Stewart Hunter	Public Health Program Manager	No	No						40%	\$130,695	\$52,278		\$0	100%	\$52,278
23	Rubi Smith	Supervising Public Health Nurse	No	Yes						66%	\$118,473	\$78,192		\$0	100%	\$78,192
24	Shuanna Poulin	Supervising Public Health Nurse	No	Yes						100%	\$129,414	\$129,414		\$0	100%	\$129,414
25	Juleann Steele	Supervising Public Health Nurse	No	Yes						55%	\$118,473	\$65,160		\$0	100%	\$65,160
26	Vacant	Public Health Nurse Manager	Yes	Yes						50%	\$137,208	\$68,604		\$0	100%	\$68,604
27	Trent Chandler	Accountant III/Senior Accountant	Yes	No						2%	\$100,771	\$2,015		\$0	100%	\$2,015
28	Celeste Quiroz	Administrative Supervisor I	Yes	No						40%	\$115,861	\$46,344		\$0	100%	\$46,344
29	Alyssa Olivas	Program Specialist I	Yes	No						1%	\$90,305	\$903		\$0	100%	\$903
30	Amy Trihn	Health Education Specialist II	Yes	No						7%	\$62,642	\$4,385		\$0	100%	\$4,385
31	Erica Felix	Office Assistant II	Yes	No						20%	\$58,941	\$11,788		\$0	100%	\$11,788
View additional rows by selecting the "+" to the left.																
Total Net Salaries and Wages												\$499,769				\$499,769
Staff Benefits (Specify %)												\$231,693				\$231,693
I. Total Personnel Expenses												\$731,462				\$731,462
II. Total Operating Expenses (List in Narrative)												\$16,567				\$16,567
III. Total Capital Expenses (List in Narrative)												\$0				\$0
IV. Indirect Expenses (List in Narrative)												\$0				\$0
1. Internal (Specify %)												\$0				\$0
2. External (Specify %)												\$0				\$0
IV. Total Indirect Expenses (List in Narrative)												\$0				\$0
V. Total Other Expenses (List in Narrative)												\$0				\$0
Budget Grand Total												\$748,029		\$0		\$748,029

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Monique Amis, Division Chief
Authorized HCPFC Signor Name, Title

8/27/25
Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		San Bernardino	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate staffing for Administrative Budget costs are determined based on guidance provided by DHCS and standards established for HPCFC support staff. Benefit rate is 46.36%			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel - \$825 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 \$0.70, 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 - \$500 This includes costs for anticipated training needs for administrative staff, 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 Administrative of \$120 x 4.19 FTE = \$500 (rounded down) Communication - \$8,384 Monthly expenditures for e-mail/Internet accounts and office-based telephones and voice-mail accounts for administrative budget staff, including circuit charges, long distance fees/tolls, teleconferencing services, fees for cellular instruments, and synchronization with e-mail accounts are included in this item. The annual amount is estimated as e-mail/Internet service (\$114 monthly), active sync \$5.25, VPN \$4.50 and cellular service (\$43 monthly) for each of the County FTE in the budget. 4.19 FTE x \$166.75 x 12 mos= \$8,384.19 Office Supplies - \$1,000 Office supplies for administrative budget staff, including but not limited to, paper, toner, binders, pens, and other required items (e.g., desk organizers, small office equipment); and other general expenses for Administrative staff. Postage - \$300 Postage/interoffice mail charges and allocations for administrative budget staff. Printing - \$500 Cost allocation for administrative budget staff photocopying, reproduction, and bindery costs (as applicable) for materials, resources. Automated Systems Equipment - \$2,750			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage is 17.614% of Personnel Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above

Monique Amis, Division Chief

Authorized HPCFC Signor Name, Title

Signature

Date

8/27/25



Health Care Program for Children in Foster Care

Budget Summary										County/City:		Fiscal Year:	
Funding Source:										San Bernardino		2025-26	
Category/Line Item	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative
	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$2,542,279	\$2,288,052	\$254,227	\$389,218	\$350,297	\$38,922	\$1,046,254	\$886,504	\$159,750	\$0	\$0	\$731,462	\$731,462
II. Total Operating Expenses	\$3,094	\$0	\$3,094	\$2,739	\$0	\$2,739	\$2,299	\$0	\$2,299	\$0	\$0	\$16,567	\$16,567
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
IV. Total Indirect Expenses	\$447,797		\$447,797	\$68,557		\$68,557	\$184,287		\$184,287	\$0		\$0	\$0
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
Budget Grand Total	\$2,993,170	\$2,288,052	\$705,118	\$460,514	\$350,297	\$110,218	\$1,232,840	\$886,504	\$346,336	\$0	\$0	\$748,029	\$748,029
E													
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Non-Enhanced
State/County Funds	\$924,572	\$572,013	\$352,559	\$142,683	\$87,574	\$55,109	\$394,794	\$221,626	\$173,168	\$0	\$0	\$374,015	\$374,015
Federal Funds (Title XIX)	\$2,068,598	\$1,716,039	\$352,559	\$317,832	\$262,723	\$55,109	\$838,046	\$664,878	\$173,168	\$0	\$0	\$374,015	\$374,015
Budget Grand Total	\$2,993,170	\$2,288,052	\$705,118	\$460,515	\$350,297	\$110,218	\$1,232,840	\$886,504	\$346,336	\$0	\$0	\$748,029	\$748,029

Montique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature

Date

8/27/25