



Budget Workbook Instructions

- 1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPCFC) budget can be found within this workbook, the yearly HCPCFC 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 HCPCFC 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 HCPCFC Liaison at HCPCFC@dhcs.ca.gov.
- 6. Submissions need only include the information requested in the attached HCPCFC 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: HCPCFC@dhcs.ca.gov.





	A Infe	4!	County/City:		Fiscal Year:
	Agency Info	ormation	San Bernardin	10	2025-26
	Street Address:	451 East Vanderbilt Way	Health	Officer Name:	Sharon Wang, DO, MSHPE, FIDSA
	City:	San Bernardino, CA		Central Email	
		92415-0012		Address:	A STATE OF THE PARTY OF THE PAR
		FC Representative			ocial Services Agency
		Monique Amis, Division Ch			James Locurto
		909-387-6218			909-388-0245
_		Monique.Amis@dph.sbcou			James.Locurto@hss.sbcounty.gov
		rd of Supervisors			obation Officer
		Lynn Monell			Tracy Reece
		909-387-3824		Phone:	909-387-5874
	Email:	Imonell@cob.sbcounty.gov		Email:	Tracy.Reece@prob.sbcounty.gov
		List All HC	PCFC 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.go
4	Cherrelle Overby	Public Health Nurse II	No	Yes	Cherelle.Overby@hss.sbcounty.go
5	Tanoka Reed	Public Health Nurse II	No	Yes	Tanoka.Reed@hss.sbcounty.gov
6	Dejanae Tinner	ervising Public Health Nurs	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	abrina.Cordova@hss.sbcounty.go
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
15	Joanna Guzman	Public Health Nurse II	No	Yes	oanna.Guzman@hss.sbcounty.go
16	Christopher Zorn	Public Health Nurse II	No	Yes	hristopher.Zorn@dph.sbcounty.qc
17	Tamara Goldstein	Public Health Nurse II	No		mara.Goldstein@dph.sbcounty.go
	Carmen Garcia	Public Health Nurse II	No		Carmen.Garcia@dph.sbcounty.gov
19	Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	ra.gonzalez-olascon@hss.sbcount
20	Tonya Duckett Wendy Gonzales	Public Health Nurse II	No	Yes	tonya.duckett@dph.sbcounty.gov
21		Public Health Nurse II	No		Wendy.Gonzales@hss.sbcounty.go
22	Vacant Stewart Hunter	Public Health Nurse II blic Health Program Manag	No	Yes	To be assigned upon hire
23	Rubi Smith	pervising Public Health Nu	No		dph.sbcounty.goshunter@dph.sbc
24		pervising Public Health Nu	No No	Yes	Rubi, Smith@hss.sbcounty.gov haunna.Poulin@dph.sbcounty.go
24 25	Julieann Steele	pervising Public Health Nul	No	Yes Yes	Julieann.Steele@dph.sbcounty.go
26	Vacant	ublic Health Nurse Manage	Yes	Yes	To be assigned upon hire
27	Trent Chandler	ountant III/Senior Account	Yes	No	Trent.Chandler@dph.sbcounty.gov
28	Celeste Quiroz	Administrative Supervisor I	Yes		Celeste.Quiroz@dph.sbcounty.go
29	Alyssa Olivas	Program Specialist I	Yes	No	Alyssa.Olivas@dph.sbcounty.gov
				No	
30	Amy Trihn	Health Education Specialist I	Yes	NII I	Amy, mnnwaph sheamiy any
	Amy Trihn Erica Felix	Health Education Specialist Office Assistant II	Yes Yes	No	Amy.Trihn@dph.sbcounty.gov -Sanchez-Felix@dph.sbcounty.go



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:	
Certification statement	San Bernardino	2025-26	

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 HCPCFC Program 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, Division Chief

HCPCFC/County Authorized Representative

Dawn Rowe, Chair, Board of Supervisors

Local Governing Body Chairperson Name,

Signature Pour

Date

SEP 2 3 2025

Signature

Date

SIGNED AND CERPIFIED THAT ACOTY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE HARMAN OF THE BOARD.

LYNNA HONELL
Clerk of the Board of Supervisors of San Bernárdno Crimity



	Base Bud	get Wor	ksheet				County/City Nan San Bernardino	ne:	Fiscal Year: 2025-26	
Column				1A	18	1	2A	2	3A	3
Personnel Expenses	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total
1 Christine Diggs	Public Health Nurse II	No	Yes	100%	\$157,635	\$157,635	90%	\$141,871	10%	\$15,763
2 Alba Flores	Public Health Nurse II	No	Yes	0%	\$112,716	\$0	90%	\$0	10%	\$0
3 Angelo De Jesus	Public Health Nurse II	No	Yes	0%	\$112,543	\$0	90%	\$0	10%	\$0
4 Cherrelle Overby	Public Health Nurse II	No	Yes	100%	\$119,505	\$119,505	90%	\$107,555	10%	\$11,951
5 Tanoka Reed	Public Health Nurse II	No	Yes	0%	\$110,616	\$0	90%	\$107,333	10%	\$0
6 Dejanae Tinner	Supervising Public Health	No	Yes	0%	\$107,063	\$0	90%	\$0	10%	\$0
7 Nancy Gomez	Public Health Nurse II	No	Yes	100%	\$129,367	\$129,367	90%	\$116,431	10%	\$12,937
8 Anyluz Sanchez	Public Health Nurse ()	No	Yes	100%	\$109,211	\$109,211	90%	\$98,290	10%	\$10,921
9 Adaeze Ude	Public Health Nurse II	No	Yes	100%	\$133,209	\$133,209	90%	\$119.888	10%	\$10,921
10 Toya Carraby	Public Health Nurse II	No	Yes	0%	\$125,015	\$0	90%	\$0	10%	\$0
11 Sabrina Cordova	Public Health Nurse II	No	Yes	100%	\$111,168	\$111,168	90%	\$100,051	10%	\$11,117
12 Victoria Garcia	Public Health Nurse II	No	Yes	100%	\$108,523	\$108,523	90%	\$97,671	10%	\$10,852
13 Marissa Uresti	Public Heelth Nurse II	No	Yes	100%	\$100,323	\$109,817	90%	\$98,836	10%	
14 Jacqueline Brazil	Public Health Nurse II	No	Yes	100%	\$157,635	\$157,635			10%	\$10,982
15 Amanda Davis	Public Health Nurse II	No	Yes	100%	\$133,425	\$133,425	90%	\$141,871		\$15,763
16 Monlinue Leonard	Public Health Nurse II	No	Yes	100%	\$133,425	\$100,504	90%	\$120,082	10%	\$13,342
17 Joanna Guzman	Public Health Nurse II	No	Yes	100%	\$100,504	\$100,504		\$90,454	10%	\$10,050
18 Christopher Zom	Public Health Nurse II	No	Yes	100%	\$100,304	\$128,997	90%	\$90,454	10%	\$10,050
19 Tamara Goldstein	Public Health Nurse II	No	Yes	0%	\$128,997	\$120,997	90%	\$116,098 \$0	10%	\$12,900
20 Carmen Garcia	Public Health Nurse II	No	Yes	0%	\$117,765	\$0				\$0
21 Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	0%	\$99,312	\$0	90%	\$0	10%	50
22 Tonya Duckett	Public Health Nurse II	No	Yes	0%		\$0			10%	\$0
23 Wendy Gonzales	Public Health Nurse II	No	Yes	100%	\$111,168	\$119,568	90%	\$0	10%	\$0
24 Vacant	Public Health Nurse II	No	Yes		\$119,568		90%	\$107,611	10%	\$11,957
25 Stewart Hunter	Public Health Program Ma	No	No	15%	\$119,568	\$17,935	90%	\$16,142	10%	\$1,794
26 Rubi Smith	Supervising Public Health	No	Yes	0%	\$130,695	\$0	90%	\$0	10%	\$0
27 Shaunna Poulin	Supervising Public Health	No	Yes	0%	\$118,473	\$0	20%	\$0	80%	\$0
28 Julieann Steele	Supervising Public Health	No	Yes	0%	\$129,414	\$0	20%	\$0	80%	50
29 Vacant	Public Health Nurse Mana	Yes	Yes	0%	\$118,473	\$0	20%	\$0	80%	\$0
30 Trent Chandler	Accountant III/Senior Acco	Yes	Na	0%	\$137,208	\$0	20%	\$0	80%	50
31 Celesta Quiroz	Administrative Supervisor			0%	\$100,771	\$0	0%	\$0	100%	\$0
32 Alussa Olivas		Yes Yes	No	0%	\$115,861	\$0	0%	\$0	100%	\$0
33 Amy Trihn	Program Specialist I Health Education Specialis		No No	0%	\$90,305	\$0	0%	\$0	100%	\$0
34 Erica Felix	Office Assistant II	Yes	Na	0%	\$62,642	\$0	0%	\$0	100%	\$0
riew additional rows by selectin		Yes	I (VO	0%	\$58,941	\$0	0%	\$0	100%	\$0
otal Net Salaries and Wages	gure + to the left.	-		ış'		*******				
tatf Benefits (Specify %)		46.3	100	is.		\$1,737,004		\$1,563,304		\$173,700
Total Personnel Expenses	- 55	40.	50%	V.		\$805,275		\$724,748		\$80,527
. Total Operating Expenses (Li	et in Manustral		1,2 1	2		\$2,542,279		\$2,288,052	_	\$254,227
I. Total Capital Expenses (List i		_	***			\$3,094 \$0		\$0	-	\$3,094
II. Iotal Capital Expenses (List in Na V. Indirect Expenses (List in Na			-	14		10				\$0
. Internal (Specify %)	tarisal	17.6	140	D 19		4417.707		-		
External (Specify %)	-		14%	-		\$447,797				\$447,797
	he Manushina	. 0		£		\$0				\$0
V. Total Indirect Expenses (List		,	-	-		\$447,797				\$447,797
/. Total Other Expenses (List in		15	- 11			\$0				\$0
	1			Rudge	t Grand Total	\$2,993,170		\$2,288,052		\$705,118

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 1395 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 turther agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff, By signing below, I certify that the listed individual's GNI Service Classification, Dury Staff, est defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

ignature

Date

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Base Budget Narrative	County/City Name:	e: Fiscal Year:		
Dase Budget Hallative	San Bernardino	2025-26		
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personne	l Expenses			
Aggregate PHN staffing decrease by 1.55 FTE (6.66%) due to a cost of living in	crease.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items				
Travel-\$618 This includes three general categories of travel expense: private mileage, mot Private Mileage – This is reimbursement to staff for use of their private vehicle not limited to, training, meetings, and/or other county work locations. At pres \$0.70, but the rate varies according to the approved federal rate. Motorpool – This is included for costs incurred to use County Fleet Department seminars/conferences, and meetings. Fleet vehicles are generally used when a vehicle, or in cases where financial savings will result from use of a vehicle from traveling to one location). Other Travel – This category includes airfare, meals, lodging, and other approximately goutside the County to attend meetings, training, or conferences, as in Training -\$2476 This includes costs for anticipated training needs for program staff (PHN I/II), development (e.g., supervisory, professional, staff behavior modification). The to better prepare staff to address the needs of the clients served. The amount approximately \$175.	s to conduct program ac ent, the rate of reimburs at vehicles for travel to tr in employee is not able to in Fleet (e.g., great distan- ed subsistence costs inco equired. including continuing edu selected training subjec	tivities, including but sement per mile is aining, to use his/her private uces, multiple staff urred by staff treation and staff treation and staff treation intended		
III. Capital Expenses Identify and Explain All Capital Expense Line Items				
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items		100		
IV. Indirect Expenses identify and Explain Air Indirect Expense Line items	rine plue Eringa hanafite			
Internal: The indirect cost percentage is 17.614% of Personnel Costs (Sala	mes plus rinige belients	<i>j.</i>		
External:				
V. Other Expenses Identify and Explain All Other Expense Line Items				
Landification that the Health Care Program for Children in Foster Care (HCPCFC) w		able state and foderal		

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 vigilates any of the above.

Monique Amis, Division Chief



	Ps	sychotropic Medication Monitoring	& Oversight I	Budget '	Worksheet			County/City Name: San Bernardino		Fiscal Year: 2025-26	
Co	lumn				1A	1B	1	2A	2	3A	3
l. P	ersonnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary	iotal budget	FTE %	Total	FTE %	Total
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
Vie	w additional rows by selecting the "	+" to the left.							•		
То	tal Net Salaries and Wages						\$265,932		\$239,339		\$26,593
	off Benefits (Specify %)		46.	36%			\$123,286		\$110,958		\$12,329
1. 7	otal Personnel Expenses						\$389,218		\$350,297		\$38,922
II.	Total Operating Expenses (List in Na	arrative)					\$2,739		\$0		\$2,739
III.	Total Capital Expenses (List in Narra	ative)					\$0				\$0
IV.	Indirect Expenses (List in Narrative)										
1.	Internal (Specify %)		17.6	14%			\$68,557				\$68,557
2.	External (Specify %)		0	1%			\$0				\$0
I۷.	Total Indirect Expenses (List in Narr	rative)					\$68,557				\$68,557
٧.	Total Other Expenses (List in Narrat	ive)					\$0				\$0
	100				Budget	Grand Total	\$460,514		\$350,297	3	\$110,218

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. HCPCFC 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 HCPCFC 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 HCPCFC Signor Name, Title

Signature

Date



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

		County/City Name:	Fiscal Year:	
	opic Medication Monitoring & Oversight Budget Narrative	San Bernardino	2025-26	
	penses Identify and Explain Any Changes in Personnel/Personnel Ex			
Aggregate PH	N staffing decrease by .53FTE (22.89%) due to a cost of living increa	se.		
II. Operating E	xpenses Identify and Explain All Operating Expense Line Items			
Private Mileage – T and/or other count Motorpool – This is are generally used great distances, m Other Travel – This meetings, training, Training -\$1370	general categories of travel expense: private mileage, motorpool expenses, and other trains is reimbursement to staff for use of their private vehicles to conduct program activities work locations. At present, the rate of reimbursement per mile is \$0.70, but the rate varies included for costs incurred to use County Fleet Department vehicles for travel to training when an employee is not able to use his/her private vehicle, or in cases where financial saultiple staff traveling to one location). category includes airfare, meals, lodging, and other approved subsistence costs incurred or conferences, as required. for anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager),	s, including but not limited to ies according to the approv , seminars/conferences, and vings will result from use of by staff traveling outside the	ed federal rate. I meetings. Fleet vehicles a vehicle from Fleet (e.g., e County to attend	
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items	In Indian Separation		
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items			
	The indirect cost percentage is 17.614% of Personnel Costs (Salaries	plus Fringe benefits).	
External:				
V. Other Expe	nses Identify and Explain All Other Expense Line Items			
and state lav states for me that the HCP0	the Health Care Program for Children in Foster Care (HCPCFC) will consider the Health Care Program for Children in Foster Care (HCPCFC) will consider an and regulations govern the Health State of the Social Security Act (42 UCFC will comply with all rules promulgated by DHCS pursuant to the organization goals, scope, and activity requirements. I further agree that the other remedies if this HCPCFC violates any of the security	ing recipients of fede .S.C. Section 1396 et se authorities, and th is HCPCFC may be su	eral funds granted to seq.). I further certify nat all listed expenses	

Signature



		Caseload Relief Budget	Works	heet				County/City San Bernard		Fiscal Year: 2025-26	
Colu	nr				1A	1B	1	2A	2	AE	3
_	sonne) Expenses	Title		PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced	Non- Enhanced
			DSS					112		11.4.4	Total
	hristine Diggs	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	Alba Flores	Public Health Nurse II	No	Yes	100%	\$112,716	\$112,716	90%	\$101,444	10%	\$11,272
	Angelo De Jesus	Public Health Nurse II	No	Yes	100%	\$112,543	\$112,543	90%	\$101,289	10%	\$11,254
	herrelle Overby	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	anoka Reed	Public Health Nurse II	No	Yes	100%	\$110,616	\$110,616	90%	199,554	10%	\$11,062
	Dejanas Tinner	Supervising Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	Vancy Gomez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	Anyluz Sanchez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	Idaeze Ude	Public Health Nurse II	No	Yes	0%	\$0	10	0%	\$0	100%	\$0
	oya Carraby	Public Health Nurse II	No	Yes	100%	\$125,015	\$125,015	90%	\$112,513	10%	\$12,501
	iabrina Cordova	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
-	Actoria Garcia	Public Health Nurse II	No	Yes	0%	\$G	\$0	0%	\$0	100%	\$0
	Marissa Uresti	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
_	oanna Guzman	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	Christopher Zorn	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	amara Goldstein	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	armen Garcia	Public Health Nurse II	No	Yes	100%	\$117,765	\$117,765	90%	\$105,989	10%	\$11,77
8	andra Gonzalez-Olascon	Public Health Nurse II	No	Ves	95%	\$99,312	\$94,346	90%	\$84,912	10%	\$9,435
19	onya Duckett	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	10
20 1	Wendy Gonzales	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	SD
21 1	/acant	Public Health Nurse II	No	Yes	35%	\$119,568	\$41,849	0%	30	100%	\$41,849
22 5	bewart 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%	10	100%	\$0
24 3	haunna Poulin	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	10	100%	\$0
25	ulieann Steele	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
26	/acant	Public Health Nurse Manager	Yes	Yes	0%	50	\$0	0%	\$0	100%	\$0
27 7	rent Chandler	Accountant III/Senior Accountant	Yes	No	0%	\$0	\$0	0%	\$0	100%	50
28 0	eleste Quiroz	Administrative Supervisor (Yes	No	0%	\$0	50	0%	30	100%	\$0
29	Alyssa Oilvas	Program Specialist I	Yes	No	0%	50	\$0	0%	\$0	100%	\$0
	Amy Trihn	Health Education Specialist B	Yes	No	0%	50	\$0	0%	\$0	100%	\$0
	rica Felix	Office Assistant II	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
	additional rows by selecting th		149	110	410		40	- OA	- 10	100%	40
	PHN FTE %				630%			540%			
otal	Direct Support Staff FTE %		_		0%			0%			
	Net Salaries and Wages				V/0		\$714,850	U.A.	\$605.701		\$109,145
	Benefits (Specify %)		46	36%			\$331,404		\$280,803		\$50,601
	Personnel Expenses		MAG	10000			\$1,046,254		\$886,504		\$159,75
	al Operating Expenses (List in	Narrativel					\$2,298.62		50		12.299
	tal Capital Expenses (List in No						\$0	1			\$0
	direct Expenses (List in Narrati							_			10
	nternal (Specify %)		17.6	14%			\$184,287				\$184,28
	external (Specify %)		_	14.70			\$0				\$184,28
	tal Indirect Expenses (List in N	Jarrative)	-				\$184,287	-			\$184.28
	al Other Expenses (List in Nar			_			\$184,287				
. 10	on Carry exherines from III III	10010)	_		Dudest	Grand Total	\$1,232,840		\$886,504		\$0 \$346,33

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. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Chil Service Classification, Duty Statement, and all budgeted activity achieve to "CPCFC program scope and meet the definition of Public Health Nurse, as defined by Callifornia Code of Regulations Section 1305, or Directly Support rung Staff, as affined by Code of Federal Regulations Section 432.2.

Monrque Amis, Division Chief	Wh-	8	07/25
Authorized HCPCFC Signor Name, Title	Signature	Date	

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

		County/City Name:	Fiscal Year:								
	Caseload Relief Budget Narrative	San Bernardino	2025-26								
I. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel E	xpenses									
	Aggregate PHN staffing decrease by 0.62FTE (9.38%) due to a cost of living increase.										
II. Operating E	expenses Identify and Explain All Operating Expense Line Items										
Fravel - \$409 Frais 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 Exp	penses Identify and Explain All Capital Expense Line Items										
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items The indirect cost percentage is 17.614% of Personnel Costs (Salarie	es plus Fringe henefits)								
Internal:	The indirect cost percentage is 17.01478 of Personnel Costs (Jalana	ss plus rringe benefits	,								
External:		ANTHONY									
V. Other Expe	nses Identify and Explain All Other Expense Line Items										
			Arth								
and state lav	the Health Care Program for Children in Foster Care (HCPCFC) will ows and regulations, including all federal laws and regulations governedical assistance pursuant to Title XIX of the Social Security Act (42 to 1997).	ning recipients of fede J.S.C. Section 1396 et	ral funds granted to 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.

Monigue Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature



		County-City Match Budget W	forkshe	et				County/City N San Bernardin		me: Fiscal Year: 2025-26	
Col	umn				1A	1B	11	2A	2	3A	3
I. P	ersonnel Expenses				Total Base	Annuai Salary	Total Budget	Enhanced	Enhanced	Non- Enhanced FTE	Non-
#	Name	Title	DSS	PHN	FTE %	Allitual Salary	Total Budget	FTE %	Total	%	Enhanced Total
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	0%	\$0	\$0	0%	\$0	100%	\$0
3	Angelo De Jesus	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Cherrelle Overby	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
5	Tanoka Reed	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
6	Dejanae Tinner	Supervising Public Health Nurse II	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	Anyluz 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
-	Toya Carraby	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
	w additional rows by selecting the	"+" to the left.									
	al Net Salaries and Wages						\$0		\$0		\$0
	ff Benefits (Specify %)		7	3%			\$0		50		\$0
	otal Personnel Expenses						\$0		\$0		\$0
	otal Operating Expenses (List in I						\$0				\$0
	Total Capital Expenses (List in Na						\$0				\$0
IV.	Indirect Expenses (List in Narrativ	e)									
1.	I. Internal (Specify %)						\$0				\$0
2.						\$0				\$0	
	Total Indirect Expenses (List in Na						\$0				\$0
۷. ٦	otal Other Expenses (List in Nam	ative)					\$0				\$0
					Budge	et Grand Total	\$0		\$0		\$0

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. HCPCFC 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 HCPCFC 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 HCPCFC Signor Name, Title

Signature

Date



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Administrative Budget Narrative	County/City Name: San Bernardino	Fiscal Year: 2025-26
Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel Expens	es	
. Operating	Expenses Identify and Explain All Operating Expense Line Items		
I. Capital Ex	penses Identify and Explain All Capital Expense Line Items		
M. Inglianat Co	penses Identify and Explain All Indirect Expense Line Items		
v. Indirect Ex	penses identify and explain All indirect expense line items		
Internal:			
External:			
. Other Expe	enses Identify and Explain All Other Expense Line Items		
state laws an medical a HCPCFC wi	the Health Care Program for Children in Foster Care (HCPCFC) will completed regulations, including all federal laws and regulations governing recipients assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section III comply with all rules promulgated by DHCS pursuant to these authoritients, scope, and activity requirements. I further agree that this HCPCFC may if this HCPCFC violates any of the above.	ents of federal funds n 1396 et seq.). I furth es, and that all listed	granted to states f er certify that the expenses adhere to

Signature



		Administrative Budget W	orkshee	rt				County/City N San Bernardin		Fiscal Year: 2025-26	
Co	lumn				1A	18	1	2A	2	3A	3
_	ersonnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary	Total coaget	FTE %	Total	FTE %	Total
1	Christine Diggs	Public Health Nurse II	No	Yes	0%	\$0	\$0			D%	\$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	Cherrefle Overby	Public Health Nurse II	No	Yes	0%	\$0	\$0	1		0%	\$0
5	Tanoka Reed	Public Health Nurse II	No	Yes	0%	\$0	SO			0%	\$0
6	De anae 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	Anyluz 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			D%	50
11	Sabrina Cordova	Public Health Nurse II	No	Yes	0%	\$0	\$0			100%	\$0
12	Victoria Garcia	Public Health Nurse B	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	0%	\$0	\$0	0%	50	100%	\$0
17	Carmen Garda	Public Health Nurse II	No	Ves	0%	\$0	50	0%	\$0	100%	\$0
18	Sandra Gonzajez-Olascon	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
19	Tonya Duckett	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	30
20	Wendy Gonzales	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
21	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
22	Stewart Hunter	Public Health Program Manager	No	No	40%	\$130,695	\$52,278	0%	50	100%	\$52,278
23	Rubl Smith	Supervising Public Health Nurse	No	Yes	66%	\$118,473	\$78,192	0%	\$0	100%	\$78,192
24	Shaunna Poulin	Supervising Public Health Nurse	No	Yes	100%	\$129,414	\$129,414	0%	\$0	100%	\$129,414
25	Julieann Steele	Supervising Public Health Nurse	No	Yes	55%	\$118,473	\$65,160	0%	\$0	100%	\$65,160
26	Vacant	Public Health Nurse Manager	Yes	Yes	50%	\$137,208	\$68,604	0%	\$0	100%	\$68,604
	Trent Chandler	Accountant M/Senior Accountant	Yes	No	2%	\$100,771	\$2,015	0%	\$0	100%	\$2,015
	Celeste Quiroz	Administrative Supervisor I	Yes	No	40%	\$115,861	\$46,344	0%	\$0	100%	\$46,344
29	Alyssa Olivas	Program Specialist I	Yes	No	1%	\$90,305	\$903	0%	\$0	100%	\$903
	Amy Tribo	Health Education Specialist II	Yes	No	7%	\$62,642	\$4,385	0%	\$0	100%	\$4,385
	Ence Felix	Office Assistant II	Yes	No	20%	\$58,941	\$11,788	0%	\$0	100%	\$11,788
/ie	w additional rows by selecting the "		100	140	202	430,541	\$11,750	0.0	30	100%	311,100
ot	al Net Salaries and Wages						\$499,769	1			\$499,769
ita	ff Benefits (Specify %)		46.	36%			\$231,693				\$231,693
. T	otal Personnel Expenses						\$731.462	1			\$731,462
L 1	otal Operating Expenses (List in Na	arrative)					\$16,567				\$16,567
	Total Capital Expenses (List in Name						\$0				\$0
	Indirect Expenses (List in Narrative)										
ı.	Internal (Specify %)		17.6	14%			\$0				so
2.	External (Specify %)		0	76			\$0				\$0
v.	Total Indirect Expenses (List in Nam	rative)					\$0				\$0
	otal Other Expenses (List in Narrati						\$0				\$0
_	- I-v				Durdont	Grand Total	\$748.029		50	_	\$748,029

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal aws 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. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title

J

Date

SGF Allocation \$374,015

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Administrative Durdent Nougative	County/City Name:	Fiscal Year:		
Administrative Budget Narrative	San Bernardino	2025-26		
I. Personnel Expenses Identify and Explain Any Changes in Person	nnel/Personnel Ex	penses		
Aggregate staffing for Administrative Budget costs are determine	ded based on gui	dance provided by D	HCS and standards	
established for HCPCFC support staff. Benefit rate is 46.36%				
II. Operating Expenses Identify and Explain All Operating Expense	e Line Items			
Travel - \$825	E LINE REINS			
This includes three general categories of travel expense: private mileage, mot Private Mileage – This is reimbursement to staff for use of their private vehicle meetings, and/or other county work locations. At present, the rate of reimbur federal rate.	es to conduct program rsement per mile is \$0	n activities, including but 0,70, but the rate varies ac	ccording to the approved	
Motorpool – This is included for costs incurred to use County Fleet Department Fleet vehicles are generally used when an employee is not able to use his/her of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one loc	private vehicle, or in ation).	cases where financial savi	ngs will result from use	
Other Travel – This category includes airfare, meals, lodging, and other approxattend meetings, training, or conferences, as required. Training - \$500	ved subsistence costs	incurred by starr traveling	g outside the County to	
This includes costs for anticipated training needs for administrative staff, incluprofessional, staff behavior modification). The selected training subject matter served. The amount per each FTE in the Administrative of \$120 \times 4.19 FTE = \$1.00 \times 4.10 FTE =	r is intended to bette	r prepare staff to address	ent (e.g., supervisory, the needs of the clients	
Communication - \$8,384 Monthly expenditures for e-mail/Internet accounts and office-based telephon circuit charges, long distance fees/tolls, teleconferencing services, fees for cell included in this item. The annual amount is estimated as e-mail/Internet servi (\$43 monthly) for each of the County FTE in the budget. 4.19 FTE x \$166.75 x	ular instruments, and ice (\$114 monthly), a	synchronization with e-m	nail accounts are	
Office Supplies - \$1,000 Office supplies for administrative budget staff, including but not limited to, pa organizers, small office equipment); and other general expenses for Administr Postage - \$300	per, toner, binders, p	ens, and other required it	ems (e.g., desk	
Postage/interoffice mail charges and allocations for administrative budget sta Printing - \$500 Cost allocation for administrative budget staff photocopying, reproduction, and		policable) (or materials r	BSOURCES	
and the second second second		ppiicable) for materials, it	coon ces.	
III. Capital Expenses Identify and Explain All Capital Expense Line	items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Lin				
Internal: The indirect cost percentage is 17.614% of Person	nel Costs (Salaries	plus Fringe benefits)		
External:				
V. Other Expenses Identify and Explain All Other Expense Line Ite	ems			
I certify that the Health Care Program for Children in Foster Care	e (HCPCFC) will co	mply with all applica	ble 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. Further agree that this HCPCFC may be subject to sanctions or

other remedies if this HCPCFC violetes any of the above

Monique Amis, Division Chief

Signature

Date



Budget Summery						County/City: San Bernardino					Fiscal Year: 2025-26				
Funding Source:	Base			PMM&O		Caseload Relief		County/City-Federal		eral	Administrative				
A	В	С	D	В	С	D	В	С	D	В	С	D	В	С	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
. Total Personnel Expenses	\$2,542,279	\$2,288,052	\$254,227	\$389,218	\$350,297	\$38,922	\$1,046,254	\$885,504	\$159,750	\$0	\$0	\$0	\$731,462		\$731,462
I. Total Operating Expenses	\$3,094	\$0	\$3,094	\$2,739	50	\$2,739	\$2,299	\$0	\$2,299	\$0	\$0	\$0	\$16,567		\$16,567
II. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
V. Total Indirect Expenses	\$447,797		\$447,797	\$68,557		\$68,557	\$184,287		\$ 184,287	\$0		\$0	\$0		\$0
/. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		50	\$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	\$0	\$748,029		\$748,029
E	F	G	н	F	G	н	F	G	н	F	G	н	F	G	н
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	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	\$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	\$0	\$374,015		\$374,015
Budget Grand Total	\$2.993.770	\$2,288,052	\$705,118	\$460,515	\$350,297	\$110,218	\$1,232,840	\$886,504	\$346,336	\$0	\$0	\$0	\$748,029		\$748,029

Monkque Amis, Division Chief
Authorized HCPCFC Signor Name, Title Signature

Signature Date