

## 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 Bernardino

**Fiscal Year:** 2023-24

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.

  
 \_\_\_\_\_  
 Signature of HCPCFC Director/County Authorized Representative 3/6/24  
Date Signed

  
 \_\_\_\_\_  
 Signature of Director or Health Officer 3/7/24  
Date Signed

\_\_\_\_\_  
 Signature and Title of Other - Optional Date Signed

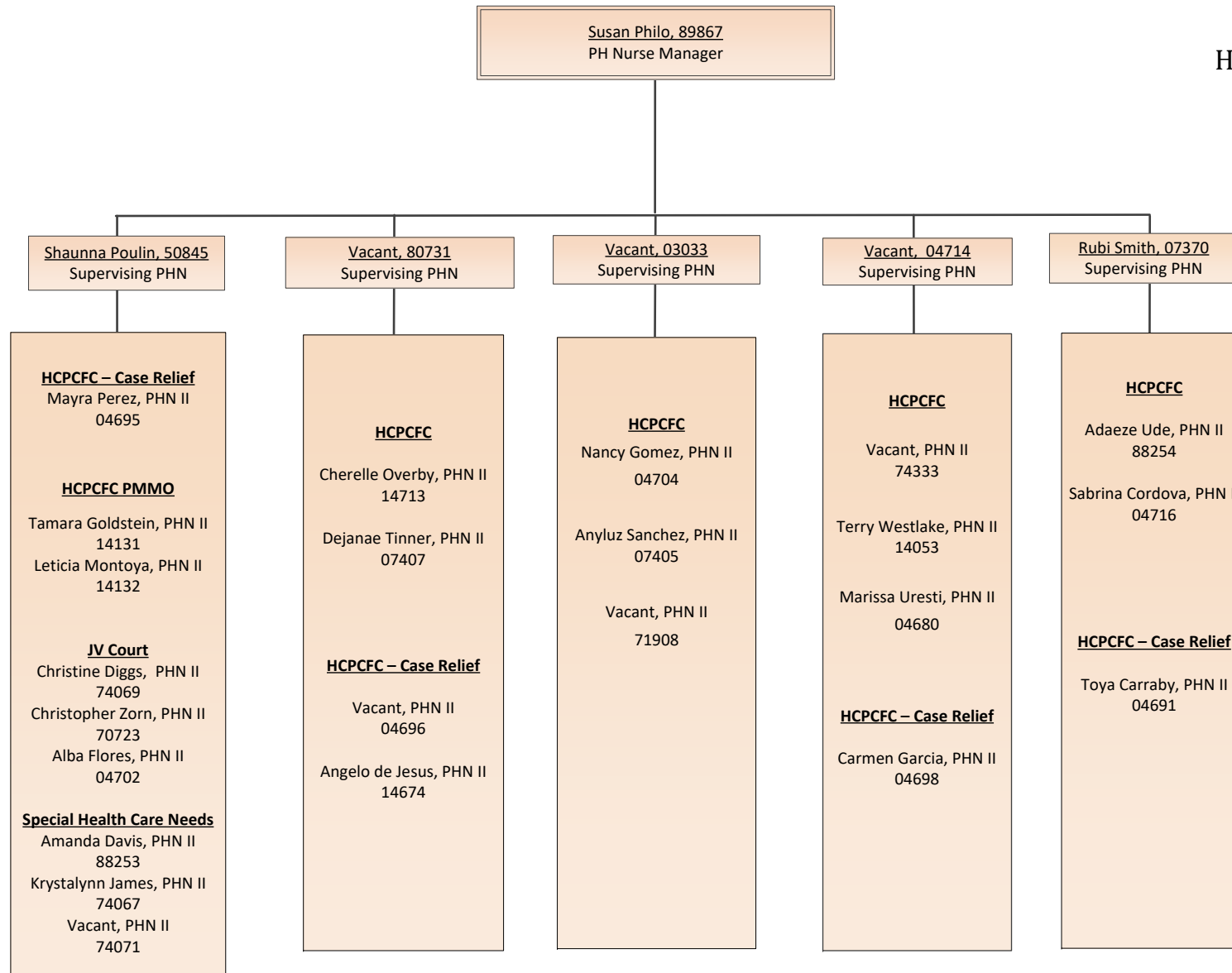
I certify that this plan has been approved by the local governing body.

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 23/24



**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, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
<b>Location</b>	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).
<b>Supervision</b>	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.
<b>Accessing Resources</b>	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 staff assigned to the Juvenile Division will be responsible for generating new cases in the Child Welfare Services/Case Management System (CWS/CMS) database.
<b>Accessing Resources,</b>	PHNs will serve as a resource to Juvenile Probation Placement staff to facilitate collection of health and	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.

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<b>Continued</b>	<p>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>Probation Officer (PO) will coordinate with the court-appointed placement SCP and the PHN to identify an appropriate health care provider for the juvenile.</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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<b>Health Care Planning and Coordination</b>	<p>As part of the health care planning and coordination, PHNs will:</p> <ul style="list-style-type: none"> <li>• Interpret health care records to assist POs with information regarding health needs of the individual juvenile, as needed.</li> <li>• 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></li> <li>• 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.</li> <li>• Assist court-appointed SCPs in obtaining timely comprehensive health assessments for juveniles on probation in foster care placement per CHDP periodicity schedules &amp; 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></li> </ul>	<p>As part of the health care planning and coordination PO's will:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Advise PHNs of upcoming court detention hearing(s) regarding out-of-home placement.</li> <li>• Collaborate with PHNs and SCP to complete and update the juvenile's HEP. Provide a copy of the SCP within 48 hours.</li> <li>• Transfer the juvenile's HEP to the new SCP within 48 hours when the juvenile is placed in a new placement.</li> <li>• Ensure the SCP facilitates transportation arrangements for the juvenile to health appointments.</li> <li>• Ensure that the proper documentation for a non-minor is on file and available to the PHN.</li> </ul>

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<b>Health Care Planning and Coordination, Continued</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Obtain copies of health exams and other health information available in the JDAC.</li> <li>• Record health information into the Child Welfare Services/Case Management System (CWS/CMS) database and include recommendations for follow up.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify PHN of placement changes which may include hospitalization or return home.</li> <li>• 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.</li> <li>• Collaborate with the Supervising Nurse to provide access to JDAC health records.</li> <li>• Consult with the PHN to assess the suitability of foster care placement in light of the health care needs of the juvenile.</li> <li>• 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.</li> <li>• PO will notify the PHN (via electronic communication) of the impending release or placement of any juveniles, with psychotropic medication orders.</li> </ul>

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<b>Health Care Planning and Coordination, Continued</b>	<ul style="list-style-type: none"> <li>• Assist the PO to assess the suitability of foster care placement in light of the health care needs of the juvenile.</li> <li>• Follow all probation juveniles in placement on psychotropic medications once identified to facilitate follow-up healthcare.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Psychotropic Medication Authorization</b></p> <p><b>Psychotropic</b></p>	<p>PHN has the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Receive completed JV-220 and JV220 (A) or JV220 (B) forms from PO as notice a juvenile has the need for psychotropic medication.</li> <li>• Review the JV-220 and JV-220 (A) or JV220 (B) forms for completeness of the health information.</li> <li>• Contact the treating physician if JV-220 and JV-220 (A) or JV220 (B) are not complete.</li> <li>• Initiate/update Child Information Sheet and submit it to the Department of Behavioral Health (DBH) Juvenile Court Behavioral Health Services (JCBHS)</li> </ul>	<p>The PO has the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Maintain the psychotropic medication tracking system, which tracks all court dependents with existing court orders for psychotropic medication for renewals of medication.</li> <li>• Ensure notice to parents/guardians, caregiver, attorneys and CASA (if applicable) via telephone or email of the psychotropic medication request.</li> <li>• Ensure the court application for psychotropic medications is forwarded to the Probation Court for judicial review.</li> <li>• Provide the following forms to any party who</li> </ul>

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<b>Medication Authorization, Continued</b>	<p>consulting psychiatrist.</p> <ul style="list-style-type: none"> <li>• Attach the latest Parameters 3.8 for Use of Psychotropic Medication to the packet sent to JCBHS consulting psychiatrist.</li> <li>• 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.</li> <li>• Forward JV-220, JV-220 (A) or JV-220 (B), CFS 10 PHN, JV-224, and HS-220 (B) forms to the PO.</li> <li>• 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.</li> <li>• Enter the approval information into the CWS/CMS Health Notebook.</li> </ul>	<p>objects:</p> <ul style="list-style-type: none"> <li>○ JV-219-INFO INFORMATION ABOUT PSYCHOTROPIC MEDICATION FORMS</li> <li>○ JV-220 APPLICATION REGARDING PSYCHOTROPIC MEDICATION</li> <li>○ JV-220A PRESCRIBING PHYSICIAN'S STATEMENT – ATTACHMENT, and</li> <li>○ JV-222 INPUT ON APPLICATION REGARDING PSYCHOTROPIC MEDICATION.</li> </ul> <ul style="list-style-type: none"> <li>• Ensure the completion of the following forms and forward them to the PHN: <ul style="list-style-type: none"> <li>○ JV-221 PROOF OF NOTICE: APPLICATION REGARDING PSYCHOTROPIC MEDICATION and forward it to the PHN.</li> <li>○ JV-223 ORDER ON APPLICATON FOR PSYCHOTROPIC MEDICATION</li> <li>○ JV-224 COUNTY REPORT ON PSYCHOTROPIC MEDICATION</li> </ul> </li> <li>• Distribute copies of the approved or denied psychotropic medication application to: <ul style="list-style-type: none"> <li>○ PHNs</li> <li>○ Assigned Social Workers,</li> <li>○ Facility/group home, and</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>○ Physician</li> </ul>
<b>Computer Access</b>	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.
<b>Training/Orientation</b>	<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>
<b>Policy/Procedure Development</b>	<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>The SPHNs will participate in the Southern California</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>

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	<p>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>	
<b>Transition from Probation</b>	<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>
<b>Quality Assurance</b>	<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 Department and Public Health. The data will include</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>

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	<p>stats:</p> <ul style="list-style-type: none"> <li>• Documented physicals and dental examinations</li> <li>• New HEPs</li> <li>• File reviews completed by the PHNs.</li> </ul> <p>SPHN will address any/all compliance issues in collaboration with Probation.</p>	
<b>Other</b>	<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>

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**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, 2023 through June 30, 2026, 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:  
  
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\_\_\_\_\_  
 Tracy Reece, Chief Probation Officer  
 Probation Department

May 24, 2023

\_\_\_\_\_  
Date

DocuSigned by:  
  
 30C7CC0E4C9E4CE

\_\_\_\_\_  
 Joshua Dugas, Director  
 Department of Public Health

May 24, 2023

\_\_\_\_\_  
Date

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<b>Supervision</b>	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.
<b>Accessing Resources</b>	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 staff assigned to the Juvenile Division will be responsible for generating new cases in the Child Welfare Services/Case Management System (CWS/CMS) database.
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**July 1, 2023 – June 30, 2026**

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<p><b>Health Care Planning and Coordination</b></p>	<p>As part of the health care planning and coordination, PHNs will:</p> <ul style="list-style-type: none"> <li>• Interpret health care records to assist POs with information regarding health needs of the individual juvenile, as needed.</li> <li>• 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></li> <li>• 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.</li> <li>• Assist court-appointed SCPs in obtaining timely comprehensive health assessments for juveniles on probation in foster care placement per CHDP periodicity schedules &amp; 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></li> </ul>	<p>As part of the health care planning and coordination PO's will:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Advise PHNs of upcoming court detention hearing(s) regarding out-of-home placement.</li> <li>• Collaborate with PHNs and SCP to complete and update the juvenile's HEP. Provide a copy of the SCP within 48 hours.</li> <li>• Transfer the juvenile's HEP to the new SCP within 48 hours when the juvenile is placed in a new placement.</li> <li>• Ensure the SCP facilitates transportation arrangements for the juvenile to health appointments.</li> <li>• Ensure that the proper documentation for a non-minor is on file and available to the PHN.</li> </ul>

**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, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
<p><b>Health Care Planning and Coordination, Continued</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Obtain copies of health exams and other health information available in the JDAC.</li> <li>• Record health information into the Child Welfare Services/Case Management System (CWS/CMS) database and include recommendations for follow up.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify PHN of placement changes which may include hospitalization or return home.</li> <li>• 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.</li> <li>• Collaborate with the Supervising Nurse to provide access to JDAC health records.</li> <li>• Consult with the PHN to assess the suitability of foster care placement in light of the health care needs of the juvenile.</li> <li>• 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.</li> <li>• PO will notify the PHN (via electronic communication) of the impending release or placement of any juveniles, with psychotropic medication orders.</li> </ul>

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

**July 1, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
<b>Health Care Planning and Coordination, Continued</b>	<ul style="list-style-type: none"> <li>• Assist the PO to assess the suitability of foster care placement in light of the health care needs of the juvenile.</li> <li>• Follow all probation juveniles in placement on psychotropic medications once identified to facilitate follow-up healthcare.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Psychotropic Medication Authorization</b>  <b>Psychotropic</b>	<p>PHN has the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Receive completed JV-220 and JV220 (A) or JV220 (B) forms from PO as notice a juvenile has the need for psychotropic medication.</li> <li>• Review the JV-220 and JV-220 (A) or JV220 (B) forms for completeness of the health information.</li> <li>• Contact the treating physician if JV-220 and JV-220 (A) or JV220 (B) are not complete.</li> <li>• Initiate/update Child Information Sheet and submit it to the Department of Behavioral Health (DBH) Juvenile Court Behavioral Health Services (JCBHS)</li> </ul>	<p>The PO has the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Maintain the psychotropic medication tracking system, which tracks all court dependents with existing court orders for psychotropic medication for renewals of medication.</li> <li>• Ensure notice to parents/guardians, caregiver, attorneys and CASA (if applicable) via telephone or email of the psychotropic medication request.</li> <li>• Ensure the court application for psychotropic medications is forwarded to the Probation Court for judicial review.</li> <li>• Provide the following forms to any party who</li> </ul>

**MEMORANDUM OF UNDERSTANDING**  
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**San Bernardino County Probation Department**  
**for**  
**Health Care Program for Children in Foster Care**

**July 1, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
<p><b>Medication Authorization, Continued</b></p>	<p>consulting psychiatrist.</p> <ul style="list-style-type: none"> <li>• Attach the latest Parameters 3.8 for Use of Psychotropic Medication to the packet sent to JCBHS consulting psychiatrist.</li> <li>• 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.</li> <li>• Forward JV-220, JV-220 (A) or JV-220 (B), CFS 10 PHN, JV-224, and HS-220 (B) forms to the PO.</li> <li>• 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.</li> <li>• Enter the approval information into the CWS/CMS Health Notebook.</li> </ul>	<p>objects:</p> <ul style="list-style-type: none"> <li>○ JV-219-INFO INFORMATION ABOUT PSYCHOTROPIC MEDICATION FORMS</li> <li>○ JV-220 APPLICATION REGARDING PSYCHOTROPIC MEDICATION</li> <li>○ JV-220A PRESCRIBING PHYSICIAN'S STATEMENT – ATTACHMENT, and</li> <li>○ JV-222 INPUT ON APPLICATION REGARDING PSYCHOTROPIC MEDICATION.</li> </ul> <ul style="list-style-type: none"> <li>• Ensure the completion of the following forms and forward them to the PHN:                             <ul style="list-style-type: none"> <li>○ JV-221 PROOF OF NOTICE: APPLICATION REGARDING PSYCHOTROPIC MEDICATION and forward it to the PHN.</li> <li>○ JV-223 ORDER ON APPLICATION FOR PSYCHOTROPIC MEDICATION</li> <li>○ JV-224 COUNTY REPORT ON PSYCHOTROPIC MEDICATION</li> </ul> </li> <li>• Distribute copies of the approved or denied psychotropic medication application to:                             <ul style="list-style-type: none"> <li>○ PHNs</li> <li>○ Assigned Social Workers,</li> <li>○ Facility/group home, and</li> </ul> </li> </ul>

**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, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
		<ul style="list-style-type: none"> <li>o Physician</li> </ul>
<b>Computer Access</b>	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.
<b>Training/ Orientation</b>	<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>
<b>Policy/ Procedure Development</b>	<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>The SPHNs will participate in the Southern California</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**  
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**for**  
**Health Care Program for Children in Foster Care**

**July 1, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
	<p>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>	
<b>Transition from Probation</b>	<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>
<b>Quality Assurance</b>	<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 Department and Public Health. The data will include</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**  
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**San Bernardino County Probation Department**  
**for**  
**Health Care Program for Children in Foster Care**

**July 1, 2023 – June 30, 2026**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.</b>
	<p>stats:</p> <ul style="list-style-type: none"> <li>• Documented physicals and dental examinations</li> <li>• New HEPs</li> <li>• File reviews completed by the PHNs.</li> </ul> <p>SPHN will address any/all compliance issues in collaboration with Probation.</p>	
<b>Other</b>	<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, 2023 – June 30, 2026**

**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, 2023 through June 30, 2026, 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:  
*Tracy Reece*  
CB2C2C685F0541E...

\_\_\_\_\_  
Tracy Reece, Chief Probation Officer  
Probation Department

\_\_\_\_\_  
May 24, 2023

\_\_\_\_\_  
Date

DocuSigned by:  
*Joshua Dugas*  
30C7CC0E4C9E4CE

\_\_\_\_\_  
Joshua Dugas, Director  
Department of Public Health

\_\_\_\_\_  
May 24, 2023

\_\_\_\_\_  
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

<b>County/City:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24
<b>Official Agency</b>			
Street Address:	451 East Vanderbilt Way	Health Officer:	Dr. Michael Sequeira
City:	San Bernardino, CA	Local HCPCFC	
Zip Code:	92415-0012	Central Inbox:	
<b>Parent Agency Director (if applicable)</b>			
Name:	N/A	Street Address:	
Phone:		City:	
Email:		Zip Code:	
<b>Authorized HCPCFC Program Administrative Representative</b>			
Name:	Monique Amis	Street Address:	451 East Vanderbilt Way
Phone:	909-387-6218	City:	San Bernardino, CA
Email:	Monique.Amis@dph.sbcounty.gov	Zip Code:	92415-0012
<b>Clerk of the Board of Supervisors or City Council</b>			
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
<b>Director of Social Services Agency</b>			
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
<b>Chief Probation Officer</b>			
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**

<b>County/City:</b> San Bernardino	<b>Fiscal Year:</b>
------------------------------------	---------------------

*List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Health Care Program for Children in Foster Care.*

	<b>Title or Name of MOU/IA</b>	<b>MOU with Local Social Services / Child Welfare</b>	<b>IA with Probation</b>	<b>Name of Partner Entity</b>
1	MOU with County Children and Family Services (CFS) Department	Yes		County of San Bernardino CFS Department
2	MOU with County Probation Department		Yes	County of San Bernardino Probation Department
3				
4				
5				
6				
7				
8				
9				
10				
	<i>(Insert additional rows as needed)</i>			



GAVIN NEWSOM  
GOVERNOR

2023-24

Date Last Renewed
7/1/2023
7/1/2023



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



**Health Care Program for Children in Foster Care  
 Incumbent List**

<b>County/City:</b> San Bernardino	<b>Fiscal Year:</b> 2023-24
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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	Email Address	Other Programs (with FTE % each)
1	Gomez, Nancy	Public Health Nurse II		Yes		<a href="mailto:Nancy.Gomez@hss.sbcounty.gov">Nancy.Gomez@hss.sbcounty.gov</a>	N/A
2	Perez, Mayra	Public Health Nurse II		Yes		<a href="mailto:Mayra.Perez@hss.sbcounty.gov">Mayra.Perez@hss.sbcounty.gov</a>	100%-Caseload Relief
3	Sanchez, Anyluz	Public Health Nurse II		Yes		<a href="mailto:Anyluz.Sanchez@hss.sbcounty.gov">Anyluz.Sanchez@hss.sbcounty.gov</a>	N/A
4	Westlake, Terry Lynn	Public Health Nurse II		Yes		<a href="mailto:Terry.Westlake@hss.sbcounty.gov">Terry.Westlake@hss.sbcounty.gov</a>	N/A
5	Overby, Cherrelle	Public Health Nurse II		Yes		<a href="mailto:Cherrelle.Overby@hss.sbcounty.gov">Cherrelle.Overby@hss.sbcounty.gov</a>	N/A
6	Diggs, Christine S.	Public Health Nurse II		Yes		<a href="mailto:Christine.Diggs@hss.sbcounty.gov">Christine.Diggs@hss.sbcounty.gov</a>	N/A
7	Zorn, Christopher Stephen	Public Health Nurse II		Yes		<a href="mailto:Christopher.Zorn@dph.sbcounty.gov">Christopher.Zorn@dph.sbcounty.gov</a>	N/A
8	Davis, Amanda V.	Public Health Nurse II		Yes		<a href="mailto:Amanda.Davis@hss.sbcounty.gov">Amanda.Davis@hss.sbcounty.gov</a>	80%-HCPCFC; 20%-RXKids
9	James, Krystalynn	Public Health Nurse II		Yes		<a href="mailto:Krystalynn.James@hss.sbcounty.gov">Krystalynn.James@hss.sbcounty.gov</a>	N/A
10	De Jesus, Angelo	Public Health Nurse II		Yes		<a href="mailto:Angelo.Dejesus@hss.sbcounty.gov">Angelo.Dejesus@hss.sbcounty.gov</a>	95%-Caseload Relief 5% Local
11	Uresti, Marissa	Public Health Nurse II		Yes		<a href="mailto:Marissa.Uresti@hss.sbcounty.gov">Marissa.Uresti@hss.sbcounty.gov</a>	N/A
12	Cordova, Sabrina	Public Health Nurse II		Yes		<a href="mailto:sabrina.cordova@hss.sbcounty.gov">sabrina.cordova@hss.sbcounty.gov</a>	100% RX4Kids
13	Tinner, Dejanae	Public Health Nurse II		Yes		<a href="mailto:Dejanae.Tinner@hss.sbcounty.gov">Dejanae.Tinner@hss.sbcounty.gov</a>	100% RX4Kids
14	Goldstein, Tamara	Public Health Nurse II		Yes		<a href="mailto:Tamara.Goldstein@dph.sbcounty.gov">Tamara.Goldstein@dph.sbcounty.gov</a>	100%-PMMO
15	Montoya, Leticia	Public Health Nurse II		Yes		<a href="mailto:leticia.montoya@dph.sbcounty.gov">leticia.montoya@dph.sbcounty.gov</a>	100%-PMMO
16	Vacant	Public Health Nurse II		Yes		N/A	80%-RXKids 20%-HCPCFC
17	Carraby, Toya	Public Health Nurse II		Yes		<a href="mailto:toya.carraby@hss.sbcounty.gov">toya.carraby@hss.sbcounty.gov</a>	100%-Caseload Relief

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising	Email Address	Other Programs (with FTE % each)
18	Flores, Alba	Public Health Nurse II		Yes		<a href="mailto:alba.flores@hss.sbcounty.gov">alba.flores@hss.sbcounty.gov</a>	100%-Caseload Relief
19	Garcia, Carmen	Public Health Nurse II		Yes		<a href="mailto:carmen.garcia@dph.sbcounty.gov">carmen.garcia@dph.sbcounty.gov</a>	100%-Caseload Relief
20	Ude, Adaeze	Public Health Nurse II		Yes		<a href="mailto:adaeze.ude@hss.sbcounty.gov">adaeze.ude@hss.sbcounty.gov</a>	55%-Caseload Rel; 45%-HCPCFC
21	Vacant	Public Health Nurse II		Yes		N/A	100%-Caseload Relief
22	Vacant	Public Health Nurse II		Yes		N/A	N/A
23	Vacant	Public Health Nurse II		Yes		N/A	N/A
24	Vacant	Public Health Nurse II		Yes		N/A	N/A
25	Vacant	Public Health Nurse II		Yes		N/A	N/A
26	Vacant	Public Health Nurse II		Yes		N/A	70% HCPCFC 30% PMMO.
27	Vacant	Public Health Nurse II		Yes		N/A	80% Caseload Relief, 20% HCPCFC
28	Vacant	Supervising Public Health Nurse		Yes	60%	N/A	45%-HCPCFC; 55%-RXKids
29	Smith, Rubi	Supervising Public Health Nurse		Yes	21%	<a href="mailto:rubi.smith@hss.sbcounty.gov">rubi.smith@hss.sbcounty.gov</a>	48%-HCPCFC; 10%-PMM&O; 40%-RXKids; 2%-BIH
30	Poulin, Shaunna	Supervising Public Health Nurse		Yes	78%	<a href="mailto:Shaunna.Poulin@dph.sbcounty.gov">Shaunna.Poulin@dph.sbcounty.gov</a>	50%-HCPCFC; 5%-Caseload Relief; 45%-RXKids
31	Vacant	Supervising Public Health Nurse		Yes	21%	N/A	15%-HCPCFC; 42%-Caseload Relief; 43%-No County Match
32	Vacant	Supervising Public Health Nurse		Yes	50%	N/A	5%-HCPCFC; 10%-PMM&O; 8%-Caseload Relief; 60%-RXKids; 15%-No County Match, 5%-Contracts
33	Susan Philo	Public Health Nurse Manager		Yes		<a href="mailto:Susan.Philo@dph.sbcounty.gov">Susan.Philo@dph.sbcounty.gov</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>						

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising	Email Address	Other Programs (with FTE % each)
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	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising	Email Address	Other Programs (with FTE % each)
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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:	2023-24
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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	\$2,225,851	\$1,781,870	\$443,981	\$368,947	\$304,082	\$64,865	\$1,000,144	\$830,831	\$169,313	\$0	\$0	\$0
II. Total Operating Expenses	\$4,420	\$0	\$4,420	\$4,447	\$0	\$4,447	\$3,773	\$0	\$3,773	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$386,185		\$386,185	\$64,012		\$64,012	\$173,525		\$173,525	\$0		\$0
V. Total Other Expenses												
<b>Budget Grand Total</b>	<b>\$2,616,456</b>	<b>\$1,781,870</b>	<b>\$834,586</b>	<b>\$437,406</b>	<b>\$304,082</b>	<b>\$133,324</b>	<b>\$1,177,442</b>	<b>\$830,831</b>	<b>\$346,611</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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	\$862,761	\$445,468	\$417,293	\$142,683	\$76,021	\$66,662	\$381,014	\$207,708	\$173,306	\$0	\$0	\$0
Federal Funds (Title XIX)	\$1,753,696	\$1,336,403	\$417,293	\$294,724	\$228,062	\$66,662	\$796,429	\$623,123	\$173,306	\$0	\$0	\$0
<b>Budget Grand Total</b>	<b>\$2,616,456</b>	<b>\$1,781,870</b>	<b>\$834,586</b>	<b>\$437,406</b>	<b>\$304,082</b>	<b>\$133,324</b>	<b>\$1,177,442</b>	<b>\$830,831</b>	<b>\$346,611</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Prepared By: <i>Shanice Johnson</i>	Sign	Print	Shanice Johnson	Title	Administrative Supervisor I	Date	2/9/2024	Email	Shanice.Johnson@dph.sbc
	Sign	Print	Monique Amis	Title	Public Health Division Chief	Date	3/6/24	Email	Monique.Amis@dph.sbcounty.gov
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



GAVIN NEWSOM  
GOVERNOR

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:	2023-24
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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)
<b>I. Personnel Expenses</b>							
# Name							
1 Gomez, Nancy PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
2 Sanchez, Analuz PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
3 Westlake, Terry Lynn PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
4 Overby, Cherrelle PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
5 Diggs, Christine S. PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
6 Zorn, Christopher Stephen PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
7 Davis, Amanda V. PHN	80%	\$96,044	\$76,836	90%	\$69,152	10%	\$7,684
8 James, Krystalynn PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
9 Uresti, Marissa PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
10 Ude, Adaeze PHN	45%	\$96,044	\$43,220	90%	\$38,898	10%	\$4,322
11 Vacant, PHN	20%	\$96,044	\$19,209	90%	\$17,288	10%	\$1,921
12 Vacant, PHN	20%	\$96,044	\$19,209	90%	\$17,288	10%	\$1,921
13 Vacant, PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
14 Vacant, PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
15 Vacant, PHN	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
16 Vacant PHN	70%	\$96,044	\$67,231	90%	\$60,508	10%	\$6,723
17 Vacant Supervising PHN	45%	\$106,770	\$48,047	20%	\$9,609	80%	\$38,437
18 Vacant Supervising PHN	15%	\$106,770	\$16,016	20%	\$3,203	80%	\$12,812
19 Smith, Rubi Supervising PHN	48%	\$106,770	\$51,250	20%	\$10,250	80%	\$41,000
20 Poulin, Shaunna, Supervising PHN	50%	\$106,770	\$53,385	20%	\$10,677	80%	\$42,708
21 Vacant Supervising PHN	5%	\$106,770	\$5,339	20%	\$1,068	80%	\$4,271
22 Philo, Susan Health Nurse Manager	35%	\$109,523	\$38,333	20%	\$7,667	80%	\$30,667
22			\$0		\$0		\$0
23			\$0		\$0		\$0
Total PHN FTE %	1306.00%			1175.40%		130.60%	
Total Direct Support Staff FTE %	194%			38.80%		155.20%	
Net Salaries and Wages			\$1,494,562		\$1,196,448		\$298,114
Staff Benefits (Specify %)	48.93%		\$731,289		\$585,422		\$145,867
<b>I. Total Personnel Expenses</b>			<b>\$2,225,851</b>		<b>\$1,781,870</b>		<b>\$443,981</b>
<b>II. Operating Expenses</b>							
1. Travel			\$2,164	0%	\$0	100%	\$2,164
2. Training			\$2,256	0%	\$0	100%	\$2,256
<b>II. Total Operating Expenses</b>			<b>\$4,420</b>		<b>\$0</b>		<b>\$4,420</b>
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	17.35%		\$386,185				\$386,185
<b>IV. Total Indirect Expenses</b>			<b>\$386,185</b>				<b>\$386,185</b>
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$2,616,456</b>		<b>\$1,781,870</b>		<b>\$834,586</b>

Prepared By:	Shanice Johnson	Shanice Johnson	Administrative Supervisor I	2/9/2024	shanice.johnson@dph.sbcounty.gov
Authorized HCPCFC Program Representative:	Monique Amis	Monique Amis	Public Health Division Chief	3/16/24	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

<b>State/Federal Funding Source:</b>		<b>Base</b>	
<b>County/City Name:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24
<b>I. Personnel Expenses</b>			
<b>Identify and Explain Any Changes in Personnel/Personnel Expenses</b>			
Aggregate PHN, SPHN, and Nurse Manager staffing increased by 0.33 FTE (0.22%) 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 decreased from 56.24% to 48.93% of Salaries.			
<b>II. Operating Expenses</b>			
<b>Identify and Explain All Operating Expense Line Items</b>			
<b>Travel:</b>	<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>		
<b>Training:</b>	<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 approximately \$105.</p>		
<b>III. Capital Expenses cannot be included in this budget</b>			
<b>IV. Indirect Expenses Indirect External Expenses cannot be included in this budget</b>			
<b>Identify and Explain All Indirect Expense Line Items</b>			
<b>Internal:</b>	The indirect cost percentage increased from 16.90% to 17.35% of Personnel Costs (Salaries plus Fringe Benefits).		
<b>V. Other Expenses cannot be included in this budget</b>			

Prepared By:		Shanice Johnson	Administrative Supervisor I	2/9/2024	Shanice.Johnson@dph.sbcounty.gov
Authorized HCPCFC Program Representative:		Monique Amis	Public Health Division Chief	3/6/24	Monique.Amis@dph.sbcounty.gov



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:	2023-24		
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	\$2,225,851	\$1,781,870	\$443,981	\$368,947	\$304,082	\$64,865	\$1,000,144	\$830,831	\$169,313	\$0	\$0	\$0	
II. Total Operating Expenses	\$4,420	\$0	\$4,420	\$4,447	\$0	\$4,447	\$3,773	\$0	\$3,773	\$0	\$0	\$0	
III. Total Capital Expenses													
IV. Total Indirect Expenses	\$386,185		\$386,185	\$64,012		\$64,012	\$173,525		\$173,525	\$0		\$0	
V. Total Other Expenses													
<b>Budget Grand Total</b>	<b>\$2,616,456</b>	<b>\$1,781,870</b>	<b>\$834,586</b>	<b>\$437,406</b>	<b>\$304,082</b>	<b>\$133,324</b>	<b>\$1,177,442</b>	<b>\$830,831</b>	<b>\$346,611</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
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	\$862,761	\$445,468	\$417,293	\$142,683	\$76,021	\$66,662	\$381,014	\$207,708	\$173,306	\$0	\$0	\$0	
Federal Funds (Title XIX)	\$1,753,696	\$1,336,403	\$417,293	\$294,724	\$228,062	\$66,662	\$796,429	\$623,123	\$173,306	\$0	\$0	\$0	
<b>Budget Grand Total</b>	<b>\$2,616,456</b>	<b>\$1,781,870</b>	<b>\$834,586</b>	<b>\$437,406</b>	<b>\$304,082</b>	<b>\$133,324</b>	<b>\$1,177,442</b>	<b>\$830,831</b>	<b>\$346,611</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

Prepared By: Shanice Johnson Sign Shanice Johnson Print Shanice Johnson Title Administrative Supervisor I Date 2/9/2024 Email Shanice.Johnson@dph.sbc

Authorized HCPCFC Program Representative: Sign Monique Amis Print Monique Amis Title Public Health Division Chief Date 3/6/24 Email Monique.Amis@dph.sbcounty.gov



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:** Psychotropic Medication Monitoring & Oversight

**County/City Name:** San Bernardino **Fiscal Year:** 2023-24

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)
<b>I. Personnel Expenses</b>							
#	Name						
1	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
2	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
3	30%	\$96,044	\$28,813	90%	\$25,932	10%	\$2,881
4	10%	\$106,770	\$10,677	20%	\$2,135	80%	\$8,542
5	10%	\$106,770	\$10,677	20%	\$2,135	80%	\$8,542
6	5%	\$109,523	\$5,476	20%	\$1,095	80%	\$4,381
7			\$0		\$0		\$0
8			\$0		\$0		\$0
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			\$247,732		\$204,178		\$43,554
Staff Benefits (Specify %)	48.93%		\$121,215		\$99,904		\$21,311
<b>I. Total Personnel Expenses</b>			<b>\$368,947</b>		<b>\$304,082</b>		<b>\$64,865</b>
<b>II. Operating Expenses</b>							
1.	Travel		\$2,300	0%	\$0	100%	\$2,300
2.	Training		\$2,147	0%	\$0	100%	\$2,147
<b>II. Total Operating Expenses</b>			<b>\$4,447</b>		<b>\$0</b>		<b>\$4,447</b>
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1.	Internal (Specify %)	17.35%	\$64,012				\$64,012
<b>IV. Total Indirect Expenses</b>			<b>\$64,012</b>				<b>\$64,012</b>
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$437,406</b>		<b>\$304,082</b>		<b>\$133,324</b>

Prepared By: *Shanice Johnson* Sign: *Shanice Johnson* Print: Shanice Johnson Title: Administrative Supervisor I Date: 2/9/2024 Email: shanice.johnson@dph.sbcounty.gov

Authorized HCPCFC Program Representative: *Monique Amis* Sign: *Monique Amis* Print: Monique Amis Title: Public Health Division Chief Date: 3/6/24 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**

<b>State/Federal Funding Source:</b>	<b>Psychotropic Medication Monitoring &amp; Oversight</b>		
<b>County/City Name:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24

**I. Personnel Expenses**

**Identify and Explain Any Changes in Personnel/Personnel Expenses**

Aggregate PHN, SPHN, and Nurse Manager staffing decreased by 0.43 FTE (0.04%) due to a small reduction in the annual unit cost for the PHN job classification that facilitated a small decrease in FTE. The fringe benefits percentage decreased from 56.24% to 48.93% of Salaries.

**II. Operating Expenses**

**Identify and Explain All Operating Expense Line Items**

<b>Travel:</b>	<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>
<b>Training:</b>	<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 \$358.</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**

<b>Internal:</b>	The indirect cost percentage decreased from 16.90% to 17.35% of Personnel Costs (Salaries plus Fringe Benefits).
------------------	--

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

Prepared By:		Shanice Johnson	Administrative Supervisor	2/9/2024	Shanice.Johnson@dph.sbcounty.gov
Authorized HCPCFC Program Representative:		Monique Amis	Public Health Division Chief		Monique.Amis@dph.sbcounty.gov



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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:	2023-24
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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	\$2,225,851	\$1,781,870	\$443,981	\$368,947	\$304,082	\$64,865	\$1,000,144	\$830,831	\$169,313	\$0	\$0	\$0
II. Total Operating Expenses	\$4,420	\$0	\$4,420	\$4,447	\$0	\$4,447	\$3,773	\$0	\$3,773	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$386,185		\$386,185	\$64,012		\$64,012	\$173,525		\$173,525	\$0		\$0
V. Total Other Expenses												
<b>Budget Grand Total</b>	<b>\$2,616,456</b>	<b>\$1,781,870</b>	<b>\$834,586</b>	<b>\$437,406</b>	<b>\$304,082</b>	<b>\$133,324</b>	<b>\$1,177,442</b>	<b>\$830,831</b>	<b>\$346,611</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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	\$862,761	\$445,468	\$417,293	\$142,683	\$76,021	\$66,662	\$381,014	\$207,708	\$173,306	\$0	\$0	\$0
Federal Funds (Title XIX)	\$1,753,696	\$1,336,403	\$417,293	\$294,724	\$228,062	\$66,662	\$796,429	\$623,123	\$173,306	\$0	\$0	\$0
<b>Budget Grand Total</b>	<b>\$2,616,456</b>	<b>\$1,781,870</b>	<b>\$834,586</b>	<b>\$437,406</b>	<b>\$304,082</b>	<b>\$133,324</b>	<b>\$1,177,442</b>	<b>\$830,831</b>	<b>\$346,611</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Prepared By: <i>Shanice Johnson</i>	Sign	Print	Shanice Johnson	Title	Administrative Supervisor I	Date	2/9/2024	Email	Shanice.Johnson@dph.sbc
			Monique Amis	Title	Public Health Division Chief	Date	3/6/24	Email	Monique.Amis@dph.sbcounty.gov
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



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:	2023-24
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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)	
<b>I. Personnel Expenses</b>								
#	Name							
1	Carraby, Toya, Public Health Nurse (PHN)	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
2	Perez, Mayra, Public Health Nurse (PHN)	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
3	De Jesus, Angelo, Public Health Nurse (PHN)	95%	\$96,044	\$91,242	90%	\$82,118	10%	\$9,124
4	Garcia, Carmen, Public Health Nurse (PHN)	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
5	Vacant, Public Health Nurse (PHN)	100%	\$96,044	\$96,044	90%	\$86,440	10%	\$9,604
6	Ude, Adaeze, Public Health Nurse (PHN)	55%	\$96,044	\$52,824	90%	\$47,542	10%	\$5,282
7	Vacant, Public Health Nurse (PHN)	80%	\$96,044	\$76,836	90%	\$69,152	10%	\$7,684
8	Vacant, Supervising PHN	5%	\$106,770	\$5,339	20%	\$1,068	80%	\$4,271
9	Vacant Supervising PHN	42%	\$106,770	\$44,844	20%	\$8,969	80%	\$35,875
10	Poulin, Shaunna, Supervising PHN	5%	\$106,770	\$5,339	20%	\$1,068	80%	\$4,271
11	Philo, Susan, Public Health Nurse Manager	10%	\$109,523	\$10,952	20%	\$2,190	80%	\$8,762
Total PHN FTE %		625.00%			562.50%		62.50%	
Total Direct Support Staff FTE %		62.00%			12.40%		49.60%	
Net Salaries and Wages				\$671,553		\$557,867		\$113,686
Staff Benefits (Specify %)		48.93%		\$328,591		\$272,964		\$55,627
<b>I. Total Personnel Expenses</b>				<b>\$1,000,144</b>		<b>\$830,831</b>		<b>\$169,313</b>
<b>II. Operating Expenses</b>								
1.	Travel			\$1,220	0%	\$0	100%	\$1,220
2.	Training			\$2,553	0%	\$0	100%	\$2,553
<b>II. Total Operating Expenses</b>				<b>\$3,773</b>		<b>\$0</b>		<b>\$3,773</b>
<b>III. Total Capital Expenses</b>								
<b>IV. Indirect Expenses</b>								
1.	Internal (Specify %)	17.35%		\$173,525				\$173,525
<b>IV. Total Indirect Expenses</b>				<b>\$173,525</b>				<b>\$173,525</b>
<b>V. Total Other Expenses</b>								
<b>Budget Grand Total</b>				<b>\$1,177,442</b>		<b>\$830,831</b>		<b>\$346,611</b>

Prepared By: *Shanice Johnson* Sign: *Shanice Johnson* Print: Shanice Johnson Title: Administrative Supervisor I Date: 2/9/2024 Email: Shanice.Johnson@dph.sbcounty.gov

Authorized HCPCFO: *Monique Amis* Sign: *Monique Amis* Print: Monique Amis Title: Public Health Division Chief Date: *2/6/24* Email: Monique.Amis@dph.sbcounty.gov

Program Representative:

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

<b>State/Federal Funding Source:</b>		<b>Caseload Relief</b>	
<b>County/City Name:</b> San Bernardino		<b>Fiscal Year:</b> 2023-24	
<b>I. Personnel Expenses</b> <b>Identify and Explain Any Changes in Personnel/Personnel Expenses</b>			
Aggregate PHN, SPHN, and Nurse Manager staffing increased by 0.05 FTE (.08%) 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 decreased from 56.24% to 48.93% of Salaries.			
<b>II. Operating Expenses</b> <b>Identify and Explain All Operating Expense Line Items</b>			
<b>Travel:</b>	<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>		
<b>Training:</b>	<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 \$232.</p>		
<b>III. Capital Expenses</b> <i>cannot be included in this budget</i>			
<b>IV. Indirect Expenses</b> <i>Indirect External Expenses cannot be included in this budget</i>			
<b>Identify and Explain All Indirect Expense Line Items</b>			
<b>Internal:</b>	<p>The indirect cost percentage increased from 16.90% to 17.35% of Personnel Costs (Salaries plus Fringe Benefits).</p>		
<b>V. Other Expenses</b> <i>cannot be included in this budget</i>			

Prepared By:		Shanice Johnson	Administrative Supervisor	2/9/2024	Shanice.Johnson@dph.sbcounty.gov
	Sign	Print	Title	Date	Email
Authorized HCPCFC Program Representative:		Monique Amis	Public Health Division Chief	3/6/24	Monique.Amis@dph.sbcounty.gov
	Sign	Print	Title	Date	Email



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: 2023-24	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		4-15
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		16
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		17
c. CHDP Incumbent List		18-19
d. CHDP Budget		
i. CHDP Administrative Budget		
– Summary and Worksheet		20-21
– Budget Narrative		22-24
ii. Optional County/City - Federal Match Budget		
– Summary and Worksheet		25-26
– Budget Narrative		27-30

*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: 2023-24

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

3/21/24

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

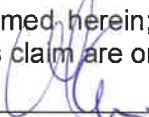
GAVIN NEWSOM  
 GOVERNOR

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

**County/City:** San Bernardino

**Fiscal Year:** 2023-24

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.

  
 \_\_\_\_\_  
 Signature of County Authorized Program Representative

  
 \_\_\_\_\_  
 Date Signed

  
 \_\_\_\_\_  
 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.

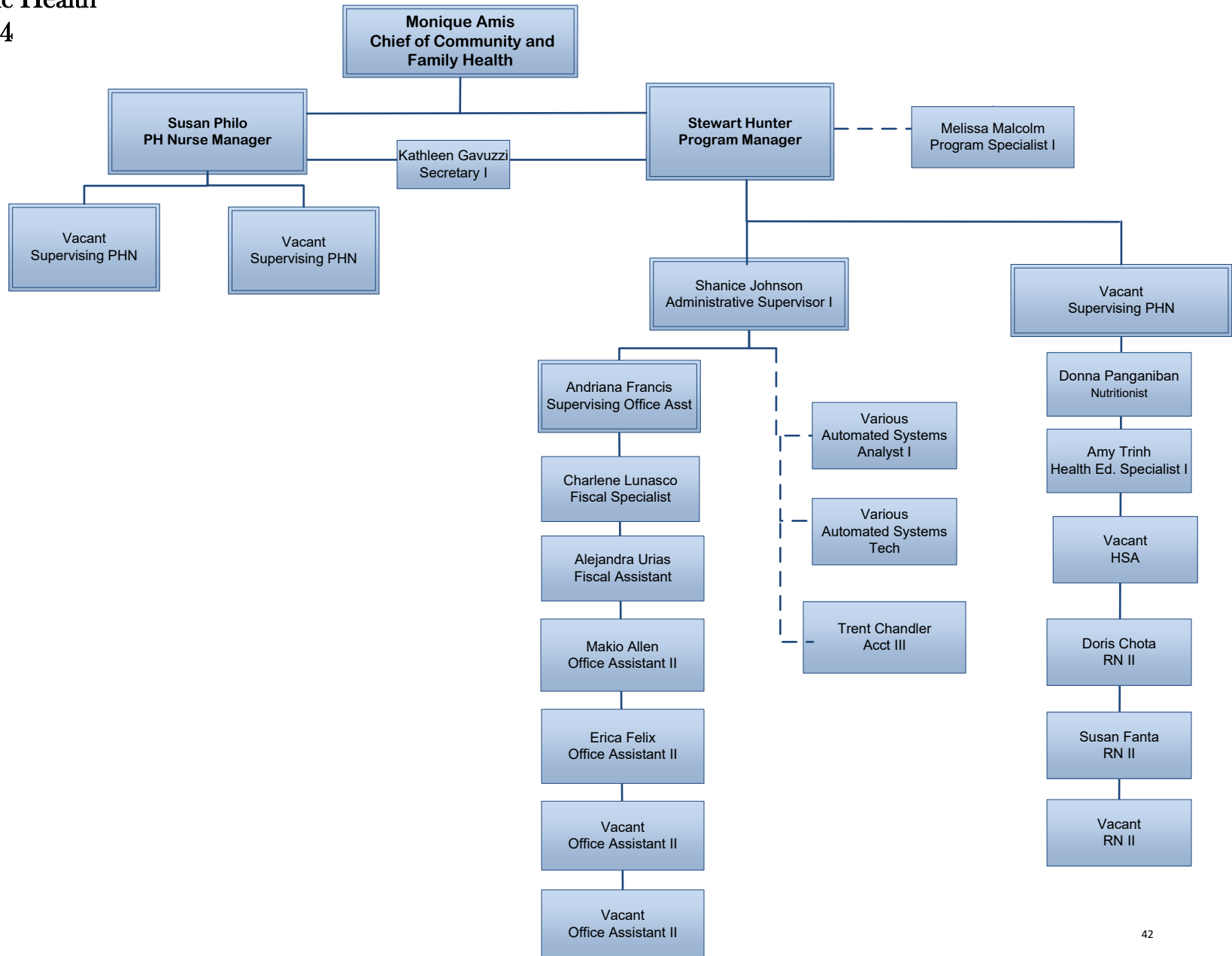
Dawn Rowe, Chair, Board of Supervisors

\_\_\_\_\_  
 Signature of Local Governing Body Chairperson

\_\_\_\_\_  
 Date Signed

Family Health Services Section  
CHDP Program

County of San Bernardino  
Department of Public Health  
FY 2023-2024



**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2023 – June 30, 2026**

<b>Services Provided</b>	<b>Local Transitional Assistance Department (TAD) Responsibilities</b>	<b>Local Child Health and Disability Prevention (CHDP) Program Responsibilities</b>
<p>Staff Training and Orientation</p> <p>San Bernardino County Performance, Education and Resource Centers (PERC) has e-learning training, based on the face-to-face CHDP presentation for new Eligibility Workers (EWs) to complete during the Onboarding class.</p>	<p>Within the probationary employment period with Human Services, all new staff with responsibility for eligibility determination will have completed orientation regarding their role and responsibilities for informing persons about the Child Health and Disability Prevention (CHDP) Program and available services. In addition, TAD Operations Manager will attempt to schedule CHDP staff time at the various TAD offices to reorient the CHDP to current employees.</p> <p>TAD shall name a point of contact to communicate with CHDP staff to request current information to include in PERC’s e-learning module for CHDP overview and services, as needed.</p>	<p>Orientation will be coordinated and conducted through the San Bernardino County Performance, Education and Resource Centers (PERC). In addition, CHDP staff will conduct program refresher courses for current staff in cooperation with the TAD Operations Manager, as needed.</p> <p>As requested, CHDP staff shall provide current information for inclusion in PERC’s e-learning module for CHDP overview and services.</p>
<p>Application/Annual Re-determination – <b>In Person/ Telephone</b></p>	<p>During the eligibility intake or annual re-determination face-to-face and/or telephone interview, TAD staff will ensure that the appropriate responsible adult for the Medi-Cal eligible person, including the unborn, and all persons under the age of 21 are:</p> <ul style="list-style-type: none"> <li>▪ Provided a state-approved brochure about the CHDP Program.</li> <li>▪ Verbally Informed about the CHDP Program, including:                             <ol style="list-style-type: none"> <li>1. Value of preventive health services;</li> <li>2. Availability of health assessments;</li> <li>3. Availability of dental services;</li> <li>4. Need for prompt diagnosis and treatment of suspected disabilities; and</li> </ol> </li> </ul>	<p>For children determined to be Medi-Cal eligible, upon receipt of referral from eligibility intake staff via electronic data referral form, or State-approved alternate form, local CHDP/Early Periodic Screening Diagnosis and Treatment (EPSDT) Program staff will take appropriate action, including:</p> <ul style="list-style-type: none"> <li>▪ Mailing out information packets to those who are interested in receiving information only regarding CHDP services.</li> <li>▪ Contacting the party requesting additional CHDP information for the purpose of offering information and assisting with appointment scheduling.</li> <li>▪ Providing all requested appointment scheduling</li> </ul>

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2023 – June 30, 2026**

Services Provided	Local Transitional Assistance Department (TAD) Responsibilities	Local Child Health and Disability Prevention (CHDP) Program Responsibilities
<p>Application/Annual Re-determination – <b>In Person/ Telephone</b></p>	<p>5. Nature, scope, and benefits of the CHDP Program.</p> <ul style="list-style-type: none"> <li>▪ Queried if:                             <ol style="list-style-type: none"> <li>1. Additional information about the CHDP Program is requested;</li> <li>2. CHDP Program services, medical and dental, are requested; and</li> <li>3. Appointment scheduling assistance is needed when CHDP services are requested.</li> </ol> </li> </ul> <p>Any “yes” responses to CHDP questions or offer of services shall generate a referral to the local CHDP Program via electronic data referral form, or State-approved alternate form.</p>	<p>assistance, including information, toll-free contact numbers, websites, schedules, and other potential resources so that medical and/or dental services can be received from a provider of the requestor’s choice.</p> <ul style="list-style-type: none"> <li>▪ Providing referrals to individuals requesting services and/or health assessments not furnished by their current provider.</li> <li>▪ Providing follow-up services of requesting parties, including:                             <ol style="list-style-type: none"> <li>1. Contacting family or provider after scheduled appointment to verify if appointment was kept.</li> <li>2. Re-offering appointment scheduling assistance to those individuals who failed to keep their appointment.</li> <li>3. Offering and providing requested assistance to those whom further diagnosis and treatment is indicated.</li> </ol> </li> </ul> <p>For children determined to be Medi-Cal eligible, upon receipt of referral from eligibility intake staff via electronic data referral form, or State-approved alternate form, local CHDP/EPSTDT Program staff will take appropriate action including:</p> <ul style="list-style-type: none"> <li>▪ Mailing out information packets to those interested in receiving information only regarding CHDP Services.</li> <li>▪ Contacting the party requesting additional CHDP information for the purpose of offering information, and</li> </ul>

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2023 – June 30, 2026**

Services Provided	Local Transitional Assistance Department (TAD) Responsibilities	Local Child Health and Disability Prevention (CHDP) Program Responsibilities
<p>Application/Annual Re-determination –  <b>Mail In/Online</b></p>	<p>Individuals providing applications/annual re-determinations by mail or via online source shall receive a State-approved brochure about the CHDP Program.</p> <p>Any written “yes” responses to the CHDP questions included with the mailed packets for application/annual re-determination shall generate a referral to the local CHDP Program via electronic data referral form, or State-approved alternate form.</p>	<p>assistance with appointment scheduling.</p> <ul style="list-style-type: none"> <li>▪ Providing all requested appointment scheduling so that medical and/or dental services can be received from a provider of the requestor’s choice.</li> <li>▪ Providing referrals to individuals requesting services and/or health assessments not furnished by their current provider.</li> <li>▪ Providing follow-up services of requesting parties, including:                             <ol style="list-style-type: none"> <li>1. Contacting family or provider after scheduled appointment to verify whether appointment was kept.</li> <li>2. Re-offering appointment scheduling assistance to those individuals who failed to keep their appointment.</li> <li>3. Offering and providing requested assistance to those whom further diagnosis and treatment is indicated.</li> </ol> </li> </ul>
<p>Individuals Lost to Contact</p>	<p>TAD will provide the current addresses and contact information to Department of Public Health (DPH) in response to lists of names provided by DPH to TAD.</p>	<p>A “good faith effort” will be made to locate those individuals lost to contact, which will consist of a search in the Medi-Cal Eligibility Data System (MEDS) and/or submission of lists of names to TAD by DPH. On an annual basis, the local CHDP program is required to show all efforts made to locate these individuals via a performance report.</p>

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2023 – June 30, 2026**

**MUTUAL COORDINATION:**

1. The CHDP Deputy Director (Program Manager), TAD Director and/or appointed staff will meet annually to review, update, print, and distribute this Memorandum of Understanding (MOU) to CHDP and EPSDT staff, as appropriate.
2. A designee from each program will be appointed to facilitate communication and coordination of activities necessary to fulfill all terms of this MOU.
3. TAD will provide education and program information materials at no cost to CHDP, as appropriate.
4. CHDP will provide education and resource materials at no cost to TAD, as appropriate.

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2023 – June 30, 2026**

**CONCLUSION:**

1. This MOU, consisting of five (5) 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, 2023 through June 30, 2026, 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 Transitional Assistance 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.

<p style="margin: 0;"><small>DocuSigned by:</small> <i>Monique Amis</i> <small>F05B388E0D072472...</small></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="margin: 0;">Monique Amis, Deputy Director Child Health and Disability Prevention Program</p>	<p style="margin: 0;">July 13, 2023</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="margin: 0;">Date</p>
<p style="margin: 0;"><small>DocuSigned by:</small> <i>Gilbert Ramos</i> <small>F552416BE564413...</small></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="margin: 0;">Gilbert Ramos, Director Transitional Assistance Department</p>	<p style="margin: 0;">July 14, 2023</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="margin: 0;">Date</p>
<p style="margin: 0;"><small>DocuSigned by:</small> <i>Joshua Dugas</i> <small>30C7CC0F4C0F4CE...</small></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="margin: 0;">Joshua Dugas, Director Department of Public Health</p>	<p style="margin: 0;">July 13, 2023</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="margin: 0;">Date</p>

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention**  
**and**  
**Preschool Services Department**  
**July 1, 2023 – June 30, 2026**

**GOALS OF MEMORANDUM OF UNDERSTANDING:**

- Coordinate and integrate services provided by the Preschool Services Department (PSD) and Child Health and Disability Prevention (CHDP) Programs.
- Support the prevention, identification, and treatment of illness in young children.
- Ensure the goals and objectives of both programs are carried out in the most efficient and effective way possible.

<b>PSD RESPONSIBILITIES:</b>	<b>CHDP RESPONSIBILITIES:</b>
1. As necessary, at a minimum of once per year, schedule orientation for PSD Staff on CHDP services relevant to PSD participants. Orientation shall include CHDP-PSD Memorandum of Understanding (MOU) and description of CHDP Program.	1. As necessary, at a minimum of once per year, schedule orientation for CHDP staff on PSD services. Orientation shall include CHDP-PSD MOU and description of PSD Program.
2. Refer all eligible children enrolled in PSD to an approved CHDP provider using CHDP brochures (e.g., CHDP Informational Brochure), which includes the San Bernardino County Department of Public Health toll-free number (1-800-722-3777).	2. Provide CHDP Informational Brochures (or other designated handouts) to PSD staff (for distribution to parents of children enrolled in PSD Program), as needed. Also, provide a current CHDP Provider List which contains a list of providers located throughout the County.
3. For the purpose of serving the Medi-Cal fee-for-service population, provide space and audiovisual equipment necessary for conducting staff training, including a site for CHDP audiometric training practicum. PSD will provide support documentation to CHDP to demonstrate how services will benefit the Medi-Cal fee-for-service population.	3. For the purpose of serving the Medi-Cal fee-for-service population, coordinate with PSD staff for the provision of health education and training of PSD staff, including CHDP audiometric training practicum.
4. Encourage open communication among CHDP and PSD staff regarding satisfaction with CHDP services. Disperse and make readily available CHDP complaint forms to all PSD staff.	4. Administer an official complaint process to promote Quality Assurance Measures for CHDP services offered to PSD. The process shall include emailing the CHDP Supervisor and Nurse liaison so that PSD may notify CHDP of providers that are non-compliant with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements.

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention**  
**and**  
**Preschool Services Department**  
**July 1, 2023 – June 30, 2026**

**MUTUAL COORDINATION:**

1. The CHDP Deputy Director (or designee) and PSD Program Manager and/or appointed designees will meet bi-annually to review, update, print, then distribute this MOU to CHDP and PSD staff, as appropriate.
2. A designee from each program will be appointed to facilitate communication and coordination of activities necessary to fulfill all terms of this MOU.
3. PSD will provide education and program materials at no cost to CHDP, as appropriate.
4. CHDP will provide education and resource materials at no cost to PSD, as appropriate.
5. This MOU is effective as of July 1, 2023 and will expire June 30, 2026.

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention**  
**and**  
**Preschool Services Department**  
**July 1, 2023 – June 30, 2026**

**CONCLUSION:**

1. This MOU, consisting of three (3) pages, is the full and complete document describing services to be rendered by each party, including all covenants, conditions, and benefits.
2. 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.
3. 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:

*Monique Amis*

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Monique Amis, CHDP Deputy Director  
Department of Public Health

June 13, 2023

Date

*Jacquelyn Greene*

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Jacquelyn Greene, Director  
Preschool Services Department

June 20, 2023

Date

*Joshua Dugas*

30C7C60F4C0F46E...

Joshua Dugas, Director  
Department of Public Health

June 20, 2023

Date

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention (CHDP) Program**  
**and**  
**Women, Infants, and Children (WIC) Supplemental Food Program**  
**July 1, 2023 – June 30, 2026**

**GOALS OF AGREEMENT:**

- Coordinate and integrate the Women, Infants, and Children (WIC) and Child Health and Disability Prevention (CHDP) Programs.
- Ensure all available services are provided to eligible pregnant women, infants, and children to the fullest extent possible.
- Ensure the goals and objectives of both programs are carried out in the most efficient and effective way possible.
- Minimize duplication of resources and services.

<b>WIC RESPONSIBILITIES:</b>	<b>CHDP RESPONSIBILITIES:</b>
1. As appropriate, schedule new WIC staff for an orientation on CHDP services relevant to WIC participants (may be conducted in a virtual format). Orientation to include CHDP-WIC Memorandum of Understanding (MOU) and description of CHDP program for WIC staff.	1. As appropriate, schedule new and current CHDP staff for an orientation/review of WIC services (may be conducted in a virtual format). Orientation/review to include CHDP-WIC Memorandum of Understanding (MOU) and description of WIC program for CHDP staff.
2. Refer all eligible WIC participants to CHDP and disseminate educational/informational handouts or other resources, or electronic links to said items, as provided by CHDP. In addition, provide CHDP toll-free number.	2. Provide available educational/informational handouts or other resources, or electronic links to said items, to WIC staff for distribution to WIC participants, as needed.
3. Supply CHDP Program with the WIC flyer, including flyer re-order information, in packets provided at CHDP provider Overview meetings. As applicable, WIC staff may provide an electronic link to said materials.	3. Provide WIC flyers, resources, and re-order information to CHDP providers to access and submit order requests for program flyers and materials for age-eligible CHDP patients. As applicable, CHDP staff may provide an electronic link to said materials.

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention (CHDP) Program**  
**and**  
**Women, Infants, and Children (WIC) Supplemental Food Program**  
**July 1, 2023 – June 30, 2026**

<b>WIC RESPONSIBILITIES:</b>	<b>CHDP RESPONSIBILITIES:</b>
4. Participate in CHDP Provider Trainings by presenting information (in person or virtual formats, as applicable) about the WIC Program, including eligibility and scheduling appointments.	4. Provide to WIC the schedule and location (or virtual platform) for CHDP Provider trainings. Inform WIC staff of updates to CHDP policies and procedures associated with service delivery to the CHDP population.
5. Provide CHDP the schedule and location for WIC staff trainings, or link(s) to virtual meetings, as applicable.	5. CHDP staff will participate in WIC annual staff training and/or during routine WIC leadership meetings (in person or virtual formats, as applicable), providing CHDP and Childhood Lead Poisoning Prevention Program overviews and eligibility information.
6. Provide WIC updates at WIC/CHDP/Maternal, Child and Adolescent Health (MCAH) collaborative meetings, as needed.	6. Provide CHDP/MCAH updates at WIC/CHDP/MCAH collaborative meetings, as needed.
7. Provide to CHDP program WIC referral forms or the link to the electronic WIC referral form to CHDP program, including scheduling information for appointments.	7. CHDP staff will encourage CHDP providers to refer eligible infants and children to WIC program (including information about scheduling an appointment) using a completed WIC referral form or referring patients to the WIC website, as appropriate.
8. WIC program will inform CHDP of required height, weight, and biochemical information needed for WIC visits.	8. CHDP staff will inform CHDP providers of WIC's requirement to provide height, weight, and biochemical data in the WIC referral form.
9. WIC and CHDP will collaborate, as appropriate, in the communication of current class outlines, and health education/outreach materials for WIC target populations.	9. CHDP and WIC will collaborate, as appropriate, in the dissemination of current CHDP health education/outreach materials for CHDP target populations, medical providers and other agencies.

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention (CHDP) Program**  
**and**  
**Women, Infants, and Children (WIC) Supplemental Food Program**  
**July 1, 2023 – June 30, 2026**

**MUTUAL COORDINATION:**

1. The CHDP Deputy Director and/or designee and WIC Program Manager and/or appointed staff will meet every three (3) years, or as necessary, to review, update, print, then distribute this Memorandum of Understanding to CHDP and WIC staff, as appropriate.
2. Designated WIC and CHDP staff will facilitate communication and coordination of activities necessary to fulfill all terms of this MOU, as needed (this includes annual staff and/or respective routine leadership meetings to exchange pertinent program information and/or discuss updates).
3. As applicable, WIC and CHDP staff will exchange information on upcoming educational workshops, conferences, presentations, staff meetings, etc., which are of mutual interest.
4. WIC will, as appropriate, provide nutrition and/or other relevant education materials at no cost to CHDP.
5. CHDP will, as appropriate, provide CHDP provider resources and/or other relevant education materials at no cost to WIC.
6. WIC, CHDP, and Childhood Lead Poisoning Prevention Program will collaborate to promote lead poisoning awareness in the WIC clinics.

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention (CHDP) Program**  
**and**  
**Women, Infants, and Children (WIC) Supplemental Food Program**  
**July 1, 2023 – June 30, 2026**

**CONCLUSION:**

1. This MOU, consisting of four (4) 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, 2023 through June 30, 2026, unless revised by mutual agreement. In the event that changes in federal or state requirements impact the MOU, the pertinent sections will be renegotiated and changed within ninety (90) days of receiving instruction 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.
3. 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:

*Monique Amis*

F05B38B6D972472

\_\_\_\_\_  
Monique Amis, CHDP Deputy Director

\_\_\_\_\_  
June 23, 2023

\_\_\_\_\_  
Date

DocuSigned by:

*Heather Wellons-Blum*

ADG5DD4E3BB24E7...

\_\_\_\_\_  
Heather Wellons-Blum, WIC Program Manager

\_\_\_\_\_  
June 20, 2023

\_\_\_\_\_  
Date



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



GAVIN NEWSOM  
 GOVERNOR

**Child Health and Disability Prevention  
 Agency Information**

<b>County/City:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24
<b>Official Agency</b>			
Street Address:	451 East Vanderbilt Way	Health Officer:	Dr. Michael Sequeira
City:	San Bernardino, CA	Local CHDP	
Zip Code:	92415-0012	Central Inbox:	
<b>CMS Director (if applicable)</b>			
Name:	Jeany Zepeda	Street Address:	150 S. Lena Rd
Phone:	(909) 387-2792	City:	San Bernardino, CA
Email:	Jeany.Zepeda@hss.sbcounty	Zip Code:	92415-0515
<b>CHDP Director</b>			
Name:	Michael Sequeira, MD	Street Address:	451 East Vanderbilt Way
Phone:	(909) 387-6219	City:	San Bernardino, CA
Email:	Michael.Sequeira@dph.sbcounty	Zip Code:	92415-0012
<b>CHDP Deputy Director</b>			
Name:	Monique Amis	Street Address:	451 East Vanderbilt Way
Phone:	909-387-6218	City:	San Bernardino, CA
Email:	Monique.Amis@dph.sbcounty	Zip Code:	92415-0012
<b>Clerk of the Board of Supervisors or City Council</b>			
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

<b>County/City:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24
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<i>List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Child Health and Disability Prevention.</i>			
	<b>Title or Name of MOU/IA</b>	<b>Name of Partner Entity</b>	<b>Date Last Renewed</b>
1	MOU with Preschool Services Department	County Preschool Services Department	7/1/2023
2	MOU with Transitional Assistance Department	County Transitional Assistance Department	7/1/2023
3	MOU with WIC Program	Women, Infants, and Children, Department of Public Health	7/1/2023
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

<b>County/City:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24
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**List all Child Health and Disability Prevention staff.**

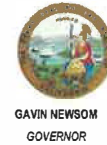
*Please include applicable vacant positions, including title.*

	Name	Title	Email Address	Other Programs (with FTE % each)
1	Johnson, Shanice	Administrative Supervisor I	<a href="mailto:Shanice.Johnson@dph.sbcounty.gov">Shanice.Johnson@dph.sbcounty.gov</a>	MCAH=10% Contracts=1% CLPPP=6% BIH=15% CHVP=5% PEI=15%
2	Vacant	Supervising Public Health Nurse	N/A	HPCFC=15%, Caseload = 39%, CHDP = 46%
3	Urias, Alejandra	Fiscal Assistant I	<a href="mailto:Alejandra.Urias@dph.sbcounty.gov">Alejandra.Urias@dph.sbcounty.gov</a>	RX4Kids =60% MCAH=7% Contracts=2% CLPPP=5% BIH=15% CHVP=2% PEI= 1%
4	Lunasco, Charlene	Fiscal Specialist	<a href="mailto:Charlene.Lunasco@dph.sbcounty.gov">Charlene.Lunasco@dph.sbcounty.gov</a>	MCAH=3% CLPPP=5% BIH=10% CHVP=2% PEI=1%
5	Felix, Erica	Office Assistant II	<a href="mailto:ESanchez-Felix@dph.sbcounty.gov">ESanchez-Felix@dph.sbcounty.gov</a>	MCAH=6% Contracts=4% PEI=2% CHDP=1%
6	Allen, Makio	Office Assistant II	<a href="mailto:Mallen@dph.sbcounty.gov">Mallen@dph.sbcounty.gov</a>	MCAH=2% CLPPP 50% PEI=1%
7	Hunter, Stewart	Public Health Manager	<a href="mailto:Shunter@dph.sbcounty.gov">Shunter@dph.sbcounty.gov</a>	RX4Kids=20% MCAH=5% CLPPP=10% BIH=5% CHVP=10% PEI=12% No County Match 38%
8	Chota, Gilma	Registered Nurs II - Clinic	<a href="mailto:Gchota@dph.sbcounty.gov">Gchota@dph.sbcounty.gov</a>	CHDP=7%
9	Fanta, Susan	Registered Nurs II - Clinic	<a href="mailto:Susan.Fanta@dph.sbcounty.gov">Susan.Fanta@dph.sbcounty.gov</a>	Contracts=5%

10	Gavuzzi, Kathleen	Secretary I	<a href="mailto:Kathleen.Gavuzzi@dph.sbcounty.gov">Kathleen.Gavuzzi@dph.sbcounty.gov</a>	RX4Kids=30% MCAH=12% BIH=10% CHVP=5% PEI=2%
11	Francis, Andriana	Supervising Office Assistant	<a href="mailto:Andriana.Francis@dph.sbcounty.gov">Andriana.Francis@dph.sbcounty.gov</a>	RX4Kids=5% MCAH=7%-CLPPP=3%-BIH =10% PEI=1%
12	Vacant	Supervising Public Health Nurse	N/A	HCPFC=45% RXKids=55%
13	Vacant	Supervising Public Health Nurse	N/A	MCAH=70%, No County Match=30%
14	Chandler, Trent	Accountant III	<a href="mailto:Trent.Chandler@dph.sbcounty.gov">Trent.Chandler@dph.sbcounty.gov</a>	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	Trinh, Amy	Health Education Specialist I	N/A	MCAH=60%
17	Vasquez, Beatriz	Health Education Specialist II	<a href="mailto:beatriz.vasquez@dph.sbcounty.gov">beatriz.vasquez@dph.sbcounty.gov</a>	MCAH=1% PEI=1% CLPPP=70% MCLP=24%
18	Panganiban, Donna	Nutritionist	<a href="mailto:Donna.Panganiban@dph.sbcounty.gov">Donna.Panganiban@dph.sbcounty.gov</a>	CLPPP= 5% Other Programs=90%
19	Malcom, Melissa	Program Specialist I	<a href="mailto:Melissa.Malcom@dph.sbcounty.gov">Melissa.Malcom@dph.sbcounty.gov</a>	MCAH=10% CHVP=20% PEI=65%
20	Vacant	Health Services Assistant I	N/A	N/A
21	Vacant	Office Assistant II	N/A	MCAH=2% PEI=11%
22	Vacant	Office Assistant II	N/A	BIH=50% PEI=1%
23	Philo, Susan	PublicHealth Nurse Manager	<a href="mailto:Susan.Philo@dph.sbcounty.gov">Susan.Philo@dph.sbcounty.gov</a>	HCPFC=35% PMM&O=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	MCAH = 1%



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:	2023-24		
<b>Funding Source:</b>	<b>Base</b>					<b>County/City-Federal</b>			
<b>Category/Line Item</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>B</b>	<b>C</b>	<b>D</b>	
	<b>Total Budget</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	<b>Total CHDP Budget</b>	<b>Total Medi-Cal Budget</b>	<b>Total Budget</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	
I. Total Personnel Expenses	\$981,339	\$309,380	\$671,959	\$0	\$0	\$172,531	\$72,380	\$100,151	
II. Total Operating Expenses	\$143,055	\$0	\$143,055	\$0	\$0	\$37,746	\$0	\$37,746	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$170,262		\$170,262	\$0	\$0	\$29,934		\$29,934	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
<b>Budget Grand Total</b>	<b>\$1,294,656</b>	<b>\$309,380</b>	<b>\$985,276</b>	<b>\$0</b>	<b>\$0</b>	<b>\$240,211</b>	<b>\$72,380</b>	<b>\$167,831</b>	
	<b>1</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>F</b>	<b>G</b>	<b>H</b>	
<b>Source of Funds:</b>	<b>Total Funds</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	<b>Total CHDP Budget</b>	<b>Total Medi-Cal Budget</b>	<b>Total Funds</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	
State General Funds	\$0			\$0					
Medi-Cal Funds:	\$0				\$0				
State/County Funds	\$569,983	\$77,345	\$492,638		\$569,983	\$102,011	\$18,095	\$83,916	
Federal Funds (Title XIX)	\$232,035	\$232,035	\$0		\$232,035	\$54,285	\$54,285	\$0	
<b>Budget Grand Total</b>	<b>\$1,294,656</b>	<b>\$309,380</b>	<b>\$985,276</b>	<b>\$0</b>	<b>\$1,294,656</b>	<b>\$240,211</b>	<b>\$72,380</b>	<b>\$167,831</b>	

Prepared By: Sign *Shanice Johnson* Print **Shanice Johnson** Title **Administrative Supervisor I** Date **2/9/2024**  
 Authorized CHDP Program Representative: Sign *Monique Amis* Print **Monique Amis** Title **Public Health Division Chief** Date **3/6/24**



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



Child Health and Disability Prevention  
Budget Worksheet

MICHELLE BAASS  
DIRECTOR

GAVIN NEWSOM  
GOVERNOR

State/Federal Funding Source: Base

County/City Name: San Bernardino Fiscal Year: 2023-24

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
<b>I. Personnel Expenses</b>											
# Name											
1 Accountant III: Chandler, Trent	2%	\$81,667	\$1,633	0%	\$0	100%	\$1,633				
2 Administrative Supervisor I: Johnson, Shanice	38%	\$91,819	\$34,891	0%	\$0	100%	\$34,891				
3 Automated Systems Analyst I: Various	30%	\$72,594	\$21,778	0%	\$0	100%	\$21,778				
4 Health Education Specialist I: Trinh, Amy	40%	\$57,878	\$23,151	0%	\$0	100%	\$23,151				
5 Health Services Assistant I: Vacant	100%	\$45,368	\$45,368	0%	\$0	100%	\$45,368				
6 Nutritionist: Panganiban, Donna Plata	2%	\$65,891	\$1,318	0%	\$0	100%	\$1,318				
7 Office Asslstant II: Felix, Erica	83%	\$40,763	\$33,834	0%	\$0	100%	\$33,834				
8 Office Assistant II: Allen, Makio S	11%	\$40,763	\$4,484	0%	\$0	100%	\$4,484				
9 Office Assistant II: Vacant	78%	\$40,763	\$31,795	0%	\$0	100%	\$31,795				
10 Office Assistant II: Vacant	49%	\$40,763	\$19,974	0%	\$0	100%	\$19,974				
11 Program Specialist: Malcom, Melissa	5%	\$88,333	\$3,417	0%	\$0	100%	\$3,417				
12 Fiscal Assistant: Urias, Alejandra	3%	\$45,211	\$1,356	0%	\$0	100%	\$1,356				
13 Fiscal Specialist: Lunasco, Charlene	54%	\$49,698	\$26,837	0%	\$0	100%	\$26,837				
14 Program Manager: Hunter, Stewart	38%	\$107,839	\$40,979	0%	\$0	100%	\$40,979				
15 PH Program Nurse Manager: Philo, Susan	10%	\$109,523	\$10,952	20%	\$2,190	80%	\$8,762				
16 Registered Nurse II: Chota, Gilma Doris	93%	\$90,000	\$83,700	90%	\$75,330	10%	\$8,370				
17 Registered Nurse I: Fanta, Susan L	95%	\$90,000	\$85,500	90%	\$78,950	10%	\$6,550				
18 Registered Nurse II: Vacant	39%	\$90,000	\$35,100	90%	\$31,590	10%	\$3,510				
19 Secretary I: Garuzzi, Kathleen	38%	\$49,065	\$18,645	0%	\$0	100%	\$18,645				
20 Supv Office Assistant: Francis, Andriana	74%	\$54,398	\$40,255	0%	\$0	100%	\$40,255				
21 Supv Public Health Nurse II: Vacant	43%	\$106,770	\$45,911	20%	\$9,182	80%	\$36,729				
22 Supv Public Health Nurse II: Vacant	15%	\$106,770	\$16,016	18%	\$2,883	82%	\$13,133				
23 Supv Public Health Nurse II: Vacant	30%	\$106,770	\$32,031	30%	\$9,609	70%	\$22,422				
			\$0		\$0		\$0				
Total Salaries and Wages			\$658,925		\$207,735		\$451,191		\$0		\$0
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$658,925		\$207,735		\$451,191		\$0		\$0
Staff Benefits (Specify %)	48.93%		\$322,412		\$101,845		\$220,788		\$0		\$0
I. Total Personnel Expenses			\$981,337		\$309,380		\$671,959		\$0		\$0
<b>II. Operating Expenses (List in Narrative)</b>											
II. Total Operating Expenses			\$143,055		\$0		\$143,055		\$0		\$0
<b>III. Capital Expenses (List in Narrative)</b>											
III. Total Capital Expenses			\$0		\$0		\$0		\$0		\$0
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %)	17.35%		\$170,262		\$0		\$170,262		\$0		\$0
2. External (Specify %)	0%		\$0		\$0		\$0		\$0		\$0
IV. Total Indirect Expenses			\$170,262		\$0		\$170,262		\$0		\$0
<b>V. Other Expenses</b>											
V. Total Other Expenses			\$0		\$0		\$0		\$0		\$0
Budget Grand Total			\$1,294,654		\$309,380		\$985,276		\$0		\$0

Prepared By: *Shanice Johnson* Sign: *Shanice Johnson* Title: Administrative Supervisor I Date: 1/29/2024 Email: [Shanice.Johnson@dph.sbcounty.gov](mailto:Shanice.Johnson@dph.sbcounty.gov)  
 Authorized CHD: *Monique Amis* Sign: *Monique Amis* Title: Public Health Division Chief Date: 3/6/24 Email: [Monique.Amis@dph.sbcounty.gov](mailto:Monique.Amis@dph.sbcounty.gov)  
 Program Representative:

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**

**Child Health and Disability Prevention  
Budget Narrative**



GAVIN NEWSOM  
GOVERNOR

<b>State/Federal Funding Source:</b>		<b>Base</b>	
<b>County/City Name:</b> San Bernardino		<b>Fiscal Year:</b> 2023-24	
<b>I. Personnel Expenses</b>			
<b>Identify and Explain Any Changes in Personnel/Personnel Expenses</b>			
Aggregate staffing for No County Match increased by 0.17 FTE (1.7%) due to adjustments in the composition of FTE by job classification compared to FY 22-23. The fringe benefits percentage decreased from 56.24% to 48.93% of Salaries.			
<b>II. Operating Expenses</b>			
<b>Identify and Explain All Operating Expense Line Items</b>			
<b>Travel:</b>	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.	
<b>Training:</b>	Training \$350	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 \$21,545	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 \$2,248	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.	
	Postage \$6,600	The costs associated with this budget item postage and interoffice mail costs or allocations for the CHDP program activities.	
	Printing \$1,198	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 \$8,575  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 \$8,350  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. 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>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>Rent/Lease of Structure \$78,194  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 \$1.952 per square foot for 12 months.</p>
<p><b>III. Capital Expenses</b>  Identify and Explain All Capital Expense Line Items</p>	



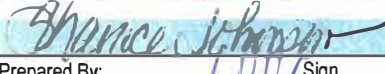
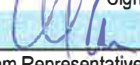
**IV. Indirect Expenses**  
**Identify and Explain All Indirect Expense Line Items**

<b>Internal:</b>	The indirect cost percentage increased from 16.90% to 17.35% of Personnel Costs (Salaries plus Fringe Benefits).
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<b>External:</b>	
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**V. Other Expenses**  
**Identify and Explain All Other Expense Line Items**

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	Shanice Johnson	Administrative Supervisor I	1/29/2024	<a href="mailto:Shanice.Johnson@dph.sbcounty.gov">Shanice.Johnson@dph.sbcounty.gov</a>
Prepared By:	Sign	Print	Title	Date
	Monique Amis	Public Health Division Chief	3/6/24	<a href="mailto:Monique.Amis@dph.sbcounty.gov">Monique.Amis@dph.sbcounty.gov</a>
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:	2023-24		
<b>Funding Source:</b>	<b>Base</b>					<b>County/City-Federal</b>			
	1	4	5	2	3	B	C	D	
<b>Category/Line Item</b>	<b>Total Budget</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	<b>Total CHDP Budget</b>	<b>Total Medi-Cal Budget</b>	<b>Total Budget</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	
I. Total Personnel Expenses	\$981,339	\$309,380	\$671,959	\$0	\$0	\$172,531	\$72,380	\$100,151	
II. Total Operating Expenses	\$143,055	\$0	\$143,055	\$0	\$0	\$37,746	\$0	\$37,746	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$170,262		\$170,262	\$0	\$0	\$29,934		\$29,934	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
<b>Budget Grand Total</b>	<b>\$1,294,656</b>	<b>\$309,380</b>	<b>\$985,276</b>	<b>\$0</b>	<b>\$0</b>	<b>\$240,211</b>	<b>\$72,380</b>	<b>\$167,831</b>	
	1	4	5	2	3	F	G	H	
<b>Source of Funds:</b>	<b>Total Funds</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	<b>Total CHDP Budget</b>	<b>Total Medi-Cal Budget</b>	<b>Total Funds</b>	<b>Enhanced</b>	<b>Non-Enhanced</b>	
State General Funds	\$0			\$0					
Medi-Cal Funds:	\$0				\$0				
State/County Funds	\$569,983	\$77,345	\$492,638		\$569,983	\$102,011	\$18,095	\$83,916	
Federal Funds (Title XIX)	\$232,035	\$232,035	\$0		\$232,035	\$54,285	\$54,285	\$0	
<b>Budget Grand Total</b>	<b>\$1,294,656</b>	<b>\$309,380</b>	<b>\$985,276</b>	<b>\$0</b>	<b>\$1,294,656</b>	<b>\$240,211</b>	<b>\$72,380</b>	<b>\$167,831</b>	

Prepared By: Sign *Shanice Johnson* Print **Shanice Johnson** Title **Administrative Supervisor I** Date **2/9/2024**  
 Authorized CHDP Program Representative: Sign *Monique Amis* Print **Monique Amis** Title **Public Health Division Chief** Date **3/6/24**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

Child Health and Disability Prevention  
Budget Worksheet

County/City - Federal Funding Source:	County/City-Federal
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County/City Name:	San Bernardino	Fiscal Year:	2023-24
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Co-Fed FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
<b>I. Personnel Expenses</b>							
#	Name						
1	3%	\$81,667	\$2,450	0%	\$0	100%	\$2,450
2	10%	\$91,819	\$9,182	0%	\$0	100%	\$9,182
3	20%	\$72,594	\$14,519	0%	\$0	100%	\$14,519
4	2%	\$53,598	\$1,072	0%	\$0	100%	\$1,072
5	5%	\$45,211	\$2,261	0%	\$0	100%	\$2,261
6	25%	\$49,698	\$12,424	0%	\$0	100%	\$12,424
7	4%	\$63,968	\$2,559	0%	\$0	100%	\$2,559
8	3%	\$62,534	\$1,876	0%	\$0	100%	\$1,876
9	8%	\$40,763	\$3,261	0%	\$0	100%	\$3,261
10	5%	\$40,763	\$2,038	0%	\$0	100%	\$2,038
11	9%	\$40,763	\$3,669	0%	\$0	100%	\$3,669
13	1%	\$68,333	\$683	0%	\$0	100%	\$683
14	4%	\$109,523	\$4,381	0%	\$0	100%	\$4,381
15	60%	\$90,000	\$54,000	90%	\$48,600	10%	\$5,400
16	3%	\$49,065	\$1,472	0%	\$0	100%	\$1,472
			\$0		\$0		\$0
					\$0		\$0
					\$0		\$0
					\$0		\$0
					\$0		\$0
					\$0		\$0
Total Salaries and Wages			\$115,847		\$48,600		\$67,247
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$115,847		\$48,600		\$67,247
Staff Benefits (Specify %)		48.93%	\$56,684		\$23,780		\$32,904
<b>I. Total Personnel Expenses</b>			<b>\$172,531</b>		<b>\$72,380</b>		<b>\$100,151</b>
<b>II. Operating Expenses (List in Narrative)</b>							
<b>II. Total Operating Expenses</b>			<b>\$37,746</b>		<b>\$0</b>		<b>\$37,746</b>
<b>III. Capital Expenses</b>							
<b>III. Total Capital Expenses</b>			<b>\$0</b>				<b>\$0</b>
<b>IV. Indirect Expenses</b>							
1.	Internal (Specify %)	17.35%	\$29,934				\$29,934
2.	External (Specify %)	0%	\$0				\$0
<b>IV. Total Indirect Expenses</b>			<b>\$29,934</b>				<b>\$29,934</b>
<b>V. Other Expenses</b>							
<b>V. Total Other Expenses</b>			<b>\$0</b>				<b>\$0</b>
<b>Budget Grand Total</b>			<b>\$240,211</b>		<b>\$72,380</b>		<b>\$167,831</b>

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Authorized CHDP Program Representative:				

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



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

Child Health and Disability Prevention  
Budget Narrative




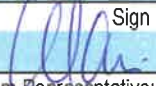
GAVIN NEWSOM  
GOVERNOR

<b>State/Federal Funding Source:</b>		<b>County/City-Federal Match</b>	
<b>County/City Name:</b>	San Bernardino	<b>Fiscal Year:</b>	2023-24
<b>I. Personnel Expenses</b>			
<b>Identify and Explain Any Changes in Personnel/Personnel Expenses</b>			
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 22-23 and the status of CHDP. The fringe benefits percentage decreased from 56.24% to 48.93% of Salaries.			
<b>II. Operating Expenses</b>			
<b>Identify and Explain All Operating Expense Line Items</b>			
<b>Travel:</b>	Travel \$400	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.	
<b>Training:</b>	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 \$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.	
	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.	
	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>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>County Counsel \$375 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>Human Services (HS) Contracts Unit \$1,125 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>

**III. Capital Expenses**

<b>Identify and Explain All Capital Expense Line Items</b>	
<b>IV. Indirect Expenses</b>	
<b>Identify and Explain All Indirect Expense Line Items</b>	
<b>Internal:</b>	The indirect cost percentage increased from 16.90% to 17.35% of Personnel Costs (Salaries plus Fringe Benefits).
<b>External:</b>	
<b>V. Other Expenses</b>	
<b>Identify and Explain All Other Expense Line Items</b>	

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Authorized CHDP Program Representative:	Sign	Print	Title	Date

# CHDP-LPP Local Assistance Allocation Budget Worksheet

Fiscal Year: 2023-24

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)
<b>I. Personnel Expense</b>			
Vacant, Supervising Public Health Nurse	5.00%	106,770.29	5,338.51
Veronica Berrera, Public Health Nurse	1.00%	96,044.45	960.44
Doris Chota, Registered Nurse	7.00%	90,000.00	6,300.00
Susan Fanta, Registered Nurse	6.00%	89,771.51	5,386.29
Erica Felix, Office Assistant II	2.00%	40,763.45	815.27
Trent Chandler, Accountant III	1.00%	81,667.23	816.67
	0.00%	0	
	0.00%	0	
	0.00%	0	
<b>Total Salaries and Wages</b>	<b>22.00%</b>		<b>19,617.19</b>
Staff Benefits (Specify %)	48.93%		9,598.69
<b>I. Total Personnel Expense</b>			<b>29,215.88</b>
<b>II. Total Travel Expense</b>			<b>614.00</b>
<b>III. Other Expense (Must Separately Itemize all Other Expenses below)</b>			
1. Office Expense			151.43
2. Photocopying/Printing			800.00
3. Indirect Costs @ 17.35% of Total Personnel			5,068.96
4.			
5.			
<b>III. Total Other Expense</b>			<b>6,020.39</b>
<b>Budget Grand Total</b>			<b>35,850.27</b>

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Date Prepared:  
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*3/6/24*

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Date

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