

## Plan and Budget Required Documents Checklist

**MODIFIED FY 2020-2021**

County/City: San Bernardino County

Fiscal Year: 2020-21

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## Agency Information Sheet

**County/City:** San Bernardino

**Fiscal Year:** 2020-21

### Official Agency

Name:	Dept of Public Health	Address:	351 N Mountain View Avenue
Health Officer	Michael Sequeira, MD		San Bernardino, CA 92415-0010

### SCD Director (if applicable)

Name:	N/A	Address:	
Phone:			
Fax:		E-Mail:	

### CCS Administrator

Name:	Ken Adams	Address:	150 E Holt Blvd, 3 <sup>rd</sup> Floor
Phone:	909 458-1616		Ontario, CA 91761
Fax:	909 986-2970	E-Mail:	KAdams@dph.sbcounty.gov

### CHDP Director

Name:	Erin Gustafson, MD	Address:	351 N Mountain View Avenue
Phone:	909 387-6217		San Bernardino, CA 92415-0010
Fax:	909 387-6228	E-Mail:	Erin.gustafson@dph.sbcounty.gov

### Acting CHDP Deputy Director

Name:	Ascursion Williams	Address:	606 E Mill Street
Phone:	909 383-3024		San Bernardino, CA 92415-0011
Fax:	909 388-0111	E-Mail:	AWilliams@dph.sbcounty.gov

### Clerk of the Board of Supervisors

Name:	Lynna Monell	Address:	385 N Arrowhead Ave, 2 <sup>nd</sup> Floor
Phone:	909 387-3841		San Bernardino, CA 92415-0130
Fax:	909 387-4554	E-Mail:	lmonell@cob.sbcounty.gov

### Director of Social Services Agency

Name:	Gilbert Ramos		860 E Brier Drive
Phone:	909 386-9708		San Bernardino, CA 92415-0520
Fax:	909 388-0233	E-Mail:	GRamos@hss.sbcounty.gov

### Chief Probation Officer

Name:	Michelle Scray Brown		175 W Fifth Street, 4 <sup>th</sup> Floor
Phone:	909 386-1810		San Bernardino, CA 92415-0460
Fax:	909 387-5600	E-Mail:	Michelle.Brown@prob.sbcounty.gov

**Certification Statement - Child Health and Disability Prevention (CHDP) Program****County/City:** San Bernardino County**Fiscal Year:** 2020-21

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 Division 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.

<i>W. H. M.D., MPH</i>	<i>12/22/2020</i>
Signature of CHDP Director	Date Signed

<i>Michael A. Squire MD</i>	<i>12/22/2020</i>
Signature of Director or Health Officer	Date Signed

Signature and Title of Other – Optional	Date Signed
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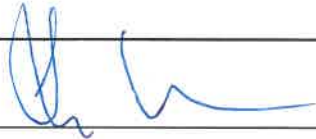
I certify that this plan has been approved by the local governing body.	<i>JAN 05 2021</i>
<i>Curt Hagman</i>	
Signature of Curt Hagman, Board of Supervisors Chairman	Date

SIGNED AND CERTIFIED THAT A COPY OF  
THIS DOCUMENT HAS BEEN DELIVERED  
TO THE CHAIRMAN OF THE BOARD  
LYNNA MONEEL  
Clerk of the Board of Supervisors  
of the County of San Bernardino

By  Deputy  
CLERK OF THE BOARD OF SUPERVISORS  
SAN BERNARDINO COUNTY, CA

**Certification Statement - California Children's Services (CCS)****County/City: San Bernardino County****Fiscal Year: 2020-21**

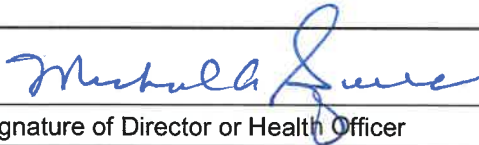
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Integrated Systems of Care Division Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS 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.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.



Signature of CCS Administrator, Ken Adams

12-22-20

Date Signed



Signature of Director or Health Officer

12/22/20

Date Signed

Signature and Title of Other – Optional

Date Signed

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



JAN 05 2021

Signature of Curt Hagman, Board of Supervisors Chairman

Date

**County of San Bernardino  
Department of Public Health  
Child Health and Disability Prevention Program (CHDP)**

**Narrative  
FY 2020-21**

The Child Health and Disability Prevention Program (CHDP) is administered by the Family Health Services Section (FHS) of the County of San Bernardino, Department of Public Health. The Department of Public Health is part of Human Services, one of the largest organizational units within the County [also including, the Transitional Assistance Department, Children and Family Services (CFS), Behavioral Health, and Preschool Services Department]. The Department of Public Health is organized into seven primary units: Community and Family Health, Animal Care and Control, Environmental Health Services, Fiscal and Administrative Services, Quality and Compliance, Clinical Health and Prevention Services, and Community Outreach and Education/Healthy Communities. FHS is part of the Community and Family Health Division.

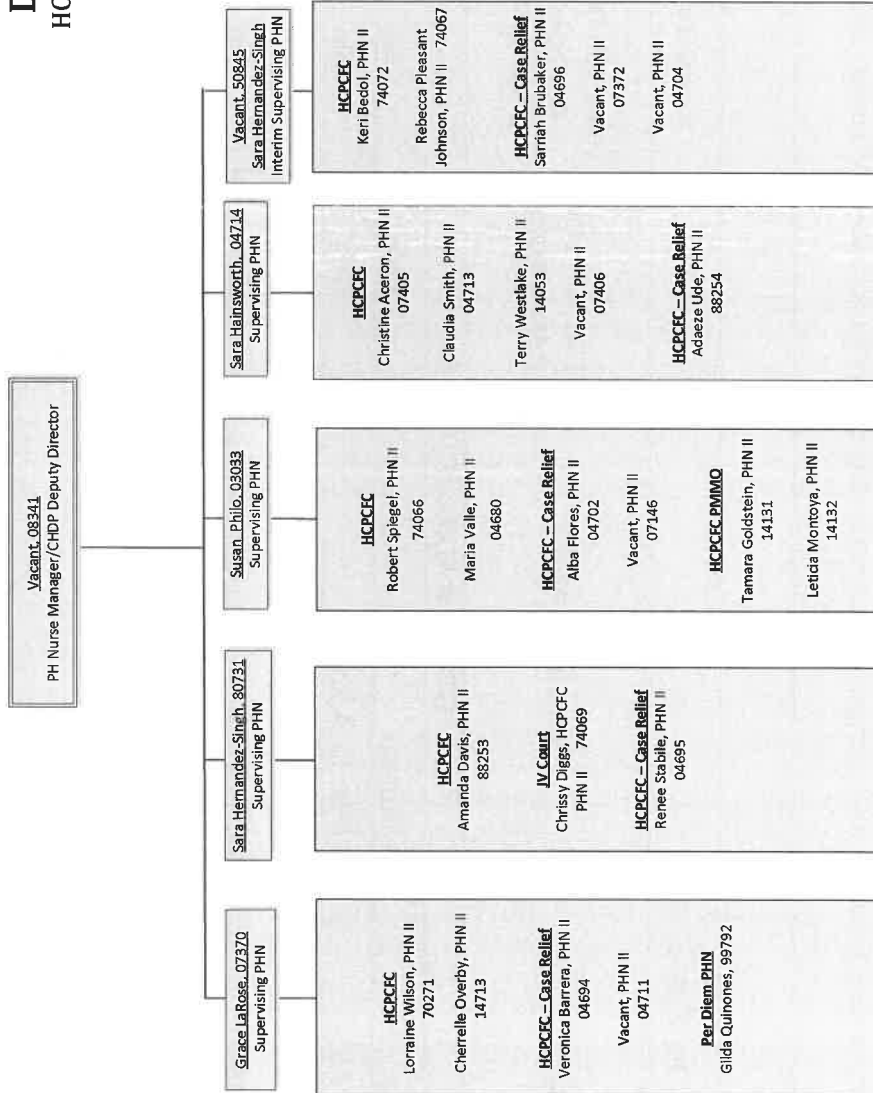
CHDP, Health Care Program for Children in Foster Care (HCPCFC), and Psychotropic Medication Monitoring and Oversight (PMM&O) are programs within the FHS Section. FHS is managed by two Public Health Nurse Managers; one serves as the CHDP Deputy Director. A Clinic Supervisor (a Registered Nurse) directly supervises the CHDP Program's Registered Nurses and various paraprofessional staff. The direct supervision of the HCPCFC/PMM&O Program is performed by Supervising Public Health Nurses, while the Public Health Nurse Manager/CHDP Deputy Director is responsible for continuity of standards of patient care and nursing practice. The centralized management configuration of FHS facilitates coordinated communication between the programs and enhances the ability to plan for and respond to client needs. Further, the FHS Section administers the Maternal, Child and Adolescent Health; Comprehensive Perinatal Services, Fetal/Infant Mortality Review, Sudden Infant Death Syndrome, and Black Infant Health programs, in addition to the Children's Screening, Assessment, Referral, and Treatment (SART), Childhood Lead Poisoning Prevention (CLPPP), and Coalition Against Sexual Exploitation (CASE) programs. This complex of programs within one section enriches provision of a broad spectrum of services to the maternal and child health populations. The Department of Public Health's placement within County Human Services facilitates more effective collaboration for the CHDP and HCPCFC/PMM&O programs with the Transitional Assistance, CFS, and Preschool Services departments.

During FY 2019-20, the CHDP Program assisted eligible children to access medical care, behavioral health, and other supportive resources; certified and liaised with 140 active CHDP providers to deliver quality preventive health care; and provided community-based health education, information, and consultation.

CHDP, MCAH, and CCS maintain communication to collaborate on mutual service delivery populations. The FHS Section hosts quarterly meetings with CFS staff members to improve coordination of services, and FHS nursing supervisors communicate regularly with CFS counterparts. Through these efforts, the CFS, CCS, and CHDP units are able improve referral opportunities and access to other program resources.



County of San Bernardino  
Department of Public Health  
HCPFCF/PMMO/HCPFCF Caseload Relief  
FY 20/21



**Incumbent List - California Children's Services**

For FY 2020-21, complete the table below for all personnel listed in the CCS budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

<b>County/City: <u>San Bernardino County</u></b>		<b>Fiscal Year: <u>2020-21</u></b>		
<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
<b>PROGRAM ADMINISTRATION</b>				
PH Program Manager	Ken Adams	100	No	No
PH Program Coordinator	Jennifer St.Antoine	100	No	No
CCS Physician Consultant 2	Neveen Tadros	50	No	No
CCS Physician Consultant 1	VACANT	50	No	No
Supervising Public Health Nurse	Maria Ignacio	50	No	No
Supervising Public Health Nurse	Tonya Reed	50	No	No
Supervising Public Health Nurse	Karen Shultz	50	No	No
Admin Assistant	Yvette Lopez	100	No	No
Business Systems Analyst 2	Sreelatha Kasireddy	100	No	No
Automated Systems Analyst 1	Rabi Nagoulat	100	No	No

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
<b>MEDICAL CASE MANAGEMENT</b>				
CCS Physician Consultant 2	Neveen Tadoros	50	No	No
CCS Physician Consultant 1	VACANT	50	No	No
Sup Pediatric Rehab Therapist 2	Steve Danlag	20	No	No
Medical Therapy Specialist	Manal Kassab	100	No	No
Medical Therapy Specialist	Michael Zidek	100	No	No
Supervising Public Health Nurse	Maria Ignacio	50	No	No
Supervising Public Health Nurse	Tonya Reed	50	No	No
Supervising Public Health Nurse	Karen Shultz	50	No	No
Public Health Nurse 2	Adedoyin Adesina	100	No	No
Public Health Nurse 2	Brandon Anderson	100	No	No
Public Health Nurse 2	Bethany Armijo	100	No	No
Public Health Nurse 2	Ruby Bentley	100	No	No
Public Health Nurse 2	Crystal Bowens	100	No	No
Public Health Nurse 2	Joy Borgan	100	No	No
Public Health Nurse 2	Natasha Camara	100	No	No
Public Health Nurse 2	Jasmine Carlos	100	No	No
Public Health Nurse 2	Jessica Cavazos	100	No	No
Public Health Nurse 2	James Colglazier	100	No	No
Public Health Nurse 2	Michelle Do	100	No	No
Public Health Nurse 2	Ana Frescas	100	No	No

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Public Health Nurse 2	Artemio Garcia	100	No	No
Public Health Nurse 2	Donna Helm	100	No	No
Public Health Nurse 2	Julieann Lardizabal	100	No	No
Public Health Nurse 2	Holly Ly	100	No	No
Public Health Nurse 2	Nestor Manzoni	100	No	No
Public Health Nurse 2	Amber Martinez-Duran	100	No	No
Public Health Nurse 2	Diane Mejia	100	No	No
Public Health Nurse 2	Melanie Murray	100	No	No
Public Health Nurse 2	Rosemary Puente	100	No	No
Public Health Nurse 2	Yvonne Ross	100	No	No
Public Health Nurse 2	Jenett Rubi	100	No	No
Public Health Nurse 2	Marikatharine Szpyrka	100	No	No
Public Health Nurse 2	Kelly Webb	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Nurse 2	VACANT	100	No	No
Public Health Nurse 2	VACANT	100	No	No
<b>OTHER HEALTH CARE PROFESSIONALS</b>				
Sup Social Svc Practitioner	Yvonne Quatman	100	No	No
Social Svc Practitioner	Citlaly Arana	100	No	No
Social Svc Practitioner	Christian Galvez	100	No	No
Social Svc Practitioner	VACANT	100	No	No
Social Svc Practitioner	VACANT	100	No	No
Social Svc Practitioner	VACANT	100	No	No
<b>ANCILLARY SUPPORT</b>				
Supervising Office Specialist	Kerri Gonzalez	100	No	No
Supervising Office Specialist	Natasha Jones	100	No	No
Supervising Office Specialist	Monica Ontaneda	100	No	No
Office Specialist	Devin Benson	100	No	No
Office Specialist	Karen Blahak	100	No	No
Office Specialist	Misty Bradley	100	No	No
Office Specialist	Jack Dauer	100	No	No
Office Specialist	Desiree Galvan	100	No	No
Office Specialist	Lourdes Garcia	100	No	No
Office Specialist	Ralph Guzman	100	No	No
Office Specialist	Antoinette Hernandez	100	No	No

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Office Specialist	Tiffany Leone	100	No	No
Office Specialist	Kemny Lopez	100	No	No
Office Specialist	Shanette Manuel	100	No	No
Office Specialist	Mary Monroy	100	No	No
Office Specialist	Jael Osuna	100	No	No
Office Specialist	Henry Reyna	100	No	No
Office Specialist	LoriAnn Robinson	100	No	No
Office Specialist	Leandre Selyer	100	No	No
Office Specialist	Andrea Soto	100	No	No
Office Specialist	Rhonda Strange	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No
Office Specialist	VACANT	100	No	No

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
CLERICAL AND CLAIMS SUPPORT				
Supervising Office Assistant	FeLicia Clark	100	No	No
Supervising Office Assistant	VACANT	100	No	No
Accountant	Mayra Gómez	100	No	No
Fiscal Specialist	Yvonne Hernandez	100	No	No
Fiscal Specialist	VACANT	100	No	No
Fiscal Assistant	Joy Woodard	100	No	No
Office Specialist	Jeanette Foss	100	No	No
Office Specialist	Santa Isabel Hermosillo	100	No	No
Office Specialist	VACANT	100	No	No
Office Assistant 3	Heidi Bayer	100	No	No
Office Assistant 3	Rachel Munoz-Esquivel	100	No	No
Office Assistant 3	Pamela Soria	100	No	No
Office Assistant 3	Veronica Zavala-Lopez	100	No	No
Office Assistant 2	Cheryl Camp	100	No	No
Office Assistant 2	Esmeralda Cardona	100	No	No
Office Assistant 2	Jeanette De Leon	100	No	No
Office Assistant 2	Maria Hernandez	100	No	No
Office Assistant 2	Julia Macias	100	No	No
Office Assistant 2	Crystal Medina	100	No	No
Office Assistant 2	Rocio Quintero	100	No	No

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Office Assistant 2	Daniela Ramos	100	No	No
Office Assistant 2	Erica Talamantes	100	No	No
Office Assistant 2	Kimberley Tonk	100	No	No
Office Assistant 2	Jessica Uribe	100	No	No
Office Assistant 2	Lynette Williams	100	No	No
Office Assistant 2	VACANT	100	No	No
Office Assistant 2	VACANT	100	No	No
Office Assistant 2	VACANT	100	No	No
Office Assistant 2	VACANT	100	No	No
Office Assistant 2	VACANT	100	No	No
Office Assistant 2	VACANT	100	No	No
Office Assistant 2	VACANT	100	No	No
PSE	VACANT	100	No	No
PSE	VACANT	100	No	No

**Incumbent List - Child Health and Disability Prevention Program**

County/City: <u>County of San Bernardino</u>							Fiscal Year: <u>2020-21</u>	
Job Title	Incumbent Name	FTE % on CHDP No County/City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)		
Accountant III	Trent Chandler	5%	5%	MCAH= 23%; Rx= 10%; BIH= 10%; CHVP= 2%; CLPPP= 5%; Other Section=40%	No	No		
Administrative Supv I	Stewart Hunter	43%	10%	MCAH = 12%; CLPPP = 5%; BIH = 15%; Schools = 1%; CHVP= 9%; PEI = 5%	No	No		
Automated Systems Analyst (IT)	Various	30%	50%	Other Sections = 20%	No	No		
Clinic Supervisor	Asuncion Williams		30%	MCAH = 70%	No	No		
Fiscal Assistant	Kathleen Berry	23%	5%	Rx 4 Kids = 46%; BIH = 15%; CLPPP = 5%; MCAH = 2%; CHVP = 2%; Schools = 2%	No	No		
Fiscal Specialist	Charlene Lunasco	70%	25%	MCAH= 1%; BIH= 1%; CLPPP= 1%; CHVP= 1%; PEI= 1%	No	No		
Health Educ Specialist I	Damaris Nastase	40%		MCAH = 60%	No	No		
Health Educ Specialist I	VACANT	100%			No	No		
Health Services Asst I	VACANT		100%		No	No		
Health Services Asst I	VACANT		100%		No	No		

Job Title	Incumbent Name	FTE % on CHDP No County/City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Nurse Manager (CHDP Deputy Director)	VACANT	20%	34%	CLPPP= 4%; PEI= 10%; BIH= 1%; Schools= 1%	No	No
Nutritionist	Donna Plata Panganiban	10%	10%	Other Sections = 80%	No	No
Office Assistant II	Makio Allen	45%	10%	BIH= 20%; PEI= 15%; MCAH = 10%	No	No
Office Assistant II	Erica Felix	92%		MCAH = 4%; Schools = 4%	No	No
Office Assistant II	Myrna Lopez	45%		CLPPP = 52%; MCAH = 2%; PEI = 1%	No	No
Office Assistant III	VACANT	45%		BIH = 55%	No	No
Program Specialist I	Lindsey Drake	5%	30%	PEI = 65%	No	No
Registered Nurse I/II	Doris Chota	100%			No	No
Registered Nurse I/II	Susan Fanta	95%		School Health = 5%	No	No
Registered Nurse I/II	VACANT	95%		CASE = 5%	No	No
Registered Nurse I/II	VACANT	77%	20%	CASE = 3%	No	No
Registered Nurse I/II	VACANT	100%			No	No
Secretary	Andriana Francis	45%	5%	Rx 4 Kids = 30%; MCAH = 10%; BIH = 10%	No	No
Supv Office Assistant	Linda LaRocco	65%	15%	Rx 4 Kids = 5%; CLPPP = 3%; MCAH = 7%; BIH = 5%	No	No



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in  
Foster Care Incumbent List



County-City Name:	County of San Bernardino	Fiscal Year:	2020-21
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Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HPCFC administrative budgets (Summary, Worksheet, and Narrative), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/Federal	% FTE Other Programs (Specify)	% FTE Total
	Aceron	Christine	Public Health Nurse II	Y	100.00%					100.00%
	Barrera	Veronica	Public Health Nurse II	Y			100.00%			100.00%
	Bedol	Keri	Public Health Nurse II	Y	100.00%					100.00%
	Brubaker	Sariah	Public Health Nurse I	Y			100.00%			100.00%
	Davis	Amanda	Public Health Nurse II	Y	100.00%					100.00%
	Diggs	Christine	Public Health Nurse II	Y	100.00%		100.00%			100.00%
	Flores	Alba	Public Health Nurse II	Y			100.00%			100.00%
	Goldstein	Tamara	Public Health Nurse II	Y		100.00%				100.00%
	Montoya	Leticia	Public Health Nurse II	Y		100.00%				100.00%
	Overby	Cherelle	Public Health Nurse II	Y	100.00%					100.00%
	Pleasant-Johnson	Rebecca	Public Health Nurse II	Y	100.00%					100.00%
	Smith	Claudia	Public Health Nurse II	Y	100.00%					100.00%
	Spiegel	Robert	Public Health Nurse II	Y	100.00%					100.00%
	Stabile	Renee	Public Health Nurse II	Y			100.00%			100.00%
	Ude	Adaeze	Public Health Nurse II	Y		40.00%	60.00%			100.00%
	Valle	Maria	Public Health Nurse II	Y	100.00%					100.00%
	Westlake	Terry	Public Health Nurse II	Y	100.00%					100.00%
	Wilson	Lorraine	Public Health Nurse II	Y	100.00%					100.00%
	Vacant		Public Health Nurse II	Y	100.00%					100.00%
	Vacant		Public Health Nurse II	Y	100.00%					100.00%
	Vacant		Public Health Nurse II	Y	100.00%					100.00%
	Vacant		Public Health Nurse II	Y			100.00%			100.00%
	Vacant		Public Health Nurse II	Y			100.00%			100.00%
	Vacant		Public Health Nurse I	Y	32.00%		8.00%		MCAH, BIH, School Health = 60%	100.00%
	Quinones	Gilda	Public Health Nurse II - Per Diem	Y	80.00%				Rx 4 Kids = 20%	100.00%
	Vacant		Nurse Manager	Y	50.00%	5.00%	5.00%		Rx 4 Kids = 40%	100.00%
	Hainsworth	Sara	Supervising Public Health Nurse	Y	35.00%		15.00%		Rx 4 Kids = 45%; School Hlth = 5%	100.00%
	Hernandez	Sara	Supervising Public Health Nurse	Y	28.00%	5.00%	15.00%		Rx 4 Kids = 45%; MCAH = 5%; BIH = 2%	100.00%



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in  
Foster Care Incumbent List



	LaRose	Grace	Supervising Public Health Nurse	Y	25.00%	5.00%	17.00%		Rx 4 Kids = 48%; MCAH = 5%	100.00%
	Philo	Susan	Supervising Public Health Nurse	Y	35.00%	15.00%	15.00%		Rx 4 Kids = 24%; LIFT = 6%; MCAH = 5%	100.00%



## Public Health Nurse II\*

Class Code:  
16375

Bargaining Unit: Nurses

COUNTY OF SAN BERNARDINO  
Established Date: Dec 10, 1982  
Revision Date: Dec 5, 2009

### SALARY RANGE

\$36.47 - \$53.77 Hourly  
\$2,917.60 - \$4,301.60 Biweekly  
\$6,321.47 - \$9,320.13 Monthly  
\$75,857.60 - \$111,841.60 Annually

### DEFINITION:

The Public Health Nurse series describes the levels of positions involved in providing public health nursing services through home visits, clinics, and special programs; performs related duties as required.

### DISTINGUISHING CHARACTERISTICS:

Public Health Nurse II (class code: 16375) is the fully qualified level, providing nursing services to a varied caseload or a specialized program under direction, in accordance with the Standard Practice Manual and departmental policies and procedures.

The Public Health Nurse series is distinguished from the Registered Nurse Public Health series by the former's concentration on counseling, education and therapeutic services in the community, while the latter performs clinical duties.

### EXAMPLES OF DUTIES:

Duties may include, but are not limited to, the following:

1. Provides services to clients in an assigned geographic area which requires deciding priorities of various health problems referred by public or private agencies and allocating time as funded by various programs.
2. Makes home visits to evaluate situations and assess health; counsels on nutrition, safety, personal hygiene and child care; teaches and demonstrates nursing procedures to family members; guides client in setting attainable health care goals.
3. Conducts diagnostic and developmental tests; interprets results to clients and makes referrals to other programs or agencies when indicated.

4. Investigates reported cases of child abuse or neglect; notifies law enforcement and protective services when indicated; provides counseling to parents.
5. Investigates and monitors cases of communicable disease or exposure to toxic substances; instructs in obtaining specimens and interprets laboratory reports; persuades people to be tested and treated; determines sources to prevent spread of infection or contamination.
6. Coordinates and participates in clinics, may serve as a lead worker in a clinic. Performs health assessments, evaluates and counsels on psychological and social, as well as physical, well being.
7. Coordinates activities of public and private health care providers in a special program; screens cases and establishes what public health nursing intervention is required and monitors referral reports.
8. Serves as school nurse for the department's School Health Program to regular or special schools; screens for health problems and makes referrals for medical treatment; advises teachers on management of medical problems in school environment; counsels parents on child's health needs.
9. Transports equipment and supplies to clinic sites and clients' homes when necessary.
10. Documents all activities according to department requirements.
11. Informs the public and other health professionals on health topics.
12. Provides vacation and temporary relief as required.

nrp/12-10-82

revised: nrp/05-11-92

unit name change: cp/04-13-04

## **REPRESENTATION UNIT:**

Nurses

## **SALARY RANGE:**

Group 6

\*Maximum salary includes top longevity step.

## **SUPPLEMENTAL INFORMATION:**

### **License and Certification**

Incumbents must possess a license to practice as a Registered Nurse issued by the California Board of Nursing Education and Nurse Registration and a Certificate of Public Health Nursing issued by the State of California.

## **MINIMUM REQUIREMENTS:**

Applicants **must** meet **both** of the following licensure/certification **-and-** experience requirements:

**Licensure/Certification:** Applicants **must** possess and maintain **all** of the following items:

- A valid Registered Nurse license\*\* issued by the California Board of Registered Nursing (CA BRN),
- A valid Public Health Nurse certificate\*\* issued by the CA BRN, **-and-**
- A valid Healthcare Provider Basic Life Support (BLS) certificate.

**\*\*Out-of-State Licensed Registered Nurses:** Applications will be accepted from Registered Nurses licensed in other states; see Conditions of Employment.

**-AND-**

**Experience:** Applicants **must** meet **one** of the following experience options:

**Option 1:** Three (3) months of full-time equivalent experience as a licensed Public Health Nurse.

**-OR-**

**Option 2:** Three (3) months of full-time equivalent experience in home health or home visiting as a licensed Registered Nurse.



## Public Health Nurse II - Per Diem

Class Code:  
16390

Bargaining Unit: Nurses Per Diem

COUNTY OF SAN BERNARDINO  
Established Date: Jun 18, 2020  
Revision Date: Jun 18, 2020

### SALARY RANGE

\$50.36 - \$52.98 Hourly  
\$4,028.80 - \$4,238.40 Biweekly  
\$8,729.07 - \$9,183.20 Monthly  
\$104,748.80 - \$110,198.40 Annually

### DEFINITION:

Under general direction, provides public health nursing services through home visits, clinics, and special programs; performs related duties as required.

### DISTINGUISHING CHARACTERISTICS:

This is a fully qualified working level providing nursing services to a varied caseload or a specialized program in accordance with the Standard Practice Manual and departmental policies and procedures. Positions report to a Supervising Public Health Nurse.

### EXAMPLES OF DUTIES:

Duties may include, but are not limited to, the following:

1. Provides services to clients in an assigned geographic area which requires deciding priorities of various health problems referred by public or private agencies and allocating time as funded by various programs.
2. Makes home visits to evaluate situations and assess health; counsels on nutrition, safety, personal hygiene and child care; teaches and demonstrates nursing procedures to family members; guides client in setting attainable health care goals.
3. Conducts diagnostic and developmental tests; interprets results to clients and makes referrals to other programs or agencies when indicated.
4. Investigates reported cases of child abuse or neglect; notifies law enforcement and protective services when indicated; provides counseling to parents.

5. Investigates and monitors cases of communicable disease or exposure to toxic substances; instructs in obtaining specimens and interprets laboratory reports; persuades people to be tested and treated; determines sources to prevent spread of infection or contamination.
6. Coordinates and participates in clinics, may serve as a lead worker in a clinic; performs health assessments, evaluates and counsels on psychological and social, as well as physical, well-being.
7. Coordinates activities of public and private health care providers in a special program; screens cases and establishes what public health nursing intervention is required and monitors referral reports.
8. Serves as school nurse for the department's School Health Program to regular or special schools; screens for health problems and makes referrals for medical treatment; advises teachers on management of medical problems in school environment; counsels parents on child's health needs.
9. Transports equipment and supplies to clinic sites and clients' homes when necessary.
10. Documents all activities according to department requirements.
11. Informs the public and other health professionals on health topics.
12. Provides vacation and temporary relief as required.

COUNTY OF SAN BERNARDINO  
par/10-3-2017

**REPRESENTATION UNIT:**

Per Diem Nurses

**SUPPLEMENTAL INFORMATION:**

These positions are in the Unclassified Service and serve at the discretion of the appointing authority. Positions participate in the County's PST Deferred Compensation Plan and do not earn any other benefits.

**MINIMUM REQUIREMENTS:**

Incumbents must be licensed as a Registered Nurse in the State of California, and possess and maintain a Certificate of Public Health Nursing issued by the State of California.



## Public Health Nurse Manager

Class Code:  
19356

Bargaining Unit: Nurses Supervisory

COUNTY OF SAN BERNARDINO  
Established Date: Nov 15, 2011  
Revision Date: Dec 9, 2011

### SALARY RANGE

\$43.42 - \$59.79 Hourly  
\$3,473.60 - \$4,783.20 Biweekly  
\$7,526.13 - \$10,363.60 Monthly  
\$90,313.60 - \$124,363.20 Annually

### DEFINITION:

Under direction, supervises, plans and organizes the activities of the public health staff in the Public Health Department's clinics or programs; perform professional nursing duties as necessary; perform related duties as required.

### DISTINGUISHING CHARACTERISTICS:

This is the second supervisory level within the nursing series. Positions in this classification are responsible for supervising a staff of Clinic Supervisors, Registered Nurses, Licensed Vocational Nurses, and related support staff assigned to a Public Health clinic or programs. Nurse Manager – Public Health is distinguished from Clinic Supervisor in that the latter is responsible for supervisory responsibility on a specific shift. Positions report to the Deputy Chief of Community Health Services.

### EXAMPLES OF DUTIES:

Duties may include but are not limited to the following:

1. Plan, implement, and evaluate patient care by assigning nursing tasks daily to Clinic Nurses and related support staff on the basis of available skills and with consideration for the needs of each patient.
2. Assign, review and evaluate work of assigned nursing and support staff; handle disciplinary and hiring actions; oversee preparation and control of staff scheduling and payroll time and attendance processing.
3. Implements objectives of care and standards of practice. Monitors patient care quality; discuss plans with physicians, other professional disciplines, patient and families; investigate and facilitate documentation of unusual occurrences and report risk management issues.

4. Oversees instruction of nursing personnel in technical nursing skills. Ensures nursing staff competency.
5. Ensure compliance with regulatory and accreditation requirements, policies, procedures and standards of care practice.
6. Provide input into preparation of budget, monitors human and material resource utilization and provides justification for budget variances.
7. Oversees studies of nursing and patient care issues, systems, procedures and policies.
8. Participate in the development and implementation of performance improvement initiatives.
9. Prepare letters, documents, reports, response to complaints and other correspondence.
10. Perform all professional nursing duties.
11. Provide vacation and temporary relief as required.
12. Acts as the Director of Nursing in the absence of the Chief of Community Health and Nursing Services.

**REPRESENTATION UNIT:**

Nurses Supervisory and Management

**SALARY RANGE:**

72

**MINIMUM REQUIREMENTS:**

Applicants **must** meet all of the following requirements:

**Education:** Possess a Bachelor's degree (or higher) in Nursing.

**-AND-**

**License:** Possess and maintain a valid Registered Nurse license issued by the California Board of Registered Nursing (CA BRN).

**-AND-**

**Certifications:** Possess and maintain both of the following certificates:

- A valid California Public Health Nurse certification issued by the CA BRN, **-and-**
- A Healthcare Provider level Basic Life Support (BLS) certification.

**-AND-**

**Experience:** Possess three (3) years of full-time equivalent work experience as a licensed **Public Health Nurse**, which **must** include one (1) year in a public health agency

community setting/home visiting setting, **-and-** one (1) year of experience as a full-scope supervisor over a public health nursing staff. *(All experience may be concurrent.)*

**Note:** *Qualifying degrees or coursework must be completed at a college or university accredited by any accrediting association recognized by the United States Department of Education. Degrees or coursework completed outside the U.S. must be accompanied with an evaluation report from a reputable credential evaluation service showing equivalency to degrees or coursework completed at a college or university accredited by any accrediting association recognized by the United States Department of Education.*



## Supervising Public Health Nurse

Class C  
1

Bargaining Unit: Nurses Supervisory

COUNTY OF SAN BERNARDINO  
Established Date: Dec 9, 1974  
Revision Date: Feb 12, 2011

### SALARY RANGE

\$38.11 - \$52.46 Hourly  
\$3,048.80 - \$4,196.80 Biweekly  
\$6,605.73 - \$9,093.07 Monthly  
\$79,268.80 - \$109,116.80 Annually

### DEFINITION:

Under direction, supervises Public Health Nurses in a geographical district, or supervises nursing operation for a special County wide program; performs related duties as required.

### DISTINGUISHING CHARACTERISTICS:

The class of Supervising Public Health Nurse is characterized by full supervisory responsibility over a staff of Public Health Nurses in a district office, or over subordinate nursing supervisors in a program such as family planning or child health. It is distinguished from Public Health Program Manager by the scope of responsibility and budget management duties of the latter.

### EXAMPLES OF DUTIES:

Duties may include, but are not limited to, the following:

1. Supervises, trains, assigns and evaluates nursing and support staff in a geographic area or a County wide program.
2. Schedules staff and clinic time to ensure efficient use of personnel and maximum service to target populations while balancing workloads and meeting program commitments.
3. Maintains quality of nursing care through periodic review of case files and observation of client contact; advises nurses on problem cases.
4. Maintains production standards through monitoring of productivity reports and patient data statistics.
5. Coordinates nursing services with other programs or agencies.
6. Represents the department in working with community organizations, giving information, determining health needs and promoting support for programs.
7. Recommends, implements, and writes procedures for operational changes.
8. Provides orientation to new staff and nursing students; informs nursing teacher of students' performance.
9. May assist Public Health Program Manager with the following: Plans, develops, monitors and controls program budgets. Identifies and pursues sources of revenue and funding. Monitors expenditures and revenues. Forecasts budget needs. Determines service priorities. Directs cost/benefit studies. Proposes service fees and monitors reimbursement invoicing and billings.

10. Provides vacation and temporary relief as required.

**REPRESENTATION UNIT:**

Nurses Supervisory and Management

**SALARY RANGE:**

66C

**SUPPLEMENTAL INFORMATION:**

**LICENSE AND CERTIFICATION (ALL regular Supervising Public Health Nurse positions):**

Must possess a license to practice as a Registered Nurse issued by the California State Board of Nursing Education and Nurse Registration and a Certificate of Public Health Nursing issued by the State of California.

**COVID-19 SPOC TESTING TEAM POSITIONS ONLY:** See below.

**MINIMUM REQUIREMENTS:**

**ALL regular Supervising Public Health Nurse positions:** Applicants **must** meet **all** of the following licensure/certification **-and-** experience requirements:

**Licensure/Certification:** Applicants **must** possess and maintain **all** of the following items:

- A valid Registered Nurse license\*\* issued by the California Board of Registered Nursing (CA BRN),
- A valid Public Health Nurse certificate\*\* issued by the CA BRN, **-and-**
- A valid Healthcare Provider level Basic Life Support (BLS) certificate.

**\*\*Out-of-State Licensed Registered Nurses:** Applications will be accepted from Registered Nurses licensed in other states; see Conditions of Employment.

**-AND-**

**Experience:** Applicants **must** possess eighteen (18) months of full-time equivalent experience as a certified Public Health Nurse, **-and-**

In addition to the experience described above, applicants **must** meet **one** of the following options:

**Option 1:** One (1) year of full-time equivalent nursing experience working in a lead or supervisory capacity as a certified Public Health Nurse.

**-OR-**

**Option 2:** One (1) year of full-time equivalent nursing experience working in a home health or visiting setting as a licensed Registered Nurse.

**COVID-19 SPOC TESTING TEAM POSITIONS ONLY (Extra-Help SPOC Medical Coordinator):**

Applicants **must** meet **all** of the following licensure/certification **-and-** experience minimum requirements:

**Licensure/Certification:** Applicants **must** possess and maintain a valid Registered Nurse license issued by the California Board of Registered Nursing (CA BRN), or other equivalent out of state issuing agency with reciprocity, **-and-** A valid Healthcare Provider level Basic Life Support (BLS) certificate.

**-AND-**

**Experience:** Applicants **must** possess eighteen (18) months of full-time equivalent experience as a licensed Registered Nurse [which includes at least one (1) year of full-time equivalent nursing experience working in a supervisory capacity as a licensed Registered Nurse].

**County of San Bernardino Department of Public Health  
Family Health Services Section  
PUBLIC HEALTH NURSE  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE – Base**

**JOB DESCRIPTION**

The Public Health Nurse (PHN) will work under the supervision of the Supervising Public Health Nurse to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The PHN will work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Identify and track each child coming into initial placement to assure that each child receives a medical and dental assessment according to Department of Public Health guidelines and health standards.

Interview child's parents/caregivers who appear at court on the date of the Detention Hearing for the child's health history and input the information in CWS/CMS health notebooks. Print and mail Health Education Passport (HEP) to substitute care provider (SCP).

Provide follow-up on State of California Child Health and Disability Prevention Program (CHDP) Care Coordination/Follow-up form and other medical provider information (diagnosis and treatment of suspected medical problems) for foster children. PHN will track until identified medical/dental needs are resolved or child is into care.

Develop a Health Plan, in collaboration with social workers, for each child with special health care needs in foster care. The plan will identify service priorities for the child. Attend interdisciplinary meetings upon each child's discharge, as applicable.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention. Provide guidance and consultation to social worker and substitute care provider in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.

Track physical and dental exams to promote compliance. Review and record information from exams, and remind social workers of the required timelines for physical and dental exams. Notify social workers concerning noncompliance of exams.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Review, interpret and document the results of laboratory tests, screenings, and evaluations to the social worker, probation officer, provider or professional staff of another agency for the purpose of case planning and coordination.

Review and document in the child's HEP, as described in WIC section 16010, medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice. Write separate summary of youth's health and mental health status for appropriate stakeholders as needed.

Review clinical documentation and acceptable protocols to assess the child or youth's progress in meeting treatment plan goals.

Identify, refer and/or link resources, such as psychosocial therapeutic services needed by stakeholders to carry out client's treatment plan.

Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical health conditions.

Consult PHN to PHN regarding the medical needs of clients placed outside of the county of jurisdiction transferred to a new county of jurisdiction.

Document time associated with any of the above activities.

#### **SPMP Intra/Interagency Coordination. Collaboration and Administration**

Collaborate with health and mental health providers to mitigate identified and potential barriers to appropriate and timely care.

Interpret the health care needs of children to the medical provider network, other healthcare service providers, caseworkers, juvenile court officers, and foster care providers.

Interpret health care reports for Department of Children and Family Services Department (CFS) social workers and others, as needed

Participate in coordination activities to develop the medical services role of the PHN doing monitoring and oversight activities for this clientele in relation to other agencies, such as public health, Medi-Cal managed care plan, regional centers, local education agencies, community care licensing, juvenile court and mental health/behavioral health, etc.

Provide consultation and nursing expertise to other agencies/programs that interface with the health care needs for this population.

Participate with other CHDP program staff in provider meetings and workshops on issues of mental health assessment, preventive, and treatment services.

Assist CHDP staff in the development of mental health and psychosocial therapeutic resources such as, referral directories, round tables, and advisory groups.

#### **Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

Document time directly associated with the performance of the above criteria.

#### **SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop and review health-related professional educational materials.

Develop educational materials for the non-minor dependent (NMD) to enable the NMD to understand and assume responsibility for their own health care.

Document time associated with above tasks.

#### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Document time associated with above tasks.

#### **General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Attend training(s), as deemed appropriate, to enhance performance in HCPCFC-related duties, including training in psychotropic medications and HEPs in conjunction with CWS/CMS at regional/statewide training centers or other approved venues.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, and correspondence.

Monitor use of program funds and complete quarterly FFP time study and secondary documentation reports.

#### **Other Activities**

Paid Time off

**County of San Bernardino Department of Public Health  
Family Health Services Section  
Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring and Oversight Activities**

County Classification: Public Health Nurse II

Under the direction of the CHDP Deputy Director (Public Health Program Manager) and the direct supervision of a nursing supervisor, and in support of the CHDP Program, the PHN II position will perform a variety of public health nursing duties focused on health care coordination for children in foster care who are on psychotropic medications, including medical and dental care. The PHN is expected to exercise independent, professional judgment in dealing with the complex needs and problems faced by children in foster care, their families and service providers. Additionally, the PHN must have a thorough knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal patients and children in foster care who do not have Medi-Cal. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives. Examples of duties and responsibilities are listed below.

**JOB DUTIES**

**SPMP Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Use skilled medical professional expertise in the review of the medical components of each request for psychotropic medication filed pursuant to WIC section 369.5 or 739.5 to verify that all required medical information is provided in the application and supporting documents submitted to the court.

Review, monitor, and confirm that the juvenile court has authorized the psychotropic medication(s) the client is taking based on sufficient medical/psychiatric information and initiate case management on mental health conditions found, treatment plan and the client's response to the treatment plan by contacting the substitute care providers, case carrying social worker and health care providers (including in-house case managing PHN, if applicable). Assist with referrals to the prescribing physician or other appropriate health care providers to ensure that any adverse effects reported are promptly addressed and brought to the attention of the social worker.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention. Provide guidance and consultation to social worker and substitute care provider in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Review, interpret and document the results of laboratory tests, screenings, and evaluations to the social worker, probation officer, provider or professional staff of another agency for the purpose of case planning and coordination.

Review and document in the child's health and education passport, as described in WIC section 16010, medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice. Write separate summary of youth's health and mental health status for appropriate stakeholders as needed.

Review clinical documentation *and acceptable protocols* to assess the child or youth's progress in meeting treatment plan goals.

Identify, refer and/or link resources, such as psychosocial therapeutic services needed by stakeholders to carry out client's treatment plan.

Upon the request of a non-minor dependent (NMD) on psychotropic medications assist the NMD in accessing, coordinating delivery of, advocating for physical health and mental health care and assist NMD to make informed decisions and assume responsibility about his/ her health care by, at a minimum, providing educational materials.

Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical health conditions.

Consult PHN to PHN regarding the medical needs of clients placed outside of the county of jurisdiction transferred to a new county of jurisdiction.

Document time associated with any of the above activities.

**SPMP Intra/Interagency Coordination. Collaboration and Administration**

Collaborate with health and mental health providers to mitigate identified and potential barriers to appropriate and timely care.

Interpret the health care needs of this clientele to the medical provider network, other healthcare service providers, caseworkers, juvenile court officers, and foster care providers.

Participate in coordination activities to develop the medical services role of the PHN doing monitoring and oversight activities for this clientele in relation to other agencies, such as public health, Medi-Cal managed care plan, regional centers, local education agencies, community care licensing, juvenile court and mental health/behavioral health, etc.

Provide consultation and nursing expertise to other agencies/programs that interface with the health care needs for this population.

Participate with other CHDP program staff in provider meetings and workshops on Issues of mental health assessment, preventive, and treatment services.

Assist CHDP staff in the development of mental health and psychosocial therapeutic resources such as, referral directories, round tables, and advisory groups.

### **Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

Document time directly associated with the performance of the above criteria.

### **SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop and review health-related professional educational materials.

Develop educational materials for the NMD to enable the NMD to understand and assume responsibility for their own health care.

Develop medical/health related procedures, protocols, and guidelines for the delivery and coordination of the psychotropic monitoring and oversight activities.

Develop standards and statements of guidance for addressing clinical practice issues.

Document time associated with above tasks.

### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Conduct joint reviews of case records for documentation of the psychotropic monitoring and oversight activities by the PHN with child welfare service agencies and probation departments.

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Establish baseline data for evaluating the psychotropic monitoring and oversight activities provided to children in foster care

Document time associated with above tasks

**General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Monitor use of program funds.

**Other Activities**

Paid Time off

Psychotropic medication review home visits

**County of San Bernardino Department of Public Health  
Family Health Services Section  
PUBLIC HEALTH NURSE  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE – Caseload Relief**

**JOB DESCRIPTION**

The Public Health Nurse (PHN) will work under the supervision of the Supervising Public Health Nurse to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The PHN will work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Identify and track each child coming into initial placement to assure that each child receives a medical and dental assessment according to Department of Public Health guidelines and health standards.

Interview child's parents/caregivers who appear at court on the date of the Detention Hearing for the child's health history and input the information in CWS/CMS health notebooks. Print and mail Health Education Passport (HEP) to substitute care provider (SCP).

Provide follow-up on State of California Child Health and Disability Prevention Program (CHDP) Care Coordination/Follow-up form and other medical provider information (diagnosis and treatment of suspected medical problems) for foster children. PHN will track until identified medical/dental needs are resolved or child is into care.

Develop a Health Plan, in collaboration with social workers, for each child with special health care needs in foster care. The plan will identify service priorities for the child. Attend interdisciplinary meetings upon each child's discharge, as applicable.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention. Provide guidance and consultation to social worker and substitute care provider in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.

Track physical and dental exams to promote compliance. Review and record information from exams, and remind social workers of the required timelines for physical and dental exams. Notify social workers concerning noncompliance of exams.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Review, interpret and document the results of laboratory tests, screenings, and evaluations to the social worker, probation officer, provider or professional staff of another agency for the purpose of case planning and coordination.

Review and document in the child's HEP, as described in WIC section 16010, medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice. Write separate summary of youth's health and mental health status for appropriate stakeholders as needed.

Review clinical documentation and acceptable protocols to assess the child or youth's progress in meeting treatment plan goals.

Identify, refer and/or link resources, such as psychosocial therapeutic services needed by stakeholders to carry out client's treatment plan.

Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical health conditions.

Consult PHN to PHN regarding the medical needs of clients placed outside of the county of jurisdiction transferred to a new county of jurisdiction.

Document time associated with any of the above activities.

#### **SPMP Intra/Interagency Coordination. Collaboration and Administration**

Collaborate with health and mental health providers to mitigate identified and potential barriers to appropriate and timely care.

Interpret the health care needs of children to the medical provider network, other healthcare service providers, caseworkers, juvenile court officers, and foster care providers.

Interpret health care reports for Department of Children and Family Services Department (CFS) social workers and others, as needed

Participate in coordination activities to develop the medical services role of the PHN doing monitoring and oversight activities for this clientele in relation to other agencies, such as public health, Medi-Cal managed care plan, regional centers, local education agencies, community care licensing, juvenile court and mental health/behavioral health, etc.

Provide consultation and nursing expertise to other agencies/programs that interface with the health care needs for this population.

Participate with other CHDP program staff in provider meetings and workshops on issues of mental health assessment, preventive, and treatment services.

Assist CHDP staff in the development of mental health and psychosocial therapeutic resources such as, referral directories, round tables, and advisory groups.

#### **Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

Document time directly associated with the performance of the above criteria.

#### **SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop and review health-related professional educational materials.

Develop educational materials for the non-minor dependent (NMD) to enable the NMD to understand and assume responsibility for their own health care.

Document time associated with above tasks.

#### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Document time associated with above tasks.

#### **General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Attend training(s), as deemed appropriate, to enhance performance in HCPCFC-related duties, including training in psychotropic medications and HEPs in conjunction with CWS/CMS at regional/statewide training centers or other approved venues.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, and correspondence.

Monitor use of program funds and complete quarterly FFP time study and secondary documentation reports.

#### **Other Activities**

Paid Time off

**County of San Bernardino Department of Public Health  
Family Health Services Section  
PUBLIC HEALTH NURSE – Per Diem  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE – Base**

**JOB DESCRIPTION**

The Public Health Nurse-Per Diem (PHN) will work under the supervision of the Supervising Public Health Nurse to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The PHN will work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Identify and track each child coming into initial placement to assure that each child receives a medical and dental assessment according to Department of Public Health guidelines and health standards.

Interview child's parents/caregivers who appear at court on the date of the Detention Hearing for the child's health history and input the information in CWS/CMS health notebooks. Print and mail Health Education Passport (HEP) to substitute care provider (SCP).

Provide follow-up on State of California Child Health and Disability Prevention Program (CHDP) Care Coordination/Follow-up form and other medical provider information (diagnosis and treatment of suspected medical problems) for foster children. PHN will track until identified medical/dental needs are resolved or child is into care.

Develop a Health Plan, in collaboration with social workers, for each child with special health care needs in foster care. The plan will identify service priorities for the child. Attend interdisciplinary meetings upon each child's discharge, as applicable.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention. Provide guidance and consultation to social worker and substitute care provider in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.

Track physical and dental exams to promote compliance. Review and record information from exams, and remind social workers of the required timelines for physical and dental exams. Notify social workers concerning noncompliance of exams.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Review, interpret and document the results of laboratory tests, screenings, and evaluations to the social worker, probation officer, provider or professional staff of another agency for the purpose of case planning and coordination.

Review and document in the child's HEP, as described in WIC section 16010, medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice. Write separate summary of youth's health and mental health status for appropriate stakeholders as needed.

Review clinical documentation and acceptable protocols to assess the child or youth's progress in meeting treatment plan goals.

Identify, refer and/or link resources, such as psychosocial therapeutic services needed by stakeholders to carry out client's treatment plan.

Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical health conditions.

Consult PHN to PHN regarding the medical needs of clients placed outside of the county of jurisdiction transferred to a new county of jurisdiction.

Document time associated with any of the above activities.

#### **SPMP Intra/Interagency Coordination. Collaboration and Administration**

Collaborate with health and mental health providers to mitigate identified and potential barriers to appropriate and timely care.

Interpret the health care needs of children to the medical provider network, other healthcare service providers, caseworkers, juvenile court officers, and foster care providers.

Interpret health care reports for Department of Children and Family Services Department (CFS) social workers and others, as needed

Participate in coordination activities to develop the medical services role of the PHN doing monitoring and oversight activities for this clientele in relation to other agencies, such as public health, Medi-Cal managed care plan, regional centers, local education agencies, community care licensing, juvenile court and mental health/behavioral health, etc.

Provide consultation and nursing expertise to other agencies/programs that interface with the health care needs for this population.

Participate with other CHDP program staff in provider meetings and workshops on issues of mental health assessment, preventive, and treatment services.

Assist CHDP staff in the development of mental health and psychosocial therapeutic resources such as, referral directories, round tables, and advisory groups.

#### **Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

Document time directly associated with the performance of the above criteria.

#### **SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop and review health-related professional educational materials.

Develop educational materials for the non-minor dependent (NMD) to enable the NMD to understand and assume responsibility for their own health care.

Document time associated with above tasks.

#### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Document time associated with above tasks.

#### **General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Attend training(s), as deemed appropriate, to enhance performance in HCPCFC-related duties, including training in psychotropic medications and HEPs in conjunction with CWS/CMS at regional/statewide training centers or other approved venues.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, and correspondence.

Monitor use of program funds and complete quarterly FFP time study and secondary documentation reports.

#### **Other Activities**

Paid Time off

**County of San Bernardino Department of Public Health  
Family Health Services Section  
Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring and Oversight Activities**

County Classification: Public Health Nurse II – Per Diem

Under the direction of the CHDP Deputy Director (Public Health Program Manager) and the direct supervision of a nursing supervisor, and in support of the CHDP Program, the PHN II – Per Diem (PHN) position will perform a variety of public health nursing duties focused on health care coordination for children in foster care who are on psychotropic medications, including medical and dental care. The PHN is expected to exercise independent, professional judgment in dealing with the complex needs and problems faced by children in foster care, their families and service providers. Additionally, the PHN must have a thorough knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal patients and children in foster care who do not have Medi-Cal. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives. Examples of duties and responsibilities are listed below.

**JOB DUTIES**

**SPMP Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Use skilled medical professional expertise in the review of the medical components of each request for psychotropic medication filed pursuant to WIC section 369.5 or 739.5 to verify that all required medical information is provided in the application and supporting documents submitted to the court.

Review, monitor, and confirm that the juvenile court has authorized the psychotropic medication(s) the client is taking based on sufficient medical/psychiatric information and initiate case management on mental health conditions found, treatment plan and the client's response to the treatment plan by contacting the substitute care providers, case carrying social worker and health care providers (including in-house case managing PHN, if applicable). Assist with referrals to the prescribing physician or other appropriate health care providers to ensure that any adverse effects reported are promptly addressed and brought to the attention of the social worker.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention. Provide guidance and consultation to social worker and substitute care provider in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Review, interpret and document the results of laboratory tests, screenings, and evaluations to the social worker, probation officer, provider or professional staff of another agency for the purpose of case planning and coordination.

Review and document in the child's health and education passport, as described in WIC section 16010, medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice. Write separate summary of youth's health and mental health status for appropriate stakeholders as needed.

Review clinical documentation *and acceptable protocols* to assess the child or youth's progress in meeting treatment plan goals.

Identify, refer and/or link resources, such as psychosocial therapeutic services needed by stakeholders to carry out client's treatment plan.

Upon the request of a non-minor dependent (NMD) on psychotropic medications assist the NMD in accessing, coordinating delivery of, advocating for physical health and mental health care and assist NMD to make informed decisions and assume responsibility about his/ her health care by, at a minimum, providing educational materials.

Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical health conditions.

Consult PHN to PHN regarding the medical needs of clients placed outside of the county of jurisdiction transferred to a new county of jurisdiction.

Document time associated with any of the above activities.

**SPMP Intra/Interagency Coordination. Collaboration and Administration**

Collaborate with health and mental health providers to mitigate identified and potential barriers to appropriate and timely care.

Interpret the health care needs of this clientele to the medical provider network, other healthcare service providers, caseworkers, juvenile court officers, and foster care providers.

Participate in coordination activities to develop the medical services role of the PHN doing monitoring and oversight activities for this clientele in relation to other agencies, such as public health, Medi-Cal managed care plan, regional centers, local education agencies, community care licensing, juvenile court and mental health/behavioral health, etc.

Provide consultation and nursing expertise to other agencies/programs that interface with the health care needs for this population.

Participate with other CHDP program staff in provider meetings and workshops on Issues of mental health assessment, preventive, and treatment services.

Assist CHDP staff in the development of mental health and psychosocial therapeutic resources such as, referral directories, round tables, and advisory groups.

### **Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

Document time directly associated with the performance of the above criteria.

### **SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop and review health-related professional educational materials.

Develop educational materials for the NMD to enable the NMD to understand and assume responsibility for their own health care.

Develop medical/health related procedures, protocols, and guidelines for the delivery and coordination of the psychotropic monitoring and oversight activities.

Develop standards and statements of guidance for addressing clinical practice issues.

Document time associated with above tasks.

### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Conduct joint reviews of case records for documentation of the psychotropic monitoring and oversight activities by the PHN with child welfare service agencies and probation departments.

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Establish baseline data for evaluating the psychotropic monitoring and oversight activities provided to children in foster care

Document time associated with above tasks

**General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Monitor use of program funds.

**Other Activities**

Paid Time off

Psychotropic medication review home visits

**County of San Bernardino Department of Public Health  
Family Health Services Section  
PUBLIC HEALTH NURSE – Per Diem  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE – Caseload Relief**

**JOB DESCRIPTION**

The Public Health Nurse-Per Diem (PHN) will work under the supervision of the Supervising Public Health Nurse to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The PHN will work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Identify and track each child coming into initial placement to assure that each child receives a medical and dental assessment according to Department of Public Health guidelines and health standards.

Interview child's parents/caregivers who appear at court on the date of the Detention Hearing for the child's health history and input the information in CWS/CMS health notebooks. Print and mail Health Education Passport (HEP) to substitute care provider (SCP).

Provide follow-up on State of California Child Health and Disability Prevention Program (CHDP) Care Coordination/Follow-up form and other medical provider information (diagnosis and treatment of suspected medical problems) for foster children. PHN will track until identified medical/dental needs are resolved or child is into care.

Develop a Health Plan, in collaboration with social workers, for each child with special health care needs in foster care. The plan will identify service priorities for the child. Attend interdisciplinary meetings upon each child's discharge, as applicable.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention. Provide guidance and consultation to social worker and substitute care provider in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.

Track physical and dental exams to promote compliance. Review and record information from exams, and remind social workers of the required timelines for physical and dental exams. Notify social workers concerning noncompliance of exams.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Review, interpret and document the results of laboratory tests, screenings, and evaluations to the social worker, probation officer, provider or professional staff of another agency for the purpose of case planning and coordination.

Review and document in the child's HEP, as described in WIC section 16010, medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice. Write separate summary of youth's health and mental health status for appropriate stakeholders as needed.

Review clinical documentation and acceptable protocols to assess the child or youth's progress in meeting treatment plan goals.

Identify, refer and/or link resources, such as psychosocial therapeutic services needed by stakeholders to carry out client's treatment plan.

Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical health conditions.

Consult PHN to PHN regarding the medical needs of clients placed outside of the county of jurisdiction transferred to a new county of jurisdiction.

Document time associated with any of the above activities.

#### **SPMP Intra/Interagency Coordination. Collaboration and Administration**

Collaborate with health and mental health providers to mitigate identified and potential barriers to appropriate and timely care.

Interpret the health care needs of children to the medical provider network, other healthcare service providers, caseworkers, juvenile court officers, and foster care providers.

Interpret health care reports for Department of Children and Family Services Department (CFS) social workers and others, as needed

Participate in coordination activities to develop the medical services role of the PHN doing monitoring and oversight activities for this clientele in relation to other agencies, such as public health, Medi-Cal managed care plan, regional centers, local education agencies, community care licensing, juvenile court and mental health/behavioral health, etc.

Provide consultation and nursing expertise to other agencies/programs that interface with the health care needs for this population.

Participate with other CHDP program staff in provider meetings and workshops on issues of mental health assessment, preventive, and treatment services.

Assist CHDP staff in the development of mental health and psychosocial therapeutic resources such as, referral directories, round tables, and advisory groups.

#### **Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

Document time directly associated with the performance of the above criteria.

### **SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop and review health-related professional educational materials.

Develop educational materials for the non-minor dependent (NMD) to enable the NMD to understand and assume responsibility for their own health care.

Document time associated with above tasks.

### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Document time associated with above tasks.

### **General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Attend training(s), as deemed appropriate, to enhance performance in HCPCFC-related duties, including training in psychotropic medications and HEPs in conjunction with CWS/CMS at regional/statewide training centers or other approved venues.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, and correspondence.

Monitor use of program funds and complete quarterly FFP time study and secondary documentation reports.

### **Other Activities**

Paid Time off

**County of San Bernardino Department of Public Health  
Family Health Services Section  
Health Care Program for Children in Foster Care  
Base**

**NURSE MANAGER/CHDP DEPUTY DIRECTOR  
DUTY STATEMENT**

**SCOPE OF RESPONSIBILITY:** The Nurse Manager/CHDP Deputy Director manages the operation of HCPCFC. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**SUPERVISION:** Reports directly to the Chief of the Community and Family Health Division.

**DUTY STATEMENT:**

The Nurse Manager/CHDP Deputy Director plans, organizes, and directs Public Health Nursing services for the Health Care Program for Children in Foster Care Program (HCPCFC).

**Job Duties**

**SPMP Intra/Interagency Coordination, Collaboration and Administration**

Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services.

Perform in a liaison capacity during collaborative meetings with County Children and Family Services (CFS) staff concerning administration of program activities.

**Skilled Professional Medical Personnel (SPMP) Training**

Develop and implement training for PHN for SPMP staff relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Develop and participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical, dental, and mental health needs of the foster child population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport (HEP) or its equivalent.

**SPMP Program Planning and Policy Development**

Produce and implement nursing protocols and procedures based on nursing best practices and standards.

Collaborate with County CFS to determine service delivery needs, develop service delivery plans, coordinate workflow processes, and evaluate the service outcomes for program activities.

Develop medical and health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Develop and review medically related policies, procedures, and other health care service standards.

Collaborate and consult with providers to meet the medical, dental, and behavioral health care needs for the Medi-Cal eligible foster child population.

Develop medical/health-related strategies needed to incorporate Child Health and Disability Prevention Program (CHDP), American Academy of Pediatrics (AAP) preventive health services into on-going medical, dental, mental health, and developmental services.

#### **SPMP Quality Management**

Monitor and direct the operation of program activities to ensure compliance with the California Welfare and Institutions Code and pertinent state policies.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to the Medi-Cal eligible foster child population.

Develop and maintain a quality assurance and quality improvement plan for nursing services.

Evaluate the accuracy and completion of Health Education Passports (HEPs) for compliance with CHDP Bright Futures preventive health guidelines for age and follow-up on identified medical, dental, and/or mental health conditions.

Analyze outcome-based data and collaborate with CFS to implement relevant modifications to program service delivery. Address compliance issues in collaboration with CFS.

#### **Program Specific Administration**

As required, develop and distribute program specific information, including procedural manuals and brochures.

Ensure HCPCFC staff complete accurate quarterly time studies, including compliance with Federal Financial Participation (FFP) objectives and requirements for secondary documentation that appropriately describes and supports activities performed by SPMP staff.

Promote an understanding of the need to maintain a link for Medi-Cal eligible foster children to health care services provided through the CHDP Program, Medi-Cal, and Denti-Cal programs.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Develop and review health-related professional materials.

**County of San Bernardino Department of Public Health  
Family Health Services Section  
Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring and Oversight**

**NURSE MANAGER/CHDP DEPUTY DIRECTOR  
DUTY STATEMENT**

**SCOPE OF RESPONSIBILITY:** The Nurse Manager/CHDP Deputy Director manages the operation of the PMM&O Program. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**SUPERVISION:** Reports directly to the Chief of the Community and Family Health Division.

**DUTY STATEMENT:**

The Nurse Manager/CHDP Deputy Director plans, organizes, and directs Public Health Nursing services for the Psychotropic Medication Monitoring and Oversight Program (PMM&O).

**Job Duties**

**SPMP Intra/Interagency Coordination, Collaboration and Administration**

Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services.

Perform in a liaison capacity during collaborative meetings with County Children and Family Services (CFS) staff concerning administration of program activities.

**Skilled Professional Medical Personnel (SPMP) Training**

Develop and implement training for PHN for SPMP staff relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Develop and participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical, dental, and mental health needs of the foster child population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport (HEP) or its equivalent.

**SPMP Program Planning and Policy Development**

Produce and implement nursing protocols and procedures based on nursing best practices and standards.

Collaborate with County CFS to determine service delivery needs, develop service delivery plans, coordinate workflow processes, and evaluate the service outcomes for program activities.

Develop medical and health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Develop and review medically related policies, procedures, and other health care service standards.

Collaborate and consult with providers to meet the medical, dental, and behavioral health care needs for the Medi-Cal eligible foster child population.

Develop medical/health-related strategies needed to incorporate Child Health and Disability Prevention Program (CHDP), American Academy of Pediatrics (AAP) preventive health services into on-going medical, dental, mental health, and developmental services.

#### **SPMP Quality Management**

Monitor and direct the operation of program activities to ensure compliance with the California Welfare and Institutions Code and pertinent state policies.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to the Medi-Cal eligible foster child population.

Develop and maintain a quality assurance and quality improvement plan for nursing services.

Evaluate the accuracy and completion of Health Education Passports (HEPs) for compliance with CHDP Bright Futures preventive health guidelines for age and follow-up on identified medical, dental, and/or mental health conditions.

Analyze outcome-based data and collaborate with CFS to implement relevant modifications to program service delivery. Address compliance issues in collaboration with CFS.

#### **Program Specific Administration**

As required, develop and distribute program specific information, including procedural manuals and brochures.

Ensure PMM&O staff complete accurate quarterly time studies, including compliance with Federal Financial Participation (FFP) objectives and requirements for secondary documentation that appropriately describes and supports activities performed by SPMP staff.

Promote an understanding of the need to maintain a link for Medi-Cal eligible foster children to health care services provided through the CHDP Program, Medi-Cal, and Denti-Cal programs.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Develop and review health-related professional materials.

**County of San Bernardino Department of Public Health  
Family Health Services Section  
Health Care Program for Children in Foster Care  
Case Relief**

**NURSE MANAGER/CHDP DEPUTY DIRECTOR  
DUTY STATEMENT**

**SCOPE OF RESPONSIBILITY:** The Nurse Manager/CHDP Deputy Director manages the operation of HCPCFC-Caseload Relief. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medical population in support of Federal Financial Participation (FFP) goals and objectives.

**SUPERVISION:** Reports directly to the Chief of the Community and Family Health Division.

**DUTY STATEMENT:**

The Nurse Manager/CHDP Deputy Director plans, organizes, and directs Public Health Nursing services for the Health Care Program for Children in Foster Care (HCPCFC)-Caseload Relief Program.

**Job Duties**

**SPMP Intra/Interagency Coordination, Collaboration and Administration**

Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services.

Perform in a liaison capacity during collaborative meetings with County Children and Family Services (CFS) staff concerning administration of program activities.

**Skilled Professional Medical Personnel (SPMP) Training**

Develop and implement training for PHN for SPMP staff relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Develop and participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical, dental, and mental health needs of the foster child population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport (HEP) or its equivalent.

**SPMP Program Planning and Policy Development**

Produce and implement nursing protocols and procedures based on nursing best practices and standards.

Collaborate with County CFS to determine service delivery needs, develop service delivery plans, coordinate workflow processes, and evaluate the service outcomes for program activities.

Develop medical and health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Develop and review medically related policies, procedures, and other health care service standards.

Collaborate and consult with providers to meet the medical, dental, and behavioral health care needs for the Medi-Cal eligible foster child population.

Develop medical/health-related strategies needed to incorporate Child Health and Disability Prevention Program (CHDP), American Academy of Pediatrics (AAP) preventive health services into on-going medical, dental, mental health, and developmental services.

#### **SPMP Quality Management**

Monitor and direct the operation of program activities to ensure compliance with the California Welfare and Institutions Code and pertinent state policies.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to the Medi-Cal eligible foster child population.

Develop and maintain a quality assurance and quality improvement plan for nursing services.

Evaluate the accuracy and completion of Health Education Passports (HEPs) for compliance with CHDP Bright Futures preventive health guidelines for age and follow-up on identified medical, dental, and/or mental health conditions.

Analyze outcome-based data and collaborate with CFS to implement relevant modifications to program service delivery. Address compliance issues in collaboration with CFS.

#### **Program Specific Administration**

As required, develop and distribute program specific information, including procedural manuals and brochures.

Ensure HCPCFC staff complete accurate quarterly time studies, including compliance with Federal Financial Participation (FFP) objectives and requirements for secondary documentation that appropriately describes and supports activities performed by SPMP staff.

Promote an understanding of the need to maintain a link for Medi-Cal eligible foster children to health care services provided through the CHDP Program, Medi-Cal, and Denti-Cal programs.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Develop and review health-related professional materials.

**County of San Bernardino Department of Public Health  
Family Health Services Section  
SUPERVISING PUBLIC HEALTH NURSE  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE – Base**

**JOB DESCRIPTION**

The Supervising Public Health Nurse (SPHN) works under the supervision and direction of the Nurse Manager/CHDP Deputy Director to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The SPHN supervises a unit of Public Health Nurses that work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

As necessary, provide, monitor and evaluate health care coordination services required by children in foster care.

Based on acuity of case, participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Consult with PHN staff regarding the medical and health needs of clients placed outside of their county of jurisdiction or transferred to a new county of jurisdiction.

**SPMP Intra/Interagency Coordination, Collaboration and Administration**

Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services.

**Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

**SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop materials for the NMD to enable the NMD to understand and assume responsibility for their own health care.

Develop standards and statements of guidance for addressing clinical practice issues.

Provide supervision and evaluation of PHNs in the performance of their professional program activities.

Develop medical and health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Participate in the development and review of medically related policies, procedures, and other health care service standards.

Recruit and maintain health care provider resources to meet the medical and health care needs for the program's population.

Develop medical/health-related strategies needed to incorporate Child Health and Disability Prevention Program (CHDP), American Academy of Pediatrics (AAP) preventive health services into on-going medical, dental, mental health and developmental services.

Function as the consultant on the policies and procedures from the state branch of Children's Medical Services related to children in foster care.

#### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Develop medical/health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Develop standards and statements of guidance addressing clinical practice issues.

Document time associated with above tasks.

Evaluate the accuracy and completion of Health Education Passports (HEPs) for compliance with CHDP Bright Futures preventive health guidelines for age and follow-up on identified medical, dental, and/or mental health conditions.

Participate in outcome-based data collection, and report quarterly to CFS and Department of Public Health. Address compliance issues in collaboration with CFS.

#### **Program Specific Administration**

Collaborate with CHDP staff to develop and implement program administrative policies and fiscal procedures.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Participate in Orientation and Induction training (s) offered by CFS to assist social workers in understanding the role of the PHN within the HCPCFC Program.

Promote an understanding of the need to maintain a link to health care services provided through the CHDP Program, Medi-Cal, and Denti-Cal programs.

Develop and review health-related professional materials.

Use data systems, such as the CWS/CMS and Safe Measures, to assist with program planning and evaluation.

**County of San Bernardino Department of Public Health  
Family Health Services Section  
SUPERVISING PUBLIC HEALTH NURSE  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE  
Psychotropic Medication Monitoring and Oversight (PMM&O)**

**JOB DESCRIPTION**

The Supervising Public Health Nurse (SPHN) works under the supervision and direction of the Nurse Manager/CHDP Deputy Director to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The SPHN supervises a unit of Public Health Nurses, assigned to the PMM&O component of the program, that work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

As necessary, provide, monitor and evaluate health care coordination services required by children in foster care.

Based on acuity of case, participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Consult with PHN staff regarding the medical and health needs of clients placed outside of their county of jurisdiction or transferred to a new county of jurisdiction.

**SPMP Intra/Interagency Coordination, Collaboration and Administration**

Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services.

**Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

**SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop materials for the NMD to enable the NMD to understand and assume responsibility for their own health care.

Develop standards and statements of guidance for addressing clinical practice issues. Provide supervision and evaluation of PHNs in the performance of their professional program activities.

Develop medical and health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Participate in the development and review of medically related policies, procedures, and other health care service standards.

Recruit and maintain health care provider resources to meet the medical and health care needs for the program's population.

Develop medical/health-related strategies needed to incorporate Child Health and Disability Prevention Program (CHDP), American Academy of Pediatrics (AAP) preventive health services into on-going medical, dental, mental health and developmental services.

Function as the consultant on the policies and procedures from the state branch of Children's Medical Services related to children in foster care.

#### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Develop medical/health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Develop standards and statements of guidance addressing clinical practice issues.

Document time associated with above tasks.

Evaluate the accuracy and completion of Health Education Passports (HEPs) for compliance with CHDP Bright Futures preventive health guidelines for age and follow-up on identified medical, dental, and/or mental health conditions.

Participate in outcome-based data collection, and report quarterly to CFS and Department of Public Health. Address compliance issues in collaboration with CFS.

#### **Program Specific Administration**

Collaborate with CHDP staff to develop and implement program administrative policies and fiscal procedures.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Participate in Orientation and Induction training (s) offered by CFS to assist social workers in understanding the role of the PHN within the HCPCFC Program.

Promote an understanding of the need to maintain a link to health care services provided through the CHDP Program, Medi-Cal, and Denti-Cal programs.

Develop and review health-related professional materials.

Use data systems, such as the CWS/CMS and Safe Measures, to assist with program planning and evaluation.

**County of San Bernardino Department of Public Health  
Family Health Services Section  
SUPERVISING PUBLIC HEALTH NURSE  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE – Caseload Relief**

**JOB DESCRIPTION**

The Supervising Public Health Nurse (SPHN) works under the supervision and direction of the Nurse Manager/CHDP Deputy Director to operate an interagency, interdisciplinary system to assure that foster dependents in the County of San Bernardino receive preventive and necessary health care. The SPHN supervises a unit of Public Health Nurses that work with all Department of Children and Family Services (CFS) children in out-of-home placement. This position must be a Skilled Professional Medical Personnel (SPMP) and will serve the Medi-Cal population in support of Federal Financial Participation (FFP) goals and objectives.

**Job Duties**

**SPMP Administrative Medical Case Management**

As necessary, provide, monitor and evaluate health care coordination services required by children in foster care.

Based on acuity of case, participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information needed to secure medically safe placements.

Consult with PHN staff regarding the medical and health needs of clients placed outside of their county of jurisdiction or transferred to a new county of jurisdiction.

**SPMP Intra/Interagency Coordination. Collaboration and Administration**

Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services.

**Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of this population.

Attend training on reviewing and interpreting health information that can be entered into the CWS/CMS as documentation of medical information in the health and education passport or its equivalent.

**SPMP Program Planning and Policy Development**

Use skilled professional medical expertise in program knowledge to:

Provide consultation and nursing expertise to social workers regarding health care resources and guidance in prioritizing health needs for this population.

Develop materials for the NMD to enable the NMD to understand and assume responsibility for their own health care.

Develop standards and statements of guidance for addressing clinical practice issues.

Provide supervision and evaluation of PHNs in the performance of their professional program activities.

Develop medical and health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Participate in the development and review of medically related policies, procedures, and other health care service standards.

Recruit and maintain health care provider resources to meet the medical and health care needs for the program's population.

Develop medical/health-related strategies needed to incorporate Child Health and Disability Prevention Program (CHDP), American Academy of Pediatrics (AAP) preventive health services into on-going medical, dental, mental health and developmental services.

Function as the consultant on the policies and procedures from the state branch of Children's Medical Services related to children in foster care.

#### **SPMP Quality Management**

Use skilled professional medical expertise in program knowledge to:

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Develop and utilize criteria to evaluate the effectiveness of the quality care provided to this population.

Develop medical/health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

Develop standards and statements of guidance addressing clinical practice issues.

Document time associated with above tasks.

Evaluate the accuracy and completion of Health Education Passports (HEPs) for compliance with CHDP Bright Futures preventive health guidelines for age and follow-up on identified medical, dental, and/or mental health conditions.

Participate in outcome-based data collection, and report quarterly to CFS and Department of Public Health. Address compliance issues in collaboration with CFS.

#### **Program Specific Administration**

Collaborate with CHDP staff to develop and implement program administrative policies and fiscal procedures.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

Participate in Orientation and Induction training (s) offered by CFS to assist social workers in understanding the role of the PHN within the HCPCFC Program.

Promote an understanding of the need to maintain a link to health care services provided through the CHDP Program, Medi-Cal, and Denti-Cal programs.

Develop and review health-related professional materials.

Use data systems, such as the CWS/CMS and Safe Measures, to assist with program planning and evaluation.

## CHDP Program Referral Data

Complete this form using the Instructions found on page 4-8 through 4-10.

County/City: <b>County of San Bernardino</b>	FY 17-18		FY 18-19		FY 19-20	
<b>Basic Informing and CHDP Referrals</b>						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	69,946	127,608	64,341	122,378	56,714	107,479
2. Total number of cases and recipients in "1" requesting CHDP services						
a. Number of CalWORKs cases/recipients	2,273	5,674	1,872	4,579	1,411	3,532
b. Number of Foster Care cases/recipients	1	1	1	1	1	1
c. Number of Medi-Cal only cases/recipients	2,409	5,015	2,088	4,240	1,743	3,560
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
a. Medical and/or dental services	58		5		4	
b. Medical and/or dental services with scheduling and/or transportation	545		348		318	
c. Information only (optional)	429		308		262	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	627		310		283	
<b>Results of Assistance</b>						
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff		186		116		61
6. Number of recipients in "5" who actually received medical and/or dental services		156		91		58

**Memoranda of Understanding/Interagency Agreement List**

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City: County of San Bernardino				Fiscal Year: 2020-21	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County/City	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)
Preschool Services Department	MOU	7/1/2020 to 6/30/2023	July 2020	Asuncion Williams, Clinic Supervisor or Stewart Hunter, Administrative Supervisor	Yes
Women, Infants, and Children (WIC) Program	MOU	7/1/2020 to 6/30/2023	July 2020	Asuncion Williams, Clinic Supervisor or Stewart Hunter, Administrative Supervisor	Yes
Transitional Assistance Department (TAD)	MOU	7/1/2020 to 6/30/2023	July 2020	Asuncion Williams, Clinic Supervisor or Stewart Hunter, Administrative Supervisor	Yes
Children and Family Services Department	MOU	7/1/2020 to 6/30/2023	July 2020	Asuncion Williams, Clinic Supervisor or Stewart Hunter, Administrative Supervisor	Yes
Probation Department	MOU	7/1/2020 to 6/30/2023	July 2020	Asuncion Williams, Clinic Supervisor or Stewart Hunter, Administrative Supervisor	Yes

Note: In addition, the County of San Bernardino Department of Public Health operates a Childhood Lead Poisoning Prevention Program (CLPPP) that is administered by the CHDP Deputy Director.

## MEMORANDUM OF UNDERSTANDING

Between  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention**  
 and  
**Preschool Services Department**  
**July 1, 2020 – June 30, 2023**

### 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>CHDP RESPONSIBILITIES:</b>	
<b>PSD 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 provision of the name and fax number of a contact person by which 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, 2020 – June 30, 2023**

**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, 2020 and will expire June 30, 2023.

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention**  
**and**  
**Preschool Services Department**  
**July 1, 2020 – June 30, 2023**

**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:

*Amelyn Olson*

Amelyn Olson, Interim CHDP Deputy Director  
Department of Public Health

June 24, 2020

Date

June 24, 2020

Phalos Haire, Director  
Preschool Services Department

Date

June 25, 2020

Corwin Porter, Interim Director  
Department of Public Health

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, 2020 – June 30, 2023**

**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.

WIC RESPONSIBILITIES:	CHDP RESPONSIBILITIES:
1. As appropriate, schedule new WIC staff for an orientation on CHDP services relevant to WIC participants. Orientation to include CHDP-WIC Memorandum of Understanding (MOU) and description of WIC program.	1. As appropriate, schedule new and current CHDP staff for an orientation/review of WIC services. Orientation/review to include CHDP-WIC Memorandum of Understanding and CHDP Orientation for WIC Program Staff.
2. Refer all eligible WIC participants to CHDP using CHDP informational handouts, e.g., "Free Health Check-Ups" (0309.010.H216) and WIC handouts (e.g., "Can We Help"). In addition, provide CHDP toll-free number.	2. Provide available "Free Health Check-ups" handout (0307.010.H216) or other designated handouts to WIC staff for distribution to WIC participants, as needed.
3. Supply CHDP Program with the WIC Outreach Flyer, including flyer re-order information, in packets provided at all CHDP provider Overview meetings.	3. Provide WIC Outreach Flyers and form re-order information to CHDP providers for inclusion in subsequent mail-outs to age-eligible CHDP patients, as applicable.

**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, 2020 – June 30, 2023**

<b>WIC RESPONSIBILITIES:</b>		<b>CHDP RESPONSIBILITIES:</b>
4. Participate in CHDP Provider Trainings by presenting information about the WIC Program, including eligibility and scheduling appointments.		4. Provide to WIC the schedule and location for CHDP Provider trainings to occur every two (2) months. Inform WIC Nutritionist 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.		5. CHDP Nutritionist will participate in WIC staff trainings six (6) times per year, providing CHDP and Childhood Lead Poisoning Prevention Program overviews and eligibility information.
6. Provide WIC updates at the WIC/CHDP/Maternal, Child and Adolescent Health (MCAH) collaborative meetings.		6. Provide CHDP/MCAH updates at the WIC/CHDP/MCAH collaborative meetings.
7. Provide WIC referral forms to CHDP program and providers.		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.
8. WIC Program will inform CHDP of required height, weight, and biochemical information needed for WIC visits.		8. CHDP Health Education Specialist 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 development of class outlines, and health education/outreach materials for WIC target populations.		9. CHDP and WIC will collaborate, as appropriate, in the development of CHDP health education/outreach materials for CHDP target populations, medical providers and other agencies.
10. Notify the CHDP Nutritionist of upcoming WIC monthly team leader meetings and trainings, as appropriate.		10. Notify the WIC Nutritionist of upcoming CHDP staff meetings and trainings, as appropriate.

**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, 2020 – June 30, 2023**

**MUTUAL COORDINATION:**

1. The CHDP Deputy Director and/or designee and WIC Program Manager and/or appointed nutritionists 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. A designated WIC and CHDP staff will facilitate communication and coordination of activities necessary to fulfill all terms of this MOU (this includes meeting at least quarterly to exchange pertinent program information and/or discuss updates).
3. CHDP/WIC Nutritionists will exchange information on upcoming educational workshops, conferences, presentations, staff meetings, etc., which are of mutual interest.
4. WIC will, as appropriate, provide nutrition education materials at no cost to CHDP.
5. CHDP will, as appropriate, provide nutrition 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, 2020 – June 30, 2023**

**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, 2020 through June 30, 2023, 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:

*Amelyn Olson*  
6B8E4EF717EA4D8...

June 24, 2020

Amelyn Olson, Interim CHDP Deputy Director

Date

DocuSigned by:

*Heather Wellons-Blum*  
ADC5DD1E3BB24E7...

June 24, 2020

Heather Wellons-Blum, WIC Program Manager

Date

**MEMORANDUM OF UNDERSTANDING**  
**Between**  
**San Bernardino County**  
**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2020 – June 30, 2023**

<b>Services Provided</b>	<b>Local Transitional Assistance Department (TAD) Responsibilities</b>	<b>Local Child Health and Disability Prevention (CHDP) Program Responsibilities</b>
Staff Training and Orientation  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.	Within the probationary employment period with Human Services, all new staff with responsibility for placement or 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, District Managers will make an effort to accommodate the CHDP staff time at various TAD offices for a CHDP re-orientation to current staff.  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.	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 TAD staff in cooperation with TAD office District Managers, as needed.  As requested, CHDP staff shall provide current information for inclusion in PERC's e-learning module for CHDP overview and services.
Application/Annual Re-determination – <b>In Person</b>	During the face-to-face eligibility intake interview or at the time of annual re-determination, 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: <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>Value of preventive health services;</li> <li>Availability of health assessments;</li> <li>Availability of dental services;</li> <li>Need for prompt diagnosis and treatment of suspected disabilities; and</li> <li>Nature, scope and benefits of the CHDP</li> </ol> </li> </ul>	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: <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 assistance, including information, toll-free contact</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, 2020 – June 30, 2023**

<b>Services Provided</b>	<b>Local Transitional Assistance Department (TAD) Program Responsibilities</b>	<b>Local Child Health and Disability Prevention (CHDP) Program Responsibilities</b>
<p>Application/Annual Re-determination – <b>In Person</b></p>	<p>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>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/EPSTD 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 assistance with appointment scheduling.</li> </ul>

**MEMORANDUM OF UNDERSTANDING**  
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<b>Services Provided</b>	<b>Local Transitional Assistance Department (TAD) Responsibilities</b>	<b>Local Child Health and Disability Prevention (CHDP) Program Responsibilities</b>
Application/Annual Re-determination – <b>Mail In</b>	Applications/Annual Re-determinations provided by mail shall include a State-approved brochure about the CHDP Program.  Any written “yes” responses to the CHDP questions included with the mailed application/annual re-determination shall generate a referral to the local CHDP Program via electronic data referral form, or State-approved alternate form.	<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>
Individuals Lost to Contact	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.	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.

**MEMORANDUM OF UNDERSTANDING**  
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Services Provided	Local Transitional Assistance Department (TAD) Responsibilities	Local Child Health and Disability Prevention (CHDP) Program Responsibilities
Reporting and Evaluation	TAD will provide the Report EP300 on a monthly basis to the local CHDP/EP300 Program. Such report will provide a total of applications in specific categories, which include children less than 21 years of age.	<p>CHDP Program staff will discuss with local TAD administration the feasibility of CHDP Program staff's annual observation of TAD's informing process for placement or eligibility determination. The purpose is to evaluate the completeness and effectiveness of activities undertaken during the face-to-face application or annual re-determination interview.</p> <p>If annual observations are found feasible and appropriate, CHDP staff will:</p> <ol style="list-style-type: none"> <li>1. Conduct observations in a single TAD office located within each of the San Bernardino County Supervisorial Districts during the term of this Memorandum of Understanding (MOU); and</li> <li>2. Provide a report of findings to local TAD administration, including recommendations for corrective action, and assessment of need for additional trainings.</li> </ol> <p>Quarterly reports containing region specific referral information, including type of referral, disposition of case, and sample individual case reports, will be sent to local TAD administration for review and comment upon request.</p>

**MEMORANDUM OF UNDERSTANDING**  
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**Department of Public Health**  
**Child Health and Disability Prevention Program**  
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**July 1, 2020 – June 30, 2023**

**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 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 Memorandum of Understanding.
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**  
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**Department of Public Health**  
**Child Health and Disability Prevention Program**  
**and**  
**Transitional Assistance Department**  
**July 1, 2020 – June 30, 2023**

**CONCLUSION:**

1. This MOU, consisting of six (6) pages, is the full and complete document describing services to be rendered by each party, including all covenants, conditions, and benefits.
2. This MOU is in effect from July 1, 2020 through June 30, 2023, unless revised by mutual agreement. In the event that changes in federal or state requirements impact the 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.

DocuSigned by:

*Amelyn Olson*

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Amelyn Olson, Interim Deputy Director  
Child Health and Disability Prevention Program

*Gilbert Ramos*

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Gilbert Ramos, Director  
Transitional Assistance Department

*Corwin Porter*

D6FE229598E2464...

Corwin Porter, Interim Director  
Department of Public Health

July 27, 2020

Date

July 27, 2020

Date

July 27, 2020

Date

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

**July 1, 2020 – June 30, 2023**

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

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**July 1, 2020 – June 30, 2023**

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

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**July 1, 2020 – June 30, 2023**

<b>Service Provided</b>	<b>Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)</b>	<b>Children and Family Services (CFS) Responsibilities Social Worker</b>
	<p>PHNs will coordinate with SWs in obtaining additional health services necessary to educate and/or support the Substitute Care Providers (SCP) in providing for the special health care needs.</p> <p>PHNs will collaborate with SWs to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child, including a copy of the HEP.</p> <p>PHNs will track physical and dental exams to promote compliance. PHNs will review and record information from exams, and remind SWs of the required timelines for physical and dental exams. PHN will notify SWs of noncompliance of exams.</p> <p>PHNs will collaborate with the SWs to assess the needs of the child related to placement.</p> <p>For children with special health care needs, PHNs will review child's Health Plan with SWs as needed and at a minimum of every six (6) months. Relevant information will be incorporated into the HEP.</p>	<p>SWs will consult with the PHNs to assess the suitability of the foster care placement based on the health care needs of the child.</p> <p>For children with special health care needs, SWs will review child's Health Plan with PHNs as needed and at a minimum of every six (6) months.</p>
<b>Psychotropic Medication Court Desk (PMCD)</b>	<p>PHNs have the following responsibilities:</p> <p>Provide full-time coverage at the Juvenile Court.</p> <p>Serve as a liaison to the Physicians, Social Workers, and care providers who call the PMCD</p>	<p>The CFS Office Assistant (OA) III has the following responsibilities:</p> <p>Serve as a centralized point of entry to the Court for required requests for psychotropic medication.</p>

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

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

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

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

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**July 1, 2020 – June 30, 2023**

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

**MEMORANDUM OF UNDERSTANDING**  
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for  
**Health Care Program for Children in Foster Care**

**July 1, 2020 – June 30, 2023**

**CONCLUSION:**

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

DocuSigned by:

*Marlene Hagen*

132B8495CE143C

Marlene Hagen, Director  
Children and Family Services

*Corwin Porter*

05FE230569E24621

Corwin Porter, Interim Director  
Department of Public Health

July 8, 2020

Date

July 8, 2020

Date

**ATTACHMENT A****Summary of Costs**

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

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

July 1, 2020 – June 30, 2023

<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 Director and/or Probation Officer will arrange for PHNs/SPHN to have authorization to access and update juvenile case records and health related information. Probation Officer (PO) will coordinate with the court-appointed placement SCP and the PHN to identify an appropriate health care provider for the juvenile.

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July 1, 2020 – June 30, 2023

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

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

July 1, 2020 – June 30, 2023

<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</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 to 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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**Health Care Program for Children in Foster Care**

July 1, 2020 – June 30, 2023

Service Provided	Department of Public Health Responsibilities Foster Care Public Health Nurses (PHNs)	Local Probation Department Responsibilities for juveniles who are on probation in foster care through the San Bernardino County court system.
<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 for 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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July 1, 2020 – June 30, 2023

<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>	<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)</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> </ul>

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**July 1, 2020 – June 30, 2023**

<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>Psychotropic Medication Authorization, Continued</b>	<p>Juvenile Court Behavioral Health Services (JCBHS) 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>	<ul style="list-style-type: none"> <li>• Provide the following forms to any party who objects: <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> </li> <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> </ul> </li> </ul>

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July 1, 2020 – June 30, 2023

<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 Facility/group home, and</li> <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>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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<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>The SPHNs will participate in the Southern California Foster Care Nurses Network in an effort to assess and evaluate the scope of work for the Health Care Program for Children in Foster Care (HCPCFC)/Out of Home Placement, as needed.</p> <p>The SPHNs will participate in the Statewide Foster Care Subcommittee to help facilitate the policy development for the HCPCFC/Out of Home Placement, as needed.</p>	
<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>	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.
<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</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.

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	<p>Department and Public Health. The data will include 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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**July 1, 2020 – June 30, 2023**

**CONCLUSION:**

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

DocuSigned by:

*Michelle Scray-Brown*  
CFC186F0032C46E...

July 22, 2020

Michelle Scray-Brown, Chief Probation Officer  
Probation Department

Date

DocuSigned by:

*Corwin Porter*  
D8FE22959E24C1...

July 23, 2020

Corwin Porter, Interim Director  
Department of Public Health

Date

**CHDP Administrative Budget  
No County/City Match  
Budget Summary**

County/City Name: San Bernardino		Fiscal Year: 2020-2021	
Category/Line Item	Total Budget (B = C + D)	Enhanced State/Federal (25/75) C	Non-Enhanced State/Federal (50/50) D
A			
I. Total Personnel Expenses	\$1,093,040	\$535,759	\$557,280
II. Total Operating Expenses	\$145,943		\$145,943
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$168,864		\$168,864
V. Total Other Expenses	\$0		\$0
<b>Budget Grand Total</b>	<b>\$1,407,846</b>	<b>\$535,759</b>	<b>\$872,087</b>
Source of Funds	Total Funds (F = G + H)	Enhanced State/Federal (25/75) G	Non-Enhanced State/Federal (50/50) H
E			
State Funds \$569,983	\$569,983	\$133,940	\$436,043
Federal Funds (Title XIX) \$955,645	\$837,862	\$401,819	\$436,043
<b>Budget Grand Total</b>	<b>\$1,407,845</b>	<b>\$535,759</b>	<b>\$872,086</b>

Stewart Hunter	10/13/2020	shunter@dph.sbcounty.gov
Prepared By (Signature)	Date	Email Address
Joshua Dugas	10/13/2020	jdugas@dph.sbcounty.gov
CHDP Director or Deputy Director (Signature)	Date	Email Address

**CHDP Administrative Budget Worksheet for FY 2020-2021**  
**No County/City Match**  
**State and State/Federal**

County/City Name: San Bernardino

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>Personnel Expenses</b>											
1. Accountant III: Chandler, Trent	0.05	\$67,805	\$3,390	0.05	\$3,390		\$ -			100%	\$ 3,390
2. Administrative Supervisor I: Hunter, Stewart	0.43	\$83,104	\$35,735	0.43	\$35,735		\$ -			100%	\$ 35,735
3. Automated System Analyst: Various	0.30	\$68,501	\$20,550	0.30	\$20,550		\$ -			100%	\$ 20,550
4. Health Education Specialist I: Nastase, Damaris	0.40	\$53,936	\$21,574	0.40	\$21,574		\$ -			100%	\$ 21,574
5. Health Service Assistant: Vacant	1.00	\$43,606	\$43,606	1.00	\$43,606		\$ -			100%	\$ 43,606
6. Nutritionist: Panganiban, Donna Plata	0.10	\$58,652	\$5,865	0.10	\$5,865		\$ -			100%	\$ 5,865
7. Office Assistant I: Felix, Erica	0.92	\$37,368	\$34,378	0.92	\$34,378		\$ -			100%	\$ 34,378
8. Office Assistant II: Allen, Makio S	0.45	\$37,368	\$16,816	0.45	\$16,816		\$ -			100%	\$ 16,816
9. Office Assistant II: Lopez, Myrna	0.45	\$37,368	\$16,816	0.45	\$16,816		\$ -			100%	\$ 16,816
10. Office Assistant III: Vacant	0.45	\$42,447	\$19,101	0.45	\$19,101		\$ -			100%	\$ 19,101
11. Program Specialist I: Drake, Lindsey	0.05	\$64,760	\$3,238	0.05	\$3,238		\$ -			100%	\$ 3,238
12. Fiscal Assistant: Berry, Kathleen	0.23	\$40,502	\$9,316	0.23	\$9,316		\$ -			100%	\$ 9,316
13. Fiscal Specialist: Lunasco, Charlene	0.70	\$44,341	\$31,038	0.70	\$31,038		\$ -			100%	\$ 31,038
14. Nurse Manager: Vacant	0.20	\$111,991	\$22,398	0.20	\$22,398		\$ -			100%	\$ 22,398
15. Registered Nurse I/II: Vacant	0.95	\$85,812	\$81,521	0.95	\$81,521		\$ -	90%	\$ 73,369	10%	\$ 8,152
16. Registered Nurse I/II: Vacant	1.00	\$85,812	\$85,812	1.00	\$85,812		\$ -	90%	\$ 77,231	10%	\$ 8,581
17. Registered Nurse II: Chola, Gilma Doris	1.00	\$85,812	\$85,812	1.00	\$85,812		\$ -	90%	\$ 77,231	10%	\$ 8,581
18. Registered Nurse II: Fanta, Susan L.	0.95	\$85,812	\$81,521	0.95	\$81,521		\$ -	90%	\$ 73,369	10%	\$ 8,152
19. Registered Nurse I/II: Vacant	0.77	\$85,812	\$66,075	0.77	\$66,075		\$ -	90%	\$ 59,467	10%	\$ 6,607
20. Secretary I: Francis, Andriana	0.45	\$42,112	\$18,950	0.45	\$18,950		\$ -			100%	\$ 18,950
21. Supervising Office Assistant: Larocco, Linda	0.65	\$49,767	\$32,349	0.65	\$32,349		\$ -			100%	\$ 32,349
<b>Total Salaries and Wages</b>	11.50		\$735,861		\$735,861		\$ -		\$ -		\$ -
<b>Less Salary Savings</b>							\$0		\$360,667		\$ 375,195
<b>Net Salaries and Wages</b>							\$0		(\$7,403)		(\$7,403)
<b>Staff Benefits (Specify %)</b>											
51.66%			\$372,323		\$372,323		\$0		\$182,496		\$189,827
<b>I. Total Personnel Expenses</b>			\$ 1,093,040		\$ 1,093,040		\$0		\$ 535,759		\$ 557,280
<b>II. Operating Expenses</b>											
1. Travel			\$3,565		\$3,565		\$ -				\$3,565
2. Training			\$500		\$500		\$ -				\$500
3. Communication			\$33,000		\$33,000		\$ -				\$33,000
4. Office Supplies			\$8,000		\$8,000		\$ -				\$8,000
5. Postage			\$6,100		\$6,100		\$ -				\$6,100
6. Printing			\$3,600		\$3,600		\$ -				\$3,600
7. Special Department Expense			\$2,300		\$2,300		\$ -				\$2,300
8. Automated Systems Equipment			\$3,700		\$3,700		\$ -				\$3,700
9. Rent/Lease of Equipment			\$2,000		\$2,000		\$ -				\$2,000
10. County Counsel			\$200		\$200		\$ -				\$200
11. Professional Services			\$5,200		\$5,200		\$ -				\$5,200
12. Audit Expense			\$300		\$300		\$ -				\$300
13. HS Contract Unit			\$2,800		\$2,800		\$ -				\$2,800

## CHDP Administrative Budget Worksheet for FY 2020-2021

No County/City Match

State and State/Federal

County/City Name: San Bernardino

Category/Line Item	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
14. Rent/Leases of Structures			\$74,678		\$74,678		\$ -				\$74,678
II. Total Operating Expenses			\$145,943		\$145,943		\$0		\$0		\$145,943
III. Capital Expenses											
1.											
2.											
3.											
III. Total Capital Expenses			\$0		\$0		\$0				\$0
IV. Indirect Expenses											
1. Internal (Specify %)			\$168,864		\$168,864		\$ -				\$168,864
2. External (Specify %)							\$ -				
IV. Total Indirect Expenses			\$168,864		\$168,864		\$0				\$168,864
V. Other Expenses											
1.											
2.											
3.											
V. Total Other Expenses			\$0		\$0		\$0				\$0
Budget Grand Total			\$1,407,846.40		\$1,407,846.40		\$0.00		\$535,759.44		\$872,086.97

Stewart Hunter

Prepared By (Signature)

10/13/2020

Date Prepared

909-383-3044

Phone Number

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Joshua Dugas

CHDP Director or Deputy Director (Signature)

10/13/2020

Date

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**Department of Health Care Services – Integrated Systems of Care Division  
County of San Bernardino  
CHDP Administrative Budget – No County/City Match  
Fiscal Year 2020-21**

**I. PERSONNEL EXPENSES**

Total Salaries and Wages \$720,717

The FY 2020-21 CHDP Administrative Budget – No County/City Match contains a total of 11.50 full-time equivalents (FTE). In total, this is a small decrease of 0.10 FTE compared to FY 2019-20 (11.60 FTE).

Total Fringe Benefits \$372,323

Fringe Benefits are calculated at 51.66% of Total Salaries and Wages. This is a decrease in the rate compared to FY 2019-20, which was 51.51%, and reflects current costs incurred by the County.

**Total Personnel Expenses \$1,093,040**

Accountant (III) – The accountant/analyst (0.05 FTE) assists with budget and invoice preparation, as well as on-going projection of expenditures and revenues for the program. This ensures the correct amount of Federal Financial Participation (FFP) matching funds are claimed on a quarterly basis, and the CHDP Deputy Director is able to monitor utilization of Title XIX and State General Fund (SGF) allocation. The budgeted amount is the same as the prior year.

Administrative Supervisor I – The incumbent (0.43 FTE) assists the Nurse Manager/CHDP Deputy Director and program in a variety of areas, including supervision of financial and programmatic analysis and reporting (invoices, budgets, projections); coordination of annual ISCD Plan preparation and submission; coordination of ISCD Annual Report of Performance Measures; preparation of procedures for and review of the FFP time studies and secondary documentation to maintain integrity of the process in accordance with DHCS policies and guidelines; program and operational analysis; and data systems/collection, analysis, and reporting. The FY 2020-21 budget amount is 0.07 FTE less than FY 2019-20.

Automated Systems Analyst (Information/Technology, IT) – IT staff (0.30 FTE) maintain the program's automated databases and automated equipment. This includes development of data reports, troubleshooting computer problems, and recommending systematic improvement to enhance staff's ability to more effectively serve and follow-up with CHDP clients. The budgeted FTE amount is the same as FY 2019-20, without changes to assigned duties. The amount for IT Services is not an indirect cost component. IT staff use a specific cost accounting code for each task provided to the CHDP Program.

Health Education Specialist I/II (HES I/II) – Health education staff (0.40 FTE) are responsible for conducting health education efforts for the program, including resource and material development, health promotion, curricula and training, and coordination of health fairs and similar events to raise awareness about CHDP Program and Medi-Cal services and enrollment into Medi-Cal. The health education staff also will assist in outreach to dental providers enrolled in the Medi-Cal dental program to CHDP referral

and care coordination processes. The staffing level for the HES I/II is the same as the prior year.

Health Services Assistant (HSA) – The classification follows-up with clients for whom the program receives notice of medical and dental conditions requiring follow-up to ensure they access Medi-Cal services, provides paraprofessional support to the CHDP Registered Nurse liaisons, participates in CHDP provider trainings (related to the fee-for-service segment of the practice), assists with collation and ordering of educational materials, and participates in health fairs and community events to facilitate enrollment into Medi-Cal services and access to Medi-Cal services among attendees. The FTE for FY 2020-21 is the same as the prior year at 1.0 FTE.

Nutritionist – A small amount of time (0.10 FTE) for the Nutritionist is budgeted to follow-up, as applicable, with clients' nutritional and dietary needs associated with identified conditions via referrals and/or Care Coordination / Follow-up Forms, participate in CHDP provider outreach and training (fee-for-service), and works in conjunction with the RN II staff, as appropriate, to ensure comprehensive care is provided to clients. The amount budgeted for FY 2020-21 is the same as FY 2019-20.

Office Assistant II – The Office Assistants II (OA II) perform general clerical functions and respond to telephone calls from the public and providers, connecting callers to Medi-Cal providers and Medi-Cal services. They enter data into the OmniCare database, which collects and organizes data from incoming referrals from providers and Care Coordination / Follow-up forms to record CHDP's follow-up with families (fee-for-service) to confirm medical and/or dental health care services have been initiated in a timely manner (per CHDP guidelines). In addition and as referenced in the HSA I classification, the office assistant staff will continue to assist with preparation for health fairs and community outreach events to promote enrollment into Medi-Cal and access/linkage to Medi-Cal services. The FY 2020-21 budgeted 1.82 FTE, which is the same as the prior fiscal year, and is based on anticipated support needs for the program.

Office Assistant III – The Office Assistant III (OA III) will perform data entry and clerical tasks at the rate of 0.45 FTE (no change from prior year) in support of the program that are distinguished from the Office Assistant II staff by the level of difficulty and degree of independent judgment required. Tasks include preparation of numerous recurrent reports for supervisory and management staff and ordering program supplies. The OA III will also provide direct clerical support for the HCPCFC and PMM&O Program Supervising Public Health Nurse and Nurse Manager/CHDP Deputy Director classifications, organizing staff schedules and duty locations as well as tracking submission and accuracy of staff productivity reports.

Fiscal Specialist – The Fiscal Specialist will perform a portion of fiscal and data entry tasks at the rate of 0.70 FTE (no change from prior year) in support of the program that are distinguished from the Fiscal Assistant due to complexity of duties. Tasks may include maintenance and development of spreadsheets containing fiscal and/or productivity data for services provided by CHDP RN II staff, second level technical review of FFP time studies to ensure accuracy of quarterly claims for Title XIX matching funds, conduct procurement processes, enter travel expense data into the County SAP database for staff that conduct outreach and provide services to the Medi-Cal eligible population, and process invoices and County Cal Card (credit card) reports for supervisory and management staff.

Fiscal Assistant – The Fiscal Assistant performs a portion of data entry and clerical tasks at the rate of 0.23 FTE (same as prior fiscal year) in support of the program that are distinguished from the Office Assistant II and Office Assistant III by the focus on fiscal support duties. Tasks include maintenance of spreadsheets containing fiscal and/or output/productivity data for services provided by CHDP RN II staff, first level review of FFP time studies to ensure accuracy of quarterly claims for Title XIX matching funds, gathering data to support procurement processes, and validation of mileage claims and subsequent data entry into the County SAP database for staff that conduct outreach and provide services to the Medi-Cal eligible population.

Nurse Manager (CHDP Deputy Director) – The Nurse Manager serves as the CHDP Deputy Director for the County of San Bernardino, ensuring the program implements the goals and objectives expressed in the CHDP scope of work. The CHDP Deputy Director is responsible for all aspects of the CHDP No County and County Match, HCPCFC, PMM&O, and Caseload Relief programs, including follow-up to ensure clients have accessed referred Medi-Cal services, community outreach to promote Medi-Cal enrollment and access to Medi-Cal health care services, fiscal integrity and expenditure of Title XIX FFP and SGF funds in accordance with state guidelines, and completion of deliverable reports and data for the programs. The budgeted amount for FY 2020-21 is 0.20 (same as FY 2019-20) with no change in responsibilities.

Program Specialist I – The Program Specialist I provides administrative support functions (at 0.05 FTE) for the No County Match Program, including development of policies and procedures for the CHDP referral and follow-up process, nursing best practice and standards, client service delivery, analysis of internal program operations and service delivery for Medi-Cal beneficiaries and Medi-Cal eligible children, quality assurance and improvement, and interaction with providers and stakeholders that collaborate with CHDP and/or FHS.

Registered Nurse II (RN II) – The RN II staff provide information on specialized medical program services available to medically high-risk children and their families, assist CHDP and Medi-Cal providers (fee-for-service) in developing strategies to increase appropriate utilization of medical services for their patients, provide CHDP program consultation and technical support to medical providers enrolled in the CHDP program, and recruit Denti-Cal providers as providers of dental services for the CHDP target population. Further, the RNs recruit and strive to retain medically qualified CHDP providers, develop and utilize medical criteria to assess provider qualifications and evidence of quality care, enroll Medi-Cal providers into CHDP (and recertification), and provide technical support to CHDP Providers on program standards. The staffing level of 4.67 FTE of RN II (same as prior year). Staff working in the RN II job classification must be Skilled Professional Medical Personnel (SPMP).

Secretary I – The Secretary performs support duties for the Nurse Manager (CHDP Deputy Director) at 0.45 FTE, which is the same as the FY 2019-20 amount.

Supervising Office Assistant – The Supervising Office Assistant (SOA) oversees the daily work of the office assistant staff, Fiscal Assistant, and Fiscal Specialist at the rate of 0.65 FTE (no change from prior fiscal year). The SOA assists in the oversight of the Care Coordination / Follow-up Form review process, ensuring that the database functions properly and staff are following-up with clients within the required time frames

to ensure they have accessed referred Medi-Cal health care; and enters requests for purchase orders and processes invoices in the County SAP database. The SOA also reviews a significant portion of the quarterly FFP time studies and secondary documentation prepared by SPMP and non-SPMP staff, as one of the quality assurance steps to ensure claims for reimbursement contain correct amounts of Title XIX matching funds.

## II. OPERATING EXPENSES

### Travel

\$3,565

This includes three general categories: 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, provider training, off-site audits, meetings, and facility reviews. At present, the rate of reimbursement per mile is \$0.575, but the rate varies according to the approved federal rate.

Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).

Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.

### Training

\$500

This includes costs for anticipated training needs for 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. No change from prior year.

### Communications

\$33,000

This category includes costs associated with communications for the program, including telephones, voice mail accounts, circuit charges, cellular telephones, Internet access, e-mail accounts, and e-mail sync with cellular service (supervisory staff only). The budgeted amount is the same as FY 2019-20.

### Office Supplies

\$8,000

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. No change from prior year.

### Postage

\$6,100

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. No change from prior year.

Printing \$3,600

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. No change from prior year.

Special Department Expense \$2,300

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 (depending on the item type, the costs may alternately be charged to the Printing line item above). No change from prior year.

Automated Systems Equipment \$3,700

This is for purchase of automated equipment, software and user licenses [for the OmniCare database used to track, monitor, and report on children (fee-for-service) who have been referred to CHDP via providers or on Care Coordination/Follow-up Forms], and/or other minor office machinery and equipment (i.e., those items that are *not* classified as fixed assets or capital expenses). This amount also may serve as a contingency to purchase new or replacement desktop or laptop computer equipment used by program staff, as necessary.

Rent/Lease of Equipment \$2,000

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. No change from prior year.

County Counsel \$200

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.

Professional Services \$5,200

The program regularly requires use of internal and external support services. 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. 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.

Audit Expense \$300

The CHDP No County Match Program incurs audit costs on an annual basis related to internal review and Single Audit. The FY 2020-21 includes a pro rata share of costs.

Human Services (HS) Contracts Unit \$2,800

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. The FY 2020-21 amount is \$900 less than FY 2019-20 based on estimated usage.

Rent/Lease of Structure \$74,678

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 3,488 square feet at \$1.784 per square foot per year. The annual cost for the storage space is \$4,092.

**Total Operating Expenses \$145,943**

### **III. CAPITAL EXPENSES**

None budgeted at this time.

### **IV. INDIRECT EXPENSES**

Internal/External Indirect \$168,864

The Internal Indirect Expenses include administrative and technical department support, fiscal services, payroll services, department management, cost accounting, and claims reporting/processing.

The External Indirect Expenses includes administrative support from other county departments that provide general support, for example, Auditor-Controller/Treasurer/Tax Collector, Information Services, County Counsel, and Purchasing.

The FY 2020-21 Total Indirect Expenses rate (Internal and External) for the Department of Public Health is included in the budget at 15.449%, which is applied to Total Personnel Expenses. The rate is not expected to be revised during the fiscal year; however, if there is a change, it is not anticipated to exceed 18%.

### **V. OTHER EXPENSES**

None budgeted at this time.

**BUDGET GRAND TOTAL \$1,407,846**

**CHDP Administrative Budget  
County/City Match  
Budget Summary**

County/City Name: San Bernardino		Fiscal Year: 2020-2021		
Category/Line Item	Total Budget (B = C + D + E)	Enhanced County/City/Federal (25/75)	Non-Enhanced County/City/Federal (50/50)	Not Matched County/City/Federal (100/0)
A		C	D	E
I. Total Personnel Expenses	\$418,112	\$28,469	\$389,643	\$0
II. Total Operating Expenses	\$52,601		\$52,601	\$0
III. Total Capital Expenses	\$0		\$0	\$0
IV. Total Indirect Expenses	\$64,594		\$64,594	\$0
V. Total Other Expenses	\$0		\$0	\$0
<b>Budget Grand Total</b>	<b>\$535,307</b>	<b>\$28,469</b>	<b>\$506,840</b>	<b>\$0</b>
Source of Funds	Total Funds	Enhanced County/City/Federal (25/75)	Non-Enhanced County/City/Federal (50/50)	Not Matched County/City/Federal (100/0)
F	(G = H + I + J)	H	I	J
County-City Funds	\$260,537	\$7,117	\$253,420	\$0
Federal Funds (Title XIX)	\$274,771	\$21,352	\$253,420	\$0
<b>Budget Grand Total</b>	<b>\$535,307</b>	<b>\$28,469</b>	<b>\$506,840</b>	<b>\$0</b>
<b>Source County-City Funds:</b>				

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Prepared By (Signature)	Date prepared	Phone Number	Email Address
Joshua Dugas	10/14/2020	909-387-6222	jdugas@dph.sbcounty.gov
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

**CHDP Administrative Budget Worksheet for FY 2020-2021**  
**County/City Match**  
**County/City Name: San Bernardino County**

Column	1A	1B	1	2A	2	3A	3	4A	4
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/City/Federal (25/75)	% or FTE	Nonenhanced County/City/Federal (50/50)	% or FTE	Non Matched (100/0)
<b>I. Personnel Expenses</b>									
1. Accountant III: Chandler, Trent	5%	\$67,805	\$3,390		\$0	100%	\$3,390	0%	\$0
2. Administrative Supervisor I: Hunter, Stewart	10%	\$83,104	\$8,310		\$0	100%	\$8,310	0%	\$0
3. Automated System Analyst: Various	50%	\$88,501	\$34,250		\$0	100%	\$34,250	0%	\$0
4. Health Services Assistant I: Vacant	100%	\$43,606	\$43,606		\$0	100%	\$43,606	0%	\$0
5. Health Services Assistant I: Vacant	100%	\$43,606	\$43,606		\$0	100%	\$43,606	0%	\$0
6. Nutritionist: Panganiban, Donna Plata	10%	\$58,652	\$5,865		\$0	100%	\$5,865	0%	\$0
7. Office Assistant II: Allen, Makio	10%	\$37,368	\$3,737		\$0	100%	\$3,737	0%	\$0
8. Fiscal Assistant: Berry, Kathleen	5%	\$40,502	\$2,025		\$0	100%	\$2,025	0%	\$0
9. Fiscal Specialist: Lunasco, Charlene	25%	\$44,341	\$11,085		\$0	100%	\$11,085	0%	\$0
10. PH Program Manager: Vacant		\$113,947	\$0		\$0	100%	\$0	0%	\$0
11. Nurse Manager: Vacant	34%	\$111,991	\$38,077	10%	\$3,808	90%	\$34,269	0%	\$0
12. Registered Nurse III: Vacant	20%	\$85,812	\$17,162	25%	\$4,291	75%	\$12,872	0%	\$0
13. Clinic Supervisor: Williams, Asuncion	30%	\$118,590	\$35,577	30%	\$10,673	70%	\$24,904	0%	\$0
14. Secretary I: Francis, Adriana	5%	\$42,112	\$2,106		\$0	100%	\$2,106	0%	\$0
15. Supervising Office Assistant: LaRocco, Linda	15%	\$49,767	\$7,465		\$0	100%	\$7,465	0%	\$0
16. Program Specialist I: Lindsey Drake	30%	\$64,760	\$19,428		\$0	100%	\$19,428	0%	\$0
Total Salaries and Wages	449%		\$275,690		\$18,771		\$256,919		\$0
Less Salary Savings			(\$0)		\$0		(\$0)		\$0
Net Salaries and Wages									
Staff Benefits			\$142,422		\$9,697		\$132,724		\$0
<b>I. Total Personnel Expenses</b>	51.66%		\$418,112		\$28,469		\$389,643		\$0
<b>II. Operating Expenses</b>									
1. Travel			\$9,281				\$9,281		\$0
2. Training			\$200				\$200		\$0
3. Communication			\$11,906				\$11,906		\$0
4. Office Supplies			\$1,650				\$1,650		\$0
5. Postage			\$225				\$225		\$0
6. Printing			\$350				\$350		\$0
7. Special Department Expense			\$2,439				\$2,439		\$0
8. Rent/Lease of Equipment			\$300				\$300		\$0
9. Professional Services			\$1,100				\$1,100		\$0
10. Automated Systems Equipment			\$7,623				\$7,623		\$0
11. Audit Expense			\$300				\$300		\$0
12. HS Contracts Unit			\$2,000				\$2,000		\$0
13. Rent/Leases of Structures			\$15,227				\$15,227		\$0
<b>II. Total Operating Expenses</b>			\$52,601		\$0		\$52,601		\$0

**CHDP Administrative Budget Worksheet for FY 2020-2021**  
**County/City Match**  
**County/City Name: San Bernardino County**

Column		1A	1B	1	2A	2	3A	3	4A	4
Category/Line Item		% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/City/Federal (25/75)	% or FTE	Nonenhanced County/City/Federal (50/50)	% or FTE	Non Matched (100/0)
<b>III. Capital Expenses</b>										
1.										
2.										
3.										
4.										
5.										
<b>III. Total Capital Expenses</b>										
<b>IV. Indirect Expenses</b>										
1.	Internal (Specify %)	15.449%		\$64,594				\$64,594		\$0
2.	External (Specify %)	0.00%		\$64,594				\$64,594		\$0
<b>IV. Total Indirect Expenses</b>										
<b>V. Other Expenses</b>										
1.										
2.										
3.										
4.										
5.										
<b>V. Total Other Expenses</b>										
<b>Budget Grand Total</b>				\$535,307		\$28,469		\$506,839		\$0

Stewart Hunter

Prepared By (Signature)

10/14/2020

Date Prepared

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Joshua Dugas

CHPD Director or Deputy Director (Signature)

10/14/2020

Date

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**Department of Health Care Services – Integrated Systems of Care Division**  
**County of San Bernardino**  
**CHDP Administrative Budget – County/City Match**  
**Fiscal Year 2020-21**

**I. PERSONNEL EXPENSES**

Total Salaries and Wages \$275,690

The FY 2020-21 CHDP Administrative Budget – County/City Match contains a total of 4.49 full-time equivalents (FTE), which is less than the 4.68 FTE supported in the FY 2019-20 budget.

Total Fringe Benefits \$142,422

Fringe Benefits are calculated at 51.66% of Total Salaries and Wages. This is an increase in the rate for FY 2019-20, which was 51.51%, and reflects current costs incurred by the County.

**Total Personnel Expenses** **\$418,112**

Accountant III – The accountant/analyst (0.05 FTE) assists with budget and invoice preparation, as well as on-going projection of expenditures and revenues for the program. This ensures the correct amount of Federal Financial Participation (FFP) matching funds are claimed on a quarterly basis, and the CHDP Deputy Director is able to monitor utilization of Title XIX and State General Fund (SGF) allocation. The budgeted amount is the same as the prior year.

Administrative Supervisor I – The incumbent (0.10 FTE) assists the Nurse Manager/CHDP Deputy Director and program in a variety of areas, including supervision of financial and programmatic analysis and reporting (invoices, budgets, projections); coordination of annual ISCD Plan preparation and submission; coordination of ISCD Annual Report of Performance Measures; preparation of procedures for and review of the FFP time studies and secondary documentation to maintain integrity of the process in accordance with DHCS policies and guidelines; program and operational analysis; and data systems/collection, analysis, and reporting. The FY 2020-21 budget amount is 0.08 FTE lower than FY 2019-20.

Automated Systems Analyst (Information/Technology, IT) – IT staff (0.50 FTE) maintain the program's automated databases and automated equipment. This includes development of data reports, troubleshooting computer problems, and recommending systematic improvement to enhance staff's ability to more effectively serve and follow-up with CHDP clients. The budgeted FTE amount is 0.15 greater than FY 2019-20, and is based on the estimated support needs for the current year. The amount for IT Services is not an indirect cost component. IT staff use a specific cost accounting code for each task provided to the CHDP Program.

Health Services Assistant I (HSA I) – The paraprofessional classification is budgeted at 2.0 FTE to follow-up in conjunction with the RN II on clients for whom the program receives notice of medical (fee-for-service) and dental conditions requiring follow-up to ensure they access Medi-Cal or Denti-Cal services. The HSA I primarily will initiate communication with parents/guardians to ensure children have a dental care home, have kept appointments for periodic preventative dental examinations, and have sought and accessed care/treatment for referred and recommended dental/oral health conditions (especially those that may require the care of a specialist) in a timely manner.

As appropriate, the HSA I will refer all but lower acuity conditions to RN II staff for follow-up. This classification will also provide support to the CHDP Registered Nurse liaisons; participate in periodic CHDP provider trainings; assist with collation and ordering of educational materials, and participates in health fairs and community events to facilitate enrollment into Medi-Cal services and access to Medi-Cal services among attendees.

Nutritionist – A small amount of time (0.10 FTE) for the Nutritionist is budgeted to participate in periodic CHDP provider training (fee-for-service), follow-up, as applicable, with clients' nutritional and dietary needs associated with identified conditions via provider referrals and/or Care Coordination / Follow-up forms, and work in conjunction with the RN II staff, as appropriate, to ensure comprehensive care is provided to Medi-Cal eligible clients.

Office Assistant II – The Office Assistants II (OA II) perform general clerical functions and respond to telephone calls from the public and providers, connecting callers to Medi-Cal providers and Medi-Cal services. They enter data into the OmniCare database, which collects and organizes data from incoming referrals from providers and Care Coordination / Follow-up forms to record CHDP's follow-up with families (fee-for-service) to confirm medical and/or dental health care services have been initiated in a timely manner. In addition and as referenced in the HSA I classification, the office assistant staff will continue to assist with preparation for health fairs and community outreach events to promote enrollment into Medi-Cal and access/linkage to Medi-Cal services. The FY 2020-21 budgeted FTE is 0.10 compared to 0.06 in the prior fiscal year, and is based on anticipated support needs for the program.

Fiscal Specialist – The Fiscal Specialist will perform a portion of fiscal and data entry tasks at the rate of 0.25 FTE in support of the program that are distinguished from the Fiscal Assistant due to complexity of duties. Tasks may include maintenance and development of spreadsheets containing fiscal and/or productivity data for services provided by CHDP RN II staff, second level technical review of FFP time studies to ensure accuracy of quarterly claims for Title XIX matching funds, conduct procurement processes, enter travel expense data into the County SAP database for staff that conduct outreach and provide services to the Medi-Cal eligible population, and process invoices and County Cal Card (credit card) reports for services and supplies necessary to support the CHDP Program and supervisory/management staff.

Fiscal Assistant – The Fiscal Assistant performs a portion of data entry and clerical tasks at the rate of 0.05 FTE (same as prior fiscal year) in support of the program that are distinguished from the Office Assistant II and Office Assistant III by the focus on fiscal support duties. Tasks include maintenance of spreadsheets containing fiscal and/or output/productivity data for services provided by CHDP RN II staff, first level review of FFP time studies to ensure accuracy of quarterly claims for Title XIX matching funds, gathering data to support procurement processes, and validation of mileage claims and subsequent data entry into the County SAP database for staff that conduct outreach and provide services to the Medi-Cal eligible population.

Nurse Manager (CHDP Deputy Director) – The Nurse Manager is the CHDP Deputy Director and will his/her time to improving the administration of the program to ensure services are delivered to clients in an efficient and professional manner. The CHDP Deputy Director is responsible for all aspects of the CHDP No County and County Match programs, including follow-up to ensure clients have accessed referred Medi-Cal services, community outreach to promote Medi-Cal enrollment and access to Medi-Cal health care services, standards of nursing practice and competency, training for nursing

and paraprofessional staff, medical and health related policies and procedures to address the needs of Medi-Cal eligible children, professional performance of staff and quality of services, fiscal integrity and expenditure of Title XIX FFP and SGF funds in accordance with state guidelines, and completion of deliverable reports and data for the programs. The FTE amount is 0.34, which is an increase of 0.08 FTE compared to the prior fiscal year according to the anticipated needs of the program. Please note the No County Match budget includes a decrease of 0.20 FTE. Staff working in the RN II job classification must be Skilled Professional Medical Personnel (SPMP).

Program Specialist I – The Program Specialist I provides administrative support functions (at 0.30 FTE) for the County Match Program, including development of policies and procedures for the CHDP referral and follow-up process, nursing best practice and standards, client service delivery, analysis of internal program operations and service delivery for Medi-Cal beneficiaries and Medi-Cal eligible children, quality assurance and improvement, and interaction with providers and stakeholders that collaborate with CHDP and/or FHS.

Registered Nurse II – The RN II staff provide information on specialized medical program services available to medically high-risk children and their families, assist CHDP and Medi-Cal fee-for-service providers in developing strategies to increase appropriate utilization of medical services for their patients, provide CHDP program consultation and technical support to medical providers enrolled in the CHDP program, and recruit Denti-Cal providers as providers of dental services for the CHDP target population. Further, the RNs recruit and strive to retain medically qualified CHDP providers, develop and utilize medical criteria to assess provider qualifications and evidence of quality care, enroll Medi-Cal providers into CHDP (and recertification), and provide technical support to CHDP Providers on program standards. The County Match budget includes 0.20 FTE, which is an increase from 0.11 for the prior year. The majority of the RN II staff are budgeted in the No County Match budget. Staff working in the RN II job classification must be Skilled Professional Medical Personnel (SPMP).

Clinic Supervisor – The incumbent oversees the daily operations of the CHDP Registered Nurse liaisons and support staff, including supervision of technical support to CHDP providers, recruitment of dental providers for the CHDP population, and enrollment and recertification of CHDP providers. The incumbent is also the Maternal, Child and Adolescent Health (MCAH) Coordinator and Perinatal Services Coordinator for the Comprehensive Perinatal Services Program, which allows for seamless coordination of services and technical assistance with a large group of CPSP and CHDP providers within the County. The staffing level for FY 2020-21 is 0.30 FTE and is the same as prior year. The Clinic Supervisor reports directly to the CHDP Deputy Director. Staff working in the Clinic Supervisor job classification must be Skilled Professional Medical Personnel (SPMP).

Secretary I – The Secretary performs support duties for the Nurse Manager (CHDP Deputy Director) at 0.05 FTE (no change from prior year).

Supervising Office Assistant – The Supervising Office Assistant (SOA) oversees the daily work of the office assistant staff, Fiscal Assistant, and Fiscal Specialist at the rate of 0.15 FTE (same as prior fiscal year). The SOA assists in the oversight of the Care Coordination / Follow-up Form review process, ensuring that the database functions properly and staff are following-up with clients within the required time frames to ensure they have accessed referred Medi-Cal health care; and enters requests for purchase orders and processes invoices in the County SAP database. The SOA also reviews a

significant portion of the quarterly FFP time studies and secondary documentation prepared by SPMP and non-SPMP staff, as one of the quality assurance steps to ensure claims for reimbursement contain correct amounts Title XIX matching funds.

## II. OPERATING EXPENSES

### Travel \$9,281

This includes three general categories: 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, off-site audits, meetings, and facility reviews. At present, the rate of reimbursement per mile is \$0.575, but the rate varies according to the approved federal rate.

Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).

Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.

### Training \$200

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 the clients served. No change from prior year.

### Communications \$11,906

This category includes costs associated with communications for the program, including telephones, voice mail accounts, cellular telephones, active sync with e-mail (supervisory staff), Internet access, and e-mail accounts. The amount is \$110 greater than prior year.

### Office Supplies \$1,650

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. No change from prior year.

### Postage \$225

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. There is no change from the prior fiscal year amount.

Printing

\$350

This budget item funds the program's photocopying and outside printing of brochures, flyers, and other informational/educational materials for providers and the community; business cards; administrative forms and personnel documents; and training resources. No change from prior year.

Special Department Expense

\$2,439

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 materials are for staff outreach activities at health fairs and other community events. The cost of community promotion or marketing media may also be accounted to this budget line item (depending on the item type, the costs may alternately be charged to the Printing line item above). The amount is \$400 less than prior year.

Rent/Lease of Equipment

\$300

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. The budgeted amount is the same as the prior year budget and is based on actual experience and estimated usage for the program.

Professional Services

\$1,100

The program regularly requires use of internal and external support services. Services include, but are not limited to, security guards at office locations, review of documents by County Counsel as to legal form, audit expense, preparation and review of memoranda of understanding required for the ISCD Plan, and other documents prior to Board of Supervisors' approval (e.g., ISCD Plan submission), employee wellness services, 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. 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.

Automated Systems Equipment

\$7,623

The budget includes funds for a license to utilize OmniCare software to collect, monitor, track, and report on Care Coordination / Follow-up forms or other referrals related to dental health conditions that are submitted to the program. This is consistent with CHDP's increased focus on follow-up with families to ensure children have received dental/oral health care services in accordance with CHDP guidelines. Data from the system will be used in the ISCD Annual Report of Performance Measures. The budget also includes a cost component for installation of a data interface that will facilitate receipt of referral data from providers in electronic format (versus manual key entry). The imported data are automatically distributed to the appropriate tables within the database structure. The system has the capacity to produce ad hoc and standard reports that will improve the program's ability to perform quality assurance functions to ensure client care is initiated in a timely manner. This amount also may serve as a contingency to purchase new or replacement desktop, laptop, monitor, and/or printer computer equipment used by program staff, as necessary.

Audit Expense \$300

The CHDP County Match Program incurs audit costs on an annual basis related to internal review and Single Audit. The FY 2020-21 includes a pro rata share of estimated costs.

Human Services (HS) Contracts Unit \$2,000

This funds preparation and review of contracts with community-based organizations, memoranda of understanding required for 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. No change from prior year.

Rent/Lease of Structure \$15,227

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 725 square feet at \$1.784 per square foot per year.

**Total Operating Expenses** \$52,601

### III. CAPITAL EXPENSES

None budgeted at this time.

### IV. INDIRECT EXPENSES

Internal/External Indirect \$64,594

The FY 2020-21 Total Indirect Expenses rate (Internal and External) for the Department of Public Health is included in the budget at 15.449%, which is applied to Total Personnel Expenses. The rate is not expected to be revised during the fiscal year; however, if there is a change, it is not anticipated to exceed 18%.

The Internal Indirect Expenses include administrative and technical department support, fiscal services, payroll services, department management, cost accounting, and claims reporting/processing.

The External Indirect Expenses includes administrative support from other county departments that provide general support, for example, Auditor-Controller/Treasurer/Tax Collector, Information Services, County Counsel, and Purchasing.

### V. OTHER EXPENSES

None budgeted at this time.

**BUDGET GRAND TOTAL** \$535,307



**Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in  
Foster Care Plan and Budgets Required  
Checklist**



<b>County-City Name:</b>		County of San Bernardino	<b>Fiscal Year:</b>	2020-21
<input checked="" type="checkbox"/>	A	HPCFC Incumbent List. Please submit only one list.		
<input checked="" type="checkbox"/>	B	HPCFC Organizational Chart		
<input checked="" type="checkbox"/>	C	HPCFC Budgets		
	<input checked="" type="checkbox"/>	1	Base	
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
	<input checked="" type="checkbox"/>	2	Psychotropic Medication Monitoring & Oversight (PMM&O)	
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
	<input checked="" type="checkbox"/>	3	Caseload Relief	
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
	<input type="checkbox"/>	4	Optional County-City/Federal Match	
		<input type="checkbox"/>	Budget Summary	
		<input type="checkbox"/>	Budget Worksheet	
		<input type="checkbox"/>	Budget Justification Narrative	
<input checked="" type="checkbox"/>	D	Civil Service Classification Statements for all HPCFC Staff		
		<input checked="" type="checkbox"/>	Base	
		<input checked="" type="checkbox"/>	PMM&O	
		<input checked="" type="checkbox"/>	Caseload Relief	
		<input type="checkbox"/>	County-City/Federal Match	
<input checked="" type="checkbox"/>	E	Duty Statements for all HPCFC staff		
		<input checked="" type="checkbox"/>	Base	
		<input checked="" type="checkbox"/>	PMM&O	
		<input checked="" type="checkbox"/>	Caseload Relief	
		<input type="checkbox"/>	County-City/Federal Match	



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in  
Foster Care State/Federal  
Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): **BASE**

County-City Name: County of San Bernardino Fiscal Year: 2020-2021

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>A</b>	<b>(B = C + D)</b>	<b>C</b>	<b>D</b>
I Total Personnel Expenses	\$2,355,833	\$1,919,896	\$435,937
II Total Operating Expenses	\$15,018	\$0	\$15,018
III Total Capital Expenses			
IV Total Indirect Expenses	\$363,953		\$363,953
V Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$2,734,804</b>	<b>\$1,919,896</b>	<b>\$814,908</b>

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>E</b>	<b>(F = G + H)</b>	<b>G</b>	<b>H</b>
State Funds	\$887,428	\$479,974	\$407,454
Federal Funds (Title XIX)	\$1,847,376	\$1,439,922	\$407,454
<b>Budget Grand Total</b>	<b>\$2,734,804</b>	<b>\$1,919,896</b>	<b>\$814,908</b>

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Prepared By (Print & Sign) Date Phone Number E-mail Address

Joshua Dugas 10/13/2020 909-387-6222 jdugas@dph.sbcounty.gov  
CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in Foster Care  
State/Federal  
Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): BASE

County-City Name: County of San Bernardino Fiscal Year: 2020-2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Aceron	Christine	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
2	Bedol	Keri J.	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
3	Davis	Amanda	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
4	Diggs	Christine	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
5	Overby	Cherelle	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
6	Pleasant-Johnson	Rebecca	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
7	Smith	Claudia	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
8	Spiegel	Robert B.	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
9	Valle	Maria	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
10	Westlake	Terry	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
11	Wilson	Lorraine	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
12	Vacant		Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
13	Vacant		Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
14	Vacant		Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
15	Vacant		Public Health Nurse II	Y	32.00%	\$89,867	\$28,757.38	90.00%	\$25,882	10.00%	\$2,876
16	Hernandez-Singh	Sara	Supvg PH Nurse	Y	28.00%	\$107,909	\$30,214.56	20.00%	\$6,043	80.00%	\$24,172
17	LaRose	Grace M	Supvg PH Nurse	Y	25.00%	\$107,909	\$26,977.28	20.00%	\$5,395	80.00%	\$21,582
18	Hainsworth	Sara	Supvg PH Nurse	Y	35.00%	\$107,909	\$37,768.20	20.00%	\$7,554	80.00%	\$30,215
19	Philo	Susan	Supvg PH Nurse	Y	35.00%	\$107,909	\$37,768.20	20.00%	\$7,554	80.00%	\$30,215
20	Vacant		Nurse Manager	Y	50.00%	\$111,991	\$55,995.52	20.00%	\$11,199	80.00%	\$44,796
21	Vacant		PHN II - Per Diem	Y	80.00%	\$97,183	\$77,746.54	90.00%	\$69,972	10.00%	\$7,775
22						\$0	\$0.00		\$0	100.00%	\$0
23						\$0	\$0.00		\$0	100.00%	\$0
24						\$0	\$0.00		\$0	100.00%	\$0
25						\$0	\$0.00		\$0	100.00%	\$0
26						\$0	\$0.00		\$0	100.00%	\$0
27						\$0	\$0.00		\$0	100.00%	\$0
28						\$0	\$0.00		\$0	100.00%	\$0
29						\$0	\$0.00		\$0	100.00%	\$0
30						\$0	\$0.00		\$0	100.00%	\$0
31						\$0	\$0.00		\$0	100.00%	\$0
32						\$0	\$0.00		\$0	100.00%	\$0
33						\$0	\$0.00		\$0	100.00%	\$0
34						\$0	\$0.00		\$0	100.00%	\$0
35						\$0	\$0.00		\$0	100.00%	\$0
36						\$0	\$0.00		\$0	100.00%	\$0
37						\$0	\$0.00		\$0	100.00%	\$0
38						\$0	\$0.00		\$0	100.00%	\$0
39						\$0	\$0.00		\$0	100.00%	\$0
40						\$0	\$0.00		\$0	100.00%	\$0
41						\$0	\$0.00		\$0	100.00%	\$0
42						\$0	\$0.00		\$0	100.00%	\$0
43						\$0	\$0.00		\$0	100.00%	\$0
44						\$0	\$0.00		\$0	100.00%	\$0
45						\$0	\$0.00		\$0	100.00%	\$0
46						\$0	\$0.00		\$0	100.00%	\$0



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in Foster Care  
State/Federal  
Budget Worksheet



47						\$0	\$0.00		\$0	100.00%	\$0
48						\$0	\$0.00		\$0	100.00%	\$0
49						\$0	\$0.00		\$0	100.00%	\$0
50						\$0	\$0.00		\$0	100.00%	\$0
51						\$0	\$0.00		\$0	100.00%	\$0
52						\$0	\$0.00		\$0	100.00%	\$0
53						\$0	\$0.00		\$0	100.00%	\$0
54						\$0	\$0.00		\$0	100.00%	\$0
55						\$0	\$0.00		\$0	100.00%	\$0
56						\$0	\$0.00		\$0	100.00%	\$0
57						\$0	\$0.00		\$0	100.00%	\$0
58						\$0	\$0.00		\$0	100.00%	\$0
59						\$0	\$0.00		\$0	100.00%	\$0
60						\$0	\$0.00		\$0	100.00%	\$0
61						\$0	\$0.00		\$0	100.00%	\$0
62						\$0	\$0.00		\$0	100.00%	\$0
63						\$0	\$0.00		\$0	100.00%	\$0
64						\$0	\$0.00		\$0	100.00%	\$0
65						\$0	\$0.00		\$0	100.00%	\$0
66						\$0	\$0.00		\$0	100.00%	\$0
67						\$0	\$0.00		\$0	100.00%	\$0
68						\$0	\$0.00		\$0	100.00%	\$0
69						\$0	\$0.00		\$0	100.00%	\$0
70						\$0	\$0.00		\$0	100.00%	\$0
71						\$0	\$0.00		\$0	100.00%	\$0
72						\$0	\$0.00		\$0	100.00%	\$0
73						\$0	\$0.00		\$0	100.00%	\$0
74						\$0	\$0.00		\$0	100.00%	\$0
75						\$0	\$0.00		\$0	100.00%	\$0
76						\$0	\$0.00		\$0	100.00%	\$0
77						\$0	\$0.00		\$0	100.00%	\$0
78						\$0	\$0.00		\$0	100.00%	\$0
79						\$0	\$0.00		\$0	100.00%	\$0
80						\$0	\$0.00		\$0	100.00%	\$0
81						\$0	\$0.00		\$0	100.00%	\$0
82						\$0	\$0.00		\$0	100.00%	\$0
83						\$0	\$0.00		\$0	100.00%	\$0
84						\$0	\$0.00		\$0	100.00%	\$0
85						\$0	\$0.00		\$0	100.00%	\$0
86						\$0	\$0.00		\$0	100.00%	\$0
87						\$0	\$0.00		\$0	100.00%	\$0
88						\$0	\$0.00		\$0	100.00%	\$0
89						\$0	\$0.00		\$0	100.00%	\$0
90						\$0	\$0.00		\$0	100.00%	\$0
91						\$0	\$0.00		\$0	100.00%	\$0
92						\$0	\$0.00		\$0	100.00%	\$0
93						\$0	\$0.00		\$0	100.00%	\$0
94						\$0	\$0.00		\$0	100.00%	\$0
95						\$0	\$0.00		\$0	100.00%	\$0
96						\$0	\$0.00		\$0	100.00%	\$0
97						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff					21						
Total FTE PHN Staff					16.85%			73.33%		26.67%	
Total Salaries and Wages							\$1,553,363		\$1,265,921		\$287,443
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$1,553,363		\$1,265,921		\$287,443
Staff Benefits (Specify %)					51.66%		\$802,468		\$653,975		\$148,494
<b>I. Total Personnel Expenses</b>							<b>\$2,355,833</b>		<b>\$1,919,896</b>		<b>\$435,937</b>



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in Foster Care  
State/Federal  
Budget Worksheet



II. Operating Expenses									
1	Travel	\$5,397			\$5,397	0.00%	\$0	100.00%	\$5,397
2	Training	\$9,621			\$9,621	0.00%	\$0	100.00%	\$9,621
II. Total Operating Expenses					\$15,018		\$0		\$15,018
III. Capital Expenses									
III. Total Capital Expenses									
IV. Indirect Expenses									
1	Internal (Specify %)	15.45%			\$363,953				\$363,953
2	External								
IV. Total Indirect Expenses					\$363,953				\$363,953
V. Other Expenses									
V. Total Other Expenses									
Budget Grand Total					\$2,734,804		\$1,919,896		\$814,908

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Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
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CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address

**Department of Health Care Services – Integrated Systems of Care Division  
County of San Bernardino  
Health Care Program for Children in Foster Care (HCPCFC)-Base  
Fiscal Year 2020-21**

**I. PERSONNEL EXPENSES**

Total Salaries and Wages      \$1,553,363

The FY 2020-21 Health Care Program for Children in Foster Care (HCPCFC) budget contains a total of 16.85 full-time equivalents (FTE). This is a decrease from the FY 2019-20 amount of 17.12 FTE.

Total Fringe Benefits              \$802,468

Fringe Benefits are calculated at 51.66% of Total Salaries and Wages. This is an increase compared to the rate for FY 2019-20, which was 51.51%, and reflects current costs incurred by the County.

**Total Personnel Expenses    \$2,355,833 (rounded)**

Public Health Nurse (PHN) I/II

The number of FTE for FY 2020-21 is 15.12, which is a small decrease from prior year (15.22 FTE). The PHN I/II staff will coordinate the medical and health care needs of children in foster care, including review and documentation in the child's health and education passport (HEP) of authorized medications, laboratory tests, other screenings, measurements, and evaluations required to meet reasonable standards of medical practice for the Medi-Cal eligible foster child population; interpret results of laboratory tests, screenings, and evaluations to collaborate with the case manager/social worker for the foster child's case planning and coordination; and review clinical documentation and protocols to assess the child's progress in meeting treatment plan goals (please see the attached duty statement for additional details). Staff working in the PHN I/II job classification must be Skilled Professional Medical Personnel (SPMP).

Please note that the Department of Public Health typically does not hire staff at the PHN I level. When it does (generally due to availability of candidates for the job), the incumbent "underfills" a PHN II position for a time-limited period, wherein she/he gathers the experience and training in order to perform in the higher classification. The duties are generally the same, but the amount of supervision and evaluation are more frequent and intense. When included in invoices or other reports, the costs for PHNs I and II are pooled.

Supervising Public Health Nurse

The Supervising Public Health Nurse (SPHN) is included at 1.23 FTE, which is a decrease from the prior year (1.40 FTE) to supervise the daily performance of PHN I/II professional program (SPMP) activities, develop and implement a process to evaluate the impact of PHN service delivery on the Medi-Cal eligible foster care population, develop medical/ health related procedures and protocols to improve delivery and coordination of HCPCFC services, and participate in training/education programs designed to improve nursing practice of individual PHNs and HCPCFC team to meet the medical and health needs of children in foster care. Staff working in the SPHN job classification must be Skilled Professional Medical Personnel (SPMP).

#### Nurse Manager/CHDP Deputy Director

The Nurse Manager is included in the budget at 0.50 FTE (no change from FY 2019-20). The Nurse Manager will serve as the CHDP Deputy Director and will oversee all aspects of the HCPCFC Program to ensure compliance with program requirements, implementing and upholding standards of nursing practice and competency, and evaluating and enhancing the performance of staff and quality of services. The Nurse Manager will consult with the Health Officer (CHDP Director), as appropriate. The Nurse Manager directly supervises the SPHNs. Staff working in the Nurse Manager job classification must be Skilled Professional Medical Personnel (SPMP).

## **II. OPERATING EXPENSES**

### Travel \$5,397

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 \$0.575, but the rate varies according to the approved federal rate.

Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).

Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.

### Training \$9,621

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 \$571.

**Total Operating Expenses \$15,018**

## **III. INDIRECT EXPENSES**

Internal/External Indirect \$363,953

The FY 2020-21 Total Indirect Expenses rate (Internal and External) for the Department of Public Health is included in the budget at 15.449%, which is applied to Total

Personnel Expenses. The rate is not expected to be revised during the fiscal year; however, if there is a change, it is not anticipated to exceed 18%.

The Internal Indirect Expenses include administrative and technical department support, fiscal services, payroll services, department management, cost accounting, and claims reporting/processing.

The External Indirect Expenses includes administrative support from other county departments that provide general support, for example, Auditor-Controller/Treasurer/Tax Collector, Information Services, County Counsel, and Purchasing.

<b>BUDGET GRAND TOTAL</b>	<b>\$2,734,804</b>
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Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in Foster  
Care State/Federal  
Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): **PMM&O**

County-City Name: County of San Bernardino Fiscal Year: 2020-2021

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>A</b>	<b>(B = C + D)</b>	<b>C</b>	<b>D</b>
<b>I Total Personnel Expenses</b>	\$376,509	\$304,273	\$72,236
<b>II Total Operating Expenses</b>	\$2,828	\$0	\$2,828
<b>III Total Capital Expenses</b>			
<b>IV Total Indirect Expenses</b>	\$58,167		\$58,167
<b>V Total Other Expenses</b>			
<b>Budget Grand Total</b>	\$437,504	\$304,273	\$133,231

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>E</b>	<b>(F = G + H)</b>	<b>G</b>	<b>H</b>
<b>State Funds</b>	\$142,683	\$76,068	\$66,615
<b>Federal Funds (Title XIX)</b>	\$294,821	\$228,205	\$66,616
<b>Budget Grand Total</b>	\$437,504	\$304,273	\$133,231

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Prepared By (Print & Sign) Date Phone Number E-mail Address

Joshua Dugas 10/13/2020 909-387-6222 jdugas@dph.sbcounty.gov  
CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services  
Integrated Systems of Care Division  
Health Care Program for Children in Foster  
Care State/Federal  
Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: County of San Bernardino Fiscal Year: 2020-2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Goldstein	Tamara	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
2	Montoya	Leticia	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
3	Ude	Adaeze	Public Health Nurse II	Y	40.00%	\$89,867	\$35,946.72	90.00%	\$32,352	10.00%	\$3,595
4	Hernandez-Singh	Sara	Supvg PH Nurse	Y	5.00%	\$107,909	\$5,395.46	20.00%	\$1,079	80.00%	\$4,316
5	LaRose	Grace M	Supvg PH Nurse	Y	5.00%	\$107,909	\$5,395.46	20.00%	\$1,079	80.00%	\$4,316
6	Philo	Susan	Supvg PH Nurse	Y	15.00%	\$107,909	\$16,186.37	20.00%	\$3,237	80.00%	\$12,949
7	Vacant		Nurse Manager	Y	5.00%	\$111,991	\$5,599.53	20.00%	\$1,120	80.00%	\$4,480
8							\$0.00		\$0	100.00%	\$0
9							\$0.00		\$0	100.00%	\$0
10							\$0.00		\$0	100.00%	\$0
11							\$0.00		\$0	100.00%	\$0
12							\$0.00		\$0	100.00%	\$0
13							\$0.00		\$0	100.00%	\$0
14							\$0.00		\$0	100.00%	\$0
15							\$0.00		\$0	100.00%	\$0
16							\$0.00		\$0	100.00%	\$0
17							\$0.00		\$0	100.00%	\$0
18							\$0.00		\$0	100.00%	\$0
19							\$0.00		\$0	100.00%	\$0
20							\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				7							
Total FTE PHN Staff					2.70%			50.00%		50.00%	
Total Salaries and Wages							\$248,258		\$200,628		\$47,630
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$248,258		\$200,628		\$47,630
Staff Benefits (Specify %)				51.66%			\$128,251		\$103,645		\$24,606
<b>I. Total Personnel Expenses</b>							<b>\$376,509</b>		<b>\$304,273</b>		<b>\$72,236</b>
<b>II. Operating Expenses</b>											
1	Travel			\$1,256			\$1,256	0.00%	\$0	100.00%	\$1,256
2	Training			\$1,572			\$1,572	0.00%	\$0	100.00%	\$1,572
<b>II. Total Operating Expenses</b>							<b>\$2,828</b>		<b>\$0</b>		<b>\$2,828</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			15.45%			\$58,167				\$58,167
2	External										
<b>IV. Total Indirect Expenses</b>							<b>\$58,167</b>				<b>\$58,167</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$437,504</b>		<b>\$304,273</b>		<b>\$133,231</b>

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Prepared By (Print & Sign) Date Phone Number E-mail Address

Joshua Dugas 9/9/2019 909-387-6222 jdugas@dph.sbcounty.gov  
CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

**Department of Health Care Services – Integrated Systems of Care Division**  
**County of San Bernardino**  
**HCPFC Psychotropic Medication Monitoring and Oversight (PMM&O)**  
**Fiscal Year 2020-21**

**I. PERSONNEL EXPENSES**

Total Salaries and Wages      \$248,258

The FY 2020-21 Health Care Program for Children in Foster Care Psychotropic Medication Monitoring and Oversight (PMM&O) budget contains a total of 2.70 full-time equivalents (FTE). This is a decrease of 0.14 FTE compared to FY 2019-20.

Total Fringe Benefits      \$128,251

Fringe Benefits are calculated at 51.66% of Total Salaries and Wages. This is greater than the FY 2019-20 rate which was 51.51%, and reflects current costs incurred by the County.

**Total Personnel Expenses    \$376,509**

Public Health Nurse (PHN) I/II

The number of FTE for FY 2020-21 is 2.40 (a small decrease of 0.14 FTE compared to FY 2019-20). The PHN staff will monitor and oversee foster children and youth that are treated with psychotropic medications. This includes review, monitoring, and confirmation that the juvenile court has authorized the psychotropic medication(s) the client is taking, based on sufficient medical/psychiatric information; initiation of case management on mental health conditions found; preparing a treatment plan and monitoring the child's treatment progress; and consultation to the child's case manager/social worker and substitute care provider. Please see additional description in the attached duty statement.

Please note that the Department of Public Health typically does not hire staff at the PHN I level. When it does (generally due to availability of candidates for the job), the incumbent "underfills" a PHN II position for a time-limited period, wherein she/he gathers the experience and training in order to perform in the higher classification. The duties are generally the same, but the amount of supervision and evaluation are more frequent and intense. When included in invoices or other reports, the costs for PHNs I and II are pooled. Staff working in the PHN I/II job classification must be Skilled Professional Medical Personnel (SPMP).

Supervising Public Health Nurse

The Supervising Public Health Nurse (SPHN) is included at 0.25 FTE (no change from prior year) to supervise the daily performance of PHN I/II professional program (SPMP) activities, develop and implement a process to evaluate the impact of PHN service delivery on the Medi-Cal eligible population within the framework of the PMM&O program, and participate in training/education programs designed to improve nursing practice of individual PHNs and PMM&O team to meet the medical and health needs of children in foster care. Staff working in the SPHN job classification must be Skilled Professional Medical Personnel (SPMP).

Nurse Manager/CHDP Deputy Director

The Nurse Manager is included in the budget at 0.05 FTE. The Nurse Manager will serve as the CHDP Deputy Director and will oversee all aspects of the HCPFC

Program to ensure compliance with PMM&O program requirements, implementing and upholding standards of nursing practice and competency, and evaluating and enhancing the performance of staff and quality of services. The Nurse Manager will consult with the Health Officer (CHDP Director), as appropriate. The Nurse Manager directly supervises the SPHNs. Staff working in the Nurse Manager job classification must be Skilled Professional Medical Personnel (SPMP).

## II. OPERATING EXPENSES

### Travel \$1,256

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 \$0.575, but the rate varies according to the approved federal rate.

Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).

Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.

### Training \$1,572

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 PMM&O budget is \$582.

### **Total Operating Expenses \$2,828**

## III. INDIRECT EXPENSES

### Internal/External Indirect \$58,167

The FY 2020-21 Total Indirect Expenses rate (Internal and External) for the Department of Public Health is included in the budget at 15.449%, which is applied to Total Personnel Expenses. The rate is not expected to be revised during the fiscal year; however, if there is a change, it is not anticipated to exceed 18%.

The Internal Indirect Expenses include administrative and technical department support, fiscal services, payroll services, department management, cost accounting, and claims reporting/processing.

The External Indirect Expenses includes administrative support from other county departments that provide general support, for example, Auditor-Controller/Treasurer/Tax Collector, Information Services, County Counsel, and Purchasing.

**BUDGET GRAND TOTAL                      \$437,504**



Department of Health Care Services  
 Integrated Systems of Care Division  
 Health Care Program for Children in Foster  
 Care State/Federal  
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	Caseload Relief
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County-City Name:	County of San Bernardino	Fiscal Year:	2020-2021
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>A</b>	<b>(B = C + D)</b>	<b>C</b>	<b>D</b>
I Total Personnel Expenses	\$1,020,391	\$841,380	\$179,011
II Total Operating Expenses	\$4,684	\$0	\$4,684
III Total Capital Expenses			
IV Total Indirect Expenses	\$157,641		\$157,641
V Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$1,182,716</b>	<b>\$841,380</b>	<b>\$341,336</b>

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>E</b>	<b>(F = G + H)</b>	<b>G</b>	<b>H</b>
State Funds	\$381,013	\$210,345	\$170,668
Federal Funds (Title XIX)	\$801,703	\$631,035	\$170,668
<b>Budget Grand Total</b>	<b>\$1,182,716</b>	<b>\$841,380</b>	<b>\$341,336</b>

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Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

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CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address

Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	Caseload Relief
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County-City Name:	County of San Bernardino	Fiscal Year:	2020-2021
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Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Barrera	Veronica	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
2	Brubaker	Sarrah	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
3	Flores	Alba	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
4	Stabile	Renee	Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
5	Ude	Adaeze	Public Health Nurse II	Y	60.00%	\$89,867	\$53,920.08	90.00%	\$48,528	10.00%	\$5,392
6	Vacant		Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
7	Vacant		Public Health Nurse II	Y	100.00%	\$89,867	\$89,866.81	90.00%	\$80,880	10.00%	\$8,987
8	Vacant		Public Health Nurse II	Y	8.00%	\$89,867	\$7,189.34	90.00%	\$6,470	10.00%	\$719
9	Hernandez-Singh	Sara	Supvg PH Nurse	Y	15.00%	\$107,909	\$16,186.37	20.00%	\$3,237	80.00%	\$12,949
10	Philo	Susan	Supvg PH Nurse	Y	15.00%	\$107,909	\$16,186.37	20.00%	\$3,237	80.00%	\$12,949
11	LaRose	Grace	Supvg PH Nurse	Y	17.00%	\$107,909	\$18,344.55	20.00%	\$3,669	80.00%	\$14,676
12	Hainsworth	Sara	Supvg PH Nurse	Y	15.00%	\$107,909	\$16,186.37	20.00%	\$3,237	80.00%	\$12,949
13	Vacant		Nurse Manager	Y	5.00%	\$111,991	\$5,599.53	20.00%	\$1,120	80.00%	\$4,480
14							\$0.00		\$0	100.00%	\$0
15							\$0.00		\$0	100.00%	\$0
16							\$0.00		\$0	100.00%	\$0
17							\$0.00		\$0	100.00%	\$0
18							\$0.00		\$0	100.00%	\$0
19							\$0.00		\$0	100.00%	\$0
20							\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				13							
Total FTE PHN Staff					7.35%			63.08%		36.92%	
Total Salaries and Wages							\$672,814		\$554,780		\$118,034
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$672,814		\$554,780		\$118,034
Staff Benefits (Specify %)				51.66%			\$347,576		\$286,600		\$60,977
<b>I. Total Personnel Expenses</b>							<b>\$1,020,391</b>		<b>\$841,380</b>		<b>\$179,011</b>
<b>II. Operating Expenses</b>											
1	Travel			\$1,331			\$1,331	0.00%	\$0	100.00%	\$1,331
2	Training			\$3,353			\$3,353	0.00%	\$0	100.00%	\$3,353
<b>II. Total Operating Expenses</b>							<b>\$4,684</b>		<b>\$0</b>		<b>\$4,684</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			15.45%			\$157,641				\$157,641
2	External										
<b>IV. Total Indirect Expenses</b>							<b>\$157,641</b>				<b>\$157,641</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$1,182,716</b>		<b>\$841,380</b>		<b>\$341,336</b>

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Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

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CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address

**Department of Health Care Services – Integrated Systems of Care Division  
County of San Bernardino  
Health Care Program for Children in Foster Care (HCPCFC)-Caseload Relief  
Fiscal Year 2020-21**

**I. PERSONNEL EXPENSES**

Total Salaries and Wages      \$672,814

The FY 2020-21 Health Care Program for Children in Foster Care (HCPCFC) Caseload Relief budget contains a total of 7.35 full-time equivalents (FTE), which is a decrease of 0.54 FTE compared to FY 2019-20.

Total Fringe Benefits      \$347,576

Fringe Benefits for FY 2020-21 are calculated at 51.66% of Total Salaries and Wages. This is greater than the FY 2019-20 rate which was 51.51%, and reflects current costs incurred by the County.

**Total Personnel Expenses \$1,020,391** (rounded up to match budget workbook)

Public Health Nurse (PHN) I/II

The number of FTE for FY 2020-21 is 6.68, a decrease of 0.65 FTE compared to FY 2019-20. The PHN I/II staff will coordinate the medical and health care needs of children in foster care, including review and documentation in the child's health and education passport (HEP) of authorized medications, laboratory tests, other screenings, measurements, and evaluations required to meet reasonable standards of medical practice for the Medi-Cal eligible foster child population; interpret results of laboratory tests, screenings, and evaluations to collaborate with the case manager/social worker for the foster child's case planning and coordination; and review clinical documentation and protocols to assess the child's progress in meeting treatment plan goals (please see the attached duty statement for additional details).

Please note that the Department of Public Health typically does not hire staff at the PHN I level. When it does (generally due to availability of candidates for the job), the incumbent "underfills" a PHN II position for a time-limited period, wherein she/he gathers the experience and training in order to perform in the higher classification. The duties are generally the same, but the amount of supervision and evaluation are more frequent and intense. When included in invoices or other reports, the costs for PHNs I and II are pooled. Staff working in the PHN I/II job classification must be Skilled Professional Medical Personnel (SPMP).

Supervising Public Health Nurse

The Supervising Public Health Nurse (SPHN) is included at 0.62 FTE (increase of 0.12 FTE) to supervise the daily performance of PHN I/II professional program (SPMP) activities, develop and implement a process to evaluate the impact of PHN service delivery on the Medi-Cal eligible foster care population, develop medical/ health related procedures and protocols to improve delivery and coordination of HCPCFC services, and participate in training/education programs designed to improve nursing practice of individual PHNs and HCPCFC team to meet the medical and health needs of children in

foster care. Staff working in the SPHN job classification must be Skilled Professional Medical Personnel (SPMP).

Nurse Manager/CHDP Deputy Director

The Nurse Manager is included in the budget at 0.05 FTE. The Nurse Manager will serve as the CHDP Deputy Director and will oversee all aspects of the HCPCFC Program to ensure compliance with program requirements, implementing and upholding standards of nursing practice and competency, and evaluating and enhancing the performance of staff and quality of services. The Nurse Manager will consult with the Health Officer (CHDP Director), as appropriate. The Nurse Manager directly supervises the SPHNs. Staff working in the Nurse Manager job classification must be Skilled Professional Medical Personnel (SPMP).

## **II. OPERATING EXPENSES**

Travel **\$1,331**

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 \$0.575, but the rate varies according to the approved federal rate.

Motorpool – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location).

Other Travel – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.

Training **\$3,353**

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 Caseload Relief budget is \$456.

**Total Operating Expenses** **\$4,684**

### III. INDIRECT EXPENSES

Internal/External Indirect	\$157,641
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The FY 2020-21 Total Indirect Expenses rate (Internal and External) for the Department of Public Health is included in the budget at 15.449%, which is applied to Total Personnel Expenses. The rate is not expected to be revised during the fiscal year; however, if there is a change, it is not anticipated to exceed 18%.

The Internal Indirect Expenses include administrative and technical department support, fiscal services, payroll services, department management, cost accounting, and claims reporting/processing.

The External Indirect Expenses includes administrative support from other county departments that provide general support, for example, Auditor-Controller/Treasurer/Tax Collector, Information Services, County Counsel, and Purchasing.

<b>BUDGET GRAND TOTAL</b>	<b>\$1,182,716</b>
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## CCS Administrative Budget Summary

Fiscal Year: 2020-2021

County: San Bernardino

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	641	4.72%
<b>OTLIP -</b>		
Total Cases of Open (Active) OTLIP Children	1678	12.36%
<b>MEDI-CAL -</b>		
Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children	11256	82.92%
<b>TOTAL CCS CASELOAD</b>	<b>13575</b>	<b>100%</b>

Category/Line Item	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)					
	Col 1 = Col 2+3+4	Straight CCS	OTLIP	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Column	1	2	3	4	5	6
Total Budget						
I. Total Personnel Expense	10,238,416	483,452	1,265,568	8,489,396	2,697,085	5,792,311
II. Total Operating Expense	2,540,374	119,954	314,014	2,106,406	0	2,106,406
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	1,304,861	61,615	161,293	1,081,953		1,081,953
V. Total Other Expense	41,250	1,948	5,099	34,203		34,203
<b>Budget Grand Total</b>	<b>14,124,901</b>	<b>666,969</b>	<b>1,745,974</b>	<b>11,711,958</b>	<b>2,697,085</b>	<b>9,014,873</b>

Source of Funds	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)					
	Col 1 = Col 2+3+4	Straight CCS	OTLIP	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Column	1	2	3	4	5	6
Total Budget						
<b>Straight CCS</b>						
State	333,484	333,484				
County	333,485	333,485				
<b>OTLIP</b>						
State	205,152		205,152			
County	205,152		205,152			
<b>Federal (Title XXI)</b>						
Federal	1,335,670		1,335,670			
<b>Medi-Cal</b>						
State	5,181,708			5,181,708	674,271	4,507,437
<b>Federal (Title XIX)</b>						
Federal	6,530,250			6,530,250	2,022,814	4,507,436

Prepared By (Signature)

Jennifer A StAntoine, Program Coordinator

Prepared By (Printed Name)

Email Address

stantoine@dph.sbcounty.gov

Ken Adams, Program Manager

Email Address

kadam@sbccounty.gov

CCS Administrator (Signature)

CCS Administrator (Printed Name)

Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight	641	4.72%
<b>OTLIP -</b>		
Total Cases of Open (Active) OTLIP	1678	12.36%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIP)</b>	11256	82.92%
<b>TOTAL CCS CASELOAD</b>	<b>13575</b>	<b>100%</b>

## CCS Administrative Budget Worksheet

Fiscal Year: 2020-2021

County: San Bernardino

Medi-Cal (Non-OTLIP)													
Straight CCS			Optional Targeted Low Income Children's Program (OTLIP)										
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIP) Col/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense													
Program Administration													
1. Ken Adams, PH Program Manager	100.00%	116,168	116,168	4.72%	5,485	12.36%	14,359	82.92%	96,323			100.00%	96,323
2. Jennifer St. Antoine, PH Program Coordinator	100.00%	97,698	97,698	4.72%	4,613	12.36%	12,076	82.92%	81,008			100.00%	81,008
3. Neveen Tadros, CCS Physician Consultant 2	50.00%	185,120	92,560	4.72%	4,371	12.36%	11,441	82.92%	76,748			100.00%	76,748
4. VACANT, CCS Physician Consultant 1	50.00%	134,638	67,319	4.72%	3,179	12.36%	8,321	82.92%	55,819			100.00%	55,819
5. Maria Ignacio, Supervising Public Health Nurse	50.00%	113,485	56,743	4.72%	2,679	12.36%	7,014	82.92%	47,051			100.00%	47,051
6. Tonya Reed, Supervising Public Health Nurse	50.00%	103,854	51,927	4.72%	2,452	12.36%	6,419	82.92%	43,056			100.00%	43,056
7. Karen Shultz, Supervising Public Health Nurse	50.00%	109,117	54,559	4.72%	2,576	12.36%	6,744	82.92%	45,239			100.00%	45,239
8. Yvette Lopez, Admin Assistant	100.00%	41,558	41,558	4.72%	1,962	12.36%	5,137	82.92%	34,459			100.00%	34,459
9. Sreelatha Kasireddy, Business Systems Analyst 2	100.00%	127,150	127,150	4.72%	6,004	12.36%	15,717	82.92%	105,429			100.00%	105,429
10. Rabi Nagoulat, Automated Systems Analyst 1	100.00%	103,888	103,888	4.72%	4,906	12.36%	12,842	82.92%	86,141			100.00%	86,141
Subtotal			809,570		38,227		100,070		671,273				671,273
Medical Case Management													
1. Neveen Tadros, CCS Physician Consultant 2	50.00%	185,120	92,560	4.72%	4,371	12.36%	11,441	82.92%	76,748	40.59%	31,152	59.41%	45,596
2. VACANT, CCS Physician Consultant 1	50.00%	134,638	67,319	4.72%	3,179	12.36%	8,321	82.92%	55,819	40.59%	22,657	59.41%	33,162
3. Steve Danlag, Sup Pediatric Rehab Therapist 2	20.00%	115,315	23,063	4.72%	1,089	12.36%	2,851	82.92%	19,123	7.37%	1,409	92.63%	17,714
4. Maral Kassab, Medical Therapy Specialist	100.00%	111,010	111,010	4.72%	5,242	12.36%	13,722	82.92%	92,046	61.93%	57,004	38.07%	35,042
5. Michael Zidek, Medical Therapy Specialist	100.00%	111,010	111,010	4.72%	5,242	12.36%	13,722	82.92%	92,046	61.90%	56,976	38.10%	35,070
6. Maria Ignacio, Supervising Public Health Nurse	50.00%	113,485	56,743	4.72%	2,680	12.36%	7,014	82.92%	47,049	32.42%	15,253	67.58%	31,796
7. Tonya Reed, Supervising Public Health Nurse	50.00%	103,854	51,927	4.72%	2,452	12.36%	6,419	82.92%	43,056	32.42%	13,959	67.58%	29,097
8. Karen Shultz, Supervising Public Health Nurse	50.00%	109,117	54,559	4.72%	2,576	12.36%	6,744	82.92%	45,239	32.42%	14,666	67.58%	30,573
9. Adedoyin Adesina, Public Health Nurse 2	100.00%	77,542	65,853	4.72%	3,110	12.36%	8,140	82.92%	54,603	67.00%	36,584	33.00%	18,019
10. Brandon Anderson, Public Health Nurse 2	100.00%	104,894	78,707	4.72%	3,716	12.36%	9,729	82.92%	65,262	67.00%	43,726	33.00%	21,536
11. Bethany Armijo, Public Health Nurse 2	100.00%	102,814	75,858	4.72%	3,582	12.36%	9,377	82.92%	86,899	67.00%	59,152	33.00%	29,134
12. Ruby Bentley, Public Health Nurse 2	100.00%	64,875	106,475	4.72%	5,028	12.36%	13,161	82.92%	88,286	67.00%	59,152	33.00%	29,134
13. Crystal Bowers, Public Health Nurse 2	100.00%	74,734	104,354	4.72%	4,928	12.36%	12,899	82.92%	86,527	67.00%	57,973	33.00%	28,554
14. Joy Burkan, Public Health Nurse 2	100.00%	79,747	78,707	4.72%	3,716	12.36%	9,729	82.92%	65,262	67.00%	43,726	33.00%	21,536
15. Natasha Camara, Public Health Nurse 2	100.00%	74,734	104,354	4.72%	4,928	12.36%	12,899	82.92%	86,527	67.00%	57,973	33.00%	28,554
16. Jasmine Carlos, Public Health Nurse 2	100.00%	77,542	78,707	4.72%	3,716	12.36%	9,729	82.92%	65,262	67.00%	43,726	33.00%	21,536
17. Jessica Cavazos, Public Health Nurse 2	100.00%	89,856	80,954	4.72%	3,823	12.36%	10,007	82.92%	67,124	67.00%	44,973	33.00%	22,151
18. James Colglazier III, Public Health Nurse 2	100.00%	100,485	101,982	4.72%	4,816	12.36%	12,606	82.92%	84,560	67.00%	56,655	33.00%	27,905
19. Michelle Do, Public Health Nurse 2	100.00%	100,485	101,982	4.72%	4,816	12.36%	12,606	82.92%	84,560	67.00%	56,655	33.00%	27,905

## CCS Administrative Budget Worksheet

Fiscal Year: 2020-2021

County: San Bernardino

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight	641	4.72%
<b>OTLCP -</b>		
Total Cases of Open (Active) OTLCP	1678	12.36%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP)</b>	11256	82.92%
<b>TOTAL CCS CASELOAD</b>	<b>13575</b>	<b>100%</b>

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)				
	4A	4	3	5A	5	6A	6	7A	7	8A	8
Category/Line Item	Caseload %	Straight CCS County/State (50/50)	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
20. Ana Frescas, Public Health Nurse 2	4.72%	4,928	104,354	12.36%	12,899	82.92%	86,527	67.00%	57,973	33.00%	28,554
21. Artemio Garcia, Public Health Nurse 2	4.72%	3,716	78,707	12.36%	9,729	82.92%	65,262	67.00%	43,726	33.00%	21,536
22. Donna Helm, Public Health Nurse 2	4.72%	4,816	101,982	12.36%	12,606	82.92%	84,560	67.00%	56,655	33.00%	27,905
23. Julieann Lardizabal, Public Health Nurse 2	4.72%	3,823	80,954	12.36%	10,007	82.92%	67,124	67.00%	44,973	33.00%	22,151
24. Holly L. Public Health Nurse 2	4.72%	4,928	104,354	12.36%	12,899	82.92%	86,527	67.00%	57,973	33.00%	28,554
25. Nestor Manzoni, Public Health Nurse 2	4.72%	4,816	101,982	12.36%	12,606	82.92%	84,560	67.00%	56,655	33.00%	27,905
26. Amber Martinez-Duran, Public Health Nurse 2	4.72%	3,716	78,707	12.36%	9,729	82.92%	65,262	67.00%	43,726	33.00%	21,536
27. Diane Mejia, Public Health Nurse 2	4.72%	4,643	98,322	12.36%	12,154	82.92%	81,525	67.00%	54,622	33.00%	26,903
28. Melanie Murray, Public Health Nurse 2	4.72%	4,816	101,982	12.36%	12,605	82.92%	84,561	67.00%	56,656	33.00%	27,905
29. Rosemary Puente, Public Health Nurse 2	4.72%	4,843	98,322	12.36%	12,153	82.92%	81,526	67.00%	54,622	33.00%	26,904
30. Yvonne Ross, Public Health Nurse 2	4.72%	4,928	104,354	12.36%	12,899	82.92%	86,527	67.00%	57,973	33.00%	28,554
31. Jenett Rubi, Public Health Nurse 2	4.72%	3,823	80,954	12.36%	10,006	82.92%	67,125	67.00%	44,974	33.00%	22,151
32. Marikatharine Szpyrka, Public Health Nurse 2	4.72%	3,110	65,853	12.36%	8,140	82.92%	54,603	67.00%	36,584	33.00%	18,019
33. Kelly Webb, Public Health Nurse 2	4.72%	5,028	106,475	12.36%	13,161	82.92%	88,286	67.00%	59,152	33.00%	29,134
34. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
35. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
36. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
37. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
38. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
39. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
40. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
41. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
42. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
43. VACANT, Public Health Nurse 2	4.72%	4,202	89,003	12.36%	11,002	82.92%	73,799	67.00%	49,445	33.00%	24,354
<b>Subtotal</b>		173,953	3,683,927		455,371		3,054,603		1,944,004		1,110,599
<b>Other Health Care Professionals</b>											
1. Yvonne Qualman, Sup Social Svc Practitioner	4.72%	3,624	76,752	12.36%	9,487	82.92%	63,641	30.89%	19,659	69.11%	43,982
2. Citlaly Arana, Social Svc Practitioner	4.72%	2,912	61,672	12.36%	7,623	82.92%	51,137	63.59%	32,518	36.41%	18,619
3. Christian Galvez, Social Svc Practitioner	4.72%	2,912	61,672	12.36%	7,623	82.92%	51,137	63.59%	32,518	36.41%	18,619
4. VACANT, Social Svc Practitioner	4.72%	2,981	63,128	12.36%	7,803	82.92%	52,344	63.59%	33,286	36.41%	19,058
5. VACANT, Social Svc Practitioner	4.72%	2,981	63,128	12.36%	7,803	82.92%	52,344	63.59%	33,286	36.41%	19,058
6. VACANT, Social Svc Practitioner	4.72%	2,981	63,128	12.36%	7,803	82.92%	52,344	63.59%	33,286	36.41%	19,058
<b>Subtotal</b>		18,391	389,480		48,142		322,947		184,553		138,394
<b>Ancillary Support</b>											
1. Kerri Gonzalez, Supervising Office Specialist	4.72%	2,693	57,034	12.36%	7,050	82.92%	47,291			100.00%	47,291
2. Natasha Jones, Supervising Office Specialist	4.72%	2,693	57,034	12.36%	7,050	82.92%	47,291			100.00%	47,291

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight	641	4.72%
<b>OTLIP -</b>		
Total Cases of Open (Active) OTLIP	1678	12.36%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIP)</b>	11256	82.92%
<b>TOTAL CCS CASELOAD</b>	<b>13575</b>	<b>100%</b>

## CCS Administrative Budget Worksheet

Fiscal Year: 2020-2021

County: San Bernardino

Straight CCS				Optional Targeted Low Income Children's Program (OTLIP)		Medi-Cal (Non-OTLIP)							
Straight CCS		Optional Targeted Low Income Children's Program (OTLIP)		Medi-Cal (Non-OTLIP)									
1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8	
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 )	Caseload %	Straight CCS County/ State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIP) Col(State/Fed (11.75/11.75/7 6.5)	Caseload %	Medi-Cal State/ Federal	Enhanced % FTE	Enhanced Medi-Cal State/ Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/ Federal (50/50)
3. Monica Ontaneda, Supervising Office Specialist	100.00%	57,034	57,034	4.72%	2,693	12.36%	7,050	82.92%	47,291			100.00%	47,291
4. Devin Benson, Office Specialist	100.00%	37,669	37,669	4.72%	1,779	12.36%	4,656	82.92%	31,234			100.00%	31,234
5. Karen Blahak, Office Specialist	100.00%	37,669	37,669	4.72%	1,779	12.36%	4,656	82.92%	31,234			100.00%	31,234
6. Misty Bradley, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
7. Jack Dauer, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
8. Desiree Galvan, Office Specialist	100.00%	38,667	38,667	4.72%	1,826	12.36%	4,780	82.92%	32,061			100.00%	32,061
9. Lourdes Garcia, Office Specialist	100.00%	35,859	35,859	4.72%	1,693	12.36%	4,433	82.92%	29,733			100.00%	29,733
10. Ralph Guzman, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
11. Antoinette Hernandez, Office Specialist	100.00%	39,541	39,541	4.72%	1,867	12.36%	4,888	82.92%	32,786			100.00%	32,786
12. Tiffany Leone, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
13. Kenny Lopez, Office Specialist	100.00%	39,541	39,541	4.72%	1,867	12.36%	4,888	82.92%	32,786			100.00%	32,786
14. Shanette Manuel, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
15. Mary Monroy, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
16. Jael Osuna, Office Specialist	100.00%	36,774	36,774	4.72%	1,736	12.36%	4,546	82.92%	30,492			100.00%	30,492
17. Henry Reyna, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
18. LoriAnn Robinson, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
19. Leandre Selyer, Office Specialislt	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
20. Andrea Soto, Office Specialist	100.00%	38,667	38,667	4.72%	1,826	12.36%	4,780	82.92%	32,061			100.00%	32,061
21. Rhonda Strange, Office Specialislt	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
22. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,008	82.92%	33,597			100.00%	33,597
23. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
24. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
25. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
26. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
27. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
28. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
29. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
30. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
31. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
Subtotal			1,373,209		64,842		169,746		1,138,621		0		1,138,621

## CCS Administrative Budget Worksheet

Fiscal Year: 2020-2021

County: San Bernardino

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight	641	4.72%
<b>OTLCP -</b>		
Total Cases of Open (Active) OTLCP	1678	12.36%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP)</b>	11256	82.92%
<b>TOTAL CCS CASELOAD</b>	<b>13575</b>	<b>100%</b>

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)		Medi-Cal (Non-OTLCP)							
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 )	Caseload %	Straight CCS County/ State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/ Federal	Enhanced % FTE	Enhanced Medi-Cal State/ Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/ Federal (50/50)
Clerical and Claims Support													
1. FeLicia Clark, Supervising Office Assistant	100.00%	51,792	51,792	4.72%	2,446	12.36%	6,402	82.92%	42,944			100.00%	42,944
2. VACANT, Supervising Office Assistant	100.00%	42,515	42,515	4.72%	2,008	12.36%	5,255	82.92%	35,252			100.00%	35,252
3. Mayra Gómez, Accountant	100.00%	53,061	53,061	4.72%	2,505	12.36%	6,559	82.92%	43,997			100.00%	43,997
4. Yvonne Hernandez, Fiscal Specialist	100.00%	37,669	37,669	4.72%	1,779	12.36%	4,656	82.92%	31,234			100.00%	31,234
5. VACANT, Fiscal Specialist	100.00%	39,520	39,520	4.72%	1,866	12.36%	4,885	82.92%	32,769			100.00%	32,769
6. Joy Woodard, Fiscal Assistant	100.00%	42,058	42,058	4.72%	1,986	12.36%	5,199	82.92%	34,873			100.00%	34,873
7. Jeanette Foss, Office Specialist	100.00%	49,254	49,254	4.72%	2,326	12.36%	6,088	82.92%	40,840			100.00%	40,840
8. Santa Isabel Hermosillo, Office Specialist	100.00%	42,515	42,515	4.72%	2,008	12.36%	5,255	82.92%	35,252			100.00%	35,252
9. VACANT, Office Specialist	100.00%	40,518	40,518	4.72%	1,913	12.36%	5,009	82.92%	33,596			100.00%	33,596
10. Heidi Bayer, Office Assistant 3	100.00%	36,358	36,358	4.72%	1,717	12.36%	4,494	82.92%	30,147			100.00%	30,147
11. Rachel Munoz-Esquivel, Office Assistant 3	100.00%	33,779	33,779	4.72%	1,595	12.36%	4,175	82.92%	28,009			100.00%	28,009
12. Pamela Soria, Office Assistant 3	100.00%	45,240	45,240	4.72%	2,136	12.36%	5,592	82.92%	37,512			100.00%	37,512
13. Veronica Zavala-Lopez, Office Assistant 3	100.00%	35,464	35,464	4.72%	1,675	12.36%	4,384	82.92%	29,405			100.00%	29,405
14. Cheryl Camp, Office Assistant 2	100.00%	32,198	32,198	4.72%	1,519	12.36%	3,981	82.92%	26,698			100.00%	26,698
15. Esmeralda Cardona, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
16. Jeanette De Leon, Office Assistant 2	100.00%	31,429	31,429	4.72%	1,484	12.36%	3,885	82.92%	26,060			100.00%	26,060
17. Maria Hernandez, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
18. Julia Macias, Office Assistant 2	100.00%	41,080	41,080	4.72%	1,940	12.36%	5,078	82.92%	34,062			100.00%	34,062
19. Crystal Medina, Office Assistant 2	100.00%	32,198	32,198	4.72%	1,519	12.36%	3,981	82.92%	26,698			100.00%	26,698
20. Rocio Quintero, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,592	12.36%	4,171	82.92%	27,975			100.00%	27,975
21. Daniela Ramos, Office Assistant 2	100.00%	32,198	32,198	4.72%	1,520	12.36%	3,980	82.92%	26,698			100.00%	26,698
22. Erica Talamantes, Office Assistant 2	100.00%	30,659	30,659	4.72%	1,448	12.36%	3,790	82.92%	25,421			100.00%	25,421
23. Kimberley Tonk, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
24. Jessica Uribe, Office Assistant 2	100.00%	34,632	34,632	4.72%	1,635	12.36%	4,281	82.92%	28,716			100.00%	28,716
25. Lynette Williams, Office Assistant 2	100.00%	35,464	35,464	4.72%	1,675	12.36%	4,384	82.92%	29,405			100.00%	29,405
26. VACANT, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
27. VACANT, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
28. VACANT, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
29. VACANT, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
30. VACANT, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
31. VACANT, Office Assistant 2	100.00%	33,738	33,738	4.72%	1,593	12.36%	4,170	82.92%	27,975			100.00%	27,975
32. VACANT, PSE	50.00%	35,360	17,680	4.72%	835	12.36%	2,185	82.92%	14,660			100.00%	14,660
33. VACANT, PSE	50.00%	35,360	17,680	4.72%	835	12.36%	2,185	82.92%	14,660			100.00%	14,660
Subtotal			1,192,341		56,299		147,384		988,658		0		988,658

## CCS Administrative Budget Worksheet

Fiscal Year:

2020-2021

County:

San Bernardino

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight	641	4.72%
<b>OTLCP -</b>		
Total Cases of Open (Active) OTLCP	1678	12.36%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP)</b>	11256	82.92%
<b>TOTAL CCS CASELOAD</b>	<b>13575</b>	<b>100%</b>

Straight CCS				Optional Targeted Low Income Children's Program (OTLCP)				Medi-Cal (Non-OTLCP)						
Category/Line Item		% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	4A	4	5A	5	6A	6	7A	7	8A	8
					Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) Col/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Total Salaries and Wages				7,448,527	4.72%	351,712	12.36%	920,713	82.92%	6,176,102		2,128,557		4,047,545
Salary Savings				(629,281)	4.72%	(29,710)	12.36%	(77,787)	82.92%	(521,784)		(332,177)		(189,607)
Total Salaries and Wages with Salary Savings				6,819,246	4.72%	322,002	12.36%	842,926	82.92%	5,654,318		1,796,380		3,857,938
Staff Benefits (Specify %)		50.14%		3,419,170	4.72%	161,450	12.36%	422,642	82.92%	2,835,078		900,705		1,934,373
I. Total Personnel Expense				10,238,416	4.72%	483,452	12.36%	1,265,568	82.92%	8,489,396		2,697,085		5,792,311
II. Operating Expense														
1. Training				28,075	4.72%	1,326	12.36%	3,470	82.92%	23,279		0	100.00%	23,279
2. Travel				40,456	4.72%	1,910	12.36%	5,001	82.92%	33,545		0	100.00%	33,545
3. Communications				402,486	4.72%	19,005	12.36%	49,751	82.92%	333,730		0	100.00%	333,730
4. Office Supplies				97,641	4.72%	4,611	12.36%	12,069	82.92%	80,961		0	100.00%	80,961
5. Office Furniture and Equipment				58,631	4.72%	2,769	12.36%	7,247	82.92%	48,615		0	100.00%	48,615
6. Computers and Printers				194,842	4.72%	9,200	12.36%	24,084	82.92%	161,558		0	100.00%	161,558
7. Postage				67,008	4.72%	3,164	12.36%	8,283	82.92%	55,561		0	100.00%	55,561
8. Professional Services				1,110,948	4.72%	52,458	12.36%	137,324	82.92%	921,166		0	100.00%	921,166
9. Equipment Maintenance				31,901	4.72%	1,506	12.36%	3,943	82.92%	26,452		0	100.00%	26,452
10. Space Rental				433,386	4.72%	20,464	12.36%	53,571	82.92%	359,351		0	100.00%	359,351
11. Utilities				75,000	4.72%	3,541	12.36%	9,271	82.92%	62,188		0	100.00%	62,188
II. Total Operating Expense				2,540,374		119,954		314,014		2,106,406		0		2,106,406
III. Capital Expense														
1.				0	4.72%	0	12.36%	0	82.92%	0				0
III. Total Capital Expense				0		0		0		0				0
IV. Indirect Expense														
1. Internal		11.44%		1,171,172	4.72%	55,302	12.36%	144,768	82.92%	971,102			100.00%	971,102
2. External		FLAT		133,689	4.72%	6,313	12.36%	16,525	82.92%	110,851			100.00%	110,851
IV. Total Indirect Expense				1,304,861		61,615		161,293		1,081,953				1,081,953
V. Other Expense														
1. Maintenance & Transportation				41,250	4.72%	1,948	12.36%	5,099	82.92%	34,203			100.00%	34,203
V. Total Other Expense				41,250		1,948		5,099		34,203				34,203
Budget Grand Total				14,124,901		666,969		1,745,974		11,711,958		2,697,085		9,014,873

Jennifer A StAntoine, Program Coordinator

909-458-1632

Prepared By (Signature)

Phone Number

Ken Adams, Program Manager

909-458-1633

CCS Administrator (Signature)

Phone Number



**Computers and Printers** **\$ 194,842**

This budget item funds computer/printer equipment. Budgeted funds for FY 2020-21 are lower than last year by approximately \$57,600. The reduction is due to last year being a refresh of our current equipment, while this year we are only purchasing laptops and computer equipment being used for our new telecommuting processes.

**Postage** **\$ 67,008**

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. Postage costs have continued to go down due to the "paperless" system becoming more effective.

**Professional Services** **\$ 1,110,948**

This budget item funds costs for professional services. It includes costs related to purchase of insurance, costs associated with performing background checks on new hires, vendors providing specialized services such as contractors and consultants (Case management experts, economists, etc) expected to continue in the improvement of our enhanced case management process and in the development of customization of forms for CCS use in the EHR, advertising, alarm and security services, interpreting services, paper processing specialists, and professional services provided by county departments. This area of the budget has decreased by approximately \$28,000 as some projects have reached conclusion.

**Equipment Maintenance** **\$ 31,901**

This is the cost for maintenance costs associated with equipment required to do business. Changes from the FY2019-20 budget are insignificant.

**Space Rental** **\$ 433,386**

This is the cost for lease of the facility that houses program staff. Scheduled lease increase of less than \$10,000 was planned.

**Utilities** **\$ 75,000**

The monthly utility cost are allocated among the programs that co-located in the rented facility; due to this the cost for utilities compared to FY 2019-20 have decreased by \$5,000.

**TOTAL OPERATING EXPENSES** **\$ 2,540,374**

**III. CAPITAL EXPENSES**

**\$ 0**

**TOTAL CAPITAL EXPENSES** **\$ 0**

#### IV. INDIRECT EXPENSES

**Internal Indirect @ 11.439%** **\$ 1,171,172**

The amount of budgeted Indirect Expenses included in the budget is calculated at 11.439% of Total Personnel Expenses, previous year was 10.711%. The increase is tied to the new rate and the increase in budgeted salaries.

**External Indirect (flat)** **\$ 133,689**

The External Indirect Expenses includes administrative support from other county departments that provide general support, for example, Auditor-Controller/Treasurer/Tax Collector, Information Services, County Counsel, and Purchasing. The county decreased those costs from last year.

**TOTAL INDIRECT EXPENSES** **\$ 1,304,861**

#### V. OTHER EXPENSES

**Maintenance and Transportation** **\$ 41,250**

This budget item funds the costs associated with provided maintenance and transportation services to CCS clients who require assistance with mileage, transport costs, housing, etc. No changes to budget

**TOTAL OTHER EXPENSES** **\$ 41,250**

**BUDGET GRAND TOTAL** **\$14,124,901**

# INVENTORY/DISPOSITION OF CDHS-FUNDED EQUIPMENT

Current Contract Number:	Date Current Contract Expires: June 30, 2021
Previous Contract Number (if applicable):	CDHS Program Name: CHDP
Contractor's Name: County of San Bernardino	CDHS Program Contract Manager: Tracy Johnson
Department of Public Health	CDHS Program Address: 311 South Spring Street, Suite 600
Contractor's Complete Address: 606 East Mill Street, Second Floor	Los Angeles, CA 90013
San Bernardino, CA 92415-0011	CDHS Program Contract Manager's Telephone Number: 213-576-7145
Contractor's Contact Person: Stewart Hunter	Date of this Report: November 9, 2020
Contact's Telephone Number: 909-383-3044	

DHCS-ISCD Plan FY2020-21

**(THIS IS NOT A BUDGET FORM)**

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