



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ ¹³⁵

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

AGENDA: February 9, 1999

January 17, 1999

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: MANAGED CARE REPORT AND ASSOCIATED MENTAL HEALTH POSITION CHANGES AND CONTRACT AMENDMENTS

Dear Members of the Board:

BACKGROUND

Community Mental Health implemented outpatient managed care services for Medi-Cal clients in June 1998. In addition, Mental Health has continued to develop joint programs with the Human Resources Agency (HRA) in support of high-risk children. This letter provides an overview of the implementation of the Outpatient Managed Care program as well as programs with HRA serving high-risk children. Personnel changes and several contract amendments are recommended to support Mental Health in carrying out its expanding responsibilities in relation to Managed Care and high-risk children.

Enhancements to Services to High Risk Youth:

During the last two fiscal years, Mental Health has collaborated with County Probation and HRA on development of needed services for high-risk groups of teens. These services have been primarily funded by EPSDT Medi-Cal (EPSDT is a federally supported program aimed at children living in poverty). HRA and Mental Health have collaborated on case management and court activities associated with Court Dependents and voluntary residential placements for adolescents with serious emotional disorders. This category of adolescents requires extensive social work, therapy, and coordination of services. Existing

caseload demands within HRA's Child Welfare Program and the Mental Health program have resulted in the provision of basic rather than the desired intensive services.

To solve this problem, HRA and Mental Health developed a funding plan for a new Senior Social Worker position. Through a blended funding arrangement (80% EPSDT Medi-Cal funds, 20% HRA funds), this position will fulfill all Child Welfare requirements for case documentation and visitation as well as provide reimbursable Mental Health services to this high risk population. The position would "reside" in the Mental Health budget, but be jointly supervised by Child Welfare and Mental Health. There are no new county dollars needed to add this position. To address this need for high-risk children, it is recommended your Board approve the addition of a 1 .0 FTE Senior Social Worker position using EPSDT revenues and County funds transferred to HSA from the Human Resources Agency.

An additional personnel change is proposed for Children's Mental Health. The EPSDT Medi-Cal program was implemented in Fiscal Year 1994-95 by the State Department of Mental Health as a time limited expansion of children's mental health services. For that reason, all the County positions funded with EPSDT revenues were limited term. Recently, the State has announced its intent to maintain the EPSDT program as an ongoing part of Short-Doyle Medi-Cal. It is, therefore, not necessary to maintain the County positions funded by EPSDT as limited term. Attached is a list of positions, which were designated limited term due to their EPSDT funding. It is recommended that your Board approve changing the positions on the attached list from limited term to permanent status.

Outpatient Managed Care for Medi-Cal Patients:

As reported to your Board in the June 1998 budget hearings, Santa Cruz County began the outpatient component of Managed Care June 1, 1998. As part of the agreement to provide these services, Mental Health outpatient care for persons with Medi-Cal are "carved out" and delegated exclusively to County Mental Health programs. The inpatient component of the program began in January 1995 and has been successfully implemented by the County. The outpatient program, the second component of the State's Managed Care Plan for Mental Health, has proven to be a particularly complex program with significant requirements and implementation demands. Because of these factors, some re-organization of services within the County Mental Health Program has been necessary.

Service delivery has been operating smoothly through contract providers, but changes are required in the administrative component of the Managed Care program. The eligibility determination and benefit assistance for recipients is significantly more complicated than anticipated in the original program design. Many clients requesting services through the new Managed Care program

present with benefit and eligibility problems which need to be resolved at the “front door” of service delivery in order to be certain that services will be reimbursed by Medi-Cal and other payors. Replacing a vacant clerical position in the Managed Care program with a Mental Health Fee Clerk will add specialized benefit and insurance assistance skills to the program. This position change can meet service demands without additional County costs.

Another administrative problem being encountered by the Managed Care program is the lack of a front line clinical supervisor for the Access Team. The Access Team does all of the evaluations for persons entering the mental health system and oversees the care provided to these clients. It was originally hoped that existing management staff could provide Access team supervision in addition to their regular duties. It is now clear that the sheer number of persons being seen and their clinical complexity requires dedicated clinical management

The Access program is the initial point of contact for all clients new to Mental Health services. Responsibilities are system-wide including the coordination of services for both adults and children. In addition to assessments, staff in this unit coordinate mandated utilization review (UR) activities for all contract programs and providers. There are many legal requirements associated with UR activities as this function is a component of the “insurance company” role, which the Mental Health program now provides for mental health Medi-Cal services. Given the complexity of the Managed Care Medi-Cal program and its diverse clinical needs, additional front-line clinical supervision is required.

To address this need within existing resources, it is recommended a Supervising Mental Health Client Specialist position be added. Funding for this position can be achieved without additional County funds by deleting a vacant Mental Health Client Specialist position within the Access team, allowing for a vacant line position to shift to a supervisor level.

In summary, the following position changes are recommended for the Mental Health Managed Care program: (1) Add 1.0 FTE Mental Health Fee Clerk position to the Managed Care Medi-Cal program; (2) Add 1 .0 FTE Mental Health Supervising Client Specialist position to the Managed Care Medi-Cal program; (3) Delete 1 .0 FTE Senior Mental Health Client Specialist position from the Managed Care Medi-Cal program; and (4) Delete 1 .0 FTE Typist Clerk Mental Health position in the Managed Care program.

The attached personnel detail itemizes the proposed changes and funding. No new County funds are required for these changes.

Contract Amendments:

Two contract amendments are proposed at this time to support the expansion of existing services.

The first is a contract amendment with the Youth Resource Bank (County Contract No. 1015A). Utilized by Children's Mental Health, this agreement provides the administrative and fiscal structure to support a variety of services, rehabilitation activities, training, and behavioral rewards for severely disabled children and their families. This contract amendment will allow the Alcohol and Drug program also to utilize the contract for its youth prevention activities and associated supports and services. Six thousand dollars (\$6,000) from the Alcohol and Drug program will be added to the existing contract to fund this expanded support from the contractor. Since Children's Mental Health and the Alcohol and Drug Prevention program provide similar services to schools and to high-risk youth, it makes sense to amend the existing agreement rather than develop a second agreement. This type of administrative coordination between Mental Health and Alcohol and Drugs will continue as the integration of the two programs occurs.

The second contract amendment is with ToucanEd (County Contract No. 1555A). This contract develops, translates, and prints brochures and program literature for clients. Implementation of the Managed Care program required that additional brochures be available in Spanish and English, and calls for updates of other existing brochures. Meeting State requirements exceeded the original cost estimate. The contract maximum will be increased from \$10,000 to \$23,000 to provide these materials for the balance of the current fiscal year.

RECOMMENDATIONS:

It is, therefore, RECOMMENDED that your Board take the following actions:

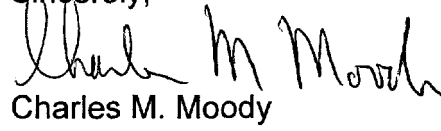
- I. Authorize the addition of 3.0 FTE positions within the Mental Health Division of HSA in the following classifications, and direct the Personnel Department to take necessary actions to classify the positions:
 - A. 1 .0 FTE Senior Social Worker
 - B. 1 .0 FTE Mental Health Fee Clerk
 - C. 1 .0 FTE Mental Health Supervising Client Specialist

Delete the following vacant Mental Health positions:

- a) 1 .0 FTE Typist Clerk Mental Health (BT4-007AA)
- b) 1 .0 FTE Mental Health Client Specialist (SK 5039AA)

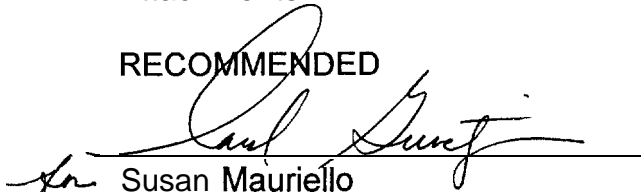
2. Approve changing the ESPDT Medi-Cal funded positions listed on Attachment A from limited term to permanent status;
3. Approve the attached amendments to the 1998/99 Agreements with the Youth Resource Bank, Contract No. 1015A (Budget Index 363118, Subobject 3665) increasing the maximum amount by \$6,000 for a new maximum of \$47,000 and with ToucanEd, Contract No. 1555A (Budget Index 363101, Subobject 3665) increasing the maximum by \$13,000 for a new maximum of \$23,000, and authorize the Health Services Agency Administrator to sign; and
4. Approve the attached Resolution accepting and appropriating revenue for EPSDT services.

Sincerely,


Charles M. Moody
Health Services Administrator

CM:RK:PS:ep
Attachments

RECOMMENDED


for Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
Health Services Administration
Community Mental Health Administration
Alcohol and Drug Program
Human Resources Agency Administration
SEIU
Central Personnel

Attachments:

- A. List of Limited Term Positions
- B. Resolution (AUD-60)
- C. Budget Detail for Positions
- D. Youth Resource Bank Contract Amendment
- E. ToucanEd Contract Amendment

List of Limited Term EPSDT Positions

POSITION	POSITION CODE
TYPIST CLERK II	BC5002AC
TYPIST CLERK II/I	BC5003LC
TYPIST CLERK II	BC5010AC
TYPIST CLERK-MH	BT4009XC
TYPIST CLERK-MH	BT4014AC
MH CLIENT BENEFIT REP	NM6003AC
MH CLIENT SPECIALIST	SK5064AC
MH CLIENT SPECIALIST	SK5065AC
MH CLIENT SPECIALIST	SK5066AC
MH CLIENT SPECIALIST	SK5067AC
SR MH CLIENT SPECIALIST	SK5068AC
SR MH CLIENT SPECIALIST	SK5069XC
MH CLIENT SPECIALIST	SK5070AC
MH CLIENT SPECIALIST	SK5072AC
MH CLIENT SPECIALIST	SK5073AC
SR MH CLIENT SPECIALIST	SK5074AC
MH CLIENT SPECIALIST	SK5075AC
MH CLIENT SPECIALIST	SK5076AC
SR MH CLIENT SPECIALIST	SK5077AC
MH SUPVG CLIENT SPEC	SK8007AC
MH SUPVG CLIENT SPEC	SK8008AC
MH SUPVG CLIENT SPEC	SK8009AC
SR DEPTL ADMIN ANALYST	US5001AC
DEPT SYSTEMS ANALYST	UU7001AC
DEPT'L INFO SYS ANALYST	XC5001XC

Mental Health Changes

Personnel

Index	Position	Start Date	Pay Periods	Fte	Hourly Rate	Regular Pay	Retire-ment	OASDI	Employee Insurance	Differ-ential	Cost
							0.1423	0.0765			
Sr Social Worker/EPSTD											
363117	Sr Social Worker	3/8/99		8.30	1.00	17.57	11,666	1,660	892	1,016	15,235
	Subtotal Additions				1.00		11,666	1,660	892	1,016	0 15,235
	Subtotal Deletions				0.00		0	0	0	0	0 0
	Total Personnel Cost				1.00		11,666	1,660	892	1,016	0 15,235
Access											
363144	Supv MHCS	3/8/99		8.30	1.00	25.46	16,905	2,406	1,293	1,016	21,620
363144	MH Fee Clerk	3/8/99		8.30	1.00	13.72	9,110	1,296	697	1,018	12,119
	Subtotal Additions				1.00		26,016	3,702	1,990	2,032	0 33,739
363144	Sr MHCS	3/8/99		8.30	-1.00	22.91	-15,212	-2,165	-1,164	-1,016	-19,566
363144	Typist Clerk MH	3/8/99		8.30	-1.00	11.92	-7,915	-1,126	-605	-1,016	-10,662
363144	Salary Savings	3/8/99					-2,888	-411	-221	0	-3,520
	Subtotal Deletions				-1.00		-26,015	-3,702	-1,990	-2,032	0 -33,739
	Total Personnel Cost				0.00		0	0	0	0	0 0

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

149

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from Short-Doyle Medi-Cal
_____ program; and

WHEREAS, the County is a recipient of funds in the amount of \$ 12,188
which are either in excess of those anticipated or are not specifically set
in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$ 12,188 into
Department Mental Health

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	various	per attached schedule		12,188

and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	various	per attached schedule			12,188

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) (has been) (will be) received within the
current fiscal year.

By Charles M. Moody Date 1/27/99
Department Head

COUNTY ADMINISTRATIVE OFFICER

☒

Recommended to Board

☐

Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of California, this _____ day of _____ 19____
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

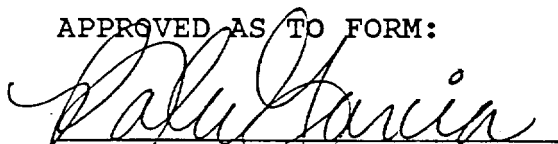
ABSENT: 'SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller, 1/19/99

Distribution:

Auditor-Controller
County Council
County Administrative, Officer
Originating Department

ESTIMATED REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	363101	0624	ST-SHORT/DOYLE MEDICAL FFP	6,094
001	363101	0626	ST-SHORT/DOYLE MH ALLOC	6,094

Total \$ 12,188

APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	363117	3100		REGULAR PAY-PERMANENT	11,666
021	363117	3150		OASDI-SOCIAL SECURITY	892
021	363117	3155		PERS	1,660
021	363117	3160		EMPLOYEE INSURANCE AND BE	1,016

022 363117 9228 INTRA-FUND TRANSFER ~~-3,047~~ -3046

Total \$ 12,188

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

145

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)

Charles Moody (g) (Signature) 1/28/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency)
and Youth Resource Bank, PO Box 1844, Capitola, CA 95010 (Name & Address)

2. The agreement will provide administration of a Children's Mental Health and Alcohol & Drug
case management "wrap-around" fund.

3. The agreement is needed, to amend the Agreement.

4. Period of the agreement is from July 1, 1998 to June 30, 1999

5. Anticipated cost is \$47,000 through June 30, 1999 (Fixed amount; Monthly rate Not to exceed)

6. Remarks: Auditor: Encumber an additional \$6,000 for new contract maximum of \$47,000.

7. Appropriations are budgeted in 363118-\$41,000 (#1015A) 3665 - \$11,000
364025-\$ 6,000 (#1015B) NEW (Index#) 3975 - \$6,000 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. C081015A/B NEW Date 1/29/99
are not will be

GARY A. KNUTSON, Auditor - Controller

By Linda Chou Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
Health Services Administrator to execute the same on behalf of the

HEALTH SERVICES (Agency).

County Administrative Officer

Remarks: GH (Analyst)

By GH Date 1/29/99

Agreement approved as to form. Date' _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

ADM - 29 (6/95)

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

County Administrative Officer
By _____ Deputy Clerk

1 29

Index No. 363118
Subobject No. 3665
Contract No. CO81015A

Youth Resource Bank
Administration of Case Management "Wrap-around" Fund
Amendment to 1998-99 Agreement

The parties hereto agree to amend that certain agreement dated July 1, 1998, County Contract No. 1015A, by changes as follows:

1. Cover Sheet

Increase contract by an additional \$6,000 for a new total contract maximum of \$47,000; this additional \$6,000 will become Contract No.1015B funded in Index No. 364025, Subobject No. 3975.

2. Exhibit C, Scope of Service and Budget

Delete existing Exhibit C and replace with new attached Exhibit C, Scope of Service and Budget.


All other provisions, excepting those mentioned above, shall remain the same.

Dated: January 5, 1999

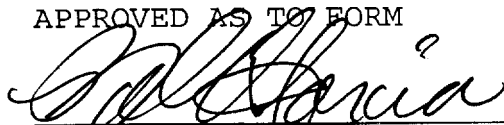
COUNTY OF SANTA CRUZ

CONTRACTOR

By _____
Health Services Administrator

By  _____
Lynn Miller
Youth Resource Bank
P.O. Box 1844
Capitola, California 95010

APPROVED AS TO FORM

 _____
County Counsel

COUNTY OF SANTA CRUZ

EXHIBIT C -- Scope of Service and Budget

YOUTH RESOURCE BANK

Case Service (wrap-around) Fund Administrative Service

CONTRACTOR will provide case services fund administrative services to seriously emotionally disturbed children and adolescents and children at high risk of alcohol and drug use who live in Santa Cruz County as established by the Bronzan-McCorquodale Act, the California Health Services Reform Act of 1985 (AB2541), and the California Health and Safety Code, Division 10.5.

A. Case Services Fund

The purpose of the Case Services Fund is to enable and facilitate the stabilization of individuals in the community in the least restrictive level of care/treatment possible, and to provide youth and adults with the skills and experience they need to prevent alcohol and drug abuse. Funds may be requested by COUNTY staff Coordinators for clinical and prevention needs deemed consistent with the purpose of this fund. Examples of appropriate expenditures include:

1. Emergency respite stays to diffuse an escalating circumstance that, in the assessment of the staff involved, might otherwise result in hospitalization or group home placement. Also day time and/or overnight respite activity services that stabilize placement in the least restrictive setting such as after school or evening day care, recreation and summer camps.
2. Emergency food and supplies (e.g. clothing) to stabilize a living situation, teach critical skills or to meet a specific urgent need.
3. Reimburse parents for costs associated with involvement in stabilizing SED youth in least restrictive environment. Also reimburse parents for family partnership activities such as facilitating Club Hope meetings, time and mailing of newsletter, attending meetings, child care, other assigned work.
4. Transportation for access to services where the provision of transportation resources is deemed by the Coordinator to be contributory to the stability of the individual in the community, or prevention of alcohol and drug abuse.
5. Youth Mentor Program: Payment to SED youth for time specific, staff directed peer projects plus associated supplies.

6. Enrollment fees for therapeutic activities and prevention training events.
7. Reimburse vendor for development of life skills **such** as vocational, employment, social skills, education and sign language.
8. Purchase rewards/incentives for treatment and evaluation services and participation in volunteer service to benefit schools and the community . e.g., Baskin Robbins ice cream vouchers for participation in evaluation activities.
9. Managment of prevention events, including educational and social/recreational activities for high risk youth.

Case service funds will be made in the form of a check, payable to the vendor of services, or to COUNTY staff for reimbursements of expenditures already made. For staff reimbursements; receipts must be submitted and attached to the request for reimbursement with documentation as to the clinical justification.

There will be no minimum or maximum case service amounts. The COUNTY will provide a list of authorized personnel who will have access to this serve for their clients. The COUNTY will include on this list those staff with the authority to authorize case service funds.

B. CONTRACTOR shall:

1. Require a completed Case Services Fund Check Request.
2. Release checks to authorized personnel and vendors only for case service activities.
3. Submit a monthly cumulative cash flow summary to contract monitor including Beginning Case Services Fund Balance, Total Paid Out, Total. Fund Reimbursements, Total Earned Interest, and Ending Balance, and a list of vendors payments and staff reimbursed for each specific case(s). Separate records shall be maintained for Mental Health and Alcohol/Drug funds.
4. CONTRACTOR will develop procedures for ndministering the Case Services Fund. These procedures will be subject to review by the County's contract monitor. All Case Services Fund applications will have final approval by the CONTRACTOR'S administrator or his/her designee. No fund checks will be drawn without the CONTRACTORS administrator or designee's signature appearing on the Case Services Fund Advance Check Form.
5. CONTRACTOR agrees to make Case Scrvicecs Funds available to COUNTY Coordinators for purposes stated in this Agreement.

C. METHOD OF PAYMENT

1. CONTRACTOR assures COUNTY that an advance payment is necessary in order to maintain program integrity. CONTRACTOR will not use advances to provide working capital for non COUNTY programs. When possible, advances will be deposited in interest-bearing accounts, with said interest being used to reduce program costs.
2. COUNTY agrees to advance the sum of \$10,000 upon execution of Agreement.
3. Upon receipt of monthly claim documenting the actual cost of Case Services Fund activity, COUNTY shall reimburse CONTRACTOR in monthly payments. Reimbursement for Case Services Fund activities shall not exceed \$44,415 for the 1998-99 fiscal year including the \$10,000 advance.
4. COUNTY agrees to reimburse the CONTRACTOR \$2,585 for administering the Case Services Fund during 1998-99. One-half of this amount will be payable upon execution of the contract and the balance will be payable after January 1, 1999.
5. Cost of services rendered for the Case Services Fund shall be reimbursed based upon actual Case Services Fund costs and administrative ~~support~~ fees up to the maximum amount of contract whichever is less, at the end of the contract year.

COUNTY OF SANTA CRUZ

EXHIBIT C - CONTRACT BUDGET

YOUTH RESOURCE BANK

July 1, 1998 - June 30, 1999			
CASE SERVICES FUND (wrap-around)	Mental Health	Alcohol/Drug	TOTAL
Fund	\$3 8,745	\$ 5,670	\$44,415
Administrative Support (5.5%)	. . 2,255	330	, 2 585
TOTAL CASE SERVICES FUND	\$41,000	\$6,000	\$47,000

1015A Scope (Youth Resource Bank 98) Revised 1.5.99

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

151

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)
Charles Moody (Signature) 1/28/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency)
and ToucanEd Publications, 4610 Shauna Court, Soquel, CA 95073 (Name & Address)
- The agreement will provide editorial, design & production of numerous brochures in English
and Spanish for mental health services in Santa Cruz County (i.e., information, medication,
etc.) and provide development & production of client emergency cards for managed care. All
camera ready.
- The agreement is needed, to provide for the above.
- Period of the agreement is from July 1, 1998 to June 30, 1999
- Anticipated cost is \$ An additional \$13,000 for a new maximum of (Fixed amount; Monthly rate; Not to exceed)
\$23,000 through June 30, 1999.
- Remarks: _____
- Appropriations are budgeted in 363101 (Index#) 3665 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations @ available and have been encumbered. Contract No. C081555A Date 1/29/99
are not will be

GARY A. KNUTSON, Auditor - Controller

By Linda Chen Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
Health Services Administrator to execute the same on behalf of the _____

HEALTH SERVICES (Agency).

Remarks: ES (Analyst)

County Administrative Officer
By ES Date 6/29/99

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

ADM - 29 (6/95)

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

By _____ County Administrative Officer
Deputy Clerk

29

152

Index No. 363101
Subobject No. 3665
Contract No. CO81 555A

**ToucanEd Publications & Communications
AMENDMENT to 1998/99 Agreement**

The parties hereto agree to amend that certain agreement dated July 1, 1998, County Contract No. 1555A, by changes as follows:

1. Paragraph 2, COMPENSATION

Change the contract maximum from \$10,000 to \$23,000 an increase of \$13,000.

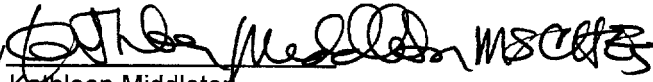
All other provisions, excepting those mentioned above, shall remain the same.

Dated: January 5, 1999


COUNTY OF SANTA CRUZ

CONTRACTOR

BY _____
Health Services Administrator

By 
Kathleen Middleton
ToucanEd Publications & Communications
4610 Shauna Court
Soquel, CA 95073
Phone: 831-464-0508
Fax: 831-462-1129

APPROVED AS TO FORM:


County Counsel

