



Contra  
Costa  
County

To: Board of Supervisors  
From: Anna Roth, Health Services Director  
Date: September 20, 2022

Subject: Contract #23-596-4 with Eموcha Mobile Health, Inc.

**RECOMMENDATION(S):**

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #23-596-4 with Eموcha Mobile Health, Inc., a corporation, in an amount not to exceed \$160,200, to provide contractor-hosted services for its emocha video Directly Observed Therapy (DOT) Tuberculosis Monitoring Application for the period from May 1, 2022, through April 30, 2027.

**FISCAL IMPACT:**

This contract will result in contractual service expenditures of up to \$160,200 over a 5-year period and will be funded 100% by Hospital Enterprise Fund I revenues. (No rate increase).

**BACKGROUND:**

This contract meets the needs of the Health Services Department (HSD) by providing a contractor-hosted patient tuberculosis monitoring system. HSD began contracting with this contractor in May of 2016 for its tuberculosis monitoring and outreach software

☒ APPROVE

☐ OTHER

☒ RECOMMENDATION OF CNTY ADMINISTRATOR

☐ RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **09/20/2022** ☒ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

**VOTE OF SUPERVISORS**

AYE: John Gioia, District I  
Supervisor  
Candace Andersen, District II  
Supervisor  
Karen Mitchoff, District IV  
Supervisor  
Federal D. Glover, District V  
Supervisor

ABSENT: Diane Burgis, District III  
Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: September 20, 2022

Monica Nino, County Administrator and Clerk of the Board of Supervisors

By: June McHuen, Deputy

Contact: Patrick Wilson,  
925-335-8777

cc:

system, including equipment, system hosting, and support. Emocha was given a sole source contract for its proprietary software system.

On June 7, 2016, the Board of Supervisors approved contract #23-596 with Emocha Mobile Health, Inc., in the amount of \$150,000 for the provision of its tuberculosis monitoring and outreach software through its contractor-hosted system, allowing HSD and patients to track laboratory measurements of illness via mobile device, for the period May 1, 2016, through April 30, 2019.

In May 2017, the parties executed an administrative amendment under Contract Amendment Agreement #23-596-1 to correct a typographical error in the number of mobile devices and data plans from quantity 20 to 120, as listed in the payment provisions of the contract.

On February 6, 2018, the Board of Supervisors approved Contract Amendment/Extension agreement #23-596-2, effective February 1, 2018, to increase the payment limit by \$6,840 from \$150,000 to a new payment limit of \$156,840 for additional per-disease monitoring module software with no change in the original term of May 1, 2016, through April 30, 2019.

On March 12, 2019, the Board

### BACKGROUND: (CONT'D)

of Supervisors approved Contract Amendment/Extension agreement #23-596-3, effective March 1, 2019, to increase the payment limit by \$93,960 from \$156,480 to a new payment limit of \$250,440 for additional contractor-hosted services related to tuberculosis monitoring and outreach software and to extend the term from April 30, 2019 to April 30, 2022.

Approval of contract #23-596-4 allows the contractor to continue providing its contractor-hosted software and services, allowing HSD and patients to track laboratory measurements of an illness via mobile device, through April 30, 2027. The contract terms limit the contractor's liability to the amounts paid by the County during the twelve (12) month period immediately preceding the event giving rise to the contractor's liability. The department is requesting retroactive approval of the contract, which was caused by a change in the product offering and the negotiation of new terms.

### CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the County will not be able to use the contractor-hosted tuberculosis monitoring software system, causing the need to correspond with each patient individually to track laboratory results and capture them manually. Converting back to a manual process would impede the process harming patient care and outcomes.