



## County of Solano Contract Review Worksheet

Contract Number: 00517-17  
(Dept., Division, FY, #)

Authority:

- ☐ Dept Head Execute  
☐ CAO Execute  
☒ BOS Approval Required

**NOTE: Please review all instructions on the back of this worksheet before you begin processing.**

1. Department/Division: <b>Health and Social Services/Public Health</b>		2. Date: <b>4/12/2017</b>	
3. Contract Administrator: <b>Jayleen Richards</b>		4. Phone Ext: <b>784-8616</b>	
5. Contract Attributes: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> MOU  <input type="checkbox"/> Intergovernmental <input checked="" type="checkbox"/> Personal/Professional Svcs <input type="checkbox"/> Purchase of Goods <input type="checkbox"/> Lease <input type="checkbox"/> Construction <input type="checkbox"/> Other		<input type="checkbox"/> Original  Bid/RFP Required?      Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  Bid/RFP No: Date:                      /      /  Please attach copy of Bid/RFP or justification.	
		<input checked="" type="checkbox"/> Amendment/Change Order  Amendment/Change Order Number:                      1  Contract No: <b>00517-17</b> Date: <b>7/1/2016</b>  Please attach copies of original/amendments.	
6. Description of Contract: <b>To conduct outreach to uninsured adults and children and assist them with enrolling into public health coverage or other health coverage.</b>			
7. Name of Contractor: <b>Solano Coalition for Better Health</b>		8. EIN                      94-3189914 SSN                      -      -	
9. Is Contractor a California Public Pension Plan Retiree? If yes:      Name of Public Pension Plan:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Retirement:	
10. Has County contracted with Contractor previously during this fiscal year? Please list County department if other than the department listed on number 1 above.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. Effective Date: <b>7 / 1 / 2016</b>		12. Termination Date: <b>6 / 30 / 2017</b>	
13. Contract Budget: Original Contract Amount:      \$ <b>100,000</b> Total of Previous Amendments:      \$ Current Amendment:      \$ <b>90,000</b> Total Amount of Contract      \$ <b>100,000</b>		14. Payment Terms: <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Arrears  <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimate  <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Progress <input type="checkbox"/> Other	
		15. Source of Funds: <input checked="" type="checkbox"/> Fed/State Grant <input type="checkbox"/> State Allocation <input type="checkbox"/> County  Fed Catalog No:                      . State Legislation:                      AB	
16. Fund:                      Budget Unit: <b>7863</b> Sub-object: <b>3153</b>		17. Current Appropriation Sufficient? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18. Proposed Board of Supervisors Agenda Date, if required. Please attach agenda summary and ATR request.                      /      /			
19. Remarks:      Master List FY16/17, Board date: 6/28/2016; Board item #: 16-444			
20. Signature Route:			
_____ Department Contract Administrator		_____ County Counsel	
_____ Risk Manager		_____ CAO Analyst	
Dated		Dated	
Dated		Dated	

<b>D. FISCAL INFORMATION - To Be Completed by PFA Team</b>	
<b>Federal Amount</b>	
<b>Source(s)</b>	
<b>State Amount</b>	<b>\$90,000.00</b>
<b>Source(s)</b>	<b>Medi-Cal Outreach &amp; Enrollment AB-82 (\$45,000) and SB-18 (\$45,000)</b>
<b>County General Fund Amount</b>	
<b>County Realignment Amount</b>	
<b>Other Amount</b>	
<b>Source(s)</b>	
<b>Budget Unit(s)</b>	<b>7863</b>
<b>Account Code(s)</b>	<b>0003153</b>
<b>Amendment Amount:</b>	<b>\$90,000.00</b>
<b>New Contract Total:</b>	<b>\$190,000.00</b>

**PLEASE PROVIDE THIS INFORMATION FOR INPUT INTO THE DATABASE.**

**THIS INFORMATION IS REQUIRED BEFORE CONTRACT CAN BE EXECUTED**

**FIRST AMENDMENT TO STANDARD CONTRACT  
BETWEEN COUNTY OF SOLANO AND SOLANO COALITION FOR BETTER HEALTH, INC.**

This First Amendment is made on April 12, 2017, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and Solano Coalition for Better Health, Inc. ("Contractor").

1. Recitals

- A. The parties entered into a contract dated July 1, 2016 (the "Contract"), in which Contractor agreed to conduct outreach to uninsured adults and children and assist them with enrolling into public health coverage or other health coverage.
- B. The County now needs to modify the Scope of Work and the Budget of the Contract.
- C. This First Amendment represents an increase of \$90,000 of the Contract.
- D. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Amount of Contract

Section 3 is deleted in its entirety and replaced with: "The maximum amount of this Contract is \$190,000."

B. Scope of Work

Exhibit A is deleted in its entirety and replaced with the additional Scope of Work attached to and incorporated by this reference as Exhibit A-1.

C. Budget

(1) Exhibit B-1 is deleted in its entirety and replaced with the Budget attached to and incorporated by this reference as Exhibit B-1-1.

(2) Exhibit B is amended to delete all references to Exhibit B-1 and replaced with Exhibit B-1-1.

3. Effectiveness of Contract

Except as set forth in this First Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political  
Subdivision of the State of California

CONTRACTOR

By \_\_\_\_\_  
Birgitta E. Corsello  
County Administrator

By \_\_\_\_\_  
Joanie Erickson, Executive Director

APPROVED AS TO FORM

APPROVED AS TO CONTENT

By \_\_\_\_\_  
County Counsel

By \_\_\_\_\_  
Gerald R. Huber, Director  
Health and Social Services Department

Amended Scope of Work with Solano Coalition for Better Health (contract no. 517-17) to include the AB 82 & SB 18 activities listed below

## Activity 1 – Program Planning and Startup

**Activity 1: Identify major O&E planning and startup milestones, strategies, and activities. Identify the AB 82 population groups each effort will target and for each targeted group** (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency), **how many you intend to enroll** (i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).

<b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to enroll into Medi-Cal.	<b>DESCRIPTION OF STRATEGY/ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?			
<b>MILESTONES</b>	<b>STRATEGIES/ACTIVITIES</b>	<b>AB 82 POPULATION GROUP(S)</b>	<b>TIMELINE</b>	<b>WHO IS RESPONSIBLE</b>
FY 2016-17	Solano County will establish a collaborative group to address outreach enrollment for AB 82 population groups. The group will consist of Health & Social Services, Public Health, Behavioral Health, Employment & Eligibility, County Administrator's Office, Sheriff's Office Probation Department, Solano Coalition for Better Health.	Young Men of Color Homeless Clients with Substance Use Disorders Persons in jail, prison, parole, probation or post release community supervision	July 1, 2016 – June 30, 2017	Solano County Health & Social Services (H&SS)
FY 2016-17	Identify community based organization(s) to conduct Medi-Cal outreach and enrollment to AB 82 population groups and secure contract with vendor.	Young Men of Color Homeless Clients with Substance Use Disorders Persons in jail, prison, parole, probation or post release community supervision	July 1, 2016 – June 30, 2017	H&SS

County of Solano  
Standard Contract

Amended Scope of Work with Solano Coalition for Better Health (contract no. 517-17) to include the AB 82 & SB 18 activities listed below

FY 2016 - 2017	Secure approval from Solano County Board of Supervisors to accept AB 82 funds.	Young Men of Color Homeless Clients with Substance Use Disorders Persons in jail, prison, parole, probation or post release community supervision	July 1, 2016 – June 30, 2017	H&SS
FY 2016-2017	Develop contract with contractor(s) to conduct Medi-Cal outreach and enrollment to AB 82 population groups, including Scope of Work and Budget. Secure approval from Board of Supervisors.	Young Men of Color Homeless Clients with Substance Use Disorders Persons in jail, prison, parole, probation or post release community supervision	July 1, 2016 – June 30, 2017	H&SS

## Activity 2 – Outreach and Enrollment Activities

**Activity 2: Identify major O&E activities. Identify the AB 82 population groups each effort will target and for each targeted group** (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency), **how many you intend to enroll** (i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).

<b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to enroll into Medi-Cal.	<b>DESCRIPTION OF STRATEGY/ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?				
<b>MILESTONES</b>	<b>STRATEGIES/ACTIVITIES</b>	<b>LOCATION</b>	<b>TARGET POPULATION AND NUMBER OF ENROLLEMENTS</b>	<b>TIMELINE</b>	<b>WHO IS RESPONSIBLE</b>
<b>FY 1:</b> Solano Coalition for Better Health (SCBH) will enroll <b>25</b> clients into expanded Medi-Cal by June 30, 2017.	SCBH will conduct <b>(2)</b> outreach and education presentations to faith based groups about expanded Medi-Cal to reach target populations.  SCBH will partner with Solano County Probation Department to conduct outreach and enrollment activities during new client orientation and other activities.	Fairfield Vacaville Vallejo	Young men of color  Persons in jail, prison, parole, probation or post release community supervision	July 1, 2016 – June 30, 2017	SCBH—Health Access Specialist

## Activity 3 – Retention

**Activity 3: Identify major O&E retention activities. Identify the AB 82 population groups each effort will target and for each targeted group (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency), how many you expect to re-enroll (i.e. Increase the number of targeted Medi-Cal enrollees who retain their Medi-Cal eligibility by X).**

<b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to retain into Medi-Cal.	<b>DESCRIPTION OF STRATEGY/ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?				
<b>MILESTONES</b>	<b>STRATEGIES/ACTIVITIES</b>	<b>LOCATION</b>	<b>TARGET POPULATION AND NUMBER OF ENROLLEMENTS</b>	<b>TIMELINE</b>	<b>WHO IS RESPONSIBLE</b>
<b>FY 1:</b> 50% of clients (13) enrolled in FY 1 will maintain health insurance.	Outreach calls will be made 3x's/year: calls made at 2-mos and 6-mos to ensure that benefits were received and are being utilized. A call at 10-mos to inform the client that his or her renewal period is near and will be advised to contact SCBH for assistance w/renewal.	Solano County	Young Men of Color Homeless Clients with Substance Use Disorders Persons in jail, prison, parole, probation or post release community supervision	July 1, 2016 to June 30, 2017	SCBH—Health Access Specialist

County of Solano

Standard Contract

Amended Scope of Work with Solano Coalition for Better Health (contract no. 517-17) to include the AB 82 &amp; SB 18 activities listed below

			<b>(5)</b> clients will maintain health insurance		



## Activity 4 – Tracking and Reporting

**Activity 4: Identify your intent and list the AB 82 population groups that you will contract to target. Identify for each targeted group, how many you intend to enroll** (i.e. Increase the number of Medi-Cal eligible clients in XXX County who receive outreach, education and information regarding the AB 82 targeted populations (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency).

<b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to enroll into Medi-Cal.	<b>DESCRIPTION OF ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?	<b>Beginning &amp; Ending Dates:</b> Identify the timeframe for each partner to achieve their goals and objectives.		
<b>STRATEGIES/ACTIVITIES</b>	<b>LOCATION</b>	<b>TARGET POPULATION AND NUMBER OF ENROLLEMENTS</b>	<b>TIMELINE</b>	<b>WHO IS RESPONSIBLE</b>
<p>SCBH will track the following information:</p> <ul style="list-style-type: none"> <li>No. of outreach events</li> <li>No. of organizations/agencies outreached to: <ul style="list-style-type: none"> <li>Name or organization</li> <li>No. of attendees</li> </ul> </li> <li>No. of referral agreements established with agencies and organizations: <ul style="list-style-type: none"> <li>Name of organization</li> <li>Copy of referral agreement</li> </ul> </li> <li>No. of clients assisted with Medi-Cal application <ul style="list-style-type: none"> <li>Age of client</li> <li>Race/ethnicity of client</li> <li>Target population of client (young men of color, homeless, substance use disorders, persons in jail, prison, probation or post release)</li> </ul> </li> <li>No. of clients successfully enrolled into Medi-</li> </ul>	Solano County	<p>Young Men of Color Homeless Clients with Substance Use Disorders Persons in jail, prison, parole, probation or post release community supervision</p> <p>100 clients enrolled</p>	July 1, 2016 – June 30, 2017	SCBH—Health Access Specialist

County of Solano  
Standard Contract

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<p>Cal</p> <ul style="list-style-type: none"> <li>No. of clients called at 2, 6 and 10 months</li> <li>No. of clients called and reached at 2, 6, and 10 months</li> <li>No. of clients assisted with re-enrollment into Medi-Cal</li> <li>No. of clients successfully enrolled into Medi-Cal</li> </ul> <p>SCBH will provide this information and data in a report to Solano County quarterly:</p> <ul style="list-style-type: none"> <li>Oct 15</li> <li>Jan 15</li> <li>Apr 15</li> <li>The final report is due by June 30, 2017.</li> </ul>				
<p>SCBH will track all Medi Cal applications submitted under this contract and will not seek application reimbursement fees from other sources for these activities.</p>			<p>July 1, 2016 – June 30, 2017</p>	<p>SCBH—Health Access Specialist</p>

## Activity 1 – Program Planning and Startup

**Activity 1: Identify major renewal assistance planning and startup milestones, strategies, and activities. Identify the SB 18 renewal assistance efforts** (e.g., the extent permissible for training, testing, certifying, supporting and compensating persons and entities providing renewal assistance and any other permissible renewal assistance related activities), **how many you intend to renew** (e.g. increase the renewal response rate and ensure continuity of care for Medi-Cal beneficiaries ).

**MILESTONE:**

For each objective, list each partner separately and indicate the number of individuals that they plan to renew Medi-Cal benefits for.

**DESCRIPTION OF STRATEGY/ACTIVITY:**

Describe below what and or how each partner plans on achieving the objectives identified in the adjacent milestones. What methods/means will be used to achieve these objectives? How long will it take you to achieve the objective (timeline), and who is responsible for ensuring the objectives are met on time.

MILESTONES	STRATEGIES/ACTIVITIES	TIMELINE	WHO IS RESPONSIBLE
<b>FY 1: (2016-2017)</b> – 210 consumers will receive renewal assistance by June 2017.	<ul style="list-style-type: none"> <li>Solano Coalition for Better Health (SCBH) will provide retention services.</li> <li>Develop systems to contact clients via phone, text or appropriate correspondence.</li> <li>Develop working agreement with Solano County Health &amp; Social Services, Employment and Eligibility about identifying clients who have failed to renew Medi-Cal.</li> <li>Develop and build upon working agreement with Sheriff's Office and/or Probation Department on assisting clients with renewals.</li> </ul>	July 1, 2016 through June 30, 2017	<p><b>Full-time Equivalent (FTE)</b></p> <p><b>2.03 FTE:</b> (1.18FTE) SKIP representatives, (.40FTE) Director of Operations and (.45 FTE) Administrative Coordinator</p>

Amended Scope of Work with Solano Coalition for Better Health (contract no. 517-17) to include the AB 82 & SB 18 activities listed below

	<ul style="list-style-type: none"> <li>SCBH will develop system to track and report program data.</li> </ul>		
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## Activity 2 – Renewal Assistance Activities

Activity 2: Identify major renewal assistance activities. Identify how many individuals you intend to keep on Medi-Cal.

<b>MILESTONE:</b> List each partner separately and indicate the number of individuals they plan to renew Medi-Cal benefits for.	<b>DESCRIPTION OF STRATEGY/ACTIVITY:</b> Describe below what and or how each partner plans on achieving the objectives identified in the adjacent milestones. What methods/means will be used to achieve these objectives? How long will it take you to achieve the objective (timeline), and who is responsible for ensuring the objectives are met on time.
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MILESTONES	STRATEGIES/ACTIVITIES	TIMELINE	WHO IS RESPONSIBLE
<b>FY 1: (2016-2017)</b> - 210 consumers will be assisted with renewal services by June 30, 2017	<b>Renewal Activities for Fiscal Year 1:</b> <ul style="list-style-type: none"> <li>Completion of renewal forms that have been received by the consumer in the mail from Solano County department of Employment and Eligibility.</li> <li>Receive referrals from Employment &amp; Eligibility about clients who have not completed renewal applications and assist those clients to complete the renewal application.</li> </ul>	July 1, 2016 through June 30, 2017	<b>Full-time Equivalent (FTE)</b>  <b>2.03 FTE:</b> (1.18) SKIP representatives, (.40) Director of Operations and (.45) Administrative Coordinator

Amended Scope of Work with Solano Coalition for Better Health (contract no. 517-17) to include the AB 82 & SB 18 activities listed below

	<ul style="list-style-type: none"><li>• Reach out to clients in jails and/or probation who need to renew applications.</li><li>• Retention calls to clients on (3) separate occasions (clients who were assisted with enrollment).<ul style="list-style-type: none"><li>• 1<sup>st</sup> call: Two months after the initial appointment.</li><li>• 2<sup>nd</sup> call: Six months after the initial appointment.</li><li>• 3<sup>rd</sup> call: Ten months after the initial appointment. Client will be informed that renewal time will start over again and to watch their mailbox for the forms coming from the County.</li></ul></li><li>• A correspondence will be mailed to the last known address, in an attempt to reach those consumers who the outreach representative could not reach by telephone, text or email.</li><li>• Mail all completed renewals to the appropriate Employment and Eligibility office.</li></ul>		
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## Activity 3 – Tracking and Reporting

Activity 3: Identify your intent and list how you intend to renew Medi-Cal for existing beneficiaries.

<b>DESCRIPTION OF ACTIVITY:</b> Describe below what and or how each partner plans on tracking and reporting renewal activities. What methods/means will be used to track and report renewal activities?	<b>Beginning &amp; Ending Dates:</b> Identify the timeframe in which reports will be submitted and who is responsible to submit the report.	
STRATEGIES/ACTIVITIES	TIMELINE	WHO IS RESPONSIBLE
<p><b>FY 1: (2016-2017)</b> -To ensure that the intended outcomes are accomplished, the following information will be tracked:</p> <ul style="list-style-type: none"> <li>• Track demographic data</li> <li>• Track number of referrals received from Employment and Eligibility.</li> <li>• Track the number of referrals received from jails and/or probation.</li> <li>• Track the number of clients assisted with renewal services per month.</li> <li>• Track the number of renewals submitted.</li> <li>• Track the number of consumers who receive preventative care/utilization education from an outreach representative.</li> </ul>	<p>July 1, 2016 through June 30, 2017</p>	<p><b>Full-time Equivalent (FTE)</b></p> <p><b>2.03 FTE:</b> (1) SKIP representatives, (1) Director of Operations and (1) Administrative Coordinator</p>

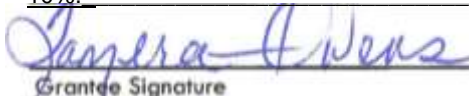
**Exhibit B-1-1**  
Budget Modification Request Form

Agency: Solano Coalition for Better Health

Date: March 9, 2017

Line Item	FTE	Approved Budget	Approved Budget	Approved Budget	Requested Modification
<b><u>Personnel</u></b>		<b>CGF</b>	<b>AB-82</b>	<b>SB-18</b>	
Staff Member 1	0.40	30,923	8,476	11,548	50,947
Staff Member 2	0.26	11,544		10,994	22,538
Staff Member 3	0.63	18,367		9,184	27,551
Staff Member 4	0.55		20,203		20,203
Benefits		17,907	7,000	7,447	32,354
Subtotal Personnel		78,741	35,679	39,173	153,593
<b><u>Operating Expenses</u></b>					
Rent & Utilities		9,710	4,800	1,659	16,169
Office Supplies & Materials		442			442
Telephone/Communications		1,000			1,000
Marketing		500			500
Travel		1,000	150		1,150
<b><u>Subtotal Operating Expenses</u></b>		12,652	4,950	1,659	19,261
<b><u>Indirect Costs</u></b>					
Subtotal Indirect		8,607	4,371	4,168	17,146
Grand Total Expenses		100,000	45,000	45,000	190,000

The above requested modification to the budget is to provide: Additional support to community outreach, enrollment and retention services. The administrative coordinator (Staff Member #2) will be removed from the contract, but the line item amount will remain the same. A health access specialist will absorb the remaining amount in the line item, as the work of the outreach is conducted. The rent line has increased, allowing SCBH to meet the obligation for workspace rental. Overhead and Profit was taken at less than 10%.

 3/10/17

Jayleen Richards  
Public Health Administrator