


**ADDENDUM NO. 1**  
**to**  
**COUNTY OF VENTURA REQUEST FOR PROPOSAL #5762**  
**FOR DATA ANALYTICS SOFTWARE**

December 23, 2014

Prospective Offerors are hereby notified of the following:

1. Questions and Answers attached.

SUPPLIERS signed addendum is due on or before due date & time.



Curtis Heath, Buyer

**SUPPLIERS ACKNOWLEDGMENT:**

I hereby acknowledge this Addendum No. 1

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**ADDENDUM NO. 1**  
**to**  
**COUNTY OF VENTURA REQUEST FOR PROPOSAL #5762**  
**FOR DATA ANALYTICS SOFTWARE**

**1. Will the County accept a SaaS/Cloud based solution?**

The County is open to a SaaS/Cloud solution. Please be specific in areas regarding transfer/ownership of the data stored, transfer/ownership of the data in the event of termination of service, and security features in place to protect sensitive client data.

**2. Can the County provide a Microsoft Word document of Attachments B & C to save on conversion time from PDF to Word?**

Please email me at [Curtis.Heath@ventura.com](mailto:Curtis.Heath@ventura.com) if you wish to receive a copy of the attachments in Word format.

There is a typo in Section 1.1 of the RFP. Section 1.1 states "Proposals shall be due no later than 3:00 p.m. on [date here]". The "date here" should be January 14, 2015 at 3:00 p.m. PST. This date and time is correctly specified in Section 2.1

Section 1.2 Paragraph 4 states the current data is stored on the County server. Correction: The data is currently stored on multiple servers and multiple data sources; the Netsmart (Cache database) server is a SaaS/Cloud based solution located in Ohio.

**3. Do you partner with SHI? If not, who are your approved services vendors?**

No the County does not currently partner with SHI.

No, the County does not currently have any approved service vendors. Services are approved on a per contract basis.

**4. Is HIPAA compliance required for this project?**

Yes HIPPA compliance is required for this project.

- 5. Attachment C Cost Proposal Item Number 1, Hardware. Our proposed solution operates on commodity server hardware available from a variety of manufacturers and, when customers choose to install the software on-site, we generally sell our software to operate on client-owned equipment. Will it be acceptable for us to specify the recommended server configuration for the County to provide to host our proposed solution?**

Yes, The County would be satisfied with basic server configuration recommendations. The County is very open to purchasing its own hardware and running the solution only.

**Does the County have a preferred server brand? If you provide us with the vendor name we will work with that vendor to provide a server recommendation to include specific server model numbers.**

Yes, we generally use HP servers.

- 6. Section 1.2 of the RFP states that, “The product will be used to query and analyze our multi-year repository of Behavioral Health client treatment data, including client admissions and discharges, assessments, diagnosis, treatment plans, services provided, costs incurred, and outcomes. Currently VCBH stores its data on Netsmart Avatar Cache and Microsoft SQL Server but does not have a current analytics software.”**

**Can the County provide more information about how it intends the new analytics software to interact with these data sources? Does it envision the Data Analytics product to import data from these two sources, allow the County to join the two sources as applicable, and then allow County staff to perform the specified analytical and reporting functions?**

We are expecting the Data Analytics application to be capable of accessing the data sources directly. We also expect the application to be capable of concurrent access to multiple data sources. Importing data from these sources into the applications own repository is considered acceptable.

- 7. Section 1.2 of the RFP states that “The approximate size of the database can be measured in Gigabytes”.**

**Specifically is the size of the data approximate <10GB, <50GB, <100GB or more? Also, what is the estimated growth of the data annually in % or GB?**

We estimate the complete database size in the 50GB area with a 3-5% annual rate of growth.

- 8. Appendix B, Item 2.50 includes a functional requirement for “Microsoft Office Integration”.**

**Can the County provide more information about the level of integration desired? Specifically, is the requirement for exporting of results (graphs, reports, etc.) into the Microsoft Office products or does the County desire the ability to interact with the analytics software directly from within Microsoft Office for purposes of exploring the data and interacting with the analytical results?**

We are primarily interested in the ability to output from the application into Microsoft Office objects such as graphs, reports, charts.

**9. Is the County looking to procure a Test environment for upgrade, patch and IT testing in addition to a Production environment?**

Yes.

**10. VCBH lists data captured from client assessment and diagnosis, treatment, billing and clinical outcomes, and reporting services for a variety of providers and partner agencies, do you expect a data model, dashboard or reports to be delivered as part of this project?**

No, we expect the tools to build these dashboards, reports, etc. to be delivered as part of this project. A related question also asked for clarification regarding the pricing request for customization, since the customization will be done by the County using the proposed solution a cost breakdown for preparing the reports is not needed.

**Is there a need/expectation for report and analysis on mobile devices?**

Yes.

**11. As a follow on to the previous question, in the current state, are users leveraging existing developed reports. Will new reports need to be created to emulate those reports or is the assumption that most users are creating ad-hoc reporting queries primarily? If the expectation is to replace/re-create existing reports, can you provide an estimate of how many reports exist and their complexity?**

Our expectation is primary use to be based around creating ad-hoc reporting queries and self-refreshing dashboards. Existing reports will not be re-developed as a part of this project.

**12. VCBH leads or participates in several initiatives for child welfare, and other programs, do you expect that some number of initiatives will require reporting from the Behavioral Health EHR Data Analytics system for the joint agency initiatives; and do you expect the integration/merging of external data? Is there or will there be a need to leverage additional data sources beyond this?**

Yes, the possibility does exist that at some point in the future there would be a desire to publish reporting for outside organizations that would be accessed by those users directly logging into the Data Analytics system. Of course, controlled, restricted, role-based security is presumed in this scenario.

**13. Are there any expectations for a data mart or multidimensional repository to support deeper analytics/insights?**

Not at this time.

**14. Is there a requirement to aggregate data into a data-warehouse?**

Not at this time.

**15. Will "big-data" discovery and deeper analytical insights be required now or in the future?**

Yes, section 1.2 of the RFP speaks to this requirement, as does item 3.8 of Attachment B.

**16. Beyond the VCBH manager and practitioner are there other key stakeholders for reports/queries? (i.e. finance, admin, etc.)**

Yes, VCBH management includes administrative as well as clinical managers. Financial groups are included in this requirement.

**17. Does VCBH have access to the Netsmart Avatar Cache ODBC data capabilities?**

Yes, we are currently using the Netsmart supplied ODBC system tools.

**18. Is predictive modeling required initially (the same time as analytics reporting) and is predictive modeling a critical requirement for go-live?**

Yes.

**19. Will all 15 report developers require access to this predictive functionality or is there a smaller number?**

Predictive features should be available to all application developers.

**20. Would it be possible to review/sample any cleansed data and reports (scrubbed) to understand the type of reports and structures currently in use?**

No.

**21. Of the 500 users who pull data do they all require the same type of access? Will they do their own ad hoc query or just execute the reports that the 15 report developers produces.**

There are many user role profiles with a variety of access requirements.

**22. Are there any additional healthcare specific data security requirements for the analytics/reporting solution that would be required? (i.e. HIPAA, etc.).**

Yes, the application must be capable of meeting HIPAA requirements and other healthcare regulations such as CFR 42.

**23. Related to the previous question, are there any additional user/login, security requirements specific to the analytics/reporting solution that would be required? (i.e. HIPAA, etc.)**

The application should provide the tools necessary to restrict access to information as required by existing healthcare regulations.