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Santa Barbara County Education Office

HEALTH MANAGEMENT SYSTEM SOFTWARE AND IMPLEMENTATION SBCEO 2025-RFP-001

April 24, 2025

ADDENDUM #1

NOTICE TO ALL POTENTIAL RESPONDENTS:

The Request for Proposals (RFP) is modified as set forth in this Addendum. The original RFP Documents and any previously issued addenda remain in full force and effect, except as modified by this Addendum, which is hereby made part of the RFP. Respondent shall take this Addendum into consideration when preparing and submitting its Proposal.

REVISIONS, CLARIFICATIONS, RESPONSES TO PRE-PROPOSAL RFI'S:

General

The following items are issued as responses to questions received from the respondents:

	Question	Answer
1	The RFP indicates that answers to questions will be provided on Thursday, April 24th, with final proposals due in hardcopy format by Monday, May 5th. Given the limited time between the Q&A release and the submission deadline, we respectfully request an extension to allow vendors sufficient time to incorporate responses into their proposals. Ideally, we ask for a minimum of two weeks between the	SBCEO is seeking a late summer implementation and therefore will not be extending the application deadline.

	Q&A release and the proposal due date. If extending the proposal deadline is not feasible, would you consider allowing vendors to submit proposals electronically by May 5th, with the required hardcopy submissions received within the following week?	
2	Can you disclose the names of the bidders who submitted questions in response to the RFP?	Informing potential RFP responders of other potential responders, or informing potential responders of other vendors that SBCEO has previously communicated or negotiated with could either restrict competition and/or encourage collusion.
3	Has SBCEO received EHR demonstrations from other vendors? If yes, which vendors and systems have you seen?	Informing potential RFP responders of other potential responders, or informing potential responders of other vendors that SBCEO has previously communicated or negotiated with could either restrict competition and/or encourage collusion.
4	Could you please share the anticipated budget or budget range allocated for this project to help ensure that proposed solutions are appropriately scaled and aligned with your expectations?	Budget expectations will be determined based on the proposals from the vendors.
5	The RFP timeline anticipates contract execution by Monday, June 23rd. Could you please clarify your desired timeline for the Go-Live of the new EHR system following contract execution? Specifically, do you expect all 16 LEAs that have opted in to Go-Live simultaneously, or is a phased or staggered Go-Live approach preferred or acceptable?	Implementation timelines are going to be dependent on each LEA enrolling in the CYBHI Fee Schedule. If each LEA is enrolled for the 25-26 school year, then full implementation should occur by the 26-27 school year.
6	Will there be a centralized team who will manage implementation and ongoing support for the project/solution, including both SBCEO	There will be a SBCEO designee to support collaboration across LEAs, but no centralized team to manage implementation. Up to 500 staff

	and LEA staff? If so, how many staff will be involved, and what will their roles be?	consisting of behavioral health practitioners and administrative users will require training.
7	Will there be a designee to coordinate across all LEAs for implementation and documentation?	There will be a SBCEO designee to support collaboration across LEAs, but no centralized team to manage implementation.
8	We understand that the new vendor will contract with SBCEO. As detailed in the RFP, we also understand that the selected vendor must enter into a Memorandum of Understanding (MOU) and a Data Use Agreement (DUA) with each LEA. Can you provide templates for these documents for bidders to review, or will the chosen vendor present its own documents? Additionally, will there be any further contracting requirements with each LEA?	The vendor will collaborate with LEAs to engage in the MOU and DUA process. Vendor provided templates would inform the process.
9	In addition to overseeing the contracting process and managing payments, what other roles will SBCEO have with the chosen vendor and the EHR system? For instance, does SBCEO plan to do all of the administrative work (Data Use Agreement (DUA), Provider Streamline Healthcare Solutions, L.L.C. streamlinehealthcare.com Participation Agreement (PPA), SFTP set up, Batch Registrations, SPI roster, assisting in system configuration, offering training to the LEAs, etc.) for each LEA (on behalf of each LEA) that chooses to participate, or will the vendor have to work with each LEA for these components?	The vendor will have to work with each LEA to satisfy the various components of implementation.
10	Section 5.3 Training, page 9: Could you please clarify the expectations for training?	Implementation and training models will be dependent on each LEA.

	Specifically, is the selected vendor responsible for providing direct training to all end-users, pre-Go-Live and ongoing post-Go-live, or will the vendor be expected to train designated super users who will then be responsible for training the broader user base?	
11	Please clarify whether SBCEO or the participating LEAs currently use an EHR system. If so, please specify which system or systems are being used. And provide the additional information below. a. When was the EHR system implemented? b. When does the contract end? c. Is the EHR self-hosted or vendor-hosted?	LEA EHR use varies across the county with some currently using an EHR for LEA BOP, and others not. The scope of implementation is for the CYBHI Fee Schedule, which most LEAs do not have an EHR in place for.
12	How many student information systems (SIS) will the new EHR need to integrate with? a. Additionally, please provide the names of these student information systems. b. Please provide the specific data elements required and the frequency of data exchange between the SIS and EHR. c. What interoperability capabilities do these SIS systems have for sharing data bi or unidirectional?	a. Two. PowerSchool and Aeries are the SIS systems being used in the county. b. Data elements and frequency of data exchange between SIS and EHR are currently established by each LEA. A Health Management System Software platform is not currently being utilized across all participating LEAs at this time. c. Unidirectional would be required, bidirectional could be an enhancement, but not required.
13	Will data from existing systems need to be migrated into the new EHR system? If so, how many different systems will require data migration, and what types of data elements (e.g. client demographics, clinical documentation, appointments, billing history, etc.) are expected to be included in the migration?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.

14	Please specify the number of EHR users that should be factored into the bidder's fee schedules. These users may include administrators, direct service providers (counselors, doctors, social workers, etc.), billing staff, and anyone requiring EHR access.	Up to 500 staff consisting of behavioral health practitioners and administrative users.
15	Do you have a preferred format for submitting cost proposals that allows for an apples-to-apples comparison across bidders?	SBCEO does not have a preferred format for cost proposals.
16	How many providers (with NPI for billing, including LCSW, LPC, etc.) do you anticipate being part of the CYBHI program? Having a high-end best case and low-end counts will be crucial in providing the revenue cycle services cost estimate. a. How many hours per week are the providers expected to see clients on average? b. What is the average anticipated time duration per service? c. Will group services be offered in the CYBHI program?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
17	For contracting and credentialing with the payers for reimbursement, Medi-Cal, and Commercial payers, will the contracts be expected to be at the cohort level or school Level? a. Will the selected vendor be expected to negotiate the contract reimbursement rates or accept the standard rates for Commercial and MCO payers? b. Are the providers already licensed and credentialed in the state (as far as you are aware)? c. Do you have a list of commercial payers you want to be contracted and credentialed with initially? d. Do providers have to be	Contracts will be at the LEA level. a. The CYBHI Fee Schedule is a Fee For Service (FFS) rate b. Some individuals are licensed and credentialed and some are not. c. Not at this time d. CYBHI Fee Schedule Program

	credentialed/enrolled with the CYBHI program or just the schools?	
18	Do you have an estimated claim volume per month (across all schools/sites)?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
19	Will prescribing be a need for the SBCEO EHR solution? If yes, how many prescribers should be included in our cost proposal?	No
20	Do you require lab and/or HIE integration? a. If yes, which lab provider(s)? b. If yes, which HIE?	No
21	Which nationally recognized assessment and screening tools, such as ABAS, ACE, ASAM, AUDIT, CAFAS, CAGE, CALOCUS, CIWA, CRAFFT, C-SSRS, DLA-20, GAD-7, LOCUS, PECFAS, and PHQ-9, should be included in the new EHR?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
22	Are any of the LEAs currently providing services and receiving reimbursement?	LEAs are currently providing services but not receiving reimbursement through the CYBHI Fee Schedule.
23	Please provide details on how you currently handle eligibility verification. If you verify through Medi-Cal, do you already have established credentials for that process?	There are no established processes at this time.
24	Are you currently billing, or planning on billing commercial and/or other sources other than the state programs (LEA BOP, CYBHI, etc.)?	LEAs are not currently billing commercial or other sources.
25	If you are billing outside of CYBHI/LEA BOP, how many different 837 / 835 formats and sources should the project scope include?	LEAs are not currently billing commercial or other sources.

26	Do you utilize a human resource management system? If so, would you like a one-way interface to pass demographics and credentials for automatic staff setup in the new EHR system? This could be included in the project scope and pricing or detailed below as an optional feature.	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
27	Will you need a Microsoft Outlook interface to block staff schedules? Or a Gmail Interface? a. If yes, should the interface be included in the project scope and pricing or detailed below the line as optional?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
28	Should vendors include a mobile/disconnected solution in the proposed project scope and pricing that staff could use when providing services in the community? For example, providing your users with the ability to document a service note in the field, without internet access, on a mobile device such as a smartphone or tablet. a. If yes, how many named users will need access to the new EHR system in a disconnected state?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
29	To understand your capabilities around maintaining the new EHR post-GoLive and performing tasks such as customizing forms, what skills do your IT staff possess—.NET, JavaScript, SQL, etc.?	IT staff capacity varies across LEAs.
30	In addition to integration with the LEAs student information systems, are there other systems to which the new EHR will need to integrate either bidirectionally or unidirectionally? Please list all interfaces that will need to be established. Please answer the questions below for each:	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.

	a. What is the connection type, and how is the data exchanged—TCP/IP VPN, sFTP, Web services, API, or another? b. What is the data format - e.g., HL7, FHIR, XML, flat CSV file, database table, proprietary or other? c. How many data points/fields? d. Is this Query-based or triggered? e. Is this sending discrete data only, or will this include embedded documents? f. Is the expectation that the new EHR will generate documents, generate reports, or create new client records? g. If updating/overwriting existing data, will it be reviewed manually before writing to the database? h. How and by whom will this information be used in the staff workflow?	
31	Across the 16 participating LEAs, what are the SISs that will require integrations to the EHR system?	PowerSchool and Aeries
32	Will there be any additional integrations required? If so, what are the systems?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
33	How often (e.g., real time, hourly, daily, weekly) does the data need to be updated with each integration?	Daily is currently utilized by most LEAs.
34	Do the integrations need high availability?	No, this is not required.
35	How many environments (pro, pre-prod, test etc...)?	Multiple environments are preferred (prod, pre-prod, test). However,

		specific details on needs are not available at this time.
36	What is the volume for each transaction?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
37	Is there a need for an X12 connector?	Yes, please refer to Attachment A.
38	Please provide the list of integrations that are bi-directional.	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
39	Does SBCEO already have a data warehouse/data lake that can be used to master records coming in from the different LEAs prior to them coming into the EHR or is that part of this project?	No
40	To determine license types and subscription volume: a. How many total users across all 16 participating LEAs? b. How many users will need access to: i. Clinical documentation/EHR workflows? ii. Billing and claims? iii. Case Management? iv. System Administrator? v. Executive? c. Are there any prescribing providers, if so, how many?	a. Up to 500 users b. A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time. c. Not at this time
41	To understand the organizational structure and roles: a. How many LEAs are running their own clinics or embedded behavioral health services? b. How many individual provider	a. Most LEAs offer behavioral health services through employed or contracted practitioners. b. To be determined c. 50 sites

	NPI numbers will need to be tracked for billing? c. How many sites will need to be configured (e.g., per school, per district)? i. Are there certain providers that are specific to the sites or can certain providers work at different sites? d. Do any LEAs use third-party contractors for care delivery? e. Describe the different provider types of users that will be using the system. f. The names of different roles can be different than the clinical terminology. Use Service Delivery or Documenting services.	i. Vary by LEA d. Yes e. Vary by LEA f. Vary by LEA (e.g., LCSW, LMFT, ACSW, AMFT, PPS Counselor, CWC)
42	To scope RCM throughput and compliance: a. How many claims per month, on average, across the 16 LEAs? b. Are counties and LEAs currently billing through an intermediary, or is this a new process?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.
43	To define the EHR template and customization effort: a. What services are typically offered? (e.g., counseling, assessments) b. Are there standard forms currently in use at the county level?	a. Psycheducation, Screenings and Assessments, Treatment, Case Management/Care Coordination b. No standard forms at this time
44	To plan for data exchange: a. What Student Information Systems (SIS) are currently in use at the LEA level? b. Is there a mandate for two-way data exchange with SIS platforms? c. Will there be a need for future EDI integration with labs,	a. Powerschool and Aeries b. Unidirectional would be required, bidirectional could be an enhancement, but not required. c. No

	pharmacies, or HIEs?	
45	To ensure readiness for security and infrastructure needs: a. Are there existing internal IT policies we need to align with (e.g., device restrictions, SSO)? b. Are there plans to use mobile or tablet devices that may affect access?	a. Existing IT policies vary by LEA. b. No plans exist at this time.
46	To size training hours and support SLAs: a. How many staff will need full training? b. What's the split between onsite and virtual training preferences? c. Will all LEAs need to be trained individually in separate sessions or together in one session if full training is required?	a. Up to 500 staff will need a full training b. Both training types will be required based on the varying sizes of our LEAs c. Both large group and individual trainings will need to be available based on the varying sizes of our LEAs
47	To guide implementation planning: a. Do you prefer a phased rollout by LEA, or a single go-live across all?	Each LEA will be determining their rollout process based upon their need.
48	Regarding RFP page 7, line 5, which requires the system have a "library of customizable document templates with the ability to create templates based on SBCEO and participating LEA's needs." For what purpose would SBCEO use these document templates?	We are seeking a vendor that provides customizable templates such as: predefined fields, drop-down menus, or text boxes to streamline data entry. They are customizable to fit the specific needs of the LEA, allowing for modification of fields, drop-down menus, and workflows.
49	Regarding Medi-Cal billing mentioned on the following pages of the RFP: ● Page 7, starting on line 20, which states deliverables "will be structured to ensure that SBCEO and its associated LEAs are fully equipped to handle the complexities of Medi-Cal billing and are prepared for the operational demands of the CYBHI	Medi-Cal enrollment and billing requirements will need to be met. However the CYBHI Fee Schedule does not require direct billing with DHCS, since Carelon is acting as the clearing house for claims processing. Medi-Cal billing may be considered part of the scope of the work if an LEA uses the billing vendor to bill for both the CYBHI Fee Schedule and LEA

	Multi-Payer Fee Schedule...”; and ● Page 9, in the second row of the Performance Based Criteria column, where SBCEO lists “EHR system meets capacity for Medi-Cal billing.” Is Medi-Cal billing considered to be part of the scope of this RFP?	BOP.
50	Can you list the school districts expected to use the system?	SBCEO will not be sharing the names of the LEAs as part of the RFP process.
51	Are there preferred security or compliance standards (e.g., NIST, HITRUST, SOC 2) beyond HIPAA, FERPA, and SOPIPA that the system must meet?	SOC 2 TYPE 2 is preferred.
52	What is the expected timeline for full implementation, and are there specific go-live milestones?	Implementation timelines are going to be dependent on each LEA enrolling in the CYBHI Fee Schedule. If each LEA is enrolled for the 25-26 school year, then full implementation should occur by the 26-27 school year.
53	Are there any anticipated implementation barriers that the county has identified based on past system rollouts?	With various levels of capacity and familiarity with Health Management Systems, differentiated support for participating LEAs will be beneficial to reduce any barriers to implementation.
54	How many students are currently receiving medical/behavioral health services, and at what rate do you estimate that to grow over the next 1-5 years?	A Health Management System Software platform is not currently being utilized. Therefore, the specific details or data requested are not available at this time.

The following items are issued as Clarifications to the Proposal Documents and Project Specifications:

CLARIFICATIONS:

Not Applicable

REVISIONS TO THE PLANS:

Not Applicable

REVISIONS TO THE SPECIFICATIONS:

Not Applicable

END OF ADDENDUM #1

Addendum #1: Thirteen (13) pages