Counties and regions are mentioned in the scoring matrix. Does Echo HMIS coverage expand beyond Travis County?

- No, our coverage currently is Travis County, with some exceptions depending on a person's situation that we serve.

When is the expected Go Live Date?

- We hope our go live date to be early September.

From RFP 3.7; Appendix A, #78: Please can you provide the local CoC compliance requirements that are different from the federal requirements.

- Please see attached.

From RFP 4.3.3: 3rd bullet: Is this asking to move or change data from being associated with one project to being associated with another Project?

- Not full data sets from projects, but specific elements.

4th bullet point; Appendix A, #75: Is this asking about changing a Project record from being associated with one Organization record to being associated with another Organization record?

- Yes

RFP 4.3.5 first bullet point: Does this requirement as to exchange data directly, as with the push of a button?

- As simply as possible is our goal.

Appendix A, #5: Please can you give an example of errors that may occur?

- Client count for each project has caused problems for us previously.

Appendix A, #16: Please provide more detail on this requirement.

- A client ROI will share globally across the entire system. Different providers will be able to see an ROI record and document upload regardless of who created the record or uploaded the document.

Appendix A, #21: Please define "track."

- Track through audit reports or other means.

Appendix A, #25: Is the requirement to have both XML and CSV or is having one of the other acceptable?

- Both

Appendix A, #41: Please can you provide more detail to this requirement?

- We want the HMIS to provide an e-signature function for ROIs. This would be in lieu of paper documents being uploaded into the system in specific cases.

Appendix A, #55: Are you looking for more than HUD documentation, please describe if so.

- Yes, thorough documentation for any changes/updates so that those are clear to us as the HMIS lead and can provide that information on to users.

Appendix A, #59: Please provide more specifics around this requirement.

- We are asking vendors to maintain all HUD required reports (CoC APR, ESG Caper, etc.). We currently utilize the XML Extract for local scorecards.

Appendix A, #86: Would producing exports of the HMIS CSVs satisfy this?

- The exporting of HMIS .csv files as listed in the HUD Data standards does not meet the requirements of an API to be used with R. We want to be able to utilize a URL that we can call directly through R to download the information directly from HMIS live, in real time. It is preferable if the API can be utilized with existing R packages for reading in data from REST APIs.

How many system administrators do you have?

- One

In section 4.3.3 System Administration, can you expound on what specifically you are looking for when mentioning, "Ability to update multiple records at once?" What type of data are you wanting to update?

- Specifically, we want the capability to update a client record within one project and have that data carry over to another project when applicable. For example, this would include Universal Data Elements (UDEs) when a client enrolls in a new project. Additionally, we would like the option to enable this functionality for custom elements as well.

What type of data sharing are you hoping to do with Health Data Exchanges?

- Long-term goal: to be able to potentially utilize health data exchange for prioritization/by name lists. If there was a way to automate this, that would be the ideal. Currently, we are having to manually run reports in HMIS and then use code to match with other data sources.

- An HMIS that is HIPAA compliant is a priority.

- Data sharing across healthcare and the homelessness response system could have many use-cases:

    o Health and housing stability integration for care coordination: enabling -real-time, bi-directional data exchange with health agencies, housing providers, and outreach teams allows for shared case management and reduced service duplication while enhancing outcomes.

    o Health and housing outcomes analysis: Tracking of long-term outcomes related to housing and healthcare access to produce evidence to support future funding and policy efforts.

    o Public health research: Collaborating on de-identified data could be used to study trends related to chronic homelessness, mortality, and service utilization patterns to develop a more integrated and proactive safety net system.

In general, regarding interoperability, are you looking to share primarily HMIS data between different systems, or are you looking to share different kinds of data?

- We are looking to share HMIS data to other systems as well as potentially have data shared with HMIS.

- Expanding on this, some ideas:

    o Beyond HMIS data, we would like to incorporate healthcare, criminal justice, and benefits enrollment data, focusing on creating a seamless client profile that is accessible across systems. This integration would enhance case management by providing a fuller view of each client's journey, needs, and supports.

    o We're particularly interested in sharing data on indicators tied to health and housing stability, such as frequency of ED visits, hospitalizations, psychiatric admissions, crisis intervention histories, and supportive housing tenure. This helps identify high utilizers across systems and develop coordinated care plans.

    o By bringing together HMIS with health, legal, and social services data, we can track outcomes like reductions in ED visits, stabilized housing, mental health progress, and even employment or community reintegration for formerly incarcerated individuals. This allows us to measure holistic impacts on clients' lives, not just housing status.

    o For higher acuity cases, sharing real-time updates between healthcare providers, housing case managers, and outreach teams would allow for coordinated action

during crises. This could include alerts for hospital discharge, shelter admission, or encounters with law enforcement.

Does the CoC aspire to have a centralized data warehouse to manage data sharing with community partners?

- We are in multiple conversations around data warehouses (for HMIS data), and a potential data warehouse/platform to be used across community partners.

- Our community aspires to get to a place of a shared data and real-time integration for services coordination, but we are still formalizing data sharing agreements and concerns with HIPAA compliance have been an ongoing issue. If our partners were to agree to a shared data warehouse, we would need customizable access levels and considerable thought to data structuring and integration with multiple EHRs.

What does ECHO envision as the workflow or business process for HRS? If you could provide an example of what this involves or an explanation of how you are currently managing this, it would greatly assist in developing the solution outline for us.

- Many providers in our community are currently using secondary databases alongside HMIS. This has created an ongoing workload challenge, with no solution in place to integrate these systems or ensure that one platform can meet the diverse needs of most providers. In addition to the need for providers to be able to synch their data from a second HMIS or other type of database as mentioned above, we also would like to be able to store or warehouse that data to enable providers and our staff to be able to incorporate that data into custom reports for the native tool of the HMIS. We are not able to currently do this, and it is a high priority to have the ability to report on data that is imported from other systems. Additionally, we are beginning to enter data sharing agreements with healthcare information exchanges and public records requests for criminal justice system involvement. Again, our aim is to contain this data for further analysis within the HMIS system itself.

If you could provide us with more information on how you envision the HMIS working with the HRS. Having an example of how you are currently managing HRS performance evaluations will help us determine whether this is out-of-the-box or an add-on.

- Currently, our evaluation department utilizes R to generate scores for our providers. We would like to be able to shift this over to whatever native tools are a part of the HMIS. You can find specifics for our scorecard functions and other package tools on our github website: https://github.com/echoatx We will be prioritizing systems that can transfer the work we do in R into the native reporting tool(s) available. We will always continue to use R so any additional integrations that prevent our evaluation department from essentially duplicating reports in R and in HMIS is extremely desirable.