



Plan for Development of a Secure Online Portal

Preliminary **Report**

For Section 13 of the Public Act No. 23-137

Prepared for:

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State of Connecticut

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Introduction

Section 13 of Public Act 23-137 requires the Office of Policy and Management (OPM), in consultation with the Departments of Administrative Services, Developmental Services, Social Services, Aging and Disability Services, Mental Health and Addiction Services, Education, Correction and Children and Families and the Office of Early Childhood, to create a plan to develop a “Secure Online Portal” to facilitate sharing of basic critical information across agencies to ensure efficient and safe delivery of services. The Act states that the plan shall include:

- A review of the feasibility of using current online portals already utilized by state agencies as well as a new online portal
- Detail regarding data sharing and privacy requirements sharing such information across state agencies in accordance with federal and state law concerning data sharing and privacy

The Secure Online Portal is intended to enable agencies to document when a site visit has been completed or scheduled and to provide individuals performing site visits a mechanism for recording shared notes.

OPM entered into a contract with Asemio¹ in May 2024 for purposes of developing the plan for a Secure Online Portal required per Section 13 of Public Act 23-137. This preliminary report serves to summarize the approach and preliminary risks related to such a plan and recommendations to continue to implement the provisions of this act. The final report will be provided on November 1, 2024.

Implementation Outline

OPM has, with the support of Asemio, developed the following implementation outline to meet the requirements of developing a plan for a Secure Online Portal:

¹ Since 2013, Asemio has been working at the intersection of software and social good. Based in Tulsa, Oklahoma, their team of technologists and consultants helps mission-focused organizations better serve their communities with innovative, high quality technology solutions.

- **Landscape Analysis** Asemio has identified several initiatives with similar objectives to the provisions of Section 13 of Public Act 23-137. These initiatives will be further evaluated as part of a landscape analysis, from which value propositions, lessons learned, inputs, and outcomes will be identified.
- **Final Report** Asemio will conduct a series of discovery activities to understand the specific requirements desired by participating agencies and to identify potential existing portals that may support the desired outcomes, including in Connecticut and in other states. Asemio will contextualize these requirements in a final report that synthesizes the outputs from the landscape analysis with agency findings and best practice recommendations that ensure alignment with data sharing and privacy requirements as well as a system architecture that supports the development of a Secure Online Portal.

Discovery activities will occur in July, August, and September 2024; the final report will be submitted November 1, 2024.

Assessment Approach

In order to provide an informed and thorough assessment, Asemio will examine and aggregate information across the following dimensions:

- **Similar Initiatives:** Asemio will research, interview, and aggregate findings from similar initiatives. Findings related to objectives, outcomes, investment, and lessons learned will be documented. Appendix A includes a preliminary inventory of similar integrated data initiatives.
- **Connecticut State Agency Requirements:** Asemio will interview State of Connecticut agency representatives to understand value proposition and requirements.
- **System Architecture:** Asemio will offer expert-driven and industry-standard guidance for designing a system architecture that meets the specified requirements.

Asemio will then synthesize these findings into a comprehensive report examining key considerations for the adoption or development of a secure online portal to support cross-agency communication. Appendix B includes a list of preliminary risks associated with care coordination integration initiatives.

Appendix A

Initial Inventory of Integrated Data Initiatives Supporting Cross-Agency Operations

The following initiatives represent a preliminary inventory of similar initiatives that have been selected for additional evaluation and inclusion in the Landscape Analysis:

- Blueprint Solution (State of Utah)
- Enterprise Integrated Case Management System (eICM) (Montgomery County, Maryland)
- Integrated Data for Evidence and Action (Philadelphia, Pennsylvania)
- Health and Human Services (HHS) Connect (New York City, New York)
- Systems Integration Project (SIP) (Monroe County, New York)

These initiatives may be useful for the landscape analysis; the final analysis may include these or other initiatives.

Appendix B

Risks Associated with Care Coordination Integration Initiatives

Asemio has identified the following preliminary risks to successful cross-agency integration of care coordination operations for state agencies. Further analysis will support an assessment of the impact of these risks and potential mitigation strategies.

Culture

- A perceived lack of value or incentive in sharing data or reluctance to share data for any purpose prohibits exploration of cross-agency data sharing.
- Initial resources invested in this effort may be insufficient for building complex infrastructure.

Governance

- Security and compliance policies may be perceived as restricting data sharing, regardless of whether those restrictions actually exist.
- Initial resource build may not be sustainable long-term without additional funding.

- Interfaces between systems, particularly care coordination systems, can be costly to build and highly sensitive to changes in source systems.
- Lack of a shared language means that even simple terms (e.g., site visit) can have varied interpretations across agencies.

Infrastructure

- Integrating care coordination systems remains a significant IT modernization challenge and best practice recommendations have yet to be established.
- A care coordination vision is often disproportionate to the cost, feasibility, and ease of adoption of technology and process changes necessary to support that vision.
- Highly specialized technology builds tend to have a lower cost which can be appealing, but are highly resistant and sensitive to organizational or agency workflow changes.
- Architectural design must align to IT governance, security, and compliance policies which may further constrain technical options.