

Systems Integration Project (SIP)

# Data Ecosystem Phase 1 Scope and Use Cases

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# 1 EXECUTIVE SUMMARY

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This document outlines the Phase 1 Scope and Use Cases for the System Integration Project's Data Ecosystem. It references the SIP Business Requirements Document (approved as of March 6, 2020). This is a key document for focusing project stakeholders, including potential vendors, on what is considered a critical, "must-have" priority during the project's first procurement cycle.

## 1.1 VISION STATEMENT

The work of this project is guided by the collective vision, which was established in 2018, by the founding members of the Systems Integration Team (SIT):

"The greater Rochester community is working across a diverse network of committed providers to build an interconnected, person-centered system of health, human services, and education leveraged by a unified information platform (technology and consistent approach to service delivery processes), to improve the health and economic well-being of individuals and families, especially those who are vulnerable and/or impacted by poverty."

# 2 PHASE 1 SCOPE

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## BUSINESS CONTEXT

The SIP is a five-year project that is large in scope and highly complex. Iterative delivery is imperative to the project's success. In Phase 1, SIP is focused on the specific areas that most directly help Monroe County and its citizens to recover from the devastating impacts of COVID-19. In this initial phase, the SIP endeavors to stand up the first components of the Data Ecosystem that enable improved operations.

## PHASE 1 SERVICE DOMAINS

In Phase 1, the SIP will invest in integrated service delivery pilots that help individuals who seek support within the following domains:

- Food
- Housing
- Financial Management – Credit and debt repayment
- Income – Wages and other earnings
- Employment – Level of employment including availability of employer sponsored benefits
- Behavioral Health
- Education (youth focus)

## PHASE 1 INTEGRATED SERVICE DELIVERY MODULES

The Systems Integration toolkit includes Systems Thinking and Design Thinking. Recently, modular design was incorporated as a method for approaching this work. The SIP's approach to modularization is informed by the work of J. Gharajedagh, [Systems Thinking: Managing Chaos and Complexity: A](#)

Platform for Designing Business Architecture (2011). Modular design gives us the ability to create a complex product from smaller subsystems that can be designed independently yet function together as a whole.

### Systems Integration Toolkit



SYSTEMS THINKING

+



DESIGN THINKING

+



MODULARIZATION

- Modular Design is the most potent and practical means of handling change and implementing complex designs, without getting lost in the process.
- Modular Design has created the ability to create a complex product from smaller subsystems that can be designed independently yet function together as a whole

J. Gharajedagh, Systems Thinking: Managing Chaos and Complexity: A Platform for Designing Business Architecture, (2011)

**SYSTEMS INTEGRATION**  
A community project at United Way

In Phase 1, we have taken a modular approach to architecting a new service delivery model. The hypothesis is that the modules can be integrated in different arrangements to address specific needs. An overarching principal is that the Data Ecosystem will be created to enable improved, person-centered service delivery. The SIP's unified information platform must enable data sharing across key service delivery functions. The reusable, interconnected service delivery components include:

- Navigation:** Supporting a person's progress through *The System* based on a person's defined priorities and the operating rules/standards that govern the health, human services and education sectors
- Point of Entry:** Repeatable process and standards for initiation into the service delivery system
- Intake:** Repeatable process for identifying a person's need for services and supports; process includes data collection to compare a person's current situation against standard eligibility criteria
- Informed Consent:** Centralized, repeatable process for obtaining and communicating consent given or withdrawn to share a person's data across the system
- Service Pathway:** Repeatable process for selecting and following a plan of service delivery to completion
- Referral Management:** Repeatable method for connecting individuals and service providers to complete interactions/transactions in support of the service pathway goals

The next section of this document describes the initial use cases for the Data Ecosystem that will establish necessary infrastructure and begin to enable individuals to share their data with health, human services and education providers in exchange for better service, outcomes and an overall improved experience of getting what's needed from the formal system.

### 3 PHASE 1 SUMMARY USE CASES

These seven summary use cases form the basis of phase 1 procurement, design, development, testing and implementation for the SIP Data Ecosystem. The timeframe for phase 1 is Q3 2020 through March 31, 2021.

- **Use Case 1:** Digital Front Door - Provide Information & Resources That Compel A Person to Create an Account (or Log in)
- **Use Case 2:** Identity Management - Centrally Manage Account-Based Access to the Data Ecosystem
- **Use Case 3:** Consent Management - Inform and Collect a Person’s Consent Enabling Authorized Individuals and Service Providers to Share Person’s Data
- **Use Case 4:** Data Integration - Receive, Consume and Combine and Normalize Data from Individuals and Service Providers
- **Use Case 5:** Master Data Management - Apply Business Rules to Match, De-duplicate, and Standardize Data to Create a Unified Record
- **Use Case 6:** 360 Degree view of a person - Display Personalized Dashboard of an Individual’s Demographics, Status Across Various Domains (self-assessment), Care Team, and Referral History
- **Use Case 7:** System Performance - Respond to requests (e.g. *Response Time*)

#### 3.1 UC-1 DIGITAL FRONT DOOR

Description / Rationale	<p>Provide Information &amp; Resources That Compel A Person to Create an Account (or Log in)</p> <p>To gain trust of potential users, the SIP’s Digital Front Door must provide value to users with or without requiring them to commit their personal information. Users spend an average of less than 15 seconds on a website. In that time, the Data Ecosystem must generate interest and demonstrate the value that a person can obtain by continuing to use the site. Digital front door should provide an online experience that surpasses the current, library experience.</p>
Primary Actor	Individual or Provider
Related User Stories	<p>EBO-6a As a user, I want to be able to complete an anonymous survey about aspects of my well-being and receive a customized report of local resources that I could contact, so that I’m able to anonymously explore my options before reaching out to a provider.</p> <p>EBO-8a As a user, I want to use a solution that has an interface (screens, navigation, iconography, etc.) that is intuitive to use (e.g., ADA compliant and multilingual support), so that I can easily navigate and engage.</p>
Preconditions	Person is connected to the internet and ready to select the URL: <a href="http://systemsintegration.org">systemsintegration.org</a>
Postconditions	Guest user (a person with no account) is able to click through SIP’s website in self-service mode and learn about SIP either through lens of a provider or an individual. User experience may have included watching videos; searching a resource directory; completing a needs assessment survey and receiving a

	customized resource report; submitting an assistance request form; running numbers through a public benefits calculator. User can either create an account or leave the site.
Frequency	Normal load of 100-500 requests per day to capture new consent or change consent status. Peak load 500-1500 requests per day. Day is considered an 8-hour period.
Sub Use Cases	<p>** Engage as an anonymous person</p> <ol style="list-style-type: none"> <li>1. Learn about SIP             <ol style="list-style-type: none"> <li>1a. Message path for individuals</li> <li>1b. Message path for providers</li> <li>1c. Message path for Government</li> </ol> </li> <li>2. Learn about what consent means in SIP</li> <li>3. Learn why a person would want to create an account</li> <li>4. View the resource directory</li> <li>5. Fill out a needs request form</li> <li>6. Ask a question or provide feedback or comment</li> <li>7. Assessment             <ol style="list-style-type: none"> <li>7a. Take an anonymous self-assessment</li> <li>7b. Retake an anonymous self-assessment</li> </ol> </li> </ol> <p>** Engage as an identified person</p> <ol style="list-style-type: none"> <li>9. Provide access to secure front door</li> <li>10. Account access for person wanting help from the system             <ol style="list-style-type: none"> <li>10a. Create an account as a person wanting help from the system</li> <li>10b. Login an account as a person wanting help from the system</li> </ol> </li> <li>11. Assessment             <ol style="list-style-type: none"> <li>11a. As a person in the system, take a self-assessment</li> <li>11b. As a person in the system, Retake a self-assessment</li> </ol> </li> <li>12. Account access as a person in the role of a provider             <ol style="list-style-type: none"> <li>12a. Create an account as a person in the role of a provider</li> <li>12b. Login an account as a person in the role of a provider</li> </ol> </li> <li>13. Print self-assessment results</li> <li>14. Share self-assessment results</li> <li>15. Access the UI in a different language</li> <li>16. Access the UI in a supported ADA manner</li> </ol>
Open Questions	

### 3.2 UC-2 IDENTITY MANAGEMENT

Description / Rationale	<p>Centrally Manage Account-Based Access to the Data Ecosystem.</p> <p>Individuals and Providers who use the system will have different needs and therefore be given different types of access. All users will need to establish their identity before accessing secured information including one's own PII or that of patients, clients, students that a provider may serve. The system shall provide for unobtrusive management of access rights, enable user lifecycle management and protects accounts.</p>
Primary Actor	The system

Related User Stories	<p>EPS-1 As a system, I want to adopt comprehensive policies, procedures and standards related to data security; provide security measures such as activity logging, role-based access, two-factor authentication and strong data encryption in transit and at rest, so that I can earn and maintain the trust of community users.</p> <p>EPS-3 As a system, I want to provide access control that is role based and scalable, so that the access control rules can be quickly adapted to changing provider needs.</p>
Preconditions	<ol style="list-style-type: none"> <li>1. Business data protection rules configured in system</li> <li>2. System roles defined</li> </ol>
Postconditions	System's user database and logs updated with account information and activity including date/time stamps when account is accessed
Frequency	Normal load of 100-500 requests per day. Peak load 1000-5000 requests per day. Day is considered an 8-hour period.
Sub Use Cases	<ol style="list-style-type: none"> <li>1. Provision identity of new person</li> <li>2. Deprovision a person</li> <li>3. Change role of person</li> <li>4. Reset password of person</li> <li>5. Single sign on</li> <li>6. Change authentication type of person             <ol style="list-style-type: none"> <li>a. Single factor</li> <li>b. Two factor</li> </ol> </li> </ol>
Open Questions	<ol style="list-style-type: none"> <li>1. Request approval step. Is that required for every role type?</li> <li>2. Should the public web site have a create account request path and that path be exclusively for persons served?</li> <li>3. Should the provider account create be a different use case?</li> </ol>

### 3.3 UC-3 CONSENT MANAGEMENT

Description	Inform and Collect a Person's Consent Enabling Authorized Individuals and Service Providers to Share Person's Data
Rationale	<p>Locally, many people are accustomed to signing the Rochester RHIO consent to share medical information when they visit their provider's office. Though many people do not understand the inner workings of their consent and what they are authorizing, it is often commonly assumed that one's medical providers are freely sharing information about their medical history, tests, charts, notes etc. in order to best serve the person.</p> <p>The goal of this use case is to create a transparent and systematic way to manage the lifecycle of consent from informing through revoking/renewing/modifying. The expected result is that individuals will have better knowledge and control over how their information is actually being shared and to increase data sharing where it serves/benefits the person but is not currently happening – especially across sectors.</p>
Primary Actor	System, Individual, Service Provider

<p>Related User Stories</p>	<p>EPS-3 As a system, I want to provide access control that is role based and scalable, so that the access control rules can be quickly adapted to changing provider needs.</p> <p>EPS-4a As a system, I want to ensure that only persons that consent for services are served, so that privacy and trust is maintained.</p> <p>EPS-4b As a system, I want to ensure the person has a simple way to change their consent to share information so that I can maintain current preferences and uphold system rules.</p>
<p>Preconditions</p>	<p>Person has not yet established a record in Data Ecosystem and has not authorized any care team members to view their information</p> <p>The user may have engaged in front door exploration to understand what consent means for them. The two level of consent the person will learn about and may agree to are:</p> <p><b>Join our community (Level 1).</b> Agree to participate in our support community and allow the collection and storage of information about you and your life situation. Allowing the support community to use this information in a manner that will not identify you as an individual (in accordance with applicable laws), for reporting and strategic decision making for the benefit of our community.</p> <p><b>Set up your care team (Level 2).</b> Agree to allow your care team to interact with your 360-degree view dashboard/record to support you and your needs as it relates to your well-being.</p>
<p>Postconditions</p>	<p>Person has agreed to join the SIP community and is open to authorizing care team members to interact with their record. Individuals who are not designated as care team members do not have access to view the person's information unless and until authorization is given.</p>
<p>Frequency</p>	<p>Normal load of 100-500 requests per day to capture new consent or change consent status. Peak load 1000-5000 requests per day. Day is considered an 8-hour period.</p>
<p>Sub Use Cases</p>	<ol style="list-style-type: none"> <li>1. Record the individuals consent to join the SIP community.</li> <li>2. Renew membership in the SIP community before it expires (a yearly event)</li> <li>3. Record an individual's decision to leave the SIP community</li> <li>4. Record an individual's decision to build a care team</li> <li>5. Record an individual's decision to add a care team member organization</li> <li>6. Record an individual's decision to remove a care team member organization</li> <li>7. Record an individual's decision to share when I'm notified of a new event (<i>Future Phase</i>)</li> </ol>
<p>Open Questions</p>	

### 3.4 UC-4 DATA INTEGRATION

Description	Receive, Consume and Combine and Normalize Data from Individuals and Service Providers
Rationale	Technology plumbing infrastructure needed so that (minimum data set) information about people, providers and events can flow between where it originates/persists and the SIP's central hub. The hub can be informed to collect the longitudinal view of a person's state of being and interactions with the system over time.
Primary Actor	System
Related User Stories	<p>EBO-9a As a system, I need an <b>inbound</b> data (from the viewpoint of the Data Ecosystem) sharing mechanism that enables connected providers to share information in a structured format with the Data Ecosystem, so that the information can be used for integrated service delivery and measurement.</p> <p>EBO-9b As a system, I need an <b>outbound</b> data (from the viewpoint of the Data Ecosystem) sharing mechanism, so that I can share information in a structured format out of the Integrated Data Ecosystem and enable connected partners to leverage the information as needed for integrated service delivery and measurement.</p> <p>EBO-9c As a system, I want to provide core services that enable responsive workflows and service processes, in support of a customer experience that is timely and accurate.</p> <p>EBD-6 As a system, I want to be able to extract information by provider, so that each provider can easily get out the information they contribute to the system.</p>
Preconditions	A person or provider creates a record within the Data Ecosystem and has therefore agreed to be "known" by the system.
Postconditions	For the known person in context, the system will request data from outside sources and bring it together to create a single record / view of a person.
Frequency	Normal load of 1000-5000 requests per day. Peak load 5000-50000 requests per day. Day is considered an 8-hour period.
Sub Use Cases	<p>** Integration patterns supported</p> <ol style="list-style-type: none"> <li>1. Data ecosystem shares information using a publish and subscribe pattern when many systems may want to know about an event</li> <li>2. Data ecosystem shares information using a request/response pattern when there are only two participants in a transactional exchange</li> <li>3. Data ecosystem shares information using a batch ETL/ELT pattern when the connected system is not technically or practically able to connect using #1 or #2</li> </ol> <p>** Processes supported</p> <ol style="list-style-type: none"> <li>4. Add event in person historical record</li> </ol>

	<p>5. Add to longitudinal record for each assessment taken</p> <p>6. System A (Creates, Updates, Deletes):</p> <p>6a. a new provider, publishes event to the data ecosystem</p> <p>6b. a new person, publishes event to the data ecosystem</p> <p>6c. a referral for a person, to a provider, publishes event to the data ecosystem</p> <p>6d. a care note for a person, publishes event to the data ecosystem</p> <p>6e. an assessment or questionnaire for a person, publishes event to the data ecosystem</p>
Open Questions	

### 3.5 UC-5 MASTER DATA MANAGEMENT

Description	Apply Business Rules to Match, De-duplicate, and Standardize Data to Create a Unified Record
Rationale	<p>The SIP aims to connect 300 service providers across health, human services and education and establish records (a 360-degree view of a person dashboard) for at least 150,000 individuals who are served by the system.</p> <p>The core data within the system that describes objects around which business is conducted are people and providers. The data typically changes infrequently and can include reference data that is necessary to operate the system. Master data is not transactional in nature, but it does describe transactions and longitudinal information is stored for events related to persons and providers.</p>
Primary Actor	System
Related User Stories	<p>EBO-1 As a system, I want to provide a unique system identifier to each person and a cross reference to other provider systems so that I can match and deduplicate person data.</p> <p>EBO-5 As a provider, I want to be able to identify the available and situationally appropriate resource and understand the eligibility and capacity of the appropriate resource so that the person can engage the resource for help.</p>
Preconditions	The system has requested and received data about an individual or provider from connected source systems and the data has been returned. It needs to be processed before it can be brought into the Data Ecosystem.
Postconditions	Comprehensively define and manage the systems critical data. Provide a single, trusted view of data across the system, with agile self-service access, analytical graph-based exploration, governance and a user-friendly dashboard.
Frequency	Normal load of 1000-5000 requests per day. Peak load 5000-25000 requests per day. Day is considered an 8-hour period.

Sub Use Cases	<ol style="list-style-type: none"> <li>1. Seek to match entity in repository</li> <li>2. Add new unique entity to repository</li> <li>3. Merge pending entity into repository</li> <li>4. Keep history of how an entity came to its current state</li> <li>5. Associate attributes / events / other entities to an entity</li> </ol>
Open Questions	<ol style="list-style-type: none"> <li>1. What does peak load really look like?</li> <li>2. Is 50/Min the real peak number?</li> <li>3. Is the association use case (5) a master data use case?</li> </ol>

### 3.6 UC-6 ESTABLISH 360 DASHBOARD

Description	Display Personalized Dashboard of an Individual’s Demographics, Status Across Various Domains (self-assessment), Care Team, and Referral History
Rationale	At present, there is no single system where one can view updated, holistic information about a person’s total well-being. Without such a resource, individuals seeking services are required to tell their stories over and over and they must fill out blank intake forms when much of the information to populate that form has already been recently provided (we could save time/and money by verifying existing data in a shared system). Without a common, shared view of a person, service providers aren’t able to recognize the other facets of a person’s life including social determinants of health that comprise their total well-being. In order to create a system of shared accountability and improved results, we need to first make the information visible that will help providers see a complete picture of the person they are helping and give them the ability to proactively intervene before unmet needs escalate into crisis situations. The term longitudinal record is used in this use case to describe the historical record of a person tracked over time.
Primary Actor	Individual, Provider, System
Related User Stories	<p>EBO-2 As a provider, I want a 360-degree view of a person so that I can understand “current state” and identify future needs of and individual and/or family.</p> <p>EBD-2 As a system, I want to log events and changes in state of well-being of a person so that users can analyze and derive business intelligence from this data.</p> <p>EBD-3 As a system, I want to collect state of well-being of a client over time and collect the right information that supports cross sector well-being assessment and growth so that users can extract their information and analyze it.</p>
Preconditions	A person or provider creates a record within the Data Ecosystem and has therefore agreed to be “known” by the system.
Postconditions	The system presents the data it knows about that person in a dashboard format. The intended audience is the person and the care team members that the person authorizes to have access to their record.
Frequency	Normal load of 1000-5000 requests per day. Peak load 5000-20000 requests per day. Day is considered an 8-hour period.
Sub Use Cases	1. Dashboard view of person ( <i>Phase I</i> )

	<ul style="list-style-type: none"> <li>a. Demographic data</li> <li>b. Self-assessment results</li> </ul> <ol style="list-style-type: none"> <li>2. Keep/view longitudinal record of self-assessments (<i>Future Phase</i>)</li> <li>3. Keep/view longitudinal record of system rules-based assessments (<i>Future Phase</i>)</li> <li>4. Keep/view referral history (<i>Future Phase</i>)</li> <li>5. Keep/view care notes history (<i>Future Phase</i>)</li> <li>6. Keep/view event history (<i>Future Phase</i>)             <ul style="list-style-type: none"> <li>a. Data change events</li> <li>b. Life events                 <ul style="list-style-type: none"> <li>i. Hospital admit/release</li> <li>ii. Job status change</li> <li>iii. Medical event</li> <li>iv. Housing change</li> </ul> </li> <li>c. Referral events</li> </ul> </li> </ol>
Open Questions	<ol style="list-style-type: none"> <li>1. Historical view of providers and events</li> <li>2. Longitudinal record of state of well being</li> <li>3. What is the complete list of life events that we should call out as such?</li> </ol>

### 3.7 UC-7 SYSTEM PERFORMANCE-RESPONSE TIME

Description	Respond to requests									
Rationale	System users will become frustrated and SIP Data Ecosystem adoption will suffer if it fails to present information to the requesting party in a timely and performant manner.									
Primary Actor	System, Individual, Service Provider									
Related User Stories										
Preconditions										
Postconditions	<p>Business requests to the system should be responded to in no more than 1 (normal) to 4 (peak) seconds.</p> <p>A business request may be comprised of more than one discrete system request. I.E., 360-degree dashboard (Summary view) of a person.</p>									
Frequency	Frequency of requests identified for each use case									
	Per Day Normal		Per Day Peak		Per Hour Normal		Per Hour Peak			
	Low	High	Low	High	Low	High	Low	High		
UC-1 Digital Front Door	100	500	500	1500	12.5	62.5	62.5	187.5		
UC-2 Identity Mgmt	100	500	1000	5000	12.5	62.5	125	625		
UC-3 Consent Mgmt	100	500	1000	5000	12.5	62.5	125	625		

	UC-4 Data Integration	1000	5000	5000	50000	125	625	625	6250
	UC-5 Master Data Mgmt	1000	5000	5000	25000	125	625	625	3125
	UC-6 360 Degree View	1000	5000	5000	20000	125	625	625	2500
Sub Use Cases									
Open Questions									

### 3.8 (NON-FUNCTIONAL REQUIREMENT 10) SYSTEMS INTEGRATOR

As stated in the Business Requirements Document, due to the project’s complexity and aggressive targets, the SIP requires the services of a Systems Integrator to manage vendor partners and drive the design, development, integration and testing of Phase 1 use cases defined above. The Systems Integrator will be considered the prime contractor for the SIP Data Ecosystem. The Systems Integrator will be responsible for working with Systems Integration Project staff and stakeholders (including vendors) to define the detailed product roadmap and release plan. Further the Systems Integrator will develop the initial release timeline and manage the delivery team to a mutually agreed upon schedule and budget.

The Systems Integrator role may be fulfilled by a firm bidding only on the professional integration services component or by a firm that agrees to fulfill the scope of work of the Systems Integrator as well as other system components as described in the above use cases.

## 4 CHANGE LOG

Date	Who	What
2020-07-01	Jeff Pettenski	Revise summary use cases. List sub use cases.
2020-07-02	Jeff Pettenski	Added performance table. Cleaned up phase language and updated post conditions.
2020-07-20	Angee Brown	Edits per Data Ecosystem Procurement Committee review
2020-07-28	Jeff Pettenski	Updated Consent use cases to reflect two levels of consent and common language titles.

## 5 SCOPE – BUSINESS LEVEL

Topic	Phase I	Future
360 Degree historical views		Future
Ability to share events with external systems per integration patterns described	Phase I	
Anonymous self-assessment	Phase I	
Closed loop referral management		Future
Collect historical and longitudinal information of a person other than self-assessments		Future
Consent level 1 (General)	Phase I	
Consent level 2 (Provider)	Phase I	
Create / Change Accounts, roles and passwords	Phase I	
Create and maintain Gold entities for Person and Provider	Phase I	
Dashboard – 360-degree view of a person	Phase I	
SSO / Multi-Factor Authentication	Phase I	
Test integration function end to end with up to 2 prototypes	Phase I	
UI deployment in different languages or ADA modes		Future

## 6 REVIEWERS

<b>Name</b>	<b>Organization</b>	<b>Role</b>
Adam Tatro	Villa of Hope	Technology Workgroup
Barry Thornton	Excellus Blue Cross Blue Shield	SIT, Data Ecosystem Procurement Committee
Bob Davis	FLPPS	SIT, Technology Workgroup
Carolanne Kaye	CCSI	Technology Workgroup
Cristy Houde	Accountable Health Partners	Technology Workgroup
David Meintel	Rochester Regional	Technology Workgroup
Dawn DePerrior	Consultant-Excellus Blue Cross Blue Shield	Technology Workgroup
Diane Turiano	Rochester Regional	SIT, Data Ecosystem Procurement Committee, Impact & Evaluation Workgroup
Jeremy Gersh	GRIPA	Technology Workgroup
Joseph Martino	Education Success Foundation	SIT, Data Ecosystem Procurement Committee
Karen Kuppinger	Nazareth College	Technology Workgroup
LaRon Rowe	University of Rochester Medical Center	Technology Workgroup
Laura Gustin	United Way of Greater Rochester	Project Director
Marlene Bessette	Catholic Family Center	SIT, IST, Data Ecosystem Procurement Committee
Miguel Velazquez	Regional Transit Service (RTS)	SIT, Data Ecosystem Procurement Committee
Naveen Sharma	Rochester Institute of Technology (RIT)	Technology Workgroup
Wendy Parisi	University of Rochester Medical Center	SIT, Impact & Evaluation and Data Ecosystem Procurement Committee