THE FINAL REPORT OF THE JOINT STUDY COMMITTEE ON TRANSPARENCY AND OPEN ACCESS IN GOVERNMENT

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Prepared by the Senate Research Office
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COMMITTEE FOCUS, CREATION, AND DUTIES

The Joint Transparency and Open Access in Government Study Committee (Committee) was created by Senate Resolution 130 in order to evaluate ways to appropriately, efficiently, and securely share data between and within state agencies to allow for quicker, more impactful cross-agency analysis so that policymakers may make quicker, more informed decisions.

Senator Chuck Hufstetler of the 52nd and Representative Katie Dempsey of the 13th co-chaired the Committee, while the other members included Senator John Albers of the 56th (*ex officio*), Senator Brandon Beach of the 21st(*ex officio*), Representative Heath Clark of the 147th, Dr. Gary Dent from South Georgia Radiology Associates, Representative Pat Gardner of the 57th, Mr. Larry Gerdes from Pursuant Health, Mr. Anu Jain from Think Big Analytics, Ms. Patty Lavely from Gwinnett Medical Center, Mr. Patrick Mayer from TrustPoint Solutions, Senator Fran Millar of the 40th, Senator Jeff Mullis of the 53rd, Senator Freddie Powell-Sims of the 12th, Mr. Calvin Rhodes from Georgia Technology Authority, Senator Bruce Thompson of the 14th(*ex officio*), Senator Renee Unterman of the 45th(*ex officio*), and Mr. Joe Zemel from McKesson Corporation.

The Committee held a total of five meetings; one on September 8, 2017, one on October 5, 2017, one on November 2, 2017, one on November 17, and one on December 18, 2017. All meetings were held at in the Coverdell Legislative Office Building located in Atlanta, Georgia.

The Committee heard official testimony from the following: Mr. Steve Nichols, Chief Technology Officer of the Georgia Technology Authority (GTA); Deputy Commissioner, Joseph Hood of the Department of Community Health (DCH); Dr. Cherie Drenzek, State Epidemiologist and the Director of Epidemiology at the Department of Public Health (DPH); Commissioner, Robyn Crittenden of the Department of Human Services (DHS); Ms. Virginia Pryor, Chief of Staff for the Georgia Division of Family and Children Services (DFCS); Mr. Vernon Keenan, Director of the Georgia Bureau of Investigation (GBI); Mr. Bob Swiggum, Chief Information Officer of the Department of Education (DOE); Ms. Levette Williams, Chief Privacy Officer of DOE; Mr. Jeff May, Chief Information Officer of the Department of Labor (DOL); Mr. Dan Brown, Chief Information Office of the Georgia Department of Corrections; Mr. Doug Engle, Chief Information Officer of the Department of Behavioral Health and Developmental Disabilities (DBHDD); Dr. Dennis Culhane, Professor at the University of Pennsylvania; Dr. David Patterson, Chief of Health and Demographics at the South Carolina Office of Research and Statistics; Dr. Angela Snyder, Research Assistant Professor and Director of Health Policy and Financing at the Georgia Health Policy Center; Dr. Ben Druss, Professor at Emory University's Rollins School of Public Health; Mr. Richard Andrews, Teradata; Mr. Eric Hunley, Director of Enterprise Solutions with SAS Analytics; Ms. Kelly Farr, Senior Account Executive with SAS Analytics; Secretary William Hazel, Jr., Health and Human Resources, Commonwealth of Virginia; Dr. Cynthia Guy, Vice President for Research, Evaluation, Evidence, and Data at the Annie E. Casey Foundation; and Mr. Jeff Brown, Vice President of Consulting Services with Navigator Management Partners.

BACKGROUND

Evidence-Based Policymaking: An Overview of Integrated Data Systems (IDS)

As Senate Resolution 130 states, Georgia state agencies possess large amounts of valuable information on virtually all aspects of a Georgian's life, including but not limited to, health, business, education, public safety, labor, and transportation data. Unfortunately, as is seen in other states, such wealth of data maintained by our state agencies can result in the duplication of data, efforts, records, and often times, leads to inconsistent data and records concerning the same individual. Lack of accuracy and the failure to quickly respond to both legislative and executive branch informational inquiries can have detrimental effects on establishing sound public policy and can prove to be financially burdensome on state budgets. Integrated Data Systems or "IDS" attempt to help answer prevailing policy questions by combining and linking data from multiple state agencies and other various organizations, which can then be used to support evidence-based policymaking among stakeholders.

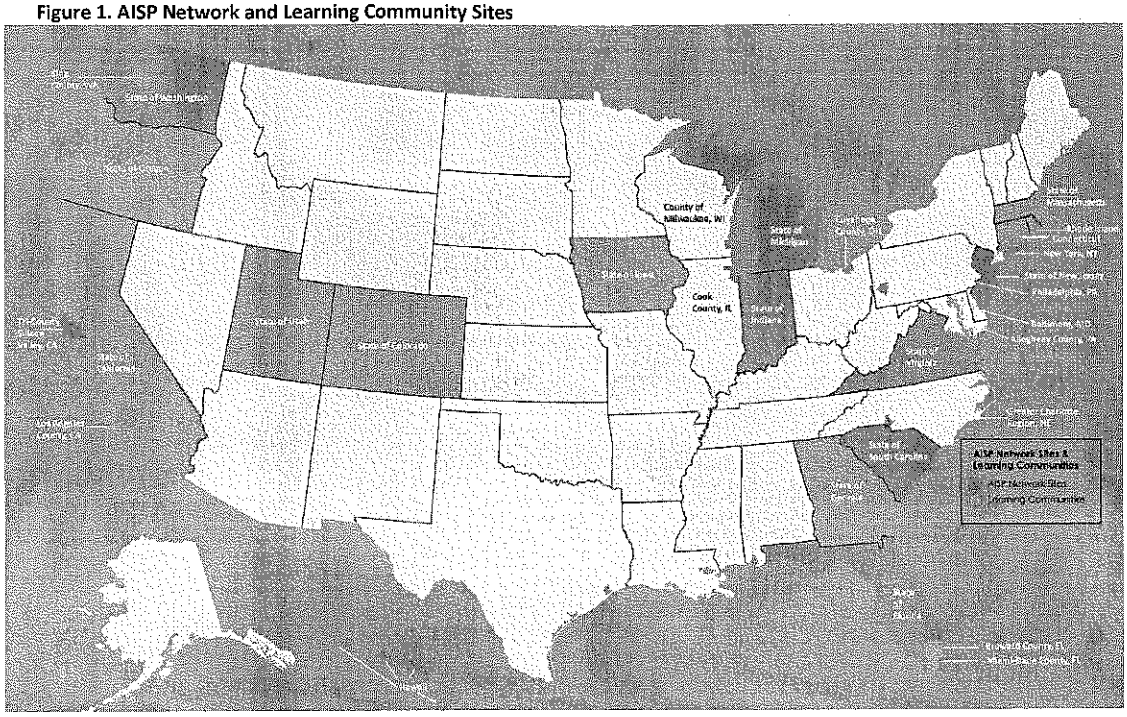
With an eye towards creating a 21st century legislature in their respective jurisdictions, numerous states have begun to utilize data as a strategic asset to improve upon the duration of the delivery of services to their state's citizens, to become more resourceful with existing data, and to minimize excessive costs. This is typically accomplished through the use of IDS and has proven to be successful.

State Integrated Data System Initiatives

From a national perspective, the University of Pennsylvania has been tremendously instrumental in studying and supporting the work of mature IDS. The institution created an initiative known as Actionable Intelligence for Social Policy (AISP).[1] AISP is funded by the John D. and Catherine T. MacArthur Foundation through a grant awarded to University of Pennsylvania professors. Through the work of AISP, it was determined that a variety of state and local governments currently possess robust IDS.

[1] Actionable Intelligence for Social Policy, available at https://www.aisp.upenn.edu/about-us/.

Figure 1. AISP Network and Learning Community Sites



As Figure I demonstrates, several states have implemented functioning IDS. Throughout the course of the Joint Study Committee, members heard testimony surrounding many participating state's initiatives. Consequently, certain state models are highlighted below as having been exceptionally successful in their implementation of IDS.

South Carolina

South Carolina has one of the most successful IDS in the country. Originally initiated to aid the state in addressing policy concerns related to welfare reform, the system was created in the mid-1990s, and is currently housed in the Health and Demographics Department of the South Carolina Revenue and Fiscal Office. It is estimated that between 9 and 20 percent of funding for the system stems from state appropriations, while the remaining amount primarily comes from contracts and grants.[2] Notably, the state has collaborated with state agency partners to create 'analytic cubes,' allowing cube users to select an analytic cell to drill down to de-identified data and access an individual's full history.[3] This type of technology has been used by policymakers in an education-oriented project to analyze the relationship between school success and poverty, mental illness, crime, and health conditions.[4] This model is referenced extensively in Committee testimony.

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[2] Bartlett, J., Druss, B., and Jones, C., *Creating an Integrated Data System for Health and Social Services in Georgia*, p. 3, (2016).

[3] Culhane, D.P., Fantuzzo, J., Rouse, H.L., Tam, V., & Lukens, J., University of Pennsylvania, *Connecting the Dots: The Promise of Integrated Data Systems for Policy Analysis and Systems Reform*, Intelligence for Social Policy, p. 17, (2010), available at https://repository.upenn.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1154&context=spp_papers.

[4] Culhane, D.P. et. al., at 17.

Florida

Initiated from statewide mental health and educational concerns, Florida currently operates two independent IDS, one related to mental health and the other related to education. The mental health IDS has previously been used to study the correlation between mental illness and incarceration, and is part of the Florida Mental Health Institute at the University of South Florida.[5] Contrastingly, the educational IDS is the result of a partnership between the University of Miami and the Children's Trust and has been used to analyze adolescent concerns within counties located in South Florida, by linking child welfare and education data.[6]

Michigan

Michigan uses data warehousing strategies and analytics to help improve statewide health outcomes. As such, Michigan's IDS is comprised of a partnership between Ingenix, and the Michigan Department of Community Health, and the Michigan Department of Information.[7] The agencies and Ingenix, integrate data from 15 distinct health-related program areas into a single, unified data warehouse.[8] Significantly, through the use of Michigan's IDS, Michigan has been able to identify the 14 local communities representing the largest percentage of lead poisoning outbreak, and as a result, has initiated lead poisoning prevention efforts.

COMMITTEE TESTIMONY AND FINDINGS

This section provides a brief summary of the topics covered at each meeting, including the names and affiliations of individuals who were asked to provide testimony to the Committee. Although testimony has been condensed to ensure the report could be timely submitted, copies of all presentations and materials submitted to the Committee are kept on file in the Senate Research Office.

Meeting 1: September 8, 2017

The first meeting, held at the Coverdell Legislative Office Building in Atlanta, Georgia provided a generalized overview of how Georgia state agencies currently share data. The following individuals provided testimony to the Committee:

- **Mr. Steve Nichols**, Chief Technology Officer, Georgia Technology Authority (GTA);
- **Mr. Joseph Hood**, Deputy Commissioner, Department of Community Health (DCH);
- **Dr. Cherie Drenzek**, State Epidemiologist and Director of Epidemiology, Department of Public Health (DPH);
- **Ms. Robyn Crittenden**, Commissioner, Department of Human Services (DHS);
- **Ms. Virginia Pryor**, Chief of Staff, Department of Family and Children Services (DFCS); and
- **Mr. Vernon Keenan**, Director, Georgia Bureau of Investigation (GBI).

[5] Actionable Intelligence for Social Policy, USF: Policy and Services Research Data Center, available at https://www.aisp.upenn.edu/network-site/usf-psrdc/.

[6] Bartlett, J., et. al at 5.

[7] Actionable Intelligence for Social Policy, State of Michigan, available at https://www.aisp.upenn.edu/network-site/michigan/.

[8] *Michigan Achieves Dramatic Improvements in Health Outcomes, Reduces Costs Through Broad Use of Technology*, (2009), available at http://www.aisp.upenn.edu/wp-content/uploads/2015/06/Michigan-press-release2.pdf.

Mr. Nichols testified on behalf of GTA and indicated that the agency principally manages the delivery of IT infrastructure services to approximately 85 Executive Branch agencies and managed network services to roughly 1,300 state and local governmental entities. He testified that GTA's Data Sharing Services operates what is known as the Enterprise Service Bus (ESB). The ESB serves as a centralized location for different data systems, databases, and electronic files that are unable to communicate with each other. Simply, it allows agencies to share different types of data quickly, and accurately. The ESB has over 150 different interfaces and 35 different trading partners (e.g. state agencies, local government, private companies, and the federal government). Further, he indicated that there are regulatory restrictions on data sharing. For example, federal tax information is subject to IRS Pub. 1075, criminal justice information is subject to CJIS security policy, Social Security Administration data is subject to SSA rules, and Personally Identifiable Information (PII) is subject to state law.

Deputy Commissioner Joe Hood testified on behalf of DCH and indicated that the Department currently has three large IT initiatives at varying stages: Enterprise Data Solution (EDS); Electronic Visit Verification (EVV); and Medicaid Management Information System (MMIS) Replacement. All of these initiatives have been implemented as a result of federal mandates. Specifically, a Decision Support System (DSS) is a federally mandated component by the Centers for Medicare and Medicaid Services. Georgia's proposed DSS is known as the 'EDS'. EDS is the most robust and mature IT initiative and will be a component of the state's Medicaid claims processing IT system, known as MMIS. Deputy Commissioner Hood testified that combining Georgia Medicaid and State Health Benefit Plan claims data will create a significant research database to allow for the analysis of population health data. Such a data warehouse will provide a means to research specific state health policy questions. Senator Unterman inquired about the projected cost of the system and the Deputy Commissioner testified that the Department is seeking $3.8 million.

Dr. Cherie Drenzek testified on behalf of DPH and explained that the Department utilizes an electronic disease surveillance system known as SendSS when reporting notifiable diseases and health conditions.[9] She indicated that laboratory results for many diseases are electronically transmitted daily to SendSS from commercial laborites. These messages are then formatted in a standardized way and used to create new case records in SendSS, or are linked with existing case records. Dr. Drenzek indicated that such data is then used to identify key risk factors of reported disease and medical trends. For instance, as a result of disease reporting data, it was determined that in Georgia, about half of young adults with Hepatitis C were females of child-bearing age. This type of data can be used for disease prevention with respect to the identified population.

Several Committee members inquired about possible data sharing challenges faced by the Department. Dr. Drenzek testified that expediency and confidentiality pose as significant hurdles for DPH, in that the Department receives data from a myriad of sources (e.g. data derived from the vital records office, law enforcement agencies, and state hospitals).

Commissioner Crittenden testified on behalf of DHS and updated the Committee on the status of Georgia Gateway, a joint effort between several state entities to design an integrated eligibility system that will provide a single point of entry for economic assistance programs such as SNAP, WIC, and TANF. The system will replace outdated existing systems that are being used for eligibility determinations and will provide a common portal where individuals can manage their benefits. The Commissioner testified that

[9] A 'notifiable disease' is one that that all Georgia physicians, laboratories, and other health care providers are required by state law to report should a patient present with it.

Georgia Gateway is implemented in four phases. The pilot phase began in February of this year in Henry County, and was an overall success. Wave 1 of Georgia Gateway implementation occurred in May of this year and was also successful. As a result of the Wave 1 roll-out, 46 counties converted to Georgia Gateway. Wave 2a and 2b of the system took place this summer.

Ms. Pryor testified on behalf of DFCS and spoke about two of the Division's most recent initiatives. Piloted during the 2016-2017 academic year, Project Graduate was initiated to help improve graduation rates of Georgia's foster youth. As such, DFCS has partnered with the Department of Education (DOE) and local school systems to receive real time educational integrated data to aid in the prediction of student success. Further, Ms. Pryor testified that the Division is currently working with Georgia State University to implement a data hub and policy lab to help produce accountability data. The model is based on similar ones implemented in Rhode Island, Arkansas, and South Carolina, and is in its early stages.

Mr. Keenan testified on behalf of GBI and reiterated the importance of Georgia Gateway. He expressed support for a centralized data system. Specifically, Mr. Keenan testified that investigators have to go to multiple agencies to gather information because Georgia lacks a centralized data location. As a consequence, investigations take longer to conduct.

Meeting 2: October 5, 2017

The second meeting, held at the Coverdell Legislative Office Building in Atlanta, Georgia continued its focused on agency data sharing initiatives, and provided discussion on several state models that have been successful in implementing IDS. The following individuals provided testimony to the Committee:

- **Mr. Bob Swiggum**, Chief Information Officer, Department of Education (DOE);
- **Ms. Levette Williams**, Chief Privacy Officer, DOE;
- **Mr. Jeff May**, Chief Information Officer, Department of Labor (DOL);
- **Mr. Dan Brown**, Chief Information Officer, Georgia Department of Corrections (GDC);
- **Mr. Doug Engle**, Chief Information Officer, Department of Behavior Health and Developmental Disabilities (DBHDD); and
- **Dr. Dennis Culhane**, Professor at the University of Pennsylvania.

Mr. Swiggum and Ms. Williams testified on behalf of DOE and noted that the agency utilizes SLDS or Statewide Longitudinal Data System to securely share data between and within state agencies. SLDS has been successful in reducing duplication of data, effort, and records and provides one source of data for reporting purposes. They also spoke about agency requirements relative to privacy and accessibility.

Mr. May testified on behalf of DOL and shared four of the agency's major data sharing initiatives: SCUBI; Employ Georgia; Partner Access System; and GDOL Data Warehousing. Mr. May indicated that the Southeastern Consortium for UI Benefits Integration or "SCUBI" was formed with the workforce agencies in North Carolina, South Carolina, and Georgia for the purpose of designing, developing, and implementing a core UI Benefits systems to be used by multiple states. The project began in October of 2013 and is predicted to end in April of 2018. Some of SCUBI's benefits include ease of collection and uniformity of Unemployment Insurance data and allowing state employees to better serve UI constituents and respond to customer needs. Mr. May testified that Employ Georgia was completed in January of 2016 and was designed to provide state-of-the-art self-service capabilities to Georgia's job seekers and employers. Further, he indicated that Partner Access System was implemented in October of 2016 and was designed to create a cost-effective portal where DOL agency partners can access unemployment

claims, benefits, and wage data. Mr. May also explained that the GDOL Data Warehousing initiative was created in March of 2016 and is predicted to continue into January of 2019. The data warehouse was designed to better manage internal and shared external customer data.

Mr. Dan Brown testified on behalf of GDC. He noted that the agency uses SCRIBE Enterprise System, an offender management system which includes employee management programs, budget and financial tools, and statistical collection. Mr. Brown stated that various models capture data from the inmate's initial intake to release. SCRIBE integrates data with 12 other state and federal agencies, and shares data with external vendors as well.

Mr. Doug Engle testified on behalf of DBHDD and indicated that the agency's Office of Information Technology's (OIT) work has led to better access to care as well as better provider performance and quality of care. Further, OIT's enhanced data tools have allowed them to identify and measure baselines and outcomes which are continuously used to improve upon DBHDD services. For example, the agency's Deaf Services Management and Behavioral Health Housing Database has allowed DBHDD to survey and manage the care needs of the hearing impaired and homeless. As a result of the data collected, DBHDD is able to better predict the need for crisis stabilization beds.

Dr. Culhane, a nationally recognized social science researcher, and professor at the University of Pennsylvania, testified that South Carolina and Washington have been incredibly successful in implementing IDS and suggested that the Committee hear from Dr. David Patterson on South Carolina's progress. He indicated that the majority of the funding for South Carolina's IDS stems from contracts and grants, while the remaining funding derives from the state budget. Further, Dr. Culhane emphasized that should Georgia implement a centralized IDS, various legal kinks such as confidentiality and privacy, should be adequately addressed early.

Meeting 3: November 2, 2017

The third meeting, held at the Coverdell Legislative Office Building in Atlanta, Georgia focused on IDS implementation and mechanics from both an academic and corporate perspective. The following individuals provided testimony to the Committee:

- **Dr. David Patterson**, Chief of Health and Demographics, South Carolina Office of Research and Statistics;
- **Dr. Angela Snyder**, Research Assistant Professor and Director of Health Policy and Financing, Georgia Health Policy Center;
- **Dr. Ben Druss**, Professor, Emory University Rollins School of Public Health;
- **Mr. Richard Andrews**, Teradata;
- **Mr. Eric Hunley**, Director of Enterprise Solutions, SAS Analytics; and
- **Ms. Kelly Farr**, Senior Account Executive, SAS Analytics.

Dr. David Patterson provided testimony on behalf of the South Carolina Office of Research Statistics and spoke extensively on South Carolina's IDS model. He confirmed testimony from other presenters relative to how the model operates and how it is funded. Notably, Dr. Patterson provided the Committee with what he believed to be vital characteristics of a successful data warehouse. Dr. Patterson indicated that data should be housed in a neutral setting and data holders should not be regulators or service providers. He suggested that data warehouses should provide equal access for all users, promote research, and

mentioned that the release of data should be approved by either data owners or by multi-stakeholder councils and committees.

Dr. Snyder testified on behalf of Georgia State University and focused testimony on the Georgia Center of Excellence for Children's Behavioral Health (COE) program. She indicated that COE's focuses on improving behavioral health systems by harnessing the power of data for decision making, conducting innovative research, and developing a skilled workforce. COE is governed by the Georgia Interagency Directors Team and has partnered with seven state agencies. Like other presenters, she mentioned that data collection can be time consuming with privacy barriers often contributing to delayed output. Further, Dr. Snyder also provided IDS implementation suggestions. She indicated that partnerships are crucial and can help to build trust. She also suggested that a policy team be established to direct research and evaluation in a way that is mutually beneficial to all parties, and underscored the need for quick data in order to provide real time answers to prevailing policy concerns.

Dr. Ben Druss testified on behalf of Emory University and, like other presenters, urged the Committee to further study the South Carolina IDS model, and provided a case example relative to mental health from South Carolina. The case example served as an illustration of how Georgia may develop and utilize a statewide data warehouse similar to that of South Carolina.

Mr. Andrews testified on behalf of Teradata, an analytics solutions and consulting services company. He indicated that lack of access to base level information which is also timely and accurate, complex questioning leading to expensive data and longer response times, and the inability to model to future outcomes, all serve as legislative challenges for fact-based policy and appropriations decisions. In light of these challenges, Mr. Andrews discussed several options for transparency and open access in government. He stated that Georgia could continue with business as usual in a siloed data strategy, or the state could move towards an integrated data strategy where data becomes the focal point in operational and policy decision making. He advocated for the latter, arguing that it would be most cost effective. Moreover, Mr. Andrews provided information on Michigan's IDS model and echoed previous presenters by urging that should Georgia move towards a centralized integrated data strategy, the state should start small first, and focus on a specific set of policy questions.

Mr. Hunley and Ms. Farr testified on behalf of SAS Analytics, a software company which applies analytics to complex business problems. Mr. Hunley indicated that the company first began as a state university project to analyze agricultural research. The company eventually grew, and currently supports over 600 government departments, ministries, offices, and agencies around the world. He also testified that 100 percent of U.S. Government Cabinet departments and agencies are SAS customers. In Georgia, Mr. Hunley indicated that the company has partnered with more than 10 Georgia entities, some which include the Department of Public Health, Department of Labor, Department of Transportation, SunTrust, and Delta. Further, he recommended that Georgia start small with a specific policy question in mind, prioritize data security and destruction, and craft data use agreements with other agencies which consist of clearly defined parameters.

Meeting 4: November 17, 2017

The fourth meeting, held at the Coverdell Legislative Office Building in Atlanta, Georgia and focused on what has worked in other states and included suggestions on how to move forward with a centralized IDS. The following individuals provided testimony to the Committee:

- **Secretary William Hazel, Jr.**, Health and Human Resources, Commonwealth of Virginia;

- **Dr. Cynthia Guy**, Vice President for Research, Evaluation, Evidence, and Data, Annie E. Casey Foundation; and
- **Mr. Jeff Brown**, Vice President of Consulting Services, Navigator Management.

Serving as Secretary of Health and Human Resources for the Commonwealth of Virginia, Dr. Hazel provided information on the Virginia Longitudinal Data System (VLDS) and offered a practical perspective of data sharing. He posed the question to the Committee, "how can we manage things if we are not sharing information," and argued that the cultural mentality demonstrated by agencies (i.e. "this data belongs to my agency and my agency alone") must change. Rather, he argued that data should belong to the individual and should reflect an individual's interest. The Committee asked Secretary Hazel for advice to which he replied that Georgia should start with picking a problem that spans across multiple governmental sectors (i.e. addiction).

Dr. Guy testified on behalf of the Annie E. Casey Foundation, a children's foundation that started because of agency inability to share data. She referenced the Wisconsin and Oregon IDS models and provided information on what ground work should be laid in establishing a centralized IDS. Dr. Guy emphasized that establishing a record of data linkage, a formal governance process, and financing are crucial to the creation of a successful IDS. However, she stated that most important to its success is the commitment to interagency partnerships.

Mr. Brown testified on behalf of Navigator Management, an Ohio based company with an office in Georgia. Navigator helps clients solve complex business challenges by implementing information technology and management solutions. Mr. Brown indicated that Navigator's clients primarily consist of Fortune 1000 companies, education organizations, and state and local agencies. He provided information on Ohio's IDS model and indicated that such a model would work well in Georgia. Further, he indicated that legislation in Ohio has accelerated their IDS. Mr. Brown also indicated that Georgia should start small and begin with an end in mind. He stated that while the Ohio IDS model has been successful, working around privacy related concerns has been challenging.

At the conclusion of testimony, the Committee opened the meeting up to public comment. Kathy Floyd, Executive Director of Georgia Council on Aging spoke. Advocating on behalf of aging Georgians, Ms. Floyd commented that there is an online network (minnesotahealth.com) that provides informational resources to the elderly. She indicated that establishing a public facing portal available 24/7 which connected the elderly or those assisting the elderly with counselors, would be helpful in addressing more complex health-related issues.

Meeting 5: December 18, 2017

The Committee met for a fifth, and final time, at the Coverdell Legislative Office Building in Atlanta, Georgia to discuss its findings and recommendations based on the testimony heard at the previous meetings.

RECOMMENDATIONS

Based on the testimony and findings previously provided, the Committee makes the following recommendations:

1. Pursuant to Senate Resolution 130, this Committee was charged with studying the implementation of a statewide, centralized integrated data system (IDS), capable of being presented for analysis in a de-identified and Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant form. The Committee recommends that such system be stored in a manner that protects the data in the same responsible and secure manner that the State of Georgia is currently required to maintain. This data would be available for proper use by the State of Georgia in a more efficient, timely, and effective manner by its deemed users. Further, the importance of the data being de-identified is a matter of efficiency and security. The Committee recommends that each entity that receives the data, would not be responsible for de-identifying it. The Committee believes that this will save a significant amount of time and would allow the data to be used in future projects, rather than being destroyed after each individual project.

2. The Committee recognizes that this is a long-term process of implementation but is cognizant of its urgency, in that the responsible use of tax dollars in improving the health, economics, and well-being of Georgians is dependent upon proven evidence-based decisions made by those responsible to the citizens of the State of Georgia.

3. The Committee recommends that the necessary laws, funding, and structure be established to begin the implementation of the system. In doing so, a framework should be created to leverage data spread across numerous state systems to support more informed policy-based decisions. GTA's board would be directed to adopt enterprise data warehouse policies, guidelines, and standards to allow for future compliance and integration with any data sharing initiatives in the future.

4. The Committee recommends that there be legislation in 2018 reflecting the recommendations of this Committee. Such legislation should determine the system's governance and an IDS governing board consisting of committee members appointed by the Senate, House, and Governor, and who serve as state agency department heads. The Committee proposes that the responsibility for the system and the system be headquartered in the Governor's Office of Planning and Budget. However, the Committee recognizes that this has been implemented in other various forms by different states, and thus, could change depending on future decisions.

5. The Committee recommends that appointed members, in consultation with state agency department heads, identify one or two policy concerns that can be studied in an integrated form to identify evidence-based solutions. For example, data related to the opioid epidemic and addiction are shared amongst various state agencies such as, the Georgia Department of Corrections, Department of Public Health, Department of Behavioral Health and Developmental Disabilities, Department of Labor, and Department of Community Health.

6. The Committee recommends that Georgia continue the process that has already begun throughout the state with respect to data analytics, and that such continuation be done in a coordinated and effective manner.

Respectfully Submitted,

THE JOINT STUDY COMMITTEE ON TRANSPARENCY AND OPEN ACCESS IN GOVERNMENT

Senator Chuck Hufstetler, Co-Chair
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Representative Katie Dempsey, Co-Chair
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