

New Jersey's One EASE E-Link: Harder Than It Seemed

The Garden State's network of coordinated social, health and employment services proved impossible to sustain. Here are 14 interoperability obstacles to avoid.

By William G. Kowalski

LIKE MANY OTHER STATES, NEW JERSEY HAS long been plagued by fragmentation and lack of coordination among the agencies within its vast social service system. Funding, organizational barriers and a general inability to sustain long-term systemic projects have always frustrated those anxious for change.

But in 1995, with advanced telecommunications technology able to provide the tools to manage casework, share information, make referrals, report data and provide universal access to services for families and individuals in need, the New Jersey State Departments of Health and Senior Services, Human Services, and Labor joined forces to coordinate their individual technology initiatives to improve service delivery to their respective target populations. Pilot testing of the initiative to create a "virtual" one-stop-shopping social service delivery system was conducted in Atlantic and Cape May counties for approximately eighteen months prior to implementation.

In December 1997, the resulting One EASE E-Link (OEL) strategy became operational. A centralized Oracle database provided the infrastructure for the benefits screening and case management applications. A series of secure access measures was built into the entire system and aligned with digital certificates to allow for the exchange of secure e-mail and file attachments among parties as well as access to specific applications among OEL agencies.

The initiative supported:

- network governance and maintenance as well as consensual universal sharing of key demographic fields;
- system flexibility for vertical and lateral, consensual sharing of client information through benefits screening and case management applications; and
- discrete tracking for those selectively closed initiatives prohibited from sharing client information universally.

By 2002, OEL had integrated more than 900 agencies, linking more than 5,000 professionals, and implemented more than 100 programs for benefit screening and eligibility determination. OEL was named by Civic.com as one of the top 50 state and local IT projects for 2000. OEL won the 2001 Accenture and MIT Digital Government Award for State Government; that same year it was mentioned by the Harvard Policy Group of the John F. Kennedy School of Government as one of the best practices for implementing IT Initiatives.

Thirteen years from its pilot program and only six years from its aforementioned achievements, OEL no longer exists in the state of New Jersey.

New Jersey's abandonment of the program forces the question, "Why is true integration of social services using IT-based interoperability so elusive?"

Although IT projects in most fields tend to come in late or over budget or even fail altogether, the underlying issue is that too many such projects are undertaken solely as technology efforts—often not addressed until it's too late are the many problems that invariably flow from organizational change to wreak havoc with the grand plan.

Below we'll discuss 14 obstacles to OEL success that are relevant to just about any human services interoperability project.

OBSTACLE #1:

Lack of leadership 'buy-in'

Success requires total buy-in of top state management at both the executive and department levels. Without executive direction, resources don't follow the initiative. Without departmental commitment and consensus, focus splinters and competition soon undermines cohesion.

OBSTACLE #2:

Confidentiality concerns

Each state, county and/or provider program functions within a framework of laws and regulations concerning confidentiality of consumer information, and in many instances, these rules conflict. This complicates development of security requirements that allow for consensual sharing of information at the level needed to coordinate client services.

Many service providers have cited confidentiality and/or Health Insurance Portability Accountability Act (HIPAA) regulations as a barrier to participating in shared client databases. Mental health agencies cite federal as well as state statutes that limit sharing of client information and require, in most instances, written consent by the client for release of information. Some agencies allow information to be shared only with other agencies directly involved in the medical care and treatment of the individual or by court order.

During the OEL project, for example, the New Jersey agency administering food stamps cited federal regulations that limited disclosure of information obtained from food stamp applicants to the following:

- Persons directly connected with Food Stamp (FS) Program, Temporary Assistance to Needy Families (TANF), General Assistance (GA) or Social Security Income (SSI)
- Persons directly connected with wage-matching or alien verification
- Persons directly connected with child support enforcement
- Law enforcement agencies investigating Food Stamp program violations
- School officials, for the purpose of verifying eligibility for free/reduced price lunches.

This issue must be continually addressed to coordinate services that cross categorical funding lines and/or organizational requirements.

OBSTACLE #3:

Resistance to change

Within the field of human services there has been a reluctance to embrace technology, and this resistance is exacerbated when several new technologies are introduced simultaneously.

OBSTACLE #4:

Territoriality

Many service providers feel their clients are theirs alone and don't want others encroaching on their turf. They want to maintain complete control of all services provided and are unwilling to share information.

OBSTACLE #5:

Service silos

Federal and state funding streams have historically limited program scope and target populations to be served, resulting in isolated service silos. This re-enforces a bifurcated service delivery system, leaving users to do double data entry. Additionally, federal and state mandates continue to encourage separate systems because

of categorical technology funding. Front-line workers and management resist technology that creates duplicative work but doesn't satisfy the agency's primary business needs.

OBSTACLE #6:

Collaboration concerns

An atmosphere of cooperation, trust and shared responsibility at the state and local levels is a must for integration, but it's not always easy to come by.

OBSTACLES #7:

Training needed

It has been estimated that the private sector spends 60 percent of its technology-related funds on training, 30 percent on software and 10 percent on hardware. Traditionally, government's allocation of funds is the reverse—10 percent training, 30 percent software and 60 percent hardware.

The training needs of the OEL members varied greatly, from small agencies that had staff with no experience in basic technology to large agencies with sophisticated systems and a training budget. Additionally, training issues were magnified by the design of the OEL initiative, which sought to use bleeding-edge technology and introduced several new applications at once.

OBSTACLE #8:

Security demands

Because sensitive client information must be shared and, often, communicated via the Web, security is paramount. This adds technical complexity as well as funding pressure.

OBSTACLE #9:

Application integration

New system software must be able to interface with or bridge to existing systems—without the ability to share information at the back end, true coordination of services through technology will not happen. The issues are numerous and the costs are high.

OBSTACLE #10:

Maintaining legacy systems

Even as new systems, applications and infrastructure are being introduced, existing systems must be maintained, draining both financial and labor resources. This creates conflict and competing priorities.

OBSTACLE #11:

Rapid change

It's nearly impossible to keep up with technology introductions and upgrades. During the OEL project, some system designs had to be changed even before implementation was complete, and several systems became outmoded shortly after implementation.

OBSTACLE #12:

Federal funding policies

Each program office at the federal level provides requirements for data and information systems that appear to be independent and in some cases inconsistent with those of other program offices—and unlike block grants, which have been introduced in many program areas, funding for IT continues to be largely categorical.

For example, the creation of a data warehouse would assist greatly in achieving integration and data sharing. New Jersey sought to develop a data warehouse that was considered multi-operative (a project that required various federal funding sources). Because that data warehouse would be used by Medicaid, TANF and Food Stamps, the state had to negotiate with the Health Care Finance Administration (HCFA), the Administration

for Children and Families (ACF) and the Department of Agriculture Office of Food and Nutrition Services (FNS). The state originally wanted a Department of Human Services Enterprise data warehouse. However, HCFA would not provide enhanced federal financial participation unless the project was a Medical Management Information System (MMIS). Negotiations had to be through ACF, eliminating direct involvement with HCFA. Justification for funding of Food Stamps had to be submitted separately to FNS.

Finally, the federal agencies involved, which also included Child Support, appeared to push funding obligations off on one another. Justifications for funding enhancements were predicated on developing a “stovepipe” approach.

OEL also attempted to use State Automated Child Welfare System dollars to provide hardware to community agencies under contract to the state. The process for justification and the cost allocation plan required by ACF was a deterrent to collaboration and cost-effectiveness. These examples of stovepipe funding for technology underscore why progress toward data integration has been so slow.

**OBSTACLE #13:
Limited resources**

Funding for IT in government does not get the emphasis needed. Too few resources are committed to implement technologies required to build coordinated and integrated systems.

**OBSTACLE #14:
Labor shortage**

Finding IT staff within government who have the skill sets necessary to implement and administer the technologies required for interoperability implementations is often difficult. The relatively low government pay scale makes retention tough as well.

Bottom Line

OEL put into practice many of the collaborative approaches social service and health care providers have long pondered as theoretical ideals. Its pioneers, like most innovators, did many things right, but they would also do a few things differently if they could start over.

Interoperability may be referred to today as a standard, but like data, it isn’t information until it becomes relevant—interoperability accomplishes little unless it is a component of a collaborative vision. But that vision, once achieved, must be owned, maintained and managed to sustain its success.

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