

By Rick Howard



The accelerating pace of technology-driven innovation fuels rising citizen expectations. Yet the fragmented delivery of government services appears to be antiquated when compared to other industries where the consumer experience is engineered to produce high-quality outcomes with the greatest efficiency. Agility isn't often associated with state government agencies.

This is our present challenge as stewards of the public trust: to share timely, accurate information in secure networks that cross organizational boundaries and

than they ever were.

If federal regulatory reform for state IT funding is to become a reality, then a new operating model—one based on services, not programs—is essential.

A business architecture is a foundational component to any modern enterprise. It describes the mission-critical functions and processes of an organization, independent of programs or individual lines of business, and serves as an input to other supporting reference models that populate the overall architectural framework. Performance, data,

government interoperability will be greatly enhanced as health and human service agencies nationwide adhere to a common architecture and business language that describes the services they provide.

A transparent and inclusive approach is needed to establish a national business architecture for health and human services. To ensure an outcome of the best possible quality, a federal agency designated to sponsor the initiative—such as the Office of Management and Budget—could employ a process used in 2005 by the Department of Health and Human Services through the Office of the National Coordinator to solicit prototypes for a Nationwide Health Information Network architecture.

Following that approach, the OMB would issue a request for proposal to create the national human service business architecture and award contracts to multiple consortia composed of public-private entities. These consortiums might include a commercial human service vendor working in partnership with one or more state HHS agencies and other jurisdictions or municipalities.

The abundance of existing industry business models for human services, including the Medicaid Information Technology Architecture, suggest that the first iteration of the national model could be produced within six to eight months after the contracts are awarded. The OMB would select the version of human service business architecture for national adoption. This model would then be used by the OMB to revise the federal funding practices for state automated systems and accelerate IT modernization.

With a nationally accepted HHS business architecture that describes business service areas and common or shared processes, federal agencies can optimize and “braid” funding streams according to their proportional share of the administrative costs for information system functions that support citizens who are enrolled in multiple programs.

In this way, the IT infrastructure of the HHS enterprise can be financed as a portfolio of interrelated services rather than a collection of discrete programs supported by

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multiple jurisdictions. Unfortunately, we are hindered by technology environments composed of stovepipe information systems and disparate platforms that have evolved over decades without any unifying architectural framework.

In the absence of an established business architecture, human service agencies must support diverse social programs by acquiring and maintaining multiple information systems that have much of the same functionality. Redundant data, non-standard and duplicative work processes, increasing operating costs, poorly coordinated service delivery, unreliable performance measures, and unpredictable outcomes are among the attributes associated with public-sector agencies.

A major, though not sole, contributor to this chaotic technology landscape is the categorical nature of federal funding for state IT systems and software. The lack of flexibility of federal regulations on cost allocation and the inconsistent application of those regulations by different federal agencies acts as a barrier to state IT modernization efforts that seek to share IT services among multiple program areas. The current regulatory rules ensure that state agencies will continue building tomorrow's “stovepiped” systems today—larger and more secure

technical and service reference models align to the business architecture and ensure that service delivery is highly coordinated and constantly improving.

This functional view of the enterprise exposes opportunities where common services and processes, including information, can be shared among various business units within an organization to achieve economies of scale and leverage assets for the benefit of all.

The advantages of well-designed business architecture are such that many state governments—and some state health and human service agencies—have cloned the federal enterprise architecture model. These duplicative efforts, which often incorporate elements of the various human service business models promoted by the private sector, can diminish the value of a common business architecture shared among organizations that are in essentially the same line of work.

Creating and adopting a national, human service business architecture will solve many of the problems previously described. Most critically, federal cost-allocation methodologies for state IT can be developed based on a model that permits federal agencies to pay for shared services and systems according to their proportional benefit. Further,



Bill Hogan

In Our Do'ers Profile, we highlight some of the hardworking and talented individuals in public human services. This issue features Bill Hogan, commissioner of the Alaska Department of Health and Social Services.

Name: Bill Hogan

Title: Commissioner, Alaska Department of Health and Social Services

Years of Service: I've been in my current position one year, after serving as DHSS deputy commissioner and as Alaska's first director of the Division of Behavioral Health for nearly three years. My career extends over 30 years in the mental health, substance abuse, developmental disabilities and social work fields.

Rewards of the Job: The greatest challenges often turn out to have the greatest rewards. Streamlining our department—working to reduce duplication of services and providing one-stop service to those in need—is an ongoing challenge, but we are seeing results, results that are showing the individuals and families we serve are more healthy, safe and productive. This is particularly important in a time of budget tightening, which all states are coping with currently.

Accomplishments Most Proud Of:

It is a great privilege to lead DHSS in a time of changing demographics (we have the fastest-growing senior population in the nation) and difficult economic times. I am most proud of our "Bring the Kids Home Initiative," a project through which we have reduced the number of children and youth in out-of-state psychiatric treatment centers by 70 percent over the last three years.

Thoughts About the State of the Medicaid Program:

Medicaid is the primary health care financing mechanism in Alaska as it is throughout the nation. We have been able to reduce the annual rate of growth in Medicaid claims paid to less than 4 percent during the past two years through better management and various cost containment strategies. We have accomplished this without reducing eligibility—and even after we increased rates for certain providers.

Future Challenges for the Delivery of Public Services:

Workforce development, and recruitment and retention of professionals to serve Alaska's vast rural areas present a continuing challenge. The state's efforts include early education and advanced career development. We are working with the universities and tribal health organizations to solve workforce issues.

Little Known Facts About Me:

I dream about living in Koloa on the island of Kauai, Hawaii, especially when it's dark and 20 degrees below zero in southcentral Alaska.

Outside Interests: I am a longtime runner and try to run at least 25 miles a week, year-round. I've run 15 marathons, so I increase my mileage to 50+ miles week when training for my next one. I'm also an auto racing fan and particularly a fan of Dirt Sprint Cars. If people actually know what they are, I'd love to talk to them about it.

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independent data systems with duplicated capabilities and redundant data.

Taking this decisive and practical step will set in motion a series of long overdue improvements, including the reform of cumbersome state IT procurement practices. And quite possibly, agile and government will become synonymous in the minds of the people we serve.

Rick Howard is the chief information officer of the Oregon Department of Human Services.

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to do new things when they get back on the job," director Michael Lawler observes.

Faculty and Sponsor

Center faculty facilitate and lead institute sessions. Many instructors are current or former agency managers, supervisors, workers or trainers. They bring years of practical experience, subject matter expertise and training experience to the classroom.

The Center for Human Services, founded in 1979, offers staff develop-

ment and professional services to public, private and tribal human service agencies. Other program areas include early childhood education, juvenile probation and public policy research. The center's web site can be found at <http://www.humanservices.ucdavis.edu>.

Jann Donnenwirth is a program director at the Center for Human Services at the University of California, Davis.