The Ecosystem in Practice: Limitations

What navigation actually looks like from the recipient's perspective, how coordination happens across organizational boundaries, who builds the technology layer, and what accountability means when no single entity controls the system.

The View from the Inside

The previous five articles examined community navigation infrastructure from the supply side: what faith organizations contribute, how CBOs operate, what CISE models enable, what DAOs might eventually provide, and how competency-based matching should work. Missing from this analysis is the perspective of the 18.5 million people who must actually navigate this ecosystem.

Consider Keisha, a thirty-four-year-old home health aide in a mid-sized Ohio city. She works twenty-eight hours weekly for a home care agency, picks up another twelve hours through a gig platform connecting her with families needing short-term help, and provides unpaid care for her mother who has early-stage dementia. Her total qualifying hours should exceed eighty monthly, but proving this requires documentation from three different sources: her agency employer, the gig platform, and some form of attestation for the caregiver hours that could qualify her for exemption instead of counting as work.

Keisha doesn't care whether her navigator operates through a faith community, a CBO, a CISE microenterprise, or some future DAO. She needs someone who understands her situation, can help her gather documentation from multiple sources, and will still answer her calls next month when the gig platform changes how they report hours. The organizational taxonomy this series has developed matters to policymakers, funders, and state administrators. It barely registers for the people the system is supposed to serve.

What Keisha experiences is fragmentation. The church volunteer who helped her cousin doesn't attend her church. The CBO everyone recommends has a three-week wait for appointments. Her neighbor who seems to know how the system works charges twenty dollars she doesn't have this week. The state hotline puts her on hold for forty minutes before disconnecting. Each pathway into the navigation ecosystem presents its own barriers, and none of them connect seamlessly to the others.

This fragmentation reflects a deeper truth about how loosely coupled systems actually operate. The faith volunteer doesn't know the CBO case manager. The CISE provider has no relationship with the state hotline. The competency matrix described in Article 8E assumes matching infrastructure that doesn't exist in most communities. The ecosystem this series envisions remains largely theoretical.

The Coordination Problem Nobody Owns

Article 8E described warm handoffs between providers when cases exceed their competency. A faith volunteer recognizes medical complexity and refers to a CISE provider with healthcare background. The CISE provider identifies crisis risk and connects to a professional CHW. These referral flows assume someone has built the connective tissue enabling handoffs to happen.

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Who builds this connective tissue? Not state Medicaid agencies, which design eligibility systems but rarely invest in navigation coordination. Not MCOs, which contract with specific vendors rather than convening ecosystem-wide infrastructure. Not individual congregations, CBOs, or CISE providers, which lack resources and authority to coordinate beyond their immediate networks. Not foundations, which fund programs but not the permanent infrastructure connecting programs to each other.

The coordination gap manifests in predictable ways. A faith volunteer encounters someone whose employer verification keeps getting rejected by the state portal. The volunteer lacks technical expertise to diagnose the problem. She knows a CBO that might help but has no warm contact there. She tells the person to call the CBO directly. The person calls, gets voicemail, never calls back, misses the verification deadline, and loses coverage. The faith volunteer never learns what happened. The CBO never knew the person needed help. The system failed through nobody's fault and everybody's.

Regional backbone organizations could fill this coordination role. A county-level convener maintaining relationships across faith communities, CBOs, and independent CISE providers. Staff who know which navigator has expertise in multi-employer verification, which one speaks Somali, which one understands IDD exemptions. A shared case management system enabling handoffs without starting documentation over. Training coordination ensuring consistent competency across organizational boundaries.

Such backbone organizations exist in some communities for other purposes. Collective impact initiatives, community health improvement partnerships, and United Way coordination structures provide models. But extending these models to work requirement navigation requires investment nobody has committed and authority nobody possesses. States could mandate and fund regional coordination but face implementation timelines that preclude building new infrastructure. MCOs could require coordination among their contracted navigators but have no leverage over faith volunteers or independent CISE providers. The backbone that would make the ecosystem function remains unbacked.

The Technology Platform Question

Throughout this series, technology appears as enabling infrastructure: credentialing platforms, matching algorithms, payment processing, outcome tracking, quality monitoring. Article 8D imagined blockchain-based coordination through DAOs. Article 8E assumed technology-enabled matching connecting members to providers based on competency profiles. None of this infrastructure currently exists at scale.

Three possibilities exist for who builds it.

State governments could develop technology platforms supporting ecosystem coordination as public infrastructure. Credentialing systems processing navigator applications, matching platforms connecting members to appropriate providers, case management tools enabling cross-organizational handoffs, outcome databases tracking system performance. This approach creates universal access and avoids fragmentation but requires state capacity that many Medicaid agencies lack. California or New York might build sophisticated platforms. Mississippi or West Virginia probably cannot.

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Private technology vendors could offer ecosystem coordination as a service. Companies like Unite Us, FindHelp, or GroundGame.Health already operate social determinants platforms connecting people to community resources. Extending these platforms to work requirement navigation represents natural evolution. Vendors could credential navigators, enable matching, process payments for CISE providers, and track outcomes across the ecosystem. This approach leverages existing technology capacity but creates market fragmentation, vendor dependency, and questions about data ownership and privacy.

Community-controlled technology cooperatives could develop shared infrastructure governed by ecosystem participants rather than state agencies or private vendors. Open-source platforms, cooperative ownership structures, and distributed governance could create technology infrastructure aligned with community interests rather than state priorities or vendor profits. This approach requires coordination capacity and technical expertise that most communities lack, but avoids the principal-agent problems inherent in state or vendor control.

The realistic near-term answer involves some combination: state systems handling verification and exemption processing, private platforms providing navigation coordination infrastructure, and community organizations developing specialized tools for populations they serve. This patchwork creates interoperability challenges, data fragmentation, and accountability gaps. Someone using a faith-based navigator credentialed through a state system, matched through a private platform, and documented in a CBO case management tool has their information scattered across multiple systems with different access rules and retention policies.

Technology platform decisions are not neutral. They embed assumptions about who controls data, who can access the system, what outcomes get measured, and how accountability flows. A state-controlled platform enables government oversight but may deter populations wary of government surveillance. A vendor-controlled platform creates corporate dependency and potential conflicts between profit motives and member interests. A community-controlled platform requires governance capacity that communities must build simultaneously with the platform itself. There is no optimal answer, only tradeoffs to navigate with clearer eyes than the series has offered until now.

Accountability Without Authority

When Keisha loses coverage because her multi-source verification failed, who is accountable? The faith volunteer who provided initial guidance but lacked technical expertise? The CISE provider who never received the referral that should have happened? The CBO case manager whose voicemail went unreturned? The state system that rejected documentation without clear explanation? The gig platform that changed reporting formats without notice?

Accountability in hierarchical systems flows through authority relationships. Employees are accountable to supervisors. Organizations are accountable to funders. Contractors are accountable to agencies that hold their contracts. These accountability structures don't map onto ecosystems where participants operate independently across organizational boundaries.

The competency-based matching approach in Article 8E assumed outcome tracking as quality assurance mechanism. Coverage retention rates, successful verification submission, exemption approval percentages, and member satisfaction would demonstrate navigator effectiveness

regardless of organizational affiliation. But outcome tracking requires someone to build and maintain tracking infrastructure, someone to analyze results, and someone with authority to act on findings. When a faith volunteer shows poor outcomes, who intervenes? Their congregation has no quality assurance function. The state credentialing system processed thousands of applications and cannot monitor individual performance. No supervisor exists to provide remediation.

Professional accountability operates through licensing, certification, and scope of practice enforcement. Community Health Workers with state credentials face consequences for practicing outside their competency. Licensed social workers risk their credentials for professional misconduct. These accountability mechanisms apply to portions of the ecosystem but not to faith volunteers operating informally or CISE providers without professional credentials. The ecosystem includes participants with varying accountability structures operating in the same space serving the same population.

Reputational accountability functions in small communities where everyone knows each other. A faith volunteer who gives bad advice faces social consequences within their congregation. A CISE provider who fails clients loses referrals through word of mouth. These informal mechanisms work in tight-knit communities but fail at scale, in transient populations, or in urban areas where anonymity protects poor performers.

The honest assessment is that comprehensive accountability does not exist and may not be achievable. The ecosystem includes participants ranging from licensed professionals subject to regulatory oversight to informal volunteers operating through purely relational networks. Creating uniform accountability across this range would require either professionalizing informal helpers (destroying what makes them valuable) or extending informal accountability to professional settings (degrading professional standards). The ecosystem will include accountability gaps. The question is whether those gaps are smaller than the alternative of providing no navigation support at all.

Verification Assistance as the Missing Function

Series 8 has emphasized exemption navigation, care coordination, and complex case management. Less attention has gone to the fundamental function most members need: help documenting eighty hours of qualifying activity each month.

Verification assistance differs from navigation in important ways. Navigation involves understanding system rules, identifying appropriate pathways, and coordinating across bureaucratic requirements. Verification assistance involves the mechanical work of gathering documentation from employers, aggregating hours across multiple sources, formatting submissions to meet portal requirements, and troubleshooting when submissions fail.

For someone like Keisha with three verification sources, the mechanical burden is substantial. Her agency employer provides hour reports through their payroll system. The gig platform offers some kind of reporting interface she needs to learn. Her caregiver hours require documentation she must create herself or attestation she must arrange. She needs to combine these into whatever format the state portal requires, submit before monthly deadlines, and resolve problems when submissions get rejected.

This is not complex navigation requiring specialized expertise. It is clerical work requiring time and systematic attention. Many people facing work requirements could handle it themselves if they had time and cognitive bandwidth. They don't because they're working multiple jobs, managing health conditions, caring for family members, and handling the other demands that make their lives challenging in the first place.

The competency matrix treats verification assistance as "basic support" requiring minimal training. This classification undervalues how much volume exists and how much time the work requires. If seventy percent of 18.5 million people need primarily verification assistance, that's nearly 13 million people who need help with documentation mechanics. Faith volunteers can help with this. CISE providers can help with this. Professional CHWs can help with this. But someone has to actually do the work, month after month, for millions of people.

The economics matter. Verification assistance for someone with straightforward single-employer documentation might take fifteen minutes monthly. Assistance for someone like Keisha with three sources might take ninety minutes. If each volunteer or CISE provider can sustainably help twenty people monthly, reaching 13 million people requires 650,000 active helpers. Where do they come from?

The faith volunteer pathway assumes congregation members will donate time to help others navigate verification. Some will. How many is uncertain. Churches already struggle recruiting volunteers for existing ministries. Adding work requirement navigation competes with Sunday school teaching, food pantry service, and the other functions congregations maintain.

The CISE pathway assumes people will develop peer navigator practices serving community members for modest compensation. Some will. How many is uncertain. Someone earning fifteen dollars helping another person with verification documents an hour toward their own requirements. But building a sustainable CISE practice requires entrepreneurial initiative, client development, and administrative capacity that not everyone possesses.

The CHW pathway assumes organizational employment with caseloads enabling sustained service. But at fifty-to-one caseload ratios, serving 13 million people requires 260,000 CHW positions. No funding stream approaches this scale.

The honest answer is that verification assistance will remain undersupplied relative to need. Some people will get help through faith communities, peer networks, CISE providers, or professional navigators. Some people will manage on their own despite the burden. Some people will fail verification and lose coverage despite doing everything required of them because documentation didn't happen correctly. The ecosystem this series describes improves outcomes compared to leaving everyone entirely alone. It does not solve the fundamental capacity problem.

Conflict and Competition in the Ecosystem

The series has assumed that different organizational models will cooperate, complement each other, and coordinate handoffs. This assumption deserves scrutiny.

Faith organizations may resist their members receiving help from secular CBOs. A pastor who developed volunteer navigation capacity within their congregation may view CBO navigators as competitors for congregant relationships. Theological concerns about government entanglement

may lead some congregations to refuse participation in state credentialing systems, isolating their volunteers from broader coordination infrastructure.

CBOs may view CISE providers as unqualified competition. Organizations that invested in professional staff, case management systems, and quality assurance infrastructure watch untrained community members hang out shingles offering similar services. Concerns about service quality blend with concerns about funding competition. If MCOs can contract with individual CISE providers rather than established CBOs, organizational sustainability becomes threatened.

CISE providers may resent credentialing barriers that established organizations control. If CBO-administered training programs determine who receives credentials, organizational interests shape credentialing decisions. Providers outside established networks face higher barriers than those with organizational connections. The credentialing infrastructure meant to ensure quality may function to protect incumbents from competition.

State administrators may favor contractors they can monitor over distributed networks they cannot control. A state can audit CBO contract performance, review navigator credentials, and enforce service standards. The state cannot effectively monitor thousands of faith volunteers and CISE providers operating informally. Risk-averse administrators may channel resources toward controllable contractors even if distributed models would serve members better.

These conflicts don't emerge from bad actors. They reflect legitimate interests in tension. Faith leaders genuinely want to serve their congregations. CBO directors genuinely care about service quality. CISE providers genuinely have expertise to offer. State administrators genuinely need accountability mechanisms. The ecosystem brings competing interests together without structures for resolving conflicts when they arise.

Community convening processes could surface and address these tensions. Regional backbone organizations could facilitate dialogue across organizational boundaries. Shared governance structures could enable collective decision-making about resource allocation and coordination protocols. But building these structures requires time, trust, and investment that the fourteen-month implementation timeline does not permit.

What Realistic Success Looks Like

The ecosystem described in this series will not reach everyone. It will not operate seamlessly. It will not eliminate coverage losses due to verification failures. It will not resolve the fundamental tension between work requirements as policy and the capacity of affected populations to comply.

Realistic success looks more modest. Some communities will develop functional coordination across faith organizations, CBOs, and CISE providers, with backbone organizations facilitating handoffs and shared infrastructure enabling information flow. Other communities will have fragmented services with minimal coordination. Geographic variation in navigation access will mirror existing variation in organizational infrastructure.

Some populations will receive excellent support. People with strong faith community connections will find volunteers who know the system and maintain ongoing relationships. People able to pay modest fees will access CISE providers with specialized expertise. People whose complexity matches CHW caseload criteria will receive professional navigation. Other populations

will fall through gaps, including people without faith affiliation, without money for CISE fees, without problems severe enough to warrant CHW attention but without capacity to manage verification independently.

Technology platforms will develop unevenly. Well-resourced states will build sophisticated coordination infrastructure. Vendor platforms will serve communities where someone pays for access. Underresourced states and communities without purchasing power will operate with manual processes and paper-based systems.

Accountability will remain incomplete. Professional CHWs will operate within regulatory structures providing meaningful oversight. Faith volunteers and CISE providers will rely on reputational accountability that works variably. Some poor-quality navigators will continue operating without consequence. Some excellent navigators will lack recognition or support.

Within these constraints, the ecosystem can still substantially improve outcomes compared to leaving people entirely alone. Navigation support will help some people maintain coverage who would otherwise lose it. Verification assistance will reduce some administrative burden that would otherwise prevent compliance. Exemption facilitation will connect some people to protections they qualify for but would not otherwise access. Crisis intervention will prevent some coverage losses that would otherwise cascade into health crises.

The question is not whether the ecosystem achieves perfection but whether it represents meaningful improvement over alternatives. The alternative is not a different, better-designed system. The alternative is 18.5 million people facing work requirements with whatever support they can cobble together individually. Compared to that baseline, even the imperfect ecosystem described here offers substantial value.

The Path Forward

Building functional navigation ecosystems requires accepting constraints while working within them.

Regional backbone organizations should be prioritized in communities with existing collective impact infrastructure. Where community health improvement partnerships, United Way coordination structures, or other convening bodies already operate, extending their mandates to include navigation ecosystem coordination requires less investment than building new infrastructure. States and foundations should fund backbone capacity in priority geographies rather than attempting universal coverage.

Technology infrastructure decisions should be made explicitly, with clarity about tradeoffs. Communities relying on state platforms should understand government data access implications. Communities using vendor platforms should negotiate data ownership and interoperability terms. Communities attempting community-controlled infrastructure should realistically assess governance capacity requirements.

Verification assistance should be recognized as the high-volume function requiring dedicated attention. Exemption navigation and care coordination matter for complex cases, but verification assistance matters for everyone. Faith communities, CISE networks, and CBOs should organize

capacity around verification support rather than treating it as merely basic service anyone can provide.

Accountability should be tiered to reflect different participation models. Professional CHWs should face professional accountability through licensing and organizational oversight. Credentialed CISE providers should face outcome-based accountability through credentialing systems that track results. Faith volunteers should operate within congregational accountability structures that may be informal but are real within their communities. Attempting uniform accountability across the ecosystem will either exclude informal helpers or degrade professional standards.

Conflict should be anticipated and addressed through explicit governance. Regional convening processes should include mechanisms for surfacing tensions between organizational interests and negotiating solutions. Resource allocation decisions should involve representatives from different organizational models rather than being made unilaterally by funders or administrators.

The ecosystem this series describes represents infrastructure that does not yet exist in most communities. Building it requires investment, coordination, and time that the implementation timeline barely permits. The fourteen months until December 2026 will produce partial infrastructure in some places, minimal infrastructure in others, and nothing in many communities. The work of building navigation ecosystems will extend well beyond initial implementation, with systems maturing through 2027, 2028, and beyond.

The series has examined what community organizations can contribute to navigation infrastructure. This concluding article acknowledges what remains beyond their reach: ecosystem coordination that no single organization controls, technology infrastructure that no single entity will build, accountability that no existing structure provides, and capacity that exceeds what distributed community resources can supply. Within these constraints, community navigation ecosystems represent meaningful improvement over leaving people entirely alone. ***That is not a triumphant conclusion. It is an honest one.***

Previous in series: Article 8E, "The Competency Matrix"

Next in series: Articles 9A, 9B and 9C focus on Redetermination and Work Requirements from ACO, Physician Practice and Hospital Systems lenses

References

1. Kania, John, and Mark Kramer. "Collective Impact." Stanford Social Innovation Review, Winter 2011.
2. Provan, Keith G., and Patrick Kenis. "Modes of Network Governance: Structure, Management, and Effectiveness." Journal of Public Administration Research and Theory, vol. 18, no. 2, 2008, pp. 229-252.
3. Bryson, John M., Barbara C. Crosby, and Melissa Middleton Stone. "Designing and Implementing Cross-Sector Collaborations: Needed and Challenging." Public Administration Review, vol. 75, no. 5, 2015, pp. 647-663.
4. Milward, H. Brinton, and Keith G. Provan. "Governing the Hollow State." Journal of Public Administration Research and Theory, vol. 10, no. 2, 2000, pp. 359-380.

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5. Romzek, Barbara S., and Jocelyn M. Johnston. "State Social Services Contracting: Exploring the Determinants of Effective Contract Accountability." Public Administration Review, vol. 65, no. 4, 2005, pp. 436-449.
6. Agranoff, Robert. "Inside Collaborative Networks: Ten Lessons for Public Managers." Public Administration Review, vol. 66, no. s1, 2006, pp. 56-65.
7. McGuire, Michael. "Collaborative Public Management: Assessing What We Know and How We Know It." Public Administration Review, vol. 66, no. s1, 2006, pp. 33-43.
8. Saz-Carranza, Angel, and Sonia M. Ospina. "The Behavioral Dimension of Governing Interorganizational Goal-Directed Networks—Managing the Unity-Diversity Tension." Journal of Public Administration Research and Theory, vol. 21, no. 2, 2011, pp. 327-365.
9. Kettl, Donald F. "The Transformation of Governance: Globalization, Devolution, and the Role of Government." Public Administration Review, vol. 60, no. 6, 2000, pp. 488-497.
10. Koppenjan, Joop, and Erik-Hans Klijn. "Managing Uncertainties in Networks: A Network Approach to Problem Solving and Decision Making." Routledge, 2004.
11. Sandfort, Jodi, and H. Brinton Milward. "Collaborative Service Provision in the Public Sector." Handbook of Inter-Organizational Relations, edited by Steve Cropper et al., Oxford University Press, 2008, pp. 147-174.
12. Weber, Edward P., and Anne M. Khademian. "Wicked Problems, Knowledge Challenges, and Collaborative Capacity Builders in Network Settings." Public Administration Review, vol. 68, no. 2, 2008, pp. 334-349.