From Referrals to Enrollment

How AI, Interoperability and Trust are Transforming Social Service Navigation

A WHITE PAPER ON THE FUTURE OF AMERICA'S DIGITAL INFORMATION & REFERRAL ECOSYSTEM

PART II

one degree

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Executive Summary

More than 90 million people in the U.S. live in a household where it is a daily struggle to meet basic needs. Local communities are on the frontlines of this challenge working to help individuals and families access the support they need to create new possibilities.

90 Million

people in the U.S. live in households struggling to meet basic needs every day

Over the past two decades local governments, nonprofits, healthcare systems, and philanthropic organizations have made progress improving access to social services with resource directories, referral platforms, coordinated care networks, and digital navigation tools. These investments have made information more visible and easier to search, but they have also accelerated the adoption of thousands of one-off coordination solutions that too often have made it harder for organizations to work together — rather than easier.

Families are left to navigate a maze of disconnected intake systems, complicated eligibility requirements, static PDFs, agency-specific workflows, document burdens, and overloaded caseworkers. Community-based organizations remain trapped between rising demand and outdated administrative infrastructure. The result is a social service landscape stuck between the promise of a digital future and its dependence on an analog past.

> ***The next chapter of innovation will not be defined simply by better search tools or more efficient referral networks. It will be defined by the emergence of enrollment infrastructure.***

Advances in artificial intelligence are rapidly changing what is possible. AI-enabled systems can now support conversational intake, eligibility pre-screening, multilingual enrollment assistance, workflow automation, document processing, proactive follow-up, and coordinated service delivery at a scale previously unimaginable in the social sector.

At the center of this opportunity sits an underappreciated national asset: America's 211 network. For more than twenty-five years, 211 organizations have served as trusted local gateways to social services, connecting millions of individuals and families to critical support. Yet many 211 systems remain constrained by aging technology platforms originally designed for a pre-internet, pre-AI world.

The transition from referral infrastructure to enrollment infrastructure represents a major opportunity for public-interest technology funders, policymakers, healthcare innovators, and local community leaders alike.

The Enrollment Gap

For years, efforts to improve social service navigation focused on solving an information problem. The assumption was straightforward: if people could more easily discover available services, outcomes would improve. Communities invested in resource directories, call centers, searchable databases, referral systems, and coordinated information networks designed to help families identify programs that might meet their needs.

These investments mattered. They transformed what had once been a fragmented and largely invisible ecosystem of local services into something more accessible and navigatable. The national 211 network became one of the most important public-interest information systems in the country, eventually covering 99% of Americans and fielding millions of requests each year.

99%	28M	80%
of Americans covered by the 211 network	people in the U.S. are food insecure	of healthcare costs driven by social determinants

But the digital landscape has changed dramatically since those systems first emerged. Information about social services is no longer scarce. Families can now search online, interact with chatbots, visit agency websites, use commercial referral platforms, browse social media, or contact local navigators through multiple channels. The challenge facing communities today is no longer simply helping people find services. It is helping them successfully access those services.

> ***The greatest friction in the social safety net typically begins after a referral is made.***

A parent seeking childcare assistance may still need to complete multiple intake applications across different organizations, submit physical documentation, verify income repeatedly, coordinate appointments, respond to follow-up requests, and navigate eligibility requirements that vary from program to program. A senior seeking food support and housing stabilization may encounter entirely separate systems managed by different agencies with no shared intake process or coordinated workflow.

In many ways, the underlying operational infrastructure of the social sector remains profoundly analog.

The consequences are enormous. Families lose time, stability, trust, and opportunities for support. Community organizations absorb administrative burdens they were never adequately resourced to manage. Governments struggle to coordinate fragmented systems while healthcare organizations continue absorbing downstream costs associated with unmet social needs.

The Core Problem

The social safety net no longer has just a referral problem. It also has an enrollment problem. Getting a referral and successfully enrolling in a service are two very different things — and the gap between them is where families most often fall through the cracks.

The Limits of Existing Systems

Over the past decade, the growing urgency surrounding social determinants of health, Medicaid transformation, and cross-sector coordination has fueled a wave of investment in digital navigation technologies. Governments, healthcare systems, managed care organizations, and philanthropic actors have funded new referral platforms, closed-loop referral networks, care coordination systems, and community information exchanges intended to modernize service delivery.

These systems introduced important technological advances. Many improved referral tracking, enabled integrations with electronic health records, supported secure data exchange, and created new mechanisms for coordination between healthcare and social service providers. In some markets, they demonstrated that cross-sector collaboration at scale was technically possible.

Yet despite this progress, the ecosystem remains deeply fragmented.

> ***Rather than reducing fragmentation, the proliferation of disconnected platforms frequently reinforced it.***

One reason is that many of these systems were designed primarily around the needs of institutional buyers rather than around the operational realities of community-based organizations or the lived experiences of families themselves. Healthcare systems and government agencies understandably prioritized compliance, reporting, billing, and measurable coordination metrics. But for many community providers, the new platforms often arrived as additional administrative obligations layered on top of already overburdened workflows.

At the same time, commercial competition produced a growing patchwork of incompatible networks operating within the same communities. Providers were increasingly asked to maintain accounts across multiple systems, each connected to different healthcare organizations, agencies, or funders.

Legacy 211 Systems

Originally designed to support call centers and resource management functions, legacy 211 systems lack the infrastructure necessary to support modern enrollment workflows, decentralized navigation, enterprise integrations, or AI-enabled coordination tools. The result: an ecosystem caught between two incomplete models — aging information systems and fragmented proprietary platforms.

The Shift from Referral Infrastructure to Enrollment Infrastructure

The next generation of social service innovation will require a fundamental conceptual shift.

For years, the dominant paradigm in the field focused on building referral infrastructure. Success was measured by how efficiently systems could identify relevant services, generate referrals, and share information between organizations. But referrals are only one step in a much longer process.

What Is Enrollment Infrastructure?

Enrollment infrastructure focuses on helping people successfully move through the entire journey of accessing support — from intake and eligibility verification, to documentation, consent management, follow-up, coordination across providers, and ongoing engagement. It treats the entire journey as the unit of success, not just the referral.

Historically, these workflows have been too fragmented and administratively complex to meaningfully coordinate across the broader social sector. Unlike banking, e-commerce, or healthcare, many social service systems evolved without modern digital infrastructure capable of supporting seamless user experiences or interoperable workflows.

> ***Artificial intelligence is beginning to change that reality — making it possible to digitize and coordinate workflows that once seemed impossible to modernize.***

Recent advances in conversational AI, document processing, workflow automation, and agentic systems create new possibilities for simplifying many of the administrative processes that currently overwhelm families and providers alike. Intake systems can become conversational rather than form-driven. Eligibility screening can become dynamic and personalized. Static PDFs can be transformed into adaptive digital enrollment flows. Follow-up can become proactive instead of reactive.

The future of service delivery will not be fully automated. It will be augmented to focus on a very simple goal: successful enrollment in life-changing services.

Why 211 Matters

At a moment when the social sector is searching for trusted infrastructure capable of supporting large-scale coordination, America already possesses a remarkably valuable foundation: the 211 network.

For more than two decades, local 211 organizations have served as community gateways connecting families to housing assistance, food support, healthcare resources, mental health services, childcare, legal aid, and crisis intervention. The network's strength lies not simply in its data, but in its local relationships, public trust, and community governance structure.

> ***Unlike many proprietary technology networks, 211 organizations were not created to maximize ownership of closed ecosystems or monetize user data. Their mission has always been rooted in community coordination and public service.***

These characteristics matter enormously in an era increasingly defined by concerns around data governance, AI ethics, interoperability, and public trust. This positions 211 organizations uniquely to serve as trusted backbone institutions capable of hosting shared enrollment infrastructure across sectors.

Building Public-Interest Enrollment Infrastructure

The future of social service delivery cannot be built through disconnected digital silos.

Families do not experience their lives through the organizational boundaries that define most public and social sector systems. Housing instability intersects with healthcare access. Food insecurity affects educational outcomes. Transportation barriers impact employment. Behavioral health challenges influence family stability. Yet the infrastructure supporting these needs remains fragmented across separate agencies, funding streams, databases, and workflows.

A Different Model

Enrollment infrastructure creates shared coordination layers capable of supporting collaboration across systems while preserving local governance and flexibility. In practical terms, this means building infrastructure that supports secure interoperability, shared consent frameworks, coordinated workflows, AI-enabled intake systems, and vendor-neutral integration pathways.

The social sector now faces a critical inflection point.

The Investment Opportunity

The transition from referral infrastructure to enrollment infrastructure represents one of the most important public-interest technology opportunities emerging in the social sector today.

The United States already spends tens of billions of dollars annually on navigation, outreach, coordination, intake, eligibility management, and administrative support systems connected to social service delivery. Yet much of this spending continues flowing toward fragmented workflows and disconnected systems that generate limited long-term infrastructure value.

> ***Artificial intelligence is rapidly lowering the cost of digitizing workflows that historically depended on manual coordination — creating a rare convergence between technological capability and social need.***

Processes once considered too complex or labor-intensive to automate are becoming increasingly tractable through advances in conversational interfaces, workflow orchestration, document intelligence, and AI-assisted navigation.

Conclusion

The social sector is entering a period of profound transformation.

For the past twenty-five years, digital innovation focused primarily on making social service information easier to discover. That work mattered, but the next challenge is far more ambitious. The future of the social safety net will depend on whether communities can build infrastructure capable of helping people successfully move from referral to enrollment to real-world support.

Artificial intelligence is accelerating this transition by making it possible to digitize and coordinate workflows that once seemed impossible to modernize. But technology alone will not solve the problem. The defining question is not whether AI will shape the future of service navigation. It is whether that future will be built around fragmented proprietary ecosystems or around trusted public-interest infrastructure designed to serve communities collaboratively.

> ***What is needed now is the willingness to invest in infrastructure that treats enrollment itself as the central challenge of modern service delivery.***

The next generation of social service innovation will not be defined by who owns the largest referral network. It will be defined by who helps communities build the digital infrastructure necessary to get people the help that they need — when they need it most.

onedegree.org | Oakland, CA

About One Degree

One Degree is an Oakland based nonprofit empowering people to build healthy and fulfilling lives by improving access to life-changing social services.

The organization was founded in 2012 by Rey Faustino based on his own experiences as a young adult struggling to help his family navigate the challenges of the social safety net in Los Angeles.

One Degree envisions a social safety that brings communities together to better serve those in need. A social services ecosystem with the digital infrastructure needed to take on the challenges families face everyday. Challenges that are eroding the economic mobility of millions of Americans. In the U.S. over 90M people live in a household where it is a daily struggle to meet basic needs.

We are public-interest technologists who believe we can and must find better ways to scale solutions that change lives.