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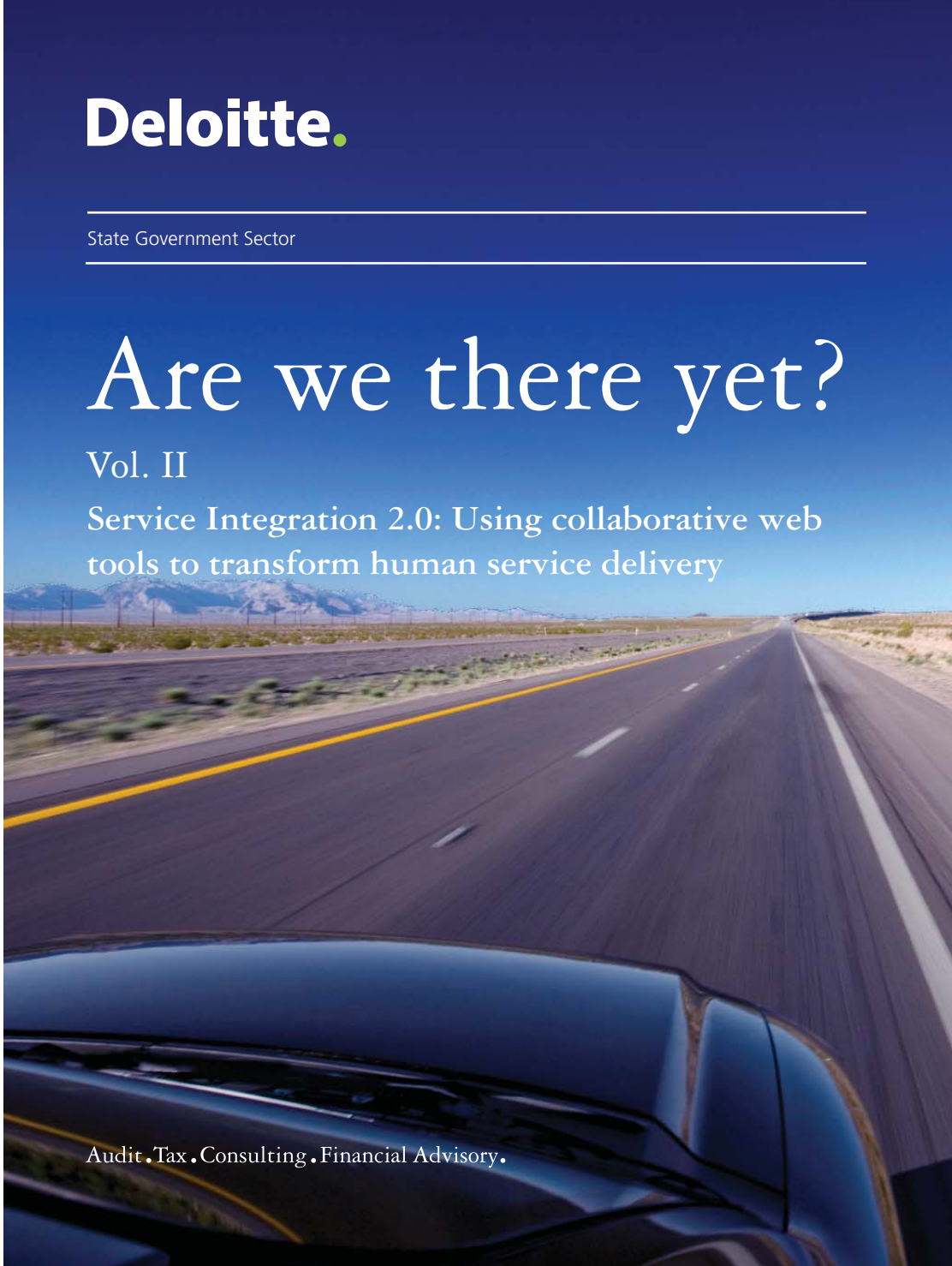
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State Government Sector

Are we there yet?

Vol. II

Service Integration 2.0: Using collaborative web tools to transform human service delivery

A photograph of a dark blue car driving on a long, straight asphalt road that stretches into the distance. The road has a yellow line on the left and a white line on the right. The background shows a clear blue sky and distant mountains.

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Are we there yet?



It depends on where you're going

Health and human services agencies face tremendous pressure from politicians and the public to deliver more effective services to clients who need them. Over the past few years, this triggered a drive toward service integration – the idea that formerly stand-alone benefit programs and services should be linked together in ways that magnify their impact and improve their usability. Now, the emergence of Web 2.0 technologies like social networking and blogs presents an opportunity for HHS agencies to work much more collaboratively with the citizens they serve.

Imagine the possibilities: Clients using live chat or instant messaging to contact their caseworkers; citizens and agency personnel participating in wiki's that capture best practices and distribute vital knowledge; and caseworkers arriving at better solutions by using social networks to collaborate widely with other HHS professionals.

That's the promise of Service Integration 2.0. But getting there won't come without challenges. In fact, your path toward service integration just got a bit more complex.

Even before the arrival of Web 2.0, HHS agencies struggled with the exact meaning of service integration. Some defined it as combining related service offerings – for example, food stamps and cash assistance – into a single program. Others saw it as grouping different departments and agencies under one umbrella organization. And to many, service integration was simply a Web portal with links to various agency websites. The truth is service integration is all of those things...and more.

Now Web 2.0 and growing citizen demand for services 24/7 is changing the HHS landscape with unprecedented speed. Where first-generation service integration focused on government-to-citizen (G2C) interaction, Service Integration 2.0 is all about government-for-citizen (G4C). That means developing citizen-centric approaches to HHS programs and service delivery. This new destination is a place where HHS agencies deliver suites of interrelated programs to support the unique needs of citizens and their families. It's also a place where citizens themselves play a collaborative and interactive role in shaping the services they receive.

Clearly, Service Integration 2.0 is a fundamental shift from the rigid and disconnected programs of the past. So, how do we get there?

The processes on the road to service integration have not changed. Service offerings, technology and workforce remain the critical elements of success. Focusing on just one is like getting new tires for your car without filling up the gas tank. It might improve the ride, but in the end you probably won't get very far.

The technology behind Service Integration 2.0 will provoke some of the biggest changes. Where the legacy systems of the 1970s and 1980s chugged away for 15 to 20 years, the lifespan of Web applications is proving to be less than half of that. Therefore, HHS agencies face fundamental shifts in how they plan, fund, build and maintain these new systems in a world of rapidly changing technology. Beyond transforming service delivery, technical modernization will impact agencies' ability

to attract and retain qualified staff, a key concern as the government retirement wave hits HHS agencies with full force.

In addition, HHS agencies will confront fundamental management and service delivery changes as Web 2.0 concepts play a bigger role in how American society interacts and conducts its business.

Ultimately, states and agencies must determine the appropriate mix of service, technology and staffing strategies to get where they need to go. Web 2.0 technologies – and the rising citizen

expectations attached to them – make the trip a bit tougher, but they also offer opportunities for transforming HHS service delivery and dramatically improving both outcomes and client satisfaction.

This book offers a way to look at service integration in this new world. It provides an overview of the turns in the road, how those turns have affected the roadmap for integration and how to choose your destination wisely along the way.

New turns in the road

Health and human services challenges are well documented. Citizens often face a bureaucratic maze that can make it hard to get the services they need. Agencies struggle to meet performance expectations and attract qualified staff. Third-party providers and community partners grapple with hard-to-track cases and slow payments.

Traditional service delivery, with its fragmented organizations and rigid bureaucracy, tends to frustrate everyone involved – clients, caseworkers, politicians, care providers and taxpayers. Shortcomings in these traditional processes undermine the very mission of health and human services: making life better for people.

Service Integration 2.0 addresses these challenges by bringing together related services in ways that makes them more convenient, more accessible and much more customer-centric.

There's no doubt that states have spent time bringing services to the citizens, but redesigning business processes for citizens is another matter. Until now, service integration has focused on G2C interactions. Agency Web portals may have made HHS offerings easier to locate, but agencies for the most part still deliver a rigid set of individual services. Web 2.0 technologies provide a pathway for states to move from a G2C to G4C model, where new tools and approaches deliver services that are much better suited to customer needs.

Today's citizens are accustomed to quickly and conveniently finding what they need.

Web 2.0: What is it and what does it mean?

Blog

What It Is: Blog is short for Web log, a type of Web site hosted online by one or several people known as bloggers. Blogs can be used as online diaries of text, photos, and other media.

Examples: TypePad, Blogger, WordPress

Wiki

What It Is: A Web application that allows any number of users to directly create and edit content on a collection of Web pages.

Examples: Wikipedia, MediaWiki

Podcast

What it is: Online audio or video that users can download to a device.

Examples: iTunes, Podcast Alley, PodShow

RSS

What it is: A family of Web-feed formats used to publish frequently updated content, such as blog entries, news headlines or podcasts. Called a feed, Web feed or channel, RSS stands for Really Simple Syndication. RSS feeds contain either a summary of content from an associated website or the full text, making it easier for people to keep up with their favorite websites.

Examples: NewsGator, Feedburner

Mashup

What it is: A Web service that gathers related content from more than one source to provide an information service to users.

Examples: WikiCrimes, flickrvision, iGoogle

Peer-to-Peer (P2P) Networks

What it is: Distributed networks of computers that function as both client and server. The term peer-to-peer implies the lack of a centralized server and any related form of control. As a result, P2P networks are often used for file sharing between users.

Source: Change your World or the World will Change you: The Future of Collaborative Government and Web 2.0



Powerful Web services like Google, Yahoo and Amazon serve up personalized content with blazing speed and amazing accuracy. Furthermore, mainstream acceptance of user-generated-content sites such as YouTube and Facebook promotes the concept of collaboration instead of one-way communication.

With private-sector websites already delivering a wide array of personalized and collaborative interactions, citizens expect the same from government. One-size-fits-all programs that are fragmented across multiple agencies simply won't make the cut.

Web 2.0 presents an opportunity to transform service delivery into an integrated and collaborative experience that achieves better outcomes and uses funding more efficiently. How can HHS offices use these new tools? Here are some ideas:

- Live chat or instant messaging between clients and caseworkers, among caseworkers, and between caseworkers and policy experts, creating a "CaseSpace" for HHS workers.
- Blogs for clients and staff.
- Enhanced case worker tools such as wiki's or social networking sites to share case and policy information.
- A social networking presence for hiring new staff or case workers.
- RSS feeds of state, local, and national policy news or decisions.
- A "mashup" website combining state, local, nonprofit and private provider agencies collaborating on service delivery to citizens in need.

Web 2.0 is changing the way citizens shop, consume information and interact with one another. Government services aren't immune to this shift. If HHS managers and state leaders won't set an agenda for changing service delivery, consumers will.

A new roadmap for service integration

So, how do the demands of a Web 2.0 world impact your service delivery strategy? The journey toward Service Integration 2.0 travels across three key dimensions: technology, workforce and service offerings. Adapting to the new service integration landscape, like tuning up your car before embarking on the journey ahead, makes the travel much easier and provides a smoother ride to the top.

Technology vision

In the 2.0 world, technology changes go beyond "moving to the Web" or updating legacy systems. Most states have already completed that leg of the journey, or they are well underway. Now, new systems must link HHS providers within and beyond government as service delivery encompasses a growing 'network' of public and private organizations to create a 'service delivery network'. These systems also must be capable of taking a holistic view of HHS recipients and their families, connecting them with a complete array of services designed to produce a desired outcome.

At the same time, the speed of technological change has quickened. Mainframe systems that lasted 15 to 20 years have given way to Web-based systems that are obsolete in five to seven years. This has broad implications for how HHS agencies plan and fund IT systems. It also argues for increased use of service oriented architectures and reusable software components to address the speed of change.

To maximize IT investments, consider how all facets of technology fit together -- not just external offerings to clients, but also internal tools that support workers, service offerings and business operations. Technology funding remains a driving force for embarking on a service integration journey, but don't launch technology changes without considering how workforce factors and service offerings fit into the picture. Otherwise, you could be simply modernizing the siloed, people-intensive and citizen-unfriendly services of the past.

Dimension	Government 1.0	Government 2.0
Operating Model	<ul style="list-style-type: none"> ■ Hierarchical ■ Rigid 	<ul style="list-style-type: none"> ■ Networked ■ Collaborative ■ Flexible
New models of service delivery	<ul style="list-style-type: none"> ■ One-size-fits-all ■ Monopoly ■ Single channel 	<ul style="list-style-type: none"> ■ Personalized ■ Choice-based ■ Multi-channel
Performance-driven	<ul style="list-style-type: none"> ■ Input-oriented ■ Closed 	<ul style="list-style-type: none"> ■ Outcome-driven ■ Transparent
Decision-making	<ul style="list-style-type: none"> ■ Spectator 	<ul style="list-style-type: none"> ■ Participative

Source: *Change your World or the World will Change you: The Future of Collaborative Government and Web 2.0*



Ultimately, agencies must architect systems around business functions instead of technology. Remember, people and services are the passengers; IT is just the vehicle to get them where they need to go.

Workforce strategy

Now is the time to revamp hiring and growth plans, as well as review knowledge capture and career patterns for HHS staff throughout the organization. HHS agencies are starting to feel the effects of a massive baby-boomer retirement wave. You're going to lose some of your most experienced and knowledgeable staff

members. Therefore, you need effective methods for capturing institutional knowledge and passing it on to new workers.

What's more, your new workers won't be like the people they replace. These new staff members aren't likely to spend a lifetime at the same job, so agencies will need to adapt to a shortened employment model offering multiple job experiences in the time personnel are with the agency. Qualified employees will be in short supply, and they'll seek positions that offer them rewarding and interesting work. Allowing

employees to network and collaborate across organizational silos will help attract and retain these individuals. HHS agencies must provide tools to support these activities and encourage their growth. They also must implement performance measurement processes to engrain collaboration in the organization instead of competition to succeed.

Service offerings

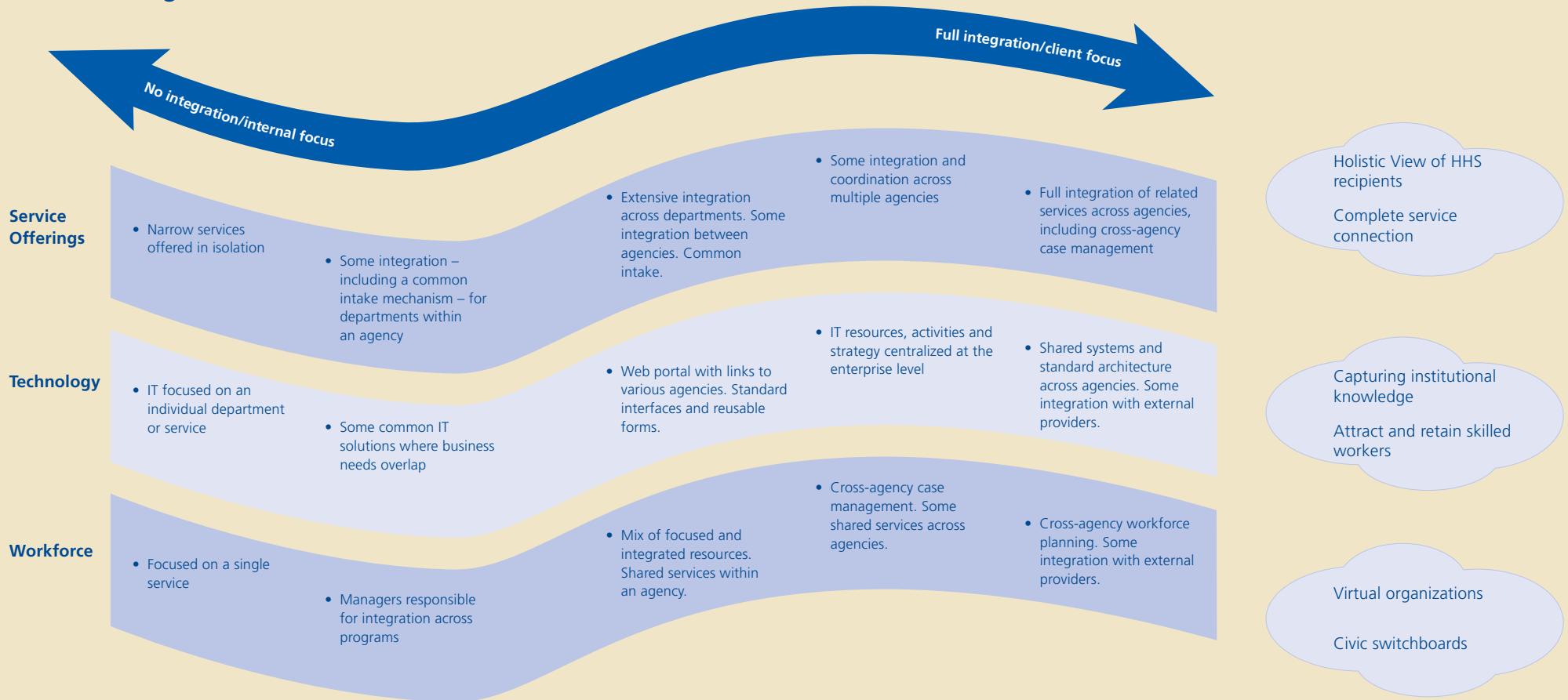
Virtual organizations gradually will replace physical locations for service delivery within the service delivery network. Effective agencies will evolve toward a 'civic switchboard' concept – where HHS clients are connected to resources both within

and beyond traditional government entities – to define and deliver the appropriate set of services for the household and its members. This comprehensive strategy will replace siloed approaches where clients obtain a single service – perhaps not the right service – simply because it was the first one they found. Roadmaps must be developed for citizens attaining services under this new paradigm, as well as for the organizations delivering them.

Performance measures and performance-driven management also will become priorities for HHS agencies. Proving service quality and client outcomes will be vital for human services programs, partly because funding sources will demand it.



Service Integration 2.0



Arriving at public value

Service integration can be viewed as a roadmap of capabilities and choices, ranging from little interaction between programs to seamless integration among public agencies and external partners. Wherever agencies lie on this continuum, it's time to set a course toward greater connection and coordination among service offerings, and better communication and collaboration with HHS customers.

Today's HHS agencies serve a new type of client, one whose expectations have been shaped by sophisticated Web search engines and comparison tools, collaborative social networking sites, and always-available online transactions. Gaps between citizens' expectations and what HHS agencies deliver drive the demand for more integration. And these demands are growing more quickly than ever thanks to relentless innovation in the Web 2.0 world. If you were lagging in service integration before, you're falling even further behind today.



What are fundamental capabilities for arriving at Service Integration 2.0? Here are key destinations and how to get there:

Destination: Client-centric access to HHS programs and information

How to get there: Despite governments' attempts to eliminate siloed department websites and create online portals, citizens still rely on commercial search engines to find what they need. HHS agencies should accept the idea that government websites often won't be citizens' entryway into HHS information or services. Therefore, agencies need to make information and services available through a variety of different channels – even if some of those channels are neither controlled nor directly owned by public agencies (although HHS agencies would remain responsible for managing and delivering those services). These new channels will complement existing HHS portals and other e-government initiatives and, over time, they may begin to replace government-only efforts.

Clients want better, faster services that are customized to their needs – and they want to get those services on their own terms. Working to deliver HHS information and services through non-government channels responds to this demand, and it helps lower the cost of service delivery by taking advantage of already established commercial Web channels.

Destination: Cross-agency collaboration

How to get there: One organization can't address all the needs of clients and their families, so single-agency portals don't adequately support Service Integration 2.0. Instead, HHS agencies should explore the development of mashups – compilations of Web services that are managed by different agencies or organizations and delivered through a single online location. Web 2.0 technology enables government agencies to move beyond internal "one-stops" toward a Web-oriented architecture that makes mashups easier to create and manage. Information should be designed for reusability and transferability, and non-governmental organizations should be able to share it.

HHS mashups would give clients access to a comprehensive array of services and resources in a single location. Done correctly, these sites could function as civic switchboards, connecting citizens with the resources they need to solve problems, regardless of where those resources come from.

Destination: Greater citizen involvement in service delivery

How to get there: HHS clients want to play a bigger role in determining what services they need from government. Commercial Web services have conditioned citizens to seek advice from their peers when making purchases. For example, Amazon's wiki concept for soliciting product feedback is widely popular -- so much so that product descriptions are frequently ignored. This tendency is even more pervasive to young adults whose online social networks are as important as "live" friends.

To a growing degree, HHS clients want to compare experiences with their peers and obtain advice on similar cases. Wiki's, blogs and other HHS-focused social networking activities won't just boost citizen satisfaction; they'll improve outcomes by making clients smarter consumers of services. In addition, partnering with intermediaries that have a stronger Web presence – such as peer communities, charities and healthcare delivery agencies – can help HHS agencies provide clients with richer online interactions.

Avoiding potholes and roadblocks

Destination: Attract young, well-qualified workers

How to get there: As aging baby-boomers retire, HHS agencies will compete for a shrinking pool of talented young workers. In the past, this meant throwing money and perks at employees. But these tactics aren't effective on the Generation Y citizens who largely make up the new talent pool (nor are they an option for cash-strapped HHS agencies). Instead of cash, many younger employees seek interesting and challenging work, open communication, and more control over their work schedules. Again, these qualities typically are not what public-sector employers offer. This must change if HHS agencies are going to attract the qualified employees they need.

Generation Y workers focus on reaching out – sharing their problems, finding mentors, asking questions and brainstorming new strategies. These goals dovetail nicely with the concepts of Service Integration 2.0, which promotes collaboration among HHS organizations and between caseworkers and clients. Therefore, HHS agencies should support these young workers by allowing them to use 2.0 technologies at work to forge new and productive relationships. Generation Y workers are always connected and they don't often separate work from play, so agency managers may need to rethink some of their expectations and techniques. But accommodating new work styles and providing new technology tools will position HHS agencies to build and retain high quality work forces.

Implementing Service Integration 2.0 capabilities means significant change for HHS agencies. Before embarking on such a journey, agencies must consider where service integration will deliver the most value. They also need to gauge their appetite for change, executive support for transformation initiatives and the availability of financial resources.

The following pages look at the most common roadblocks to implementing 2.0 service integration strategies, and they offer our thoughts on how to avoid them:

Policies vs. progress

Web 2.0 technologies such as instant messaging, wiki's and blogs often challenge existing HR policies and work rules. In the past, HHS agencies have tightly controlled what information reaches the public. Web 2.0 tools open instant and direct channels to HHS clients and other constituents – striking fear into the hearts of managers accustomed to carefully editing and approving such communication.

Discomfort over increased data sharing – among agencies and between agencies and clients – was an issue in earlier service integration efforts. But those concerns will be magnified as HHS agencies move toward 2.0 strategies because the new tools make data sharing so much easier and pervasive.

This is one roadblock that must be overcome. To be successful in this new paradigm, HHS agencies need to grant employees the freedom to collaborate and communicate. How do you promote these changes in risk-averse public agencies? Answer: One step at a time. Here are a few ideas:

- Develop a Web 2.0 strategy by establishing clear priorities for online collaboration. These priorities should align with your organizational objectives.
- Introduce the use of 2.0 technologies through pilots. For instance, launch a wiki for creating meeting minutes or handling other internal tasks. These small-scale efforts gauge your organization's 2.0 readiness, allow



employees to get their feet wet with new concepts and demonstrate to upper management the value of increased collaboration.

- Establish key performance indicators that help measure the results of your Web 2.0 efforts. Once you can measure results, publicize your successes to build public and management support for more ambitious undertakings.
- Look for Web 2.0 champions who are committed to proving the value of collaborative tools and new communication methods. These employees have a personal stake in the success of 2.0, and they'll strive to show results. Use them to lay the groundwork – adding hyperlinks to Web pages, establishing wiki's, contributing to blogs, etc. – that saves time and effort for other workers.
- Evaluate existing enterprise technologies to determine their compatibility with your evolving Web 2.0 strategy. Also, investigate new technologies that enable agencies to control the number of collaborators. Tools such as these allow you to start small and gain experience before opening up collaborative applications to the larger organization and beyond.
- Educate staff so they understand what Web 2.0 tools are and why these technologies are crucial for meeting fast-evolving HHS objectives.
- Create policies that promote collaboration. Reward employees whose wiki pages attract the most hits. Or recognize workers' whose

online information is the most used by consumers.

Remember, the most successful Web 2.0 projects are those with the least governance. This may be counterintuitive for public agencies, but too much regulation stifles collaboration. Spontaneity, openness and collaboration are hallmarks of Web 2.0 success. For HHS agencies, the drive toward Service Integration 2.0 begins with instilling these qualities in employees and management.

Digital Divide: Is everyone online?

Obviously, the use of public-facing Web 2.0 initiatives hinges on whether HHS clients have Internet access. Although access remains difficult for small portions of the population, research shows that the majority of Americans are connected to the Web. Internet use in North America grew by 120 percent between 2000 and 2007, according to Internet World Stats. The organization also reports an Internet penetration rate of more than 70 percent and a usage rate of more than 65 percent for North America.

Perhaps a bigger concern for HHS agencies is the "reverse digital divide." Simply put, the expectations and technical capabilities of average Americans are outstripping the ability of HHS agencies to deliver. These citizens expect to interact collaboratively with caseworkers and policymakers, access multiple programs through a single application process, and find information and services through personalized channels at any time of the day or night.

Adoption of Web 2.0 tools responds to these desires, improving citizen satisfaction with social services and enabling HHS agencies to produce better and more cost-effective outcomes.

The case for change

Like any major undertaking, moving toward Service Integration 2.0 demands the investment of money and staff resources. That means you'll need to build an effective business case for making these changes. Identify problems that can be addressed through greater collaboration and information sharing. Then establish key performance indicators that enable you to measure results. Web 2.0 may be wildly popular with the general public, but in the HHS arena these new tools must deliver real value. Thoughtful attention to the business case and performance metrics ensures you're investing in Web 2.0 for the right reasons.

Here are a few examples of how 2.0 technologies can deliver real business benefits:

- Giving management or staff the ability to quickly update Web content may reduce or eliminate the need for a webmaster. Implementing these capabilities not only saves money, it could help agencies update Web content more quickly and accurately.
- Creating FAQ wiki's can reduce the number of phone calls to customer service representatives, freeing up staff time and potentially reducing costs. In addition, these collaborative online information sources often can deliver

better information, improving client satisfaction.

A common thread in these examples is that they tend to both cut costs and improve service. As demands on HHS agencies increase and funding fails to keep pace, Web 2.0 strategies can help deliver better services with less expense. Your task is to target these tools in the most effective manner – based on the unique requirements of your agency and its clients — and implement the metrics necessary to track their performance.

This old PC

One challenge for most technology deployments is the readiness of an agency's computing infrastructure to support new applications. More than a few public organizations have made the uncomfortable discovery that fancy new applications won't run efficiently – if they run at all – on ancient PCs and operating systems.

The beauty of many Web 2.0 technologies is that they require little hardware or software investment for end users. Wiki's, blogs and other collaboration tools simply require an Internet connection and a Web browser.

Our advice: start small and use your existing IT equipment as much as possible. At the same time, begin evaluating your current technological infrastructure against where you eventually want to go. This information will help you build the business case for technology upgrades that support your 2.0 strategy.

Privacy and access control

Earlier service integration and data sharing initiatives raised concerns about privacy and confidentiality. As HHS agencies implement Web 2.0 collaboration tools, policymakers and agency managers will confront these issues again in a much larger way.

Integrated service delivery requires collecting, managing and sharing information in digital form across a broad network of public, private and nonprofit providers — creating significant potential for misusing data. And launching wiki's, blogs and other tools that put HHS staff directly in touch with clients and peers ups the ante even further.

Well-designed systems minimize these problems by establishing precise levels of access for every user. For example, a medical system could provide a limited level of access for agencies and administrators that process transactions, and a more in-depth level for physicians and other healthcare professionals.

Integrated systems also allow agencies to adjust access rights as privacy policies change. That's particularly important in these fast-changing times, when many organizations are still learning what they can and cannot share. Furthermore, privacy policies may need to be adjusted to cover appropriate use of Web 2.0 tools, and staff training will be critical for ensuring that workers understand these new guidelines.

Hitting the road

Now is the time to start your journey toward Service Integration 2.0. Citizens are incorporating Web 2.0 tools into their daily lives at a rapid rate. All around them, commercial businesses deliver personalized, collaborative and intuitive experiences. Citizens expect the same from government. As a consequence, political leaders, responding to public desire, will push for better government performance delivered at lower costs to taxpayers. All of these factors are ratcheting up pressure on HHS agencies to develop convenient, efficient and client-centric service models. Incorporating Web 2.0 tools and ideas into the delivery of HHS benefits and information answers these demands.

The road to Service Integration 2.0 isn't easy. HHS agencies must reexamine service delivery strategies, business processes and personnel policies. In many cases, Web 2.0 concepts challenge long-held cultural and managerial practices for government agencies. Furthermore, the technology of Web 2.0 evolves more rapidly than ever before, so slow-moving agencies lose ground at an ever-increasing rate. Agencies will need to adjust planning and funding cycles to accommodate more frequent IT upgrades.

Although the trip may be challenging, the destination is worth it. Web 2.0 tools unleash the power of collaboration and data sharing to an unprecedented degree. Thoughtful deployment of these capabilities transforms HHS agencies in an array of beneficial ways. Clients receive better information and services — and they're more satisfied with the entire HHS process. Agency staff members are empowered to do a better job, which also translates into better retention of existing workers and easier attraction of new ones. Taxpayers, funding agencies and decision-makers receive better value from their investments in HHS programs.

This document offers a roadmap to guide your way. If there is anything we can do to make the ride a little smoother, just let us know.



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Sundhar Sekhar, Principal
Deloitte Consulting LLP
717 651 6240
Email: ssekhar@deloitte.com

Kara Harris, Senior Manager
Deloitte Consulting LLP
512 226 4119
Email: kaharris@deloitte.com

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