Person-Centered Innovation Charter

Innovation can happen when we experiment with new combinations of knowledge

**Arrowhead Telepresence Coalition
Collaborative Innovation in Person-Centered Services
Integrated Behavioral Health**

Part 1: The Guiding Principles for all projects under this Person-Centered Innovation Charter
Part 2: Information specific to the Department of Human Services sponsorship of a project under this Charter
Part 3: Plan setting forth problem, solution and outcomes to be achieved by collaborating project partners

## Part 1.1 Digital Platforms are Transformational

As digitalization sweeps through industries, public and private, it is moving from an innovative trend to a core competency for survival. Understanding and benefitting from platform effects are now widely identified as central to how value is created within an ecosystem such as human services.

Value results largely from people connecting with each other and with resources, the network effects between them, and the exponential scalability from which part of the power of the platform derives.

Projects sponsored under this Charter will focus on leveraging platforms for person-centered innovation through actions designed by combining knowledge from three or more fields of practice.

The technology platform of interest is the DHS Vidyo Platform for face-to-face person-centered interaction and value creation within human service ecosystems.

A platform view of business
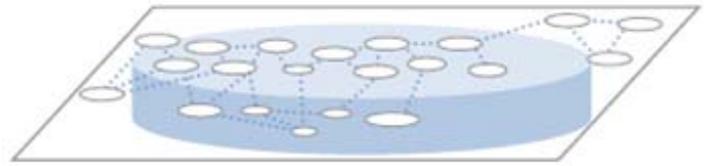
- ⬭ Resources and capabilities
- ⬮ Semiporous company boundaries
- ▱ Ecosystem (cloud, crowd, customers, partners, universities, regulators, etc.)
- ······ Dynamic connections to create value

Gartner, "Insights From the 2016 Gartner CIO Agenda Report," Stamford, CT, 2016.

Focus of the 2016 CIO survey and report — Semiporous boundaries

- Business/value platform
- Leadership platform
- Talent platform
- Delivery platform
- Technical platform

Gartner.

Combining the
Person-Centered Business Case

With
Adaptive Leadership

With
Innovation Knowledge & Talent

With
Person-Centered Interactions

With a
Social Technology Platform (DHS Vidyo Platform)

To achieve
Person-centered transformations

Part 1.2 Business/Value Platform: Person-Centered Business Cases

People in Minnesota face big transformational challenges in the human services ecosystem. These challenges are complex, urgent, and large in scale and scope. They require system-wide behavioral, institutional, and adaptive leadership changes. Examples include:

- ▪ Child Protection Reform
- ▪ Jensen Settlement Agreement Implementation
- ▪ Olmstead Plan Implementation
- ▪ Behavioral Health Integration
- ▪ Child Development
- ▪ Tribal Transformative Telehealth

Digital platform effects offer viable ways to mobilize people and other ecosystem resources to succeed in these transformational challenges.

Part 1.3 Leadership Platform (Adaptive Leadership)

Platform methods to engage people to collaborate together can also be used for a range of capacity-building purposes such as adaptive leadership development.

"Adaptive Leadership is a practical leadership framework that helps individuals and organizations adapt and thrive in challenging environments. It is being able, both individually and collectively, to take on the gradual but meaningful process of change. It is about diagnosing the essential from the expendable and bringing about a real challenge to the status quo."

http://cambridge-leadership.com/adaptive-leadership/

Part 1.4 Talent Platform (Talent, innovation knowledge)

Gartner, Inc., global IT consultant, advises thinking of talent as a platform to mobilize people, knowledge, and resources to accomplish transformational changes.

Http://www.gartner.com/newsroom/id/3143018

Example: Social entrepreneurs are increasingly being recognized for their abilities to transform complex systems.

"Unlike social service providers, social entrepreneurs explicitly aim to permanently and systematically transform a miserable or unfair societal condition. Unlike social advocates, social entrepreneurs act directly, creating a product, service, or methodology that spurs the transformation of the status quo."

Martin, Roger & Sally Osberg, *Getting Beyond Better: How Social Entrepreneurship Works,* Harvard Business Review Press, Boston, 2015, p.11.

Different people, and organizations, have access to varying resources – knowledge, relationships, contact networks, facilities, skills, vehicles, funds, technologies, information, etc. Joining in a coalition founded on shared purpose and trust enables partners to pool, share and leverage assets.

Bob Johansen && Karl Ronn, *The Reciprocity Advantage,* Berrett-Koehler, San Francisco, 2014, pp. 36-38.

Person-centered and integrative thinking are essential.

Part 1.5 Delivery Platform (Bimodal delivery)

Organizations faced with transformational challenges requiring widespread collaboration in an ecosystem find that a bimodal delivery platform helps resolve tensions between people focused on (a) operational efficiency and reliability of technologies and (b) people faced with exploration and innovation.

"**Bimodal IT** is the practice of managing two separate, coherent modes of IT delivery, one focused on stability and the other on agility. Mode 1 is traditional and sequential, emphasizing safety and accuracy. Mode 2 is exploratory and nonlinear, emphasizing agility and speed."

http://www.gartner.com/it-glossary/bimodal
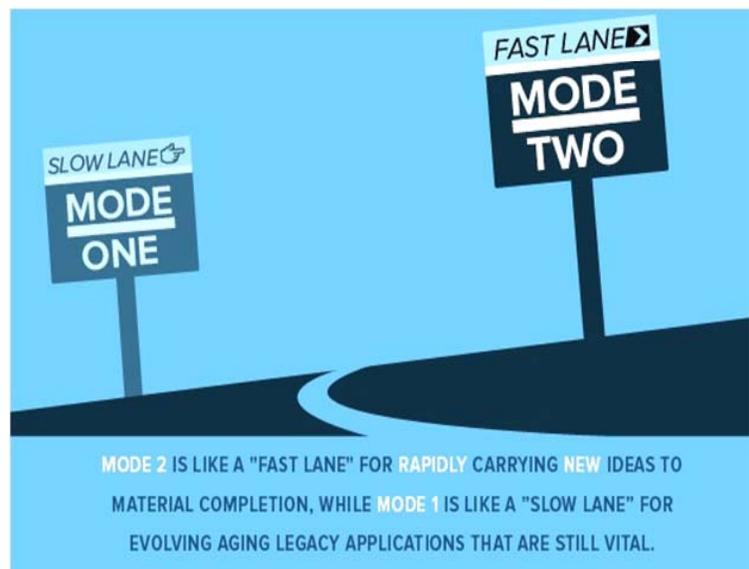
Part 1.6 Technical Platform – Value Creation
      (DHS Vidyo Platform – internet telepresence)

Platform value is created among participants with each other and with resources in the human services ecosystem.

The fundamental unit of value creation on platforms is the interaction between producers and consumers (participants) on the platform. Value is created and scaled through interactions that occur between users and resources in the ecosystem. What has caused these platform ecosystems to be possible is widespread and expanding internet connectivity plus growing understanding of how platforms work. The three essential elements of an interaction-centric platform model are:

- The value creating interaction
- The platform that enables the interaction
- A mechanism for value capture.

Choudary, Sangeet Paul, *Platform Scale*, Platform Thinking Labs, Lexington, KY, 2015, p. 138)

Part 1.7 Access to the Platform

Access to the DHS-owned Vidyo Platform and VideoNow Help Desk are central to fostering scalable person-centered innovation in the Minnesota human service ecosystem. The principles for accomplishing this follow:

"To innovate, an organization needs to invest in research and development. To enable its programs, government needs to build sustaining infrastructure." (but some constituents cannot afford access, so) ". . . the social entrepreneur overcomes this challenge by creatively repurposing capital assets already produced elsewhere . . . . " (p.148)

"Some successful social entrepreneurs can alter the value equation they face by creating a scalable platform that dramatically reduces the ongoing cost of a desirable activity. Without the platform, the desirable activity is simply not economically feasible, but with the platform it is." (p. 151)

"They are therefore able to more freely use an open-source approach that provides their intellectual property and/or operating model to the world. Social entrepreneurs can allow a broad ecosystem of actors to utilize and adapt their organizations' innovations freely without paying royalties or licensing fees." (p. 173)

Martin, Roger L. and Sally R. Osberg, *Getting Beyond Better: How Social Entrepreneurship Works,* Harvard Business Review Press, Boston, 2015, pp. 148, 151, 173).

WE ARE IN THE BUSINESS OF ~~BUILDING TECHNOLOGY~~ enabling interactions

Source: PLATFORM SCALE

Part 1.8 Vidyo Innovation Platform Value Capture

The person-centered innovation platform model is built on an exchange between the Vidyo Platform owner and the application project innovation communities. In return for access to the Vidyo collaboration network and VideoNow Help Desk, the innovation communities agree to provide full knowledge about the person-centered initiatives they undertake – successes and failures – what worked or didn't work and why.

Part 1.9 Vidyo Platform Ecosystem Governance

"The conventional notion of organizational boundaries expands and becomes more porous in platform markets. It is increasingly difficult to draw a line where the platform owner's boundary ends and the ecosystem partners' organizational boundaries begin. Conventional coordination mechanisms and command-and-control hierarchies that make conventional organizations work are neither scalable to thousands of independent ecosystem partners, nor does the platform owner have the legitimate authority to dictate their work as it can in conventional organizations . . . . Yet the need for effective coordination is paramount for maintaining coherence and delivering value to end-users. Nuanced and more sophisticated governance is then key to coordinating the ecosystem without stifling ecosystem partners' autonomy to innovate.

. . . Orchestration rather than management becomes key. . . . Platform managers must therefore shift their mindset to emphasize orchestration over manage-ment, evolvability over stability, autonomy to inno-vate over control, and integration over efficiency."

Tiwana, Amrit, *Platform Ecosystems,* Elsevier, Boston, 2014, p. 53.

Part 2: Arrowhead Telepresence Coalition:

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**Collaborative Innovation in Person-Centered Services: Integrated Behavioral Health
Arrowhead Telepresence Coalition
Executive Summary**

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PROBLEM

Provider shortages and transportation barriers reduce access to mental health services for children, adolescents and adults of all ages in rural areas. Individuals experiencing mental health crises are often transported by law enforcement to facilities in distant communities because services are not available locally. Undiagnosed/untreated mental health issues and chemical dependency may result in incarceration, where assessment and treatment may be delayed or unavailable. Limited access to behavioral health services profoundly impacts the lives of residents in the region.

SOLUTION

The Arrowhead Telepresence Coalition will develop an integrated behavioral health network utilizing telepresence connectivity to link community mental health providers with schools, jails, rural hospitals, law enforcement and tribal providers to improve access to services in northeastern Minnesota.

PARTNERS

The Arrowhead Telepresence Coalition is a regional collaborative of seven counties, three tribes, community mental health providers, crisis response providers, health care providers, jails and schools. During the past two years, Coalition partners have utilized telepresence technology to provide behavioral health services in a limited number of non-traditional settings within the region. The knowledge, experience and lessons learned during the initial exploratory phase will be used to expand the scope and reach of behavioral health services provided via telepresence in traditional and non-traditional settings throughout the region.

STRATEGIES
- Provide access to mobile crisis response services via telepresence to law enforcement personnel and county and tribal health and human service staff to triage and de-escalate crisis situations.
- Integrate behavioral crisis response services into rural hospital emergency rooms.
- Expand access to mental health services and chemical dependency assessors in jails.
- Expand access to mental health crisis stabilization and ongoing care in schools.
- Explore establishing linkages with primary care providers, adolescent treatment centers, juvenile detention centers and aging and disability service providers.

GOALS
- Improve the immediacy of service delivery/speed of intervention for behavioral health services.
- Promote more effective and collaborative use of limited mental health resources across the region.
- Support law enforcement and emergency responders to better assist people experiencing a mental health crisis, reducing the need for transportation and/or hospitalization for those in crisis.
- Improve access to clinical consultations and expertise in for rural health care providers.
- Improve access to behavioral health services for children and adolescents.

TECHNOLOGY

Using the DHS telepresence network, increase in phases from 100 users in 2015 to approximately 400 users in 2018.

REGIONAL NETWORK

The Arrowhead Integrated Behavioral Health network will create a network of connections across the region to expand access to services. As connections are developed and fully utilized, it is anticipated that additional ways to use internet telepresence will be identified. The ATC structure will support and encourage communication between partners and coordination of efforts to maximize the use of available resources, share lessons learned across strategy areas and create an effective, sustainable service delivery model. The map below depicts the network envisioned by the Arrowhead Telepresence Coalition.

DHS SUPPORT/MN.IT SUPPORT REQUESTED

The Minnesota Department of Human Services and MN.IT can support the Arrowhead Telepresence Coalition to achieve Phase II goals by providing:
- An extension of the existing collaborative agreement/project charter through December 2018;
- Continued access to the Minnesota Department of Human Service's Vidyo Platform/telepresence network, with additional licenses to support the expanded scope and reach of Phase II initiatives; and
- Help Desk support, potentially beyond the traditional M-F 8:00 – 4:30 time period.

Future Connections

- ⚙ Mental Health Clinics/Providers
- ⚙ County Health & Human Services
- 👶 Child Support Services
- ✚ ER/Hospitals/Primary Care Clinic
- 🏛 Jails/Correctional Facilities
- 🔷 Schools
- 🏛 Courthouses
- ☰ Tribal Health & Human Services
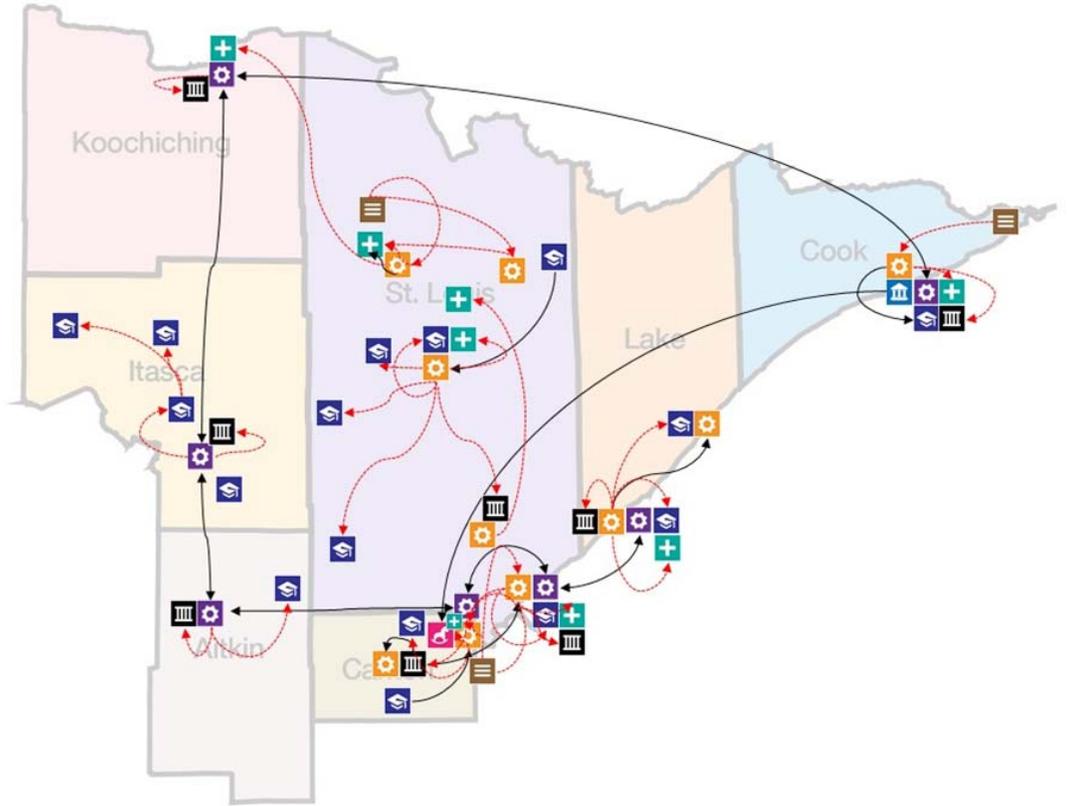
PROJECT TIMELINE

Start date: January 1, 2016
Application Phases – 2015 - See following table
Application Phases – 2016 – See following table
Application Phases – 2017 – See following table
Application Phases – 2018 – See following table
Post Initiative Vidyo Platform Transition Planning: January 1, 2018
End date: December 31, 2018

Arrowhead Telepresence Coalition	2015	2016	2017	2018
(cell numbers are users/accounts)				
Counties	30	60	80	100
Tribes	10	20	30	40
Schools	25	30	35	40
Hospitals	6	6	8	10
Clinics	1	2	6	10
Correctional Facilities	3	4	6	10
Courts	4	6	6	8
Sheriff's Offices	3	4	6	8
Community Mental Health/Crisis Response	25	70	90	100
Nursing Homes	0	0	5	10
Other	0	10	20	30
Totals	107	212	292	366

PROJECT PARTICIPANTS AND PARTNERS

Role	Person	Responsibilities
Project Sponsors	DHS - Chuck Johnson MN.iT - Scott Peterson AHC - Dave Lee AHA - Ric Schaefer	The Person Centered Telepresence Initiatives key sponsors and leaders who will take lead roles in communicating abou the initiative with all stakeholders.
Interested Parties	DHS - Jennifer DeCubellis DHS - Alice Nichols DHS - Angie Hirsch DHS - Vern LaPlante DHS - Kate Lerner	These individuals have exressed interest in the Integrated Mental Health work of the Arrowhead Telepresenc Coalition
Project Leaders	Ric Schaefer Roger Root Jana Nicolaison	The people in charge of getting the Person-Centered Telepresence Initiative accomplished -- keeping the vision and scope in focus, setting goals, evaluating outcomes. This includes building capacities needed such as adaptive leadership, knowledge, communication, and other resources and methods.
Project Team	Ric Schaefer & AHA team: Abby Lattu, Barb Caskey Joann Swanberg, MN.iT Roger Root & Office of Tele-Community Development team	The core people responsible for doing the project work.
Stakeholders	Terry Murray, Ann Busche, Sue Futterer, Eric Villeneuve, Roger Linehan, Jennifer Dupuis, Donna Lekander, Jim Getchell, Paul Coughlin, Dave Lee, Tom Burke, Vickie L. Thompson, Mary Carpenter, Jeneal Goggleye, Jeff Tucker, Meghann Levitt, Jeff Bradley, Ric Schaefer	Representatives of organizations who have a stake in the project work and who will be involved in or advise on the activities and outcomes of the Person Centered Telepresence Initiative
Application Community Teams	These teams will be made up of leaders of each person-centered application community, along with the project team	The application community teams are key to the capacity building work during the development phase and the operational phase. Building the application community teams is important for scaling up both the talent/knowledge/skill platform, the delivery platform, and the operation/user interactivity aspects of the technical platform.

ARROWHEAD HEALTH COALITION AND ARROWHEAD HEALTH ALLIANCE RESPONSIBILITIES

- AHA and AHC will assure that all equipment attached to the DHS Vidyo Platform for applications and users will meet with Vidyo and DHS/MN.iT approved standards so that the technologies can be supported reliably first by the DHS/MN.iT VideoNow Help Desk and, secondarily by Vidyo and Vidyo authorized maintenance providers.
- All stakeholders and individuals with access to the DHS Vidyo Platform are responsible to take proactive steps to understand and comply with laws, regulations, and policies which apply to the telepresence applications being used on the Vidyo platform. Examples include HIPAA and Minnesota Data Practices governing information security.
- Any and all issues experienced by users of the Vidyo Platform and technologies connected thereto will be promptly reported to the VideoNow Help Desk.

DIVERSITY/DISPARITIES PLAN

This project contributes to DHS's goal to reduce disparities in social and health services by:

- Increasing access to services for people in rural and remote areas of the state
- Better connecting American Indians with tribal and other providers. Tribes play an important role in Region 3 projects and will help shape the tele-health applications for this work.

EVALUATION PLAN

Because this is an exploratory project, we want to be able to respond quickly to opportunities and problems as they emerge so that we can learn as much as possible about the innovative potential of this technology. For this reason, AHA will adopt a formative evaluation process that fits well with a rapid-prototyping approach. This approach entails quick iterative cycles of problem-definition, application development, and user testing. At the end of the project, an assessment of the results and impacts of the applications will be accompanied by a summary of the lessons learned along the way. These together will provide other regions with guidance about how to proceed with their own applications as the underlying technology becomes more universally available.

RESOURCES EXPENDED/NEEDED

- Access to the DHS Vidyo Platform and VideoNow technical support (estimated to be worth $100/login per year).
- Staff hours from Roger Root, Ric Schaefer, and Jana Nicolaison and supporting teams.
- DHS will fund meeting expenses, travel, and other incidentals of the project for DHS staff, which is estimated to total no more than $200/month.
- Support from other DHS and MN.IT staff
- Support from stakeholders and stakeholder staff
- Input and support from senior management and staff from other divisions or administrations
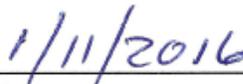
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Charles E. Johnson, Deputy Commissioner, DHS   Date   12/31/15
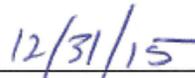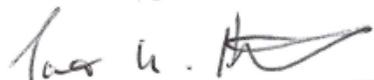
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Scott Peterson, Chief Information Officer, MN.IT   Date   1/4/2016
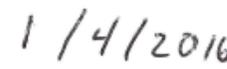
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Ric Schaefer, Director, Arrowhead Health Alliance   Date   1/11/2016