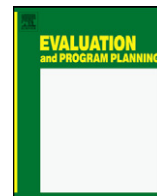




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Evolving systems of care with total clinical outcomes management

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ABSTRACT

The current article proposes that further specification of the system of care concept is required. Based on the assertions that the system of care concept (a) refers to an ideal as opposed to an observable phenomenon, and (b) is engaged in offering transformational experiences, the authors propose that the system of care definition must be expanded to include measurement and outcomes monitoring strategies that extend beyond current quality improvement initiatives. The authors propose that communication across multiple levels is essential if the goal of offering transformational experiences to children and families is to be realized.

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In their paper, “Systems of care, featherless bipeds, and the measure of all things,” Sharon Hodges and her colleagues (Hodges, Ferreira, Israel, & Mazza, *this issue*) chart the evolution of the system of care concept from its roots as an “organizational philosophy” (Stroul & Friedman, 1986). Their new definition expands upon the original definition by incorporating contemporary systems-theory perspectives such as the idea that systems are dynamic, include multiple perspectives, and are inherently situated in a social context. These are welcome improvements and much needed updates to the system of care concept that has become the cornerstone of our country’s efforts to improve the care received by children with serious emotional disturbance (SED) and their families (President’s New Freedom Commission on Mental Health, 2003; US Department of Health and Human Services, 1999).

Although we believe that the Hodges et al. redefinition of system of care represents a significant advance, we propose that further specification is required. Specifically, for much of its history the system of care concept has been variably understood to include both an organizational approach (e.g. System Response) and a philosophy of care (e.g. Core Values) (Stroul & Friedman, 1994). We believe that much of the complexity and “definitional drift” the authors lament stems from the dual perspectives contained within

the system of care concept. These dual purposes make for a much greater definitional challenge.

It is noteworthy to distinguish a definition that is intended to describe an observed phenomenon from a definition that is intended to describe an idealized circumstance. The ‘featherless biped’ definition is a case of the former – human beings are observable and, therefore, the task of definition is to establish boundaries for the set of observations that we choose to call “human beings.” Because of the philosophy of care aspects of the definition, we believe that “system of care” falls into the second category – an ideal. From Stroul and Friedman (1986) forward, system of care was advanced as a principle for how the child serving system *should* function. Thus the challenges of defining system of care are less like the challenges of defining human beings and more like the challenges of defining “justice” or “freedom.”

The inclusion of principles and values within the definitional framework ensures that the term ‘system of care’ should define an ideal that may or may not exist in any given place at any given time or may even exist in varying degrees across places and/or over time. This fact frees us from trying to describe something that is actually presently observable and allows us to define it how we think the approach to serving children and youth *should* be operationalized in a perfect world.

If we are to realize the intention of system of care – that is, the organization of services that meet the philosophical challenges of youth- and family-driven care provided in the least restrictive environment in a manner that is culturally sensitive – it is necessary to define processes within the organizations of services that support these objectives of the philosophy of care. Hodges and colleagues include a number of important processes (Hodges et al., *this issue*). However, we believe a critical process was not included.

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We propose an additional component within Hodges et al.'s concept of "Mode of Response" that allows the organizational structures to monitor and manage their ability to address the core values of a system of care.

Outcomes management strategies can be used to accomplish this objective. One specific approach, Total Clinical Outcomes Management (TCOM) (Lyons, 2004; Lyons & Weiner, 2009) is designed to be congruent with system of care in terms of both its philosophy and strategies. TCOM is a multi-level process whereby complex systems can be organized around the shared vision of the system. In a system of care, that shared vision would be the needs and strengths of children and families served. This outcomes management approach offers two mechanisms for monitoring and managing the core values of a system of care. First, creating communication strategies that maintain a focus on children and families at the individual planning level (i.e. family- or youth-driven care) that can also be used at the supervisory, program, agency and system levels make it possible to create organizations of services that can fulfill the vision of the original concept of system of care. Second, you cannot manage what you do not measure. If systems of care want to manage the vision of family- and youth-driven care, then they must measure it. That measurement/management process should be a core component of any definition of system of care.

It is useful to consider a wider view of the child serving system from an economic perspective. In creating what they called 'the hierarchy of offerings,' two economists, Gilmore and Pine (1997) describe five types of markets:

- Commodities: Raw materials and natural resources—crude oil, rice.
- Products: Refinements of commodities for personal use—gasoline, cereal.
- Services: Hiring another to apply a product—dry cleaning, construction.
- Experiences: Memories—theater, opera, a sporting event or amusement park.
- Transformations: The opportunity to change oneself—weight loss, fitness.

The hierarchy refers to the challenges of managing these offerings and markets. Managing transformational offerings is the most complex (Gilmore & Pine, 1997). Most would agree that providing help for children with serious emotional/behavioral disorders and their families should be a transformational offering. Thus, the primary output of a system of care is a transformational offering intended for children and youth with serious emotional/behavioral needs and their families.

If a system of care provides a transformational offering, then an outcomes management approach (e.g. TCOM or something similar) is necessary to ensure that the system of care efforts remain always focused on the shared vision of helping children and families change. Without such a management framework it will be difficult, and perhaps impossible, to actually realize the principles and values embedded within the evolving system of care definition. Many existing quality assurance and quality improvement approaches that focus on processes of care rather than outcomes do not meet this objective. Many performance management strategies focus on service receipt and dispositional outcomes rather than child and family outcomes. Both of these approaches are inconsistent with the philosophy of system of care. These strategies operate under the assumption that we are providing services, not transformations. Only an approach that effectively measures the experienced transformation of children and families is sufficient.

One of the challenges of system of care is that it simultaneously operates at multiple levels of aggregation – from the individual to the population. When someone works directly with a child and family, it is relatively straightforward for that person to make his or her work about the shared vision of children and families. Someone working at a supervisory level tends to focus efforts a bit more on supervisees and thus somewhat less on children and families. Programs always have policies, procedures, rules, and regulations. As soon as these are created, it becomes more about the program and less about the shared vision of children and families. And, at the system level, most system managers make their decisions based on 'who gets the money' because this is the only actionable information they have. The only way to change the system to make it able to make decisions about the well-being of children and families is to embed a measurement strategy that effectively represents the needs and strengths of children and families. However, this work must be done by those who need it the least – people working directly with children and families. Thus, care should be exercised to make the measurement process as meaningful to families and direct care providers as possible. Once created, these measurements can be aggregated to support decisions at the supervisory, program, and system levels. Only then do you have the potential of realizing the vision of system of care.

Hodges et al. (this issue) hold components of their definition to the following three conditions:

- (1) presence of the component is necessary to create the concept we call system of care;
- (2) contributions of the component aid our understanding of systems of care; and
- (3) removing the component from the definition would create something other than system of care.

We believe the inclusion of outcomes management generally (and TCOM, specifically) as a Mode of Response within the definition of system of care fits all three of these conditions for a fully functioning system of care. Since you cannot manage what you do not measure, an outcomes approach is critical to the creation of the system of care. By always returning the focus to the shared vision at all levels of the system and directly measuring that shared vision, TCOM meets the second condition. Finally, failure to embed an ongoing ability to track the impact of the transformational offering of the system of care to its target population makes it unlikely that the idealized vision of a system of care could ever be realized.

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