DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Waldrep	1-23-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 10-276	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Mr. Keck	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

THE DUKE ENDOWMENT

January 20, 2012

Mr. Anthony Keck
Director
South Carolina Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Tony,

Mary and I enjoyed the opportunity to meet with you and your staff to explore areas of common interest. We are impressed by the team you have assembled and with your focus on advancing more effective services efficiently.

As you move forward in implementing your vision, please keep us in mind as a possible partner. We are convinced that our working together will achieve greater results for South Carolina's children and families.

I will also share with others your desire to see NFP focus on higher-risk families and, once we pull together our comparative analysis, we will be certain to share our findings with you.

Enclosed are materials that I promised for Sam. Please extend our appreciation to him and pass these along.

Again, thanks for your time and hospitality. We are glad to have you in South Carolina and look forward to working with you in the future.

Sincerely,

Rhett N. Mabry
Vice President

RNM: mhm

Enclosures

cc: Mary Piepenbring

Project BEST-Bringing Evidence Supported Treatments to South Carolina children and their families

INTRODUCTION

The long-term goal of the project is to ensure that all South Carolina children and their families, who are identified as having experienced abuse and resulting trauma, receive appropriate, evidence-supported mental health assessment and psychosocial treatment. Project BEST will work for:

1. Widespread, self-sustaining implementation of evidence-supported assessment and treatment models by mental health providers and service delivery systems throughout the state of South Carolina who work with abused children and their families.
2. Use of Evidence-Based Treatment Planning and Case Management by "broker" professionals and agencies that identify and refer abused children and their families to mental health services.

Research has demonstrated that child abuse is associated with the development of a variety of serious mental health problems including PTSD, depression, substance use and behavior problems. Effective treatments for many of these problems have been developed, repeatedly tested, and are no ready for widespread dissemination. Unfortunately, very few abused children and families in South Carolina receive these proven treatments. Few mental health professionals in the state are trained, knowledgeable, and skilled in the use of these evidence-supported treatments. Few broker professionals, those who identify, refer for treatment, and monitor abused children and their families, are knowledgeable about these treatments or how to do evidence-based treatment planning and case management.

PROJECT BEST

The activities of Project Best for the first three years included:

- Testing the use of a community-based learning collaborative approach to disseminate, train, implement and sustain the use of Trauma-Focused Cognitive Behavioral Therapy in South Carolina;
- Testing Child Advocacy Centers (CAC) as effective agents for building community capacity to deliver TF-CBT to abused children and their families;
- Identifying individual, agency, local and state system barriers and solutions to implementing the model;
- Engaging state officials in the process.

The CACs involved for the first three years were Hope Haven of the Lowcountry in Beaufort, the Family Resource Center in Camden, The Child's Place in Greenwood, Children's Advocacy Center of Spartanburg, Elizabeth Pettigrew Durant Children's Center in Florence, Dorchester Children's Center in Summerville and Children's Recovery Center in Conway. These CACs serve 26 of South Carolina's counties.

After three years, at least 266 clinicians from across the state were involved with the Project. Of that number, 129 completed all training requirements. To complete all of the training requirements, clinicians need clients to complete therapy. Unfortunately, most clients do not complete treatment. In this case, the completion rate of the clinicians was 48%, four times greater than originally projected. The percentage of clinicians completing training will increase as more clients complete treatment.

More than 1500 children engaged in treatment. The treatment effects for those children completing treatment with at least moderate pre-treatment levels of PTSD symptoms are actually substantially larger than effects found in clinical trials. Other positive outcomes were found as well. Fidelity scores for implementation of the model fell in the acceptable range as well. Finally, prior to Project BEST, participants estimated that about 5% of their clients successfully completed therapy. After, completion of training, participants saw their successful completion rate increase to 35% of their clients.

Local mental health and departments of social services were intimately involved with the project. Coastal Empire Community Health Center, for example, embraced the project by mandating that all eligible clients receive TF-CBT rather than other forms of treatment.

PROJECT BEST-next phase

The next three years will see expansion of the project to more counties across the State. CACs in Aiken and West Columbia have begun the process. Eventually, all 46 counties in the state will have trained and rostered clinicians capable of delivering TF-CBT to abused and traumatized children.

Together Facing the Challenge

INTRODUCTION

Treatment Foster Care agencies seek to provide high-quality, preferably evidence-based, treatment for youth. Currently only Multidimensional Treatment Foster Care (MTFC) is recognized as evidence-based.

However, MTFC is a complex and resource-intensive intervention that exceeds the capabilities of most treatment foster care providers. For example, MTFC requires "in-house" therapists to work with the child and the child's biological family. Most treatment foster care providers contract with the therapists and may not have control over the therapist's work, schedule and outcomes.

While the approach of MFTC produces significant outcomes, the cost to sustain the model is significant. In North Carolina we estimate that a $225 per day reimbursement rate is need to fully integrate MFTC with fidelity. Unfortunately, the reimbursement rate in the state hovers around $95 per day. In the midst of the current focus on increasing accountability and requiring evidence-based treatment, there is tremendous need to find viable ways for the vast majority of treatment foster care providers to improve practice and implement an evidence-based approach.

TOGETHER FACING THE CHALLENGE

In 2003, the Endowment helped support a 5-year randomized control trial of a new treatment foster care model—Together Facing the Challenge (TFTC). TFTC uses a training and consultation approach to improve the skills of treatment foster care parents and supervisors. It is designed to be a low cost approach to improving treatment within the existing structure and practice of the wide range of usual treatment foster care agencies.

The results of the trial include 247 parents and youth in 14 agencies. Results showed that youth in agencies implementing TFTC demonstrated improved behaviors, symptoms and strengths compared to youth in control agencies. TFCT has now been classified as an empirically-supported treatment (Level 2) with highest relevance for a child welfare practice (Level 1) by the California Clearinghouse on Evidence-Based Interventions.

TFTC required substantial training/resources from university affiliated faculty and showed some decrease in effects once faculty exited.

TOGETHER FACING THE CHALLENGE-Phase 2

The current project seeks to test an approach to minimizing costs and more fully integrating TFTC into agencies as a sustainable service. Over the next three years, the Endowment is supporting a randomized control trial of the effectiveness of a train-the-trainer and coaching model. The goal is to build capacity within agencies to train, supervise and coach their own treatment foster care parents.

Finally, during the first year of this phase, a cost-effectiveness analysis will be completed using data from phase 1.

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JAN 23 2012

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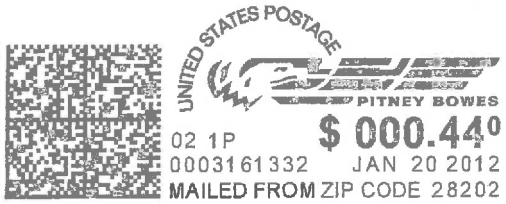

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