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**Date:** 10/16/2015 4:51:46 PM  
**Subject:** RE: Healthcare Suggestions from the Monitors October 16

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My apologies...overlooked that Michael sent yesterday!!!!

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**From:** Becky Laffitte  
**Sent:** Friday, October 16, 2015 4:49 PM  
**To:** andy@fosteringcourtimprovement.com; Justice Corrigan <justicecorrigan@hotmail.com>  
**Cc:** Becky Laffitte <blaffitte@sowellgray.com>; Monty Todd <mtodd@sowellgray.com>; Michael Montgomery <mmontgomery@sowellgray.com>; Davis, Taron <Taron.Davis@dss.sc.gov>; Catone, Tony <Tony.Catone@dss.sc.gov>; Butch Bowers <Butch@ButchBowers.com>; Pisarik, Holly <HollyPisarik@gov.sc.gov>  
**Subject:** FW: Healthcare Suggestions from the Monitors October 16  
**Importance:** High

Good afternoon:

We wanted to provide you with this email we received yesterday from the co-monitors. Have a great weekend. B

**From:** Whit\_McGreevy@scd.uscourts.gov [mailto:Whit\_McGreevy@scd.uscourts.gov]  
**Sent:** Thursday, October 15, 2015 11:24 AM  
**To:** Matthew T. Richardson <MRichardson@wyche.com>; Becky Laffitte <blaffitte@sowellgray.com>; Butch Bowers <Butch@ButchBowers.com>; Carenn Moore <cmoore@sowellgray.com>; Christina Wilson Remlin <cremlin@childrensrights.org>; Holly Pisarik <HollyPisarik@gov.sc.gov>; Ira Lustbader <ilustbader@childrensrights.org>; Kate Wood <kwood@ChildrensRights.Org>; 'Michael\_Duffy@scd.uscourts.gov' <Michael\_Duffy@scd.uscourts.gov>; Michael Montgomery <mmontgomery@sowellgray.com>; Robin Owens <rowens@sowellgray.com>; Sue Berkowitz <sberk@scjustice.org>; Stephen R. Suggs <ssuggs@scjustice.org>; Sarah Wagner <swagner@wyche.com>; Taron Davis <Taron.Davis@dss.sc.gov>; Catone, Tony <Tony.Catone@dss.sc.gov>; Whit\_McGreevy@scd.uscourts.gov  
**Cc:** Cindi\_Hubbard@scd.uscourts.gov  
**Subject:** Healthcare Suggestions from the Monitors

Counselors:

The co-monitors have responded to your request for suggestions as to the Healthcare Assessments and Treatments provision of Plaintiff's draft proposed Settlement Agreement. They will both be in attendance at the mediation on the 27th, and Mr. Vincent is able to stay for the session on the 28th. In the interim between now and the mediation, please do not hesitate to let me know if you have any questions or concerns. The co-monitors' suggestions are as follows:

Regarding suggestions about the Healthcare Assessments, there are some viable strategy options that appear to be producing results in other systems, such as the following. We would be glad to talk more with the parties about their current resources and what might be a good match in South Carolina, especially for the rural parts of the state.

- In New Jersey, the introduction of nurses into local offices has been instrumental in getting kids to health care providers for assessment and treatment. Their nurses do initial assessments at their office—both medical and MH screenings—they are paid for

through Medicaid case management. They then are responsible for insuring the comprehensive assessments occur within designated time frames. As of June 2014, 100% of children entering the Department's custody received required pre-placement medical assessments; 84% of children had a comprehensive medical exam within 30 days of placement and 97% of children had the exam within 60 days. There is similar range of performance on dental exams and follow-up care and treatment.

- The child welfare system in Washington DC has an on-site clinic where nurses do medical assessments and MH screening. Nurses are assigned to children with higher acuity levels to help manage their medical treatment over time. As of December 2014, 92% of children received a health screening prior to placement and 90% of children has a full medical examination within 30 days of placement, 97% within 60 days. 77% of children had a full dental examination within 90 days of placement.

- Admittedly this may be simpler in urban jurisdictions, but the Los Angeles County DCFS created medical hubs in 5 hospitals in the County which are responsible for conducting initial medical assessments for all newly detained children. They have a goal of referring 100% of newly detained children and most recently are referring 82%. An internal study analyzed the reasons for non-referral and we can provide a copy of that document. LA also has caseworkers conduct initial mental health screening of all newly detained children, however they have problems timeliness on completion of their multidisciplinary assessment process. More rural jurisdictions might be able to do something similar to the hubs with regional or local hospitals.

- Utah uses public health nurses in their offices to manage health care needs; however they do not provide the actual assessments. These staff are paid through Medicaid targeted case management. The current DCFS performance rate for completing initial medical exams is 87%. Where documentation of performance is problematic, which is a problem in most jurisdictions, Utah also relies on provider files to document compliance when child welfare records do not contain the necessary confirmation.

- Arkansas DCFS has a contract with the state's primary teaching hospital to conduct initial medical assessments throughout the state, using regional health care professionals. We are not sure about the timeliness of performance, but it might be a useful example of a system for assessing children in rural, underserved areas.

It is likely that a single strategy may not be sufficient to ensure the timely assessment of health needs, however these examples and others might help design a network responsive to varying local capacity and resources.

We look forward to meeting everyone and assisting in crafting mutually agreeable solutions to healthcare issues.

Paul and Judy

Best regards,  
Whit



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