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| **Maine Chapter, AAP**  30 Association Drive, Box 190  Manchester, ME 04351  Phone: 207-480-4185 Executive CommitteePresident Stephen Meister, MD MHSA FAAP Vice President  Deborah Hagler, MD FAAPSecretary-Treasurer Christopher Motyl, DO FAAP Past President Janice Pelletier, MD FAAP  **Board of Directors**  Amy Belisle MD FAAP  Laura Blaisdell, MD FAAP  Melissa Burch, MD FAAP  Gabriel Civiello MD FAAP  Steve Feder DO FACOP FAAP  Dan Hale, MD FAAP  Jennifer Jewell MD FAAP  Stephanie Joy, MD, FAAP  Joann Kaplan, MD FAAP  Michele Labotz, MD FAAP  Genevieve Whiting, MD, FAAP  Larry Losey MD FAAP  Amy Movius, MD FAAP  Valerie O’Hara, DO FAAP  Kevin Scully, MD  Sydney Sewall MD MPH FAAP  Amy Stepp, MD  Mary Tedesco-Schneck, NP, FAAP  Andrea Tracy, MD FAAP  Brian Youth MD FAAP  **Chapter Executive Director** Dee Kerry  [dakerry@aap.net](mailto:dakerry@aap.net) cell: 207-620-0806 [www.maineaap.org](http://www.maineaap.org)  [MAAP Facebook Page](https://www.facebook.com/pages/Maine-Chapter-American-Academy-of-Pediatrics/714797711917369)  **Maine awarded 2015 Outstanding Small Chapter by the national AAP**  **AAP Headquarters**  141 Northwest Point Blvd  Elk Grove Village, IL 60007-1098  Phone: 847-434-4000 Fax-8000  [www.aap.org](http://www.aap.org) | **Maine Foster Care Committee - May Meeting Notes**  **Meeting attendees:**  Joann Perry and Sarah Labonte, NP Child Abuse clinic – doing Ped Rapid Eval York, Cumberland, Androscoggin Counties from Spurwink  Jan Pelletier, MD, -pediatrician, Maine AAP, Past president  Matt Lahaie, MD, Medical Director for OCFS in Maine  Mary Tedesco-Schneck , NP– pediatrics walk In at PCHC, professor at UMO  Amy Belisle, MD, -Medical Director Maine Quality Counts, pediatrician  Steve Meister, MD, -Developmental Pediatrician, Maine AAP President  Deb Hagler, MD – Pediatrician, Midcoast Hospital, Maine AAP Vice President  Andrea Tracy, MD- Pediatrician at Martins Point, Brunswick  Adrienne Carmack,MD – Pediatrician, PCHC, Committee Chair  Dee Kerry, Maine AAP Exec Director  **Agenda**  **May is National Foster Care Month** <https://www.childwelfare.gov/fostercaremonth/>  Promote the foster care section of Maine AAP and on our social media sites. Be sure to check our site for notes from past meetings.  Facebook: @FosteringCareforMaine  <https://www.facebook.com/FosteringCareforMaine/>  Twitter:@MeAAP\_FC  <https://twitter.com/MeAAP_FC>  **Maine Child Welfare Conference- June 21, 2108**  <http://ucpofmaine.org/events/maine-child-welfare-conference/>  Maine Child Welfare conference in June in Bangor -information available on the website- independent group in Bangor, well attended, very informative.  **Update from Child Welfare Advisory Panel**  Adrienne attends monthly meeting  May meeting-Bobbi Johnson discussed tools on structured decision making.  Each month there are different topics presented. Would be good to cross pollinate info from one group to another that have similar goals of helping kids in foster care and mitigating child abuse.  **Update from Adoptive and Foster Families of Maine**  Dr.Matt Lahaie spoke at their Annual conference last month. Topics included psychotropic medication monitoring, health screening  **Update from Dr. Matt Lahaie, Medical Director of OCFS**  Invitation to committee members to become involved with a work group run by OCFS to increase clinical care accessibility to become engaged with foster care providers over time. Committee Stakeholders need to include the key players such as OCFS, someone from each of the comprehensive health assessment clinics, AG’s office, some remote providers. Consider contact some providers from remote areas to get their input even if they can’t participate in the whole process.  OCFS is working to ensure that all children get the 10-day appointment. OCFS also wants to see that all children attend a comprehensive assessment as a standard, and OCFS is trying to implement, longitudinal monitoring kids in foster care. Looking for solution to solve geographical challenges, distribution of providers, - how to best provide care to all kids and be engaged in promoting access, timeliness of assessments, standardized and make sure DHHS providers are knowledgeable and consistent in care and recommendations. Part of challenge is managing the medical information in and across care settings.  As the governing body for children’s health, we want to be able to provide the same type of care and assessment no matter where they go in Maine. Have experts help general pediatricians who may be doing these evaluations in rural, remote areas. Need to meet both the children and the provider’s needs.  Goals include forming a collaborative Work Group and creating list of major issues, and possible solutions. This group would be starting in a month or so – and would be tasked to hold a few meetings to set standardized information sharing documents, etc. Perhaps starting this summer and go through the fall months. Dr. Lahaie envisions 3 – 5 meetings, some longer meetings. Nurses from Spurwink and representation from all clinics would be included. Child Advocacy Clinics also have a role.  Members of the committee asked what is the purpose of the recommendations, what is the problem?  Dr. Lahaie responded that we have a geographic challenge to meet the standard of all kids receiving a comprehensive health assessment.  The OCFS staff is challenged with managing the information.  It would be helpful to have standardized templates for visits.  Currently kids are getting different services in different areas of state.  Challenge- how to get expertise to educate providers in remote parts of state  Want to make sure we are properly monitoring the kids care, etc. Want to also make sure judges and attorney generals receive the evaluation on medical and mental health evals, whether they have had ACES, trauma, etc. and need to also provide forensic information and expert clinical assessment when warranted. A lot of kids captured but many slip through the cracks. Being thoughtful about how we identify and refer kids.  Dr. Meister wanted to discuss a standardized approach to lab work – sited a report that found that there was a low yield on most tests done for kids coming into care and they are expensive. It was decided that this would be a worthwhile topic for the workgroup to explore further.  Work group could also discuss policies around HIV testing for children in state custody. Workgroup can recommend appropriate testing for adolescents- and help providers and caseworkers to know the policy  Meeting adjourned at 5pm. |