



Maine Chapter, AAP

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Maine Foster Care Committee - May Meeting Notes

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**Maine awarded 2015
Outstanding Small Chapter by
the national AAP**

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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

Andrea Tracey, 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 – cited 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.