Q&A		
Last Name	**Question Asked**	**Answerer**
Alexander	If a client is an Opioid user has and has pending DCS case and is expected to have a negative drug screening, Is Vivitrol a good option?	It depends on the patient; does the patient want it? Is it clinically appropriate? would the person be better off with buprenorphine? OR is the system simply using naltrexone as a means to appease DCS;this is a dangerous reason. DCS should understand the full array of evidence informed clinical pathways including ; methadone and buprenorphine. If you use naltrexone simply as a means to appease DCS and not with full understanding/consent and desire of patient it could lead to poor clinical and social outcomes that will still leave the mom vulnerable to DCS
Bentsen	Isn't it true that child welfare removals are made based on evidence of drug use not necessarily actual dependency or addiction or either of the latter that actually impact parenting ability?	yes it is often true. Though it is also true that different localities have different practices. As a community we need to share best practices that align with evidence.
Briscoe	How can we refine definitions of capta/cara so that notifications can go an agency outside of cps if parent is well connected and in recovery. What recourse do we have with regard to neo atonal w/d sx due to stable methadone doses. CPS algorithms were built w/o an understanding of addiction (or harm reduction)...can we build in a consultation with an addiction specialist if CPS involved?	Education and Advocacy!! On both the state and federal level. There is A LOT of education needed so people understand that medications are a standard of care and can improve maternal and infant outcomes. The moral framing of addiction is made worse for mom's because policymakers think they are protecting a baby without knowledge of or understanding of the science.Changing this requires a coalition of advocates and lots of education and honest dialogue.

Carpenter	Is there evidence that states that have universal newborn illicit drug screening have either decreased use and /or better health outcomes?	No
Dangel	A comment - is there a reimbursement mechanism by which providers can have "appointments" with other providers (ex. an OB with the patient's PCP) ; maybe even with telemedicine. There is only so much that can be done by email/portal/intermediaries. Multidisciplinary care is great - but if it is not reimbursed many providers cannot afford the time/money to do it well. Paying another person (whose time may be cheaper) is potentially useful but not always adequate.	This is DESPERATELY needed. The only hope is for the health systems movement towards paying for outcomes provides support for team based care. Team based care has been shown to be effective in so many health disciplines-not just for substance use. Advocates of all stripes who want to improve services should band to gether to advocate for funding and system changes that allow the team and its members to have the time with patients to build trust, share information and improve outcomes But, these changes require advocacy.
Eagan	Could you please clarify the punitive measures in place pre-birth in Massachusetts?	
Eagan	As a clinical social worker with extensive experience in maternal and child health, thank you for bringing this issue to light. Thank you, also, for pointing out the importance of interdisciplinary team based care. I can not stress enough how important it is to have integrated social work (which provides behavioral and social support assessment, support, and linkages between the team, and the community) in the team. However, in my experience, the *funding* is not put forward to really enable this care. Having 1 social worker for hundreds of patients does not allow for the type of comprehensive care needed. How do you think we can move from advocating for including behavioral and social supports to including them at the volume needed to be able to provide such care?	I completely agree!

Eagan	Additional question: Absolutely agree that there is historic and present racism woven into our system and that punitive measures unfairly target people of color and minority populations, including mothers with substance use. I am not advocating for punitive measures for all. However, in the current system that we have (which has extremely limited hospital-based and community-based behavioral and social services), punitive measures are sometimes the *only* choice to ensure safety and in fact they are not even always a choice (ex: in MA, a 51A can not be filed until the child is born even if there is substantial substance use during pregnancy). Are you concerned that a call to move away from punitive measures, in the context of continued limited community resources, is dangerous? We can, and must, work to increase access for pregnant women and mothers to substance use therapy and care but we can not mandate use, unless punative measures are in place.	I absolutely agree we have to improve community services for everyone including mothers. I am not afraid that calling for an end to knee jerk punitive measures will decrease our appetite for punitive measures. Our country likes punitive measures and even with these, not all peopel choose to partake in services. There has to be another way to engage. There are laws in place that are to ensure infants and kids in danger are protected. However, a positive drug test it not the same as child endangerment. We simply have to beef up culturally effective and invitign community services; even if one embraced punitive measures coupled with services there are not enough services. So, since our punishment has not achieved the outcomes desired, what if we sat down and truly rethought systems in partnership with communities and see if these are more effective?
Hesse	We had a "Bambi" program at the community hospital with a team of OB, NP, and nursing [lactation] education/support for MAT treatment with Buprenorphine, but the hospital ended it. What you said about access to Mental Health and primary care importance added to the above could be a total care model. Is there any existing programs and is funding available for such a program? Thank you both for such an important presentation that has greatly increased our awareness.	At times foundation funding will cover such work, in other areas Medicaid will support components of this work, but as people are looking to decrease maternal mortality we should advocate for such team based care to be appropriately reimbursed.

Kirschner	Not sure this is right place for this question. What is an effective response to people who say we should do universal perinatal toxicology testing as a way to be equitable (vs. not tox. testing anyone)	
Milan-Alexander	Train lived experience folks to be part of team.	Agree, but we have to also make sure their work is paid for and reimbursed.
Milan-Alexander	Need them to be at the table	I agree that to create responsive programming we must include those with diverse lived experiences at the table.
Milan-Alexander	Lutheran Child and Family Service in Illinois has a Intact family recovery program that I went through to keep my daughter	Awesome!
Morrison	Slide and presenter shared, Evidence Based Programs=Worse public outcome. Does this include Evidence Based Prevention Programs?	
Mostow	Suggest you mention family medicine practitioners as well who already bring a life course and systems approach as well as commitment to all members of the family.	Agree
Munoz-Lopez	The best practice is to develop a very close relationship with DCF and to have an agreement that any mother who is at risk for losing custody due to substance use to work together to help her rather than to further castigate her by losing her children. This is a disease.	totally agree

Munoz-Lopez	In this way a plan can be developed with the mother, DCF, and other providers that would be beneficial for moms and children.	Some locations have worked to create family preservation programming, but it does require a real partnership and trust.
Munoz-Lopez	The same should happen in the case of DV...	I agree, the principles we discussed are needed for health care overall
Romano	how do you balance recovery and trauma informed care for Mom while considering concerns of child neglect with continued use of a preferred substance or use of another substance?	Carefully, with family involvement and trusting relationships with a care team.
Romano	we have various providers that believe continued use of a main caregiver puts the child at high risk of abuse or neglect, however, the providers treating the use feel CPS involvement is punitive - what are your thoughts about this?	To be clear, CPS is not inherently evil. It is how it is used and it is how we view its role. We are stating that referral to CPS is not the end of the provider's responsibility for mom and her infant's health. It is whether we believe that for some reason women of color do better with having their kids taken away than other women and why? there are hard questions we need to ask about the role of CPS, what supports it can offer and what the health system needs to provide.
Romano	how can we ensure a positive caregiver environment without getting CPS involved to ensure that? it seems punitive but if that is the only structure how do you rectify that?	Create new structures; we are an innovative society. Let's try new ideas and assess their efficacy. Programs that offer supports that seek to preserve family have been effective. Let's look at, support, evaluate and scale up other types of programming. Yes, there is still oversight of the family with the idea of improving their outcomes and seeking to preserve their integrity.
Rubin	Family Medicine is a great way to create continuity between PCP/prenatal/Substance use treatment. We have group MAT and centering pregnancy and parenting all facilitated by family med md/np/pa.	Absolutely agree!

Sangoi	Given that punitive child welfare policies are not an evidence based intervention, why aren't we seeing more physician advocacy (e.g. ACOG, APA, etc.) against expansion of mandated reporting, test and report, CAPTA etc?	child welfare remains a domain separated from medicine - though I belive that attention to this area is increasing recently
Stolbach	Thank you, Dr. Taylor, for highlighting the need to focus on other substances besides opioids. We know from working with women that there are differences in which substances are used by race/ethnicity, but where can we find the data to support this?	SAMHSA and NIDA have some, but honestly we need more and better data. The moral piece led to health and other system disengagement and thus a shortage of the type of data that exists for other chronic health concerns.
Sufrin	Thank you for an incredibly thoughtful and nuanced presentation. Both presenters talked about structural forces/inequities and their role in this-- racism, white supremacy especially. Dr. Taylor used the phrase "culturally effective" services a few times. What does that mean, especially in recognition of how deep the structural forces are?	It is truly about demanding culturally effective care that forces systems and players to recreate systems to eliminate structural racism
Williams	Payment Reform must include the ability of MH providers to bill for ALL the services provided around the mother and child. What ways have you found effective in pushing the payor system to actually adequately pay for maternal & infant MH services?	Completely agree, I think the closest way we get to this is to better advocate in the value based payment services, but even that is not a slam dunk. Payment and systems must change to ensure this works.

Williams	I know Dr. Taylor touched a bit on it but how does screening for substance use work for pregnant mothers? Do we only act unless the mother talks about it? What is the appropriate method to address SUD's for them?	It depends and that is the interesting piece. Sometimes providers conduct verbal screens, other times they test urine or the infant's meconium without telling or engaging mom. We should have a common understanding of what screening means, We can ask mom about her use habits using a verbal tool, get consent to do the others while also talking to the mother about the results and develop a helpful plan of care moving forward.