

**Local agency Breastfeeding Coordinators Meeting Summary
January 21, 2022**

12:30-3:30pm

Time	Topic	Actions/Outcome	Lead
12:30pm-12:35pm	Welcome		ML/LG
12:35pm-12:45pm	Review of questions re: DCF referrals	<p>See attached info sheets and summary of response to questions. Also, working on training from DMHAS/DCF in the coming year to provide more background and context. Plan for session to be part of new staff orientation. Link provide overview of CAPTA and Plan of Safe Care (POSC) https://portal.ct.gov/DMHAS/Programs-and-Services/Women/CAPTAPlan-of-Safe-Care</p>	ML
	LLL 2022 Update	<p>See email notification on 2/1/22 regarding BF Coordinators' registration Process.</p> <p>Save the date! La Leche League of Connecticut presents 2022 Virtual Healthcare Provider Seminar Thursday, March 31st 8:00am-4:00pm EST Registration Fees & Credits LLL Leaders & Members, WIC/HHC Employees, Students, Military \$95 Online registration is coming soon! Applying for 6 hours of continuing education for physicians, nurses, lactation professionals, social workers, dietitians, and LLL Leaders. www.lllct-hps.org</p>	ML/LG

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12:45pm-12:50pm	Content sheet updates/status	Bianca reviewed progress, which involves finalizing group edits then sending to ML and LG for review. Lori and other reviewed progress of content sheet, also in final review stages.	All
12:50pm-1:15pm	DBE training discussion	Discussion about Regional training plan and opportunity to send CT staff to spring training. More details to come. Regional approach will afford a sustainability plan for future staff.	ML/LG
1:15pm-1:30pm	Follow-up on items from last meeting	Pam reviewed process for Breastfeeding Status changes (Certification Screen and BSC button/pop-up). Also reviewed Breastfeeding Food Package issuance and troubleshooting. Refer to email sent on X for more details. New questions about BPFC referral/declination rows and workarounds in interim.	PB

We will continue to meet virtually for 1 hour in 2022. However, we have allotted 3 hours of time so local agencies can work on breastfeeding related projects or in case we are able to meet in person or need this time for training. Please plan schedules and budgets accordingly. If we cancel a meeting, please use the scheduled meeting time work on breastfeeding coordinator related duties.

2022

- Friday, February 18th 12:30-3:30pm Teams Meeting
- Friday, March 18th 12:30-3:30pm Teams Meeting
- Friday, April 8th 12:30-3:30pm Teams Meeting
- **Tuesday May 3rd All day TBD- Level 1 DBE training**
- Friday, May 20th 12:30-3:30pm Teams Meeting
- Friday, June 17th 12:30-3:30pm Teams Meeting
- Friday, July 15th 12:30-3:30pm Teams Meeting
- August- no meeting
- Friday, September 16th 12:30-3:30pm Teams Meeting
- **(Save the Dates) Friday October 14th & 21st 5.5 hours of content, either split between 2 days or 1 full day.**

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See below for response to question about “Is there an automatic DCF referral if a baby tests positive for cannabis in hospital” posed on the Dec 2021 meeting.

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 and reauthorized in 2010 to include a policy requiring states to implement a notification process to DCF when a baby is born who has been prenatally exposed to substances. The Comprehensive Addiction and Recovery Act (CARA) was signed into federal law in 2016, with the aim to address the problem of opioid addiction in the United States and offered amendments to CAPTA. CAPTA is a notification portal that collects data from birthing hospital regarding birthing individuals that reports substance use and or test positive during pregnancy and or time of birth. <https://portal.ct.gov/DCF/CAPTA/HOME>

A positive tox screen (for cannabis) isn't an “automatic” DCF referral.

What is the difference between a DCF report and CAPTA notification?

A DCF report or referral, sometimes called a 136, occurs when anyone has concerns about the safety of a child. They report their concerns to the DCF hotline. The DCF workers that answer the hotline call will then decide how to respond. This process has always been in place and has not changed.

A notification to DCF CAPTA PORTAL occurs when a newborn baby has been born after being exposed to substances (because the mom used drugs or alcohol during pregnancy) but there are no other concerns about safety. **A notification does not contain any identifying information about dyad.**

If the mom has a *positive screen for cannabis*, we hope more questions would be asked by hospital staff to see extent of use, etc., before an DCF referral is made. (SEE FAQ for Client for additional discussion points.) DCF understands that some substances such as cannabis stay in your system for longer period. So, it is important to gather as much information to answer the CAPTA notification question in the best way possible.

Having a medical marijuana prescription. Will I be reported? If you have a prescription for marijuana it will fall under the CAPTA NOTIFICATION, category unless there are other concerns about child safety or misuse of your prescription. (If other concerns arise, then potentially this will be directed to filing a 136 report)

There are 5 questions if answered yes to one or several it may suggest a referral to DCF.

- **Has child tested positive because of maternal substance misuse?**
- **Is there a concern that individual's substance use will impact parental functioning?**
- **Does family present with suspicions of abuse or neglect?**
- **Is there a plan of safe care developed or verified by reporter?**

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Once DCF gets a report, it doesn't mean a case will be opened if it can be diverted to other supports.

Plan of SAFE CARE (POSC) is vital in developing with the caregiver before and or while still in the hospital as an opportunity to wrap with services and assist with minimizing DCF involvement and decreasing concerns of abuse and neglect.