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**Testimony Before the Council of the District of Columbia
Committee on Health and Human Services**

PUBLIC OVERSIGHT ROUNDTABLE

**CHILD AND FAMILY SERVICES AGENCY'S SAFE HAVEN AND SAFE & STABLE FAMILIES
REDESIGNS AND NEW POLICIES ON EARLY INTERVENTIONS FOR AT-RISK NEWBORNS**

**Wednesday, September 20, 2017, 12:00 p.m.
Room 500, John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004**

**Stephanie Ridgway McClellan
Deputy Director, DC KinCare Alliance**

Good morning Chairperson Nadeau and Members of the Committee on Health and Human Services. My name is Stephanie McClellan, and I am the co-founder and Deputy Director of the DC KinCare Alliance. The DC KinCare Alliance was founded in 2017 by Marla Spindel and me to support the legal, financial, and other service needs of DC kin caregivers (usually grandparents) who step up to raise their grandchildren in times of crisis when their parents are not able to care for them for a variety of reasons, including abuse and neglect.

While we hope to address the Committee in the future regarding the unique challenges facing kinship families, our focus today is on applicable DC law and CFSA's implementation of the law when an allegation of child abuse or neglect involves parental substance use. As discussed in Ms. Spindel's paper regarding the tragic death of Trinity Jabore, which has been provided to the Council along with my written testimony, we are concerned that current law and CFSA practice leave DC children unprotected and at serious risk of harm.

First, we believe there are critical flaws with respect to CFSA's policies when it receives a report of a newborn with a positive toxicology screen. While we understand that CFSA changed its policy in June of this year to "screen in" all such hotline calls, it is not clear from CFSA's written guidance to its hotline workers that CFSA will conduct a formal investigation of the allegation, as opposed to just conducting a non-investigative assessment of the family. We posit that all instances of newborn positive toxicology reports should be investigated.

Second, even when CFSA does investigate a report of a substance-exposed newborn, we contend CFSA does not always ensure the infant's safety because its general policy and practice is to allow a mother to take her child home without CFSA intervention unless there is *"evidence that the substance use impacts the mother's parenting."*

There are a number of problems with this approach. As a threshold matter, it is important to note that, under DC law, CFSA can find neglect on the basis of drugs in the newborn's system alone without a showing that the mother's substance use impacts her parenting. And, if the child is at high risk of harm, which we believe is likely for most substance-exposed newborns, CFSA can open a case and put safeguards in place before the mother can take her newborn home.

Another problem with CFSA's approach concerns how it weighs various sources of information to determine whether a mother's substance use impacts her parenting. In our experience, CFSA social workers give too much weight to a mother's report about her drug use and other family members' promises of support. Social workers also should consider and give appropriate weight to CFSA and community-based service provider records, arrest records, drug test results, reports from school personnel and health care providers, and the presentation of the home environment. If such a review reveals a need for CFSA intervention, the social workers should, in appropriate cases, oversee the mother's and baby's return home from the hospital for a reasonable period of time.

We also want to take this opportunity to address the larger issue of parental substance use, not just related to newborns. DC courts have held that in order to find neglect, there must be a causal nexus between a parent's drug/alcohol use and the neglected condition of the child.

In our experience, CFSA only finds the required "causal nexus" in extreme cases when either: (1) the parent is incapacitated *at the time the investigative social worker visits the home* – that is, arrested, unconscious, hospitalized, or otherwise physically unable or unavailable to care for the child; or (2) the child is found in imminent physical danger *at the time of the home visit*. CFSA appears to believe that, due to the language of the DC child

neglect statute and court decisions, it cannot find neglect if the initial home visit does not reveal these types of dire circumstances. We suggest that the Council work with CFSA, by amending the DC child neglect statute or otherwise, to ensure there is clear authority for CFSA to substantiate child neglect in a wider range of parental substance use cases.

We are hopeful that this information will help focus the priorities of the Council and CFSA to ensure the welfare of DC children while at the same time assisting parents grappling with substance use disorders. Thank you for the opportunity to testify.