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**Testimony Before the Council of the District of Columbia**

**Committee on Human Services**

**Public Hearing:  
Performance Oversight Hearing  
Child and Family Services Agency  
February 17, 2022**

**Marla Spindel**

**Executive Director, DC KinCare Alliance**

Good morning Chairperson Nadeau and Members of the Committee on Human Services. My name is Marla Spindel, and I am the Executive Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise DC children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. In the four years since our founding, we have helped over 500 relative caregivers raising more than 650 DC children. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support budget priorities and policies that alleviate poverty in the District of Columbia.

A. DC's Grandparent Caregiver and Close Relative Caregiver Programs

When we testified at this hearing last year, we discussed the critical role of the Grandparent Caregiver Program (GCP) and the Close Relative Caregiver Program (CRCP) to keep our most vulnerable children raised by relative caregivers out of poverty. At that time, we were very concerned about the long waiting list to participate in the GCP due to a purported lack of funds. Today there is no waiting list, a fact we credit to this Committee's oversight. We are grateful for Chairperson Nadeau's commitment to fully funding these important programs.

There is still work to be done, however, to ensure timely processing of GCP and CRCP applications so that relative caregivers receive the funds they need for these children promptly. CFSA reports that the average length of time it takes from submitting a complete subsidy application to the issuance of an EBT card is 30 days.<sup>1</sup> DC KinCare Alliance has assisted many clients with submitting applications for the GCP and CRCP subsidies in FY 2021 and in FY 2022 to date. We have never had a client receive their EBT card that quickly. In our experience, the application process takes approximately three months. First, we assist clients with submitting an application via

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<sup>1</sup> Child and Family Services Agency FY21 Pre-Hearing Performance Oversight Hearing Follow-up Responses to "Written Response Requested Questions from the DC Council Committee on Human Services, p.10 (February 15, 2022).

e-mail. Along with the application, clients must submit supporting documents showing identification, income, residence, relationship, that the child lives with them, and that they have applied for TANF, a form requesting a Child Protection Registry (CPR) check and, in recent months, a new form authorizing FBI and local District background checks.

Often, it is difficult to get acknowledgment that CFSA has everything it needs and that the application is complete. For example, if a client uses an older CPR form, from 2020 instead of 2021, it will be rejected, even though the information provided is the same. The client may not be notified of that for weeks. The next hurdle is the client getting fingerprinted. We used to be able to call and schedule a fingerprinting appointment. Often, no appointments would be available for several weeks, but at least we could schedule an appointment. During the first year and a half of the COVID pandemic, CFSA waived the fingerprinting requirement and conducted its background checks virtually. In October 2021, the fingerprinting requirement was reinstated, but we are not able to call to make an appointment. Rather, the client must wait for someone from CFSA to contact them and set it up. As a result, a number of weeks typically elapse before fingerprinting can be conducted.

Even after the fingerprinting is completed, it takes time for CFSA to get the background checks done and for CFSA to get the EBT cards in from their vendor. Getting EBT cards in a timely manner is a problem that CFSA has experienced regularly, and that problem alone often results in weeks of delay. Once the cards come in, the client must then make an appointment to go in to CFSA to sign their contract and retrieve the EBT card. This is a process that can and should be streamlined so that the time from application submission to funds in hand is greatly reduced.

**B. DC's Kinship Navigator Program**

Federal law defines kinship navigator programs as programs “to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private

agencies to ensure kinship caregiver families are served.”<sup>2</sup> Federal law further requires kinship navigator programs, among other things, to be:

planned and operated in consultation with kinship caregivers and organizations representing them; establish information and referral systems that link (via toll-free access) kinship caregivers, kinship support group facilitators, and kinship service providers to . . . each other; provide outreach to kinship care families, including by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials. . . .<sup>3</sup>

Unfortunately, although CFSA has received more than \$600,000 in federal kinship navigator funding in FYs 2019 through 2022,<sup>4</sup> it still does very few of these things. Indeed, our client’s experiences with the program have only been related to applying for the caregivers subsidies, and they have not been informed of or received any other services. Most importantly, the navigator still does not have a public facing website or on-line access to information for relative caregivers, nor a resource guide. CFSA says it publicizes its kinship navigator program through referrals and through post cards distributed at public libraries, the Collaboratives and at some community partners,<sup>5</sup> but these efforts are going to reach only a small fraction of the people who could benefit from navigator services. Moreover, CFSA indicates in its oversight responses it does not “anticipate receipt of any further federal Kinship Navigator funding.”<sup>6</sup> Indeed, kinship navigator programs can currently only pull down federal funds if they meet the more rigorous standards set by the Title IV-E

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<sup>2</sup> 42 U.S.C. § 627(a)(1).

<sup>3</sup> *Id.*

<sup>4</sup> CFSA Oversight Responses FY 2021-2022, Question No. 99.p., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

<sup>5</sup> *Id.* at Question Nos. 99.f. and 99.o., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

<sup>6</sup> *Id.* at Question No. 99.p., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>

Clearinghouse.<sup>7</sup> However, it is clear that CFSA does not intend to build a kinship navigator program that could meet these evidence based federal requirements,<sup>8</sup> as Ohio has done.<sup>9</sup>

DC KinCare Alliance provides a robust, fully-functioning kinship navigator program on a small budget of grants and individual donations. We have a well-publicized and accessible helpline, website and resource guide (both on-line and print versions) for relative caregivers to learn about legal and financial resources available to them. In addition to providing legal representation in court, we help relative caregivers with accessing hard to obtain resources, such as food, clothing and technology, as well as rental, utility, unemployment, and housing voucher assistance. Our Relative Caregiver Community Advisory Board, now consisting of 21 relative caregivers raising 26 DC children, works in tandem with us to identify unmet needs and devise ways to address them. Significantly, our Board members regularly report that if we had not told them about and helped them obtain services, they never would have known about or been able to access them. Moreover, our Board members have voiced concerns about navigator services being housed with CFSA, the same agency that investigates abuse or neglect and can remove children. They do not feel safe or comfortable approaching CFSA for this help. (See attached Position Statement of the DC KinCare Alliance Relative Caregiver Community Board on Kinship Navigator Programs).

C. Ombudsperson for Children

A critical protection for children in DC will be the independent Ombudsperson for Children that: conforms to nationally recognized standards; mediates, investigates and advocates for DC children; and is not beholden to the agencies it oversees. We thank the DC Council for taking important steps towards implementing the Office of Ombudsperson for Children Establishment

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<sup>7</sup> *Id.* at Question No. 99.p., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

<sup>8</sup> <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi2106.pdf>.

<sup>9</sup> <https://preventionservices.abtsites.com/programs/319/show>.

Amendment Act of 2020, like hiring a search firm to conduct a national search for the best qualified person to be our first Ombudsperson for Children. We look forward the continuation of this process and the appointment of an Ombudsperson for Children in the near future.

D. Kinship Diversion (also known as Hidden Foster Care)

One of the issues we have continued to raise with this Committee is CFSA’s practice of kinship diversion (also known as hidden foster care). This occurs when CFSA determines that there is abuse or neglect of a child and the child cannot remain safely at home with their parents, even with the provision of services. But, rather than follow both federal and DC law requiring removal of the child to foster care—preferably with a relative who has received an expedited temporary kinship foster care license—CFSA diverts the child to live with the relative, without providing the legally required due process, services or supports, including foster care maintenance payments. DC KinCare Alliance has filed federal lawsuits on behalf of kinship families who have been harmed by this illegal and discriminatory practice.<sup>10</sup>

In July 2020, CFSA issued a policy entitled “Diversion Process at Investigations,”<sup>11</sup> which defines diversion and purports to record and track its numbers. On page 1 of the policy, CFSA defines diversion as: “Rather than placing the child in foster care, CFSA will partner with the child’s parent to plan for the child to be safely cared for by a relative or another identified caregiver.” The accompanying footnote explains that a diversion “identifies who will assume physical care of the child.” The policy further explains the diversion determination process as follows: “When a child

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<sup>10</sup> *K.H. et al. v. D.C.*, No. 19-3124 (D.C.D.C. filed Oct. 18, 2019); *S.K. et al. v. D.C.*, No. 20-00753 (D.C.D.C. filed March 17, 2020); *D.B. et al. v. D.C.*, No. 21-00670, *T.J. et al. v. D.C.*, No. 21-00663, *M.S. et al. v. D.C.*, 21-00671, and *S.S. et al. v. D.C.*, No. 21-00512 (D.C.D.C. filed March 11, 2021). A recent North Carolina District Court case, *Hogan et al. v. Cherokee County et al.* denied the County’s motion for summary judgment with respect to plaintiffs’ substantive and procedural due process claims in the context of a separation of a child from her parent pursuant to a diversion arrangement, and a jury awarded the parent and child millions in damages for the illegal separation. 2021 WL 535855, \*7-8 (W.D.N.C. 2021). See Presser, Lizzie. “How Shadow Foster Care Is Tearing Families Apart.” *The New York Times Magazine*. 1 Dec. 2021, available at <https://www.nytimes.com/2021/12/01/magazine/shadow-foster-care.html>.

<sup>11</sup> CFSA Administrative Issuance 20-1, “Diversion Process at Investigations,” July 13, 2020, available at <https://cfsa.dc.gov/publication/ai-diversion-process-investigations>.

and their family comes to the attention of CFSA through a hotline report of abuse and neglect, the investigative social worker must conduct an assessment to determine if: (1) the child(ren)/youth is in imminent danger, which would result in a removal, and (2) if the child(ren)/youth can remain safe in the community with an identified caretaker.”

Accordingly, diversion as defined and practiced by CFSA involves the determination by CFSA that the parent cannot care for the child in their home because of abuse or neglect, ***and*** that the child must physically live somewhere other than the parent’s home to ensure the child’s safety. The only difference between foster care and diversion is that DC files a petition to remove and place a child in a foster care case, but removes and places the child without court involvement in a diversion case.

Regarding tracking diversion, the policy indicates that diversions are recorded and tracked by month. However, it does not require tracking of the most important information about diverted children -- ***their outcomes following a diversion***, such as: how long children stay in a diversion arrangement; whether they return home and when; what services they receive; whether they are subject to future abuse or neglect; and whether they are ultimately removed to foster care. In other words, there is no information on whether kinship diversion is a successful policy that helps children.

There are many reasons why diversion as practiced by CFSA is problematic. First, as the policy provides, a decision to divert is initially made by a CPS social worker. Once this decision is made, CFSA *may* discuss the plan for the child to live with the relative with the parent and relative and *may* obtain the consent of the parent to do so. However, in some cases, parental consent is not ever obtained, raising serious constitutional concerns.<sup>12</sup> While CFSA references its Safety Plan

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<sup>12</sup> “The state is limiting one of the most precious substantive liberty rights recognized by the Constitution—that of parents to the care, custody, and control of their children—and the reciprocal right of children to live with their parents.”

Policy in its Diversion Policy, it is clear that it does not follow its requirements of having a written plan that a competent parent must execute, and that the plan be time limited and last no longer than 30 days. In our experience working with more than 500 kinship families, we have seen diversions where there is no parental consent or parents do not have the capacity to consent. Parents of diverted children often grapple with serious and pervasive mental health or substance use issues, and the family is well-known to CFSA. Yet, CFSA involvement never stops the cycle of abuse; rather, the child is maintained in an unsafe home or diverted over and over again to live with different relatives. We have also seen diversion *after* the child previously had been removed to kinship foster care, reunified with the parent, and then the parental abuse or neglect started all over again.

From our first-hand observations of CFSA's diversion discussions with families and from the many accounts relayed to us by our clients, both the parent and the relative are coerced into agreeing to the diversion or safety plan for the child to live with the relative. The parent is coerced because they are told that if they do not agree, the child will go into "the system" and it will be difficult to ever get the child back. In this situation, the parent is not in a position to freely consent to anything.<sup>13</sup> CFSA has all the power and is effectively making the decision alone.

The caregiver is coerced because they are told that if they do not agree, the child will go into foster care with a stranger. The caregiver is never told that they would be the first choice for placement if the child were to be formally removed, nor is the caregiver told that they would receive a foster care payment to help care for the child. If the caregiver somehow knows to ask about kinship foster care, they are told that it is not available or that they may not qualify and that it could take a long time. They are not told that there is a fast track licensing process for kin and that all non-safety related requirements can be waived under DC regulations.

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Josh Gupta-Kagan, *America's Hidden Foster Care System*, Stan. L. Rev. 841 at 843 (2020), available at <https://review.law.stanford.edu/wp-content/uploads/sites/3/2020/04/Gupta-Kagan-72-Stan.-L.-Rev.-841.pdf>.

<sup>13</sup> *Id.* at 866.



The second reason CFSA's diversion policy and practice is problematic is because it fails to grant any legal rights to the person who is taking the child into their home. In this regard, the caregiver is rarely provided with any documents needed to care for the child, such as the child's birth certificate, social security card, Medicaid card, or vaccination records. These things are needed to apply for benefits, get medical care for the child, and enroll the child in school. Additionally, a diversion arrangement does not grant legal custody to the caregiver nor is it legally enforceable. Accordingly, the parent could come get the child at any time, or the caregiver could return the child to the parent even if the parent is still not safe.<sup>14</sup>

The third reason why CFSA's diversion policy and practice is troubling is that, by definition, the child is going to live informally with a relative *instead of* foster care. Foster care provides an important check on the power of CFSA to remove a child from a parent because parents and the child are appointed lawyers to represent them and a judge determines if there is sufficient evidence to warrant removal. With diversion, there is no check on the power of the agency to determine if parents and children should be separated in the first place.<sup>15</sup> Foster care also furnishes services and supports that are not available through diversion. A parent will receive services to address the problem that led to the separation from their child and to assist with the goal of reunification.<sup>16</sup> The licensed caregiver and the child will receive services like respite care and transportation to school and foster care maintenance payments that ameliorate the impact of poverty.<sup>17</sup>

The purpose of foster care is permanency, either through reunification with a parent or guardianship or adoption with the caregiver. Diversion provides none of these pathways, as children are diverted multiple times or stay with relatives informally for months, years, or even until they

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<sup>14</sup> *Id.* at 882.

<sup>15</sup> *Id.* at 875.

<sup>16</sup> *Id.* at 878.

<sup>17</sup> *Id.* at 880.

become adults. While CFSA may follow up for a short period (typically, no more than a month), CFSA will close its investigation even if the plan is not working, and leave the caregiver to figure out how to care for the child long-term. If a caregiver tells CFSA that they can no longer care for the child because of all of the hurdles to do so, CFSA will threaten the caregiver with a neglect case. In other words, once CFSA closes its case, it will not get reinvented to help stabilize the family unless a new allegation of abuse or neglect is called into the hotline, which is when the “safety plan” has already failed. The reason we find out about diversion is invariably because something has gone wrong.

In 2001 and 2004, the DC Council acknowledged these problems with diversion, known at the time as “temporary third party placements,” when it revoked CFSA’s authority to engage in them from the Child Abuse and Neglect Act.<sup>18</sup> This revocation was in response to changes in federal laws and requests from the *LaShawn* court monitor. CFSA has decided to flout the DC Council’s intent to eliminate these arrangements by calling them by another name -- diversions.

Through FOIA, DC KinCare Alliance requested information from CFSA about the number of diversions it conducted in FY 2021. CFSA represented that four children were diverted and provided us with the redacted diversion reports for those families. However, DC KinCare Alliance has personal experience with five families, other than those reported by CFSA, whose children were diverted to live with relatives in FY 2021. It is clear that CFSA has not been properly tracking diversions, although it is unclear why this is the case – whether the staff are not properly trained on how to track diversion or whether there is a data integrity problem. We believe that sometimes

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<sup>18</sup> Child and Family Services Agency Establishment Amendment Act of 2000, Pub. L. 13-277 (Apr. 2001); Child in Need of Protection Amendment Act of 2004, Pub. L. 15-531 (Apr. 2005).

diversions are misclassified as safety plans where the prevention “service” is a plan for the child to live with a relative indefinitely.<sup>19</sup>

The District of Columbia has a much lower rate of foster care placement with kinship caregivers than the national average of 32%.<sup>20</sup> CFSA stated in its oversight responses that DC’s rate is 22%,<sup>21</sup> both for FY 2021, and for first quarter of FY 2022. This is down 6% from FY 2020.<sup>22</sup> CFSA claims its low rate is because many DC families identify Maryland caregivers and Maryland cannot waive the non-safety related licensing requirements that DC can; but if that were true, Maryland would also have a low kinship placement rate. Maryland’s kinship placement rate is 42%.<sup>23</sup> The real reason DC continues to lag behind year after year is because of diversion.

The vast majority of families involved with CFSA are Black, live in Wards 7 and 8, are poor, and have lower levels of education. This results in a concerning power imbalance between the agency and the families they are tasked to serve. CFSA takes advantage of this power imbalance to deny kinship families much needed economic benefits to which they are entitled. We appreciate that Chairperson Nadeau is focusing on this important issue as critical resources are continuing to drain from our most under-resourced communities.

#### E. Child Fatalities and Near Fatalities

Another area where we have significant concerns is with respect to children who die or suffer from near fatalities as a result of abuse or neglect in DC.<sup>24</sup> CFSA’s annual Internal Child Fatality

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<sup>19</sup> CFSA Oversight Responses FY 2021-2022, Question No. 93.e., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>

<sup>20</sup> Children’s Bureau, *Foster Care Statistics 2019*, available at <https://www.childwelfare.gov/pubPDFs/foster.pdf>.

<sup>21</sup> CFSA Oversight Responses FY 2021-2022, Question No. 97., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

<sup>22</sup> *Id.* at Question No. 69.a., available at [www.dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses\\_FINAL.pdf](http://www.dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf).

<sup>23</sup> <https://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type#detailed/2/22/false/1729,37,871,870,573,869,36,868,867,133/2622,2621,2623,2620,2625,2624,2626/12994,12995>.

<sup>24</sup> Near Fatality is defined as “a child in serious or critical medical condition as a result of child abuse, neglect, or maltreatment, as certified by a physician.” DC Code § 4-1303.31(6).

Report (ICFR) does not provide data regarding near fatalities and its data regarding child fatalities that are a result of abuse or neglect are deeply flawed and does not provide the public with the information needed to make meaningful change.

CFSA continues to report that none of the child fatalities it reviewed in 2018, 2019 or 2020 that occurred in CY 2018 were due to abuse or neglect,<sup>25</sup> yet we know that two-year-old Aceyson “Ace” Ahmad was beaten to death on April 17, 2018, that one-year-old Carter Sanders was beaten to death on May 16, 2018 and that six month old Brooklynn Hill Davis was scalded to death on September 5, 2018.<sup>26</sup> Were all three of these babies really not known to CFSA at or prior to their deaths?

CFSA reports that four of the child fatalities that it reviewed in 2019 and 2020 that occurred in CY 2019 were the result of abuse or neglect, and that three of the child fatalities that it reviewed in 2020 that occurred in CY 2020 were the result of abuse or neglect.<sup>27</sup> CFSA compares these numbers in the conclusion of its 2020 ICFR<sup>28</sup>—the implication being that abuse and neglect homicide numbers are going down, but we will not know that for several more years as neither the review of 2019 nor 2020 child fatalities is likely complete. Typically, CFSA reviews child fatalities that occur in any given calendar year over that year and the two following it for a total of three years.<sup>29</sup> One thing we do know from available data is that child fatalities due to homicide for very

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<sup>25</sup> *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2020* at p. 31 available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

<sup>26</sup> *Baskin, Morgan, To Escape Court Oversight DC’s Child Welfare System is Cutting Corners*, *Washington City Paper*, April 11, 2019, <https://washingtoncitypaper.com/article/180828/to-escape-court-oversight-dcs-child-welfare-system-is-cutting-corners/>.

<sup>27</sup> *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2020* at p. 31 available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

<sup>28</sup> *Id.* at p. 28.

<sup>29</sup> *Id.* at p. 31,

young children five years old and younger is going up--from four homicides reported in 2018<sup>30</sup> to five in 2019.<sup>31</sup>

Of the three neglect and abuse homicides that CFSA has reviewed for CY 2020 thus far, two were widely reported in the media. They were the brutal beating deaths of eleven month old Mackenzie Anderson and two year old Gabriel Eason. Both deaths seemed eminently preventable but we do not know what CFSA's involvement with these two babies was before they died. Could CFSA have prevented their deaths? If so, what lessons has CFSA learned from any mistakes made in their cases? These are the kinds of questions that CFSA's 2020 ICFR should be designed to answer, yet none of them are.

We know that of the 40 total child fatalities in 2020 that CFSA has reviewed and reported on thus far, 38 of them or 95% had hotline calls screened out within 5 years of the child's death.<sup>32</sup> What that means is that those hotline calls were not investigated. Of the 38 who had hotline calls screened out, 16 or 40% had 4 or more hotline calls that were never investigated. Given the incredibly high percentage of calls that were not investigated regarding children who later died, one would think that there would be some red flags about this issue and perhaps a recommendation that CFSA review its hotline calls to assess the reasons why calls were screened out and whether it was appropriate to do so. However, there is no recommendation in the 2020 ICFR that touches on this issue.

We also know that 33 of the 40 children or 83% had investigations opened within 5 years prior to their death.<sup>33</sup> Of the 33 who had investigations opened, 10 or 25% had 4 or more

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<sup>30</sup> *Office of the Chief Medical Examiner 2018 Annual Report* at p. 44 available at [https://ocme.dc.gov/sites/default/files/dc/sites/ocme/OCME\\_2018\\_Annual%20Report.pdf](https://ocme.dc.gov/sites/default/files/dc/sites/ocme/OCME_2018_Annual%20Report.pdf).

<sup>31</sup> *Office of the Chief Medical Examiner 2019 Annual Report* at p. 34 available at [https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency\\_content/OCME\\_2019\\_web.pdf](https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/OCME_2019_web.pdf).

<sup>32</sup> *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2020* at p. 19 available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

<sup>33</sup> *Id.*

investigations. Given the high number of investigations that ultimately did not prevent these children's deaths, CFSA needs to take a hard look at how investigations are resolved, especially repeat investigations. There is no recommendation in the 2020 ICFR that touches on how investigations are resolved.

Additionally, 23 or 58% of families had one or two in-home or permanency cases opened within 5 years of the child's death.<sup>34</sup> Given the number of in-home cases that did not successfully prevent the death of a child, CFSA should look at how it is closing cases and whether it is following best practices for safe closure.

Further, 9 or 22% of families had an open case or open investigation at the time the child died.<sup>35</sup> This raises the question of how this could happen while CFSA was involved with the family and what could have been done to prevent the deaths. But there is no specific information provided in the report about this or recommendations to enhance future practice. For instance, did Gabriel Eason have an open in-home case at the time of his death? Were there multiple reports of the abuse that Mackenzie Anderson suffered that were screened out or for which there was an open investigation at the time of her death?

Last, these are not new questions and this is not a new oversight issue. In 2017, I wrote a white paper titled *In Memory of Baby Trinity Jabore* about the starvation death of Trinity on Christmas Day 2016.<sup>36</sup> She was only seven weeks old. That case revealed how CFSA repeatedly missed opportunities to prevent Trinity's death, but it appears that CFSA did not learn from that case and nothing has really changed. The public and this Committee should know what opportunities

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<sup>34</sup> *Id.*

<sup>35</sup> *Id.* at 12.

<sup>36</sup> Spindel, Marla, *In Memory of Baby Trinity Jabore: Ensuring Better Outcomes for D.C.'s Children and Families*, July 21, 2017, available at [https://www.dckincare.org/wp-content/uploads/2019/12/trinity\\_jabore\\_paper.pdf](https://www.dckincare.org/wp-content/uploads/2019/12/trinity_jabore_paper.pdf).

CFSA had to intervene in all child deaths that were caused by abuse and neglect so that improvements can be made to do better in the future.

Thank you for the opportunity to testify today. I am happy to answer any questions.

**DC KINCARE ALLIANCE**  
**RELATIVE CAREGIVER COMMUNITY BOARD**  
**Position Statement on Kinship Navigator Programs**

February 2022

Why We Care

The DC KinCare Alliance Relative Caregiver Community Board is a group of 21 relative caregivers raising 26 Washington, DC children. We took in these children because their parents could not take care of them due to: gun violence, incarceration, substance use disorders, and mental health problems. The children we are raising are great kids but they need extra help because of the abuse and neglect they suffered before they came to live with us. We need help because we do not have much money, we were not expecting these children to come to us, and there is a lot to figure out to make sure they have everything they need. Our leaders need to listen to our lived experiences and our ideas about what kinship families need from the government.

What Kind of Help We Need

We face an uphill battle every time we try to get help for these children because the legal, government benefits, healthcare and educational systems are all designed for traditional families, not families that look like ours. It is really hard to figure out what we are supposed to do when we are trying to get the children what they need. We need one place to go to find help for caregivers like us, whether we are trying to get custody to keep the children safe, get financial benefits to feed and clothe them, get a bigger housing unit so they have a proper place to sleep, get them evaluated for an IEP or registered for school, take them to the doctor or dentist, or get them help for developmental, behavioral, or mental health issues. A lot of times, we do not even have basic documents for the children, like Medicaid cards, birth certificates or Social Security cards, and we need those documents to get almost any kind of benefits or services for them.

How We Need to Receive Help

Kinship navigator programs can help us get what we need but they cannot just take our information and send us to different places for different things because we run into so many roadblocks. We need an actual person, like a case manager, to get us emergency help when the children first come to us in crisis with nothing but the clothes on their back. Then, we need that person to help us get documents, walk us through applying for benefits, and add the children to our housing vouchers. We need help and advice from lawyers to get the legal rights to care for these children and understand all our options to keep them safe. **DC's kinship navigator program does not do these things.**

Kinship Navigators Should Not Be Part of the Child Welfare Agency

Kinship caregivers like us do not feel safe, respected, or understood by the DC child welfare agency. Many of us have had bad experiences with child welfare social workers saying one thing but doing another. The bottom line is that we are afraid to ask for help from the child welfare agency because they can always use that against us and try to take our kids away. **Kinship navigators should be separate from the child welfare agency so we can get help from people who are just there for us and who do not answer to the agency for their jobs or their money.**

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