CHILD ABUSE AND NEGLECT

- In 2017, District of Columbia had 14,608 total referrals for child abuse and neglect. Of those, 7,318 reports were referred for investigation.

- In 2017, there were 1,639 victims of abuse or neglect in District of Columbia, a rate of 6.1 per 1,000 children, a decrease of 7.3% from 2016. Of these children, 1,405 were neglected, 291 were physically abused, and 63 were sexually abused.
CHILD CARE AND HEAD START

- In 2017, District of Columbia had a monthly average of 1,200 children served by subsidized child care. An average of 1,100 children received subsidized child care per month in 2016 and 1,500 were recipients in 2015.\(^8\)

- In 2018, to be eligible for subsidized child care in District of Columbia, a family of three could make no more than $51,050 at application, which is equivalent to 63% of the state’s median income.\(^2\)

- As of early 2018, District of Columbia had no children on it’s waiting list for child care assistance.\(^3\)

- In 2017, Head Start served 6,960 children in District of Columbia, an increase of 2.26% from 2016.\(^3\)

- Through federal grants from the Home Visiting Program, in fiscal year 2017, home visitors in D.C. made 2,625 home visits to 479 participants in 215 households.\(^6\)

- The number of child victims has increased 20% in comparison to the number of victims in 2013.\(^10\)

- In 2017, there were 4 child deaths resulting from abuse or neglect reported in District of Columbia.\(^11\)

- 751 children in District of Columbia lived apart from their families in out-of-home care in 2017, compared with 826 children in 2016.\(^12\)

- The number of children living apart from their families in out-of-home care has decreased 9.07% in comparison to the number of children in out-of-home care in 2016.\(^13\)

CHILD POVERTY AND INCOME SUPPORT

- The monthly average number of individuals receiving Temporary Assistance for Needy Families (TANF) in District of Columbia Decrease from 13,634 in 2016, to 13,225 in 2018 a 2.9% change. There was a 4,965 monthly average of families received TANF in 2018, a decrease of 9.26% from 2016.\(^20\)
While its spending on child care has fluctuated between 2001 and 2016, the share of its TANF dollars that D.C. spends on child care has significantly decreased since 2001.21

$0 was spent in 2016 on TANF assistance in District of Columbia on Child Welfare.22

$6,216,520 was spent in 2018 on WIC (the Special Supplement Nutrition Program for Women, Infants, and Children) in District of Columbia, serving 12,466 participants.23

In 2017, District of Columbia distributed $47,259,508 in child support funds, an increase of .31% from 2016.24

43,000 children in District of Columbia lived in households with a high housing burden in 2016, where more than 30% of monthly income is spent on housing costs.25

In December of 2016, the unemployment rate in District of Columbia was 6.4%.26

21% of households in District of Columbia were food insecure in 2016, meaning that the family experienced difficulty providing enough food due to lack of resources at some point during the year.27

HEALTH AND SUBSTANCE ABUSE

85,809 children in District of Columbia were enrolled in Medicaid in 2017, an increase of 5.1% from 2016.32

In 2017, District of Columbia had 11,771 children enrolled in its State Children’s Health Insurance Program, a decrease of 15.5% from 2016, when 13,943 children were enrolled.33

In 2017, District of Columbia had 2,000 uninsured children.34

998 babies were born weighing less than 2,500 grams in District of Columbia in 2016.35

70 infants under age 1 died in District of Columbia in 2016.36
• In 2016, the birth rate for teens ages 15 to 17 in District of Columbia was 18 births per 1,000 girls. The rate was 28 for teens ages 18 to 19. This reflects a total rate of 24 births for girls ages 15 to 19.37

• Cumulative through 2017, there were 21,119 adults and adolescents and 191 children younger than 13 reported as having HIV/AIDS in District of Columbia.38

• In 2017, an estimated 1000 children ages 12 to 17 were alcohol dependent in the past year and 53,000 adults age 18 and older were dependent on alcohol in District of Columbia.39

• In 2017, approximately 1,000 children ages 12 to 17 needed but had not received treatment for alcohol use in the past year.40

• In 2017, approximately 1,000 children ages 12 to 17 needed but had not received treatment for illicit drug use in the past year.41

• In 2015, health care costs related to opioid abuse in District of Columbia reached $62,588,368.64

YOUTH WHO ARE VULNERABLE

• 70 children in District of Columbia aged out of out-of-home care—exited foster care to emancipation—in 2016.42

• 69% of high school students in District of Columbia graduated on time at the end of the 2015-16 year.43

• 3,000 teens ages 16 to 19 in District of Columbia were not enrolled in school and not working in 2015.44

• 11,000 young adults ages 18 to 24 were not enrolled in school, were not working, and had no degree beyond high school in 2016.45

• 74% of young adults in District of Columbia ages 25 to 34 had an associate’s degree or higher in 2017.46
In 2017, there were no reports of children in District of Columbia aged 10 to 14 committing suicide, and there were no reports of suicide among children aged 15 to 19.\textsuperscript{47}

**JUVENILE JUSTICE AND DELINQUENCY PREVENTION**

- 11 children under age 19 were killed by a firearm in District of Columbia in 2017, compared to 11 in 2016.\textsuperscript{48}

- 594 children younger than 18 were arrested in District of Columbia in 2017. Violent crimes were the reason for 80 of the arrests in 2017.\textsuperscript{49}

- 105 children lived in juvenile correction facilities in District of Columbia in 2015.\textsuperscript{50}

**CHILD WELFARE WORKFORCE**

*The federal Child and Family Service Reviews have clearly demonstrated that the more time a caseworker spends with a child and family, the better the outcomes for those children and families.*\textsuperscript{52}

- According to a 2003 GAO report, the average caseload for child welfare/foster care caseworkers is 24–31 children; these high caseloads contribute to high worker turnover and insufficient services being provided to children and families. CWLA recommends that foster care caseworkers have caseloads of 12–15 children.\textsuperscript{53}

- Average turnover rates for child welfare agencies range from 20% to 40%.\textsuperscript{54} Turnover rates at around 10% are considered to be optimal in any agency.\textsuperscript{55}

*Caseworker turnover has negative outcomes for children in the child welfare system, including placement disruptions and increased time in out-of-home care.*\textsuperscript{56}

- According to the National Survey of Child and Adolescent Well-Being II baseline report, 75% of caseworkers earned a salary between $30,000 and $49,999.\textsuperscript{57}
The majority of caseworkers hold a bachelor’s degree (52.3%) or a bachelor of social work degree (21.9%). Only 25% of caseworkers hold a master’s degree.58

SOCIAL SERVICES BLOCK GRANT

In 2016, District of Columbia’s sum of expenditures for services totaled $4,969,641. The most utilized service in District of Columbia was “Other Services” for Children totaling $4,186,945.60

FUNDING CHILD WELFARE SERVICES FOR DISTRICT OF COLUMBIA’S CHILDREN

In 2016, District of Columbia spent $242,356,702 for child welfare services. Child welfare services are all direct and administrative services the state agency provides to children and families. Of this amount, $84,067,539 was from federal funds and $158,289,163 was from state and local funds.61

In 2016, of the $84,067,539 in federal funds received for child welfare, 33% was from Title IV-E Foster Care and Adoption Assistance, <1% came from Title IV-B Child Welfare Services and Promoting Safe and Stable Families, <1% was from Medicaid, 0% came from Social Services Block Grant, 0% was from TANF, and 1% came from other federal sources.62

District of Columbia received $27,076,858 in federal funds for IV-E foster care expenditures in 2016, including $3,751,667 for maintenance payments and $23,325,191 for administration, child placement, the statewide automated child welfare information system, and training.63
Population and Child Abuse and Neglect statistics are from 2018.

   https://www.census.gov/quickfacts/dc
3. Ibid.
4. Ibid.
5. Ibid
6. Ibid.
7. Ibid.
The District of Columbia’s Children at a Glance


Note: The percentage difference is a CWLA calculation. Overlap in the percentages of types of abuse is possible as a child may have experienced more than one type of abuse.


Note: The percent difference is a CWLA calculation.


Note: The percentage is a CWLA calculation.

17. Ibid.


The District of Columbia’s Children at a Glance


Note: The percentages are a CWLA calculation.


Note: Some states allow families, once they begin receiving assistance, to continue receiving assistance up to a higher income level than the initial limit.

30 Ibid.

Note: A family that is eligible for child care assistance may not necessarily receive it. States may place families on waiting lists, or freeze intake (turning away eligible families without adding them to a waiting list).


Note: The percent difference is a CWLA calculation.


Note: The percent difference is a CWLA calculation. Children who switched between CHIP and Medicaid are represented in both data sets.

33 Ibid.


41 Ibid.


49 Note: The dearth in current state-by-state workforce data makes clear the need for critical data on compensation, working conditions including safety issues, academic degrees held, education and training received, and factors contributing to turnover. To address this, CWLA is calling for Congress to authorize the National Academy of Sciences (NAS) to conduct an updated study on the child welfare workforce. It would make recommendations regarding caseloads and workloads, education levels, and training requirements. In addition, the study would examine data reporting and collection and make recommendations on how states might improve these efforts.


51 Ibid.


55 Ibid.


58 Ibid.

Note: Examples of direct services include child abuse/neglect investigations, foster care, community-based programs, case management, and all such services required for the safety, permanency, and well-being of children. Examples of administrative services include management information systems, training programs, eligibility determination processes, and all services that provide the infrastructure supports for the public agency. The component funding streams may not equal the total, depending on additional child support and demonstration funds for this state.

59 Ibid.
63 Ibid.