



## Agency Priority Goal | Action Plan | FY 22 – Q2

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# Child Well-Being

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### Goal Leader(s):

Aysha E. Schomburg, Goal Leader, Associate Commissioner,  
Children's Bureau, ACF

Katie Hamm, Deputy Goal Leader, Associate Deputy Assistant  
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# Goal Overview

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## Goal statement

By September 30, 2023, HHS will improve child well-being, especially in underserved or marginalized populations and communities.

## Problem to Be Solved

- Too few children eligible for child care subsidies actually received assistance.
- Child welfare received an estimated 4.4 million referrals alleging maltreatment for approximately 7.9 million children, and 656,000 children were deemed to be victims of child abuse and neglect in FY 2019.
- During the COVID-19 Public Health Emergency (PHE), primary, preventive, and mental health services declined among children. Compared to the same period a year earlier, between February through May 2020 there were 18 percent fewer vaccinations for children up to age 19, 26 percent fewer child screening services, 46 percent fewer dental services, and 41 percent fewer outpatient mental health services.

## What Success Looks Like

- Strengthening early childhood development and expanding opportunities to help children and youth thrive equitably within their families and communities.
- Increasing safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence.
- Improving the physical and behavioral health of children and families through increased access to health care services in Medicaid and the Children's Health Insurance Program (CHIP).

# Goal target(s)

Achievement statement		Key indicator(s)	Quantify progress			Frequency
By...	We will...	Name of indicator	Target value	Starting value**	Current value	Update cycle
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Increase the Title IV-E Prevention Activities Expenditure Proportion (federal share claims for prevention-related activities as a proportion of all title IV-E Foster Care and Prevention Services federal share claims).	11.7%	10.2 % FY 2021	On Target. Please note this information will be updated annually.	Available annually by Jan 31
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Increase the percentage of Head Start & Early Head Start children in the prior program year that received required developmental, sensory, and behavioral screenings within 45 days of enrollment, and who were up-to-date on a schedule of age-appropriate preventive and primary health care, according to their state's EPSDT schedule. (ACF/OHS)	88% screening  22% EPSDT	88% screening (FY 2019)  22% EPSDT (FY 2019)	67% screenings (2021)  18% EPSDT (2021)	Available annually by Oct 30
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Increase the average monthly number of children receiving a child care subsidy. (ACF/OCC)	1,900,000	1,396,500 (FY 2019)	1,489,200 (FY 2020)	Data available annually by Mar 30
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Meet or exceed the pre-pandemic rate of vaccinations for children through age 18 (CMS)	TBD	17.8% fewer (average number per month per 1,000 beneficiaries; Feb – May 2020 compared to Feb – May 2019)	6.5% fewer (average number per month per 1,000 beneficiaries; Feb 2020 – October 2021 compared to Feb 2018 – October 2019)	Data available quarterly for the two prior quarters (to allow for claims lag)

# Goal target(s)

Achievement statement		Key indicator(s)	Quantify progress			Frequency
By...	We will...	Name of indicator	Target value	Starting value**	Current value	Update cycle
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Meet or exceed the pre-pandemic rate of child screening services (CMS)	TBD	26.3% (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)	7.8% fewer (average number per month per 1,000 beneficiaries; Feb 2020 – October 2021 compared to Feb 2018 – October 2019)	Data available quarterly for the two prior quarters (to allow for claims lag)
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Meet or exceed the pre-pandemic rate of dental services (CMS)	TBD	46.2% fewer (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)	20.7% fewer (average number per month per 1,000 beneficiaries; Feb 2020 – October 2021 compared to Feb 2018 – October 2019)	Data available quarterly for the two prior quarters (to allow for claims lag)
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Increase the rate of outpatient mental health services (CMS)	TBD	41.3% fewer (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)	37.2% fewer (average number per month per 1,000 beneficiaries; Feb 2020 – October 2021 compared to Feb 2018 – October 2019)	Data available quarterly for the two prior quarters (to allow for claims lag)

# Goal Team

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## **Administration for Children and Families**

### **Goal Leads:**

- Aysha Schomburg
- Katie Hamm (Deputy)

### **Implementation Team:**

- Cheri Hoffman (ACYF)
- Emily Jabbour (OPRE)
- Elaine Stedt (CB)
- Megan Campbell (OCC)
- Jesse Escobar (OHS)

## **Centers for Medicare & Medicaid Services (CMS)**

### **Deputy Goal Lead:**

- Amy Lutzky

### **Implementation Team:**

- Kim Proctor
- Cathy Benoit

## **U.S. Food & Drug Administration (FDA)**

### **Implementation Team:**

- Robin McKinnon  
(CFSAN)
- Conrad Choiniere  
(CFSAN)

# Goal Strategies

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**Child Care:** Provide policy guidance and training and technical assistance to support states as they implement policies and practices that can increase the number of children served, including through greater adoption of fixed cost payment practices, higher income eligibility thresholds, supply-building, and reduced copayments, while still progressing on provider payment rates.

**Head Start and Early Head Start:** The Office of Head Start will work with our National Center on Health, Behavioral Health, and Safety (NCHBHS), which involves a consortium of partners with expertise in health and behavioral health. OHS and the National Center will work collaboratively to promote child and family well-being in programs through training and technical assistance, which will include TTA on screenings and preventive health care services.

**Child Welfare:** Provide policy guidance and training and technical assistance to increase knowledge and capacity of states to effectively implement evidence-based (EB) and evidence-informed (EI) child abuse prevention programs and practices to increase the total Title IV-E funding that supports EB and EI child abuse prevention programs and practices.

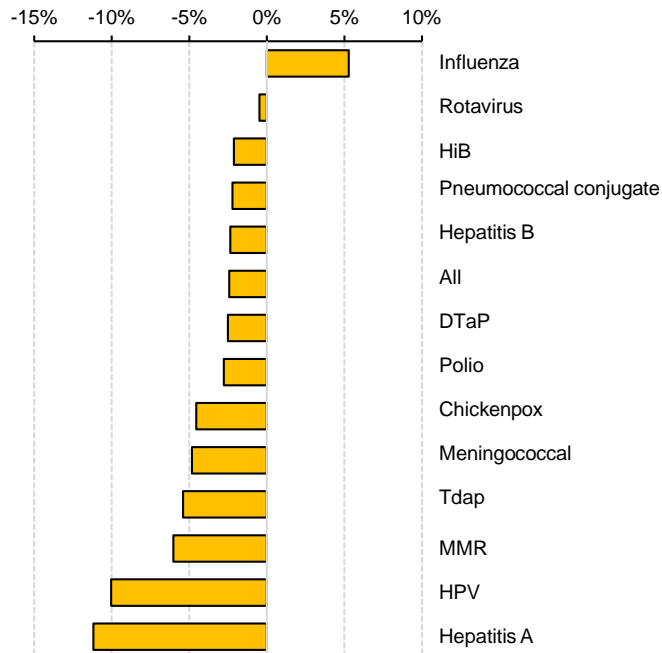
**Health Care:** Provide outreach to states, providers, schools, community-based organizations and other key stakeholders to share updated data on foregone care during the COVID-19 PHE, and the importance of catching up on missed services to improve child well-being.

# Key indicators

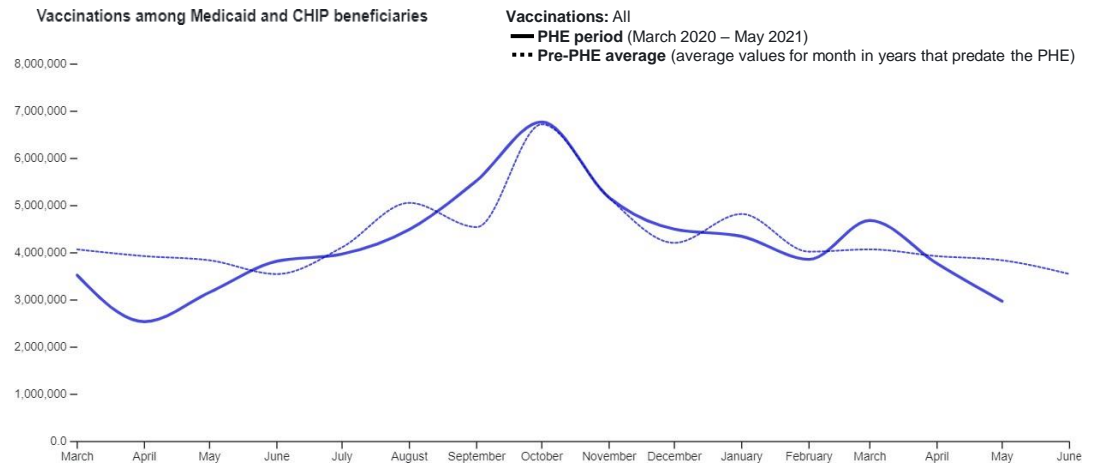
## Preliminary data show vaccinations among beneficiaries under age 19 declined for all vaccines except Influenza during the PHE period compared to prior years, and the percent decline varied by vaccination type

Note: For the Agency Priority Goals, CMS will report changes in the rate of vaccinations for children under age 19 to account for the large increase in Medicaid and CHIP enrollment during the PHE.

### Percent change in the number of vaccinations delivered to children under age 19 during the PHE compared to the same period two years prior



### Number of vaccinations delivered to Medicaid and CHIP beneficiaries under age 19, by month



Comparing the PHE period (March 2020 – May 2021) to the same period two years prior, the data show **~2% fewer** (1.6 million) vaccinations for children under age 19

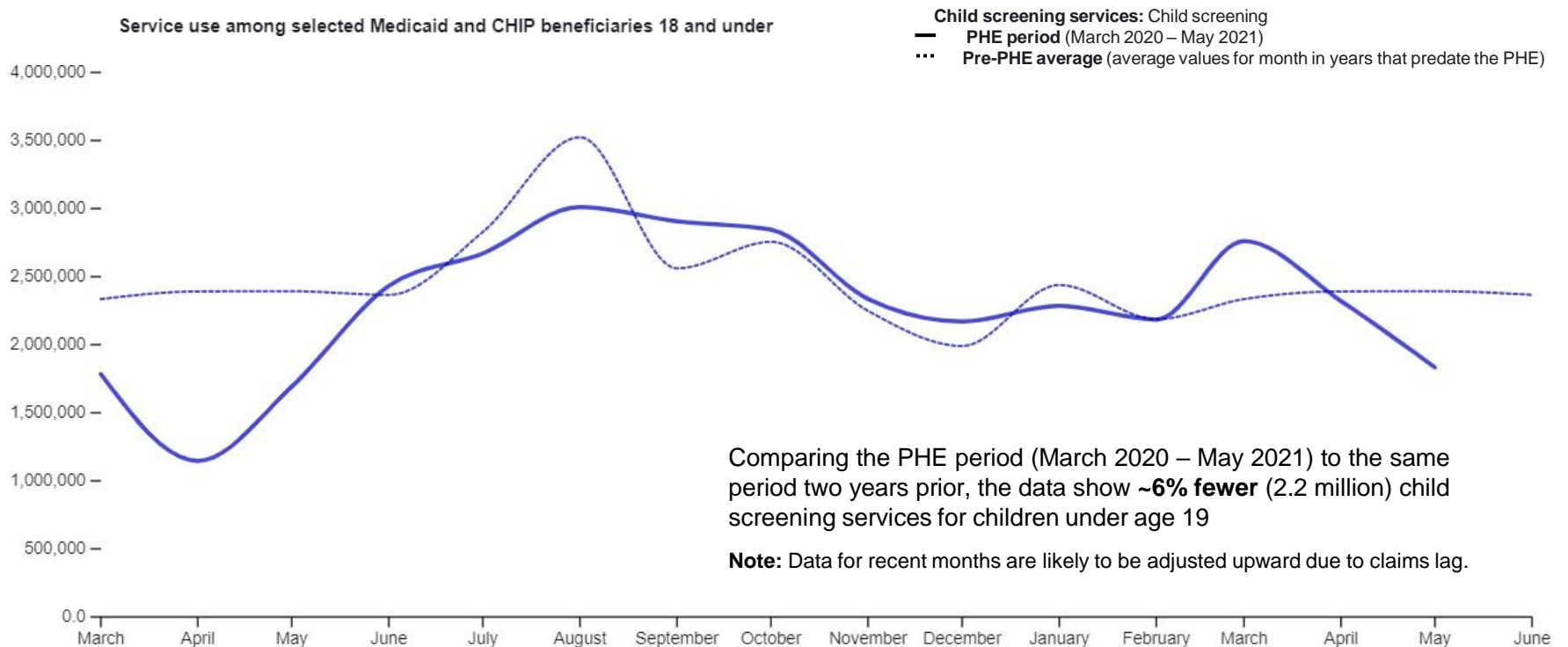
**Note:** Data for recent months are likely to be adjusted upward due to claims lag.

**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v5 in DataConnect using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2021. The PHE period includes data for March 2020 through May 2021. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020.

# Key indicators

## Preliminary data show child health screening services declined in April 2020, increased through August 2020 and again in March 2021, remaining close to pre-PHE levels

Note: For the Agency Priority Goals, CMS will report changes in the rate of child screening services for children under age 19 to account for the large increase in Medicaid and CHIP enrollment during the PHE.



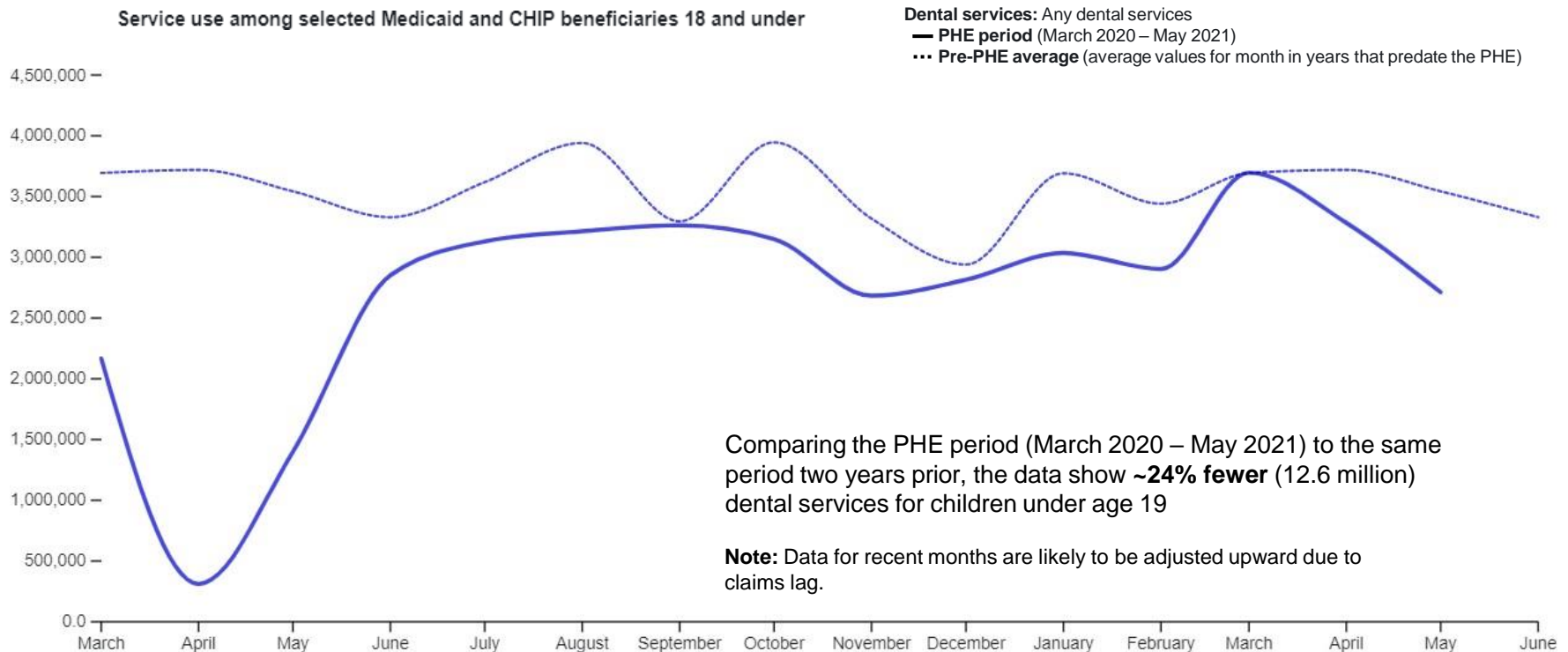
**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v5 in DataConnect using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2021. The PHE period includes data for March 2020 through May 2021. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020.



# Key indicators

## Preliminary data show the number of dental services for children declined drastically in April 2020, increased through September 2020 with a peak in March 2021, but remain below pre-PHE levels

Note: For the Agency Priority Goals, CMS will report changes in the rate of dental services for children under age 19 to account for the large increase in Medicaid and CHIP enrollment during the PHE.

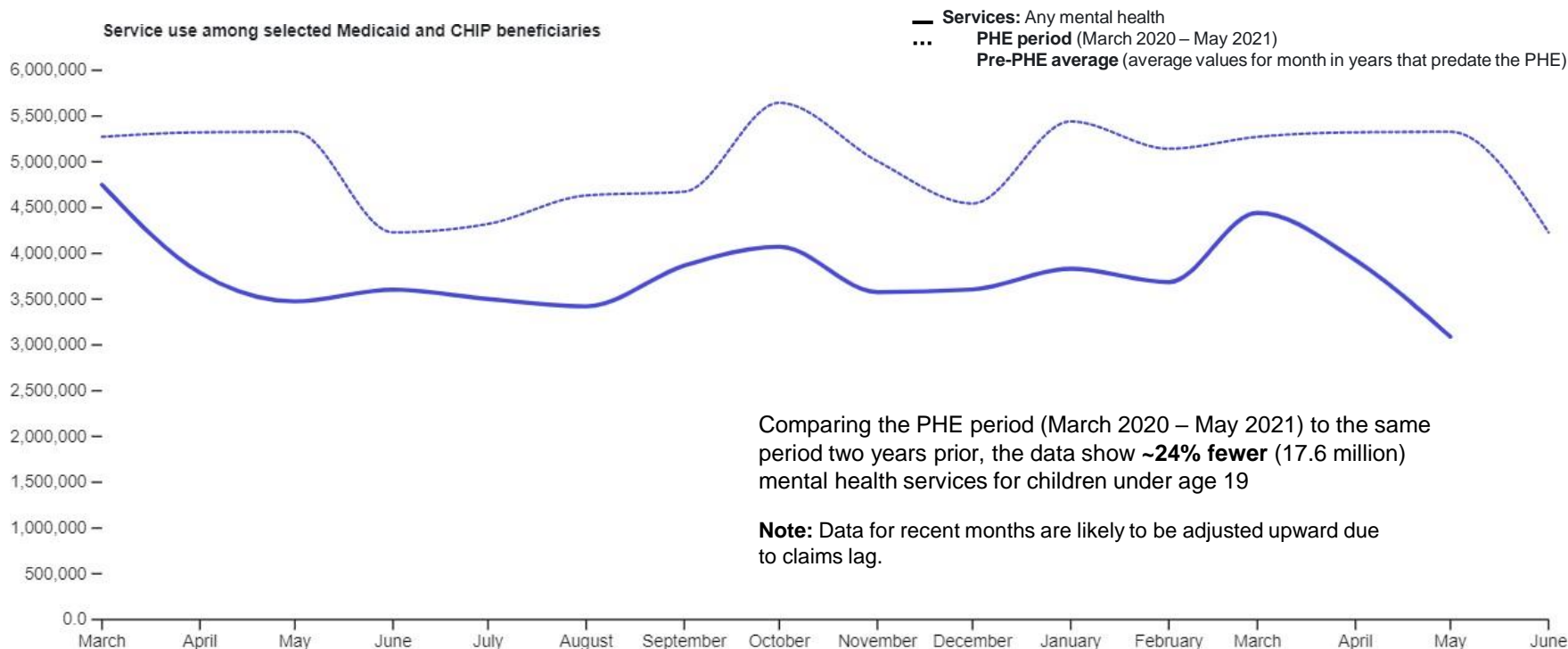


**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v5 in DataConnect using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2021. The PHE period includes data for March 2020 through May 2021. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020.

# Key indicators

## Preliminary data show mental health services for children under age 19 declined starting in March 2020 and continue to be lower than prior years' levels through May 2021

Note: For the Agency Priority Goals, CMS will report changes in the rate of mental health services for children under age 19 to account for the large increase in Medicaid and CHIP enrollment during the PHE.



**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v5 in DataConnect using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2021. The PHE period includes data for March 2020 through May 2021. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020.

# Key milestones

Milestone Summary					
Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Owner	Comments
By end of FY 2022, increase the Title IV-E Prevention Activities Expenditure Proportion (federal share claims for prevention-related activities as a proportion of all title IV-E Foster Care and Prevention Services federal share claims).	Q2 FY 2022	On track		ACF	<ul style="list-style-type: none"> <li>Two plans were approved in Q2 for a total of 22 title IV-E prevention plans approvals as of 3/31/22.</li> <li>Two title IV-E plan amendments in Q2 for a total of 6 amendment approvals as of 3/31/22.</li> <li>17 programs and services have been reviewed by the Title IV-E Clearinghouse during Q2 with a total of 88 programs and services that have been reviewed to date.</li> </ul>
Increase the percentage of Head Start & Early Head Start children from the prior program year that received required developmental, sensory, and behavioral screenings within 45 days of enrollment, and who were up-to-date on a schedule of age-appropriate preventive and primary health care, according to their state's EPSDT schedule. (ACF/OHS)	Q2, Q3, and Q4, FY 2022	Q2 activities completed and on-track with Q3 and Q4 activities		ACF	<ul style="list-style-type: none"> <li>Q2: Post recording of four webinars on vision, hearing, well-child checkups and immunizations.</li> <li>Q3: Offer Institute for Head Start Health and Mental Health Leaders tracks for new health and mental health managers to obtain information on required vision and hearing screenings, screening to address behavioral health concerns, and the importance of staying up-to-date on well-child visits.</li> <li>Q4: Release new document, Talking with Families Before and After the Screening and Follow up to Care (working title)</li> </ul>
Increase the average monthly number of children receiving a child care subsidy. (ACF/OCC)	Q4 of FY 2023	On-Track		ACF	<ul style="list-style-type: none"> <li>Average monthly number of children receiving a child care subsidy increased from 1,396,500 in FY 2019 to 1,489,200 in FY 2020.</li> <li>FY22 Q2: Host webinar providing guidance and best practices for CCDF Lead Agencies on how to use COVID-19 Relief Funds to increase eligibility, help with copays, and address supply shortages by supporting the child care workforce.</li> <li>FY22 Q3: Release several "Profiles of Innovation" with examples of how states are supporting families and providers.</li> </ul>

# Key milestones

Milestone Summary					
Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Owner	Comments
Engage with stakeholders to assess feasibility of action levels and best practices to reduce levels of toxic elements in food.	Q4, FY 2022			FDA	On November 18, 2021, the FDA hosted a public meeting on the Closer to Zero action plan and opened a public docket. Over 900 registered for the meeting and over 2000 have since viewed video from the event.
Evaluate scientific data on arsenic in food for babies and young children.	Q2, FY 2022			FDA	As part of the November public meeting there was a scientific discussion on arsenic and children's health. In addition, on December 1, 2021, the agency cosponsored a colloquium with the Society of Toxicology "Arsenic and Children's Health"
Evaluate scientific data on cadmium in food for babies and young children	Q4, FY 2023			FDA	Progress is ongoing, no barriers anticipated at this time
Complete sampling assignment(s) for toxic elements in baby foods.	Q3, FY 2022			FDA	Progress is ongoing, no barriers anticipated at this time
By Q4 2022, increase the rate of children under 19 receiving vaccinations.	Q1 CY 2023	On track		CMS	Data Source: T-MSIS Analytic Files
By Q4 2022, increase the rate of children receiving dental services.	Q1 CY 2023	On track		CMS	Data Source: T-MSIS Analytic Files
By Q4 2022, increase the rate of children receiving child screening services.	Q1 CY 2023	On track		CMS	Data Source: T-MSIS Analytic Files
By Q4 2022, increase the rate of children receiving outpatient mental health services.	Q1 CY 2023	On track		CMS	Data Source: T-MSIS Analytic Files

## Narrative – FY 22 Q2

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During the second quarter FFY 2022, OCC worked with states, territories, and tribes to continue implementing the historic investments in child care included in the CARES Act, CRRSA Act, ARP Act, and continued increases in annual Child Care and Development Fund (CCDF) funding. This work included regularly scheduled check-ins with CCDF lead agencies, webinars, office hours, and peer learning opportunities. OCC has also increased available targeted and intensive technical assistance to support tribal lead agencies. Successful implementation of this funding is critical to ensuring more children and families have access to child care assistance and meeting the overall goal. In Q2 of FY22, OCC completed updating CCDF administrative data used to inform this measure. The data showed that the average number of children served each month increased from 1,396,500 children in FY 2019 to 1,489,200 in FY 2020, indicating strong progress to making the target.

During Q2, the Office of Head Start posted the following four resources to promote progress towards the APG: Vision Health Information for Staff and Families, Preparing Families for Their Child's Hearing Screening, Check In on Well-Child Checkups, and Seasonal Influenza and Other Routine Childhood Vaccinations During the COVID-19 Pandemic. In addition to achieving these Q2 milestones, OHS released a Vision Screening Fact Sheet and also offered an Infant and Early Childhood Mental Health Consultation (IECMHC) Office Hour series for consultants that support Head Start grant recipients. Participants often ask questions regarding screening when children exhibit behavioral concerns and had the opportunity to receive technical assistance from their fellow peers as well as several experts in the field.

During the COVID-19 Public Health Emergency (PHE), primary, preventive, and mental health services declined among children. During the second quarter of FY22, progress was made regarding returning to pre-pandemic levels of utilization. However, the rate of mental health services has been the slowest to rebound.

CMS has been working to raise awareness regarding declines in primary, preventive, and mental health services among children compared to pre-pandemic rates. Specifically, through the Connecting Kids to Coverage National Campaign, CMS has promoted the importance of beneficiaries catching up on foregone care. The Campaign has a dedicated [web page](#) for this special initiative with resources that states, providers, advocates, schools, and community-based organizations can use to encourage parents and caregivers to enroll their children in Medicaid or CHIP, or if they are already enrolled, to schedule appointments for any preventives services they might have missed.

## Narrative – FY 22 Q2 (cont'd)

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During the second quarter FFY 2022, The Campaign promoted dental care as a key benefit under Medicaid and CHIP as part of February's observance of Children's Dental Health Month. The Campaign emphasized the importance of good oral health care routines through the year and encouraged families to reach out to their providers to catch up on any missed care during the PHE. Activities included, promoting the Campaign's [Oral Health Initiative page](#), social media outreach, and a webinar "[Supporting Smiles: Promoting Childhood Dental Benefits Covered Under Medicaid and CHIP.](#)" This presentation focused on new data on oral health trends among children and best practices to get families enrolled in Medicaid and CHIP, as well as the impact of the PHE on dental care. During this quarter, a Mental and Behavioral Health Initiatives was developed to prepare for May's observance of Mental Health Awareness Month. This Initiative is important given that mental health services has been the slowest to rebound to pre-pandemic levels, and because of the children's increased need for mental and behavioral health services due to the additional stressors and disruptions of the PHE.

In Q2, the Children's Bureau approved title IV-E prevention plans, allowing two additional states to begin participating in the program, as well as two plan amendments expanding the number of services that previously approved states may provide. To date, CB has approved a total of 22 plans and six plan amendments, and continues to receive submissions of plans and amendments on an ongoing basis. The review and approval of additional plans and amendments is expected to lead to greater investments in prevention services in support of this priority goal. The Title IV-E Clearinghouse is also continuing efforts to review and rate additional programs and services, having reviewed 17 programs and services in Q2 for a total of 88 programs and services reviewed to date.

# Data accuracy & reliability

## Child Care Data Source:

- State monthly case-level report administrative data (ACF-801): The Office of Child Care Information System (OCCIS) is a web portal that receives and processes Child Care and Development Fund (CCDF) child care aggregate and case level data from the 50 states, the District of Columbia, territories, and tribes. It allows federal staff to access data obtained from the tribal annual report, state annual aggregate report, and state monthly case-level report. All data received via the OCCIS are stored in national databases. Further, OCC gave ACF Regional Offices access to the OCCIS to track grantee data submissions and further enhance data quality.

## Head Start Data Source:

- Program Information Report (PIR): The PIR is a survey of all grant recipients that provides comprehensive data on the services, staff, children, and families served in Head Start and Early Head Start programs nationwide. Head Start achieves a 100 percent response rate annually from nearly 1,600 Head Start grant recipients. Many years of PIR data is accessible to the public including summary reports at the national, state, and program level.

## Child Welfare Data Sources:

- Quarterly Financial Reports: Each state and tribe with an approved title IV-E plan to administer specified title IV-E programs (i.e. Foster Care, Adoption Assistance, Guardianship Assistance, Prevention Services and Kinship Navigator) is required to report all costs for these programs on a quarterly basis. This report includes a listing of expenditures for each program broken out by total cost and federal share in specified funding categories and by the quarter in which the expenditure was made, and identifies estimated expenditures for the upcoming quarter and a listing of caseload (average monthly number of children assisted) for each program. The Form CB-496 is submitted by authorized state and tribal officials through ACF's On-Line Data Collection (OLDC) system and is subject to numerous data accuracy and consistency edits.

## CMS Data Sources:

- Medicaid and CHIP providers, managed care agencies, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those state agencies subsequently submit the data to CMS on a monthly basis via T-MSIS, a uniform, national data system for Medicaid and CHIP. Because T-MSIS submissions are difficult to analyze due to their large size and complex relational structure, CMS developed the research optimized T-MSIS Analytic Files (TAF) to facilitate the analysis of Medicaid and CHIP data. Data for this APG, are from the 2018-2021 TAF to monitor ongoing outcomes related to COVID-19. Given this process, there may be a significant "claims lag" between when a service occurs and when it is represented in TAF.

# Additional information

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## **Contributing Programs**

Program Activities:

- [ACF Strategic Plan](#)
- [ACF Office Fact Sheets](#)

President's Management Agenda

- CAP Goal – TBD

## **Stakeholder / Congressional Consultations**

In the fall of 2021, ACF held listening sessions with 20 ACF beneficiaries to ensure that our strategic plan, released in January 2022, incorporates the voices of those we serve and is anchored in and responsive to their needs as identified directly by them. Participants shared their experiences, insights, and challenges they have faced in their lives both in general and also specifically in seeking out social services