Child Well-Being

Goal Leader(s):

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

Katie Hamm, Deputy Goal Leader, Associate Deputy Assistant Secretary for Early Childhood Development, ACF

Amy Lutzky, Deputy Goal Leader, Deputy Director, Children and Adults Health Programs Group, CMCS, CMS
Goal Overview

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).
## Tracking the goal

### Goal target(s)

<table>
<thead>
<tr>
<th>By…</th>
<th>We will…</th>
<th>Achievement statement</th>
<th>Key indicator(s)</th>
<th>Quantify progress</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>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).</td>
<td>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).</td>
<td>11.7%&lt;br&gt;10.2%&lt;br&gt;FY 2021&lt;br&gt;10.2%&lt;br&gt;FY 2021</td>
<td>Available annually by Jan 31</td>
</tr>
<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>Increase the percentage of Head Start &amp; 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)</td>
<td>Increase the percentage of Head Start &amp; 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)</td>
<td>86% screening&lt;br&gt;88% screening (FY 2019)&lt;br&gt;67% screenings (2021)</td>
<td>Available annually by Oct 30</td>
</tr>
<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>Increase the average monthly number of children receiving a child care subsidy. (ACF/OCC)</td>
<td>Increase the average monthly number of children receiving a child care subsidy. (ACF/OCC)</td>
<td>1,900,000&lt;br&gt;1,307,200 (FY 2017)&lt;br&gt;1,396,500 (Preliminary FY 2019 Actual)</td>
<td>Data available annually by Mar 30</td>
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<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>Meet or exceed the pre-pandemic rate of vaccinations for children through age 18 (CMS)</td>
<td>Meet or exceed the pre-pandemic rate of vaccinations for children through age 18 (CMS)</td>
<td>TBD&lt;br&gt;17.8% fewer (average number per month per 1,000 beneficiaries; Feb – May 2020 compared to Feb – May 2019)&lt;br&gt;8.1% fewer (average number per month per 1,000 beneficiaries; Feb - Aug 2021 compared to Feb 2018 – Aug 2019)</td>
<td>Data available quarterly for the two prior quarters (to allow for claims lag)</td>
</tr>
</tbody>
</table>
### Tracking the goal

#### Goal target(s)

<table>
<thead>
<tr>
<th>By…</th>
<th>We will…</th>
<th>Name of indicator</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>Meet or exceed the pre-pandemic rate of child screening services (CMS)</td>
<td>TBD</td>
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<tr>
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<td></td>
<td>26.3% (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)</td>
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<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>Meet or exceed the pre-pandemic rate of dental services (CMS)</td>
<td>TBD</td>
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<td></td>
<td>46.2% fewer (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)</td>
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<tr>
<td>09/30/23</td>
<td>Improve child well-being, especially in underserved or marginalized populations and communities.</td>
<td>Increase the rate of outpatient mental health services (CMS)</td>
<td>TBD</td>
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<td></td>
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<td></td>
<td>41.3% fewer (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)</td>
</tr>
</tbody>
</table>

**Update cycle:** Data available quarterly for the two prior quarters (to allow for claims lag)

**As of 1/2021**
Goal Team

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

**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 (TTA) that aligns with requirements in the Head Start Program Performance Standards, which includes 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.

**Healthcare:** 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.
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.

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.

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

Comparing the PHE period (March 2020 – May 2021) to the same period two years prior, the data show ~6% fewer (2.2 million) child screening services for children under age 19.

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 June 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.

Comparing the PHE period (March 2020 – May 2021) to the same period two years prior, the data show ~24% fewer (12.6 million) dental services 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.
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.

Comparing the PHE period (March 2020 – May 2021) to the same period two years prior, the data show ~24% fewer (17.6 million) mental health services for children under age 19

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

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Milestone Due Date</th>
<th>Milestone Status</th>
<th>Change from last quarter</th>
<th>Owner</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td>ACF</td>
<td>• Milestones will include a count of the number of state prevention plans approved each quarter, as well as additions to the Title IV-E Prevention Services Clearinghouse.</td>
</tr>
</tbody>
</table>
| 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) |                    |                  |                          | ACF   | • Q2: Post recording of four webinars on vision, hearing, well-child checkups and immunizations  
|                                                                                |                    |                  |                          |       | • 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 and screening to address behavioral health concerns, and about the importance of staying up-to-date on well-child visits.  
|                                                                                |                    |                  |                          |       | • Q4: Release new document, Talking with Families Before and After the Screening and Follow up to Care (working title) |
| Increase the average monthly number of children receiving a child care subsidy. (ACF/OCC) |                    |                  |                          | ACF   | • 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.  
|                                                                                |                    |                  |                          |       | • FY22 Q3: Release several “Profiles of Innovation” with examples of how states are supporting families and providers.             |
### Key milestones

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<tr>
<td>Engage with stakeholders to assess feasibility of action levels and best practices to reduce levels of toxic elements in food.</td>
<td>Q4, FY 2022</td>
<td></td>
<td></td>
<td>FDA</td>
<td></td>
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<tr>
<td>Evaluate scientific data on arsenic in food for babies and young children.</td>
<td>Q2, FY 2022</td>
<td></td>
<td></td>
<td>FDA</td>
<td></td>
</tr>
<tr>
<td>Evaluate scientific data on cadmium in food for babies and young children.</td>
<td>Q4, FY 2023</td>
<td></td>
<td></td>
<td>FDA</td>
<td></td>
</tr>
<tr>
<td>Complete sampling assignment(s) for toxic elements in baby foods.</td>
<td>Q3, FY 2022</td>
<td></td>
<td></td>
<td>FDA</td>
<td></td>
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<tr>
<td>By Q4 2022, increase the rate of children under 19 receiving vaccinations.</td>
<td>Q1 CY 2023</td>
<td>On track</td>
<td></td>
<td>CMS</td>
<td>Data Source: T-MSIS Analytic Files</td>
</tr>
<tr>
<td>By Q4 2022, increase the rate of children receiving dental services.</td>
<td>Q1 CY 2023</td>
<td>On track</td>
<td></td>
<td>CMS</td>
<td>Data Source: T-MSIS Analytic Files</td>
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<tr>
<td>By Q4 2022, increase the rate of children receiving child screening services.</td>
<td>Q1 CY 2023</td>
<td>On track</td>
<td></td>
<td>CMS</td>
<td>Data Source: T-MSIS Analytic Files</td>
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<tr>
<td>By Q4 2022, increase the rate of children receiving outpatient mental health services.</td>
<td>Q1 CY 2023</td>
<td>On track</td>
<td></td>
<td>CMS</td>
<td>Data Source: T-MSIS Analytic Files</td>
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</table>
During the COVID-19 Public Health Emergency (PHE), primary, preventive, and mental health services declined among children. During the first quarter FFY 2022, CMS worked to raise awareness regarding declines in primary, preventive, and mental health services among children compared to pre-pandemic rates. In addition, 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 to 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. The Campaign also has a web page specifically dedicated to promoting Medicaid and CHIP’s coverage of behavioral health services, given that mental health services demonstrated a sharp decline compared to pre-pandemic levels and has been the slowest to rebound compared other services being monitored. In December 2021, the Campaign also conducted a Radio Media Tour that emphasized catching up on missed care.
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.
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 new strategic plan (currently under development) 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’ve faced in their lives both in general and also specifically in seeking out social services.