



## Agency Priority Goal | Action Plan | FY 23 – 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, Deputy Assistant Secretary  
for Early Childhood Development, ACF

Meg Barry, Deputy Goal Leader, Director, Division of State  
Coverage Programs, CMCS, CMS

# 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

- Low subsidy payment rates to child care providers limit children's access to high-quality child care experiences and perpetuate low pay and high turnover for child care staff.
- 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).	10.5%  (Revised based on revised FY21 data)	9.0% (FY 2021)  (Revised due to late/revised state claims)	11.3% (FY 2022)	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)	75% screenings (2022)  19% EPSDT (2022)	Available annually by Oct 30
09/30/23	Improve child well-being, especially in underserved or marginalized populations and communities.	Increase the number of states either with base payment rates for children under the age of 5 set at the 75 <sup>th</sup> percentile or uses an approved cost estimation model to set rates based on the cost of providing child care. (OCC/ACF)	25 states	20 states	20 states	Data available annually by September 1
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)	Meet or exceed the pre-pandemic rate	17.8% fewer (average number per month per 1,000 beneficiaries; Feb – May 2020 compared to Feb – May 2019)	17.5% fewer (average number per month per 1,000 beneficiaries; April 2021-Oct 2022 compared to April 2018-Oct 2019)	Data available quarterly for the two prior quarters (to allow for claims lag)

\*\* As of 10/1/2021

# 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)	Meet or exceed the pre-pandemic rate	26.3% (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)	13.3% fewer (average number per month per 1,000 beneficiaries; April 2021-Oct 2022 compared to April 2018-Oct 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)	Meet or exceed the pre-pandemic rate	46.2% fewer (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)	16.1% fewer (average number per month per 1,000 beneficiaries; April 2021-Oct 2022 compared to April 2018-Oct 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)	Meet or exceed the pre-pandemic rate	41.3% fewer (average number per month per 1,000 beneficiaries; Feb- May 2020 compared to Feb – May 2019)	33.7% fewer (average number per month per 1,000 beneficiaries; April 2021-Oct 2022 compared to April 2018-Oct 2019)	Data available quarterly for the two prior quarters (to allow for claims lag)

\*\* As of 10/1/2021

# 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:**

- Meg Barry

### **Implementation Team:**

- Kim Proctor

## **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 increase child care provider payments and move toward setting payment rates using a cost estimation model.

**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.

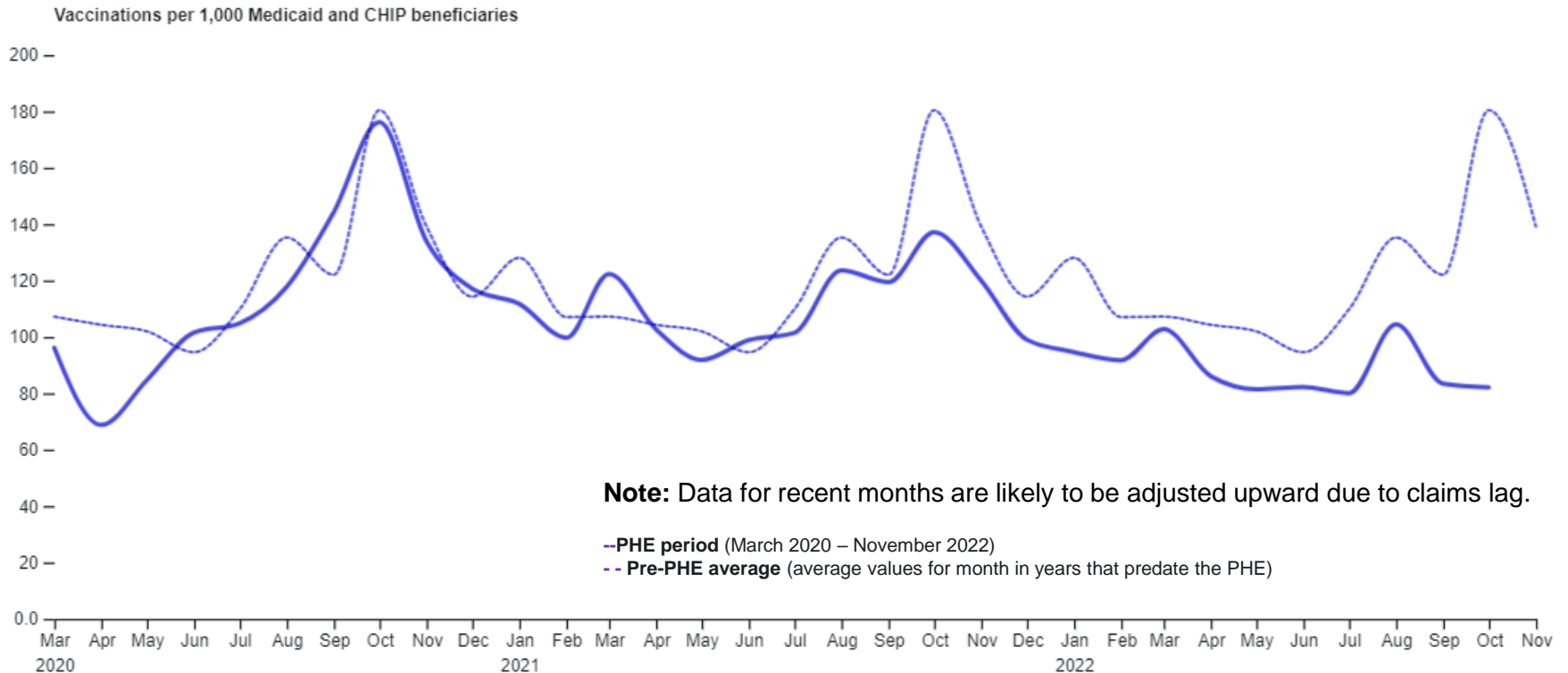
**Child Welfare:** Provide policy guidance and training and technical assistance to increase knowledge and capacity of states to effectively implement evidence-based (EB) and evidence-informed (EI) child abuse prevention programs and practices to increase the total Title IV-E funding that supports EB 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 the vaccination rate among beneficiaries under age 19 declined overall during the PHE period compared to prior years, and the percent change varied by vaccination type**

**Number of vaccinations per 1,000 Medicaid and CHIP beneficiaries under age 19, by month**

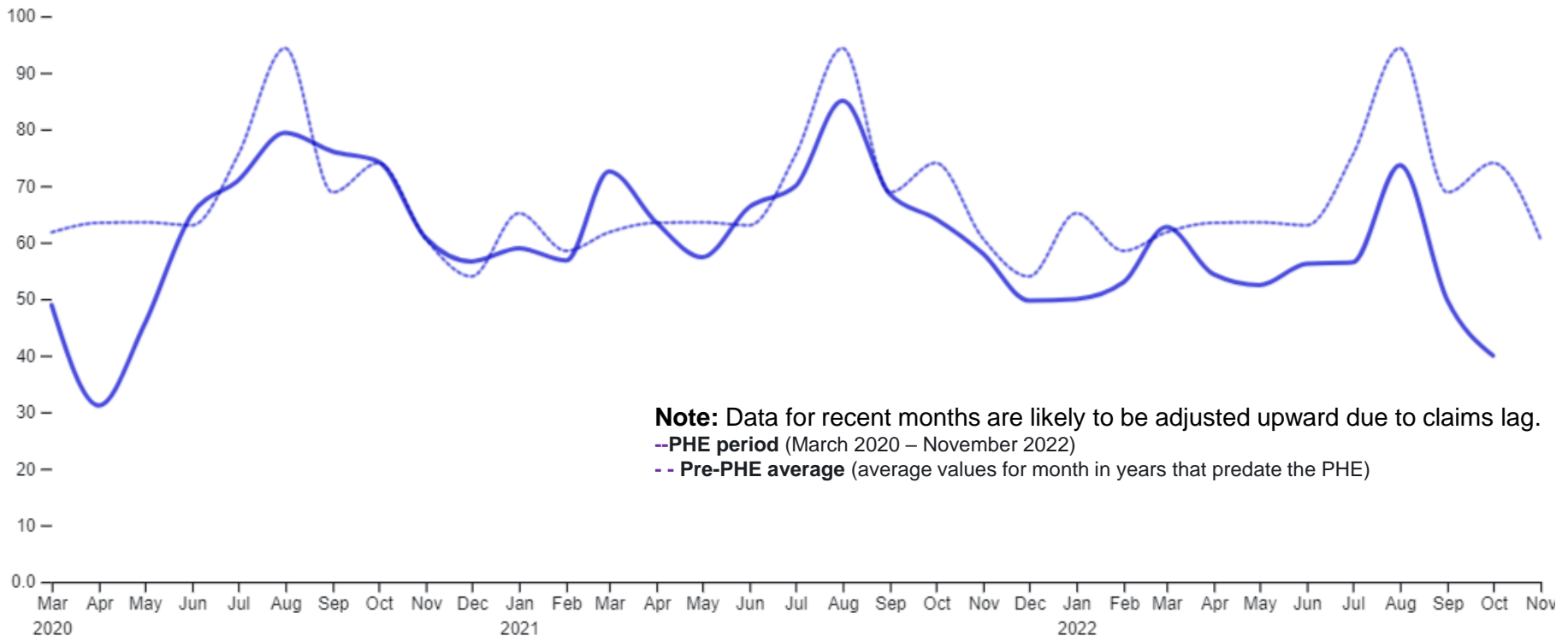


**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7 in DataConnect using final action claims. They are based on October T-MSIS submissions with services through the end of October. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2022. The PHE period includes data for March 2020 through November 2022. 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 suggest that after an initial decline, the rate of child screening services during the PHE remained close to but slightly below pre-PHE levels**

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under

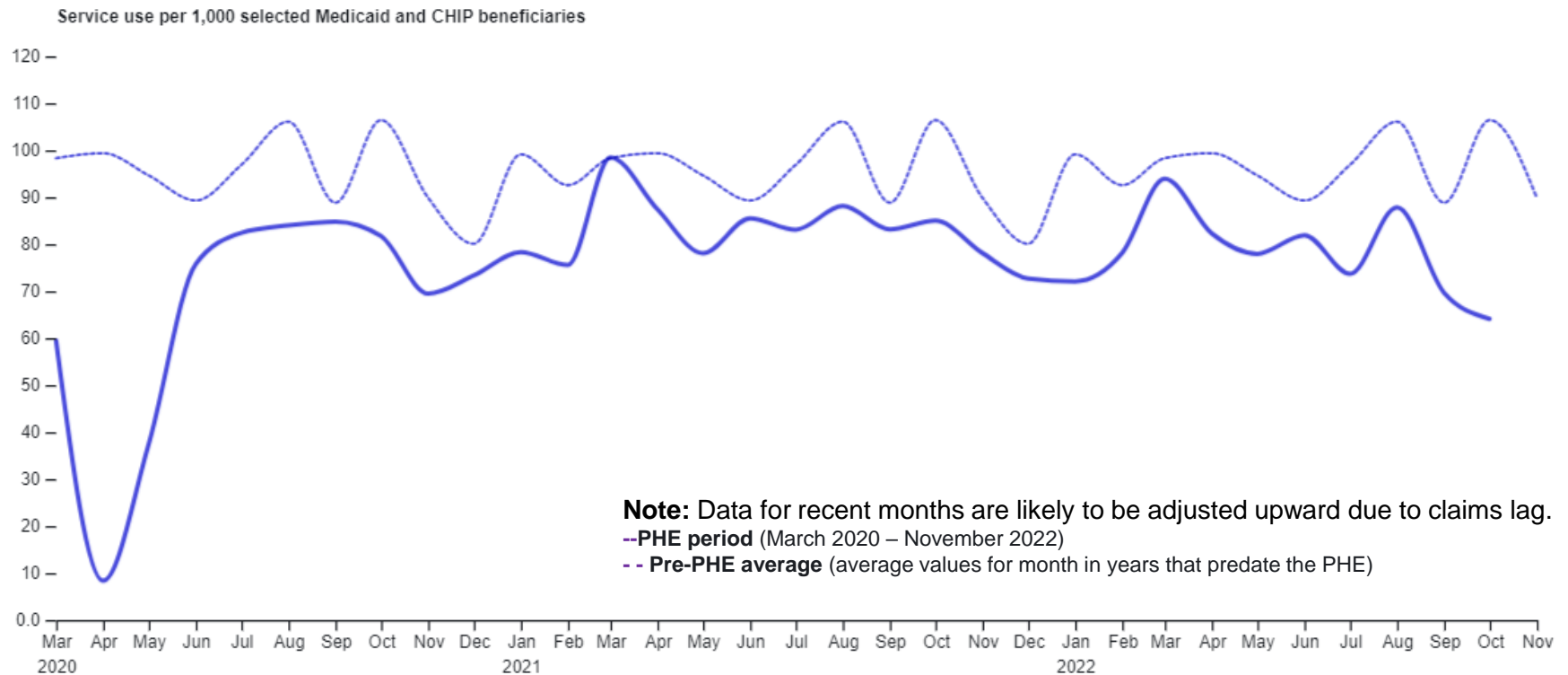


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# Key indicators

**Preliminary data show the rate of dental services for children during the PHE, after an initial steep decline, remained close to but slightly below pre-PHE levels**

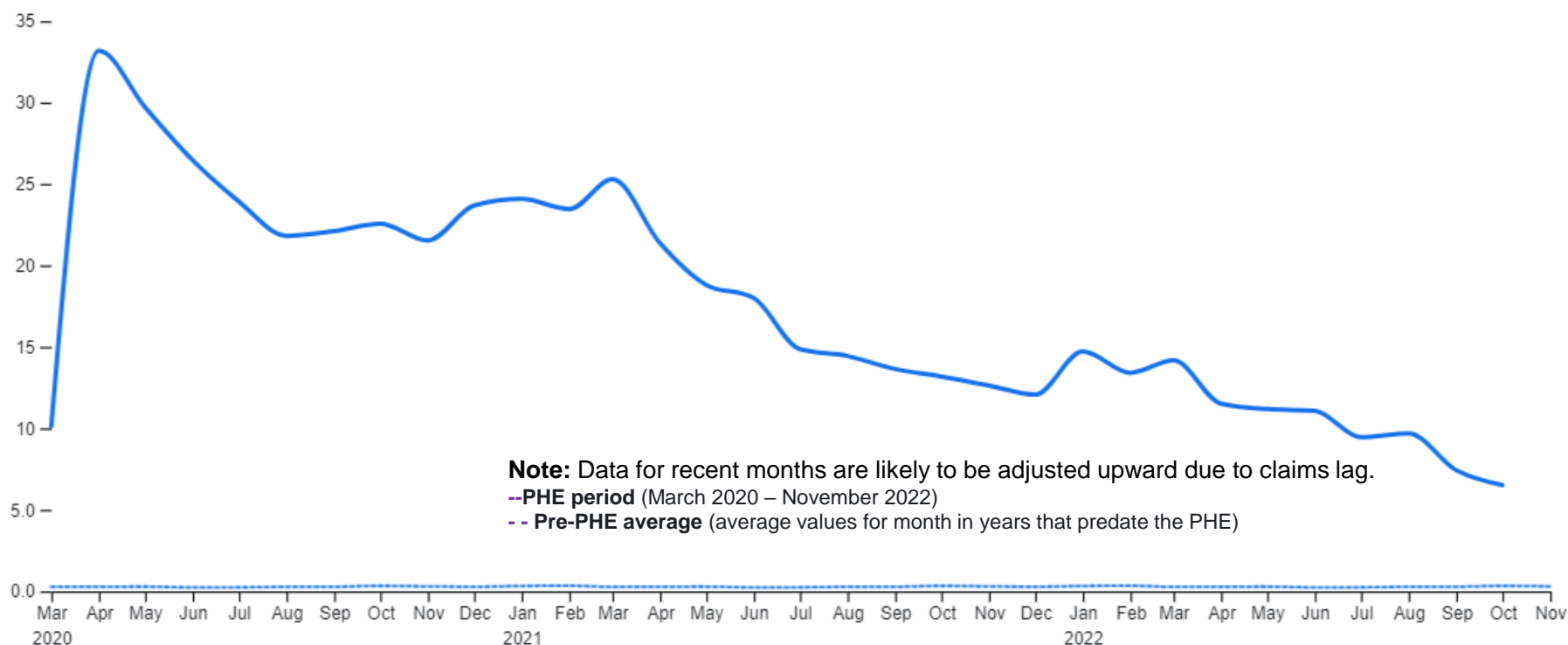


**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7 in DataConnect using final action claims. They are based on October T-MSIS submissions with services through the end of October. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2022. The PHE period includes data for March 2020 through November 2022. 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 rate of telehealth mental health services for children during the PHE, while remaining higher than prior to the PHE, have been declining steadily since its initial peak**

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7 in DataConnect using final action claims. They are based on October T-MSIS submissions with services through the end of October. 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 November are incomplete, results are only presented through October 31, 2022. The PHE period includes data for March 2020 through November 2022. 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 2023, 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). (ACF/CB)	Q4 FY 2023	On track		ACF	<ul style="list-style-type: none"> <li>• Three plans were approved in Q2 for a total of 41 title IV-E prevention plan approvals as of 3/31/23.</li> <li>• No additional programs and services have been reviewed by the Title IV-E Clearinghouse during Q2 with a total of 129 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)	Q4 FY 2023	Q2 activities completed		ACF	<ul style="list-style-type: none"> <li>• OHS offered two webinars on the importance of oral health during National Children's Dental Health Month.</li> <li>• OHS targeted T/TA to grant recipients in Region 1 to address concerning trends in the number of children receiving dental exams and follow-up care when needed.</li> <li>• OHS also offered a webinar for child care health consultants that included strategies on developing care plans for children with special health care needs.</li> <li>• OHS hosted a webinar on supporting the health of children experiencing homelessness.</li> <li>• OHS hosted a webinar on how to talk with expectant families about substance use during pregnancy.</li> </ul>	
Increase the number of states either with base payment rates for children under the age of 5 set at the 75 <sup>th</sup> percentile or uses an approved cost estimation model to set rates based on the cost of providing child care. (ACF/OCC)	Q4 FY 2023	On-Track		ACF	<ul style="list-style-type: none"> <li>• FY23 Q2: Provided targeted TA to 6 states on increasing payment rates and using cost estimation studies.</li> <li>• FY23 Q2: Released updated Provider Cost of Quality tool that can be used for cost estimation.</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	Completed		FDA	FDA shared data with four major manufacturers and held discussions on the controls they have in place, and the challenges in sourcing low contaminant commodities/ingredients. Discussions will continue with manufacturers, growers and other stakeholders throughout FY 2023.
Evaluate scientific data on arsenic in food for babies and young children.	Q2 FY 2022	Completed		FDA	FDA is working with EPA on identifying a reference value for arsenic exposure from foods among very young children, which will be completed by the end of CY 2023.
Evaluate scientific data on cadmium in food for babies and young children	Q4 FY 2023	Completed	Completed peer review and readied manuscript for publication.	FDA	FDA completed an external peer review, consistent with the Information Quality Act. We will publish the work in a scientific journal and will establish a reference level for cadmium by the end of CY 2023.
Complete sampling assignment(s) for toxic elements in baby foods.	Q3 FY 2022	Completed	Completed collection for FY22, anticipate on-going collections in future years	FDA	FDA <a href="#">study</a> published. Using the results to guide discussions with industry on control processes they have in place.
By Q3 CY 2023, increase the rate of children under 19 receiving vaccinations.	Q3 CY 2023	On track	Slight decrease in utilization rates compared to last quarter	CMS	Progress is ongoing
By Q3 CY 2023, increase the rate of children receiving dental services.	Q3 CY 2023	On track	Slight decrease in utilization rates compared to last quarter	CMS	Progress is ongoing
By Q3 CY 2023, increase the rate of children receiving child screening services.	Q3 CY 2023	On track	Slight decrease in utilization rates compared to last quarter	CMS	Progress is ongoing
By Q3 CY 2023, increase the rate of children receiving outpatient mental health services.	Q3 CY 2023	On track	Slight decrease in utilization rates compared to last quarter	CMS	Progress is ongoing

## Narrative – FY 23 Q2

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During the second quarter FFY 2023, 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 increased payments to providers allowing more children and families to have access to high-quality child care options and meeting the overall goal. In Q2 of FY 2023, OCC provided TA to six states on improving payment rates and using cost estimation models and released an updated provider cost of quality calculator that can be used for cost estimation. Looking ahead, in Q3, OCC will be issuing letters to states requiring them to raise rates to at least the 50<sup>th</sup> percentile.

During Q2, OHS offered two webinars in February to raise awareness of the importance of children’s oral health during National Children’s Dental Health Month. OHS provided targeted T/TA to grant recipients in Region 1 to address concerning program data trends in the number of children receiving dental exams and follow-up care when needed. OHS also offered a webinar for child care health consultants (CCHCs) that included strategies to help program staff develop care plans for children with special health care needs. Additionally, OHS hosted a webinar on supporting the health of children experiencing homelessness including provided strategies to help children access benefits and services to support their well-being. Finally, during this quarter OHS offered a webinar on how to talk with expectant families about substance use during pregnancy in order to promote positive health outcomes for birthing parents and their babies.

In Q2, the Children’s Bureau approved title IV-E prevention plans, allowing three additional states to begin participating in the program. As of March 31<sup>st</sup>, CB has approved a total of 41 plans, inclusive of 37 states, Washington DC and three tribes, as well as 12 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, for a total of 129 programs and services reviewed to date.

## Narrative – FY 23 Q2 (cont'd)

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In the second quarter of FY 2023, rates of vaccinations, screenings, dental services, and outpatient mental health services showed decreases compared to the previous quarter, although all continue to remain above baseline levels.

In an effort to minimize the number of youth who lose Medicaid or CHIP coverage, CMS has been actively working with states and other stakeholders to inform people about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP. During this quarter, CMS was focused on promoting the importance of maintaining children and their families on Medicaid and CHIP coverage leading up to the beginning of the “unwinding” on April 1, 2023. CMS has met with several state Medicaid programs to understand the particular needs of children and families and we will be incorporating the results of that engagement into the unwinding communications toolkit in the next weeks.

In February 2023, CMS welcomed Kate Ginnis, MSW, MPH as a Senior Policy Advisor for Youth in the Office of the Center Director. Kate will work across teams at CMCS to ensure focused attention on the specific needs of children and youth in Medicaid and CHIP.

# Data accuracy & reliability

## **Child Care Data Source:**

- Data for the measure will be through the triennial CCDF State Plan (ACF-118) preprint that requires states to provide information about their CCDF provider payment rates. States are required to submit amendments to their triennial plans when provider payment rates are changed. On a triennial basis, the information for this measure will be available through state plans. Annual updates will be through a review of amendments to state plans.

## **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