



## Agency Priority Goal | Action Plan | FY 23 – Q4

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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  
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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)	79% screenings (2023)  19% EPSDT (2023)	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 (FY 2022)	32 states (FY 2022)	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)	13.8% fewer (average number per month per 1,000 beneficiaries; Jan 2021 – May 2023 compared to Jan 2019 – February 2020)	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)	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)	8.5% fewer (average number per month per 1,000 beneficiaries; Jan 2021 – May 2023 compared to Jan 2019 – February 2020)	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)	9.9% fewer (average number per month per 1,000 beneficiaries; Jan 2021 – May 2023 compared to Jan 2019 – February 2020)	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)	34.4% fewer (average number per month per 1,000 beneficiaries; Jan 2021 – May 2023 compared to Jan 2019 – February 2020)	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.

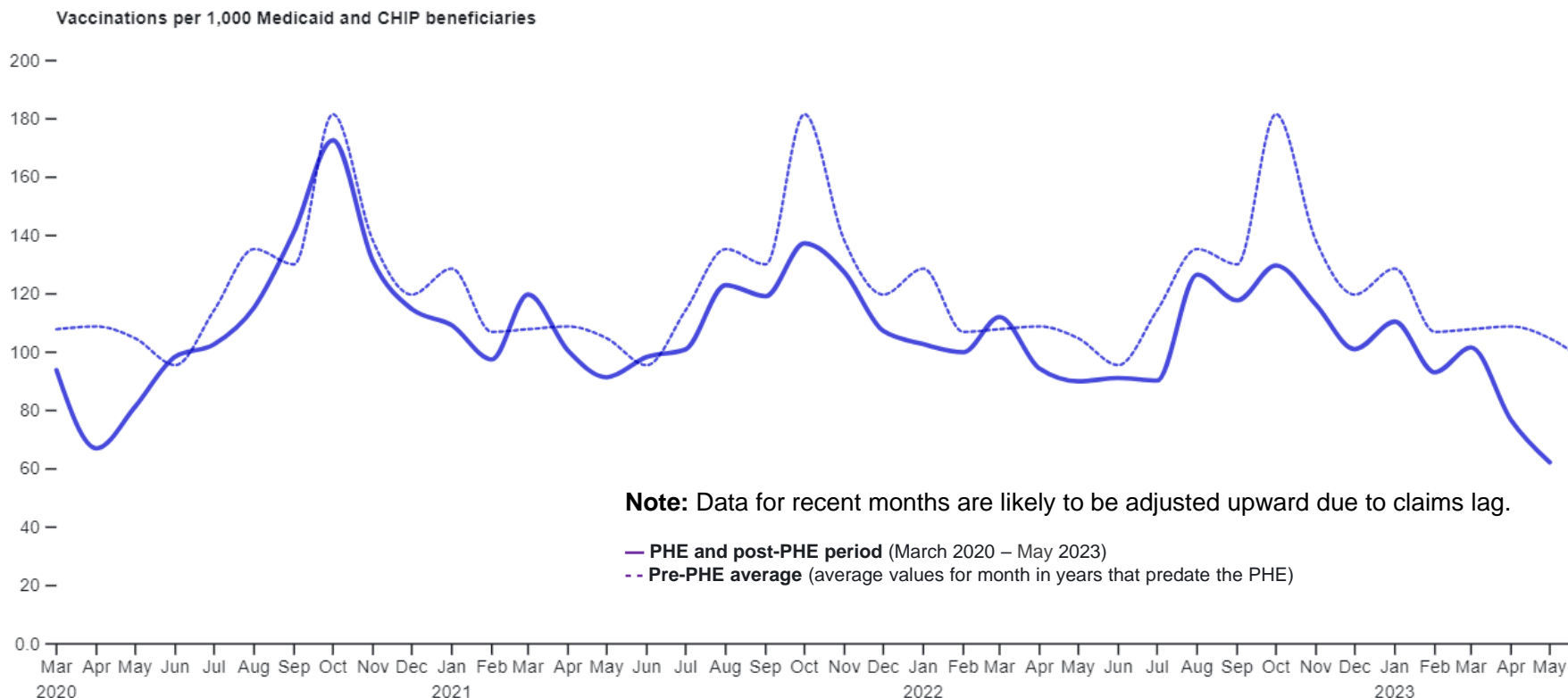
**Child Welfare:** Provide policy guidance and training and technical assistance to increase knowledge and capacity of states to effectively implement evidence-based (EB) and evidence-informed (EI) child abuse prevention programs and practices to increase the total Title IV-E funding that supports EB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

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



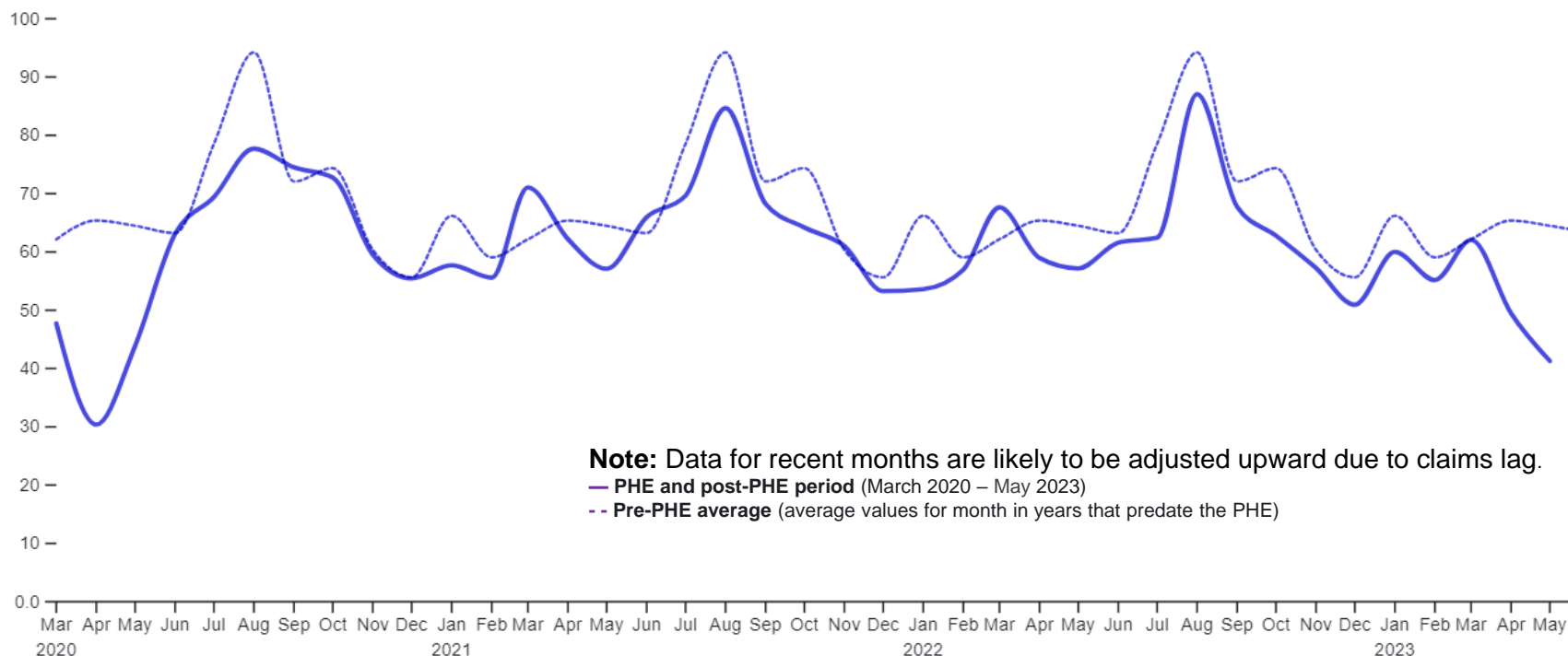
**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7.1 in DataConnect using final action claims. They are based on August T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2023. The PHE and post-PHE period includes data for March 2020 through May 2023. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2019 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**

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

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



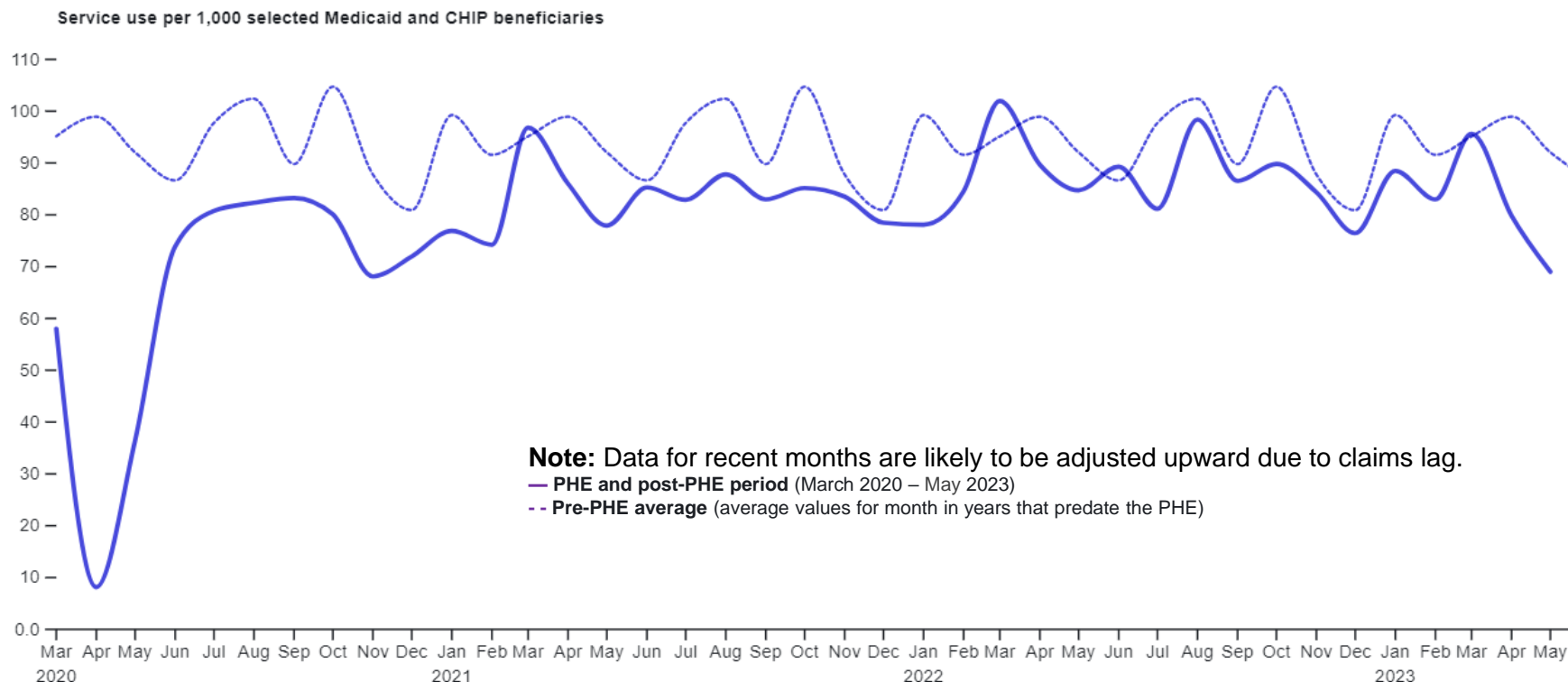
**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7.1 in DataConnect using final action claims. They are based on August T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2023. The PHE and post-PHE period includes data for March 2020 through May 2023. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2019 through February 2020.



# 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**

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



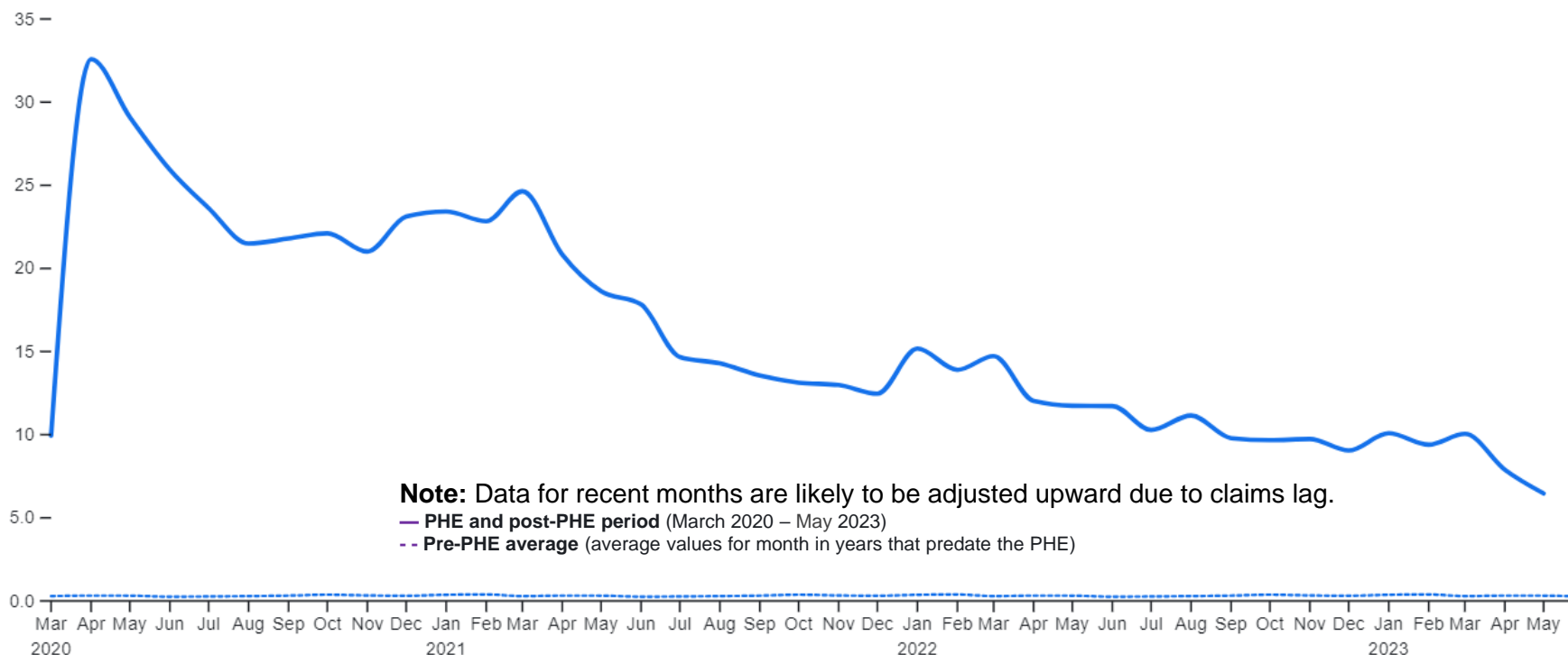
**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7.1 in DataConnect using final action claims. They are based on August T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May 31, 2023. The PHE and post-PHE period includes data for March 2020 through May 2023. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2019 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**

**Number of telehealth mental health services per 1,000 Medicaid and CHIP beneficiaries under age 19, by month**

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



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

— PHE and post-PHE period (March 2020 – May 2023)

- - - Pre-PHE average (average values for month in years that predate the PHE)

**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7.1 in DataConnect using final action claims. They are based on August 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, 2023. The PHE and post-PHE period includes data for March 2020 through May 2023. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2019 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	Completed		ACF	<ul style="list-style-type: none"> <li>Two plans were approved in Q4 for a total of 44 title IV-E prevention plan approvals as of 9/30/23.</li> <li>Seven additional programs and services have been reviewed by the Title IV-E Clearinghouse during Q4 with a total of 148 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	Completed		ACF	<ul style="list-style-type: none"> <li>OHS convened a Center's Oral Health Expert Workgroup, comprised of national oral health leaders, which included a focus on strategies to minimize the burden of oral disease and promote optimal physical health.</li> <li>OHS hosted a webinar with WIC to promote collaborative efforts to ensure that eligible children and families can access nutritional supports to promote children's learning success and healthy development.</li> <li>OHS provided a TTA session at a national conference which shared strategies to promote healthy pregnancy and positive birth outcomes for newborn infants.</li> <li>OHS hosted a webinar on fathers, families, and mental health that included a focus on engaging fathers in prenatal and well-child visits.</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	Completed	9 additional states have base payment rates for children under the age of 5 set at the 75 <sup>th</sup> percentile and 3 additional states were approved to use a cost-estimation model.	ACF	<ul style="list-style-type: none"> <li>Approved proposals for 4 states to use a cost-based alternative methodology to set payment rates.</li> <li>Issued letter to states providing new flexibilities to encourage basing payment rates on cost.</li> <li>Hosted 3 webinars for CCDF lead agencies in "Let's Talk About Alternative Methodologies" series.</li> <li>Held sessions on cost modeling during the annual CCDF State and Territory Administrators Meeting (STAM).</li> <li>Published NPRM that encourages increasing rates and moving to paying based on cost.</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 continues to share data with industry and have discussions on practices employed by manufacturers to reduce contaminants in the foods they produce.
Evaluate scientific data on arsenic in food for babies and young children.	Q2 FY 2022	Completed		FDA	FDA is working on proposing levels for arsenic in foods intended for babies and young children; targeting issuance in Spring 2024.
Evaluate scientific data on cadmium in food for babies and young children	Q4 FY 2023	Completed		FDA	FDA is working on proposing levels for arsenic in foods intended for babies and young children; targeting issuance in Spring 2024.
Complete sampling assignment(s) for toxic elements in baby foods.	Q3 FY 2022	Completed		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	Completed	Slight increase 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	Completed	Slight increase 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	Completed	Slight increase 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	Completed	Slight increase in utilization rates compared to last quarter	CMS	Progress is ongoing

## Narrative – FY 23 Q4

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As of the fourth quarter of FY 2023, the Office of Child Care (OCC) had surpassed our target of 20 states with 32 states either setting base payment rates for children under age 5 at the 75<sup>th</sup> percentile or using an approved cost-model to set rates. During the fourth quarter of FY 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. As most of these funds expired on 9/30/23, OCC worked closely with CCDF lead agencies to ensure all funds were expended. In Q4 of 2023, OCC approved four states' proposals to use cost-based alternative methodologies to set CCDF provider payment rates in the next CCDF plan cycle and sent letters to state CCDF administrators sharing new flexibilities to encourage them to use a cost-based alternative methodology to set payment rates for the next plan cycle. OCC also hosted three webinars as part of the "Let's Talk About Alternative Methodologies" series for CCDF Lead Agencies and sessions on using cost-modelling to set payment rates at the annual CCDF State and Territory Administrators Meeting (STAM). OCC also published a Notice of Proposed Rulemaking (NPRM) that encourages lead agencies to base child care payment rates on cost of providing care not the price parents can afford.

During Q4, the Office of Head Start (OHS) convened a Center's Oral Health Expert Workgroup, comprised of national oral health leaders. One area of focus included a discussion of strategies to connect young children to care to minimize the burden of oral disease and promote optimal physical health through the timely detection of early childhood caries. Additionally, OHS hosted a webinar with WIC to promote collaborative efforts to ensure that eligible children and families can access nutritional supports to promote children's learning success and healthy development. Also, OHS provided a TTA session at a national conference to address substance use among expectant families and share strategies to promote healthy pregnancy and positive birth outcomes for newborn infants. In addition, OHS hosted a webinar on fathers, families, and mental health that included a focus on engaging fathers in prenatal and well-child visits.

## Narrative – FY 23 Q4 (cont'd)

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In Q4, the Children's Bureau (CB) approved title IV-E prevention plans and amendments, allowing one additional state and one additional tribe to begin participating in the program. As of September 30<sup>th</sup>, CB has approved a total of 44 plans, inclusive of 39 states, Washington DC, and four tribes, as well as 13 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. In Q4, seven additional programs and services were reviewed by the Title IV-E Clearinghouse for a total of 148 programs and services reviewed to date. In the third quarter of FY 2023, rates of vaccinations, screenings, and dental services showed improvements compared to the previous quarter. Rates of outpatient mental health services showed a decrease compared to the previous quarter. All continue to lag behind rates of services prior to the pandemic.

CMCS has been focused on unwinding activities throughout this quarter, with a focus on child-and family-specific policy development and messaging:

- CMS developed child-focused unwinding materials to be used across domains to help children and their families maintain coverage
- CMCS staff has shared materials broadly with stakeholders including across HHS agencies, other federal agencies including education, and with external stakeholders.

Connecting Kids to Coverage held an in-person launch for American Indian and Alaskan Native grantees, with a focus on helping AI/AN families get and maintain coverage. The CKC National Campaign held a back-to-school planning webinar on June 21 that focused on sharing unwinding, vaccine, and behavioral health messaging with partners.

On May 18 CMS released the School-Based Services (SBS) Comprehensive Guide to Medicaid Services and Administrative Claiming. In June, CMS launched the SBS Technical Assistance Center (TAC). These two releases reflect extensive collaboration with the Department of Education with the goal of improving the delivery of covered Medicaid and Children's Health Insurance Program (CHIP) services to enrolled students in school-based settings and to meet the requirements of Section 11003 of the Bipartisan Safer Communities Act (BSCA). CMCS staff has presented at numerous venues to support the implementation of this critical work and will continue to do so throughout the late summer and fall.

## Narrative – FY 23 Q4 (cont'd)

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In the fourth quarter of FY 2024, rates of vaccinations, screenings, dental services, and outpatient mental health services showed improvements compared to the previous quarter. All continue to lag behind rates of services prior to the pandemic.

To address these deficiencies, CMS launched an initiative to improve how states provide Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit at an all-state call attended by over 500 people. The initiative will include extensive technical assistance to assist states with implementing EPSDT and informing providers and beneficiaries about EPSDT. Over the next few years, we will offer quarterly webinars, one-on-one TA, peer workgroups, and will develop resources.

We also continued to focus on helping children maintain coverage. We released a State Health Official Letter, which provides guidance to states on implementing the continuous eligibility requirement that goes into effect on January 1, 2024. We also clarified through separate guidance how states should operationalize the intersection of continuous eligibility and the ex parte renewal process. In addition, CMS alerted states to a systems issue where systems were inappropriately disenrolling children and other enrollees, even when the state had information indicating the person remained eligible. CMS required 30 states were required to pause procedural disenrollments for impacted people unless they could ensure all eligible people are not improperly disenrolled due to this issue. Nearly 500,000 children and other individuals who were improperly disenrolled from Medicaid or CHIP will regain their coverage, and many more are expected to be protected from improper disenrollments going forward.

Going forward, CMS will continue to focus on children's coverage through our work with states on unwinding, and through our renewed focus on EPSDT.

# Narrative – FY 23 Q4 (cont'd)

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## **How will the work described continue after the conclusion of the APG?**

- CB will continue to partner with jurisdictions to submit and implement title IV-E prevention plans and amendments to expand their plans. As jurisdictions continue to implement their title IV-E prevention plans, the CB will encourage them to make full use of all the resources and support that CB can provide to help foster a more equitable, comprehensive prevention framework in support of children, youth, and families.
- Tribal title IV-E agencies often have unique considerations and challenges when developing a title IV-E prevention plan. ACF will continue to encourage IV-E agencies to work with tribes to identify which prevention services will be most helpful to tribal communities and to make allowable adaptations to services that will be responsive to tribal culture. The Prevention Services Clearinghouse will continue to review such adaptations or modifications to determine which are allowable under the title IV-E prevention program.
- We look forward to continuing to partner with a wide array of child and family-serving federal agencies, jurisdictions, and their diverse community stakeholders to ensure a full continuum of supports to strengthen and support families, lift the voice of families to strengthen access to community supports, enhance parental protective capacities, and mitigate risk factors associated with challenging conditions that families face.
- OHS will continue to promote child well-being including activities that support children receiving screenings and staying up-to-date on a schedule of age-appropriate preventive and primary health care, according to their state's EPSDT. The conclusion of the APG does not impact the continuation of this important work. Additionally, OHS is exploring improvements to performance measures and reporting for better tracking progress in these key child well-being areas, in part due to lessons learned from this collaboration. OHS appreciates the opportunities this collaboration afforded for discussions, tracking, and promoting progress towards the critical goal of improving child well-being across the involved federal programs.
- Increasing provider payment rates and moving to paying based on cost will continue to be high priorities for OCC after the conclusion of the APG. This work includes additional technical assistance and webinars for lead agencies on using alternative methodologies and hosting a convening of experts to inform how OCC determines payment rates based on cost are providing equal access for families participating in CCDF. OCC also expect to publish a Final Rule in Spring 2024 that incorporates that strong support received from commenters on encouraging moving to paying based on cost.



## Narrative – FY 23 Q4 (cont'd)

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### **What are any lessons you've learned regarding collaborating on this topic?**

- The title IV-E Prevention Program is a new, optional program. The CB understands that developing a comprehensive prevention plan takes time and that child welfare agencies continue to manage unprecedented workforce and leadership challenges and changes. We've learned the importance of customized support to state and territorial child welfare agencies developing and implementing prevention plans.
- Claiming data has showed that implementation of the title IV-E prevention program is steadily increasing nationally. As implementation has increased, the CB has learned about challenges faced by jurisdictions related to implementation, including, but not limited to, cost allocation plans addressing child welfare programs. CB has provided support to address these challenges and continues to encourage jurisdictions to partner with ACF.
- The title IV-E prevention program provides a unique opportunity for jurisdictions to support and create equitable outcomes for children and families in individualized ways and to build the evidence for culturally relevant programs. The CB is working to support jurisdictions by listening to and integrating the perspectives and experiences of program participants in the design, management, evaluation, and decision-making of title IV-E prevention program plans.

# 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

In July 2023, the Children's Bureau held a series of State and Tribal Leaders Engagement sessions. The primary objective was to foster a collaborative discussion focused on the implementation of Title IV-E Prevention Plans as part of CB's comprehensive 50-state strategy.

During these meetings, CB's Associate Commissioner, along with other key officials, actively engaged with leaders, listened to their concerns, insights and recommendations. The purpose was to gain a comprehensive understanding of the challenges and opportunities associated with the transition from planning to implementation. Through this stakeholder engagement process, CB aimed to explore additional ways to provide technical assistance for successful implementation of the Title IV-E Prevention Plans.