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November 5, 2021

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation, Strategic Planning Team  
Attn: Strategic Plan Comments  
200 Independence Avenue SW, Room 434E  
Washington, DC 20201

To Whom It May Concern:

I am writing from First Focus on Children, a national children's advocacy organization dedicated to making children and families a priority in federal budget and policy decisions. Our organization is committed to ensuring that all our nation's children have the equal opportunity to reach their full potential.

Thank you for the opportunity to submit comments for the U.S. Department of Health and Human Services (HHS) draft Strategic Plan for FY 2022-2026. We appreciate the leadership of HHS in working to improve children's physical, mental, and behavioral health, economic security, and overall well-being, especially for children of color, children with disabilities, LGBTQ + children and youth, children in rural areas, children and youth experiencing homelessness, children in congregate care, and other children in underserved communities that experience disproportionate levels of hardship.

The dual public health and economic crises caused by the outbreak of COVID-19 have increased hardship for too many children and families who already were experiencing financial insecurity. The pandemic is further compounding racial disparities and continuing to decimate industries where low-wage workers of color are overrepresented. Many households with children—especially households of color—remain extremely vulnerable to hunger, housing instability, poverty, lack of health coverage, and educational gaps. All aspects of children's lives have been negatively impacted and they need our full attention and protection more than ever.

We appreciate you highlighting the needs of children in this draft Strategic Plan but encourage you to go further in prioritizing kids and ensure that objectives to improve child outcomes are better integrated throughout the plan. Whenever there are objectives around health, the environment, or economic security, we ask that you please include children, and think about their needs as a collective policy and investment strategy that when enacted together, will improve their lives today and for years to come.

To this end, we also urge that you emphasize interagency work on behalf of children throughout the Strategic Plan. First Focus on Children supports the establishment of a Children's Interagency Coordinating Council within the Office of the HHS Secretary. A council would help to make children a priority in both domestic and international policy decisions by promoting greater collaboration and transparency among agencies that touch children's lives, including the U.S. Department of Education, U.S. Department of Housing and Urban Development, U.S. Department of Agriculture, U.S. Department of Treasury, U.S. Department of Justice, U.S. Department of Interior, U.S. Department of Energy, U.S. Agency for International Development, the Environmental Protection Agency, and more. By requiring federal agencies to work together on behalf of kids, they can improve children's outcomes and promote racial equity by increasing the collection and

reporting of data on children’s outcomes, creating or improving upon cross-cutting initiatives, and identifying gaps and barriers where programs are not reaching vulnerable children and families.

We note there is language establishing a Children’s Interagency Coordinating Council included in both the [House](#) and [Senate](#) FY2022 Labor, Health and Human Services, Education Appropriations Subcommittee reports.

Below are our specific and child-related recommendations for each of the Strategic Goals:

### **Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare**

#### Objective 1.1

Increase choice, affordability, and enrollment in high-quality healthcare coverage through:

- Strategies to support outreach - ensure full use of the Parent Mentor Program to reach eligible but uninsured children, particularly Latino children who have lost coverage.
- Improve transparency of choice and access to available health coverage options, including Medicare, Medicaid, and Marketplace plans, for all consumers seeking coverage or searching for alternatives this must include moving children into the program for which they are “most eligible”. A child who is eligible for Medicaid or CHIP should not be placed in a Marketplace plan.
- Encourage states to use passive renewals and technology to keep children covered on CHIP and Medicaid and to reduce churn.
- Examine and release data showing coverage rates and churn state by state and with demographic data of children.

#### Objective 1.3

Please include children and youth in these strategies or develop specific strategies for children and youth. Related to Covid-19 in particular, please consider that children have experienced significant racial inequities through the pandemic, with the rates of COVID-19 hospitalization and death significantly higher for Black, Latino, and Hispanic children; the overrepresentation of Black and Hispanic youth in detention having increased even further than prior to the pandemic; and children of racial and ethnic minorities experiencing a disproportionate loss of a caregiver.

*For additional information, contact Carrie Fitzgerald at [CarrieF@firstfocus.org](mailto:CarrieF@firstfocus.org).*

#### Objective 1.4

HHS should support continued analysis and reporting of child behavioral health utilization and expenditures in Medicaid, which is the largest funder of behavioral health care. Children in Medicaid with behavioral health challenges are often an overlooked population with high need for whom access, quality, and cost of care can all be improved. Analysis and reporting should include:

- The number of children in Medicaid that use behavioral health services.
- The types of services children use so that one can assess whether use of home and community-based services and evidence-based practices is increasing and whether use of inpatient psychiatric hospitalization, residential treatment and ERs is decreasing.

- The expenses associated with children's use of services and what drives expenses.
- Racial and ethnic disparities and disproportionality in access to services and types of services used; also, disparities based on age and gender and region.
- The number of children in Medicaid that use psychotropic medications and how many use such psychotropic medications without also receiving services.
- Disparities and disproportionalities in use of psychotropic meds based on race, ethnicity, gender, age, and foster care involvement.

These data can be analyzed and reported for all children enrolled in Medicaid nationally, and they can be broken down by state. Currently, the only report that has analyzed this type of data is the [CHCS Faces of Medicaid Series](#). The report has been used with many states to draw attention to the population of children in Medicaid who need behavioral health care and opportunities to improve the quality and cost of their care. However, this type of analysis and reporting needs to continue over time.

The COVID-19 pandemic has exposed and exacerbated great needs in behavioral health services for children that must be addressed, and we urge you to recognize children specifically in this objective. We ask you to specifically call out pediatric providers in behavioral and physical health integration efforts, and that you add “age” to the list of demographics included in this bullet:

- “Strengthen health equity research to highlight the diversity of populations, communities and researchers and to ensure that evidence-based treatments are available across race, ethnicity, national origin (including primary language), sex, sexual orientation, gender identity, pregnancy, geographic location, and other demographics.”

*For additional information, contact Averi Pakulis at [Averip@firstfocus.org](mailto:Averip@firstfocus.org) or Elaine Dalpiaz at [Elained@firstfocus.org](mailto:Elained@firstfocus.org)*

## **Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes**

### Objective 2.4

We urge you to include children and youth in strategies to combat the issue of climate change. According to a recent [UNICEF report](#), 1 billion children globally are at ‘extremely high risk’ of the impacts of climate change. That is nearly half of the world’s children, and their interests need to be considered on the forefront of any policy developed to reduce the harms caused by climate change.

Climate change impacts children uniquely; they drink more water, eat more food, and breathe more air than adults relative to their body weight, so loss of potable water, food insecurity, and air pollution have serious consequences for their physical health. Given their developmental stages and dependence on adults, children face serious harms during destructive natural disasters, including loss of education, housing, and economic support. All of these climate change impacts expose children to the harms that cause them to flee, including trafficking, abuse and persecution.

Children make up almost half of the people who are forcibly displaced globally. As more people are forced to flee because of the impacts of climate change, children and youth will make up a significant number of those people and will be exposed to exploitation and persecution on the move.

In considering its policies on climate change mitigation, we urge you to consider the children’s particular need for protection when facing climate change and its subsequent impacts. We urge you to work with other agencies to develop resiliency programs that take children into consideration.

It is critical that HHS specifically includes children and youth in its climate-related decision making.

*For additional information, contact Olivia Gomez at [Oliviag@firstfocus.org](mailto:Oliviag@firstfocus.org)*

### **Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience**

#### Objective 3.1

We urge you to highlight the importance of investing in children, with an emphasis on prioritizing reducing child poverty and racial-economic disparities through implementation of HHS programs such as the Temporary Assistance for Needy Families (TANF) program, as well as others designed to promote economic mobility.

In addition, please emphasize the need for interagency coordination on child poverty reduction and child economic mobility. One area of particular focus should outreach around the recent improvements to the Child Tax Credit being implemented by the U.S. Department of Treasury and the impact these improvements have on the implementation of HHS programs serving low-income children and families. A newly formed Children's Interagency Coordinating Council housed at HHS would be crucial to this effort. HHS and this new council could work with the National Academy of Sciences to annually monitor progress on child poverty in the United States and analyze the impact of federal programs, both housed within HHS and beyond, in reducing child poverty.

#### Objective 3.2

Thank you for highlighting the needs of homeless children and youth. We ask that you build upon this language to include a goal of better coordinating youth and family homelessness policy with other federal agencies. Currently many homeless children, youth, and families identified by HHS are not eligible for federal homelessness assistance administered by the U.S. Department of Housing and Urban Development (HUD), which leaves them vulnerable. Improved interagency efforts could help to streamline access to homeless assistance and other resources such as income supports, affordable housing, nutrition assistance, and more for homeless children, youth, and families.

*For more information, contact Cara Baldari at [Carab@firstfocus.org](mailto:Carab@firstfocus.org).*

We thank you for the focus on early learning in your draft strategic plan and the goal of providing accessible, affordable, high-quality early learning opportunities for underserved communities. We appreciate the attention paid to building the capacity of the early learning workforce and urge you to include in the strategic plan a specific goal of addressing unlivable wages, benefits, and professional development opportunities that many early learning professionals currently face.

*For more information, contact Averi Pakulis at [averip@firstfocus.org](mailto:averip@firstfocus.org).*

### **Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All**

#### Objective 4.4

In regards to the objective to “improve data collection, use, and evaluation” to improve health outcomes, reduce health disparities, and improve well-being, equity, and economic resilience. However, while HHS includes important data indicators, they fail to mention data on children or include disaggregation of data by age. We recommend that HHS include age as a data collection point, and sufficiently disaggregate data on children by age group, gender, sexual orientation, disability, urban/rural location, income, and immigration status.

For many years, government data has undercounted children or not sufficiently disaggregated data to determine the impacts of policies on children from underserved communities. For example, a major source of government data on children, the 2010 decennial Census, severely undercounted children. Additionally, other sources of government data collection, such as the [Forum on Child and Family Statistics](#), does not break out data on areas relevant to effective children's policy, such as age group, gender, sexual orientation, disability, urban/rural location, income, and immigration status. As the government is well aware, disaggregating data helps expose hidden trends, particularly trends of discrimination and systemic barriers. HHS should ensure that its data is sufficiently disaggregated, including by age, to ensure improved well-being, equity, and economic resilience data for children.

*For additional information, contact Miriam Abaya at [Miriam@firstfocus.org](mailto:Miriam@firstfocus.org).*

Thank you again for your leadership, and we look forward to working with you to better the lives of our nation's children. Thank you so much for your consideration and please don't hesitate to reach out with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive, flowing style.

Bruce Lesley  
President, First Focus on Children