



# Iowa HHS Performance Report

December 31, 2025

# Table of Contents

|  |           |
|--|-----------|
| <b>Executive Summary</b>   | <b>3</b>  |
| <b>Progress Made in FY2025 on Overall Improvement Efforts</b>  | <b>4</b>  |
| Strategic Priorities   | 4         |
| <b>Major Accomplishments in FY2025</b>   | <b>5</b>  |
| Strategy 1.1: Focus efforts to elevate employee experience.  | 5         |
| Strategy 1.2: Create a HOPE-centered organization.   | 6         |
| Strategy 1.3: Create a culture of support and accountability while highlighting the awesomeness of our team.                         | 7         |
| Strategy 2.1: Leverage #TeamHHS expertise and performance measure data to develop, update and improve agency policies and processes. | 8         |
| Strategy 2.2: Establish clear and easy to understand business practices.   | 9         |
| Strategy 2.3: Innovate the way we do the work.   | 10        |
| Strategy 3.1: Leverage system assessment initiatives to drive Iowa HHS system change.  | 11        |
| Strategy 3.2: Transform programmatic operations to improve Iowa HHS program outcomes.  | 11        |
| Strategy 3.3: Improve Iowa HHS customer and client experience.   | 12        |
| <b>FY2025 Performance Indicators</b>   | <b>14</b> |
| Division of Compliance and Administration  | 14        |
| Division of Medicaid   | 14        |
| Division of State-Operated Specialty Care  | 15        |
| Division of Behavioral Health  | 16        |
| Division of Public Health  | 16        |
| Division of Community Access and Eligibility   | 16        |
| Division of Family Well-Being and Protection   | 17        |
| Division of Aging and Disability Services  | 17        |

# Executive Summary

State fiscal year (FY) 2025 marked a year of continued progress for Iowa HHS as the department advanced key initiatives to strengthen organizational health, enhance operational excellence and help Iowans thrive. Building on the alignment of multiple state agencies, Iowa HHS implemented its FY25 Strategic and Operational Plans and monitored performance using 50 legacy measures that reflected the work of the new department (found on pages 14-17).

This report provides a high-level overview of progress on the department’s major strategic initiatives, reflecting both accomplishments and areas for continued growth. Overall, FY2025 was a foundational year of growth, alignment and strategic action. Iowa HHS remains committed to continuous improvement, collaboration and innovation to ensure people, families and communities across Iowa have access to the support and services they need to thrive.

The graphic below shows the number of legacy performance measures grouped by the percent of target achieved.

## Performance measures by percent of target achieved

■ <20% ■ 20-39% ■ 40-59% ■ 60-79% ■ 80-99% ■ >=100%



# Progress Made in FY2025 on Overall Improvement Efforts

## Strategic Priorities

**Strategic Priority 1: Elevate Organizational Health.** We advance and accomplish initiatives by leveraging responsive leadership, an engaged and motivated team, effective internal communication, innovation and positive work culture. As an aligned agency, the Workday Learning platform was essential to ensuring all Iowa HHS employees had access to professional growth opportunities. Furthermore, the agency SharePoint served as the centralized landing space, providing staff with easy access to essential information and resources. See pages 5-8 for details on key initiatives.

**Strategic Priority 2: Advance Operational Excellence.** We maximize collaboration and coordination through the integration of aligned technology and updated policies and processes, elevating unity, driving efficiency and improving effectiveness. As an aligned agency, Iowa HHS prioritized standardizing legacy agency processes with a focus on budgets, contracts and policies. See pages 8-10 for details on key initiatives.

**Strategic Priority 3: Help Iowa Thrive.** We promote access to health and human service resources, helping individuals, families, children and communities thrive. Iowa HHS released a future service system map to ensure Iowans have access to core Iowa HHS services no matter where they live. This map, which identifies HHS districts, was integral to the redesign of the Behavioral Health Service system and Disability Services System. The map will continue to guide work across Aging, Public Health and Early Childhood and Family Services.

Three Key Performance Indicators (KPIs) were outlined in the Iowa HHS Strategic Plan that support the Iowa HHS Strategic Priorities above.

| Program                     | Performance Measures   | Target (FY25) | Actual (FY25) |
|-----------------------------|--|---------------|---------------|
| <b>Human Resources</b>      | Average number of days to fill key vacancies in the divisions of Family Well-Being and Protection and State-Operated Specialty Care <ul style="list-style-type: none"> <li>• Income Maintenance Worker 2</li> <li>• Licensed Practice Nurse (LPN)</li> <li>• Registered Nurse</li> <li>• Resident Treatment Technician</li> <li>• Resident Treatment Worker</li> <li>• Social Work Supervisor</li> <li>• Social Worker 2</li> <li>• Social Worker 3</li> <li>• Social Worker 4</li> <li>• Youth Services Worker</li> </ul> | 80 days       | 63.7 days     |
| <b>Finance</b>              | Percent of claims paid within 30 days.   | 95.0%         | 86.5%         |
| <b>Medicaid Eligibility</b> | Percent of medical assistance applications processed within 45 days.   | 95.0%         | 89.9%         |

# Major Accomplishments in FY2025

## Strategy 1.1: Focus efforts to elevate employee experience.

### TACTICS



#### Leverage the employee engagement survey to assess areas of improvement.

Iowa HHS conducted its annual employee engagement survey in March 2025. Following the survey, supervisors were encouraged to review and share their team’s data. In May 2025, Division leadership teams met to select one or two prompts from the survey. From these prompts, they created intentional tactics to implement changes in the next fiscal year.



#### Highlight Iowa HHS Divisions for information sharing and broader #TeamHHS staff learning.

The “Inside HHS” staff newsletter was distributed monthly and contained information on Employee of the Month, key strategic initiatives that align with the Governor’s priorities, Iowa HHS presentations at the state and national levels, disaster response coordination, community initiatives and internal job postings.



#### Implement enhancements to the onboarding and TeamHHS experience.

A singular process for onboarding was developed to consolidate legacy processes.

| Milestones   | Target         | Status    |
|--|----------------|-----------|
| New employee onboarding program and processes for #TeamHHS established | September 2024 | Complete. |

### Measures of Success

| Percent of staff responding favorably to these prompts in the annual employee engagement survey: | March 2024 | March 2025 |
|--|------------|------------|
| “I was given an opportunity to discuss the results from last year’s survey.”                     | 56%        | 61%        |
| “Iowa HHS values my contribution.”   | 52%        | 53%        |
| “Overall, I am extremely satisfied with Iowa HHS as a place to work”                             | 58%        | 63%        |
| “I feel that I am part of a team.”   | 81%        | 81%        |
| “I feel supported in my efforts to adapt to organizational changes.”                             | 59%        | 62%        |

**Strategy 1.2: Create a HOPE-centered organization.**

**TACTICS**



**Conduct full day Hope Summit with Iowa HHS Leadership.**

A Hope Summit was conducted with Iowa HHS leadership in August 2023. Following the Summit, Iowa HHS identified three Hope Ambassadors to lead Iowa HHS’s efforts. Leadership identified priorities to integrate hope into programs, policies or practices.



**Train Hope Champions within Iowa HHS.**

Iowa HHS leadership identified members of #TeamHHS to participate in the research-based Hope Champion training. Cohorts of staff were trained in April, May and October 2024. In total, 69 Hope Champions were trained.



**Actively deploy Hope-inspired language and actions into our work, weaving these concepts into all Iowa HHS communications and engagement.**

During the two-day Hope Champion training, staff designed hope-centered implementation plans that were specific to a project or policy improvement. These implementation plans allowed Iowa HHS staff to integrate hope concepts into the work.



**Conduct a series of summits, video courses and monthly trainings.**

Iowa HHS staff utilized the Workday Learn platform for employees to participate in Hope-awareness training without committing to the full, two-day Hope Champion training. Additional cohorts continue to join the Hope Champion trainings.



**Introduce the Iowa Hope framework to each Iowa HHS division with focused meetings.**

This work was delayed as Iowa HHS explored a consistent approach to deploy Hope internally while considering its contractors and external partners.

**Measures of Success**



|   | <b>December 2024</b> |
|---|----------------------|
| Number of #TeamHHS trained as Hope Champions.   | 69                   |
| Percent of Hope Champions responding with increased knowledge on the Science of Hope.                         | 92.3%                |
| Percent of Hope Champions responding they developed new skill to use Hope in their work.                      | 79.3%                |
| Percent of Hope Champions responding they were able to share the Science of Hope with clients and colleagues. | 100%                 |

## Strategy 1.3: Create a culture of support and accountability while highlighting the awesomeness of our team.

### TACTICS



#### Implement an employee recognition program to identify and celebrate the great work happening within Iowa HHS.

Iowa HHS showcased and recognized the incredible work of its staff through monthly Employee of the Month recognitions. Iowa HHS staff had the opportunity to nominate a team member by completing a form that explains how the individual goes above and beyond serving Iowans and HHS team members. The Employee of the Month was selected by the Executive Leadership Team and announced each month in the Inside HHS Newsletter.



#### Invest in professional development to support skill development.

Iowa HHS encourages employees to take an active role in career growth by providing resources and programs to support development. Agency-wide trainings were centralized through the Bureau of Organizational Workforce Development (OWD) utilizing the Workday Learn platform. Most employees who participated in professional development opportunities participated in more than one opportunity and completed multiple trainings.



#### Develop and implement performance evaluation standards.

This effort was paused due to a potential opportunity to integrate performance evaluation standards into the Workday platform.



#### Develop supervisory standards to support consistent leadership and management approaches.

The Bureau of Human Resources developed tools for supervisors and managers. This included assigning division-specific email addresses for Human Resource Associate (HRA) Services. This change in process allowed managers to have a consistent place to submit all tasks and inquiries. Rather than sending emails to a specific person, this process change ensured that there is no impact on services if an HRA is out of office.



#### Establish supervisor support networks and resources.

A Supervisory Access Center was created on SharePoint. In August 2024, a Hiring Process manual was released. This manual outlined the procedure for the hiring process, dividing the process into phases and provided instructions for each phase. Quick guides were also developed. OWD began work on a pilot Supervisor Mentorship program.

| Milestones   | Target         | Status    |
|--|----------------|-----------|
| New employee onboarding program and processes for #TeamHHS established | September 2024 | Complete. |

## Measures of Success

|   | Calendar year 2024 |                   |
|---|--------------------|-------------------|
| Number of in-house professional development opportunities provided.                                       | 52                 |                   |
| Number and percentage of staff with completed performance evaluations.                                    | 4,114 (92%)        |                   |
| Number of staff who participated in at least one optional, in-house professional development opportunity. | 418                |                   |
| <b>Percent of staff responding favorably to these prompts in the annual employee engagement survey:</b>   | <b>March 2024</b>  | <b>March 2025</b> |
| “Iowa HHS provides me with the opportunity for learning and development.”                                 | 67%                | 73%               |
| “I regularly receive appropriate recognition when I do a good job.”                                       | 56%                | 60%               |
| “My immediate supervisor/manager provides me with timely and helpful feedback.”                           | 80%                | 82%               |

### Strategy 2.1: Leverage #TeamHHS expertise and performance measure data to develop, update and improve agency policies and processes.

#### TACTICS



#### Engage #TeamHHS in decision-making conversations and problem-solving discussions.

Iowa HHS leveraged data from its employee engagement survey to improve its processes. Survey data, including open text response, were thematically assessed for improvement opportunities.



#### Establish deliberate and defined feedback loops to ensure routine constructive evaluation and response.

The Compliance and Administration Division utilized a standardized customer feedback survey to improve processes. Successes and feedback are shared monthly from the Division Director.



**Deploy intentional use of the Plan-Do-Check-Act (PDCA) method to improve policies and processes.**

Iowa HHS held 32 Quality Improvement trainings and 12 Quality Improvement adventures. There were 219 unique participants across these efforts.



**Implement a Results-Based Accountability™ framework to equip and empower staff to use data and communication tools for decision making.**

Nine performance management workshops were held and additional teams were supported through measure development sessions. There were 190 participants across these efforts.

**Measures of Success**

|   | Calendar year 2024 |                   |
|---|--------------------|-------------------|
| Number of staff participating in performance improvement activities.                                    | 323                |                   |
| Number of teams participating in the performance management system.                                     | 57                 |                   |
| <b>Percent of staff responding favorably to these prompts in the annual employee engagement survey:</b> | <b>March 2024</b>  | <b>March 2025</b> |
| “I am appropriately involved in decisions that affect my work.”   | 55%                | 58%               |
| “I am encouraged to develop new and better ways of serving customers.”                                  | 64%                | 67%               |
| “We regularly use customer feedback to improve our processes.”  | 50%                | 53%               |
| “Where I work, we set clear performance standards for product/service quality.”                         | 70%                | 75%               |

**Strategy 2.2: Establish clear and easy to understand business practices.**

**TACTICS**



**Streamline Iowa HHS contracting and policies.**

In October 2024, the Bureau of Service Contracts Support released a reference sheet with process improvements to facilitate timely response to questions and requests for assistance. A help desk email address was created along with guidance for email

subject lines, types of requests and email reminders. The process created a queue for response processing, provided quicker response times, balanced workloads of compliance officers and centralized and streamlined communication. Additionally, work progressed to move Iowa HHS toward a singular contracting system.



**Update Iowa HHS budget to reflect agency alignment and establish a clear definition of budget authority.**

Agency alignment was reflected through updates to Fund and Appropriation descriptions. A singular document was created to outline Fund Descriptions including the Department, Fund, Fund Name and Fund Description. A singular document was created that outlined Appropriation Descriptions, including the Department, Appropriation, Appropriation name and Appropriation description.



**Implement internal risk management controls including an internal risk assessment and audit plan.**

Iowa HHS followed and Internal Audit Charter that launched the internal audit function. A Risk Assessment and Audit Plan was released to guide the work for FY2025. The plan presented the methodology to evaluate risk and prioritize the auditing activities. Four internal audits were completed based on the internal risk assessment.

| <b>Milestones</b>  | <b>Target</b> | <b>Status</b> |
|--|---------------|---------------|
| Annual audit protocol in place.                              | July 2024     | Complete.     |
| Iowa HHS budget updated to reflect organizational structure. | July 2024     | Complete.     |

**Strategy 2.3: Innovate the way we do the work.**

**TACTICS**



**Collaborate with the Department of Management Division of IT (DOM DoIT) to establish governance integration and optimize project management.**

Iowa HHS and DOM DoIT collaborated to align implementation projects and timelines with Iowa HHS’ strategic priorities and IT Strategic Actions.



**Prioritize collaborative efforts to innovate, navigate change and overcome emerging challenges.**

Iowa HHS staff were empowered to improve how they work through innovative ideas, including use of technology, and cross-divisional collaboration to maximize the benefits of agency alignment.

| <b>Milestones</b>   | <b>Target</b> | <b>Status</b> |
|---|---------------|---------------|
| Establish a service level agreement between Iowa HHS and Department of Management Division of IT. | November 2024 | Delayed.      |

## Strategy 3.1: Leverage system assessment initiatives to drive Iowa HHS system change.

### TACTICS



**Work collaboratively across Divisions, analyze recommendations and propose improvements.**

Cross-divisional teams supported system assessment initiatives as appropriate. Teams included staff from executive leadership, management and programmatic staff.



**Coordinate a communications plan to ensure the recommendations are applied consistently across Iowa HHS.**

Service system alignment was supported through the Performance and Operations team to ensure that the development of any future Iowa HHS' service systems would follow a consistent process.



**Capture ongoing feedback to assess if system improvements have been effective.**

Feedback was collected through town hall meetings, listening sessions and public survey and comment periods.



**Develop a system alignment plan and evaluate it regularly to determine if the measures of the plan are being achieved.**

An Iowa HHS Systems Evaluator was hired to support measure development and evaluate systems change efforts.

## Strategy 3.2: Transform programmatic operations to improve Iowa HHS program outcomes.

### TACTICS



**Research closed loop referral systems to identify effective solutions and proof of concepts in other states and jurisdictions.**

The Early Childhood Iowa (ECI) Thrive Pilot Project data collection began in November 2024 with active areas in Black Hawk, Johnson, Madison, Warren and Webster Counties. As of April 2025, 14 Navigators entered intake information for 381 unique clients.



**Develop a data sharing strategy to support service delivery, that includes addressing barriers to information sharing within Iowa HHS and with our partners.**

The Bureau of Data Sharing Privacy and Open Records finalized an internal data sharing memorandum that documented project details and approvals for the sharing of confidential or restricted data between Bureaus. A Data Sharing Agreement Renewal Checklist was developed to support partners who wish to apply for a renewal of existing data sharing agreements. In addition, an incident reporting guide for internal data privacy and strategy was developed and released in May 2025.



**Leverage the State of Iowa Health Improvement Plan and State Health Assessment to drive decision making and planning.**

A process for plan development became effective in January 2025. The process ensured that plans integrate and support each other where appropriate, with the State Health Assessment and State Health Improvement plan providing the top statewide health priorities.

| <b>Milestones</b>   | <b>Target</b> | <b>Status</b> |
|---|---------------|---------------|
| Iowa HHS Divisions developed operational plans.   | July 2024     | Complete.     |
| Identified pathways to develop a closed loop referral system.   | October 2024  | Delayed.      |
| Established a baseline HHS data inventory, which includes identified data sets, data owners, current use, legal parameters for use and sharing. | December 2024 | Complete.     |

**Strategy 3.3: Improve Iowa HHS customer and client experience.**

**TACTICS**



**Embed equity in physical and virtual office spaces.**

In Fall 2024, teams returned to the Lucas State Office Building after its renovation. The extensive renovation included human-centered design spaces such as conference, team and focus rooms to accommodate collaboration needs. In April 2025, the Lucas State Office Building security was enhanced through restricted badge entry for employees and wayfinding signage.



**Improve accessibility in physical and virtual office spaces.**

Training resources were developed to ensure staff can create accessible Word documents, PDFs and PowerPoint presentations that are 504 and 508 compliant.



**Improve disability and language access of client communications.**

The Iowa HHS SharePoint site was updated with an Accessibility and Communications page. A quality checklist for print and digital documents was developed to outline requirements, including accessibility and compatibility information.



**Relaunch the Iowa HHS website using a human-centered design to ensure easy navigation.**

The Iowa HHS website was updated following human-centered design principles.



**Create a roadmap for the development and implementation of an integrated eligibility system.**

Work began to integrate the eligibility system with a focus on improved customer experience with ease of access, simplified design, multi-language support and website compliance.

| <b>Milestones</b>   | <b>Target</b> | <b>Status</b> |
|---|---------------|---------------|
| Complete a language access assessment.  | August 2024   | Cancelled.    |
| Analyze and document processes currently being used to offer requests for accommodations for clients. | December 2024 | Completed.    |
| Identify accessibility improvements at Iowa HHS facilities using an ADA-based checklist.              | December 2024 | Delayed.      |

**Measures of Success**



| <b>Percent of staff responding favorably to these prompts in the annual employee engagement survey:</b> | <b>March 2024</b> | <b>March 2025</b> |
|---|-------------------|-------------------|
| “I am encouraged to develop new and better ways of serving customers.”                                  | 64%               | 67%               |
| “Iowa HHS is committed to employee safety.”   | 66%               | 71%               |

# FY2025 Performance Indicators

## Division of Compliance and Administration

| Program         | Performance Measures   | Target | Actual | % target achieved |
|-----------------|--|--------|--------|-------------------|
| Finance         | Percent of claims paid within 30 days.   | 95%    | 86.5%  | 91%               |
| Human Resources | Average number of days to fill key vacancies in the divisions of Family Well-Being and Protection and State-Operated Specialty Care. <ul style="list-style-type: none"> <li>• Income Maintenance Worker 2</li> <li>• Licensed Practical Nurse</li> <li>• Registered Nurse</li> <li>• Resident Treatment Technician</li> <li>• Resident Treatment Worker</li> <li>• Social Work Supervisor</li> <li>• Social Worker 2, 3, 4</li> <li>• Youth Services Worker</li> </ul> | 80     | 63.7   | 126%              |

## Division of Medicaid

| Program              | Performance Measures  | Target  | Actual  | % target achieved |
|----------------------|---|---------|---------|-------------------|
| Medicaid             | Percent of Amerigroup (Wellpoint) enrollees who are satisfied with their health plan (child Medicaid) | 69%     | 65%     | 94%               |
|                      | Percent of Iowa Total Care enrollees who are satisfied with their health plan (child Medicaid)        | 87%     | 71%     | 82%               |
|                      | Percent of Amerigroup (Wellpoint) enrollees who are satisfied with their health plan (adult Medicaid) | 59%     | 58%     | 98%               |
|                      | Percent of Iowa Total Care enrollees who are satisfied with their health plan (adult Medicaid)        | 76%     | 60%     | 79%               |
|                      | Percent of Long-Term Support Services (LTSS) members receiving community-based services               | 72%     | 69%     | 96%               |
|                      | Percent of overturned Administrative Law Judge (ALJ) appeals  | 6%      | 5%      | 120%              |
| Medicaid Eligibility | Number of medical assistance enrollments  | 691,162 | 691,162 | 100%              |
|                      | Number of medical assistance renewals   | 199,271 | 507,413 | 255%              |
|                      | Percent of medical assistance applications processed within 45 days.                                  | 95%     | 89.9%   | 95%               |

## Division of State-Operated Specialty Care

| Program  | Performance Measures  | Target | Actual | % target achieved |
|--|---|--------|--------|-------------------|
| Cherokee Mental Health Institute (CMHI)            | Number of hours (per 1,000 patient hours) spent in restraint or seclusion (18 and older)  | 1.3    | 0.9    | 144%              |
|  | Readmission rate (readmitted within 30 days)  | 0      | 0.01   | 99%               |
| Civil Commitment Unit for Sexual Offenders (CCUSO) | Number of returns from transitional setting — Release with Supervision (RWP) and Transitional Release Program (TRP) — to secure setting via a court order | 4      | 5      | 80%               |
|  | Number of discharges for the CCUSO Program/civil commitment (excluding deaths)  | 3      | 5      | 167%              |
| Foster Care  | Length of stay in Qualified Residential Treatment Program (QRTP)  | 225    | 272    | 83%               |
|  | Percent of children placed in the home of relatives or fictive kin  | 45%    | 55.3%  | 123%              |
| Independence Mental Health Institute (IMHI)        | Number of hours (per 1,000 patient hours) spent in restraint (17 and younger)   | 1.9    | 2.23   | 85%               |
|  | Number of hours (per 1,000 patient hours) spent in seclusion (17 and younger)   | 0.75   | 0.58   | 129%              |
|  | Number of hours (per 1,000 patient hours) spent in restraint or seclusion (18 and older)  | 1.2    | 0.9    | 133%              |
|  | Readmission rate (readmitted within 30 days)  | 0      | 2.6    | 97%               |
| State Resource Centers                             | Readmission rate (readmitted within 180 days)   | 0.05   | 0.076  | 66%               |
| State Training School                              | Number of hours (per 1,000 student hours) spent in room confinement   | 1.21   | 4.27   | 28%               |
|  | Number of hours (per 1,000 student hours) spent in restraint  | 0.0086 | 0.1626 | 5%                |

## Division of Behavioral Health

| Program                       | Performance Measure           | Target | Actual | % target achieved |
|-------------------------------|-------------------------------|--------|--------|-------------------|
| 988 Suicide & Crisis Lifeline | Number of calls               | 30,682 | 31,554 | 103%              |
|                               | Number of chats               | 13,228 | 10,774 | 81%               |
|                               | Number of texts               | 12,380 | 13,062 | 106%              |
|                               | Average answer rate for calls | 90%    | 88%    | 98%               |

## Division of Public Health

| Program                                      | Performance Measure                             | Target | Actual | % target achieved |
|--|---|--------|--------|-------------------|
| Office of the Medical Examiner               | Percent of autopsies completed within 48 hours. | 90%    | 73.0%  | 81%               |
| Office of the Medical Examiner               | Percent of autopsies completed within 72 hours. | 90%    | 92.2%  | 102%              |
| Sexually Transmitted Infection (STI) Program | Percent of congenital syphilis cases averted.   | 90%    | 67%    | 74%               |
| Your Life Iowa                               | Total number of contacts                        | 58,403 | 40,837 | 70%               |
|  | Number of calls                                 | 46,949 | 34,098 | 73%               |
|  | Number of chats                                 | 4,632  | 2,594  | 56%               |
|  | Number of texts                                 | 4,989  | 3,503  | 70%               |
|  | Number of contacts about gambling               | 1,561  | 1,230  | 79%               |
|  | Number of contacts about mental health          | 24,125 | 16,697 | 69%               |
|  | Number of contacts about substance use          | 8,853  | 5,687  | 64%               |
|  | Number of contacts about suicide                | 12,847 | 9,981  | 78%               |
|  | Answer rate (phone)                             | 95%    | 89.2%  | 94%               |

## Division of Community Access and Eligibility

| Program  | Performance Measure  | Target | Actual | % target achieved |
|--|--|--------|--------|-------------------|
| Community-based technical assistance               | Number of communities and/or state and local governments receiving technical assistance. | 17     | 17     | 100%              |
| Low Income Home Energy Assistance Program (LIHEAP) | Number of households served  | 83,000 | 83,360 | 100%              |
| Supplemental Nutrition Assistance Program (SNAP)   | Payment timeliness   | 95%    | 80.1%  | 85%               |
|  | Payment accuracy   | 94%    | 94.0%  | 100%              |
| Weatherization Assistance Program                  | Number of households served  | 1,000  | 981    | 98%               |

### Division of Family Well-Being and Protection

| Program   | Performance Measure   | Target | Actual | % target achieved |
|---|---|--------|--------|-------------------|
| Child Care Assistance (CCA)                     | Number of children able to access care due to Child Care Assistance (CCA)       | 19,000 | 19,074 | 100%              |
| Family Development and Self-Sufficiency (FaDSS) | Percent increase in average monthly income from wages at program entry and exit | 300    | 223    | 74%               |

### Division of Aging and Disability Services

| Program                               | Performance Measures   | Target | Actual | % target achieved |
|---------------------------------------|--|--------|--------|-------------------|
| Caregiver Program                     | Number of lowans receiving assistance from at least one caregiver service.   | 5,000  | 3,284  | 66%               |
| Older Americans Act – Case Management | Number of older lowans with an independent living impairment receiving Case Management service.                            | 1,230  | 907    | 74%               |
| Training, education, outreach         | Number of individuals who received training on guardianship, conservatorship, and other substitute decision-making topics. | 750    | 1,430  | 191%              |