



**U.S. Department of
Health and Human Services**

Enhancing the health and well-being of all Americans

FY 2026 AGENCY PERFORMANCE PLAN

MAY 2025

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Letter from the Acting Performance Improvement Officer

In accordance with the Government Performance and Results Act (GPRA) of 1993, as amended in the GPRA Modernization Act (GPRAMA) of 2010, I am pleased to present the Fiscal Year 2026 Agency Performance Plan, representing the Department's goals and strategies for delivering on our mission in FYs 2025 and 2026.

HHS monitors over 900 performance measures to manage departmental programs and activities and improve the efficiency and effectiveness of these programs. As required by GPRAMA, this report includes a representative set of performance measures, selected to reflect the Department's top priorities over the coming year. The information in this report spans the Department and includes work done across the country. For more information on each Operating and Staff Division, please see that agency's Congressional Justification. Each HHS division has reviewed its submission, and I confirm, based on certifications from the divisions, that the data are reliable and complete. When results are not available because of delays in data collection, the report notes the date when the results will be available. As additional data becomes available, HHS will continue to update the information on those impacts in future reports. The results presented here demonstrate that HHS is committed to accomplishing our mission to enhance the health and well-being of all Americans.

Caitrin Shuy

Acting Performance Improvement Officer

U.S. Department of Health and Human Services

Overview

The U.S. Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services. HHS is tackling major challenges facing our country today, including the chronic disease epidemic, the mental health crisis, nutrition, food safety and more.

The Annual Performance Plan (APP) details the Department's planned strategies for achieving the Department's goals in 2026. This APP includes a description of how the programs will measure success and targets for FY 2025 and FY 2026 achievement. This document is not a complete accounting of planned HHS programs and activities. For more information about an Operating Division, please see their published Congressional Justification.

Mission Statement

The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

HHS Organizational Structure

In alignment with the proposed HHS reorganization, this report aligns performance goals with their planned Operating or Staff Division. This proposed structure includes 7 Operating Divisions (OpDivs) and 9 Staff Divisions:

- Operating Divisions:
 - Administration for Children, Families, and Communities (ACFC)
 - Administration for a Healthy America (AHA)
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare & Medicaid Services (CMS)
 - Food and Drug Administration (FDA)
 - Indian Health Service (IHS)
 - National Institutes of Health (NIH)
- Staff Divisions:
 - Assistant Secretary for Administration (ASA)
 - Assistant Secretary for Enforcement (ASE)
 - Assistant Secretary for External Affairs (ASEA)
 - Assistant Secretary for Financial Resources (ASFR)
 - Office of the Chief Technology Officer (OCTO)
 - Assistant Secretary for a Healthy Future (ASHF)
 - Office of Inspector General (OIG)
 - Office of the General Counsel (OGC)
 - Office of Strategy (STRAT)

The President's Budget for 2026 proposes to reorganize the Consumer Product Safety Commission as an Assistant Secretary within the Department of Health and Human Services. Contingent upon enactment of authorizing legislation, CPSC accounts will transfer to the Department of Health and Human Services. Please see CPSC's FY 2026 Agency Performance Plan for further information.

HHS Goal Setting

HHS Strategic Goals

The FY 2026 – 2030 HHS Strategic Plan is in development. This document follows a general Strategic Goal framework which encompasses the wide array of HHS programs.

Section 1:
Healthcare

Section 2:
Public Health

Section 3:
Human Services

Section 4:
Research

Cross Agency Priority Goals and Agency Priority Goals

Please refer to [Performance.gov](https://www.performance.gov) for the agency's contributions to those goals and progress, where applicable.

Evidence-building

Evaluation provides essential evidence for HHS to understand how its programs work. Given the breadth of work supported by HHS, the Department conducts many evaluations each year. In accordance with the [HHS Evaluation Policy](#), these evaluations are published on Agency websites and selected significant evaluations are featured in the HHS Annual [Evaluation Plans](#).

Major Management Priorities

The HHS OIG has identified the top management and performance challenges for 2024. HHS management is committed to working toward resolving these challenges. For further information, please read the [HHS 2024 Top Management and Performance Challenges](#).

Cross-Agency Collaborations

The Federal Government has a unique legal and political government-to-government relationship with tribal governments and provides health services for American Indians and Alaska Natives consistent with that special relationship. HHS works with tribal governments, urban Indian organizations, and other tribal organizations to facilitate greater consultation and coordination between states and tribes on health and human services issues.

Lower-Priority Program Activities

The President's Budget identifies the lower-priority program activities, where applicable, as required under the GPRA Modernization Act of 2010, 31 U.S.C. 1115(b)(10). The public can access the volume at: <http://www.whitehouse.gov/omb/budget>.

Healthcare

The Make America Healthy Again agenda aims to investigate and address the causes of America's health burdens. The proposed Administration for a Healthy America (AHA) and the Centers for Medicare & Medicaid Services (CMS) support programs which promote health rather than just managing disease and ensure that Americans are able to make choices in their healthcare.

Primary Care – Administration for a Healthy America

Number of patients served by health centers (millions) (Lead Agency - AHA; Measure ID - 1010.01)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
28.6	30.2	30.5	31.3	Aug 1, 2025	30.9	TBD ¹	31.9

Program and Measure Description:

For more than 50 years, HHS funded health centers have delivered affordable, accessible, high-quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country, using a coordinated, comprehensive, and patient-centered approach. Today, approximately 1,400 health centers operate nearly 15,000 service delivery sites that provide care in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Success in increasing the number of patients served by health centers has been due in large part to the expanded capacity at existing clinics and the expansion of operating hours.

Increase the number of telehealth encounters provided through the Telehealth Network Grant Program (Lead Agency - AHA; Measure ID - 6070.02)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
31,637	22,011	27,821	35,392	Dec 31, 2025	22,100	23,000	24,000

Program and Measure Description:

The Office for the Advancement of Telehealth supports the Telehealth Network Grant Program (TNGP) which allows grantees to focus on expanding access to telehealth. The TNGP provides grants that demonstrate how telehealth can improve health care services; support the training of health care providers; and improve the quality of health information available to health care providers, patients, and their families.

This program has different focus areas and cohorts which last up to five years. The FY 2021 – FY 2025 cohort supports direct to consumer telehealth services to patients in rural and frontier communities within established telehealth networks. The FY 2024 – FY 2029 cohort supports the integration of behavioral health services into primary care settings using telehealth technology. Data trends

¹FY 2025 performance targets are under development

demonstrate an overall increase in telehealth encounters within each cohort, although there is lower number of telehealth encounters during the first year for each newly-funded cohort as the grantees need to establish their programmatic activities and telehealth services in the first year. This is reflected in FY 2025 and FY 2026 targets.

Percentage of pregnant health center patients beginning prenatal care in the first trimester (Lead Agency - AHA; Measure ID - 1010.09)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
73%	74%	72%	71%	Aug 1, 2025	72%	TBD ²	72%

Program and Measure Description:

Timely entry into prenatal care is critical for the health of the mother and baby. Identifying maternal disease and risks for complications of pregnancy or birth during the first trimester can help improve birth outcomes. This measure reports on HHS-funded health clinic patients who receive prenatal care in the beginning of their pregnancy.

Mental Health – Administration for a Healthy America

Number of people served by the public mental health system (millions) (Lead Agency - AHA; Measure ID – 2.3.14)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
8.0	8.1	8.1	8.2	Aug 1, 2025	8.2	8.5	8.5

Program and Measure Description:

The Behavioral Health Innovation Block Grant program makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services. Targeted populations include adults with serious mental illness and children with serious emotional disturbances.

² FY 2025 performance targets are under development

Rural Health – Administration for a Healthy America

Number of unique individuals who received direct services through Federal Office of Rural Health Policy Outreach grants (Lead Agency - AHA; Measure ID – 6020.01)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
474,863	434,448	475,895	522,753	Nov 30, 2025	525,000	TBD ³	525,000

Program and Measure Description:

The Rural Health Care Services Outreach, Network and Quality Improvement Grants (Outreach programs) improve rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services. These programs support collaborative models to deliver basic health care services to rural areas and are designed to meet rural needs.

Long-term Care Quality - Centers for Medicare & Medicaid Services

Percentage of Hospice Facilities that Have Been Surveyed within 36 Months (Lead Agency - CMS; Measure ID – MSC6.2)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
87.1%*	86.6%*	87.1%*	96.4%*	May 31, 2025	98%	TBD ⁴	95%

* CMS did not meet the targets for FYs 2020 – 2023 due to the COVID-19 Public Health Emergency (PHE) and reprioritization of survey activities based on guidance published throughout the PHE.

Program and Measure Description:

This program establishes a comprehensive system for monitoring and improving Medicare-certified hospice facilities through regular inspections and enhanced transparency measures. The program currently oversees 7,084 facilities that serve more than 1.5 million Medicare beneficiaries annually and aims to maintain survey compliance targets of 98% within 36-month intervals. Performance has been below target during FY 2020-2023 due to the COVID-19 Public Health Emergency (PHE), which necessitated reprioritization of survey activities. While Accrediting Organizations have eliminated their backlog, State Survey Agencies continue to face staffing and resource challenges, prompting CMS to reduce 2025-2026 targets. The program has implemented enhanced transparency measures, requiring public access to information about hospice facilities, home health providers, community health centers, and rural clinics. Current priorities focus on both immediate and long-term objectives to conduct regular compliance assessments, service quality evaluations, and performance trend analysis, with expectations to meet target goals for hospice facility surveys in upcoming years as backlogs are reduced.

³ FY 2025 performance targets are under development

⁴ FY 2025 performance targets are under development

Program Management - Centers for Medicare & Medicaid Services

Savings from the prevention of improper Medicare payments by successful implementation of fraud prevention system (FPS) edits (Lead Agency - CMS; Measure ID – MIP11)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
\$61.1M	\$86.4M	\$103M	\$116.5M	Apr 30, 2025	\$65M	\$107.2M	\$108.6M

Program and Measure Description:

The Fraud Prevention System (FPS) safeguards Medicare funds by screening Fee-for-Service (FFS) claims before payment. This proactive approach aligns with CMS's commitment to fiscal responsibility and program integrity. The program has established new performance measurement methodologies for FY 2025, incorporating rolling 3-year average calculations, annual target adjustments, and continuous vulnerability assessments. Priority initiatives include expanding vulnerability detection capabilities, optimizing edit performance, upgrading system capabilities, and ensuring seamless integration of policy updates. This forward-looking approach demonstrates the program's focus on continuous monitoring and improvement.

Reduce the percentage of improper payments made under Medicare Part C, the Medicare Advantage (MA) program (Lead Agency - CMS; Measure ID - MIP5)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
6.78%	10.28%	5.42%	6.01%	5.61%	6.38%	5.95%	TBD

Reduce the percentage of improper payments made under the Part D prescription drug program (Lead Agency - CMS; Measure ID - MIP6)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
1.15%	1.33%	1.54%	3.72%	3.70%	N/A*	3.91%	TBD

* Medicare Part D is not reporting a 2024 improper payment reduction target for FY 2024 due to numerous methodology changes implemented in the FY 2023 reporting period and a baseline has not yet been established.

Reduce the improper payment rate in the Medicare Fee-For-Service (FFS) program (Lead Agency - CMS; Measure ID - MIP1)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
6.27%	6.26%	7.46%	7.38%	7.66%	7.28%	7.46%	TBD

Reduce the improper payment rate in the Medicaid program (Lead Agency - CMS; Measure ID - MIP9.1)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
21.36%	21.69%	15.62%	8.58%	5.09%	7.34%	5.29%	TBD

Reduce the improper payment rate in the Children's Health Insurance (CHIP) (Lead Agency - CMS; Measure ID - MIP9.2)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
27%	31.84%	26.75%	12.81%	6.11%	10.28%	6.49%	TBD

Program and Measure Description:

HHS and CMS are committed to reducing improper payments across all CMS programs by implementing unique, targeted corrective actions based upon the information derived from comprehensive error testing. These initiatives have implemented both immediate and long-term improvement strategies to address several critical areas of concern and strengthen the rigorous monitoring framework and continuous improvement cycles through monthly progress reviews, quarterly strategy updates, and annual performance assessments. The path forward includes a clear action timeline for 2025, including full deployment of new target implementations, strategy refinements, and system upgrades, all while maintaining compliance for fiscal responsibility and program sustainability. Targets for improper payments are set annually in the Agency Financial Report. For more information please see the [FY 2024 Agency Financial Report](#).

Special Diabetes Program for Indians – Indian Health Service

Reduce the proportion of American Indians/Alaska Natives with diagnosed diabetes who have poor glycemic control (A1c >9%). (Lead Agency - IHS; Measure ID - 86)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
16.4%	15.8%	14.6%	13.2%	12.1%	14.4%	12.5%	12.1%

Increase the proportion of American Indians/Alaska Natives with diagnosed diabetes who have controlled blood pressure <140/90 (Lead Agency - IHS; Measure ID - 53)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
52.7%	48.1%	53%	54.6%	55.8%	52.4%	57.5%	57.5%

Program and Measure Description:

The Indian Health Service (IHS) monitors diabetes care measures among IHS patients. For people with diabetes, control of blood sugar and blood pressure, along with regular monitoring of kidney function are important to help prevent kidney failure and essential to chronic disease management.

The first IHS measure aims to reduce the number of people with diabetes with poor glycemic control (an A1c level greater than 9 percent); a decreasing result shows improvement for this measure. An A1c level above 9 percent increases the risk of diabetes complications.

The second IHS measure seeks to increase the number of individuals with diabetes who have achieved blood pressure control (less than 140/90 mmHg). Maintaining good blood pressure control helps prevent complications of diabetes, including cardiovascular disease.

In addition to quality diabetes management care, programs such as the Special Diabetes Program for Indians, and other efforts⁵ continue to contribute to improvements in diabetes-related outcomes. In FYs 2025 and 2026, the IHS will continue to build upon existing efforts, including increasing [access to healthcare services](#), [promoting healthy foods](#), and lifestyles. The [Division of Diabetes Treatment and Prevention](#) provides a broad range of resources for providers, educators, patients, and communities to support these efforts.

⁵ Other efforts include [Together Raising Awareness for Indian Life \(TRAIL\)](#), a youth diabetes and wellness curriculum, and the [Produce Prescription Pilot Program](#).

Public Health

HHS is dedicated to safeguarding and improving public health. HHS protects individuals, families, and communities from infectious disease and prevents non-communicable disease through the development of effective treatments, therapeutics, and medical devices. Across the department, programs work to ensure that Americans have healthy foods, effective treatments for medical conditions, and proven strategies for long-lasting health.

Human Foods – Food and Drug Administration

Accuracy rate for confirmation of presumptive STEC positives from leafy green samples (Lead Agency – FDA; Measure ID 214337)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
-	-	30%	40%	Feb. 28, 2026	50%	60%	70%

Program and Measure Description:

Leafy greens are among the most widely consumed vegetables and an important part of an overall healthy diet. However, while millions of servings are consumed safely every day, leafy greens have been repeatedly associated with illnesses caused by Shiga toxin-producing E. coli (STEC). FDA is committed to breaking this cycle of reoccurring outbreaks. FDA microbiologists will improve the microbiological analytical workflow for STEC testing of leafy greens enabling the FDA to more accurately and quickly detect, characterize, and assess the public health risk associated with this highly variable group of pathogens. The new workflow will greatly increase the accuracy of confirmation and improve the ability to isolate pathogenic STECs when they are present. FDA's testing protocol for produce-borne STEC in leafy greens and other short shelf-life produce commodities will significantly improve the quality of STEC detection and confirmation and enable regulators to more confidently and proactively identify potential problems with leafy greens before they reach consumers.

New Drugs – Food and Drug Administration

Review and act on 90 percent of standard original Abbreviated New Drug Application (ANDA) submissions within 10 months of receipt. (Lead Agency - FDA; Measure ID - 223235)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
95%	96%	93%	96%	Jan 31, 2027	90%	90%	90%

Program and Measure Description:

Abbreviated New Drug Application (ANDA) submissions help to ensure that quality, affordable, safe and effective generic drug products are available to the American public. The Generic Drug User Fee Act (GDUFA III) maximizes the efficiency and utility of each assessment cycle and FDA is committed to maintaining the 90% target for FYs 2025 and 2026.

Laboratory Capacity – Centers for Disease Control and Prevention

Percentage of isolates of priority PulseNet pathogens (Salmonella, Shiga toxin-producing *E. coli*, and *Listeria monocytogenes*) sequenced and uploaded to the PulseNet National Database (Lead Agency - CDC; Measure ID - 3.D)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
87%	98%	84%	83%	Dec 31, 2025	85%	90%	90%

Program and Measure Description:

PulseNet is a national laboratory network that connects foodborne, waterborne, and [One Health](#)–related illness cases to detect outbreaks. PulseNet uses the DNA fingerprints of bacteria making people sick to detect thousands of local and multistate outbreaks. Foodborne disease is mostly preventable, but controlling and preventing outbreaks requires that HHS understands the foods and settings that cause illness. Fast and effective outbreak investigations are needed to identify and remove contaminated food from the market to prevent additional illnesses and improve the safety of the nation’s food supply.

Infectious Disease – Centers for Disease Control and Prevention

Reduction in hospital-onset *Clostridioides difficile* infections standardized infection ratio (SIR) (Lead Agency – CDC; Measure ID - 3.2.4b)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
0.52	0.50	0.48	1.0	Nov 30, 2025	0.96	0.92	0.88

Program and Measure Description:

Clostridioides difficile infection (CDI) is a preventable, life-threatening bacterial infection that can occur in both inpatient and outpatient healthcare settings. Infections occur most often in people who have taken antibiotics for other health conditions. Through CDC’s Antimicrobial Resistance Initiative and other investments to prevent healthcare-associated infections, CDC provides data-driven strategies and tools for targeted intervention to the healthcare community to help prevent CDI, as well as resources to help the public safeguard their own health. These strategies to reduce CDI include improving antibiotic use, infection control, and healthcare facility cleaning and disinfection.

Public Health – Indian Health Service

Public Health Nursing (PHN): Total number of IHS public health activities captured by the PHN data system. (Lead Agency - IHS; Measure ID - 23)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
391,738	428,476	385,356	292,426	263,303	400,000	300,000	300,000

Program and Measure Description:

The Indian Health Service (IHS) Public Health Nursing (PHN) Program supports critical health care and population-based services in tribal communities. PHNs are licensed, professional nursing staff that provide a range of quality, culturally appropriate direct care and public health services including: home visits, screenings, vaccinations, disease management and prevention, communicable disease assessment, and assistance in the transition of care from hospital to home. To support the PHN workforce in FYs 2025 and 2026, a PHN leadership development, training, and mentorship is being proposed to improve placement rates for recently graduated Bachelor of Science in Nursing students and newly hired PHNs. Additional plans for FYs 2025 and 2026 are to secure strategic partnerships with schools and associated health care facilities to enhance American Indian and Alaska Native student health, safety, and education.

Human Services

HHS' human services programs span the lifetime, from programs that protect children from violence to programs that ensure that older Americans have the community supports they need to live independently.

Safe and Supported Families – Administration for Children, Families, and Communities

National Domestic Violence Hotline: Call answer rate (Lead Agency - ACFC; Measure ID - 14A)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
56%	62%	42%	47%	54%	75%	TBD ¹	64%

Program and Measure Description:

The National Domestic Violence Hotline provides victims of domestic violence, family and household members, and others with crisis intervention services and referrals to local and national resources. The program targets less than 100 percent of calls received to be answered due to unanticipated spikes, including increases in call volume during the rollover of state or local program crisis lines. In addition, some situations require a caller to disconnect before an advocate can answer (e.g., the abuser enters the room). Given the expected continual rise in callers and online “chatters” contacting the Hotline, the Hotline is piloting a volunteer recruitment program, extending their existing queue management system for chats and texts to phone services when phone wait times exceed 15 minutes, increasing hours of training for new advocates, and increasing programmatic and financial support to StrongHearts Native Helpline.

Child Support: Percent of IV-D Child Support cases having support orders (Lead Agency - ACFC; Measure ID – 20B)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
87%	88%	87%	86%	November 2025	88%	88%	TBD ²

Program and Measure Description:

Under Title IV, Part D of the Social Security Act, ACFC partners with federal, state, tribal, and local governments to promote parental responsibility so that children receive support from both parents, even when they live in separate households. IV-D requires states to establish child support orders and collect child support payments from non-custodial parents, facilitating one of the most significant sources of financial resources available to children living apart from a parent. This measure reports the percentage of IV-D child support cases with an established support order. In FY 2023, the total number

¹ FY 2025 performance targets are under development

² FY 2026 performance targets are under development

of cases with an established order was 10.4 million; 86% of established cases had support orders in place. ACFC's Office of Child Support Services (OCSS) supports IV-D programs by offering technical assistance and training. OCSS also manages the Federal Parent Locator Service (FPLS) to help states locate non-custodial parents for paternity and support orders.

National Human Trafficking Hotline: Number of potential human trafficking situations identified (Lead Agency - ACFC; Measure ID – 17K)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
11,193	10,983	10,013	9,877	12,130	Historical Result	TBD ³	Average of previous 4 years' results

Program and Measure Description:

The National Human Trafficking Hotline is a national, toll-free hotline that operates 24 hours a day, every day of the year via telephone, text, and chat (referred to collectively as signals). The Hotline assists adults and minors who have experienced a severe form of human trafficking, as defined by the Trafficking Victims Protections Act. Individuals experiencing human trafficking, social service agencies, non-governmental organizations, law enforcement, child welfare agencies, and local communities rely on the Hotline for safety planning, service coordination, referrals, and reporting tips and concerns. In FY 2024, the Hotline received 155,819 signals, of which 20 percent were substantive in nature; identified 12,130 potential human trafficking situations; and reported 2,642 cases to law enforcement. *Note: while the program has tracked these data internally for some time, this indicator was added by the program in FY 2026. As such, it had no published FY 2024 target.*

³ FY 2025 performance targets are under development

Research

HHS is committed to expanding scientific understanding of healthcare, public health, human services, and biomedical research and producing gold-standard research.

Scientific Research – National Institutes of Health

By 2026, advance research toward the development of 10 antiviral drug candidates. (Lead Agency - NIH; Measure ID - SR-NIAID-001)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
-	-	More than 2	5	3	2	1	1

Program and Measure Description:

The development of antiviral drugs to combat harmful viruses can take several years. To prepare for future threats posed by known and unknown viruses, NIH is taking a proactive approach by drawing on existing research and investing in antiviral drug discovery and development. The overall goal is to generate a pool of new antiviral drugs and increase the availability of antiviral drug candidates that might be used to address future outbreaks.

By 2027, advance research on prevention interventions for substance use disorders (SUD). (Lead Agency - NIH; Measure ID - SR-NIDA-002)

FY 2020 Result	Nine prevention pilot studies were conducted as part of the Helping to End Addiction Long-term (HEAL SM) Initiative.
FY 2021 Result	Two clinical trials were launched as part of the Helping to End Addiction Long-term (HEAL) Initiative®.
FY 2022 Result	NIH-funded researchers conducted two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems in schools, via social media and electronic cigarette advertising restrictions.
FY 2023 Result	NIH-funded researchers conducted two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on social determinants of health.
FY 2024 Result	NIH-funded researchers conducted preliminary epidemiological research in a population with high rates of substance use and in need of tailored prevention interventions.
FY 2024 Target	Launch preliminary epidemiological research studies to inform pilot studies that will develop novel strategies to prevent substance use among youth and young adults.
FY 2025 Target	Continue preliminary epidemiological research to inform a pilot study that will develop novel strategies to prevent substance use among youth and young adults.
FY 2026 Target	Launch a pilot research study, informed by epidemiological research, to develop and test prevention interventions for youth and young adults.

Program and Measure Description:

Preventing the initiation of substance use and minimizing the risks of harmful consequences of substance use are essential parts of addressing SUD. NIH's prevention research portfolio encompasses a broad range of research on how biological, social, and environmental factors operate to enhance or lessen an individual's propensity to begin substance use, or to escalate from use to misuse to SUD. This

line of research, along with rapidly growing knowledge about substance use and addiction (including tobacco, alcohol, illicit, and nonmedical prescription drug use), is helping to inform the development of evidence-based prevention strategies. In FYs 2025 and 2026, NIH will continue preliminary epidemiological research and launch a pilot study to develop and test novel strategies to prevent substance use among youth and young adults.

Preparedness – Assistant Secretary for a Healthy Future

Increase the number of new licensed medical countermeasures across BARDA programs (Lead Agency - ASHF; Measure ID - 2.4.13a)

FY 2020 Result	FY 2021 Result	FY 2022 Result	FY 2023 Result	FY 2024 Result	FY 2024 Target	FY 2025 Target	FY 2026 Target
3	6	3	20	11	7	4	6

Program and Measure Description:

The Biomedical Advanced Research and Development Authority (BARDA) is the premier advanced research and development office within the United States Government. BARDA invests in the innovation, advanced research and development, U.S. Food and Drug Administration (FDA) approval, acquisition, and manufacturing of medical countermeasures (MCMs) – including the vaccines, therapeutics, diagnostic tools, and devices needed to combat health security threats. This measure captures BARDA’s capacity to develop MCMs for public health medical emergencies.