





























2023 Department of Social Services

The South Dakota Department of Social Services is dedicated to strengthening families to foster health, wellbeing, and independence.

Status Indicator:









-  Green - the historical trend line indicates improved performance and the target has been met.
-  Yellow - the historical trend line indicates improved performance, but the target has not been met.
-  Red - the historical trend line does not indicate improved performance and the target has not been met.

Below are the goals, activities, and measures for the agency. Goals, activities, and measures need to be developed by the agency, in consultation with the Governor's Office, and agreed to by the Legislature (Government Operations and Audit Committee).

										Performance Measures										
										Trend		Actual	Target	FY19	FY20	FY21	FY22	FY23		
9	Create a framework to pursue innovate solutions and enhanced collaboration																			
10																				
11	Partnerships with South Dakota Technical Colleges.																			
12	i. Division of Economic Assistance is partnering with the four South Dakota Technical Colleges to assist recipients in obtaining credentials in high-wage, high-demand careers. Number of enrolled participants.												27	34	-	-	-	-	-	27
13	ii. Number of successful completions.												15	20	-	-	-	-	-	15
14	Identify and implement innovative solutions through enhanced partnerships to create better outcomes for our customers and stakeholders																			
15	HSC: Focus on linking hospital patient to community resources to maintain stability and wellness.																			
16	i. Maintain or reduce the annual percentage of 30-day readmissions for psychiatric care.												8%	8%	7%	11%	9%	6%	8%	
17	HSC: Geriatric Psychiatric Treatment - Clinicians from the Human Services Center provided psychiatric review and consultation services for residents of community nursing home and assisted living facilities with behavioral health challenges.																			
18	i. Maintain or improve the percentage of individuals who are able to remain in the nursing home or assisted living level of care and avoid admission to HSC as a result of psychiatric review and consultation services provided by clinicians from the Humans Services Center.												93%	93%	82%	84%	94%	100%	93%	
19	DBH and HSC: Through enhanced partnerships and collaboration around implementation of the Crisis Now model in South Dakota, individuals in behavioral health crisis services have increased access to crisis services.																			
20	i. The number of individuals in a crisis who need "Someone to Talk to" and are able to be stabilized by 988 without the need for further service delivery is maintained or is increased.												95%	90%	-	-	-	-	-	95%
21	ii. The number of individuals in a crisis who need "Someone to Respond" who receive a virtual crisis response and who then no longer need further intervention is maintained or increased.												69%	65%	-	-	-	75%	69%	
22	iii. Reduction in the percentage of 5 days or less stays at HSC due to the number of individuals in a crisis who need "Somewhere to Go" and are served in appropriate regional facilities instead. (From regions with appropriate regional facilities)												31%	20%	31%	34%	37%	31%	31%	
23	DBH: Through enhanced partnerships and collaboration with stakeholders statewide, the impact of suicide prevention trainings is maintained or increased.																			
24	i. Maintain or increase the number of suicide prevention trainings supported												159	159	-	56	29	105	159	
25	ii. Maintain or increase the number of people trained in suicide prevention												4,552	4,552	-	767	637	3,572	4,552	
26	iii. Maintain or increase the percent of trainees that feel ready to assist or intervene with someone at risk of suicide after completing a suicide prevention training.												89%	90%	-	97%	90%	92%	89%	
27	DBH and HSC: Through enhanced partnerships and collaboration with stakeholders, including treatment and support agencies and institutions of higher learning, the staffing capacity at publicly funded providers and at HSC is increased or maintained.																			
28	i. Increase or maintain the number of student nursing internship / perceptorship experiences at HSC												4	8	8	8	6	2	4	
29	ii. Reduction of vacancy rates at publicly funded providers per quarterly Access to Service Survey. (MH)												19%	15%	-	-	13%	14%	19%	
30	iii. Reduction of vacancy rates at publicly funded providers per quarterly Access to Service Survey.(SUD)												11%	15%	-	-	5%	15%	11%	
31	Invest in continuous improvement efficiencies, effectiveness and technology																			
32	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey by the Centers for Medicare and Medicaid Services indicates SD exceeds the national average for children across two key measures of access. SD meets or exceeds the national average for adults across three key measures of access.																			
33	i. Children got appointments with specialists as soon as needed.												79%	79%	83%	77%	76%	79%	79%	

		Performance Measures								
		Trend		Actual	Target	FY19	FY20	FY21	FY22	FY23
34	ii. Adults got appointments with specialists as soon as needed.			69%	79%	81%	79%	85%	74%	69%
35	iii. Easy for children to get needed care, tests, or treatment.			88%	88%	90%	86%	87%	90%	88%
36	iv. Easy for adults to get needed care, tests, or treatment.			80%	84%	81%	83%	85%	85%	80%
37	v. Children got routine appointment at doctor's office or clinic as soon as needed.			83%	83%	90%	90%	87%	86%	83%
38	vi. Adults got routine appointment at doctor's office or clinic as soon as needed.			79%	79%	75%	78%	81%	84%	79%
39	vii. Children got urgent care for illness, injury or condition as soon as needed.			91%	89%	92%	95%	91%	95%	91%
40	viii. Adults got urgent care for illness, injury or condition as soon as needed.			79%	82%	82%	90%	80%	85%	79%
41	About 7,000 Medicaid recipients with high-cost chronic conditions and risk factors participate in the Health Home program. The goal of the program is to improve health outcomes and avoid high-cost care and includes incentive-based payments to high performing providers. Program has reached target for participants with a person-centered care plan. The program led to \$8.1 million in net cost avoidance in CY 2022.									
42	i. Health Home Program - Net cost avoidance in millions primarily due to a reduction in avoidable inpatient admissions and emergency department visits.			\$8.1	\$7.5	\$7.3	\$8.0	\$6.9	\$11.2	\$8.1
43	ii. Health Home recipients with an active person-centered care plan.			76%	70%	73%	75%	73%	73%	76%
44	Money Follows the Person - Implemented in 2014. Provides funding and supports to transition individuals from nursing home or other institutional settings back to their homes and communities.									
45	i. Number of individuals who transitioned from nursing home or other institutional settings back to their homes and communities.			20	26	0	24	24	27	20
46	ii. Number of individuals remaining in the community - 365 days later.			18	19	21	23	22	26	18
47	Increase or maintain data transparency of outcomes to customers and the agency and tell our story									
48	i. Maintain or increase the percentage of positive responses to survey question: "I am better able to deal with crisis" after hospitalization at HSC.			76%	76%	79%	83%	79%	79%	76%
49	ii. Maintain or increase the percentage of positive responses to survey question: "My symptoms are not bothering me as much" after hospitalization at HSC.			75%	75%	76%	75%	75%	78%	75%
50	iii. Maintain or increase the percentage of positive responses to survey question: "I do better in social situations" after hospitalization at HSC.			64%	64%	64%	64%	66%	63%	64%
51	iv. Maintain or increase the percentage of positive responses to survey question: "I deal more effectively with daily problems" after hospitalization at HSC.			70%	70%	74%	73%	72%	69%	70%
52	Streamline the customer experience by reducing touchpoints and improving response times									
53	Enhance the Department's website and develop relevant decision support tools that better assist customers in accessing appropriate services.									
54	i. Increased number of DSS website users.			89,538	75,000	-	-	75,898	77,095	89,538
55	ii. Increased number of page views.			233,866	214,000	-	-	214,782	211,201	233,866
56	iii. Increased number of unique visitors.			57,838	47,000	-	-	47,940	49,689	57,838
57	Implement digital foster adoptive family training statewide to improve access for prospective foster adoptive parents.									
58	i. Number of newly licensed foster families.			166	300	204	238	163	302	166
59	Modernize Medicaid Transactions									
60	i. Percent of claims received by paper.			7%	3%	18%	14%	7%	7%	7%
61	ii. Percent of claims submitted through portal.			9%	10%	N/A	4%	7%	7%	9%
62	iii. Percent of claims submitted electronically			82%	87%	80%	81%	85%	83%	82%
63	iv. Percent of PCP/HH transactions processed electronically.			39%	50%	N/A	25%	31%	41%	39%
64	v. Percent of PCP/HH transactions through non-electronic means.			61%	50%	N/A	75%	69%	59%	61%
65	Clients and other stakeholders experience timely and convenient access to services.									
66	i. Percentage of stakeholders/referral sources surveyed that reported the location of behavioral health services was convenient for their clients.			87%	85%	85%	89%	88%	85%	87%
67	ii. Percentage of stakeholders/referral sources surveyed that reported behavioral health services were available at times convenient for clients.			86%	80%	80%	84%	80%	83%	86%
68	iii. Wait times in days reported by mental health agencies in the quarterly Acces to Services Survey is maintained or decreased.			16	14	-	-	20	17	16

		Performance Measures								
		Trend	Actual	Target	FY19	FY20	FY21	FY22	FY23	
69	iv. Wait times in days reported by substance use disorder treatment agencies in the quarterly Access to Services Survey is maintained or decreased.			8	14	-	-	4	7	8
70	Reduce risk factors and enhance protective capacities									
71	Identify and implement strategies to notify program recipients of Medicaid, SNAP and TANF about wellness/prevention tips.									
72	i. The number of lessons accessed through SDSU and UNL's collaborative nutrition education and food budgeting micro-lessons (The Dish) online platform.			256	350	-	-	389	487	256
73	ii. A pilot program provides families with activities and materials designed to engage children and their families in wellness activities. Number of families from Cheyenne River reservation that are participating in the pilot program. (The pilot program required Tribal approval and the program began August 21, 2021.)			17	60	-	-	0	9	17
74	Permanency and Safety for Children									
75	Child Protection Services' goal is to reunify families whenever possible.									
76	In Home Services									
77	i. Percentage of families served in the home.			8.9%	9%	-	-	7.9%	8.1%	8.9%
78	Permanency									
79	i. Out of the children who achieved reunification within the fiscal year, % achieved reunification within 12 months of entering custody.			64.5%	65%	-	-	70.8%	64.4%	64.5%
80	ii. Out of children who achieved a finalized adoption within the fiscal year, % achieved adoption within 24 months of placement.			33.1%	30%	-	-	29.5%	19.7%	33.1%
81	iii. Out of children who achieved a guardianship within the fiscal year, % of children who achieve guardianship within 18 months of placement.			65.8%	65%	-	-	63.7%	52.6%	65.8%
82	Placement									
83	i. Percentage of children in a kinship (this includes fictive kinship)			30.5%	30%	-	-	30.9%	31.9%	30.5%
84	Caseworker Visit									
85	i. Out of all caseworker visits that were expected, % that occurred			97%	97%	-	-	-	97.0%	97.0%
86	Increase use of continuous improvement models to improve efficiencies and measure effectiveness									
87	i. For participants who must meet work requirements for Supplemental Nutrition Assistance (SNAP), percentage employed 30 days after starting job, the majority full-time.			65%	94%	92%	94%	90%	82%	65%
88	ii. For participants who must meet work requirements for Temporary Assistance for Needy Families (TANF), percentage employed 30 days after starting job, the majority full-time.			85%	89%	85%	85%	83%	84%	85%
89	Program Integrity - National Awards - Nationally Recognized for Program Quality.									
90	i. Medicaid: Only state in the nation to receive continuous exemption since 2010 from recovery audit contractor requirements. Collected \$9.5 million in third party liability, estate recovery and fraud collections. Less than 1% of collections are fraud related.			\$9.50	\$9.0	\$9.2	\$8.7	\$10.3	\$10.5	\$9.50
91	ii. Medicaid Claims Processing: The program processed 7 million claims in FY 2023. Average number of days to process claim.			4.8	3.00	4.38	3.70	3.68	4.8	4.8
92	iii. Child Support: \$113 million in collections in SFY 2023 for 52,311 cases. Ranked in the top twelve nationally for the last 15 years. As a result, the program earned financial program awards for top performance each year. Percent of current child support collected.			63%	63%	64%	64%	63%	63%	63%
93	iv. Child Support: Collections in millions.			\$113	\$116	\$116	\$127	\$118	\$117	\$113
94	v. Child Support: Number of child support cases.			52,311	53,515	59,205	57,528	55,238	53,469	52,311
95	vi. SNAP Program Integrity: Lowest SNAP Error rate in the country with for FFY22 at 3.07%. The national average was 11.54%.				5%	2.4%	N/A	N/A	3.07%	N/A
96	vii. Child Care: Percent of payment accuracy compared to national average of 95%.			99%	95%	99%	99%	99%	99%	N/A
97	Recruit, develop and retain our quality staff									
98	Employee engagement survey results.									
99	i. Percent of DSS employees engaged compared to the statewide average of 75%.			77%	75%	75%	N/A	N/A	77%	N/A
100	DSS turnover is less than statewide average.									

		Performance Measures								
		Trend		Actual	Target	FY19	FY20	FY21	FY22	FY23
101	i. DSS turnover compared to the statewide turnover of 13.9%.			17.6%	13.9%	17.5%	14.8%	18.5%	21.1%	17.6%
102	CPS Staff									
103	i. Family Services Specialist Turnover Rate			26.0%	25%	-	-	-	28.0%	26.0%
104	ii. Family Services Specialist Supervisor Turnover Rate			7.7%	12%	6.0%	0.0%	11.0%	8.1%	7.7%
105	iii. Number of interns CPS had in the fiscal year			20	18	-	-	-	-	20
106										
107										
108										
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110	= Yellow - the historical trend line indicates improved performance, but the target has not been met.									
111	= Red -the historical trend line does not indicate improved performance and the target has not been met.									
112	Indicates metric not available due to implementation dates or availability of data (SFY, FFY vs CY).									