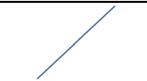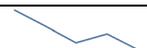# 2024 Department of Social Services

The South Dakota Department of Social Services is dedicated to strengthening families to foster health, wellbeing, and independence.
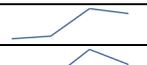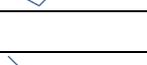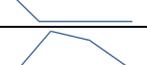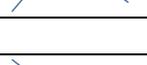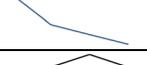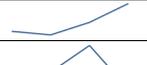
Below are the goals, activities, and measures for the agency. Goals, activities, and measures need to be developed by the agency, in consultation with the Governor's Office, and agreed to by the Legislature (Government Operations and Audit Committee).

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.

- Indicates metric not available due to implementation dates or availability of data (SFY, FFY vs CY).

		Trend		Actual	Target	FY20	FY21	FY22	FY23	FY24
					Performance Measures					
9	**Create a framework to purse innovate solutions and enhanced collaboration**									
10										
11	**Partnerships with South Dakota Technical Colleges.** (Discontinued after SFY24)									
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.	/	🔴	31	34	-	-	-	27	31
13	ii. Number of succuessful completions.	\	🔴	11	20	-	-	-	15	11
14	**Third party partnership.**									
15	i. Division of Economic Assistance is partnering with third party partners to provide Employment & Training services to SNAP participants. The goal is to provide SNAP participants opporutnities to gain skills, education, training, work or experience that will increase their ability to obtain gainful unsubsidized employment. Number of enrolled participants. (will begin October 2024)				12					
16	ii. Number of succuessful completions.				7					
17	**Identify and implement innovative solutions through enhanced partnerships to create better outcomes for our customers and stakehoulders**									
18	**HSC: Focus on linking hospital patient to community resources to maintain stability and wellness.**									
19	i. Maintain or reduce the annual percentage of 30-day readmissions for psychiatric care.	/\	🟢	6%	6%	11%	9%	6%	8%	6%
20	**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.**									
21	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.	/\	🟢	100%	95%	84%	94%	100%	93%	100%
22	**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.**									
23	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.	/	🟢	97%	90%	-	-	-	95%	97%

#	Performance Measures	Trend		Actual	Target	FY20	FY21	FY22	FY23	FY24
24	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.		🟢	81%	65%	-	-	75%	69%	81%
25	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)		🟢	17%	20%	34%	37%	31%	31%	17%
26	**DBH: Through enhanced partnerships and collaboration with stakeholders statewide, the impact of suicide prevention trainings is maintained or increased.**									
27	i. Maintain or increase the number of suicide prevention trainings supported		🟢	256	159	56	29	105	159	256
28	ii. Maintain or increase the number of people trained in suicide prevention		🟢	5,833	4,552	767	637	3,572	4,552	5,833
29	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.		🔴	88%	90%	97%	90%	92%	89%	88%
30	**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.**									
31	i. Increase or maintain the number of student nursing internship / perceptorship experiences at HSC		🔴	6	8	8	6	2	4	6
32	ii. Reduction of vacancy rates at publicly funded providers per quarterly Access to Service Survey. (MH)		🔴	20%	15%	-	13%	14%	19%	20%
33	iii. Reduction of vacancy rates at publicly funded providers per quarterly Access to Service Survey. (SUD)		🟢	11%	15%	-	5%	15%	11%	11%
34	**Invest in continuous improvement efficiences, effectiveness and technology**									
35	**The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey by the Centers for Medicare and Medicaid Services for Medicaid Adults, Children, and CHIP indicates SD exceeds the national average for both composite measures below.**									
36	i. Getting Needed Care		🟢	85%	82%	85%	87%	85%	83%	85%
37	ii. Getting Care Quickly		🟢	90%	84%	87%	87%	88%	86%	90%
38	**The purpose of the Child and Adult Core Sets published by CMS is to measure the overall national quality of care for beneficiaries, monitor performance at the state level, and improve the quality of health care.**									
39	i. Adult Preventative Visits		🔴	15%	20%	-	17%	14%	15%	15%
40	ii. Well Child Visits (6+ Visits in the First Fifteen Months of Life)		🔴	44%	48%	48%	47%	48%	44%	44%
41	iii. Immunizations (MMR, DTaP, IPV, HIB, Hep B, VZV, PCV) for Children Under 2		🔴	46%	48%	-	-	46%	45%	46%
42	**About 9,000 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 $8.53 million in net cost avoidance in CY 2023.**									
43	i. Health Home Program - Net cost avoidance in millions primarily due to a reduction in avoidable inpatient admissions and emergency department visits.		🟢	$8.5	$7.5	$8.0	$6.9	$11.2	$8.1	$8.5
44	**Increase or maintain data transparency of outcomes to customers and the agency and tell our story.**									

#	Performance Measures	Trend		Actual	Target	FY20	FY21	FY22	FY23	FY24
45	i. Maintain or increase the percentage of positive responses to survey question: "I am better able to deal with crisis" after hospitalization at HSC.		🟢	77%	77%	83%	79%	79%	76%	77%
46	ii. Maintain or increase the percentage of positive responses to survey question: "My symptoms are not bothering me as much" after hospitalization at HSC.		🟢	71%	75%	75%	75%	78%	75%	71%
47	iii. Maintain or increase the percentage of positive responses to survey question: "I do better in social situations" after hospitalization at HSC.		🟢	60%	64%	64%	66%	63%	64%	60%
48	iv. Maintain or increase the percentage of positive responses to survey question: "I deal more effectively with daily problems" after hospitalization at HSC.		🟢	69%	70%	73%	72%	69%	70%	69%
49	**Streamline the customer experience by reducing touchpoints and improving response times**									
50	**Enhance the Department's website and develop relevant decision support tools that better assist customers in accessing appropriate services.**									
51	i. Increased number of DSS website users.		🟢	89,538	75,000	-	75,898	77,095	89,538	87,367
52	ii. Increased number of page views.		🟢	233,866	214,000	-	214,782	211,201	233,866	222,623
53	iii. Increased number of unique visitors.		🟢	57,838	47,000	-	47,940	49,689	57,838	51,000
54	**Enhance licensing, training, and supports for prospective and current foster parents.**									
55	i. Number of newly licensed foster families.		🔴	166	300	238	163	302	210	208
56	**Modernize Medicaid Transactions.**									
57	i. Percent of claims received by paper.		🔴	7%	3%	14%	7%	7%	7%	7%
58	ii. Percent of recipients using the online selection tool to choose their care management provider		🔴	33%	40%	-	31%	41%	39%	33%
59	**Clients experience timely and convenient access to services.**									
60	i. Wait times in days reported by mental health agencies in the quarterly Access to Services Survey is maintained or decreased.		🟡	16	14	-	20	17	16	15
61	ii. 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	7
62	**Reduce risk factors and enhance protective capacities**									
63	**Identify and implement strategies to notify program recipients of Medicaid, SNAP and TANF about wellness/prevention tips.**									
64	25% of those participating in SNAP-Ed activities, will report an increase in fruit and vegetable consumption. *New for SFY24*		🟢	39%	25%					39%
65	25% of those participating in SNAP-ED activities, will report an increase in their physical activity by 25%. *New for SFY24*		🟢	49%	25%					49%
66	**Child Protection Services' goal is to reunify families whenever possible.**									
67	**In Home Services**									
68	i. Percentage of Present Danger Plans in home.		🟢	60.7%	55%		54.70%	53.90%	56.60%	60.7%
69	ii. Percentage of families receiving ongoing services (in home safety plan) in home.		🔴	7.6%	9%	-	7.9%	8.1%	8.9%	7.6%

	Performance Measures									
		Trend		Actual	Target	FY20	FY21	FY22	FY23	FY24
70	**Permancey**									
71	i. Out of the children who achieved reunification within the fiscal year, % achieved reunification within 12 months of entering custody.		🟢	66.3%	65%	-	70.8%	64.4%	64.5%	66.3%
72	ii. Out of children who achieved a finalized adoption within the fiscal year, % achieved adoption within 24 months of placement.		🔴	27%	30%	-	29.5%	19.7%	33.1%	27.0%
73	iii. Out of children who achieved a guardianship within the fiscal year, % of children who achieve guardianship within 18 months of placement.		🔴	43.2%	55%	-	63.7%	52.6%	65.8%	43.2%
74	**Placement**									
75	i. Out of children who have a goal of adoption within the fiscal year, percentage of children with an identified resource.		🟢	66%	66%	-		68%	70%	66%
76	ii. Percentage of children in a kinship (this includes fictive kinship)		🔴	29.4%	30%	-	28.1%	29.9%	28.2%	29.4%
77	iii. Percentage of children in custody in a family setting		🟢	85.1%	85%	-	83.8%	84.0%	83.9%	85.1%
78	**Caseworker Visit**									
79	i. Out of all caseworker visits that were expected, % that occurred				95%	-	-	97.0%	97.0%	
80	**Increase use of continuous improvement models to improve efficincies and measure effectiveness**									
81	i. For participants who must meet work requirements for Supplemental Nutrition Assistance (SNAP), percentage employed 30 days after starting job, the majority full-time.		🟡	74%	94%	94%	90%	82%	65%	74%
82	ii. For participants who much meet work requirements for Temporary Assistance for Needy Families (TANF), percentage employed 30 days after starting job, the majority full-time.		🔴	81%	89%	85%	83%	84%	85%	81%
83	**Program Integrity - National Awards - Nationally Recognized for Program Quality. The Payment Error Rate Measurement (PERM) review occurs every three years. The error rates for 2024 are expected to be less than 1%.**									
84	i. Fee-for-Service PERM: CHIP		🟢		7.1%	-	2%	-	-	
85	ii. Fee-For-Service PERM: Medicaid		🟢		6.9%	-	0%	-	-	
86	iii. Medicaid Claims Processing: The program processed over 7.25 million claims in FY 2023. Average number of days to process claim.		🔴	4.8	3.00	4.10	4%	3.68	4.8	4.8
87	iii. Child Support: 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.		🟢	64%	63%	64%	63%	63%	63%	64%
88	iv. Child Support: Collections in millions.		🔴	$111	$114.50	$127	$118	$117	$113	$111
89	Full Service		🔴	$97.20	$101.00	$113.40	$104.70	$103.50	$99.40	$97.20
90	Payment Processing Only		🟢	$13.90	$13.50	$13.60	$13.30	$13.50	$13.60	$13.90
91	v. Child Support: Number of child support cases.		🔴	51,415	53,540	57,528	55,238	53,469	52,311	51,415
92	Full Service Cases		🔴	37,231	39,140	42,210	40,430	38,943	37,993	37,231
93	Non-Jurisdictional Cases		🟢	2,127	1,800	2,478	2,163	1,874	1,780	2,127
94	Payment Processing Only Cases		🔴	12,057	12,600	12,840	12,645	12,652	12,538	12,057

		Performance Measures								
		Trend		**Actual**	**Target**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**
95	vi. SNAP Program Integrity: Lowest SNAP Error rate in the country with for FFY23 at 3.27%. The national average was 11.68%.	/			5%	-	-	3.07%	3.27%	
96	vii. Child Care: Percent of payment accuracy compared to national average of 95%.	—	🟢	99%	95%	99%	99%	99%	99%	99%
97	**Program Impacts**									
98	i. Medicaid recipients report having improved their ability to receive preventative care	\	🟢	95%	90%	-	-	-	96%	95%
99	ii. Energy Assistance recipients report having learned more about energy conservation	/	🟡	83%	90%	-	-	-	78%	83%
100	iii. SNAP recipients report having learned more about nutrition and food budgeting	/	🟡	84%	90%	-	-	-	83%	84%
101	iv. Child Care Assistance recipients report being better able to access childcare		🟢	100%	90%	-	-	-	100%	100%
102	v. TANF recipients report being better able to address barriers to employment	/	🟡	88%	90%	-	-	-	75%	88%
103	**Recruit, develop and retain our quality staff**									
104	**Employee engagement survey results.**									
105	i. Percent of DSS employees engaged compared to the statewide average of 78.6%.		🔴	78.1%	78.6%	-	-	77.0%	-	78.1%
106	**DSS turnover is less than statewide average.**									
107	i. DSS turnover compared to the statewide turnover of 13.3%.	⋀	🟢	17.6%	13.3%	13.2%	15.7%	18.1%	14.9%	12.3%
108	**Interns at DSS**									
109	i. Number of Interns	⋁	🟢	40	35	30	27	23	23	40
110	ii. Number of divisions that supported interns	⋁	🟢	5	5	1	2	1	2	5
111										
112										
113										
114		= Green - the historical trend line indicates improved performance and the target has been met.								
115		= Yellow - the historical trend line indicates improved performance, but the target has not been met.								
116		= Red -the historical trend line does not indicate improved performance and the target has not been met.								
117		Indicates metric not available due to implementation dates or availability of data (SFY, FFY vs CY).								
118										