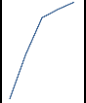





















Department of Social Services

Agency's Mission Statement: Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.

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).

Goal 1: Ensure access to services for our customers.

| | Performance Measures | | | | | | | | | |
|---|---|---|---------------|---------------|------|--------------|--------------|--------------|---------------|--|
| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 | |
| Objective A: Enhance opportunities to access services. | | | | | | | | | | |
| Identify and develop integrated opportunities to access services and supports within the Department. | | | | | | | | | | |
| Maximize federal policy change related to 100% Medicaid FMAP for American Indians and reinvest savings into the Medicaid program. | | | | | | | | | | |
| i. Care Coordination Savings from Federal Medical Assistance Percentage (FMAP) Savings Report. 100% of savings have been reinvested in the Medicaid program. Majority of funds invested in provider rate increases. |  |  | \$ 10,019,925 | \$ 11,339,484 | \$ - | \$ 4,620,668 | \$ 8,411,817 | \$ 9,292,242 | \$ 10,019,925 | |
| ii. Number of enhanced Community Health Worker, additional Behavioral Health, and Substance Use Disorder treatment providers that have enrolled in Medicaid. |  |  | 147 | 100 | - | - | 70 | 122 | 147 | |
| iii. Number of eligible providers that have provided services. |  |  | 138 | 100 | - | - | 61 | 117 | 138 | |
| iv. Number of recipients who received Community Health Worker, Mental Health, or Substance Use Disorder services. |  |  | 2,454 | 2,000 | - | - | 230 | 1,071 | 2,454 | |
| v. Number of Native American recipients who received Community Health Worker, Mental Health, or Substance Use Disorder services. |  |  | 755 | 1,353 | - | - | 283 | 586 | 755 | |
| Increase the use of technology in providing access to information and services. | | | | | | | | | | |
| Pilot telehealth sites to support and enhance access to services. | | | | | | | | | | |
| i. Increase utilization of mental health telehealth services by 5% over FY 2019 baseline measurement of 834. |  |  | 6,723 | 795 | 782 | 731 | 834 | 4,694 | 6,723 | |
| ii. Increase utilization of substance use disorder telehealth services by 5% over FY 2019 baseline measurement of 252. Target (5%) is 265. |  |  | 1,761 | 265 | - | - | 252 | 1,079 | 1,761 | |
| iii. Telehealth claims in Medicaid increased from a monthly average of 227 in FY 2018 to a monthly average of 5,643 in FY 2021. |  |  | 5,643 | 1,000 | - | 227 | 294 | 2,622 | 5,643 | |
| Implement a customer web portal for recipients and providers of Medicaid. | | | | | | | | | | |
| i. Number of individuals with Primary Care Provider (PCP) or Health Home (HH) selection web forms submitted by Medicaid recipients. |  |  | 4,363 | 3,250 | - | - | - | 3,602 | 4,363 | |
| ii. Number of Medicaid providers utilizing the portal to submit, view, and modify claims. |  |  | 8,558 | 5,000 | - | - | 6,439 | 7,558 | 8,558 | |

Department of Social Services

Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|-------|--------|----------|--------|------|------|------|----------|----------|
| Enhance the Department's website and develop relevant decision support tools that better assist customers in accessing appropriate services. | | | | | | | | | |
| i. The DSS website and intranet has been redesigned, adopting a clean, simple, and modern style. | | | - | - | - | - | - | | |
| ii. Increased number of DSS website users by 6.94% from FY 2020 to FY 2021. | | | 50,460 | | - | - | - | 47,184 | 50,460 |
| iii. Increased number of sessions per user by 36.83% from FY 2020 to FY 2021. | | | 2.45 | | - | - | - | 1.79 | 2.45 |
| iv. Increased average session duration viewing of DSS website by 2 minutes 22 seconds (109.02%) from FY 2020 to FY 2021. | | | 00:04:33 | | - | - | - | 00:02:11 | 00:04:33 |
| v. Increased pageviews by 171.70% from FY 2020 to FY 2021. | | | 560,318 | | - | - | - | 206,224 | 560,318 |
| Implement Digital foster adoptive family training statewide to improve access for prospective foster adoptive parents. | | | | | | | | | |
| i. Number of newly licensed foster families. | | | 163 | 207 | 192 | 194 | 204 | 238 | 163 |
| Enhance transparency by making information available to parents and consumers more accessible. | | | | | | | | | |
| i. Placed child care, behavioral health, and child protection licensing and accreditation reports and related information online. | | | - | - | - | - | - | | |
| Access to Healthcare. | | | | | | | | | |
| 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. | | | | | | | | | |
| i. Children got appointments with specialists as soon as needed. | | | 76% | 80% | - | 87% | 83% | 77% | 76% |
| ii. Adults got appointments with specialists as soon as needed. | | | 85% | 79% | - | - | 81% | 79% | 85% |
| iii. Easy for children to get needed care, tests, or treatment. | | | 87% | 91% | - | 87% | 90% | 86% | 87% |
| iv. Easy for adults to get needed care, tests, or treatment. | | | 85% | 86% | - | - | 81% | 83% | 85% |
| v. Children got routine appointment at doctor's office or clinic as soon as needed. | | | 87% | 88% | - | 88% | 90% | 90% | 87% |
| vi. Adults got routine appointment at doctor's office or clinic as soon as needed. | | | 81% | 80% | - | - | 75% | 78% | 81% |
| vii. Children got urgent care for illness, injury or condition as soon as needed. | | | 91% | 91% | - | 90% | 92% | 95% | 91% |
| viii. Adults got urgent care for illness, injury or condition as soon as needed. | | | 80% | 85% | - | - | 82% | 90% | 80% |











Department of Social Services

Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|-------|--------|--------|--------|------|------|------|------|------|
| Objective B: Services and programs are needs driven, customer responsive and culturally relevant. | | | | | | | | | |
| Implement Dialectical Behavior Therapy (DBT) with fidelity to the evidence-based model. | | | | | | | | | |
| i. Provide annual trainings and consultations to support clinicians and supervisor competency and skills in the evidence-based curriculums. Number of trainings funded by DBH. | | | 4 | 4 | 3 | 4 | 6 | 4 | 4 |
| ii. Maintain or increase the number of total teams trained to provide DBT services in the community, HSC, and correctional behavioral health settings. Total number of DBT teams trained. | | | 15 | 8 | 8 | 11 | 15 | 15 | 15 |
| iii. Maintain or increase the total number of individuals trained in the state to provide DBT services to publicly funded individuals. Number of individuals trained each year. | | | 129 | 101 | 102 | 133 | 224 | 101 | 129 |
| iv. Maintain the number of individuals trained at HSC to provide DBT services. Number of individuals trained each year. | | | 18 | 18 | 32 | 36 | 29 | 18 | 18 |
| Clients and other stakeholders experience timely and convenient access to services. | | | | | | | | | |
| i. Percentage of stakeholders surveyed that reported the location of behavioral health services was convenient for their clients. | | | 88% | 90% | - | 82% | 85% | 89% | 88% |
| ii. Percentage of stakeholders surveyed that reported behavioral health services were available at times convenient for clients. | | | 80% | 90% | - | 82% | 80% | 84% | 80% |
| iii. Percentage of adult clients served in substance use disorder services who reported ease and convenience when accessing services. | | | 94% | 90% | 90% | 92% | 92% | 93% | 94% |
| iv. Percentage of youth clients who reported ease and convenience when accessing substance use disorder services. | | | 88% | 90% | - | 80% | 81% | 85% | 88% |
| v. Percentage of adult clients served in mental health services who reported ease and convenience when accessing services, exceeding the national average of 89%. | | | 96% | 90% | 94% | 96% | 96% | 96% | 96% |
| vi. Percentage of youth clients who reported ease and convenience when accessing mental health services. | | | 95% | 90% | - | 95% | 92% | 95% | 95% |
| Implement evidence-based model for individuals with methamphetamine substance use disorders in need of intensive-long-term treatment services. | | | | | | | | | |
| i. Increase utilization of Intensive Methamphetamine Treatment Services for individuals with a methamphetamine use disorder. Number of clients served in IMT services. | | | 394 | 250 | 152 | 143 | 250 | 389 | 394 |
| ii. Provide trainings and consultations to support clinicians and supervisor competency and skills in the evidence-based curriculums. Number of training opportunities and consultations provided. | | | 28 | 2 | - | 3 | 12 | 17 | 28 |
| iii. Monitor the percentage of clients served that report they have the motivation to not use substances at discharge. | | | 87% | 84% | 81% | 74% | 92% | 88% | 87% |
| iv. Monitor the percentage of clients served that report they have the ability to control their substance use at discharge. | | | 96% | 96% | 92% | 96% | 100% | 94% | 96% |
| v. South Dakota successful discharge rate for IMT services is 10% higher than the national average (30%) for substance use treatment services. | | | 40% | 30% | - | 41% | 31% | 35% | 40% |

Department of Social Services





Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|---|---|---|---------------|---------------|-------------|-------------|-------------|-------------|-------------|
| Support Community Behavioral Health Centers implementing and/or utilizing Zero Suicide approach and support other suicide prevention efforts. | | | | | | | | | |
| i. Increase the average monthly number of unique users who visit the SD Suicide Prevention website. Target is 4,638 by 2025. |  |  | 2,291 | 4,638 | - | 1,964 | 2,178 | 1,798 | 2,291 |
| ii. Maintain or increase the number of agencies that have been trained to implement the Zero Suicide approach. Total number of agencies, including HSC, implementing the Zero Suicide approach. |  |  | 21 | 15 | 15 | 17 | 20 | 21 | 21 |
| iii. Increase the number of annual gatekeeper trainings funded. Target is 71 by 2025. |  |  | 29 | 71 | - | - | - | 56 | 29 |
| iv. Increase the number of individuals trained. Target is to train 1,367 individuals annually by 2025. |  |  | 637 | 1,367 | - | - | - | 767 | 637 |
| v. Increase the number of calls from South Dakotans to the National Suicide Prevention Lifeline. Target is 4,661 calls by 2025. FY 2018 is a partial year (started January of FY 2018). |  |  | 3,437 | 4,661 | - | 787 | 3,343 | 3,868 | 3,437 |

Agency comments regarding the accomplishment of Goal 1:





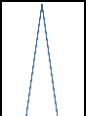







Goal 2. Promote and support the health, wellbeing and safety of our customers.

Performance Measures





| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|---|---|---|---------------|---------------|-------------|-------------|-------------|-------------|-------------|
| Objective A: Reduce risk factors and enhance protective capacities. | | | | | | | | | |
| Implement Screening, Brief Intervention and Referral for Treatment (SBIRT) model in targeted primary care clinics across the state and monitor effectiveness of the model. | | | | | | | | | |
| i. Maintain or increase the number of primary care clinics implementing the SBIRT process. |  |  | 5 | 2 | 2 | 4 | 6 | 6 | 5 |
| ii. Increase the number of individuals screened at primary clinics. Number of individuals screened. |  |  | 6,633 | 11,775 | 425 | 6,036 | 11,775 | 12,462 | 6,633 |

Department of Social Services

Performance Measures





















| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|---|---|---|--------|--------|------|------|-------|------|------|
| Collaborate with DOH and other key stakeholders to develop a statewide strategic plan to focus on addressing Opioid use/misuse in South Dakota. | | | | | | | | | |
| i. DBH provides prevention trainings to support competency and skills in addressing Opioid use. |  |  | 3 | 2 | - | 2 | 2 | 7 | 3 |
| ii. DBH provides trainings to support competency and skills in evidence-based services such as Medication Assisted Treatment (MAT). FY 2018 is a partial year (started April of FY 2018). |  |  | 8 | 5 | - | 1 | 6 | 5 | 8 |
| iii. Decrease the percentage of students who have taken a prescription pain drug without a doctor's prescription or have taken a prescription pain drug differently than how a doctor told them to use it. Goal is to reduce by 2% by 2024 (target of 13.7%). Data collection based on the most recent 2019 Youth Risk Behavior Survey. |  |  | 15.7% | 13.7% | - | - | 15.7% | - | - |
| iv. Number of Medicaid recipients taking >90 Morphine Equivalent Doses (MEDs) of Opioids (June 30 of each SFY). Cancer patients excluded. Indian Health Service (IHS) data was added Q1 of 2020. |  |  | 204 | 0 | - | 273 | 255 | 209 | 204 |
| v. Percent reduction in Medicaid utilizers. IHS data was added Q1 of 2020. |  |  | -12% | -5% | - | - | -18% | -9% | -12% |
| vi. Percent decrease of Opioid utilizing Medicaid members with 3+ pharmacies (poly-pharmacy shoppers). IHS data was added Q1 of 2020. |  |  | -2% | -5% | - | - | - | -9% | -2% |

Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|--|--|--------|--------|------|------|------|------|------|
| Identify and implement strategies to notify program recipients of Medical, SNAP and TANF about wellness/prevention tips. | | | | | | | | | |
| i. SDSU Extension partnership with Nebraska Extension to implement a web-based learning platform for nutrition education and food budgeting. Number of South Dakotans that accessed the web-based lessons. |  |  | 389 | 350 | - | - | - | - | 389 |
| 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.) |  |  | 0 | 60 | - | - | - | - | 0 |

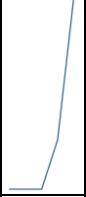



Department of Social Services

Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|---|---|---|--------|--------|------|------|------|------|------|
| Objective B: Protect individuals from abuse, neglect and exploitation. | | | | | | | | | |
| Permanency and Safety for Children | | | | | | | | | |
| Child Protection Services' goal is to reunify families whenever possible. | | | | | | | | | |
| i. Results: Of children reunited, 71% were reunited within 12 months of removal during SFY 2021. When that is not possible, we work to establish guardianship or adoption to divert from foster care placement. |  |  | 71% | 70% | 77% | 74% | 75% | 75% | 71% |
| ii. During FFY 2020, 94% of caseworker visits happened where the child resides - exceeding the federal requirement of 50% by 44%. FFY 2021 data not available until December 2021. |  |  | 94% | 80% | 96% | 96% | 95% | 94% | - |
| Objective C: Provide effective services to individuals who have been abused, neglected and exploited. | | | | | | | | | |
| Implement Permanency Round Tables statewide to expedite permanency for children in placement. | | | | | | | | | |
| i. Implemented Permanency Round Tables in 6 of the 7 regions to expedite permanency for children in placement. |  |  | 6 | 7 | - | - | - | 5 | 6 |
| Permanency Outcomes. | | | | | | | | | |
| i. Number of reunifications. |  |  | 518 | 582 | 494 | 672 | 612 | 617 | 518 |
| ii. Percentage of outcomes being reunifications. |  |  | 49% | 54% | 52% | 57% | 57% | 55% | 49% |
| iii. Number of children placed for adoption. |  |  | 262 | 203 | 176 | 195 | 178 | 204 | 262 |
| iv. Number of finalized adoptions. |  |  | 227 | 176 | 161 | 173 | 144 | 176 | 227 |
| v. Percentage of outcomes being adoptions. |  |  | 21% | 16% | 17% | 15% | 13% | 16% | 21% |
| vi. Number of guardianships. |  |  | 135 | 118 | 111 | 104 | 125 | 116 | 135 |
| vii. Percentage of outcomes being guardianships. |  |  | 13% | 11% | 12% | 9% | 11% | 10% | 13% |
| Agency comments regarding the accomplishment of Goal 2: | | | | | | | | | |









Department of Social Services

Goal 3. Foster partnerships to maximize resources for our customers.

| | Performance Measures | | | | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|---|---|--------|--------|------|------|------|------|------|
| | Trend | Status | Actual | Target | | | | | |
| Objective A: Encourage and support partnerships to provide cost effective services. | | | | | | | | | |
| Implementation of Prenatal/Primary Care Innovation Grants. | | | | | | | | | |
| i. Avera helps pregnant women in South Dakota diagnosed with gestational diabetes by providing remote blood sugar monitoring, specialized test strips and video visits with a diabetic educator. Goal is to improve access to OB care and treatment of gestational diabetes; reduce the number of c-sections, birth complications, and infant/mother mortality; and increase rates of healthy birth weight babies and the number of babies who are delivered at full term. Between July 2020 - March 2021 Avera supported 142 women. |  |  | 188 | 150 | - | - | - | 49 | 188 |
| ii. Center for Family Medicine provides patients with a birth center/pregnancy health home approach to provide a full array of prenatal and postnatal care. This project will also train family medicine resident physicians in innovative, evidence-based prenatal care models. Goal is to improve screening services for those with increased risk for gestational diabetes and preeclampsia; and decrease rates of prenatal hospitalization and c-section, pre-term delivery, NICU stays, and other complications. Between July 2020 - March 21 Center for Family Medicine supported 150 women. |  |  | 175 | 150 | - | - | - | 36 | 175 |













Agency comments regarding the accomplishment of Goal 3:

Goal 4. Support customers in achieving meaningful outcomes.

| | Performance Measures | | | | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|---|---|--------|--------|------|------|------|------|------|
| | Trend | Status | Actual | Target | | | | | |
| Objective A: Ensure the Department helps individuals and families achieve meaningful outcomes. | | | | | | | | | |
| Connections to Work. | | | | | | | | | |
| i. For participants who must meet work requirements for Supplemental Nutrition Assistance (SNAP), percentage employed 30 days after starting job, the majority full-time. |  |  | 90% | 94% | 93% | 93% | 92% | 94% | 90% |
| 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. |  |  | 83% | 89% | 89% | 88% | 85% | 85% | 83% |
| iii. Community Based Adult Mental Health Services - Percentage of clients who reported employment compared to national average (target). |  |  | 34% | 24% | 26% | 24% | 24% | 25% | 34% |
| iv. Community Based Adult Substance Use Disorder Treatment Services - Percentage of clients who reported employment at discharge compared to national average (target). |  |  | 26% | 18% | 34% | 32% | 29% | 27% | 26% |















Department of Social Services

Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|---|--|---|--------|--------|-------|-------|-------|-------|-------|
| Caring for People in the Most Cost Effective Manner. | | | | | | | | | |
| <p>About 6,800 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. Clinic visits declined in CY 2020, potentially due to COVID-19, and the target for participants who visited a primary care provider (PCP) in the last six months was not met. The program led to \$6.9 million in net cost avoidance in CY 2020.</p> | | | | | | | | | |
| i. Health Home Program - Net cost avoidance in millions primarily due to a reduction in avoidable inpatient admissions and emergency department visits. |  |  | \$6.9 | \$7.5 | \$5.6 | \$7.7 | \$7.3 | \$8.0 | \$6.9 |
| ii. Health Home recipients with an active person-centered care plan. |  |  | 73% | 70% | 65% | 63% | 73% | 75% | 73% |
| iii. Health Home recipients who visited a primary care provider in last six months. |  |  | 60% | 80% | 87% | 85% | 80% | 80% | 60% |
| 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. | | | | | | | | | |
| i. Number of individuals who transitioned from nursing home or other institutional settings back to their homes and communities. |  |  | 24 | 35 | 45 | 34 | 22 | 24 | - |
| ii. Number of individuals remaining in the community - 365 days later. |  |  | 23 | 19 | 40 | 30 | 21 | 23 | - |
| Geriatric Psychiatric Treatment - Clinicians from the Human Services Center provided psychiatric review and consultation services for 16 individuals. | | | | | | | | | |
| ii. Percentage of individuals who did not require admission to HSC due to psychiatric review and consultation services provided by clinicians from the Humans Services Center. |  |  | 94% | 80% | 73% | 82% | 82% | 84% | 94% |







Department of Social Services

Performance Measures

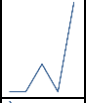













| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|---|---|--------|--------|------|------|------|------|------|
| Develop a process to identify, utilize and share key behavioral data with stakeholders. | | | | | | | | | |
| i. Maintain or improve the percentage of HSC patients who had an opportunity to talk with his/her doctor or therapist from the community prior to discharge. |  |  | 63% | 62% | 56% | 60% | 62% | 58% | 63% |
| ii. Maintain or improve the percentage of HSC patients who reported participating in their planning discharge. |  |  | 80% | 79% | 74% | 79% | 75% | 78% | 80% |
| iii. Maintain or improve the percentage of HSC patients who reported both they and their doctor or therapist from the community were actively involved in their hospital treatment plan. |  |  | 72% | 70% | 65% | 68% | 59% | 70% | 72% |
| Community Based Adult Mental Health Services. Providing counseling, psychiatric treatment and case management services to individuals, decreasing reliance on publicly funded services. | | | | | | | | | |
| i. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who visited an emergency room for a psychiatric or emotional problem six months after start of services. |  |  | -12% | -12% | -14% | -15% | -13% | -13% | -12% |
| ii. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who spent night in the hospital six months after start of services. |  |  | -11% | -12% | -9% | -17% | -17% | -14% | -11% |
| iii. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who reported spending at least one night in a correctional facility six months after start of services. |  |  | -13% | -11% | -14% | -15% | -15% | -15% | -13% |
| iv. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who reported one or more arrests in the past 30 days 6 months after start of services. |  |  | -7% | -6% | -10% | -5% | -5% | -7% | -7% |

Department of Social Services

Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|---|---|--------|--------|------|------|------|------|------|
| Community Based Substance Use Disorder Treatment Services - Providing outpatient, inpatient and low-intensity residential treatment services to individuals, decreasing reliance on publicly funded services. Successful discharge from treatment was 45% higher than the national average. Employment was 8% higher than the national average. | | | | | | | | | |
| i. Percent discharged from substance use disorder treatment successfully. |  |  | 75% | 70% | 69% | 69% | 72% | 74% | 75% |
| ii. Percent of adult clients who reported the ability to control their substance use at discharge. |  |  | 98% | 98% | 98% | 98% | 98% | 98% | 98% |
| iii. Percent of adult clients who reported motivation to not use substances at discharge. |  |  | 89% | 86% | 87% | 79% | 87% | 88% | 89% |







Performance Measures

| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
|--|---|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Program Integrity - National Awards - Nationally Recognized for Program Quality. | | | | | | | | | |
| i. Medicaid: Only state in the nation to receive continuous exemption since 2010 from recovery audit contractor requirements. Collected \$10.3 million in third party liability, estate recovery and fraud collections. Less than 1% of collections are fraud related. |  |  | \$10.3 | \$9.0 | \$8.7 | \$8.7 | \$9.2 | \$8.7 | \$10.3 |
| ii. Medicaid Claims Processing: The program processed 6.8 million claims in FY 2021. Average number of days to process claim. |  |  | 3.68 | 3.00 | 4.85 | 4.15 | 4.38 | 3.70 | 3.68 |
| iii. Child Support: \$119 million in collections in SFY 2021 for 55,238 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% | 64% | 64% | 64% | 64% | 64% | 63% |
| iv. Child Support: Collections in millions. |  |  | \$119 | \$117 | \$115 | \$115 | \$116 | \$128 | \$119 |
| v. Child Support: Number of child support cases. |  |  | 55,238 | 55,250 | 60,000 | 60,266 | 59,205 | 57,528 | 55,238 |
| vi. Child Support: Administrative costs. |  |  | \$11.74/\$1 | \$10.75/\$1 | \$11.00/\$1 | \$10.42/\$1 | \$10.24/\$1 | \$10.46/\$1 | \$11.74/\$1 |
| vii. Child Care: Percent of payment accuracy compared to national average of 95%. |  |  | 99% | 95% | 96% | 99% | 99% | 99% | 99% |

Agency comments regarding the accomplishment of Goal 4:




Department of Social Services

Goal 5. Strengthen and align our team to accomplish our mission.

| | Performance Measures | | | | | | | | |
|--|---|---|--------|--------|-------|-------|-------|-------|-------|
| | Trend | Status | Actual | Target | FY17 | FY18 | FY19 | FY20 | FY21 |
| Objective A: Enhance recruitment and retention efforts that results in a workforce that possesses the values and competencies necessary to accomplish the | | | | | | | | | |
| Employee engagement survey results. | | | | | | | | | |
| i. Percent of DSS employees engaged compared to the statewide average of 75%. |  |  | - | 75% | 85% | - | 75% | - | - |
| DSS turnover is less than statewide average. | | | | | | | | | |
| i. DSS turnover compared to the statewide turnover of 14.7%. |  |  | 18.5% | 14.7% | 16.8% | 18.6% | 19.0% | 14.6% | 18.5% |
| Number of interns that became CPS employees. | | | | | | | | | |
| i. CPS currently has 41 staff employed who were previously interns. |  |  | 6 | 7 | 6 | 10 | 5 | 7 | 6 |

Agency comments regarding the accomplishment of Goal 5:

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).