

Bureau of Human Resources & Administration

Agency's Mission Statement: Support organization and individual success, providing trusted counsel and delivering the resources essential to effective public service.

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: Promoting the safety and wellbeing of team members and their families

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	FY23	FY24	FY25	FY26	FY27
Activity A. Understanding individual health and risk									
i. Percent of male employees or dependent spouses getting an annual physical from a primary care physician.				≥ 60%					0%
ii. Percent of female employees or dependent spouses getting an annual physical from a primary care physician.				≥ 75%					0%
iii. Percent of employees and covered spouses completing online risk assessment and annual physical.				≥ 65%					0%
Activity B. Providing tools and education to support wellbeing									
i. Percent of eligible plan members participating in disease management.				≥ 50%					0%
ii. Employee Assistance Program participation.				≥ 8%					0%
v. Percent of employees participating in a wellness challenge or activity.				≥ 30%					0%
Activity B. Ensuring a safe environment									
iv. Total Recordable Incident Rate (TRIR)				≤2.3					0%

Performance Measures		Historical Data Section	
----------------------	--	-------------------------	--

Percent executive branch employees participating in state offered trainings.	≥ 40%	0%
i. Percent executive branch employees participating in state offered trainings.		

Activity C. Delivering a positive employee experience

ii. Overall employee engagement (measured bi-annually).		31%	0%
---	---	-----	----

Performance Measures		Historical Data Section	
----------------------	--	-------------------------	--

Activity A. Protecting facility investment for the long-term

Activity B. Providing a safe, reliable fleet

i. Motor Pool Utilization Rate		≥ 60%	0%
--------------------------------	---	-------	----

Activity C: Complete Central Services work orders timely and accurately

i. Receive, action, and complete agency requests. Target is a 3 day turnaround for

Performance Measures		Historical Data Section	
----------------------	--	-------------------------	--

Activity A. Complete Central Services work orders timely and accurately.

Performance Measures		Historical Data Section	
----------------------	--	-------------------------	--

Activity A. Performing Risk Audits

Bureau of Human Resources & Administration

i. Facilities audited annually



≥75%

0%

Goal 6. Recruit, develop, and retain a qualified workforce

Performance Measures

Historical Data Section

Activity A. Bureau Annual Turnover

i. Create a professional and stable workforce by keep BHRA annual turnover below 10%.



< 10%

0.0%

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.

Bureau of Information & Technology

BIT's Mission Statement: To be partners and technology leaders who deliver and support innovative, secure, and efficient services.

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: Provide a Reliable, Secure, and Modern Infrastructure

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	FY22	FY23	FY24	FY25	FY26
Activity A. What activities are you doing to accomplish Goal 1?									
Maintain 99.8% average uptime per month, year (Private Cloud)			100.00%	>99.8%	99.85%	100.00%	100.00%	100.00%	
Maintain 99.8% average uptime per month, year (Mainframe)			100.00%	>99.8%	100.00%	100.00%	100.00%	100.00%	
SDPB TV uptime			99.87%	>99.8%	99.88%	99.91%	99.87%	99.00%	
SD.net live delivery hours			1,741	>750 hours	1,864	1,615	1,642	1,741	
SDPB FM uptime			98.00%	>99.8%	99.94%	99.71%	99.88%	98.00%	
State employee email assessment annual failure rate			6.7%	<5%	2.2%	6.7%	4.0%	6.7%	
Payment Card Industry (PCI) standards annual average score			100%	>99.8%	100%	100%	100%	100%	
Meeting internal security patch goals			13.5	<10 days - 90% install	7.38	8.44	14.5	13.5	
Monthly Windows server patching (NEW)				100%					

Bureau comments regarding the accomplishment of Goal 1: Citizen services and employee productivity are hindered when networks are down. Keeping the state's network running and its data safe is our essential service to our customers. The August 2025 outage will be part of the FY26 data.

Goal 2. Deliver Valuable Services at Economical Costs.

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	FY22	FY23	FY24	FY25	FY26
Activity A. What activities are you doing to accomplish Goal 2?									
Service Desk meets service-level agreements			95%	≥95%	93%	91%	95%	95%	
Satisfactory/neutral customer overall ratings after Service Desk experience			97%	≥95%	97%	96%	96%	97%	
Applications using mySD single sign-on (NEW)				≥95%					

Bureau comments regarding the accomplishment of Goal 2: The mySD single sign-on system provides convenience for citizens who only have to know one email address and password to access state services. It also is a security measure because the state resources can be dedicated to fortifying this single portal.

Goal 3. Build and Retain a Highly Skilled Workforce

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	FY22	FY23	FY24	FY25	FY26
Activity A. What activities are you doing to accomplish Goal 3?									
Annual staff turnover			7.8%	<10%	12.9%	9.5%	7.3%	7.8%	
Employee engagement (every two-year survey by BHR)									
Engaged employees				≥30%	28.0%		30.0%		28.20%
Moderately engaged employees				≥45%	49.0%		50.0%		48.70%

Bureau comments regarding the accomplishment of Goal 3: (BHRA conducts the employee engagement survey every other year, so there is no data for FY23 or FY25.) We continue to have better employee engagement scores than the statewide average. Pay increases for team members in the IT career band have contributed to lower turnover. This is particularly impressive since the work-from-home market in IT forces us to compete nationally to maintain talent.

Department of Health

Agency's Mission Statement: Working together to promote, protect, and improve health

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: Healthy Beginnings

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY20	CY21	CY22	CY23	CY24
Activity A. Pediatric Obesity Rate Reduce the percentage of WIC participants, aged 2 through 4, with obesity from 15.6% in 2019 to 14% by 2025.				14.0%	16.9%	16.2%	17.0%	16.8%	17.0%
Activity B. Childhood Immunization Rates				95.0%	94.6%	93.7%	92.7%	90.8%	90.0%

Agency comments regarding the accomplishment of Goal 1:

Goal 2: Maternal and Child Health

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY20	CY21	CY22	CY23	CY24
Activity A. Infant Mortality Reduce 5-year infant mortality rate from 6.3 infant deaths per 1,000 live birth (2014-2018) to 5.8 per 1,000 live births (2021-2025).				5.8	6.5	6.9	6.9	7.0	7.0
Activity B. Maternal Mortality Reduce 5-year maternal mortality rate from 16.4 maternal deaths per 100,000 live births (2014-2018) to 15.6 maternal deaths per 100,000 live births (2021-2025).				15.6	18.7	25.9	28.1	23.1	
Activity C. Breastfeeding Increase the percentage of infants still breastfeeding at 8 weeks from 75.7% from 2018 to 76.2% in 2025.				75.0%	74.4%	72.4%	77.6%	76.9%	

Agency comments regarding the accomplishment of Goal 2: CY24 data for maternal mortality and breastfeeding is not available.

Goal 3: Injury and Harm Prevention

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY20	CY21	CY22	CY23	CY24
Activity A. Suicide Deaths Decrease the crude suicide death rate in South Dakota from 20.7 per 100,000 in 2020 to 18.6 per 100,000 in 2025.				18.6	20.7	22.6	21.4	19.6	21.4
Activity B. Unintentional Overdoses Decrease the crude unintentional overdose death rate in South Dakota from 7.8 per 100,000 in 2020 to 7.0 per 100,000 in 2025.				7.0	7.8	9.6	9.2	7.9	8.3

Department of Health

Agency comments regarding the accomplishment of Goal 3:

Goal 4. Access to Care

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	FY21	FY22	FY23	FY24	FY25
Activity A. Average Scene Time for Ground EMS Agencies Achieve and maintain an average scene time for ground EMS agencies of 16 minutes.				16.0	16.7	16.8	16.4	16.6	16.5
Activity B. Healthcare Professional Licensees Increase the number of health professionals licensed in South Dakota									
Physicians			6295				5273	6717	6885
RNs/LPNs			24560		21502	21922	22328	22721	23076
Advanced practice nurses			2849		2003	2258	2590	2568	2961
Physician assistants			731				773	833	875
Advanced life support			1066				969	1003	1002

Agency comments regarding the accomplishment of Goal 4: Activity B - data not available for FY21-FY22 for physicians, physician assistants, and advanced life support personnel. Advanced practice nurse numbers are for nurse practitioners and nurse midwives.

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.

Department of Health (2028)

Agency's Mission Statement: Working together to promote, protect, and improve health.

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: Healthy Beginnings

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY22	CY23	CY24	CY25	CY26
Activity A. Pediatric Obesity Rate									
Reduce the percentage of WIC participants, aged 2 through 4, with obesity from 17% in 2022 to 14% by 2028.			16.1%	14.0%	17.0%	16.8%	17.0%	16.1%	
Activity B. Childhood Immunization Rates									
Increase percentage of children vaccinated for MMR at kindergarten entry from 89.9% in 2025 to 91.5% in 2028.			89.9%	91.5%	92.7%	90.8%	90.0%	89.9%	
Activity C. Safe Sleep									
Increase the percentage of South Dakota mothers who report placing their infant to sleep on an approved sleep surface every time from 31.4% in 2023 to 37.7% in 2028.			31.40%	37.70%		31.40%			

Agency comments regarding the accomplishment of Goal 1: Safe sleep data was added to PRAMS for 2023. 2024 and 2025 data is not available from CDC yet as PRAMS data lags behind a couple years.

Goal 2: Maternal and Child Health

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY22	CY23	CY24	CY25	CY26
Activity A. Infant Mortality									
Reduce 5-year infant mortality rate from 6.7 infant deaths per 1,000 live birth (2021-2025) to 6.0 per 1,000 live births (2024-2028).			6.7	6.0	6.9	7.0	7.0	6.7	
Activity B. Maternal Mortality									
Reduce 5-year maternal mortality rate from 21.4 maternal deaths per 100,000 live births (2020-2024) to 19.2 maternal deaths per 100,000 live births (2024-2028).			21.4	19.2	28.1	23.1	21.4		

Agency comments regarding the accomplishment of Goal 2: CY25 and CY26 data for maternal mortality is not available (federal source).

Goal 3. Injury and Harm Prevention

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY22	CY23	CY24	CY25	CY26
Activity A. Suicide Deaths									
Decrease the crude suicide death rate in South Dakota from 22.2 per 100,000 in 2025 to 18.6 per 100,000 in 2028.			22.2	18.6	21.4	19.6	21.4	22.2	
Activity B. Unintentional Overdoses									
Decrease the crude unintentional overdose death rate in South Dakota from 7.2 per 100,000 in 2025 to 7.0 per 100,000 in 2028.			7.2	7.0	9.2	7.9	8.3	7.2	

Agency comments regarding the accomplishment of Goal 3:

Goal 4. Access to Care

	Performance Measures				Historical Data Section				
	Trend	Status	Actual	Target	CY22	CY23	CY24	CY25	CY26
Activity A. Emergency Technician Pass Rate									
Increase the National Registry of Emergency Technician first time pass rate from 68% in 2025 to 75% by December 2028.			68%	75%				68%	
Activity B. Breast and Cervical Screening									
Increase breast and cervical cancer screening and follow-up services within SD All Women Count! program from 1,273 in 2025 to 1,500 by 2028.			1273	1500	1628	1776	1284	1273	
Activity C. Healthcare Professional Licensees									
Physicians: Increase the number of physicians licensed with the Board of Medical and Osteopathic Examiners from 7,651 in FY2026 to 11,098 by FY2029.			7651	11098	5273	6717	6885	7651	
RNs/LPNs: Increase the number of RNs/LPNs licensed with the Board of Nursing from 23,304 in FY2026 to 24,317 by FY2029.			23304	24317	22328	22721	23076	23304	
Advanced practice nurses: Increase the number of advanced practice nurses licensed with the Board of Nursing from 3,263 in FY2026 to 4,111 by FY2029.			3263	4111	2590	2568	2961	3263	

Physician assistants: Increase the number of physician assistants licensed with the Board of Medical Osteopathic Examiners from 900 in FY2026 to 1,048 by FY2029.		900	1048	773	833	875	900
Advanced life support: Increase the number of licensees with advanced life support from 1,057 in FY2026 to 1,153 by FY2029.		1057	1153	969	1003	1002	1057
Emergency Medical Services Personnel: Increase the number of emergency medical services personnel licensed with the Board of Medical and Osteopathic Examiners from 3,274 in FY2026 to 3,712 by FY2029.		3274	3712			3227	3274
Agency comments regarding the accomplishment of Goal 4: Activity A is for the EMT student National Registry Cognitive Exam 1st attempt pass rate. Activity B: Advanced practice nurse numbers are for nurse practitioners and nurse midwives.							

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.

Department of Revenue

Agency's Mission Statement: Proactively providing fair and consistent revenue administration for South Dakota.

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. License every business/retailer, individual, device, and vehicle as required by law to do business and/or operate in South Dakota.

		Performance Measures			Historical Data Section					
	Trend	Status	FY27 Actual	FY27 Target	FY21	FY22	FY23	FY24	FY25	FY26
i. Percent of motor vehicle titles that require correction or additional documentation				< 5.0%						5.5%
ii. Percent of video lottery establishments inspected annually				>= 91.0%			88.5%	90.4%	86.8%	90.7%
iii. Percent of license applications worked within 7 days										
iiia. Business Tax				>= 92.0%	87.9%	84.8%	85.4%	90.1%	92.3%	90.0%
iiib. Dealer				>= 90.0%						83.5%
iiic. Motor Carrier				>= 90.0%						58.7%
iiid. Motor Fuel				>= 90.0%						88.6%

Agency comments regarding the accomplishment of Goal 1:

Goal 2. Ensure licensees and partners are compliant with state laws through targeted and consistent regulatory efforts.

	Performance Measures				Historical Data Section					
	Trend	Status	FY27 Actual	FY27 Target	FY21	FY22	FY23	FY24	FY25	FY26
Activity A. Regulate										
i. Percent of audits given a quality distinct audit (QDA) to ensure accuracy of tax assessments				>= 85%	72.0%	78.0%	83.0%	84.0%	85.0%	86.0%
ii. Percent of auditors on-track to complete required number of QDAs				>= 90%						85.0%
iii. Percent of zero audits finished in less than 32 hours to reduce audit cycle time				>= 75%						63.0%
iv. Percent of gaming revenue audits completed within expected timeframe				>= 75%					50.0%	70.0%
v. Percent of gaming operators with a minimum of two observations completed in a year				100%	93.0%	100.0%	91.0%	91.8%	96.3%	99.8%
vi. Percent of audited auto-issued motor vehicle titles that require correction or additional documentation				< 10.0%						
vii. Percent of business tax discovery leads worked and closed within 90 days				>= 85.0%	79.0%	74.0%	79.0%	80.0%	81.0%	83.0%
viii. Percent of motor fuel unlicensed and non-compliant license leads worked and closed within 90 days				>= 90.0%						86.8%
ix. Property Tax county levy approval average turnaround time in days				<= 25	35	46	44	36	30	26
x. The number of counties requiring an equalization factor greater than 1.000				0						4
xi. Percent of new tax increment district (TIF) base valuations worked within 10 working days				100%						

Activity B. Stakeholder Outreach and Education

i. Total number of license reviews				1,700						1,646
ii. Percent of annual assessor school attendees that pass the required course test				100%						98.0%
iii. Number of DOR provided seminars and classes				52	41	57	69	47	89	36
iv. Number of attendees of DOR provided seminars and classes				2,080	1,045	1,688	2,212	1,175	4,981	1,859

Agency comments regarding the accomplishment of Goal 2:

AI. A Quality Distinct Audit (QDA) is an audit designated by a manager that meets defined quality standards, including appropriate hours and staffing, business specific sampling methods, strong pre-net operating income (NOI) research, and an audit period aligned with known issues. Not all audits involve the complexity or issues necessary to meet these criteria and are ineligible to receive a QDA. For example, if an auditor reviews four related licenses but only one has meaningful records or tax exposure, only that one can qualify as a QDA. The goal is 85% because forcing 100% would misrepresent the work and add unnecessary burden where a full QDA level audit is not warranted.

Aiii. A zero audit is an audit in which no additional tax is assessed, meaning the auditor's review results in zero dollars owed or adjusted. These audits still require time and verification work, but they ultimately confirm that the taxpayer's filings were accurate and no changes are needed.

BI. License reviews include business tax, bank franchise, dealer, gaming, motor fuel, and tobacco. Due to system limitations, each division tracks license reviews using different methods, which makes it impossible to calculate license reviews as a percentage. For this reason, the performance measure is reported as a total number rather than a percentage.

Goal 3. Collect all monies due to the State and our partners, accurately account for the funds, and distribute the monies according to state law.

		Performance Measures			Historical Data Section					
	Trend	Status	FY27 Actual	FY27 Target	FY21	FY22	FY23	FY24	FY25	FY26
i. Reduce tax return delinquency rate				0.0%						9.7%
ii. Increase business tax returns filed electronically				100.0%	80.0%	81.7%	84.0%	86.0%	87.0%	88.7%
iii. Increase business tax revenue collected electronically				100.0%	95.0%	95.8%	95.8%	97.0%	97.0%	97.6%
iv. Reduce the number of business tax zero returns filed on paper by 5% annually				32,996						34,646
v. Percent of transactions that require motor vehicle excise tax adjustments				0.0%				0.5%		

vi. Increase the percent of lottery prizes paid through mobile cashing

>= 28.0%

14.5%

25.5%

Agency comments regarding the accomplishment of Goal 3:

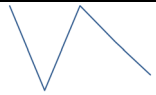
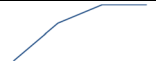
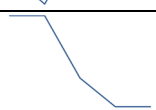
i. The tax return delinquency rate includes business tax, motor fuel, and motor carrier returns.

Goal 4. Provide excellent customer service and tools to become licensed and compliant with all state laws.

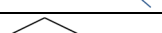
	Performance Measures				Historical Data Section					
	Trend	Status	FY27 Actual	FY27 Target	FY21	FY22	FY23	FY24	FY25	FY26
i. Business Tax Division Contact Center										
ia. Abandoned Call Rate				< 1.0%	2.8%	2.7%	2.8%	1.6%	1.2%	1.2%
ib. Abandoned Chat Rate				< 1.0%	0.9%	0.7%	0.2%	0.7%	0.6%	0.7%
ii. Motor Vehicle Division Contact Center										
ia. Abandoned Call Rate				< 5.0%	3.5%	4.0%	8.8%	8.7%	11.3%	4.6%
iib. Abandoned Chat Rate				< 3.0%	1.6%	0.7%	1.6%	7.2%	10.1%	13.1%
iii. Increase "Responsible Gambling" advertisement views by 8.5% annually				>= 5,244,160			3,125,122	3,388,386	3,791,240	4,833,328
iv. Increase motor carrier online portal usage for renewals and filing				>= 85%						80.0%
v. Increase vehicle renewal notices sent electronically via 605Drive				>= 30%						25.0%
vi. Increase motor vehicle kiosk and my605Drive portal usage				>= 20%	16.0%	17.0%	15.0%	15.0%	18.0%	20.0%

Agency comments regarding the accomplishment of Goal 4:

vi. The FY27 target remains unchanged because new electronic title enhancements in the my605Drive portal require strengthened security and identity verification. MVD will assess the impact on usage before increasing the target.

	2026 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.					
							- Indicates metric not available due to implementation dates or availability of data (SFY, FFY vs CY).					
		Performance Measures										
		Trend		Actual	Target	FY22	FY23	FY24	FY25	FY26		
	Identify and implement innovative solutions through enhanced partnerships to create better outcomes for our customers and stakeholders											
	Economic Assistance:Third party partnership.											
1	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. (began October 2024)			20	34				20	20		
2	ii. Number of succuessful completions.			6	20				6	6		
	Human Services Center: Geriatric Psychiatric Treatment - Clinicians from the HSC provide psychiatric review and consultation services for residents of community nursing home and assisted living facilities with behavioral health challenges.											
3	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.			94%	93%	100%	93%	100%	97%	94%		
	Behavioral Health and Human Services Center: Increase access to crisis services through enhanced partnerships and collaboration around implementation of the Crisis Now model.											
4	i. The number of individuals in 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.			98%	90%	-	95%	97%	98%	98%		
5	ii. The number of individuals in crisis who need “Someone to Respond” who receive a virtual crisis response and who then no longer need further intervention is maintained or increased.			76%	65%	75%	69%	81%	77%	76%		
6	iii. Reduction in the percentage of 5 days or less stays at HSC due to the number of individuals in crisis who need “Somewhere to Go” and are served in appropriate regional facilities instead.			10%	20%	31%	31%	17%	10%	10%		
	Behavioral Health: Maintain or increase the impact of suicide prevention trainings through enhanced partnerships and collaboration with stakeholders.											
7	i. Maintain or increase the number of suicide prevention trainings.			404	159	105	159	256	329	404		
8	ii. Maintain or increase the number of people trained in suicide prevention.			9,600	4,552	3,572	4,552	5,833	8,424	9,600		

		Performance Measures								
		Trend		Actual	Target	FY22	FY23	FY24	FY25	FY26
9	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.			93%	90%	92%	89%	88%	90%	93%
	Behavioral Health and Human Services Center: Increase or maintain the staffing capacity of funded providers and at HSC through enhanced partnerships and collaboration with stakeholders, including treatment and support agencies and institutions of higher learning.									
10	i. Increase or maintain the number of student nursing internship / perceptorship experiences at HSC.			11	8	2	4	6	7	11
11	ii. Increase or maintain the number of total student experiences on Human Services Center campus.			361	400				397	361
12	iii. Reduction of vacancy rates with publicly funded providers per Access to Service Survey. (Mental Health)			12%	15%	14%	19%	20%	11%	12%
13	iv. Reduction of vacancy rates with publicly funded providers per Access to Service.(Substance Use Disorder)			14%	15%	15%	11%	11%	12%	14%
	Invest in continuous improvement efficiencies, effectiveness and technology									
	Medical Services: South Dakota exceeds the national average for both measures below, according to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey by the Centers for Medicare and Medicaid Services for Medicaid Adults, Children, and CHIP.									
14	i. Getting Needed Care			86%	83%	85%	83%	85%	83%	86%
15	ii. Getting Care Quickly			87%	85%	88%	86%	90%	89%	87%
	Medical Services: 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.									
16	i. Adult Preventative Visits			23%	20%	14%	15%	15%	20%	23%
17	ii. Well Child Visits (6+ Visits in the First Fifteen Months of Life)			45%	52%	39%	41%	41%	43%	45%
	Medical Services: About 13,000 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.									
18	i. Health Home Program - Net cost avoidance in millions primarily due to a reduction in avoidable inpatient admissions and emergency department visits.			\$15.3	\$7.5	\$11.2	\$8.1	\$8.5	\$17.5	\$15.3
	Human Services Center: Increase or maintain data transparency of outcomes to customers and the agency.									
19	i. Maintain or increase the percentage of positive responses to survey question: "I am better able to deal with crisis" after hospitalization at HSC. Patient experience domain.			83%	76%	79%	76%	77%	76%	83%
20	ii. Maintain or increase the percentage of positive responses to survey question: "My symptoms are not bothering me as much" after hospitalization at HSC.			73%	75%	78%	75%	71%	73%	73%
21	iii. Maintain or increase the percentage of positive responses to survey question: "I do better in social situations" after hospitalization at HSC.			62%	64%	63%	64%	60%	63%	62%
22	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%	69%	70%	69%	72%	70%
	Streamline the customer experience by reducing touchpoints and improving response times									
	Communications: Enhance the Department's website and develop relevant decision support tools that better assist customers in accessing appropriate services.									
23	i. Increased number of DSS website users.			108,003	75,000	77,095	89,538	87,367	86,740	108,003

		Performance Measures								
		Trend		Actual	Target	FY22	FY23	FY24	FY25	FY26
24	ii. Increased number of page views.			226,557	214,000	211,201	233,866	222,623	212,264	226,557
25	iii. Increased number of unique visitors.			61,179	47,000	49,689	57,838	51,000	50,686	61,179
	Office of Licensing & Accreditation: Enhance licensing, training, and supports for prospective and current foster parents.									
26	i. Increase number of newly licensed foster families.			360	220	302	210	208	195	360
	Medical Services: Modernize Medicaid Transactions									
27	i. Decrease percent of claims received by paper.			4%	3%	5%	6%	6%	4%	4%
28	ii. Increase percent of recipients using the online selection tool to choose their care management provider			58%	60%	41%	39%	33%	53%	58%
	Behavioral Health: Ensure clients experience timely and convenient access to services.									
29	i. Maintain or decrease wait times in days reported by mental health agencies in the quarterly Access to Services Survey.			12	14	17	16	15	15	12
30	ii. Maintain or decrease wait times in days reported by substance use disorder treatment agencies in the quarterly Access to Services Survey.			5	14	7	8	7	7	5
	Reduce risk factors and enhance protective capacities									
	Economic Assistance: Identify and implement strategies to inform program recipients of Medicaid, SNAP and TANF about wellness/prevention tips.									
31	ii. A pilot program provides families with activities and materials to engage in wellness activities. Increase number of families from Cheyenne River Reservation who are participating in the pilot program. (The pilot program required Tribal approval and began August 21, 2021.)			34	60	9	17	17	34	-
32	Participants in SNAP-Ed activities reporting an increase in fruit and vegetable consumption. <i>New for SFY24</i>			57%	25%			39%	44%	57%
33	Participants in SNAP-ED activities reporting an increase in their physical activity. <i>New for SFY24</i>			53%	25%			49%	51%	53%
	Child Protection Services: Reunify families whenever possible.									
	In Home Services									
34	i. Increase percentage of Present Danger Plans present in homes.			58.7%	55%	53.90%	56.60%	60.7%	59.1%	58.7%
35	ii. Percentage of families receiving ongoing services (in home safety plans) in home.			7.3%	9%	8.1%	8.9%	7.6%	7.2%	7.3%
	Permanency									
36	i. Out of the children who achieved reunification within the fiscal year, 72.6% achieved reunification within 12 months of entering custody.			72.6%	65%	64.4%	64.5%	66.3%	58.2%	72.6%
37	ii. Out of children who achieved a finalized adoption within the fiscal year, 32.5% achieved adoption within 24 months of placement.			32.5%	30%	19.7%	33.1%	27.0%	32.3%	32.5%
38	iii. Out of children who achieved a guardianship within the fiscal year, % of children who achieve guardianship within 18 months of placement.			53.3%	55%	52.6%	65.8%	43.2%	38.9%	53.3%
	Placement									

		Performance Measures								
		Trend		Actual	Target	FY22	FY23	FY24	FY25	FY26
39	i. Out of children who have a goal of adoption within the fiscal year, percentage of children with an identified resource.			75%	66%	68%	70%	66%	74%	75%
40	ii. Percentage of children in a kinship (this includes fictive kinship)			33.9%	30%	29.9%	28.2%	29.4%	32.3%	33.9%
41	iii. Percentage of children in custody in a family setting			87.1%	85%	84.0%	83.9%	85.1%	86.4%	87.1%
	Caseworker Visit									
42	i. Out of all caseworker visits that were expected, % that occurred			97.4%	95%	97.5%	97.2%	95.8%	96.2%	97.4%
	Increase use of continuous improvement models to improve efficiencies and measure effectiveness									
43	i. Increase percentage employed 30 days after starting job (majority full time) for participants who must meet work requirements for Supplemental Nutrition Assistance (SNAP).			56%	94%	82%	65%	74%	53%	56%
44	ii. Increase percentage employed 30 days after starting job (majority full time) for participants who must meet work requirements for Temporary Assistance for Needy Families (TANF).			78%	89%	84%	85%	83%	80%	78%
	Medical Services/Child Support: Program Integrity - National Awards - Nationally Recognized for Program Quality. The Payment Error Rate Measurement (PERM) review occurs every three years.									
45	i. Fee-for-Service PERM: CHIP			1.20%	4.7%	-	-		1.2%	-
46	ii. Fee-For-Service PERM: Medicaid			0.0%	4.8%	-	-		0.0%	-
47	iii. Medicaid Claims Processing: The program processed over 9.3 million claims in FY 2026. Average number of days to process claim. Industry standard is 30 days or less.			5.6	3.0	6.3	7.1	5.5	4.9	5.6
48	iii. Child Support: Ranked in the top 15 nationally for the last 17 years. As a result, the program earned financial program awards for top performance each year. Percent of current child support collected.			63%	63%	63%	63%	64%	64%	63%
49	iv. Child Support: Collections in millions.			\$107	\$108	\$117	\$113	\$111	\$110	\$107
50	Full Service			\$93.96	\$94.50	\$103.50	\$99.40	\$97.20	\$96.29	\$93.96
51	Payment Processing Only			\$13.80	\$13.50	\$13.50	\$13.60	\$13.90	\$13.50	\$13.80
52	v. Child Support: Number of child support cases.			45,524	48,400	53,469	52,311	51,415	48,585	45,524
53	Full Service Cases			31,636	34,400	38,943	37,993	37,231	34,427	31,636
54	Non-Jurisdictional Cases			2,146	2,000	1,874	1,780	2,127	2,067	2,146
55	Payment Processing Only Cases			11,742	12,000	12,652	12,538	12,057	12,091	11,742
56	vi. Child Support: Percentage of Cases Paying									
57	Full Service			72.7%	68.0%				68.2%	72.7%
58	Payment Processing Only			16.5%	16.0%				16.8%	16.5%
59	vii. SNAP Program Integrity: Lowest SNAP Error rate in the country with for FFY25 at 2.47%. The national average was 10.62%.				95%	96.93%	96.73%	96.72%	97.53%	
60	viii. Child Care: Percent of payment accuracy compared to national average of 95%.			99%	95%	99%	99%	99%	99%	99%
	Program Impacts									

		Performance Measures								
		Trend		Actual	Target	FY22	FY23	FY24	FY25	FY26
61	i. Medicaid recipients report having improved their ability to receive preventative care.			87%	90%	-	96%	95%	95%	87%
62	ii. Energy Assistance recipients report having learned more about energy conservation.			72%	90%	-	78%	83%	81%	72%
63	iii. SNAP recipients report having learned more about nutrition and food budgeting.			72%	90%	-	83%	84%	78%	72%
64	iv. Child Care Assistance recipients report being better able to access childcare.			100%	90%	-	100%	100%	100%	100%
65	v. TANF recipients report being better able to address barriers to employment.			100%	90%	-	75%	88%	100%	100%
	Recruit, develop and retain our quality staff									
	Employee engagement survey results.									
66	i. Percent of DSS employees engaged compared to the statewide average of 75.3%.			70.0%	75.3%	77.0%	-	78.1%	-	70.0%
	DSS turnover is less than statewide average.									
67	i. DSS turnover compared to the statewide turnover of 13.4%.			15.6%	13.4%	18.1%	14.9%	12.3%	15.4%	15.6%
	Interns at DSS									
68	i. Number of Interns			97	40	23	23	40	43	97
69	ii. Number of divisions that supported interns			6	6	1	2	5	6	6