REPORT OF THE

GOVERNMENT OPERATIONS AND AUDIT COMMITTEE

2020

COMMITTEE MEMBERS

Representative Sue Peterson, Chair Senator Ryan Maher, Vice Chair

Representative Steven Haugaard Representative Chris Karr Representative Isaac Latterell Representative Shawn Bordeaux Senator Jack Kolbeck Senator John Wiik Senator Arthur Rusch Senator Susan Wismer

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Committee Responsibilities

The Government Operations and Audit Committee was established by South Dakota Codified Law (SDCL) 2-6-2. The Committee is appointed at each regular session of the Legislature. The Committee consists of ten members, five members from the Senate appointed by the President Pro Tempore of the Senate, one of whom shall be a member of the Judiciary Committee and five members from the House appointed by the Speaker of the House, one of whom shall be a member of the Judiciary Committee.

The responsibilities of the Committee are:

- To inquire and review any phase of the operations and the fiscal affairs of any department, institution, board or agency of the State;
- To examine records and vouchers, summon witnesses, examine expenditures and the general management of departments, as deemed necessary;
- Develop and implement a performance management review process to evaluate the efficiency and effectiveness of State agencies;
- Review limitations on use relating to the University Centers off-campus sites in Pierre, Rapid City, and Sioux Falls and make recommendations to the Legislature regarding these limitations;
- To make a detailed report to the Senate and House of Representatives and submit a copy of its report to the Appropriations Committee of each House of the Legislature at the next succeeding session of the Legislature or any special session of the Legislature upon request of the body.
- To review the following annual reports:
 - Single Audit Report of the State of South Dakota and separately issued agency audit reports
 - South Dakota 911 Coordination Board
 - South Dakota State Brand Board
 - South Dakota High School Activities Association
 - Obligation Recovery Center
 - Accountability report from the Technical Institutes
 - Annual reports from each Department administering funds received from the Building South Dakota program
 - Department of Corrections' semi-annual report on abuse and neglect in private placement facilities

- Report of compiled authorizations to derive a direct benefit from a contract, as collected by the Bureau of Human Resources
- Report of compiled authorizations to derive a direct benefit from a State authority, board, or commission contract, as collected by the Auditor General
- Report and annual work plan of the State Board of Internal Control

Committee Activity

Performance Reports

Senate Bill 120, 2017 session, assigned the Government Operations and Audit Committee the responsibility to develop and implement a performance management review process. The process is a collaborative effort between the agencies and the Committee. When agencies appear every three years, it is an opportunity for the Committee to revise, add, delete, or accept as is existing agency performance measures. The agency has the mission or vision for the Department as well as the data to track progress and the Committee provides feedback for establishing key performance measures. House Bill 1110, 2020 session, instructed the Government Operations and Audit Committee to develop and provide to each State agency a standardized, uniform template that, beginning January 1, 2021, each agency is to use when presenting information to the Committee. The Committee completed the template and provided it to agencies for optional use during the 2020 interim period.

The Committee normally reviews performance measures for seven agencies each year. Due to the workloads in dealing with COVID-19, review of performance measures for the Department of Health and the Department of Labor and Regulation were deferred by the Committee to a future interim period. Five agencies appeared before the Committee and with feedback from the Committee developed the following performance measures.

<u>Department of Human Services</u>

The Secretary of the Department of Human Services explained their mission to enhance the quality of life of people with disabilities, in partnership with its stakeholders. The Department described four goals:

- 1. Provide and facilitate individualized services to support people with disabilities to meet the goals they choose.
- 2. Raise awareness of the resources available to people with disabilities for making an informed choice.
- 3. Retain and support a knowledgeable, engaged, and prepared workforce.
- 4. Integrate a culture of exceptional service with both internal and external stakeholders.

The Secretary stated they are currently in their strategic planning process and plan to present revised performance measures in the upcoming year. The Committee made suggestions for performance measures and did not approve the measures as presented.

Bureau of Human Resources

The Commissioner of the Bureau of Human Resources presented information on three goals for building, developing, and supporting a high-performing and healthy workforce:

- 1. Promoting employee wellbeing.
- 2. Effectively recruiting.
- 3. Develop and retain employees.

The Committee made suggestions for performance measures and approved the measures as revised by the Bureau of Human Resources.

<u>Department of Revenue</u>

The Secretary of the Department of Revenue explained that they recently concluded their strategic plan, referred to as Revenue 2020. The Department is currently involved in the development of the next strategic plan, which will identify new goals and performance measures. The areas of emphasis for the new plan are:

- 1. Our workforce.
- 2. Remote seller voluntary compliance.
- 3. Lottery.
- 4. Business partner outreach.
- 5. Ensuring customer service.
- 6. Title turnaround efficiency.

The Committee made suggestions for performance measures and did not approve the measures as presented.

Bureau of Information and Telecommunications

The Commissioner of the Bureau of Information and Telecommunications described the Bureau's mission to partner and collaborate with clients in support of their missions through innovative information technology consulting systems and solutions. To accomplish this mission the Bureau has three goals:

- 1. Provide a reliable, secure and modern infrastructure.
- 2. Deliver valued services at economical costs.
- 3. Build and retain a highly skilled workforce.

The Committee approved the Bureau's performance measures.

Department of Social Services

The Secretary of the Department of Social Services explained their mission is dedicated to strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with their partners that foster independent and healthy families. The Department has the following five strategic goals:

- 1. Ensure access to services for our customers.
- 2. Promote and support the health, wellbeing and safety of our customers.
- 3. Foster partnerships to maximize resources for our customers.
- 4. Support customers in achieving meaningful outcomes.
- 5. Strengthen and align our team to accomplish our mission.

The Committee asked numerous questions about the activities identified to accomplish the above goals and the respective activity targets that had been developed. The Committee commended the Department on its presentation and the use of the new Committee approved performance measures template. The Committee approved the Department's performance measures.

The Committee deferred its approval of the performance measures for the Department of Health and the Department of Labor and Regulation due to the workloads for these two Departments in dealing with COVID-19.

Specific Matters Pertaining to Various State Agencies

Secretary of State

The Secretary of State appeared before the Committee to describe the office's efforts to prepare for the 2020 elections. The Committee expressed concerns about the processes implemented by county election officials for the proper counting of votes. The Committee asked numerous questions regarding efforts made by the Secretary of State's office to provide training and outreach to the county election officials. In addition, the Committee requested and received information about absentee ballots. The Secretary of State also informed the Committee of measures taken to provide a safe environment for election workers and voters across the State.

Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

The CARES Act was passed by Congress and signed into law by the President on March 27, 2020. The CARES Act economic relief package provides fast and direct economic assistance to States, families, workers, and small businesses to protect the American people from the public health and economic impacts of COVID-19.

The Committee began monitoring the State's use of the CARES Act funding by asking the Department of Legislative Audit to report the cumulative spending of CARES Act funding by the State. At each meeting during the 2020 interim, the Department of Legislative Audit provide cumulative expenditure information relating to CARES Act funding provided to the State of South Dakota.

The Committee asked the Department of Transportation (DOT) to provide additional information on the use of CARES Act funding through the Airport Improvement Program (AIP). The Interim Secretary for the DOT explained that the DOT acts as a channeling state for the various AIP grants funded through the Federal Aviation Administration (FAA). The majority of these grants are between the FAA and cities, counties, and airport authorities that carry out the airport improvement projects. The additional CARES Act funding can be used for operations and specific projects to help airports survive through the COVID-19 pandemic. The Committee plans to continue to review CARES Act expenditure in future meetings.

Aurora Plains Academy

In July 2019, the Committee requested the Department of Social Services (DSS) provide information on the alleged instances of abuse being reported at the Aurora Plains Academy. The DSS explained to the Committee, at that time, the Governor had ordered a full analysis on the process for licensing and inspecting private treatment facilities for children and youth. At the November 2020 Committee meeting, the DSS presented to the Committee the results of their full analysis along with recommendations for improvements. The final report, completed by the DSS, identified the following 11 recommendations for improvement:

- 1. Increase number of licensing on-site visits.
- 2. Enhance reporting process for serious injury and death including creation of a secure email box for reports to be sent to and dispositioned.
- 3. Revision of reporting protocols to Child Protection Services from licensees.
- 4. Revise corrective action plan document and process.
- 5. Transparency through creation of a central repository (one-stop shop) for DSS reports open to public inspection.
- 6. Evaluate and identify opportunities for consolidation.
- 7. Collaborate with providers to review licensure grievance procedures and draft a rule to support best practices.
- 8. Explore legislation to create a grievance monitor.
- 9. Develop annual online report.
- 10. Add additional contracted investigators.
- 11. Consideration of auxiliary placement from DSS to the Department of Education.

DSS reported that the first nine of the above procedures have been implemented. The DSS also reported that the Aurora Plains Academy hired a new director in July 2020. The DSS explained that one challenge has been recruiting and hiring staff at the Aurora Plains Academy. The facility has a capacity of 78 youth, however, due to difficulty in recruiting staff, the numbers

have been greatly reduced. The facility averages one-third of its capacity, with as few as 19 youth served.

During the 2020 Legislative Session the Legislature passed Senate Bill 20, which created a monitor to review and respond to complaints related to the care provided to youth in the custody or care of certain care facilities, treatment centers, and programs. The Committee asked the DSS for an update on this newly created monitor. The DSS reported that there were no proposals received for their first request to hire a monitor. They are in the process of making a second request to hire a monitor. The Committee plans to continue monitoring the DSS for implementation of this new legislation.

The Building South Dakota Programs (BSD)

The Grant Administrator of the Governor's Office of Economic Development (GOED), provided an overview of the programs under the GOED. The Grant Administrator explained the two primary purposes of the Economic Development Partnership Program (EDPP): 1) to help local economic development programs with training needs, and 2) to help local economic development programs recapitalize local revolving loan funds. The EDPP awarded four grants during the fiscal year totaling \$4,000.

The Grant Administrator provided an overview of the Local Infrastructure Improvement Program (LIIP). The program provides grants to assist in funding the construction and reconstruction of infrastructure for the purpose of serving economic development projects. The LIIP awarded four grants during the fiscal year totaling \$967,245. The projected number of jobs created or retained was 941.

The Grant Administrator provided an overview of the Reinvestment Payment Program (RPP). The program is available to assist companies in offsetting the upfront costs associated with relocating or expanding operations and/or upgrading equipment in South Dakota. This program allows for project owners to receive a reinvestment payment, not to exceed the sales and use tax paid on project costs, for new or expanded facilities with project costs in excess of \$20 million, or for equipment upgrades with project costs in excess of \$2 million. The RPP awarded fifteen grants during the fiscal year totaling \$32 million. The projected number of jobs created or retained was 313.

The Grant Administrator provided an overview of the South Dakota Jobs Grant Program (JGP). The program is available to assist companies in offsetting the upfront costs associated with relocating or expanding operations and/or upgrading equipment in South Dakota. There were eighteen JGP grants awarded during the fiscal year totaling \$1.2 million. The projected number of jobs created was 44.5.

The Executive Director of the South Dakota Housing Development Authority (SDHDA) was present to address the Committee regarding the South Dakota Housing Opportunity Fund (HOF). The SDHDA distributes HOF funds geographically throughout the State with 30% of the

funds targeted for cities with a population of 50,000 or more and 70% of the funds targeted for the rest of the State. From the applications received in fiscal year 2020, 26 projects and programs were funded, which will assist 157 individuals and families. In fiscal year 2020, \$3.4 million was awarded by SDHDA.

The Director of the Division of Career and Technical Education with the Department of Education (DOE) reviewed the Workforce Education Fund (WEF) Annual Report and provided an overview of the WEF. The 2018 Legislature passed Senate Bill 81, which limited the fund to providing grants for new and existing secondary career and technical education programs. She discussed the secondary career and technical education grants or workforce education grants, their requirements and provided a list of grants awarded, with four being awarded in 2020. She stated, to date, they have awarded approximately \$4.8 million in grants. The 2016 Legislature passed Senate Bill 9, which appropriated \$2.2 million from the WEF to be used to fund the paraprofessional tuition assistance scholarship program (PTASP) and the Native American Achievement Schools grant program. Approximately \$430,000 of the funding was set aside to provide tuition assistance for paraprofessionals working in public schools with large Native American student populations that demonstrated academic need. There were 16 approved applicants for the program. Of the 16 applicants, 11 graduated with a baccalaureate degree. Of the 11 graduates, 10 are currently teaching in South Dakota. The total cost reported for the PTASP was \$296,920. The remaining amount of appropriation in Senate Bill 9, \$1,770,000, was granted to fund three projects through the Native American Achievement Schools grant program. The purpose of the grant program was to fund the establishment of up to three Native American Schools aimed at improving academic outcomes for Native American Students. Two schools were active in the three-year grant program. Through June 30, 2020, \$916,059 was paid to grant recipients. The Committee will continue to monitor the outcomes of these programs in the future.

South Dakota Board of Technical Education Accountability Report

The Executive Director of the Board of Technical Education and the four Presidents from the technical colleges presented to the Committee. The Director reported on the system's enrollment, retention rate, graduation rate, and student placement. The system's 2019-2020 enrollment report, unduplicated enrollment (full-time, part-time and dual-credit) at the four technical colleges increased by 55 students (7,122 students to 7,177).

The Director explained that the retention rate measures the number of students who enroll in an institution one fall and return to the institution the following fall. The system is currently collecting data for the fall 2020 retention report. The system retention rate history from 2015 to 2019 was 77%, 77%, 78%, 78%, and 78%, respectively.

The Director stated the system produced 2,420 graduates during the 2019-2020 academic year, up from 2,395 graduates in 2018-2019. The system's placement rate for 2019 was 98.6% (2,117). The 2019 rate is an increase from the 98% placement rate in 2018. Among those

graduates who identified themselves as "employed" (1,713), 82.4% (1,412) are employed in South Dakota.

The Director thanked the Legislature for the additional instructor salary support funding and maintenance and repair funding. He explained that the additional funding has helped attract and retain qualified instructors. The Committee accepted the annual accountability report.

South Dakota 911 Coordination Board

The State 9-1-1 Coordinator for the Department of Public Safety presented the 9-1-1 Coordination Board Report, which is submitted each year. South Dakota supports 33 Public Safety Answering Points (PSAPs), including 17 county-operated centers, 10 city-operated, one independent center, four tribal centers and one military base which provide 9-1-1 service to the citizens of the State.

In 2020, the PSAPs answered 350,951 9-1-1 calls. The PSAPs reported their total calls answered (both 9-1-1 and non-emergency calls combined) were 1.6 million. The Board primarily focused on its Next Generation 9-1-1 (NextGen 9-1-1) project implementation and transitioning to the new NextGen 9-1-1 service provider. The South Dakota 9-1-1 Coordination Board completed the installation of the statewide hosted Call Processing Equipment and ESInet implementation by the end of February 2020. The final steps of implementation include Text 9-1-1 and geospatial call routing. These phases of the project are underway. The State 9-1-1 Coordinator reported on the financial activity in the 9-1-1 Coordination Fund for fiscal year 2020 and explained how surcharge revenue is distributed.

The 9-1-1 Coordination Board report stated that on September 13, 2019, the State commenced a civil action against Comtech Communications Corp. and their affiliated corporations NextGen Communications Inc., and TeleCommunication Systems Inc. (the prior NextGen 9-1-1 service providers) alleging various causes of action related to the NextGen 9-1-1 system. On March 17, 2020, the parties entered into a Stipulation settling the civil action. As a result of the settlement, the State 9-1-1 Coordination Fund received \$3.45 million in settlement funds.

South Dakota State Brand Board

The Director of the South Dakota State Brand Board was present to provide the Committee the State Brand Board Annual Report and answer Committee questions. She reported that the State Brand Board receives no General Fund appropriations and operates entirely on brand inspection fees, brand transfers, and renewal fees.

The annual report contained information on the number of livestock inspected during the calendar year, the fees collected, the number of holds, missing or stolen livestock, recovered strays, livestock investigations, and brand registration activity. The Director reported that 1,585,035 head of livestock were inspected in calendar year 2019, as compared to 1,529,134 inspected in calendar year 2018.

The Director stated the Brand Board collected \$3,920 in 2019 from a new brand application fee. The Director reiterated that the Brand Board strives to keep expenses to a minimum and the inspection cost for 2019 was \$1.09 per head. The Committee will continue to review the operations of the State Brand Board.

Conflicts of Interest

Bureau of Human Resources

The Committee reviewed the annual compilation of conflict of interest authorizations called for in House Bill (HB) 1064, passed during the 2015 Legislative Session. Under HB 1064 a governing body may authorize an officer or employee of a State agency to benefit from a contract if the contract is fair, reasonable, and not contrary to the public interest; these authorizations are required to be filed with the Commissioner of the Bureau of Human Resources (BHR) and presented to the Committee annually. The Committee reviewed seven approved authorizations (waivers) for the July 1, 2019 through June 30, 2020 reporting period. The Committee suggested the BHR provide a standardized form with a space to type or write the name of the official approving each request. The Committee plans to review approved waivers annually.

Auditor General

The Auditor General provided information on the changes implemented in 2017 with the passage of House Bill 1170. This legislation defined what constitutes a conflict, narrowing it down to an interest in a contract or direct benefit from a contract. The Auditor General reviewed the report on compiled authorizations to derive a direct benefit from a contract and advised that there were 34 State board members who had submitted waivers. He did not see any concerns when viewing from an auditor's perspective. The Committee plans to review approved waivers annually.

Obligation Recovery Center

House Bill 1228 was passed during the 2015 Legislative Session (codified in SDCL 1-55) and created the Obligation Recovery Center (Center) within the Bureau of Administration (BOA). The Center began operations on July 15, 2016. As required by law, the Commissioner of the BOA provided the Committee the annual report of the activities of the Obligation Recovery Center. The Center has entered into a memorandum of understanding with each agency that uses the Center to collect debt to ensure agency specific requirements are considered. The Legislature passed House Bill 1039 during the 2019 Legislative Session allowing the vocational technical schools the ability to refer debt to the Center beginning July 1, 2019. Memorandums of understanding were signed with Southeast Technical College, Western Dakota Technical College, Mitchell Technical College, and the Public Utilities Commission. The BOA contracted with two debt collection agencies with one-year contracts, with four additional one-year optional extension periods. The debt collection agencies began collecting debt on March 13,

2017. During FY2020, the Center collected \$3.3 million for State agencies and established payment plans for \$10.5 million (total financial impact of collection activities of \$13.8 million).

The Commissioner reported that due to COVID-19, the Center ceased the notification process for the suspension of hunting licenses, driver's licenses and motor vehicle registrations for roughly two months to assist those struggling financially. The Center also worked with any debtors that were financially impacted by the pandemic to establish repayment terms that were acceptable to all parties. The Committee accepted the report and will continue to review the activity of the Center on an annual basis.

State Board of Internal Control

The Commissioner of the Bureau of Finance and Management (BFM) and the State Internal Control Officer presented the annual report of the State Board of Internal Control (SBIC) and provided the Committee an update on the activity of the SBIC. They presented highlights from the reporting period, which included:

- Six subrecipient audits reviewed
- Onboarded new Statewide Internal Control Officer
- Implemented Governance, Risk and Compliance technology application
- Planned (and currently executing) agency implementations

The SBIC plans to start working with the Department of Agriculture and the Department of Game, Fish and Parks in fiscal year 2020. The Committee had additional questions about what efforts have been made to help subrecipients understand their responsibilities for federal program compliance. The Commissioner advised that the SBIC added an additional step to meet with the State agency, if a subrecipient audit finding was issued, to review corrective actions and ensure they are being implemented.

The Committee asked the Department of Transportation (DOT) to further explain audit findings reviewed by the SBIC, that were issued for Prairie Hills Transit. Prairie Hills Transit is a subrecipient of Federal Transit Program funds passed through the DOT. The DOT is the primary recipient of the Federal Transit Program funds and is responsible for monitoring program activity conducted by Prairie Hills Transit. The Interim Secretary for the DOT went through each audit finding and stated that corrective actions have been taken to resolve these findings. He further explained the Federal and State oversight that is ongoing relating to this Federal program and does not anticipate there being repeat audit findings at Prairie Hills Transit.

The Committee will monitor the State Board of Internal Control's activity on an annual basis.

Board of Regents

University Centers

In accordance with South Dakota Codified Law 13-51-1.4, the Committee reviewed annual accountability reports for each of the University Centers. The President of University of South Dakota presented the operating statement for the Community College for Sioux Falls for fiscal years 2017 through 2020. The President of South Dakota State University also testified and stated that the new operating agreement for the Community College for Sioux Falls has drastic changes to distribution of operating costs and teaching responsibilities, making it a more efficient model. She explained that it will take about three years to produce results after changing to the Community College structure. She stated that for the upcoming fall semester, 48% of credits are online courses and 52% are face to face. She added that one of the challenges for the Community College for Sioux Falls is the pricing structure, and they are working to change that.

The President of Black Hills State University provided information on recent changes made at the Black Hills State University – Rapid City Center. They have streamlined their staff, eliminating six full time positions, saving about \$300,000 going forward. They are also evaluating Rapid City's employment needs and are offering several new programs geared towards the area's needs. The Vice President of Finance and Administration at Black Hills State University – Rapid City presented the operating statement for the Rapid City campus for fiscal years 2017 through 2020. She stated total revenues were about \$3.9 million, a decrease of 13% from the prior year and expenses were about \$3.3 million. The Committee plans to continue monitoring the financial condition of the University Centers.

Annual Report on Intellectual Diversity and Free Exchange of Ideas

The General Counsel for the Board of Regents presented the Annual Report on Intellectual Diversity and Free Exchange of Ideas for the period from November 1, 2019 to October 31, 2020. In accordance with South Dakota Codified Law 13-53-53, the Board of Regents is required to prepare and submit this report to the Governor and each member of the Legislature by December first of each year. The General Counsel provided an overview of the report and focused primarily on the student survey that was issued in the spring of 2020. Across the system, 23,653 students were issued the survey and 3,554 students responded (15%). The Committee asked numerous questions and hoped that the percentage of students responding to future surveys would increase.

The Committee asked for additional information and updates on the following items:

- The certificate in American Civic Traditions and the minor program to be established in American Foundations.
- Engagement with and actions taken by each university based on the recommendations of ACTA, FIRE, Heterodox, Claremont and/or other similar groups committed to campus free speech and intellectual diversity.
- Reasons that only one complaint is reported on this year's report.

 How can intellectual diversity be accurately measured on campuses and how can universities be held accountable for ensuring intellectual diversity?

<u>Department of Legislative Audit presented the GOAC Blue Book for fiscal year 2020</u>

A State Government Audit Manager with the Department of Legislative Audit presented the 2020 GOAC Other Fund Information by Agency book (GOAC Blue Book). The GOAC Blue Book is broken out by State agency and the Board of Regents and provides four years of cash basis information on each of the fund's revenue, expenses and cash balances. While the GOAC Blue Book does not identify funds available for appropriation, the information is useful for identifying funds that warrant a closer review. The Committee plans to review selected other funds as time permits.

Juvenile Corrections

The Committee is charged with the responsibility to review any findings of abuse or neglect of juveniles in a juvenile correctional facility.

Since the Star Academy was closed on April 8, 2016, there were no Juvenile Corrections Monitor reports to the Committee during the 2020 interim. Senate Bill 82, 2017 Session, required the Department of Corrections to compile a confidential report of all allegations of abuse and neglect of individuals under the jurisdiction of the Department of Corrections within private contracted facilities. The Director of Juvenile Services presented the report for the time period from July 1, 2019 through June 30, 2020. Thirty-three cases were reported to the Committee during the period. The Committee will continue to review these types of findings.

Audit Reports

South Dakota Single Audit Report for FY19

The Committee reviewed the South Dakota Single Audit Report and other separately issued audit reports for the fiscal year ended June 30, 2019.

Financial and compliance audits involve testing financial transactions of the State to determine that money is properly accounted for and expended in accordance with state and federal laws and regulations. All audits conducted of State agencies were consolidated and reported in the Single Audit Report. The Single Audit Report includes the Comprehensive Annual Financial Report for the State of South Dakota prepared by the Bureau of Finance and Management, a schedule showing the federal awards administered by the State and related expenditures, and audit findings and recommendations issued by the Department of Legislative Audit. The Single Audit Report was issued in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards issued by Comptroller General of the United States, U.S. Office of Management and Budget (OMB) Uniform Guidance, and South

Dakota Codified Laws. A copy of this report may be obtained from the Department of Legislative Audit.

The Committee reviewed financial reporting, internal control and compliance deficiencies written on four State organizations, containing nine recommendations for corrective action. One recommendation related to compliance and/or internal control findings relating to federal laws and regulations; and, eight recommendations related to inadequate internal control procedures over receipts, revenue collections, expenditures, and financial reporting. The following represents the State agencies with audit findings and recommendations from fiscal years 2019 and 2018 and the implementation of fiscal year 2018 audit recommendations:

	R	ecommer	ndations
	Fiscal	Fiscal	Fiscal Year
	Year	Year	2018
State Agency	<u>2019</u>	<u>2018</u>	<u>Implemented</u>
Department of Revenue	3	9	6
Soybean Research & Promotion Council	3	2	0
South Dakota Corn Utilization Council	2	2	0
Ellsworth Development Authority	0	1	1
Department of Social Services	0	2	2
Department of Human Services	1	0	N/A
Department of Health	0	4	4

N/A This agency did not have any FY2018 audit recommendations.

The Committee had additional questions regarding the Department of Revenue audit finding relating to inadequate segregation of duties over access rights for two computer systems. The Secretary for the Department of Revenue appeared before the Committee and explained the corrective action plans the Department is implementing. The Committee plans to follow-up on the Department of Revenue's corrective action plans.

The Committee had additional questions regarding the Corn Utilization Council financial statement audit finding. The Executive Director for the Corn Utilization Council appeared before the Committee and explained the corrective action plans the Council is implementing. The Committee was satisfied with the corrective action plan.

The Committee had additional questions regarding the Soybean Research and Promotion Council financial statement audit findings. The Executive Director for the Soybean Research and Promotion Council appeared before the Committee and provided information about how the finding occurred and what has been done in the implementation of the corrective action plans. The Committee was satisfied with the corrective action plans.

South Dakota High School Activities Association

The Executive Director of the South Dakota High School Activities Association (SDHSAA) reviewed the FY19 audit report with the Committee. The Director advised the Committee that the FY20 audit will probably look much different. Due to the coronavirus, SDHSAA cancelled spring 2020 state events resulting in a loss of net revenue in the amount of approximately \$307,000.

The Committee expressed concern with SDHSAA policies relating to transgender participation. The Committee referred to a transgender case in Connecticut and was concerned about the loss of federal revenue due to potential violations of girls' rights under Title IX. In addition, members of the Committee were concerned the SDHSAA policy was making it potentially problematic to assure girls who were participating in female-only sports were only competing against other girls. The Director advised the Committee that the SDHSAA has worked closely with their membership and will consider policy adjustments when the Connecticut case has been resolved.

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Representative Sue Peterson, Chair Government Operations and Audit Committee

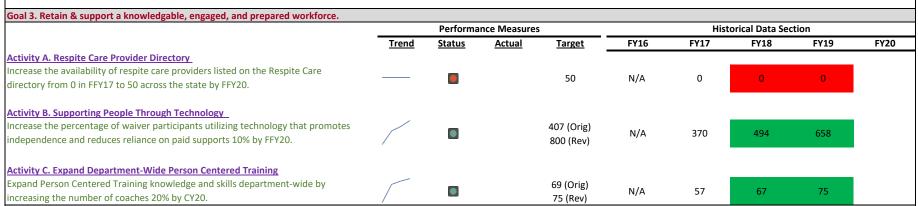
Department of Human Services

Agency's Mission Statement: Enhance the quality of life of people with disabilities in partnership with its stakeholders.

		Performa	nce Measure	es .		Hist	orical Data Se	ction	
	Trend	<u>Status</u>	<u>Actual</u>	Target	FY16	FY17	FY18	FY19	FY20
Activity A. Pre-Employment Transition Services									
ncrease the number of students receiving Pre-Employment Transition Services by L0% by SFY20.				507 (Orig) 975 (Rev)	N/A	461	699	966	152!
Activity B. Rebalancing of Medicaid Expenditures	,								
ncrease the percentage of Medicaid expenditures going to Home & Community- Based Services for individuals with disabilities from 47.9% in 2016 to 55% by FFY20.				55%	47.62%	48.76%	51.40%	54.11%	
Activity C. Person Centered Planning									
nsure 100% of individuals with disabilities receiving Home and Community Based ervices will have a person-centered plan that contributes to a good life as defined	$\wedge \wedge$			100%	N/A	89%	N/A	95%	N/A
Agency comments regarding the accomplishment of Goal 1: Activity A - Due to achieve edge our expectations by 63%. This was a result of a concerted effort by the departure years. Activity B - The data for this metric is measured by FFY so is not yet avails hroughout the state. In the 1st two quarters of FFY20 we exeeded the U.S. Median of mpact until the FFY ends. Activity C - In SFY17, the department began tracking particular.	ortment to inco ilable for FFY2 f 51%. Howeve cipant survey r	rease focus on the depa or, HCBS Med results releva	on serving mo rtment contir dicaid Expend ant to satisfac	re students. The nues to make sign litures were impa tion with person	department ar nificant progres acted by the CC centered plan	nticipates that p ss by expanding OVID-19 pander	performance or Home & Commic. The depar	n this measure munity-Based (tment will not	will plate HCBS) op know the
Agency comments regarding the accomplishment of Goal 1: Activity A - Due to achieve accomplishment of Goal 1: Activity A - Due to achieve accomplishment of a concerted effort by the department of a concerted effort by the department of the concerted effort by the department of the concerted effort of the department of the concerted effort effort of the concerted e	ortment to inco ilable for FFY2 f 51%. Howeve cipant survey r	rease focus on the depa or, HCBS Med results releva	on serving mo rtment contir dicaid Expend ant to satisfac	re students. The nues to make sign litures were impa tion with person	department ar nificant progres acted by the CC centered plan	nticipates that p ss by expanding OVID-19 pander	performance or Home & Commic. The depar	n this measure munity-Based (tment will not	will plate HCBS) op know the
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gency comments regarding the accomplishment of Goal 1: Activity A - Due to achieve ceeded our expectations by 63%. This was a result of a concerted effort by the departure years. Activity B - The data for this metric is measured by FFY so is not yet avain roughout the state. In the 1st two quarters of FFY20 we exceeded the U.S. Median or in pact until the FFY ends. Activity C - In SFY17, the department began tracking particular internating years. The most recent data shows the department had reached a 95% satisfied a same awareness of the resources available to people with disabilities for machinity A. Aging & Disability Resource Center Contacts: Dakota at Home increase the number of contacts to Dakota at Home, South Dakota's Aging and	artment to incillable for FFY2 f 51%. However, cipant survey r isfaction rate	rease focus of the depa of the department	on serving mo rtment contir dicaid Expend ant to satisfac eded the U.S	re students. The nues to make sign litures were impa tion with person . Median of 91%.	department ar dificant progres acted by the CC centered plan	nticipates that p ss by expanding DVID-19 pander ning. Performan Hist FY17	performance of the performance of the performance of the performance data for the performance da	n this measure munity-Based (tment will not is metric is gath	will plate HCBS) op know the hered in

Agency comments regarding the accomplishment of Goal 2: Activity A -The department is seeing a steady increase in Dakota at Home outreach each year; however, growth has been slower than originally projected. Additionally, the COVID-19 pandemic impacted contact volume significantly in April & May, 2020. All incoming calls had to go to voicemail and be returned by staff, due to not having the equipment to answer incoming calls remotely. Staff resumed call answering operations on May 15th. Through the first two quarters of FFY20, the Dakota At Home contacts are 9,752. Activity B - In FFY19 the department exceeded our goal. Due to the success of the Shared Living & Structured Family Caregiving programs, the department projected a new goal for FFY20 of 75. Shared Living continues to be one of the most received services within the CHOICES program. This has expanded provider workforce and participant outcomes. Additionally, Structured Family Caregiving was expanded statewide, thus increasing the number of service options to participants. The expansion has improved participant outcomes and satisfaction. Within just the first two quarters of FFY20, the department has exceeded our revised goal of 75. To date we have 141 participants receiving supports through these programs.

Department of Human Services



Agency comments regarding the accomplishment of Goal 3: Activity A – The Respite initiative was delayed due to an unexpected staff vacancy. The position was recently filled and the department was granted a 1 year extension from the Administration of Community Living to complete the initiative. The department in collaboration with the South Dakota Respite Coalition launched a new respite provider website and directory in September 2020. The data for this metric is based on the FFY. To date in FFY20 the directory includes 13 providers. Even with the delayed launch we are hopeful we can achieve our goal of 50 respite providers by end of FFY20. Activity B – Data for this metric is measured by FFY therefore FFY20 data is not yet available. We met and exceeded our original goal of 407 in FFY19. We increased our projection to 800 for FFY20 to further support independence and community integration. Partial data for FFY20 shows 767 waiver participants are utilizing technology supports. Activity C – Data for this metric is measured by calendar year therefore CY20 data is on yet available. All divisions within the department have successfully implemented person-centered practices. The department met and exceeded our original goal in CY19. The focus for CY20 is to maintain the current level of coaches within the department. To date, the department has 73 coaches.

· · · · · · · · · · · · · · · · · · ·		Performa	nce Measure	S	Historical Data Section					
	Trend	<u>Status</u>	<u>Actual</u>	Target	FY16	FY17	FY18	FY19	FY20	
Activity A. Dakota at Home Customer Satisfaction										
Ensure a 95% satisfaction rate for customers who make contact to Dakota at Home, South Dakota's Aging and Disability Resource Center (ADRC), by FFY20.				95%	N/A	N/A	40.90%	87.50%		
ctivity B. Expand Service Delivery Models										
ncrease the number of Medicaid enrolled providers that offer services for more han one of South Dakota's Home and Community Based Services (HCBS) Waiver programs from 1 in 2016 to 10 by FFY20.				10 (Orig) 18 (Rev)	8	14	14	15		

Agency comments regarding the accomplishment of Goal 4: Activity A – Data for this metric is measured by FFY so FFY20 data is not yet available. Due to the COVID-19 pandemic all calls had to go to voicemail and be returned during the months of April and half of May. This greatly reduced our survey sample. Therefore, we may not reach our goal for FFY20. The department continues to hold staff trainings and supervisory call monitoring to keep the focus on improving customer satisfaction with Dakota at Home. Activity B – The department continues to be successful in encouraging providers to serve individuals outside their typical clientele. We exceeded our original projection of 10 in FFY17 and 18 so a revised projection of 18 providers was set for FFY20. To date, 17 Medicaid providers are offering more than one Home & Community-Based Service.

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 & Telecommunications

Agency's Mission Statement: The Bureau of Information and Telecommunications (BIT) strives to partner and collaborate with clients in support of their missions through innovative information technology consulting, systems and solutions.

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).

		Perform	nance Measur	es	Historical Data Section					
	Trend	<u>Status</u>	<u>Actual</u>	Target	FY16	FY17	FY18	FY19	FY20	
Activity A. What activities are you doing to accomplish Goal 1?										
Maintain 99.8% average uptime per month, year (Private Cloud)				>99.8%	-	100.00%	99.915%	99.86%	99.99%	
Maintain 99.8% average uptime per month, year (Mainframe)				>99.8%	99.98%	100%	100%	99.93%	100%	
SDPB uptime				>99.8%	99.98%	99.99%	99.99%	99.99%	99.99%	
SD.net live delivery hours				>750 hours	0	585	779	948	1046	
SDPB FM uptime	/			>99.8%	99.88%	99.89%	99.89%	99.89%	99.98%	
State employee email assessment annual failure rate				<5%	17.5%	23.9%	8.5%	7.1%	3.4%	
Payment Card Industry (PCI) standards annual average score				>99.8%	100%	100%	100%	100%	100%	
	\ 1			<10 days				10.83	8.75	
Meeting internal security patch goals	\ '			90% install				10.05	3.73	

Agency 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.

		Historical Data Section							
	Trend	<u>Status</u>	<u>Actual</u>	Target	FY16	FY17	FY18	FY19	FY20
Activity A. What activities are you doing to accomplish Goal 2?									
Planned vs. unplanned work for Development									
Planned work				66%	N/A	60%	61%	64%	51%
Unplanned work				33%	N/A	40%	39%	36%	49%
Service Desk meets service-level agreements				95%	68%	66%	72%	82%	91%
Satisfactory/neutral customer overall ratings after Service Desk experience			new metric	95%					98%
Move analog phone lines to VoIP				10%↓/yr	N/A	75%	60%	47%	32%

Agency comments regarding the accomplishment of Goal 2: The cost of IT is unlikely to decrease, but providing economical solutions and saving money whenever possible is essential to supporting state government.

		Historical Data Section							
	Trend	<u>Status</u>	<u>Actual</u>	Target	FY16	FY17	FY18	FY19	FY20
Activity A. What activities are you doing to accomplish Goal 3?									
Annual staff turnover	~			<10%	8.5%	9.1%	6.9%	12.9%	7.7%
Employee engagement (every two-year survey by BHR)									
Engaged employees	n/a			≥30%		32%		20%	
Moderately engaged employees	n/a			≥45%		54%		50%	

Agency comments regarding the accomplishment of Goal 3: While any employee turnover is disruptive, turnover in BIT can put a stop to on-going projects and put our state network at risk. Employee tenure in IT nationwide is decreasing. Since we pay less than market for so many positions, minimizing turnover is essential to our continuity.

Status Indicator

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Bureau of Human Resources

Agency's Mission Statement: Building, developing, and supporting a high-performing and healthy workforce.

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).

		Performan	nce Measures			µic+	orical Data Sec	tion	
	Trend	Status	Actual	Target	FY16	FY17	FY18	FY19	FY20
ctivity A. What activities are you doing to accomplish Goal 1?	<u> 11CHG</u>	<u> Jtutus</u>	/tetaur	ranger		,	1110		
The state of the s	\wedge								
Percent of male employee or dependent spouses getting an annual physical from			26.0%	35.0%		27.0%	29.0%	28.0%	26.09
primary care physcian or participating in an onsite screening.	, /								
. Percent of female employee or dependent spouses getting an annual physical			40.0%	50.0%		47.0%	48.0%	45.0%	40.09
rom a primary care physcian or participating in an onsite screening.	\								
i. Percent of emploeyes completing online risk assessment.	~/		72.0%	50.0%		68.0%	70.0%	69.0%	72.09
skinite. P. What askinitias are you do incide accomplish Coal 12									
ctivity B. What activities are you doing to accomplish Goal 1? Percent of eligible plan members participating in disease management.	\ <u>\</u>			50%	32%	30%	28%	31%	30%
Percent of engine plan members participating in disease management. Percent of employees considered high risk from health screening.				5%	3270	30%	5%	6%	5%
i. Employee Assistance Program participation.				8.0%		3.8%	5.4%	6.2%	6.8%
i. Employee Assistance Program participation. i. Participation in specific program: i.e. weight loss, pre-diabetes, etc.				30%		3.070	J.470	0.270	0.87
Percent of employees partipoating in a wellness challenge or activity.				30%					
. Fercent of employees partipoating in a weilliess challenge of activity.									
i Parcent of amployees contributing to their Health Savings Account			10 220/	60%			/11 Q2%	11 GQ0/	10 77
i. Percent of employees contributing to their Health Savings Account.			48.22%	60%			41.93%	44.68%	48.22
			48.22%	60%			41.93%	44.68%	48.22
			48.22%				41.93%	44.68%	48.22
ii. Percent of employees contributing to their Supplemental Retirement Plan.		•	48.22%				41.93%	44.68%	48.22
ii. Percent of employees contributing to their Supplemental Retirement Plan.			48.22%				41.93%	44.68%	48.22
ii. Percent of employees contributing to their Supplemental Retirement Plan. Igency comments regarding the accomplishment of Goal 1:			48.22%				41.93%	44.68%	48.22
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ii. Percent of employees contributing to their Supplemental Retirement Plan. sgency comments regarding the accomplishment of Goal 1:	Trend				FY16	Hist FY17			
ii. Percent of employees contributing to their Supplemental Retirement Plan. Ingency comments regarding the accomplishment of Goal 1: Isoal 2: Effectively Recruiting	Trend	Performar	nce Measures	60%	FY16		orical Data Sec	ition	
Agency comments regarding the accomplishment of Goal 1: Soal 2: Effectively Recruiting Activity A. Participating in active recruitment activities	Trend	Performar	nce Measures	60%	FY16		orical Data Sec	ition	48.22 FY20
ii. Percent of employees contributing to their Supplemental Retirement Plan. Agency comments regarding the accomplishment of Goal 1: Soal 2: Effectively Recruiting Activity A. Participating in active recruitment activities Campus visits including job fairs, class visits, career events, etc.	Trend	Performar <u>Status</u>	nce Measures	60%	FY16		orical Data Sec	ition	
ii. Percent of employees contributing to their Supplemental Retirement Plan. Igency comments regarding the accomplishment of Goal 1: Igency comments regarding the	Trend	Performar Status	nce Measures	60% Target 30	FY16		orical Data Sec	ition	FY20
Agency comments regarding the accomplishment of Goal 1: Goal 2: Effectively Recruiting Activity A. Participating in active recruitment activities Campus visits including job fairs, class visits, career events, etc. i. Reservation visits including career fairs, college visits, events, etc. ii. Number of interns hired as permanent employees	Trend	Performar Status	nce Measures Actual	60% Target 30 20	FY16		orical Data Sec	ition	
Activity A. Participating in active recruitment activities Campus visits including job fairs, class visits, career events, etc. Reservation visits including career fairs, college visits, events, etc. Number of interns hired as permanent employees	Trend	Performar Status	nce Measures Actual	60% Target 30 20	FY16		orical Data Sec	ition	FY20
Agency comments regarding the accomplishment of Goal 1: Goal 2: Effectively Recruiting Activity A. Participating in active recruitment activities C. Campus visits including job fairs, class visits, career events, etc. I. Reservation visits including career fairs, college visits, events, etc. Iii. Number of interns hired as permanent employees	Trend	Performar Status	nce Measures Actual	60% Target 30 20	FY16		orical Data Sec	ition	FY20
Activity A. Participating in active recruitment activities Campus visits including job fairs, class visits, career events, etc. ii. Number of interns hired as permanent employees Activity B. Improving selection Percent of new supervisors completing selection training within first year. ii. Time to fill jobs.	Trend	Performar Status	nce Measures Actual	60% Target 30 20 25	FY16		orical Data Sec	ition	FY20
Activity A. Participating in active recruitment activities Campus visits including job fairs, class visits, career events, etc. Reservation visits including career fairs, college visits, events, etc. Number of interns hired as permanent employees Activity B. Improving selection Percent of new supervisors completing selection training within first year.	Trend	Performar Status	nce Measures Actual	60% Target 30 20 25	FY16		orical Data Sec	ition	FY20

Bureau of Human Resources

		Performar	nce Measures			Hist	orical Data Sec	ction	
	Trend	<u>Status</u>	Actual	Target	FY16	FY17	FY18	FY19	FY20
Activity A. Building better leaders									
i. Overall employee rating of supervisor effectiveness (1-6 scale).			4.8	5.0		4.8	4.8	4.8	
ii. Percent of managers participating in leadership and supervision development.		•		40%					
Activity B. Developing employee skills									
. Net Promoter Score				50.0					
ii. Percent executive branch employees participating in BHR trainings.				30.0%					
iii. Overall state retention rate, excluding retirement.				88.0%					
Activity C. Promotions and career development									
i. Number of employees promoted in agency.			332	350					332
ii. Number of employees promoted or accepting positions in other agencies.			95	125					95
iii. Overall employee engagement.			21.0%	30.0%		33.0%	33.0%	21.0%	

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SOUTH DAKOTA DEPARTMENT OF REVENUE

445 East Capitol Avenue • Pierre, SD 57501 (605) 773-3311 • dor.sd.gov

TO: Government Operations and Audit Committee

FROM: Jim Terwilliger, Department Secretary

DATE: September 21, 2020

SUBJECT: 2020 Performance Measures

The Department of Revenue's Strategic Plan, referred to as Revenue 2020, recently concluded. It centered around a vision, values, and strategic directions aimed at managing and measuring performance to provide quality service to the State of South Dakota.

Our mission to partner with our stakeholders to provide customer-oriented, fair, and reliable revenue administration continues to be the driving force behind what we do. The four strategic directions of Revenue 2020 were:

- Engaging and Developing our Team
- Managing Resources to Maximize Return on Investment
- Leveraging Information through Data Analytics to Support Decision Making
- Developing and Strengthening the Department's Relationships

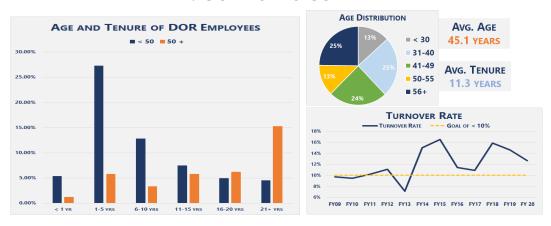
Over the last six months, COVID-19 has changed how we deliver services to meet the needs of our customers and employees. While the Department was developing a remote work policy for employees prior to the pandemic, our experience this year showed we could be more flexible and offer remote work and flexible schedule alternatives to more employees than was first considered.

We were fortunate to have laid the groundwork in upgrading various equipment and the department website, which has allowed us to maintain a high level of customer service while our offices were closed. Upgrades to VOIP phones allowed employees to answer calls from home rather than relying on them being in the office. Chat options were expanded when the new website was rolled out in October 2019. This upgrade allowed us to offer more options for customers to have their questions answered on a timely basis.

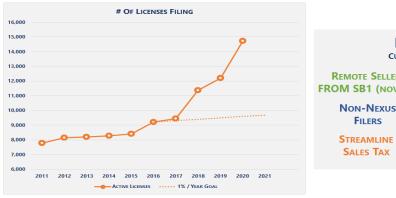
Over the last year we developed more specialized training opportunities for both internal and external customers. These options permitted us to reach almost as many external customers even though we were limited to fewer speaking opportunities.

The Department of Revenue is currently involved in the development of the next strategic plan. Through this process, we will establish new goals and identify performance measures.

1. Our Workforce



2. Remote Seller Voluntary Compliance

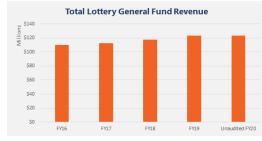




3. Lottery

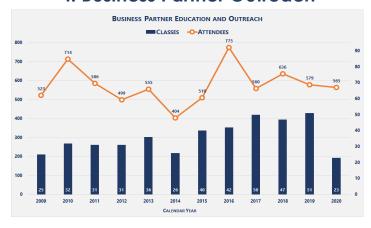




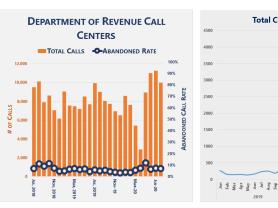


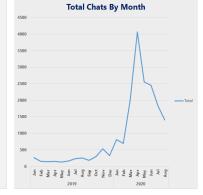


4. Business Partner Outreach

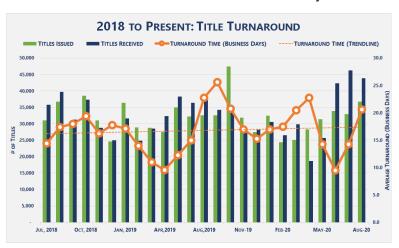


5. Ensuring Customer Service





6. Title Turnaround Efficiency



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.								
			formance Meas					
Objective A. Fallows and order to be a second order	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
Objective A: Enhance opportunities to access services.								
Identify and develop integrated opportunities to access	<u>services c</u>	ana sup	ports within th	e 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.			\$ 9,292,242	\$ 11,339,484	\$ -	\$ 4,620,668	\$ 8,411,817	\$ 9,292,242
ii. Number of enhanced Community Health Worker, additional Behavioral Health, and Substance Use Disorder treatment providers that have enrolled in Medicaid.			122	100	-	-	70	122
iii. Total number of recipients who received Community Health Worker, Mental Health, or Substance Use Disorder services.			1,071	1,000	-	-	230	1,071
Increase the use of technology in providing access to int	formation	and se	rvices.					
Pilot telehealth sites to support and enhance access to services.								
i. Increase utilization of mental health telehealth services by 5% over FY 2016 baseline measurement of 758.			4,694	795	782	731	834	4,694
ii. Increase utilization of substance use disorder telehealth services by 5% over FY 2019 baseline measurement of 265.			1,079	265	-	-	252	1,079
iii. Telehealth claims in Medicaid increased from baseline of 271 in July 2019 to 7,705 in June 2020.			7,705	542	-	-	271	7,705
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.			3,602	3,250	-	-	-	3,602
ii. Number of Medicaid providers utilizing the portal to submit, view, and modify claims.			7,558	5,000	-	-	6,439	7,558

			ociai sci	VICC3				
		Perf	rmance Measi	ures				
	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
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.			-	-	-	-	-	
Implement Digital foster adoptive family training statewide to improve access for prospective foster adoptive parents.								
i. Number of newly licensed foster families.			238	207	192	194	204	238
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.			-	-	-	-	-	

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.							
Adults got urgent care for illness, injury or condition as soon as needed.		90%	84%	-	-	82%	90%
ii. Children got urgent care for illness, injury or condition as soon as needed.		95%	91%	-	90%	92%	95%
iii. Adults got routine appointment at doctor's office or clinic as soon as needed.		78%	79%		-	75%	78%
iv. Children got routine appointment at doctor's office or clinic as soon as needed.		90%	88%	-	88%	90%	90%
v. Easy for adults to get needed care, tests, or treatment.		83%	82%	-	-	81%	83%
vi. Easy for children to get needed care, tests, or treatment.		86%	90%	-	87%	90%	86%
vii. Adults got appointments with specialists as soon as needed.		79%	79%	-	-	81%	79%
viii. Children got appointments with specialists as soon as needed.		77%	80%	-	87%	83%	77%

Performance Measures

	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
Objective B: Services and programs are needs driven, c	ustomer r	<u>esponsive</u>	and cultura	ılly relevant.				
Implement Dialectical Behavior Therapy (DBT) with fidelity to the								
evidence-based model.								
i. Provide annual trainings and consultations to support clinicians and	\wedge							
supervisor competency and skills in the evidence-based curriculums.			4	4	3	4	6	4
Number of trainings funded by DBH.								
ii. Maintain or increase the number of total teams trained to provide								
DBT services in the community, HSC, and correctional behavioral			15	8	8	11	15	15
health settings. Total number of DBT teams trained.	/							
iii. Maintain or increase the total number of individuals trained in the	\wedge							
state to provide DBT services to publicly funded individuals. Number			101	101	102	133	224	101
of individuals trained each year.	/ \							
iv. Maintain the number of individuals trained at HSC to provide DBT			18	18	32	36	29	18
services. Number of individuals trained each year.			10		02	- 00		
					_			
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.			389	250	152	143	250	389
Number of clients served in IMT services.	_/							
ii. Provide trainings and consultations to support clinicians and								
supervisor competency and skills in the evidence-based curriculums.			17	2		3	12	17
Number of training opportunities and consultations provided.			17	2		3	12	17
iii. Monitor the percentage of clients served that report they have the			88%	84%	81%	74%	92%	88%
motivation to not use substances at discharge.	\checkmark		00%	04%	01%	74%	92%	00%
iv. Monitor the percentage of clients served that report they have the			94%	96%	92%	96%	100%	94%
ability to control their substance use at discharge.			34 /0	90 /0	92 /6	90 /6	100 /6	94 /6
Support Community Behavioral Health Centers implementing								
and/or utilizing Zero Suicide approach.								
i. Provide trainings to support clinician competency and skills in the			9	9	10	10	10	
evidence-based curriculum.	\		9	9	10	10	10	9
ii. Maintain or increase the number of agencies implementing Zero								
Suicide approach. Total number of agencies implementing the Zero			21	15	15	17	20	21

Agency comments regarding the accomplishment of Goal 1:

Goal 2. Promote and support the health, wellbeing and so	afety of o	ur custor	ners.					
			ormance Measi					
	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
Objective A: Reduce risk factors and enhance protective	<u>e capacit</u>	ies.						
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			6	2	2	4	6	6
implementing the SBIRT process.	/			-	-	<u> </u>	Ĭ	ŭ
i. Increase the number of individuals screened at primary clinics.			12.462	11.775	425	6.036	11.775	12,462
Number of individuals screened.	/		, -	, -		.,	1	, ,
Collaborate with DOU and other key etakeholders to develop a					+			
Collaborate with DOH and other key stakeholders to develop a								
statewide strategic plan to focus on addressing Opioid use/misuse in South Dakota that includes training in the areas of								
prevention and evidence-based treatment models.								
prevention and evidence-based treatment models.								
i. DBH provides prevention trainings to support competency and skills	/							
in addressing Opioid use/misuse.			7	2	-	2	2	7
ii. DBH provides trainings to support competency and skills in								
evidence-based curriculums such as Medication Assisted Training			5	5	-	1	6	5
(MAT). FY 2017 is a partial year.								
iii. Number of Medicaid recipients taking >90 Morphine Equivalent								
Doses (MEDs) of Opioids (June 30 of each SFY). Cancer patients	/		209	0	-	273	255	209
excluded. Indian Health Service (IHS) data was added Q1 of 2020.	/							
iv. Percent reduction in Medicaid utilizers. IHS data was added Q1 of			-9%	-5%		_	-18%	-9%
2020.			-9 /0	-5/0	_		-10 /0	-9 /0
v. Percent decrease of Opioid utilizing Medicaid members with 3+	\							
pharmacies (poly-pharmacy shoppers). IHS data was added Q1 of	\		-9%	-5%	-	-	-	-9%
2020.	\							
Invalence time to the community of the c					_			
Implement instate comprehensive child care provider background checks.								
i. Number of in state child care provider background checks. Data in								
FY 2017 is a partial year, March 31, 2017 to June 30, 2017.			7,771	7,771	5,766	7,252	8,659	7,771
1 1 2017 is a partial year, March 31, 2017 to Julie 30, 2017.	/							
Identify and implement strategies to notify program recipients of								
Medical, SNAP and TANF about wellness/prevention tips.								
invarious, orași unu rziai about acinicos/prevention tips.								
i. SDSU Extension (contracted partner through SNAP-Ed) in a joint								
effort with Nebraska Extension developed and implement a web-								
based learning platform for nutrition education and food budgeting.								
Initial implementation is to pilot the program with 60 families from the			-	-	-	-	-	
Standing Rock Reservation and Cheyenne River Reservation.								
3								
	1	1 1			11 1		1	

Department of Social Services Performance Measures

	<u>Trend</u>	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
<u> Objective B: Protect individuals from abuse, neglect and</u>	l exploitat	ion.						
Permanency and Safety for Children								
Child Protection Services' goal is to reunify families whenever								
possible.								
. Results: Of children reunited, 75% were reunited within 12 months	\							
of removal during SFY 2020. When that is not possible, we work to	\		75%	70%	77%	74%	75%	75%
establish guardianship or adoption to divert from foster care			13/0	1070	11/0	7 4 70	13/0	1370
placement.	V							
			0.40/	80%	96%	96%	95%	94%
			44 %					
child resides - exceeding the federal requirement of 50% by 44%. Objective C: Provide effective services to individuals when the services is a service of the services of the	o have be	een abuse	94% ed, neglecte			30 /6	3376	3478
Child resides - exceeding the federal requirement of 50% by 44%. Objective C: Provide effective services to individuals who implement Permanency Round Tables statewide to expedite permanency for children in placement.	o have be	een abuse				90 /6	3370	3470
Objective C: Provide effective services to individuals who implement Permanency Round Tables statewide to expedite permanency for children in placement. Implemented Permanency Round Tables in 5 of the 7 regions to	o have be	een abuse				-	-	5
Child resides - exceeding the federal requirement of 50% by 44%. Objective C: Provide effective services to individuals who implement Permanency Round Tables statewide to expedite permanency for children in placement. Implemented Permanency Round Tables in 5 of the 7 regions to	o have be	een abuse	ed, neglecte	d and exploite		-	-	
Child resides - exceeding the federal requirement of 50% by 44%. Objective C: Provide effective services to individuals who implement Permanency Round Tables statewide to expedite permanency for children in placement. Implemented Permanency Round Tables in 5 of the 7 regions to expedite permanency for children in placement.	o have be	een abuse	ed, neglecte	d and exploite		-	-	
Child resides - exceeding the federal requirement of 50% by 44%. Objective C: Provide effective services to individuals who implement Permanency Round Tables statewide to expedite permanency for children in placement. Implemented Permanency Round Tables in 5 of the 7 regions to expedite permanency for children in placement.	o have be	een abuse	ed, neglecte	d and exploite		- 672	- 612	
Child resides - exceeding the federal requirement of 50% by 44%. Objective C: Provide effective services to individuals who implement Permanency Round Tables statewide to expedite permanency for children in placement. Implemented Permanency Round Tables in 5 of the 7 regions to expedite permanency for children in placement. Permanency Discharge Outcomes. Reunification.	o have be	een abuse	ed, neglecte	d and exploite	<u>d.</u>	-	-	5
expedite permanency for children in placement. Permanency Discharge Outcomes.	o have be	een abuse	5 617	d and exploite 7 642	- 510	- 672	- 612	5 617

Goal 3. Foster partnerships to maximize resources for our			i social sei	TICC3				
	000,0,,,,		ormance Meas	ures				
	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
Objective A: Encourage and support partnerships to prov	vide 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 January - July 2020 Avera supported 49 women.			49	20	-	-	-	49
ii. Native Women's Health Care helps patients by linking primary and prenatal services to behavioral health services leveraging a comprehensive care team including primary care, behavioral health, and community health workers. Goal is to improve adherence rates for SUD treatment; increase screening, preventive, and primary/prenatal care; increase the number of qualified behavioral health staff; and increase the number of women who are accessing prenatal services, wellness checks, and behavioral health services. Between January - July 2020 Native Women's Health Care served three women.			3	20	-	-	-	3
iii. 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 January -July 2020 Center for Family Medicine has supported 36 women.			36	20	-	•		36

Agency comments regarding the accomplishment of Goal 3:

Goal 4 Suppor	t customers	in achievina meani	natul outcomes
Oodi T. Jubbul	I COMOINCIA	III aciievila illean	ilidioi ooleoilles.

		Perf	ormance Meas	ures				
•	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
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.	$\overline{}$		94%	94%	93%	93%	92%	94%
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.			85%	89%	89%	88%	85%	85%
iii. Community Based Adult Mental Health Services - Percentage of clients who reported employment compared to national average (target).			25%	22%	26%	24%	24%	25%
iv. Community Based Adult Substance Use Disorder Treatment Services - Percentage of clients who reported employment at discharge compared to national average (target).			27%	19%	34%	32%	29%	27%

Caring for People in the Most Cost Effective Manner.

About 6,000 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. Most recent results show the program has reached our target for participants with a personcentered care plan and is above the target for participants who visited a primary care provider (PCP) in the last six months. The program led to \$8.0 million in net cost avoidance in CY 2019, primarily due to a reduction in avoidable inpatient admissions and emergency department visits.

i. Health Home Program - Net cost avoidance in millions primarily due to a reduction in avoidable inpatient admissions and emergency department visits.			\$8.0	\$7.5	\$5.6	\$7.7	\$7.3	\$8.0
ii. Health Home recipients with an active person-centered care plan.			75%	70%	65%	63%	73%	75%
iii. Health Home recipients who visited a primary care provider in last six months.			80%	80%	87%	85%	80%	80%
iv. Percent reduction in emergency room visits due to Health Homes.	\wedge		-16%	-16%	-25%	-8%	-23%	-16%
v. Percent reduction in inpatient admissions due to Health Homes.			-35%	-19%	-20%	-12%	-16%	-35%

Department of Social Services Performance Measures

	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
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.			-	35	45	34	22	-
ii. Number of individuals remaining in the community - 365 days later.			-	19	40	30	21	-
Geriatric Psychiatric Treatment - Clinicians from the Human Services Center provided psychiatric review and consultation services for 19 individuals.								
i. 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.			84%	80%	73%	82%	82%	84%
Develop a process to identify, utilize and share key behavioral data with stakeholders.								
 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. 			58%	62%	56%	60%	62%	58%
ii. Maintain or improve the percentage of HSC patients who reported participating in their planning discharge.			78%	79%	74%	79%	75%	78%
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.			70%	70%	65%	68%	59%	70%
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.			-13%	-12%	-14%	-15%	-13%	-13%
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.			-14%	-12%	-9%	-17%	-17%	-14%
iii. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who reported spending at least one night in jail six months after start of services.			-15%	-11%	-14%	-15%	-15%	-15%
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%	-5%	-10%	-5%	-5%	-7%

Performance Measures

		Pen	rormance weas	ures				
	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
Community Based Substance Use Disorder Treatment Services -								
Providing outpatient, inpatient and low-intensity residential								
treatment services to individuals, decreasing reliance on								
publicly funded services.								
i. Percent discharged from substance use disorder treatment			74%	70%	69%	69%	72%	74%
successfully.	_/		7470	7070	0378	0370	12/0	7 4 70
ii. Percent of adult clients who reported the ability to control their			98%	98%	98%	98%	98%	98%
substance use at discharge.			3070		5575	3070	0070	0070
iii. Percent of adult clients who reported motivation to not use			88%	85%	87%	79%	87%	88%
substances at discharge.	V							
Program Integrity - National Awards - Nationally Recogni	ized for Pi	rogram (Quality.		1			
i. Medicaid: Only state in the nation to receive continuous exemption	\wedge							
since 2010 from recovery audit contractor requirements. Collected	/ \		\$8.7	\$9.0	\$8.7	\$8.7	\$9.2	\$8.7
\$8.7 million in third party liability, estate recovery and fraud	/ /		, -	,	• •	*-		* 1
collections.	\							
ii. SNAP: Ranked #2 in the nation for payment accuracy in FFY 2019.								
Over 30 years of continuous program recognition for high	/							
performance related to accuracy in determining eligibility, denials or	/		97.59%	98%	-	98.79%	98.96%	97.59%
suspensions of benefits, and timeliness of approvals. Payment	/							
accuracy percentage.	/							
iii. SNAP: Ranked #1 in the nation for case/procedural error rate.								
Over 30 years of continuous program recognition for high	/ \							
performance related to accuracy in determining eligibility, denials or	\		94.96%	98%	97.5%	98.38%	97.82%	94.96%
suspensions of benefits, and timeliness of approvals.	\							
Case/procedural accuracy percentage.	\							
iv. Child Support: \$128 million in collections in SFY 2020 for 57,528								
cases. Ranked in the top nine nationally for the last 15 years. As a								
result, the program earned financial program awards for top			64%	64%	64%	64%	64%	64%
performance each year. Percent of current child support collected.			0.70	0170	0170	0170	0170	0.70
v. Child Support: Collections in millions.			\$128	\$117	\$115	\$115	\$116	\$128
vi. Child Support: Number of child support cases.			57,528	59,500	60,000	60.266	59,205	57.528
vii. Child Support: Administrative costs.			\$10.46/\$1	\$10.46/\$1	\$11.00/\$1	\$10.42/\$1	\$10.24/\$1	\$10.46/\$1
viii. Child Care: Percent of payment accuracy compared to national			, ,					
average of 96%.			99%	96%	96%	99%	99%	99%
avolago oi oo/o.	1	ı I	l l					

Agency comments regarding the accomplishment of Goal 4:

		Perfo	rmance Measu	ires				
	Trend	<u>Status</u>	<u>Actual</u>	<u>Target</u>	FY17	FY18	FY19	FY20
Objective A: Enhance recruitment and retention efforts	that results	in a work	force that po	ossesses the vo	alues and co	<u>ompetencies</u>	s necessary to	
accomplish the Department's mission.								
Employee engagement survey results.								
i. Percent of DSS employees engaged compared to the statewide	\ \		_	75%	85%	_	75%	_
average of 75%.	V \		-	13/0	03 /8	-	1370	-
DSS turnover is less than statewide average.								
i. DSS turnover compared to the statewide turnover of 13.1%.			14.6%	13.1%	16.8%	18.6%	19.0%	14.6 %
Number of interns that became CPS employees.								
tuniber et mierite met became et e empleyees.	\wedge		7	7	6	10	5	7
i. CPS currently has 44 staff employed who were previously interns.			/					

Status Indicator:

- = Green the historical trend line indicates improved performance and the target has been met.
- Section 2 = 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).