AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS ***(FORM B DECISION PACKAGES)***	**My agency is submitting the following recurring decision packages listed in priority order (Form B):** **DP #'s -10764,11057,11054,11051,11060**	
	For FY 2017-18, my agency is (mark "X"):	
	X	Requesting a net increase in recurring General Fund appropriations.
		Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS ***(FORM C DECISION PACKAGES)***	**My agency is submitting the following one-time decision packages listed in priority order (Form C):** **DP #'s – 11066,11069,11063**	
	For FY 2017-18, my agency is (mark "X"):	
	X	Requesting capital and/or non-recurring funds.
		Not requesting capital and/or non-recurring funds.

PROVISOS ***(FORM D)***	**For FY 2017-18, my agency is (mark "X"):**	
	X	Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
		Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	Name	***Phone***	***Email***
PRIMARY CONTACT:	Barbara Derrick	803-898-0330	Barbara.Derrick@dss.sc.gov
SECONDARY CONTACT:	Danny Edens	803-898-7402	Danny.Edens@dss.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	***Board or Commission Chair***
SIGN/DATE:	Susan Alford 9/30/16	
TYPE/PRINT NAME:	V. Susan Alford	

This form must be signed by the department head – not a delegate.

AGENCY NAME:	SC Department of Social Services		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**10764**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Consent Agreement / Child and Family Service Review (CFSR)**
	Provide a brief, descriptive title for this request.
AMOUNT	**$19,671,103 in State Funds**
	What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.
ENABLING AUTHORITY	§43-1-80 of the South Carolina State Code
	What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	IT Technology/Security related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Decision Package # _____
X	Change in cost of providing current services to existing program audience.
X	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
X	Loss of federal or other external financial support for existing program.
X	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Agency
	What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	SC Department of Social Services		
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ACCOUNTABILITY OF FUNDS	New Caseworkers - (G3 S3.4 Obj 3.4.3) 2nd/3rd Shift - (G3 S3.1 Obj 3.1.9) Regional Foster Home Licensing/Support - (G2 S2.1 Obj 2.1.3) Phase three rollout of Regional Intake Hubs - (G1 S1.1 Obj 1.1.1-1.1.2) Child Fatality Review Teams - (G4) Attorneys & Paralegals - (G3 S3.2 Obj 3.4.4) Medical Administrator - (G1 S1.7 Obj 1.7.1- 1.7.5) Child Welfare Training - (G3 S3.2 Obj 3.2.1) Interstate Compact on the Placement of Children - (G3 S3.4 Obj 3.4.3) Children's Advocacy Center (CAC) – Forensic Interviews (G1 S1 Obj 1.3.3) Lawsuit Monitor Costs – (G3 S3.2 Obj 3.4.4)

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	No match funds available

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY

During the next several years, the system of child welfare services will be greatly impacted by two major reform efforts. The first of those two efforts is a class action lawsuit, Michelle H. v. Haley, et.al. (Michelle H.) which is currently pending in federal court. In January 2015, the South Carolina Department of Social Services (agency) was served with this lawsuit which includes claims that children in the state's foster care system have been harmed and are at risk of harm due to the agency's failure in three major areas.

The Plaintiffs, who are children in foster care, allege they have been harmed and have been placed at risk of harm because the state has a drastic shortage of foster homes, which caused the agency to place the children in inappropriate settings that are not responsive to their needs. The Plaintiffs allege the agency does not have a sufficient foster care workforce and therefore, case worker caseloads are excessive. Excessive caseloads cause poor case management, which leads to harm and risks of harm to children in foster care. And finally, the Plaintiffs allege the agency lacks the capacity to provide adequate behavioral and physical health care to children in foster care.

The agency has negotiated a settlement of all claims raised in the Plaintiffs' complaint, a strategy that has spared the state the costs typically associated with protracted litigation. The agency will ask the federal court to approve the settlement agreement on October 4, 2016. The settlement agreement requires the agency to meet several benchmarks to reform the child welfare system. Those benchmarks include achieving and maintaining a caseload standard that must be approved by the court, increasing the size and improving the quality of the foster care placement array, and developing a foster care health care system that is tailored to meet the needs of children in the foster care system. Failure to comply with the settlement agreement will result in large fines for contempt of court and the ordering of attorneys' fees.

The second reform effort that the agency must prepare for is the United States Administration for Children and Families Child and Family Services Review (CFSR). The CFSR is a federal review of the quality of the state's delivery of child welfare services. The state's child welfare programs and practices are reviewed to identify strengths and weaknesses, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. States that are not in substantial conformity with federal requirements must develop Program Improvement Plans to address any deficiencies. States are given a period of time to successfully complete a Program Improvement Plan. Failure to successfully complete a Program Improvement Plan will result in the levying of large financial penalties.

In the 2017-2018 budget request, the agency has attempted to anticipate the impact of Michelle H. and the CFSR and to request resources that will assist the agency in meeting the challenges associated with the implementation of strategies and innovations that will reform the child welfare system.

DSS is requesting funding for following areas within the Human Services Division:

New Caseworkers - Based on calculations from June of 2016, 163 new case managers for Assessment, Family Preservation, and Foster Care are needed in order to meet the standard of 20:1, 24:1, and 24:1 and to meet the anticipated increase (appx. 15%) in cases due to full implementation of the Intake Hubs. To meet the standards, DSS is requesting 78 additional Human Services Specialist II's, 21 Human Services Coordinator I's, 3 Human Services Coordinator II's, 1 Program Manager I, and 1 Human Services Specialist I. (104 Total Positions) In addition, 59 case worker and supervisor positions (see below) are being requested for 2nd/3rd shift for a total of 163 positions.

2nd/3rd Shift - DSS is implementing 2nd and 3rd shifts in higher volume counties statewide to more evenly distribute workload and reduce night, weekend, and on call hours for case managers. Additionally, hiring 2nd/3rd shift workers will help the agency adhere to new FSLA guidelines and prevent substantial overtime payments. DSS is requesting 46 additional Human Services Specialist II's, and 13 Human Services Coordinator II's. (59 Total Positions)

Regional FH Licensing/Support – Additional staff is needed to conduct initial licensure and provide ongoing support for the 50% increase in foster homes anticipated upon the successful achievement of the agency's recruitment goal. DSS is requesting 23 additional Human Services Specialist II's, 3 Human Services Coordinator I's, and 1 Program Coordinator II. (27 Total Positions)

Phase 3 Regional Intake Hubs - DSS is implementing a regionalized intake structure in order to standardize the process for initial receipt of reports of abuse, and bring consistency to the evaluation of those reports. At full implementation there will be 7 Intake Hubs in 5 regions. Phase 3 of the implementation plan allows DSS to operate the hubs 24/7. DSS is requesting 17 additional Human Services Specialist II's, 4 Human Services Coordinator I's, 1 Program Coordinator II, and 1 Program Manager I. (23 Total Positions)

Child Fatality Review Teams - DSS has developed new policies and protocols for ensuring transparency and an effective response and review of child fatalities. In 2017 the system will expand to the reporting of near fatalities. A Program Manager I position is requested to centrally manage these activities and ensure consistency and accountability statewide. (1 Total Position)

Attorneys/Paralegals - 14 Attorney and 20 Paralegal positions are needed to reduce current case processing demands and expedite permanency in placements. High caseload is considered one of the major barriers to quality representation and is the source of the high turnover rate that exists for attorneys at DSS. Current caseloads for child welfare attorney staff far exceed the American Bar Association (ABA) recommended maximum number of 60 cases per attorney. In some DSS offices, attorneys carry close to 200 cases each. We also spend significant amounts to hire contract attorneys to assist in meeting case processing requirements. The cost for contract attorneys is significantly greater than the cost of FTE attorneys. The 20 Administrative Assistant (Paralegal) positions are essential to support the court activities of agency attorneys and to provide general legal office support for all attorney staff. (34 Total Positions)

Medical Administrator - To meet the consent agreement/CFSR goals, DSS is requesting 1 Program Manager III position to serve as Medical Administrator. This position will monitor the medical services provided to our clients and pursue funding for the services. (1 Total Position)

Child Welfare Training –In order to develop child welfare curricula and coordinate/ deliver training statewide to ensure practice standards brought about by the consent agreement and CFSR are taught to line staff, DSS is requesting 6 Program Coordinator I positions. (6 Total Positions)

Interstate Compact on the Placement of Children (ICPC)- Currently ICPCs are processed at the county level. To manage and process cases in a more timely, efficient manner, DSS proposes the development of regional ICPC Unit. DSS is requesting 5 Program Coordinator I's (1 per region) to manage and act as a liaison between SCDSS and other states regarding ICPCs and 10 Human Service Specialists II's (2 per region) to conduct visits and monitoring. 2 additional Program Coordinator II's are necessary for processing the current volume of ICPC packets for the state. (17 Total Positions)

Forensic Interviews - State Office of Victims Assistance (SOVA) no longer reimburses Children's Advocacy Centers (CAC) for forensic interviews provided to children in DSS care. CACs are facing huge deficits trying to serve child victims of sexual and physical abuse among several other victimizations (drug endangerment, witness to domestic violence, etc.). Funding is requested for 2078 forensic interviews at a cost of $175 each.

Lawsuit Monitor Costs – $800,000 is needed to pay court appointed monitors as outlined in the consent agreement.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION

Consent Agreement/CFSR – Recurring

New Caseworkers - 104 FTE	FTE's	Base Salary	Salary/Fringe/Operating
Human Service Specialist II	78	$36,311	$5,253,690
Human Service Coordinator I	21	$37,763	$1,456,791
Human Services Coordinator II	3	$49,560	$257,253
Program Manager I	1	$69,289	$113,145
Human Service Specialist I	1	$33,070	$62,855
2nd/3rd Shift - 59 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Human Service Specialist II	46	$34,733	$2,997,544
Human Service Coordinator I	13	$36,122	$872,196
Regional FH Licensing/Support - 27 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Human Service Specialist II	19	$34,733	$1,238,116
Human Service Coordinator I	3	$36,122	$201,276
Human Service Specialist II	4	$34,733	$260,656

Program Coordinator II	1	$59,647	$99,757
Phase 3 Regional Intake Hubs - 23 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Human Service Specialist II	17	$34,733	$1,107,788
Human Service Coordinator I	4	$36,122	$268,368
Program Coordinator ll	1	$59,647	$99,757
Program Manager I	1	$69,289	$113,145
Child Fatality Review Teams - 1 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Program Manager I	1	$69,289	$113,145
General Counsel - 34 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Attorney II	14	$55,155	$1,160,054
Administrative Assistant	20	$30,619	$975,840
Medical Administrator - 1 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Program Manager III	1	$84,309	$134,000
Child Welfare Training - 6 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Program Coordinator I	6	$43,389	$463,098
ICPC - 17 FTE	**FTE's**	**Base Salary**	**Salary/Fringe/Operating**
Program Coordinator I	5	$43,389	$385,915
Human Services Specialist II	10	$36,311	$673,550
Program Coordinator II	2	$59,647	$199,514

(Fringe Calculated at 38.85%)

Initiative	Amount
CAC - Forensic Interviews - 2078 Cases at $175	$363,650
Lawsuit Monitor Costs	$800,000

How was the amount of the request calculated? List per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT

The Agency anticipates requesting additional caseworker staff as required to meet and maintain caseload standards. With full implementation of regional hubs it is anticipated caseloads will increase by 15%.

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	N/A

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Reduce caseworker and employee turnover. Provide staff to perform Human Services casework after traditional office hours. Provide consistent training to staff across the agency. Increase the number of Foster Homes. Improve the intake process and make it consistent across the state.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Decrease the number of employees exiting agency. Increase the number of Foster Homes. Accurate, timely intake of potential abuse and neglect cases. Effective case management.

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	SC Department of Social Services		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**11051**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Economic Services**
	Provide a brief, descriptive title for this request.
AMOUNT	**$1,430,547 in State Funds**
	What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.
ENABLING AUTHORITY	§43-1-80 of the South Carolina State Code
	What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	IT Technology/Security related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Decision Package # _____
X	Change in cost of providing current services to existing program audience.
X	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
X	Loss of federal or other external financial support for existing program.
X	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Agency
	What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	SC Department of Social Services		
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ACCOUNTABILITY OF FUNDS	Benefit Integrity – (G2 S2.3 Obj 2.3.1) DSNAP Coordinator – (G3 S3.5 Obj 3.5.1) National Voter Registration Compliance Reporting (N/A) Lead Workers Reclassification (G3 S3.1 Obj 3.1.8)

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	No match funds available

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

SUMMARY

DSS is requesting funding for four areas within the Economic Services Division:

Benefit Integrity – An additional 25 Benefit Integrity Staff are needed to new federal benefit integrity requirements, and Group Living Arrangements/Drug and Alcohol Abuse (GLA/DAA) eligibility requirements. (25 Total Positions)

DSNAP Coordinator – One additional position is needed to help coordinate disaster response/emergency preparedness activities for Economic Services, including:

- Economic Services regional participation in an annual exercise with the local County Emergency Management to strengthen local collaboration and communication.
- Biannual reviews of county DSNAP plans with local partners and support agencies, focusing on logistical issues. This was recommended by county emergency managers.

National Voter Registration Compliance Reporting – One position is needed to ensure compliance with the National Voter Registration Act, to include providing training to staff (content and/or delivery) and timely submission of reports. Other requirements include sending a notice and information packet for all applications received and all recertification's, reviews and change of address situations.

Lead Workers Reclassification - This would provide in-band increases and equity increases to DSS economic service front line staff.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION

Economic Services - Recurring

Benefit Integrity - 25 FTE	FTE's	Base Salary	Salary/Fringe/Operating
Human Services Specialist II	25	$27,445	$1,090,075

DSNAP Coordinator - 1 FTE	FTE's	Base Salary	Salary/Fringe/Operating
Program Coordinator I	1	$31,805	$49,657

NVRA Compliance Reporting - 1 FTE	FTE's	Base Salary	Salary/Fringe/Operating
Program Coordinator I	1	$38,703	$59,235

Fringe Calculated at 38.85%

Initiative	Operating
Lead Workers Reclassification - 25 HS Specialist I	$101,694
Lead Workers Reclassification - 25 HS Specialist II	$129,886
Convert 75 Temporary Grant Positions to FTE Positions	$0

How was the amount of the request calculated? List per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	The Agency anticipates requesting additional administrative and caseworker FTE's to continue service delivery and Welfare to Work improvements over the next four years.

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Improve delivery of SNAP and TANF services. Implement expanded ABAWD tracking and verification. Implement new federal benefit integrity requirements.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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PROGRAM EVALUATION	Increased efficiency in the delivery of SNAP/TANF programs. ABAWD's participation is tracked and verified. SNAP fraud cases are prosecuted.

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**11054**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Adult Protective Services**
	Provide a brief, descriptive title for this request.
AMOUNT	**$3,203,964**
	What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.
ENABLING AUTHORITY	§43-1-80 of the South Carolina State Code
	What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	IT Technology/Security related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Decision Package # _____
X	Change in cost of providing current services to existing program audience.
X	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
X	Loss of federal or other external financial support for existing program.
X	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Agency
	What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

ACCOUNTABILITY OF FUNDS	Case Management – (G3 S3.4 Obj 3.4.1 – 3.4.4) Collaborative Organization of Services Adult (COSA) Pilot Project – (G4 S4.4 Obj 4.4.1) Securing Beds from SCDHHS - Emergency Placements – (G4 S4.4 Obj 4.4.1) Homemaker and Personal Services Care (G3 S3.9 Obj 3.8.1)

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	No match funds available

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

SUMMARY

DSS is requesting funding to support the growing caseload in Adult Protective Services (APS). These staff are needed to address the 54% increase in APS assessment cases since January 2015, and a projected growth in the aging adult population of 30% over the next four years.

Case Management – Due to the roll out of statewide intake call centers and the anticipated growth mentioned above, DSS is requesting 30 Human Service Specialist I positions and 3 Human Services Coordinator I positions to meet caseload standards.

Collaborative Organization of Services Adult (COSA) Pilot Project - Invest $37,500 in the Beaufort COSA process with the expectation that this interagency collaboration, multi-disciplinary team of adult service providers will develop coordinated case management for vulnerable adults which will ultimately prevent these adults from coming into DSS custody.

Securing Beds - Emergency Placements - Procure eight emergency nursing home beds through SCDHHS at the Medicaid rate of $1623 per month per bed. This will provide immediate access to care, a more efficient use of funds and better serve vulnerable adults.

Homemaker and Personal Services Care – DSS anticipates a 54% increase in APS cases. Therefore, DSS is requesting $900,000 for a homemaker and personal care services contract. Contracting the homemaker services reduces the states liability for high risk cases by removing state employees from client homes. SSBG funds previously paid a portion of this contract, but those funds are no longer available.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION

Case Management - 33 FTE	FTE's	Base Salary	Salary/Fringe/Operating
Human Service Specialist I	30	$33,640	$1,909,380
Human Services Coordinator I	3	$36,122	$201,276

Fringe Calculated at 38.85%

Initiative	Operating
Pilot Project - Beaufort	$37,500
Securing Beds for Emergency Placements - 8 Beds @ $1,623 per month	$155,808
Homemaker and Personal Services Care	$900,000

How was the amount of the request calculated? List per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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FUTURE IMPACT	N/A

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Resources would be available to meet the increased caseloads caused by the rising APS population and full implementation of regional intake hubs.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Caseload would not exceed agency standard. Use of hotels/sitter services decreased.

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**11057**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**State Match Needs**
	Provide a brief, descriptive title for this request.
AMOUNT	**$5,677,831**
	What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.
ENABLING AUTHORITY	§43-1-80 of the South Carolina State Code
	What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	IT Technology/Security related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Decision Package # _____
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
X	Loss of federal or other external financial support for existing program.
X	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Agency
	What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

ACCOUNTABILITY OF FUNDS	Loss of earmarked revenue used for Child Care Match – (G2 S2.2 Obj 2.2.2) Loss of earmarked revenue used for SNAP Match – (G2 S2.2 Obj 2.2.1)

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	No match funds available

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

SUMMARY	Loss of earmarked revenue Child Care Match – Loss of annual donations which were used as the 50% match requirement for the SCMAMA Federal Grant. Loss of earmarked revenue SNAP Match – Loss of annual SNAP Bonus Dollars which were used as the 50% match requirement for the SNAP Federal Grant.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	Loss of earmarked revenue Child Care Match – The SCMAMA Child Care Federal Grant requires an annual match of $10,270,728. DSS is appropriated $7,033,814 state appropriations for this match. An additional $3,236,914 is needed Loss of earmarked revenue SNAP Match – The SNAP Federal Grant requires a 50% match. Previously SNAP Bonus dollars were used for this purpose. Due to FNS guidelines SCDSS is no longer able to use these funds as a match. FY 2016 SNAP Bonus amount was $2,440,917.

How was the amount of the request calculated? List per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	N/A

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

PRIORITIZATION	N/A

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	These funds will keep service delivery at current levels.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	No change in program evaluation.

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**11060**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Distribution of Base Allocations**
	Provide a brief, descriptive title for this request.
AMOUNT	**$1,994,119**
	What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.
ENABLING AUTHORITY	§43-1-80 of the South Carolina State Code
	What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

X	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	IT Technology/Security related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Decision Package # _____
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Agency
	What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

ACCOUNTABILITY OF FUNDS	N/A

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	N/A

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

SUMMARY	State Funds for the FY 2016-17 Pay Plan Allocation, SCRS & PORS Allocation, and Health & Dental Insurance Allocation.

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	Allocation of State Funds for FY 2016-17 provided by the Executive Budget Office **Pay Plan Allocation (Including Fringe)** - $1,536,893 **SCRS & PORS .50% Rate Increase** - $196,791 **Health & Dental Insurance Allocation** - $260,435

How was the amount of the request calculated? List per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	N/A

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

PRIORITIZATION	N/A

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	N/A

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**11063**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Group Home Transition – Non-Recurring**
	Provide a brief, descriptive title for this request.
AMOUNT	**$1,000,000 in State Funds**
	How much is requested for this project in FY 2017-18?
BUDGET PROGRAM	II. Programs and Services B. Foster Care
	Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		IT Technology/Security related
		Consulted DTO during development
		Related to a Recurring request – If so, Decision Package # _____
		Capital Request
		Included in CPIP – If so, CPIP Priority # _____
	X	Non-recurring request for funding
		Non-recurring request for authorization to spend existing cash/revenue

SUMMARY	**Group Home Transition Costs –** $1,000,000 is being requested to assist group homes in transitioning from providing beds for DSS clients to providing wrap around services as required by the consent agreement.
	Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

CLASSIFICATION OF FUNDS	In support of recurring decision package #10764.

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	N/A

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	N/A

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	N/A

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**11066**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Child Support System – Non-Recurring**
	Provide a brief, descriptive title for this request.
AMOUNT	**$25,000,000 in State Funds**
	How much is requested for this project in FY 2017-18?
BUDGET PROGRAM	IV. Non-recurring Appropriations
	Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		IT Technology/Security related
		Consulted DTO during development
		Related to a Recurring request – If so, Decision Package # _____
		Capital Request
		Included in CPIP – If so, CPIP Priority # _____
	X	Non-recurring request for funding
		Non-recurring request for authorization to spend existing cash/revenue

SUMMARY	SCDSS is requesting General Funds of $25,000,000 for development of and penalty costs associated with the Child Support Enforcement System. The Department of Social Services is federally mandated to implement an automated child support enforcement system and State Disbursement Unit. Without an operational system, the State is subject to penalties from the federal Office of Child Support Enforcement. The agency will have exhausted the HP settlement funds designated for the payment of penalties during FY 16-17.

Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

CLASSIFICATION OF FUNDS	N/A

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	N/A

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Additional non-recurring funds are being and will be requested over the next three fiscal years to fund the full implementation of the system not covered by the settlement.

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	Federal approval and funding authorization has been received for this project.

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**11069**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Infrastructure**
	Provide a brief, descriptive title for this request.
AMOUNT	**$2,734,000 in State Funds**
	How much is requested for this project in FY 2017-18?
BUDGET PROGRAM	I. State Office C. County Office Admin
	Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		IT Technology/Security related
		Consulted DTO during development
		Related to a Recurring request – If so, Decision Package # _____
		Capital Request
		Included in CPIP – If so, CPIP Priority # _____
	X	Non-recurring request for funding
		Non-recurring request for authorization to spend existing cash/revenue

SUMMARY

Funds are requested to purchase 72 vehicles to support Child Welfare and Adult Protective Services Caseworkers within the counties. These vehicles would be transferred to State Fleet Management and then leased back to DSS for mileage costs only.

DSS is requesting funding to purchase security systems to be installed in County Offices. This request would allow DSS to provide security systems for the 46 counties. These systems include cameras, automated door locks and panic buttons.

72 vehicles @ $22,000 each
46 security systems @ $25,000 each

Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

CLASSIFICATION OF FUNDS	In support of recurring decision package #10764 and #11054.

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	No match funds available.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	N/A

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	N/A

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	N/A

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM D – PROVISO REVISION REQUEST

NUMBER	**38.3**
	Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").
TITLE	**DSS Foster Children Burial**
	Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.
BUDGET PROGRAM	**II. Programs and Services** **B. Foster Care** **2. Foster Care Assistance Payments**
	Identify the associated budget program(s) by name and budget section.
DECISION PACKAGE	N/A
	Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.
REQUESTED ACTION	**Amend**
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	none
	Which other agencies would be affected by the recommended action? How?
SUMMARY	Expand proviso to include adults who are in the care of DSS.
	Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

EXPLANATION	Expand proviso to include adults who are in the care of DSS.

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	N/A

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

PROPOSED PROVISO TEXT	**38.3.** (DSS: ~~Foster Children~~ Burial **Expenses**) The expenditure of funds allocated for burials of foster children **and adults in the custody of SCDSS** shall not exceed one thousand five hundred dollars per burial.

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	**11072**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Agency General Fund Reduction Analysis**
	Provide a brief, descriptive title for this request.
AMOUNT	**-$4,524,759**
	What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.
METHOD OF CALCULATION	Reduction of State Funds for FY 2017-18 figure provided by the Executive Budget Office
	Describe the method of calculation for determining the reduction in General Funds.
ASSOCIATED FTE REDUCTIONS	Reductions of 336 FTE's
	How many FTEs would be reduced in association with this General Fund reduction?
PROGRAM/ACTIVITY IMPACT	The Teen Pregnancy Program would be eliminated. Agency Administration and County Administration FTE's support all agency programs and the elimination of 180 FTE's would severely hamper the Agency's ability to perform basic services such as Human Resources, Finance, Information Technology and cause issues with client services at the county level. The Caseworker FTE's would affect Human Services Programs.
	What programs or activities are supported by the General Funds identified?

AGENCY NAME:	SC Department of Social Services		
AGENCY CODE:	L040	SECTION:	38

SUMMARY

Reduction Priority	Description of Reduction	Amount of Reduction
1	Teen Pregnancy	$546,792
2	Agency Administration and IT - 71 FTE Positions	$1,325,989
3	County Administration - 109 FTE Positions	$1,325,989
4	Caseworkers - 156 FTE Positions	$1,325,989

In order to meet these budget reductions, DSS would implement a Reduction in Force, institute a hiring freeze and eliminate all vacant positions, thus reducing the DSS workforce by 336 FTE's at a time when DSS caseloads have increased dramatically.

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.