

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>



**Fiscal Year 2018-19  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS (FORM B1)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS (FORM B2)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

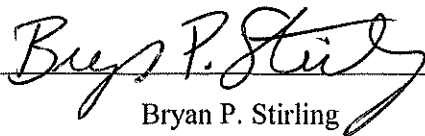
<b>CAPITAL REQUESTS (FORM C)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
	<input type="checkbox"/>	Not requesting any changes.

<b>PROVISOS (FORM D)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	John Morgan	803-896-2250	Morgan.john@doc.sc.gov
<b>SECONDARY CONTACT:</b>	Tom Osmer	803-896-1742	Osmer.tom@doc.sc.gov

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>SIGN/DATE:</b>	<u>Agency Director</u>	<u>Board or Commission Chair</u>
		
<b>TYPE/PRINT NAME:</b>	Bryan P. Stirling	Cabinet Agency

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: N040  
 Agency Name: SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
 Section:

BUDGET REQUESTS			FUNDING				FTES					
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Officer Hiring Rate Adjustment and Retention	4,999,374				4,999,374	0.00				0.00
2	B1 - Recurring	Institutional Unit Management Phase I of II	3,350,000				3,350,000	45.00				45.00
3	B1 - Recurring	Health Services Critical Staffing Upgrade and Retention Plan	6,234,811				6,234,811	23.00				23.00
4	B1 - Recurring	Electronic Health Record System	1,258,921				1,258,921	10.00				10.00
5	B1 - Recurring	Institutional Program Staff for Level II/III Institutions - Phase I of II	1,730,507				1,730,507	25.00				25.00
6	B1 - Recurring	Critical Operational Regulatory Compliance Staffing	737,871				737,871	11.00				11.00
7	B1 - Recurring	Hepatitis "C" Treatment Program	800,000				800,000	0.00				0.00
8	B1 - Recurring	IT Security Implementation	368,559				368,559	2.00				2.00
9	B2 - Non-Recurring	Equipment and Supplies to Replace PC's at end of Life Cycle	600,000				600,000	0.00				0.00
10	C - Capital	Manning Boiler and Infrastructure Crisis Upgrades	3,500,000				3,500,000	0.00				0.00
11	C - Capital	Deferred Maintenance and Renovations	2,500,000				2,500,000	0.00				0.00
12	C - Capital	General Maintenance Security and Detention Systems & Equipment	3,120,000				3,120,000	0.00				0.00
13	C - Capital	Agency Wide Paving	2,500,000				2,500,000	0.00				0.00
14	C - Capital	Agency Wide Roofing	2,500,000				2,500,000	0.00				0.00
15	C - Capital	Training Academy Additions and Upgrades	4,077,500				4,077,500	0.00				0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			38,277,543	0	0	0	38,277,543	116.00	0.00	0.00	0.00	116.00

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1 – Form #13380</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>OFFICER HIRING RATE ADJUSTMENT AND RETENTION PLAN – PHASE III OF III</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 4,999,374</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 4,999,374</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>None</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
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<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>The Agency is experiencing high vacancy rates among the uniformed security staff and non-uniformed administrative, postal and records maintenance services institutional staff which restricts the amount of security staffing available to keep our prisons and inmates safe and the efficiency and timeliness of the inmates being provided services.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Institutional uniformed security and cafeteria staff.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to increase the hiring range salary base because of excessive vacancies in most of our critical institutional areas. Based on our current pay scales, we are not attracting qualified candidates to fill these positions. See Officer Pay Plan attached to packet.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>2 – Form #13381</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>INSTITUTIONAL UNIT MANAGEMENT</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 3,350,000</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 3,350,000</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>FORTY FIVE</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>Request will provide more efficient security within the institutional dorms and timely responses to daily requests from the institutional inmate population.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Request is to hire forty five (45) institutional unit managers to provide better case services to the inmates.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>This request is to provide funding for a multi-disciplinary skilled staff that will work within our inmate housing units to provide additional security and better case-management.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>3 – Form #13382</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>HEALTH SERVICES CRITICAL STAFFING UPGRADE AND RETENTION PLAN</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 6,234,811</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 6,234,811</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>TWENTY THREE</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>Request enhances the salaries of our behavioral/mental health positions to attract more candidates and decrease our vacancies in this critical area of inmate mental health care. Request will provide additional resources for managing the mental health caseloads for our inmate population. Request will provide more efficient dental services to the inmate population.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Twenty two (22) licensed mental health counselors and eleven (11) non-licensed counselors will receive upgrades in salary. Also we need to hire additional mental health staff (nine (9) QMHP's, six (6) mental health techs, two (2) psychiatrists, and two (2) psychologists) and four (4) dental hygienists that will be assigned regionally to provide health services to the inmate population.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>This is a request to increase the salaries of the current behavioral/mental health positions to enhance applicant interest in these positions. The increase in salaries will include the licensed counselors being paid a rate of \$48,000 and the non-licensed counselors a rate of \$43,000. Also, to further enhance mental health services delivery to the inmates, the mental health SCDC team and outside court appointed monitors/consultants are requiring additional positions for a more efficient delivery of mental health services to the affected inmate population. Along with mental health staffing, we need to hire additional dental hygienists (4) at a competitive rate and to reduce hygiene work currently being done by higher paid Dentists.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*



<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>4 – Form #13383</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>ELECTRONIC HEALTH RECORD SYSTEM</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 1,258,921</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 1,258,921</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>TEN</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>Converting paper files to an electronic platform aids in the reduction of medical trips to outside health care facilities thus freeing up correctional officers to be available to perform their other duties in securing the institutions.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Requesting Ten (10) new FTE positions: Two (2) positions to provide electronic data record support to the outside medical users, six (6) positions to provide direct support for the institutional clinical staff, one (1) EMR Privacy Officer and one (1) IT Security Privacy Officer.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>This is a request continue to implement an electronic records system that will increase the continuity of health care for the inmates. This system will replace the current manual system that is currently in place. Paper files will be eliminated because the new system will provide medical staff real-time records at the touch of a computer screen. This request is for the annual fees to continue to operate the system. Also, request includes ten (10) full time permanent positions to support the system. The system has been mandated by the mental health lawsuit agreement. One (1) position will be assigned to the Helpdesk to document requests and handle user access issues, one (1) position will be generating custom designed reports and integrating medical information with data from the Offender Management legacy system and six (6) positions providing direct support for clinical staff in the field. Also, request includes two (2) positions to strengthen controls over the EHR Security Compliance of the Agency by adding one (1) EMR Privacy Officer, one (1) IT Security Privacy Officer.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>5 – Form #13384</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>INSTITUTIONAL PROGRAM STAFF FOR LEVEL II/III INSTITUTIONS AND PRE-RELEASE SUPPORT STAFF – PHASE I OF II</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 1,730,507</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 1,730,507</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>TWENTY FIVE</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input checked="" type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
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<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 2 – Education, Training and Human Development  Objective – Maintain the overall recidivism rate at less than 25% and increase participation in work programs to 82.5% during FY2018. (2.1.2 through 2.1.3)</p> <p>These positions were lost during the Reduction-in-force of 2003.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Request is to hire seventeen (17) FTE positions that are skilled in providing program services to the inmate populations in the Level II and III institutions, two (2) FTE positions that are trained in re-entry skills, three (3) positions that are trained in direct inmate interaction (chaplain, volunteer coordinator, and health coordinator) and three (3) positions with trauma counseling experience who can administer to Agency staff.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to provide reentry and long-term programming staff to the Level II and III institutions where rehabilitation is needed most. Also, request includes adding two (2) pre-release positions to assist in the coordinating and scheduling of inmates being considered for release from the Kershaw and Camille Griffin Graham Institutions. There is much preparation, paperwork and registering for services that goes on prior to releasing an inmate back into society. Additional funding will allow the Agency to implement and maintain this program for the welfare of Agency staff who have experienced trauma inside and outside of work.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>6 – Form #13385</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>CRITICAL OPERATIONAL REGULATORY COMPLIANCE STAFFING</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$737,871</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$737,871</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>ELEVEN</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>Goal 4 – Public Infrastructure and Economic Development Objective – Enhance security of information technology. Conduct records management audits of all 22 institutions by June 30, 2018 (4.1.1).</p> <p>These positions will provide the methodology to keep the Agency in compliance with Federal and State laws and regulations.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Requesting eleven (11) positions including ADA records management, internal audits, inmate visitation, procurement, recruiting and county jail inspections.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to hire two (2) Branch Chief positions to coordinate jail inspections. Our current staff is unable to inspect all of the state-wide county/city facilities in a timely and efficient manner. Also, request to hire one (1) additional visitation coordinator, one (1) additional records analyst to provide assistance to the Records/ADA Coordinator, one (1) additional procurement position, one (1) Auditor III position and five (5) recruiting staff members. Currently, these areas are short-staffed and the increase of new regulations and procedures make it more difficult for the current staffs to keep up. Example is the Division of Internal Audits which only has two staff members and are limited to what they can provide for a large Agency such as the Department of Corrections. Prior to the Reduction in Force in 2003, the Division has ten members.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>7 – Form #13386</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>HEPATITIS “C” TREATMENT PROGRAM</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 800,000</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 800,000</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>NONE</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>Request is for the reduction of the Hepatitis C disease being spread among the inmate population within our institutions.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Sixteen (16) inmates infected with the disease.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>New funding to provide critical medications that will serve the "Hepatitis C" inmate population for a cure of 16 inmates and reduce the spread within our institutions and outside population upon their release.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>8 – Form #13387</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>IT SECURITY IMPLEMENTATION</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$ 368,559</b> <b>Federal: -</b> <b>Other: -</b> <b>Total: \$ 368,559</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>TWO</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 4 – Public Infrastructure and Economic Development Objective – Enhance security of information technology. Conduct records management audits of all 22 institutions by June 30, 2018 (4.1.1).</p> <p>These positions will provide additional security to our IT infrastructure.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>Requesting two (2) IT Security Technicians.</p>
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>These two (2) full time permanent positions are required to maintain compliance with state and agency IT security policies. These IT Security Technicians will administer the Agency firewall and implement / manage enterprise IT security solutions to protect Agency networks and data. Currently there is no staff available to dedicate to the critical tasks of implementing new firewall rules to adapt to the constantly changing threat environment, testing and implementing patches throughout the enterprise using Microsoft and 3rd party patch management solutions, implementing network access control and privileged user management, proactively monitor network activity, etc. Also, the remaining funding will allow the Agency to seek a 24/7 service that monitors our endpoints (desktops, laptops, servers, etc.) for signs of malicious activity.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>9 – Form #13388</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>IT EQUIPMENT AND SUPPLIES TO REPLACE PC'S AT END OF LIFE CYCLE</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 600,000</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 - Maintaining Safety, Integrity and Security  Objective – Improve inmate and staff safety by the development and utilization of a validated risk-assessment instrument and Crisis Intervention training for staff. (1.41 through 1.43)</p> <p>Request will provide updated and current technology throughout the agency.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Outside IT vendor would supply the equipment to the Agency.
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*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?*

<b>JUSTIFICATION OF REQUEST</b>	Replacement of personal computers at the end of their 5 year life cycle. This is a budgetary estimate to replace 20% (approximately 500) of our PCs, including licensing for the Dell Data Protection Suite. We have standardized on Dell PCs but purchase in bulk whenever possible in order to get the best price. Based on the draft end user computing standards, our last purchases met or exceeded the requirements for desktop computers. We will send the final quote for IT Planning review when we are ready to purchase.
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	<b>10 – Form #13389</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>MANNING BOILER AND INFRASTRUCTURE CRISIS UPGRADES</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 3,500,000</b>
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*How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	<b>FY2019 #4</b>
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	<b>JBRC</b>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<b>NONE</b>
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*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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>SUMMARY</b>	<p>This request is critical because it has become a safety issue. The request is to perform renovations and infrastructure improvements at the Manning Correctional Institution including the creation of a new central boiler facility for use as the central laundry system and replacement of the kitchen area that connects to the boiler and exhaust systems.</p>
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*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	<b>11 – Form #13390</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>DEFERRED MAJOR MAINTENANCE AND REPAIRS</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 2,500,000</b>
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*How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	<b>FY2019 #1</b>
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	<b>JBRC</b>
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<b>NONE</b>
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*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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**SUMMARY**

To fund the most critical maintenance repairs, renovations and system & equipment replacement for the Agency's 26 institutions and support service buildings located statewide which is more than 6.5 million square feet of building space (Note: eleven (11) institutions are over 40 years old and ten (10) institutions built before 1990). The Division of Facilities Management performed a detailed assessment report of the Agency's facilities to determine the physical defects that must be corrected to maintain the buildings operationally. None of the building deficiencies noted are merely due to the failure to maintain the systems, equipment or structures or just to renovate to meet current standards that have changed since the building was constructed (i.e. fire/life safety codes, accessibility, energy conservation, and environmental health, including asbestos and indoor air quality).

**Headquarters** - Add fire suppression system & upgrade HVAC in computer room plus replace fire alarm system for entire building - \$900,000.

**Electrical/Electronics –**

- 1. Tyger River CI (Lower Yard) - Replace Fire Alarm \$750,000
- 2. Turbeville CI - Replace high voltage switch \$150,000

**HVAC Equipment Replacement/Upgrade**

- 1. Ridgeland CI -- Honeywell Control System \$250,000
- 2. Ridgeland CI -Heating Boiler Replacement \$300,000

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*



<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

## FORM C – CAPITAL REQUEST

<b>AGENCY PRIORITY</b>	<b>12 – Form #13391</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
<b>TITLE</b>	<b>GENERAL MAINTENANCE - SECURITY/DETENTION SYSTEMS &amp; EQUIPMENT</b> <i>Provide a brief, descriptive title for this request.</i>
<b>AMOUNT</b>	<b>\$ 3,120,000</b> <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
<b>CPIP PRIORITY</b>	<b>FY2019 #5</b> <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
<b>OTHER APPROVALS</b>	<b>JBRC</b> <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<b>NONE</b> <i>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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
<b>SUMMARY</b>	Request to fund the maintenance, upgrades and repairs of the security/detention systems and equipment replacement such as locks, door hardware, cameras, NVR detection systems, etc. <i>Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.</i>

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	<b>13 – Form #13392</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
<b>TITLE</b>	<b>AGENCY WIDE PAVING</b> <i>Provide a brief, descriptive title for this request.</i>
<b>AMOUNT</b>	<b>\$ 2,500,000</b> <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
<b>CPIP PRIORITY</b>	<b>FY2019 #2</b> <i>Identify the project’s CPIP plan year and priority number, along with the first year in which the project was included in the agency’s CPIP. If not included in the agency’s CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency’s contingency plan in the event that state funding is not made available in the amount requested.</i>
<b>OTHER APPROVALS</b>	<b>JBRC</b> <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<b>NONE</b> <i>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? What is the agency’s expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
<b>SUMMARY</b>	<b>This is to fund the materials and supplies for repairing the most critical paving of security perimeter roads, entrance roads and inner perimeter roads for our institutions.</b> <i>Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.</i>

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	<b>14 – Form #13393</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
<b>TITLE</b>	<b>AGENCY WIDE ROOFING</b> <i>Provide a brief, descriptive title for this request.</i>
<b>AMOUNT</b>	<b>\$ 2,500,000</b> <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
<b>CPIP PRIORITY</b>	<b>FY2020 #2</b> <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
<b>OTHER APPROVALS</b>	<b>JBRC</b> <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<b>NONE</b> <i>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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
<b>SUMMARY</b>	<b>This is to fund the equipment needed to renovate most critical roofing projects that replace roof assemblies, asphalt, shingles, etc. for our various institutions and support buildings.</b> <i>Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.</i>

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	<b>15 – Form #13394</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
<b>TITLE</b>	<b>TRAINING ACADEMY ADDITIONS AND RENOVATIONS</b> <i>Provide a brief, descriptive title for this request.</i>
<b>AMOUNT</b>	<b>\$ 4,077,500</b> <i>How much is requested for this project in FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
<b>CPIP PRIORITY</b>	<b>This project is not included on the CPIP as we are still developing set plans for the location of the buildings.</b> <i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i>
<b>OTHER APPROVALS</b>	<b>JBRC</b> <i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)</i>
<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<b>NONE</b> <i>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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i>
<b>SUMMARY</b>	<b>To construct an additional student dormitory, range house and multi-purpose facility to add space for additional groups of new employees requiring basic training.</b> <i>Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.</i>

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**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION  
CONTINGENCY PLAN**

<b>TITLE</b>	<b>Agency Cost Savings and General Fund Reduction Contingency Plan</b>
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<b>AMOUNT</b>	<p><b>\$ 12,596,403 General Fund Reduction</b></p> <p><i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i></p>
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<b>ASSOCIATED FTE REDUCTIONS</b>	<p>The FY18 adjusted Agency General Fund Budget amounts to \$419,880,106 which is made up of Personal Services \$308,172,618 (73%) and General Operating \$111,707,488 (27%). As determined by the Executive Budget Office, this Agency is responsible for reducing State General Funds of \$12,596,403.</p> <p>Approximately two hundred (200) non-uniformed positions would have to remain unfilled and temporary positons would be eliminated.</p> <p><i>How many FTEs would be reduced in association with this General Fund reduction?</i></p>
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<b>PROGRAM/ACTIVITY IMPACT</b>	<p>Security is our number one priority and we cannot eliminate nor can we tolerate a furlough for any uniformed positions. Currently, we have a tremendous burden filling uniformed security positions to fully staff our institutions thus we are operating under unsafe conditions. To remedy this, we are utilizing extensive overtime and facility lockdowns to control the inmate flow within our institutions for the protection of institutional staff and the public. The Agency is also pushing an aggressive recruiting campaign for uniformed positions by drawing attention to career opportunity via television/radio media, social networking, positive advocacy through word of mouth, advertising billboards, etc. It would be almost impossible for the Agency to reduce our security budget with all of the work that we are doing to support our institutional staff which represents approximately eight five (85%) of our State General Fund budget.</p>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>In order to reduce our budget, we would be obligated to reduce expenditures in our administrative and support services function which represent the remaining fifteen (15%) of our budget, approximately \$62,982,016.</p> <p>We studied the Agency payroll and have determined that we would place a hiring freeze on mostly administrative, maintenance, teachers, vocational instructors, case workers, and supply warehouse worker positions in conjunction with not filling positions that become vacant from staff retirements/attrition, and continue to watch our costs of medical delivery and further reduce socialized programs to the inmates. We would also have to redefine non-uniformed positions as essential and non-essential and implement a furlough/reduction in force for those positions considered non-essential to direct security support. While this protects our security staffing, it does create support issues. The security staff cannot maintain a secure environment without the support of the positions listed above.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

<b>AGENCY COST SAVINGS PLANS</b>	<p>With the increasing costs of providing a safe, secure and rehabilitative environment for our inmates and the high cost of providing medical and mental/behavioral health services, it is difficult to have agency-wide savings. The Agency savings (carryforward) that we do incur annually is generally derived from the excessive vacancies that the Agency is experiencing within our security ranks. We do examine what Agency needs can be best served using our carryforward which usually is spent on providing more security protection for our correctional officers and much needed maintenance/equipment replacement within our institutional and support buildings. We do not use the carryforward for recurring costs such as new administrative positions or frivolous spending: always on items that were previously requested through the annual budget preparation that the State could not afford at that time.</p>
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*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*

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**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS REPORT</b>
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<p>The South Carolina Department of Corrections’ mission statement is to protect the public, our employees, and our inmates while providing rehabilitation and self-improvement opportunities for our inmates and promoting fiscal responsibility and self-sufficiency.</p> <p>In accordance with our mission, Agency Management continues to look for programs to assist inmates in their rehabilitation back to society, to reduce recidivism and ways to save operational costs.</p>
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*What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark “X” for all that apply:</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Repeal or revision of regulations.	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.	<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.	<input checked="" type="checkbox"/>	Other
<input type="checkbox"/>	Repeal or revision of regulations.								
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.								
<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.								
<input checked="" type="checkbox"/>	Other								

<b>METHOD OF CALCULATION</b>	Actual results.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	The South Carolina Department of Corrections does not charge fees or fines to the general public. The Agency charges fees and fines to the inmate population when Agency/staff property is damaged, charges for authorized telephone usage, victims’ restitution, canteen purchases and other replacement fees.
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

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<b>REDUCTION OF REGULATION</b>	None at this time.
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>SUMMARY</b>	<p>The Agency continues to comply with the mission at hand. We strive to provide security, rehabilitation, self-sufficiency and fiscal responsibility. In addition to security, the Agency has achieved success with the following objectives in FY17:</p> <ul style="list-style-type: none"> <li>• During FY17, approximately \$13.7 million of General Fund carryforward (savings) was dedicated to open new capital projects to strengthen controls over contraband introduction into our institutions and major critical repairs to the institutions. Also, Facilities Management continues to utilize in-house staff to supervise inmate work crews.</li> <li>• A partnership with the South Carolina Department of Health and Environmental Control to implement the HIV Section 340B program has continued to be operational for all of FY17. The savings to the Agency \$4.4 million dollars, or a 49% decrease of the total cost of HIV prescribed medications, to inmates.</li> <li>• The Dairy Operation installed a pouch machine to maintain portion control and staff safety in serving liquid drink during meal time. This has provided a savings of \$38,000 per month. The dairy produced 7 million pounds of milk and packaged 2.8 million eggs.</li> <li>• Our Get Smart team visited 477 sites, reaching out to 61,522 adults and children across the state. These engagements provide insight on behavior that could bring young people to prison.</li> <li>• Since the introduction of new services for Youthful Offenders during FY 2011-12, the daily population of Youthful Offenders incarcerated at SCDC has dropped from 1,333 on June 30, 2011, to 661 on June 30, 2017. The Three-year recidivism rate has dropped from over 50% to 22.9%.</li> <li>• SCDC has now saved in excess of \$35 million in Workers' Compensation premiums alone over the last 9 years due to the reduction in work-related losses and improved safety performance.</li> </ul>
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*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*