

Agency Name: Commission For The Blind

Agency Code: L240

Section:

39



Fiscal Year FY 2021-2022

Agency Budget Plan

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS**

*(FORM B1)*

For FY 2021-2022, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
<input type="checkbox"/>	Requesting Federal/Other Authorization.
<input type="checkbox"/>	Not requesting any changes.

**NON-RECURRING  
REQUESTS**

*(FORM B2)*

For FY 2021-2022, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input checked="" type="checkbox"/>	Not requesting any changes.

**CAPITAL  
REQUESTS**

*(FORM C)*

For FY 2021-2022, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
<input type="checkbox"/>	Not requesting any changes.

**PROVISOS**

*(FORM D)*

For FY 2021-2022, my agency is (mark "X"):	
<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.

**PRIMARY  
CONTACT:  
SECONDARY  
CONTACT:**

<i>Name</i>	<i>Phone</i>	<i>Email</i>
Carrie Morris	(803) 898-8807	carrie.morris@sccb.sc.gov
Kevin Graham	(803) 898-8739	kevin.graham@sccb.sc.gov

I have reviewed and approved the enclosed FY 2021- 2022 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

**SIGN/DATE:  
TYPE/PRINT  
NAME:**

<i>Agency Director</i>	<i>Board or Commission Chair</i>
<i>Darlene Graham 9/23/20</i>	<i>Judith E Johnson 9/23/20</i>
<i>Darlene Graham</i>	<i>JUDITH E JOHNSON</i>

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

Agency Name:	Commission For The Blind
Agency Code:	L240
Section:	39

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Salary Adjustment	527,000	0	0	0	527,000	0.00	0.00	0.00	0.00	0.00
2	C - Capital	HVAC and Lighting Renovation	5,101,685	0	0	0	5,101,685	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Prevention of Blindness Program Increase	150,000	0	0	0	150,000	1.00	0.00	0.00	0.00	1.00
4	B1 - Recurring	Older Blind Program Increase	125,000	0	0	0	125,000	1.00	0.00	0.00	0.00	1.00
TOTALS			5,903,685	0	0	0	5,903,685	2.00	0.00	0.00	0.00	2.00

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

## **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Salary Adjustment</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$527,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$527,000</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</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 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 checked="" 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 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>ACCOUNTABILITY OF FUNDS</b>	<p>Strategy/Measure 3.1.2; Reduce turnover by improving retention.</p> <p>Aligning salary for SCCB employees with salaries of state employees in similar positions at other state agencies would assist in retention.</p> <p>The funds would be evaluated by demonstration of increased retention.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>Recipients of funds would be the staff of SCCB. Methodology recommended by state HR would be used. This methodology was previously used for recent distribution of salary increases for counselors, their assistants, and supervisors.</p>
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

This request is to bring salary parity to staff. The Compensation Study completed for Department of Administration in 2016 studied 15 agencies with similar positions across the state. SCCB fell at number 14 with salaries well below state average for all positions. Without providing a parity increase to staff, SCCB's turnover rate will continue to be high as staff leaves for similar positions at other state agencies that pay a higher salary. This affects services to consumers because there is a decrease in consistency with constantly changing staff.

*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.*

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

## **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Prevention of Blindness Program Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$150,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$150,000</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	1.00
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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 checked="" 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>ACCOUNTABILITY OF FUNDS</b>	<p>Strategy 2.1; Provide services to increase self-sufficiency for Blind and Visually Impaired Citizens.</p> <p>The additional funding would increase the number of citizens the agency could assist in restoring vision or preventing blindness. The funds would be tracked monthly to ensure compliance and documentation would be maintained to demonstrate the services provided and the number of citizens served.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>This funding would cover one (1) FTE and case services to fund surgeries for citizen of South Carolina who have correctable visual impairments. Funds would be allocated through predetermined eligibility criteria.</p>
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

Recurring funds for the Prevention of Blindness Services to bring funding closer to pre-2008 operating levels, as recommended by the Legislative Oversight Committee. The cost of services to restore vision and/or prevent vision loss have significantly increased. Without increased funding the agency will be restricted on the number of South Carolina residents it can serve in this program. Prevention services assist residents in restoring vision through surgery or by preventing vision loss through education and precautionary measures. These services increase the ability for citizens to remain independent, decreasing the burden on other state social services, while increasing contributions to the local economy.

*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.*

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

## **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Older Blind Program Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$125,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$125,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	1.00
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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 checked="" 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>ACCOUNTABILITY OF FUNDS</b>	<p>Strategy/Measure 2.1.1; Increase options for home management, technology, and mobility training for Older Blind Consumers.</p> <p>Funding for one (1) additional Older Blind Program position, plus case services, would provide the opportunity to redistribute the number of counties each counselor currently serves, thereby reducing consumer wait times, and permitting the provision of more comprehensive services.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>This increase would provide salary for one (1) FTE and \$75,000 and funds for case services for the Older Blind population. The case service funds would be utilized through payments to vendors, and to purchase specialized equipment.</p>
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

A manageable Older Blind Program caseload typically has between forty (40) and fifty (50) active cases (according to the National Research and Training Center at Mississippi State University). This amount permits counselors to coordinate and offer direct assistance in a timely and efficient manner. Agency reports show that OB counselors are consistently working with average caseloads of more than seventy (70) consumers. There have been periods of time when counselors were responsible for one hundred (100) open cases, which significantly compromises the amount of quality time devoted to direct services for each consumer and creates delays in following up with new referrals.

Funding for an additional Older Blind Program position would make it possible to redistribute the number of counties each counselor serves, reducing consumer wait time, and giving counselors time to provide more comprehensive services.

Specialized equipment, training, support, and advocacy assists individuals with maintaining independence. In addition to the \$95.00 (per consumer) low vision assessment charge, the agency supplies recommended low vision devices and aids, which are technically advanced and continue to increase in cost. While some consumers benefit from basic hand-held magnifiers and protective sun filters, many find electronic readers and digital devices better assist with their low vision needs. For consumers with very limited vision, use of a Closed-circuit TV (CCTV) is often the only option. This device (average cost of \$1,500) enlarges printed materials to allow consumers to read mail, directions for preparing a meal, prescription labels, and it also gives them the ability to address written correspondence and conduct banking or other financial business.

Some individuals who have extremely reduced vision rely on audio devices that read printed material for them (average cost of \$1000). Other adaptive devices include, but are not limited to, specialized phones, audio clocks, and supplies to modify household appliances.

*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.*

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

## **FORM C – CAPITAL REQUEST**

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

<b>TITLE</b>	HVAC and Lighting Renovation
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$5,101,685
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*How much is requested for this project in FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	<p>CPIP Plan Year 2021 Priority 1, should be included in plan from Admin for 2022</p> <p>Without the funding, the agency will continue to struggle with constant repairs and consumer complaints and illnesses caused by lack of heat/air conditioning in the consumer dormitories.</p>
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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>	No approvals have been obtained at this time, only estimates for services.
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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>	<p>There have been no other funds invested in this project. This is not a project that can be done in increments or stages because it affects the entire agency complex. The expected useful life on a new HVAC system would be at least 25 to 30 years.</p>
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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>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The current HVAC system at the SCCB Columbia complex has been in place for more than 50 years, as it was installed when the buildings were originally constructed. It is not energy efficient, which results in much higher utility bills, and is no longer efficient at heating or cooling the buildings in the complex. Staff and consumers suffer daily from extreme heat or extreme cold in all buildings. Several times a year the agency has to call a repair technician to fix compressors and fans. Staff and consumers have suffered illnesses from the inconsistencies in temperatures. It has also created a situation in which small portable heaters and fans must be in use for staff to work comfortably. Regardless of the time of year, the temperature on one side of a building may be as low as 55° degrees while across the hall it is 90°, a difference of 35°. Repair technicians have checked duct work, vents, lines; because the system is so old it is not possible to create consistent temperature levels. Updates to the lighting in buildings are included in this project because the ceiling will have to be removed to replace the HVAC ductwork; the outdated lighting can be more easily updated at that time.</p>
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## SUMMARY

*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.*

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$120,331
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	None
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>This reduction would impact the Vocational Rehabilitation program. It would be seen as a reduction to the case service funds available to spend for consumers.</p>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>A 3% reduction to the case services budget would greatly impact the service delivery to SCCB consumers.</p> <p>Consumers in the Vocational Rehabilitation program need training, and often medical services, to retain or obtain employment. A reduction in the program could create problems for the agency in being able to comply with the Federal regulations that set forth the services that the agency is to provide to consumers.</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.*

**AGENCY COST SAVINGS PLANS**

None

*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?*

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

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

<b>TITLE</b>	SCCB do not charge any fees for its services, nor does it charge any fines.
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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>	<b>Mark "X" for all that apply:</b>	
	<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>	SCCB does not charge any fees for its services, nor does it charge any fines.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

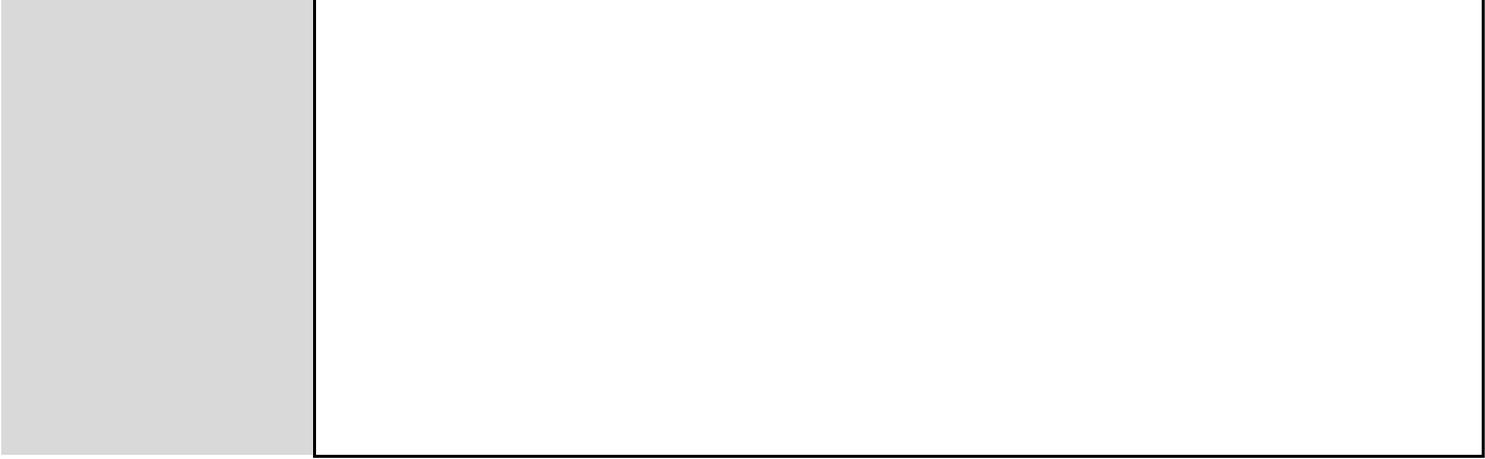
<b>REDUCTION OF FEES OR FINES</b>	SCCB does not charge any fees for its services, nor does it charge any fines.
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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?*