

<b>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<b>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):</b>	
	9679 Allocation of Statewide Pay Plan and Additional Fringe Benefits	
	9890 Other Funds Employee Compensation	
	9913 Increase in Authorization of Earmarked Funds	
		9887 Budget Realignment
		9916 3% Budget Cut Exercise
<b>For FY 2017-18, my agency is (mark "X"):</b>		
		<input type="checkbox"/> Requesting a net increase in recurring General Fund appropriations.
		<input checked="" type="checkbox"/> Not requesting a net increase in recurring General Fund Appropriations.

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<b>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</b>	
	<b>For FY 2017-18, my agency is (mark "X"):</b>	
		<input type="checkbox"/> Requesting capital and/or non-recurring funds.
		<input checked="" type="checkbox"/> Not requesting capital and/or non-recurring funds.

<b>PROVISOS (FORM D)</b>	<b>For FY 2017-18, 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>	Angela Miller	896-5642	ARHUDS@scdj.j.net
<b>SECONDARY CONTACT:</b>	Katherine Pierson	896-9659	KLPIER@scdj.j.net

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

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	<i>Sylvia Murray 9-23-16</i>	
<b>TYPE/PRINT NAME:</b>	Sylvia Murray	

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

<b>AGENCY NAME:</b>	SC Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N12	<b>SECTION:</b>	SC Board of Juvenile Parole



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):	
	For FY 2017-18, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

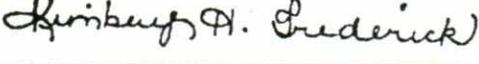
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):	
	For FY 2017-18, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

<b>PROVISOS (FORM D)</b>	For FY 2017-18, 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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Mrs. Toni T. Vanlue	803-896-3973	ttmaco@scdjj.net
<b>SECONDARY CONTACT:</b>	Mrs. Angela Miller	803-896-5642	ARHUDS@scdjj.net

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

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	 9/22/16	 9/22/16
<b>TYPE/PRINT NAME:</b>	Mrs. Toni T. Vanlue	Mrs. Kimberly H. Frederick

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

<b>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	9679
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Allocation of Statewide Pay Plan and Additional Fringe Benefits
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$2,167,614
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Executive Budget Office
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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 type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	N/A
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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>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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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?*

<b>POTENTIAL OFFSETS</b>	N/A
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>SUMMARY</b>	<p>Allocation of Pay Plan (including Fringe), SCRS and PORS Rate Increase and Health and Dental Insurance Allocation.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	N/A
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

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

<b>INTENDED IMPACT</b>	N/A
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	9890
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Other Funds Employee Compensation
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$382,133
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Proviso 117.118 Employee Compensation – Other Fund Authorization
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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"/> 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.	

<b>RECIPIENTS OF FUNDS</b>	N/A
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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>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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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?*

<b>POTENTIAL OFFSETS</b>	N/A
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>SUMMARY</b>	<p>Increase in Other Funds Authorization due to the 3.25% employee pay increase for full-time employees.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>Projected salary and fringe cost based on July 2016 payroll and multiplied projected expenditures by the 3.25% increase.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

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

<b>INTENDED IMPACT</b>	N/A
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9913</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Increase in Authorization of Earmarked Funds (Community Services and Residential Operations Programs)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,472,000</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 63-19-10 established the community based and residential operations services be provided by SC Department of Juvenile Justice.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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 checked="" 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.	

<b>RECIPIENTS OF FUNDS</b>	The recipients of these funds would be contractors and/or vendors. These funds would be awarded/allocated through the competitive bidding process executed through the state procurement process.
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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>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>The specific objective addressed through the SCDJJ Accountability report is: “Maintaining Safety, Integrity and Security”. This program revision request is supported by and advances this identified objective by evaluating barriers to community placements for low-risk offenders and serving them in a cost-effective community-based setting.</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?*

<b>POTENTIAL OFFSETS</b>	<p>The more successful outcomes with the community programs, the less need there will be for the continued services within the any other part of DJJ’s programs.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>N/A</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>Current carryforward of Earmarked funds specifically Joint Children’s Committee funds are available for the funding of this request. No additional funds are requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>SUMMARY</b>	<p>Additional authorization in amounts and purpose is as follows:</p> <ol style="list-style-type: none"> <li>1) \$72,000 for 6 additional TASC site at \$12,000 each. The Teen After School Centers provide daily after-school programs bases in a number of community settings across the state and operated by those with a heart for youth. The agency’s goal is 50 TASC sites throughout the state. DJJ’s current count is 44. These remaining 6 will bring DJJ’s total of 50.</li> <li>2) \$400,000 for a contract with a 3<sup>rd</sup> party provider to manage the independent living program referred to as “the boy’s transition home”. This home will be located adjacent to BRRRC but outside the fence. This home would service 4-6 juveniles every 6 months, which would annually serve a total 8-12 juveniles.</li> </ol> <p>\$1,000,000 for case services additional authorization for DJJs residential operating programs. Costs for this program fluctuate from year to year depending on the needs of the children placed in these contractual homes. With the agency’s goal for placement of the least restrictive environment, it is essential the sufficient budget be available to maintain this objective.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>TASC sites are contracted at \$12,000 each. 6 additional will cost \$72,000.</p> <p>The average cost of DJJ’s contract residential home with 30 beds is \$1,200,000. The transition home will serve an average of 10 kids. A third of \$1.2M is \$400,000.</p> <p>The cost of alternative placement with contracted group homes has declined over the past 3 years. Expenditures in FY 14 were \$12,926,255. In FY 16 the cost was \$9,681,480. The difference in \$3,244,775. Using a low average for the 3 years, \$1,000,000 will give DJJ the needed flexibility for an increase in placement cost in FY 18 if needed.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No maintenance of effort or other obligations will be incurred.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>PRIORITIZATION</b>	N/A - No new funds are requested. Only additional authorization is needed.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	With the program expansion of the TASC sites, more youth will have access to these programs in counties that are not currently being served. The boy's transition home will provide services and an environmental that will assist in refining the needed skills to return to the general population and maintain a successful and independent life while contributing to the greater community. The additional authorization for the outside placement of juveniles, will insure we have the authorization available to meet DJJ's goal of the placement in the least restrictive environment.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	The best indicator of placement success is that the youth who are placed in these community based programs will successfully complete that program and will remain the community, either with their family or through the utilization of other community based services.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	9887
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

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

<b>AMOUNT</b>	\$0
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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 type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	
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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>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67

<b>ACCOUNTABILITY OF FUNDS</b>	
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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?*

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

<b>MATCHING FUNDS</b>	
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

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

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

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

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

<b>INTENDED IMPACT</b>	
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	South Carolina Department of Juvenile Justice		
<b>AGENCY CODE:</b>	N120	<b>SECTION:</b>	67

**FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>9916</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>3,232,925</b>
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*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.*

<b>METHOD OF CALCULATION</b>	Total appropriation is \$107,764,169 and a 3% reduction equates to \$3,232,925.
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	No FTEs reductions would be required by the Agency in order to implement the 3% general fund reduction.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	No critical programs or other activities or services provided to youth or communities served by the agency would be cut or eliminated. Programs or activities that are deemed the most critical and could be supported by Other Earmarked revenue sources would be shifted to these funding sources. Programs that fall outside of the core agency services would be reviewed by agency administration and if could potentially be eliminated as needed.
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*What programs or activities are supported by the General Funds identified?*

<b>AGENCY NAME:</b>	<b>South Carolina Department of Juvenile Justice</b>		
<b>AGENCY CODE:</b>	<b>N120</b>	<b>SECTION:</b>	<b>67</b>

<b>SUMMARY</b>	<p>We are proposing to eliminate temporary (non-FTE) positions in all areas, other than Health Services, Detention, Evaluation Centers and Broad River Road Complex since these positions have been set up to handle needs that are non-permanent. The duties that are handled by these positions would be reassigned to existing FTE staff in the proper department.</p> <p>We are proposing to reduce our operating expenses over by 5% and this would be achieved by carefully reviewing operating expenditures in all programs for services or other supplies that could be deferred or handled in a more cost effective manner.</p> <p>We are proposing to reduce case services expenditures related to juvenile placement in multi-agency beds and in funding to our wilderness camps. These do represent critical services, though because they are programs or activities that are other than incarnation, funding could be provided with the use of Other Earmarked funds.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*