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Problem Statement

On October 18, 1941, Governor Burnet Rhett Maybank signed into law Act 547 (amended by Act 571) creating the South Carolina Probation and Parole Board. The primary duties of the agency were to conduct pre-sentence investigations for the circuit courts, to monitor individuals placed on probation, and to make recommendations on parole matters subject to approval by the Governor. Eight probation officers were hired at \$2,100 a year. In the same year, Governor Maybank immediately appointed six board members. In its 1942 annual report, the agency supervised a total of 161 persons on parole and 886 probationers ranging in age from 8 to 76 years old. Of that number, there were 96 females on probation (Probation, Parole and Pardon Services, *Our History*, Retrieved December 27, 2018, from <https://www.dppps.sc.gov/About-PPP/Our-History>).

Throughout the years, more processes were added to the agency to include: SCDPPPS becoming the first probation/parole agency in the country to hire staff whose sole responsibility is to work with victims, opening restitution centers, collections of and distribution of court ordered victims restitution payments, agents transitioned to class 1 officers to begin a collaborative effort with other law enforcement entities, the Interstate Compact Act was enacted, GPS technology to supervise offenders and many more.

With the ever changing processes within SCDPPPS as shown throughout its history, the way data is collected and maintained began to vary within the centralized and county offices. Standard operating procedures on processes began to vary significantly although the end results were the same within the county offices. This began to pose certain questions. What type of data is being stored within the central and county offices? Where is that data being stored? Are the standard operating procedures aligned with policy? Are the county offices operating similar or

do they vary significantly as if they were independent entities? How is the data being protected within the centralized and county offices?

With these questions in mind, the Strategic Planning Committee recognized the need for process improvement within the Department. Beginning October of 2014, the Committee began working on a five (5) year plan. Goal 3 for the Department was To Efficiently Develop the Organization and Workforce While Delivering Quality Services (Appendix A). Under this goal, one of the strategies was to continuously explore and implement processes that create a high performance work culture.

In July of 2016, the South Carolina Department of Administration required under state privacy and security policies, standard 12.1 Data Classification, that agencies must ensure the information processed, stored or transmitted by its information systems and information repositories is appropriately classified, so that compliance obligations may be identified (S.C. Department of Administration, *Policies and Procedures; SCDIS-200 Information Security and Privacy Standards*, Retrieved December 27, 2018 from <https://www.admin.sc.gov/technology/information-security/policies-and-procedures>).

Using the mandate from the Department of Administration, this privacy information can be expanded and used to understand processes in SCDPPPS central and county offices. This information would help identify gaps within processes and help the central and county offices align their operating procedures with policy and allow like size offices to stay in compliance with policies as well as make recommendations on policy changes in order to stay in compliance. This process can also change the way SCDPPPS manages and stores data. All data would be classified properly and, with the help of Information Technology, secured to the highest level.

Data Collection

In order to begin the collection of data, it had to be determined what type of data was needed. The Director of Privacy and Risk Management met with a Privacy Liaison from the Department of Administration (DOA). The DOA liaison had a data classification template (Appendix E) and trained the Director of Privacy and Risk Management and the Risk Management Data Specialist on the information needed in order to fill out the template. They trained the other Risk management staff in order to assist with the data collection.

The Data Specialist was to meet with the Assistant Deputy of Field Operations in order to identify the major processes within the field. Within that meeting, thirty (30) major processes were identified to document on the data classification template.

<u>PROCESS TITLE</u>	<u>LEVEL OF RESPONSIBILITY</u>
Intakes	Agent In Charge
Referrals	Agent In Charge
Instate Transfers (Sending, Receiving)	Agent In Charge
NCIC (Responding to Hits)	Agent In Charge
NCIC (Entries)	Agent In Charge
NCIC (Validation)	Agent In Charge
NCIC (Audits)	Agent In Charge
Process Service (Citations)	Agent In Charge
Process Service (Warrants)	Agent In Charge
Incident reports	Agent In Charge
Public Service Employment	Agent In Charge
Home Visits	Agent In Charge
Investigations	Agent In Charge
Conditional Discharge (Youthful/Adult Offender)	Agent In Charge
Early Termination of Probation	Agent In Charge
Closing Offender File	Agent In Charge
Use of Force	Agent In Charge
Case Management Review	Agent In Charge
Interstate Compact	Agent In Charge
Sex Offender Supervision	Agent In Charge
Domestic Violence Supervision	Agent In Charge
OMS (Risk Assessment/Reclassification)	Agent In Charge

Administrative Monitoring	Agent In Charge
Administrative Hearings	Agent In Charge
GPS Monitoring	Agent In Charge
Body Worn Camera	Agent In Charge
Supervision Plan	Agent In Charge
Responding to Violations	Agent In Charge
Responding to Violations (Staffing)	Agent In Charge
Property/Evidence Control	Agent In Charge

Utilizing the Agency’s organization chart (Appendix G), there was a total of sixty-three (63) identified areas within the Central offices, forty-nine (49) identified areas within the County and Satellite offices and fifteen (15) identified areas within the Victim Advocate’s area in need of a data classification. They worked together on an action plan and identified steps needed in order to collect the data. The action plan was put together in five (5) phases due to the massive amount of data needed.

Phase 1: The first data classification training/meeting was held on July 2, 2018. The estimated date for phase one completion was December 31, 2018.

A.) The data specialist and Director of Privacy and Risk divided South Carolina’s counties into four (4) regions. Each risk management staff member was responsible for a region. They divided the Central Office and Victim Advocate sections as well and identified which staff member would be the liaison to work with the staff members within each section (Appendix D).

B.) The four (4) risk management staff members were responsible for training the supervisors on how to fill out the data classification template. Within this phase, we began with seven (7) documented processes. The risk management staff members would assist the Supervisors in documenting two (2) of the processes. The Supervisor would then fill out the other five (5) processes without assistance. The risk management staff would then review the template and send back for revisions if

needed. Once the Supervisor receives feedback, the risk management staff member would send them five (5) more processes to document.

The county offices are to have the following processes documented:

1. Intakes
2. Referrals
3. Instate Transfers (Sending, Receiving)
4. NCIC (Responding to Hits)
5. NCIC (Entries)
6. NCIC (Validation)
7. NCIC (Audits)

Phase 2: This phase is to begin June of 2019 with an estimated completion date of December 2019.

- A.) There are increments of four (4) to six (6) processes to be given to the County/Satellite Offices. The Data Specialist will send out an email letting each Supervisor know their deadline.
- B.) Throughout the course of this phase, each Supervisor will be responsible for submitting their processes to the Data Specialist. Their data classification will be reviewed and sent back for revisions if needed.
- C.) The Data Specialist will create an online training for the Supervisors with step-by-step instructions. This online training will be completed by May of 2019. This tool will assist the Supervisor if they become unfamiliar with any portion of filling out the information. Risk Action plans for improvement would be created as needed.
- D.) Throughout this phase, the Director of Privacy and Risk Management would begin reviewing the data classifications for trends within processes with like size counties. Gaps would also be identified on processes not aligned with policy throughout all data classifications.

The county offices are to have the following processes documented:

8. Process Service (Citations)

9. Process Service (Warrants)
10. Incident reports
11. Public Service Employment
12. Home Visits
13. Investigations

Phase 3: This phase is to begin January of 2020 with an estimated completion date of June 2020.

- A.) There are increments of four (4) to six (6) processes to be given to the County/Satellite Offices. The Data Specialist will send out an email letting each Supervisor know their deadline.
- B.) Throughout the course of this phase, each Supervisor will be responsible for submitting their processes to the Data Specialist. Their data classification will be reviewed and sent back for revisions if needed.
- C.) Throughout this phase, the Director of Privacy and Risk Management would continue reviewing the data classifications for trends within processes with like size counties. Gaps would also be identified on processes not aligned with policy throughout all data classifications. Risk Action plans for improvement would be created as needed.

The county offices are to have the following processes documented:

- 14. Conditional Discharge (Youthful/Adult Offender)*
- 15. Early Termination of Probation*
- 16. Closing Offender File*
- 17. Use of Force*
- 18. Case Management Review*
- 19. Interstate Compact*

Phase 4: This phase is to begin July of 2020 with an estimated completion date of December 2020.

- A.) There are increments of four (4) to six (6) processes to be given to the County/Satellite Offices. The Data Specialist will send out an email letting each Supervisor know their deadline.

- B.) Throughout the course of this phase, each Supervisor will be responsible for submitting their processes to the Data Specialist. Their data classification will be reviewed and sent back for revisions if needed.
- C.) Throughout this phase, the Director of Privacy and Risk Management would continue reviewing the data classifications for trends within processes with like size counties. Gaps would also be identified on processes not aligned with policy throughout all data classifications. Risk Action plans for improvement would be created as needed.

The county offices are to have the following processes documented:

- 20. *Sex Offender Supervision*
- 21. *Domestic Violence Supervision*
- 22. *OMS (Risk Assessment/ Reclassification)*
- 23. *Administrative Monitoring*
- 24. *Administrative Hearings*
- 25. *GPS Monitoring*

Phase 5: This phase is to begin January of 2021 with an estimated completion date of June 2021.

- A.) There are increments of four (4) to six (6) processes to be given to the County/Satellite Offices. The Data Specialist will send out an email letting each Supervisor know their deadline.
- B.) Throughout the course of this phase, each Supervisor will be responsible for submitting their processes to the Data Specialist. Their data classification will be reviewed and sent back for revisions if needed.
- C.) Throughout this phase, the Director of Privacy and Risk Management would continue reviewing the data classifications for trends within processes with like size counties. Gaps would also be identified on processes not aligned with policy throughout all data classifications. Risk Action plans for improvement would be created as needed.
- The county offices are to have the following processes documented:

26. *Body Worn Camera*
27. *Supervision Plan*
28. *Responding to Violations*
29. *Responding to Violations (Staffing)*
30. *Property/Evidence Control*

During phase one (1), the data collection was on task. The Risk Management team began going out to the county offices and training the Supervisors. Some Supervisors began working on all the processes versus waiting till their due date. Unfortunately, in the month of September, South Carolina was affected by Hurricane Florence. Due to Probation, Parole and Pardon Services being a law Enforcement department, the hurricane became priority. There were Agents deployed as well as those on standby. The hurricane brought massive amounts of water and flooding across the state. Due to the impact from the hurricane, the Risk Management team could not collect data for approximately two and a half months. Therefore within phase one (1), the due date of collecting data was extended to February 28, 2019.

Data Analysis

The purpose of this project goes beyond the scope of data classification. Once the data classifications are collected, this would help on process improvements to compare how each area is operating with like size offices. Once comparisons are made, if any adjustments are needed, the Office of Privacy and Risk Management would be able to conduct mitigation plans. As of December 27th, 2018 the following data was collected (See Appendix B for a detailed status report).

Central Office

- The projected due date for the completion of the entire central office is on or before 4/30/2019
- There is a total of 63 identified areas in need of a Data Classification.
 - 43-Completed
 - 0-InReview
 - 0-Returned for Corrections
 - 0-Late

- 20-Needed
 - 0-Pending
- 68% has been completed and 32% are needed.

County/Satellite Offices

- The projected due date for the completion of county/satellite office is on or before 12/31/2018.
- Due to Hurricane Florence, the extension for the satellite offices is 2/28/2019.
- There is a total of 49 identified areas in need of a Data Classification.
 - 21-Completed
 - 4-In Review
 - 3-Returned for Corrections
 - 5-Late
 - 10-Needed
 - 6-Pending
- 43% has been completed and 20% are needed.
- There is currently 30 processes that is conducted in the county and satellite offices.

Victim Advocate

- The first official Victim Advocate Data Classification meeting was conducted on 7/2/2018
- The projected due date for the completion of victim advocate data classifications is on or before 12/31/2018.
- Due to Hurricane Florence, the extension for the Victim Advocate area is 2/28/2019.
- There is a total of 15 identified areas in need of a Data Classification.
 - 4-Completed
 - 0-InReview
 - 0-Returned for Corrections
 - 0-Late
 - 11-Needed
 - 0-Pending
- 27% has been completed and 73% are needed.

There is a total of 127 identified areas in need of a data classification. Approximately sixty-eight or 54% has been completed and fifty-nine or 46% needed by February 28th, 2019. On the data classifications, all data needed to be classified as either public, internal use, confidential or restricted. This information helps identify the specified data and the level of security required to protect the data. Similar errors were reported during the completion of the data classification templates. Although the same processes were documented within the county offices, the

supervisors were classifying the data differently. Similar data within the Central Office was also being classified differently than the county offices. Most of the confusion came from what data should have been seen as confidential or restricted.

Throughout this process, the Director of Privacy and Risk Management thought it would be helpful to see if the Department of Administration could assist to see if any of this information could be automated due to the amount of data collection. The Enterprise Privacy Office (EPO) at the Department of Administration discussed a Privacy Assessment Tool (PAT) that would help with processing the collection of the data from the data classifications within the Department. Once that data is entered within the tool, certain questions would then be answered. Depending on the answers of the questions, a risk mitigation plan would be required. Therefore, this tool would do a Privacy Threshold Analysis (PTA). The purpose of a PTA is to document that a business process has been reviewed for the purpose of determining whether or not the process involves personally identifiable information (PII). If PII is identified, a Privacy Impact Assessment (PIA) is required (Appendix F).

A PIA is an analysis of how PII is handled during a specific business process. The purpose of the PIA is to ensure information handling conforms to applicable legal, regulatory and policy requirements regarding privacy. The PIA also helps determine the risks and effects of collecting, maintaining and disseminating information in identifiable form and examines and evaluate protections and alternative processes for handling information to mitigate potential privacy risks. This risk mitigation plan would look at gaps within the processes and help the area get aligned with policy.

Implementation Plan

The EPO's office offered the (PAT) tool with no cost associated. A Privacy liaison from the EPO's office scheduled a training/meeting with the Office of Privacy and Risk Management.

Once the training was concluded, assignments were scheduled in October of 2018 to begin working in the tool.

Once the risk management staff began working in the tool, there was one major concern. The individual processes were typed in the tool manually by a staff member within the EPO's office. Therefore this extended the time before the risk management staff could move forward within the tool. The EPO's office stated there may have been a fix to input a mass amount of processes at one time but the liaison was indifferent to the solution because there were still more manual labor involved with assigning the processes to particular risk management staff members within the tool.

In September of 2018, the Data Specialist reached out to the liaison within the EPO's office to address a few concerns regarding the tool. Unfortunately, before another meeting was confirmed, the EPO's liaison experienced a car accident and made the decision to move to another state. Another liaison was assigned and some additional questions were emailed regarding the tool. The liaison stated that the majority of the questions could not be answered by the EPOS's office but by the programmer of the tool.

The liaison informed the Office of Privacy and Risk that all the questions submitted were valid questions regarding the tool. Those questions were presented to the programmer of the tool and there may be additional cost to program the tool in a manner to assist the Office of Privacy and Risk Management. A decision in December of 2018 was made to halt activity with the tool until the Department of Administration could work out the issues with the programmers of the tool.

Evaluation Method

Evaluating the success of the Privacy Assessment Tool has proven difficult for the Privacy and Risk Management staff due to the malfunctions within the tool. Although the

automated system is not operational, the Office of Privacy and Risk Management will continue to receive the data classifications and review them manually. The EPO's office gave the risk management staff a manual that included paper templates to continue the success of the project. The manual included a template of the PTA, PIA and a risk mitigation plan.

The Office of Privacy and Risk Management will use the templates to manually conduct the PTA, PIA and create risk mitigation plan as needed. Ultimately, the significant benefits will come once the staff begin fully evaluating the data classifications and comparing the processes with like size counties to provide process improvement recommendations.

Summary and Recommendations

Throughout this process, the EPO's office and the Office of Privacy and Risk Management has developed a great working relationship. This process has helped the EPO's understand the tool from a user perspective. Once the tool is functional, it will help automate the data from the data classifications. The Office of Privacy and Risk Management would be able to evaluate the data quicker, create risk mitigation plans and assist with process improvements within the Department at a faster rate.

In the future, this data would also be useful for Divisional Managers to assist with creating standard operating procedures, training new staff on procedures accurately and knowing where all data is stored within the Department other than solely focusing on data stored on computers.

APPENDIX A- SCDPPPS STRATEGIC PLAN

	Goal	Strat	Object	
G	1			To Promote Public Safety for the Residents of South Carolina
S	1.1			To provide effective supervision and intervention that promotes accountability and integration into the community through evidence-based practices.
O			<i>1.1.1</i>	Increase compliance with the actuarial risk/needs assessment tool(s) from 84.9% in August 2015 to 90% by June 2018.
O			<i>1.1.2</i>	Increase the number of measures of successful supervision from three to five by March 2016 and implement changes to capture and report relevant data beginning September 2016.
O			<i>1.1.3</i>	Train 100% of current caseload carrying staff and supervisors on use of the violations matrix by January 2017.
O			<i>1.1.4</i>	Develop county-specific caseload plans which consider size, offender population, office resources, and other strategies beginning January 2016 and implemented by June 2017.
O			<i>1.1.5</i>	Revise the Reentry Centers' operations and curriculum beginning December 2015 to develop as an effective strategy for supervision and community integration by December 2017.
O			<i>1.1.6</i>	Increase the number of domestic violence specialized caseloads from 1 to 20 by June 2018.
O			<i>1.1.7</i>	Increase the percentage of inmates released to supervision under mandatory release programs with an approved residence plan to 90% by June 2018.
O			<i>1.1.8</i>	Increase the average number of home visits by 100% by June 2020 for offenders being supervised at a supervision level of medium or above.
S	1.2			To maximize services to the Courts, SC Board of Pardons and Paroles, victims, and other stakeholders.
O			<i>1.2.1</i>	Increase the number of victim- and offender-forms translated to Spanish from two to 15 beginning January 1, 2016 and completed by December 2016 and to 30 by December 2017.

O			<i>1.2.2</i>	Reduce the time from pardon application to Board hearing by 20% from current baseline data by July 2018.
O			<i>1.2.3</i>	Expand remote video conference capabilities for all victims of crimes by increasing the number of regional video conference sites from two in January 2016 to four by June 2018.
O			<i>1.2.4</i>	Increase the number of service satisfaction surveys distributed to victims attending parole and pardon hearings from 10% in 2014 to 100% in 2016 to enhance quality service delivery.
S	1.3			To utilize agency resources to increase community and Agent safety.
O			<i>1.3.1</i>	Increase the successful supervision completion rate from 78% reported in FY 2014 by 1% per year through FY 2020.
O			<i>1.3.2</i>	Form a fugitive investigation unit to address the absconded offender population by January 2017.
O			<i>1.3.3</i>	Decrease the vehicle to Agent ratio from 1:3 in July 2015 to 1:1 by July 2020.
O			<i>1.3.4</i>	Retain the annual Class One Law Enforcement Certification for 100% of Agents with relevant training as required by the South Carolina Criminal Justice Academy.
O			<i>1.3.5</i>	Increase the number of hearing officers to accommodate the increased workload of Ignition Interlock appeals and reviews from 9 to 11 due to the growing demands of Emma's Law.
O			<i>1.3.6</i>	Create four ongoing community awareness events annually about the IID program by June 2017.
G	2			To Continuously Improve Our Processes Within Secure Systems
S	2.1			To implement federal- and state-mandated physical and information security policies and procedures.

O			2.1.1	Train 100% of employees on security policies and procedures beginning January 2016 and ending December 2017 with annual training.
O			2.1.2	Develop a site security and safety plan for 100% of all agency locations by June 2016 and review annually.
O			2.1.3	Implement a mobile device security plan to be completed by December 2016 and updated annually.
S	2.2			To determine the needs and expectations of our customers and to utilize their feedback for continuous improvement.
O			2.2.1	Create a “Comments About PPP” link with a drop down menu on the Agency website and track by October 2017.
O			2.2.2	Disseminate an annual customer satisfaction evaluation for service providers to 100% of providers in the Department’s Service Provider database beginning in July 2016.
O			2.2.3	Conduct an exit survey with a 10% sample of eligible offenders annually by July 2018.
S	2			To optimize our financial resources and fiscal accountability.
O			2.3.1	Implement budget management training for 100% of section heads and Agents in Charge beginning March 2016 and ending June 2017.
O			2.3.2	Establish one additional method to collect payments from offenders beginning April 2016 and implement by December 2020.
S	2.4			To improve Departmental data confidentiality and integrity.
O			2.4.1	Design and implement a certification procedure for data entry in agency applications beginning January 2016 and completed by June 2018.

O			2.4.2	Develop a plan to address incidents of missing, insufficient, or incorrect data by December 2016.
O			2.4.3	Implement a schedule by December 2016 to review and revise reports generated by agency applications, develop new reports when identified, and delete obsolete reports.
O			2.4.4	Increase the number of automated victim services forms from 1 to 20 by January 2018.
G	3			To Efficiently Develop the Organization and Workforce While Delivering Quality Services
S	3.1			To implement a comprehensive plan for retaining employees at all levels of the Department.
O			3.1.1	Create a performance-based pay plan for 100% of non-agents, Bands 5 through 8 by July 2018.
O			3.1.2	Revise the current Agent hiring process to reduce completion from 90 days in July 2015 to 45 to 60 calendar days by June 2016.
O			3.1.3	Increase opportunities for advancement within all levels of the organizational structure by March 2016 and implement it by July 2020.
O			3.1.4	Reduce by 15% the average amount of time needed to fill internal vacancies by June 2020.
O			3.1.5	Reduce non-Agent employee turnover by 20% by June 2018.
O			3.1.6	Reduce Agent turnover by 15% by June 2018.
O			3.1.7	Administer a comprehensive exit interview to 100% of exiting employees in order to identify and validate issues that need to be addressed by the agency for improvement January 2017.
O			3.1.8	Distribute a report on the results of the comprehensive exit interviews semi-annually beginning June 2018.

S	3.2			To continuously explore and implement processes that create a high performance work culture.
O			3.2.1	Develop leadership standards from an evidence-based source by June 2018.
O			3.2.2	Require 100% of supervisors and managers to meet or exceed Departmental leadership standards during the EPMS rating period from June 2018 to June 2019.
O			3.2.3	Increase the number of annual statewide employee satisfaction initiatives and incentives that will promote employee interaction from two in 2015 to three by January 2016 and to four by June 2017.
O			3.2.4	Implement a process that allows all employees to continually voice concerns and suggestions beginning July 2018.
O			3.2.5	Increase the methods by which the Department disseminates agency information from two methods in July 2015 to four methods by June 2017 using examples from the Universal Design for Learning.
O			3.2.6	Train 100% of the Department's supervisors and managers on leadership standards from an evidence-based source by December 2018.
O			3.2.7	Become accredited through the Commission on Accreditation for Law Enforcement Agencies (CALEA) by June 2018.
O			3.2.8	Collect, address, and respond to 100% of all employee concerns and suggestions within two months or less and report all items to the Chief Deputy quarterly.
O			3.2.9	Expand and improve the agency's wellness program to include holistic initiatives that are offered quarterly to 100% of employees by January 2018.
O			3.2.10	Develop and validate two additional workload models by December 2020.
S	3.3			To create systems that support knowledge continuity.
O			3.3.1	Conduct a formal assessment for succession planning in 100% of agency divisions and sections beginning January 2016 and ending by June 2018; document succession plans and update as needed.
O			3.3.2	Document and revise standard operating procedures for all agency processes beginning October 2015 and completed by June 2018 and review annually.

S	3.4			To improve project governance procedures and practices.
O			3.4.1	Review active white papers for institutional knowledge and awareness by March of each year.
O			3.4.2	Create a process to include management in the consideration of funding opportunities that will increase the Department's annual grant applications by 15% each year until 2020.
G	4			To Create a Structure to Provide Effective Rehabilitative Services to Offenders
S	4.1			To identify offender needs and develop appropriate responses.
O			4.1.1	Perform random quality reviews on 5% of all assessors of the actuarial risk/needs assessment monthly beginning August 2017.
O			4.1.2	Develop a comprehensive training module on supervision plan development by June 2017.
O			4.1.3	Train 100% of caseload carrying staff on supervision plan development by June 2018.
O			4.1.4	Implement a certification process for actuarial risk and needs assessment users by January 2018.
O			4.1.5	Certify 100% of actuarial risk and needs assessment users by June 2018 with mandatory recertification every two years.
O			4.1.6	Train 100% of caseload carrying staff on Motivational Interviewing beginning December 2018 and complete annually.
O			4.1.7	Create performance measures that reinforce skill competency in CISO and Motivational Interviewing by December 2018.
S	4.2			To validate the quality of existing service providers and to make use of those providers listed in the Department registry.

O			4.2.1	Train 100% of Agents in Charge on the quality assurance tool for service providers beginning January 2017 and completed by June 2017.
O			4.2.2	Provide training to 100% of caseload carrying staff on service provider referral procedures beginning January 2017 and completed by June 2018.
O			4.2.3	Increase the number of service provider referrals entered into the automated tracking system by 5,000 by the end of December 2018.
O			4.2.4	Increase the number of eligible offenders who receive services through case services to a minimum of 500 by the end of June 2018.
S	4.3			Increase evidence-based rehabilitative programming
O			4.3.1	Increase by 50% the number of eligible offenders who receive prior to release evidence-based rehabilitative programming consistent with their needs by December 2017.
O			4.3.2	Increase enrollment at Reentry Centers by 25% each year, beginning January 2017 through December 2020.
O			4.3.3	Increase the number of employers registered in the agency job bank by 15% per year over the next five years, beginning January 2017 through December 2020.
O			4.3.4	Increase statewide access to therapeutic opportunities for offender populations provided by the agency by at least one program annually beginning January 2018 and ending December 2020.
S	4.4			Enhance Department resources and staff awareness for mental health services
O			4.4.1	Train 100% of caseload carrying staff on mental health illness education awareness by June 2017.
O			4.4.2	Increase the number of mental health case managers from 1 in September 2016 to 4 by June 2018.
O			4.4.3	Develop supervision guidelines for offenders identified with diagnosed mental illness by June 2018.

APPENDIX B- PROJECT STATUS REPORT

AGENCY OVERVIEW

AREA	TOTAL ASSIGNED	COMPLETED	NEEDED	% COMPLETED
Central Office	63	43	20	68%
County Offices & Satellite Offices	49	21	10	43%
Victim Advocates	15	4	11	27%

CENTRAL OFFICE STATUS

	TOTAL	COMPLETED	PENDING	NEEDED	IN-REVIEW	RETURNED FOR CORRECTIONS
RM-Data Specialist	63	43	0	20	0	0

COUNTY OFFICE AND SATELITTE OFFICE STATUS

PROCESS OWNER	TOTAL ASSIGNED	COMPLETED	PENDING	NEEDED	IN-REVIEW	RETURNED FOR CORRECTIONS
RM-Data Specialist	9	9	0	0	0	0
RM-Supervisor	14	3	2	5	0	2
RM-Trainer	13	3	4	3	0	1
RM-Specialist	13	6	0	2	4	0

The following county offices' data classification are Passed Due Date:

	INITIAL DUE DATE	CORRECTIONS DUE DATE	NOTES
Newberry	12/18/2018		Initial Data Classification not received
Saluda	12/18/2018		Initial Data Classification not received
Anderson		12/27/2018	Corrections Due 12/7/2018; email sent on 12/11/18 asking about status of corrected DC; emailed again on 12/20/18 inquiring if they will be able to submit their data class by 12/21/18 at the latest. AIC responded that the DC will be sent on 12/27/18 as Travis Holcombe is out on leave and unable to send it from home.
Oconee		12/21/2018	Corrections Due 12/7/2018; email sent on 12/11/18 asking about status of corrected DC - states she will have them complete 12/14/18; emailed again on

12/20/18 inquiring if they will be able to submit their data class by 12/21/18 at the latest.

Orangeburg

9/3/2018

Initial Data Classification not received

VICTIM ADVOCATE PROCESS OWNERS

PROCESS OWNER	TOTAL ASSIGNED	COMPLETED	NEEDED	IN-REVIEW	RETURNED FOR CORRECTIONS
RM-Data Specialist	3	3	0	0	0
RM-Supervisor	4	1	3	0	0
RM-Specialist	3	0	3	0	0
RM-Trainer	5	0	5	0	0

COUNTY OFFICE SUMMARY

COMPLETED County Offices data classifications:

32-Lexington
 19-Edgefield
 31-Lee
 5-Bamberg
 18-Dorchester
 3-Allendale
 7-Beaufort
 7SA-HHI
 10-Charleston
 27-Jasper
 15-Colleton
 25-Hampton

23-Greenville
 11-Cherokee
 44-Union
 45-Williamsburg
 9-Calhoun
 42-Spartanburg
 22-Georgetown
 33-Marion
 17-Dillon

PENDING/AWAITING INITIAL SUBMISSION County Offices' data classifications

24-Greenwood
 35-McCormick
 11-Cherokee
 12-Chester
 46-York
 46SA-York
 16-Darlington
 8-Berkeley

IN REVIEW County Offices' data classifications	Pass Due Date County Office's data classifications
8-Berkeley 8SA-Berkeley 14-Clarendon 43-Sumter	36-Newberry 41-Saluda 4-Anderson 37-Oconee 38-Orangeburg
RETURNED FOR CORRECTIONS County Office's data classifications	REMAINING County Office's data classification meetings to be scheduled
39-Pickens 1-Abbeville	2-Aiken 6-Barnwell

20-Fairfield

30-Laurens

40-Richland

29-Lancaster

13-Chesterfield

34-Marlboro

26-Horry

CENTRAL OFFICE SUMMARY

COMPLETED Central Office Areas their data classifications:

<i>Executive Office</i>	<i>Fixed Assets/Grant Management</i>
<i>Field Operations</i>	<i>Payroll-Leave/Time</i>
<i>Field Operations HR Liaison</i>	<i>Administrative Monitoring/Trust Accounting</i>
<i>Volunteer/Intern & Intern Recruitment Services</i>	<i>Parole, Pardons and Rehabilitative Services</i>
<i>Ignition Interlock Device Program</i>	<i>Program Planning and Development</i>
<i>Interstate Compact</i>	<i>Evidence Based Practices</i>
<i>NCIC</i>	<i>Release/Re-Entry Programs</i>
<i>Research and Evaluation</i>	<i>Columbia Center</i>
<i>Office of External Affairs</i>	<i>Employment Development</i>
<i>Public Information</i>	<i>Investigations and Examinations</i>
<i>Community Affairs</i>	<i>Board Support Services</i>
<i>Executive Program Coordinator</i>	<i>Training Compliance and Professional Development</i>
<i>Fiscal Services</i>	<i>Hearings and Policy Management</i>
<i>Records Management Services</i>	<i>Office of General Counsel</i>
<i>Budget Office</i>	<i>Office of Accreditation</i>
<i>Grants Management</i>	<i>Administrative Hearings</i>
<i>Accounts Payable</i>	<i>Victim Services</i>
<i>Accounts Receivable</i>	<i>Application Development</i>
<i>Offender Account Review/Collections</i>	<i>Human Resources</i>
<i>Procurement & Materials Management</i>	<i>Field Programs</i>
	<i>GOC</i>
	<i>Region Two RD</i>
	<i>Region Three RD</i>

Central Areas Data Classification NEEDED

<i>Special Operations</i>	<i>Region Five RD</i>
<i>Emergency Operations</i>	<i>Information Technology Services</i>
<i>Property and Evidence</i>	<i>Customer Service/ Adset Management</i>
<i>RPA Region One</i>	<i>Network Security</i>
<i>RPA Region Two</i>	<i>Chief Information Security</i>
<i>RPA Region Three</i>	<i>IT Operations</i>
<i>RPA Region Four</i>	<i>Office Of Professional Responsibility</i>

RPA Region Five
Region One RD
Region Four RD

Quality Assurance
Privacy and Risk Management
Internal Audits

VICTIM ADVOCATE SUMMARY

Victim Advocates data classifications COMPLETED	Victim Advocates Data Classifications NEEDED
<p><i>32-Lexington</i> <i>5-Bamberg</i> <i>10-Charleston</i> <i>25-Hampton</i></p>	<p><i>2-Aiken</i> <i>30-Laurens</i> <i>40-Richland</i> <i>13-Chesterfield</i> <i>23-Greenville</i> <i>29-Lancaster</i> <i>46-York + SA</i> <i>4-Anderson</i> <i>21-Florence</i> <i>26-Horry</i> <i>42-Spartanburg</i></p>

APPENDIX C- PAT QUESTIONS

PAT QUESTIONS

- a) Can the process owner and privacy liaison be separated? Can assigned processes as the process owner be separated, from processed assigned as a privacy liaison in two separate groups?

Try looking under column for privacy liaison and select the option that you would like to sort by. If it does not work, this will be a concern that needs to be sent to Archer to be looked at for correction.

- b) A PTA can be completed on someone else's (another process owner's) assigned process. For an example, I am the privacy liaison for In State Transfer-17, however, I can complete the PTA and change the submit status as though I was George Jimenez.

Process Owners should not be able to do this process, however, Privacy Liaison has the authority to make those changes in the event of absence

- c) The process owner can change the Privacy Liaison status.

This issue has been sent to Archer to be looked at for correction. The plan is to make it as a read only once resolved by Archer.

- d) It is difficult for the privacy liaison/process owner to notice/recognize that a note has been made, due to the subtle color change. Suggest that the note icon be made more visible

James is working to have this issue resolved. The goal is to have resolved by 01/01/2019. Reach out to Joan if Jim is not available, for assistance

- e) A comment cannot be left for the privacy liaison, although the instructions say that comments can be made. The instructions say: (2) Add Comments. You may add question specific comments or attach supporting evidence for your answers by clicking on the icon next to each question. Once you have saved the comment, the icon will change to the icon to show that a comment has been added.)

This issue has been sent to Archer to be looked at for correction.

- f) After the Privacy Liaison has approved the submitted PTA; the process owner receives an email requesting a PIA to be completed; even though a PIA has not been requested by the privacy liaison.

This issue has been sent to Archer to be looked at for correction.

g) The process owners/privacy liaisons does not receive email notifications when new processes have been assigned in the tool.

This issue has been sent to Archer to be looked at for correction.

h) The privacy liaison does not receive a notification if/when a process owner has not met the assigned deadline.

This issue has been sent to Archer to be looked at for correction.

i) Are there specific citations that we should be referring to for following questions on the PIA? If so, where do we find them, to help us answer the following questions?
What is the legal authority for the collection of information? Provide specific citations.

This is left up to the process owner to determine if there is a law that governs that data is entered. DOA does not determine this.

Have the appropriate controls been implemented in accordance with the State Information Security Program (SC DIS 200 Standard 1.400)?

This is left up to the process owner to determine if there is a law that governs that data is entered. DOA does not determine this.

Has the designated Agency manager documented his/her decision to accept any identified risks (SC DIS Control 4.205)?

When you have findings, you can add your own findings for a remediation plan.

j) While the process owner is working on a PIA/PTA and saving their work as they go, the privacy liaison receives an email notification each time entered information is saved.

Try having the process owner to change Privacy Liaison's status to the blank option. As long as Privacy Liaison's status says awaiting response as the status, an email will be received.

k) Can the completed/approved PTAs be sorted from the PTAs that have yet to be completed/or awaiting review? Similar to how you would sort in an excel spread sheet.

James is working on this and needs to test it.

l) When the Privacy Liaison has noted that a PIA question has been answered in incorrectly on a submitted PIA, can the process owner go back in the PIA to make the necessary correction?

This depends on whether the PL have selected accepted or rejected. This is a workflow issue with Archer awaiting resolution

m) PTA Comments- The Process Owner cannot send notes/respond back to the Privacy Liaison on a rejected PTA.

Sent to Archer to be looked at for correction, plan to make as a read only once resolved

n) The process owner cannot save a PTA as a work in progress and work on it later. When attempted a duplicate is created.

This issue has been sent to Archer to be looked at for correction.

o) In an effort to prevent duplicates, is the tool capable of providing “Pop-up” notifications that a PTA has already been created/ in progress?

This issue has been sent to Archer to be looked at for correction.

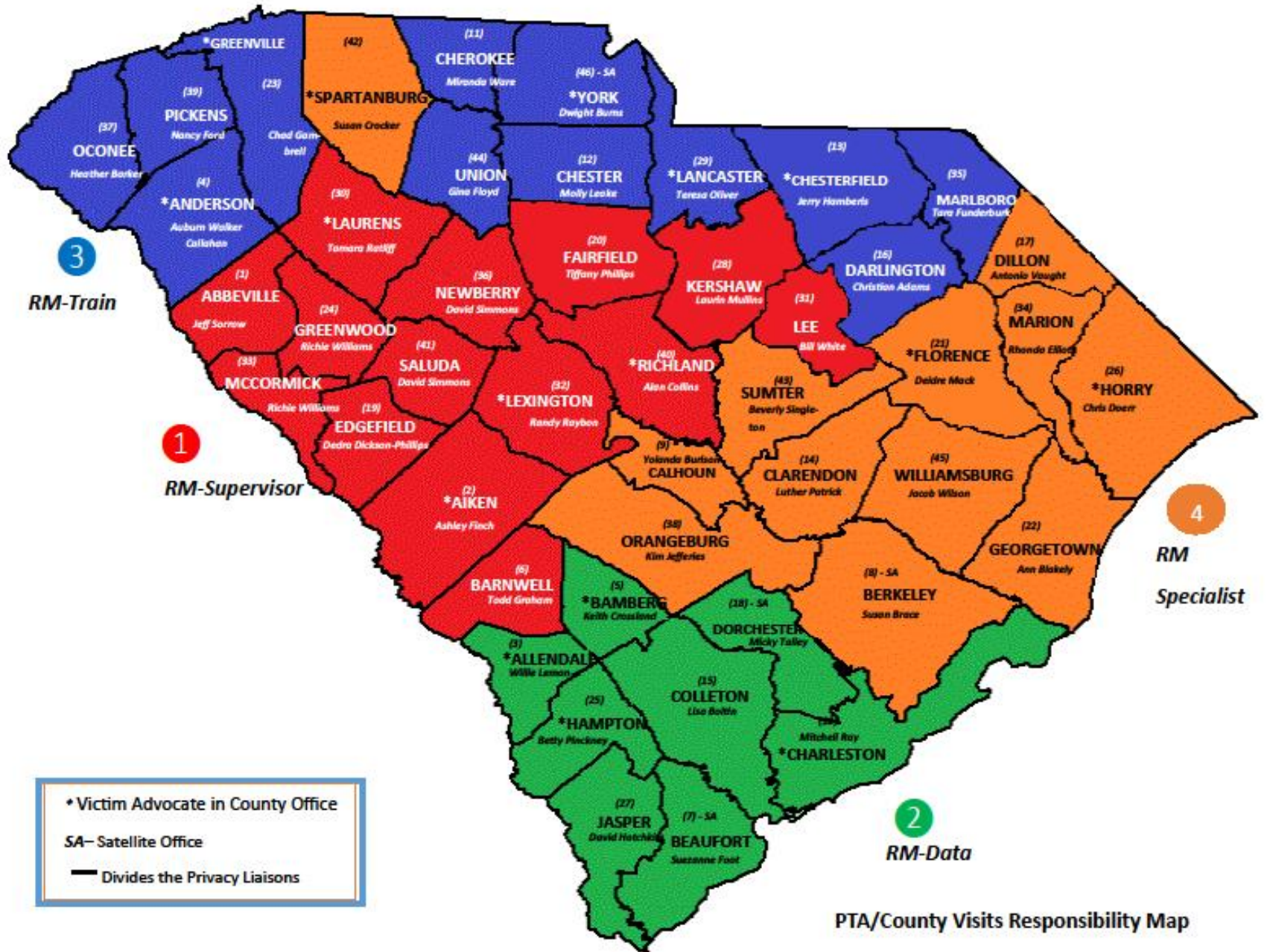
p) The privacy liaison cannot delete findings.

This is done intentionally by DOA, for auditing purposes. The PL will need to make a remediation plan and document that the “risk” has been mitigated and document an explanation stating that the mitigation was done by mistake.

q) When a PIA has been resubmitted, the process owner receives an auto-generated email that states that the PIA had been rejected.

This issue has been sent to Archer to be looked at for correction.

APPENDIX D- RM STAFF AREA COVERAGE



PTA/County Visits Responsibility Map

APPENDIX E- BLANK DATA CLASSIFICATION TEMPLATE

State of South Carolina Data Inventory Tool			
Division / Office:			
Data Champion:			

Data Governance Structure				
ID	Business Process*	Business Process Owner	Business Sub-Processes	Applicable Regulations
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

State of South Carolina Data Inventory Tool

Assets					Data Attributes					Data Classification Attributes				
#	Functional Area	Business Process	Sub-Process	Application or System	System Owner	Does the system contain...? (Y/N)					Data Protection <i>(To be completed by Board IT)</i>	Backup Frequency	Data Retention	Data Classification <i>If highlighted red, continue to Data Set Level tab. For additional guidance, refer to the Data Classification Decision Tree in the Instructions tab.</i>
						Personally Identifiable information (PI) data elements?	Protected Health Information (PHI) data elements?	Federal Tax Information (FT) data elements?	Criminal Justice Information System (CJIS) data elements?	Payment Card Industry (PCI) data elements?				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Overview					Data Description						Lifecycle Attributes			Other Functional Area(s)
#	Business Process	Sub-Process	Name of Application or System	Data Classification	Data Set Name	Frequency of Use	Data Type	Description	Business Process Owner (Data Owner)	Data Custodian <i>(To be completed by Board IT)</i>	Received from (Collection)	Stored on (Storage)	Sent to (Use/Transfer)	List the other functional areas with which this data is being shared.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

APPENDIX F- BLANK PTA AND PIA TEMPLATE

Privacy Impact Assessment (PIA)

The purpose of the Privacy Impact Assessment is to analyze how Personally Identifiable Information (PII) is handled within the business process, and identify privacy risks.

Supporting Documentation

The Privacy Liaison will need access to the following supporting documentation. Please ensure these documents are available when submitting the PIA for review.

- **Data flow mapping of business process-** This mapping should provide a visual depiction of data movement throughout the business process, from collection to disposal.
- **Data collection tools-** This includes hard copy forms, webpages, surveys, and any other methods for collecting an individual’s data.
- **Data sharing agreements-** This includes memoranda of agreement/memoranda of understanding, contracts, and other documentation associated with sharing Agency data records within, or outside of, State government.

Section 1.0 Data Collection

1.1 What is the source of the PII collected for this business process? (Check all that apply.) <i>This information can be copied from the PTA.</i>				
<input type="checkbox"/> Individual	<input type="checkbox"/> SC State Agency	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> County Agency	<input type="checkbox"/> Local Agency
<input type="checkbox"/> Other				
Describe:				

1.2 How is the information collected by the business process? (Check all that apply.) <i>This information may be copied from the PTA.</i>				
<input type="checkbox"/> Paper Form	<input type="checkbox"/> In-person Interview	<input type="checkbox"/> Facsimile	<input type="checkbox"/> Telephone Interview	<input type="checkbox"/> Email
<input type="checkbox"/> Website	<input type="checkbox"/> Interagency Sharing	<input type="checkbox"/> Other:		
Describe:				

--	--

1.3 What is the purpose for which the PII is being collected, used, shared, or retained?

Describe why the particular PII collected, used, shared, or retained in the business process is necessary to the program or Agency mission.

1.4 How is the information checked for accuracy? *For example, is the information checked for accuracy through comparison with another source? Are individuals required to revalidate information?*

1.5 What is the legal authority for the collection of information? Provide the specific citations. *Examples may include federal statutes, State law, and/or regulations.*

1.6 What are the regulatory compliance privacy requirements?

- | | | |
|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> HIPAA-HITECH | <input type="checkbox"/> GLBA | <input type="checkbox"/> CJIS |
| <input type="checkbox"/> IRS Publication 1075 | <input type="checkbox"/> FERPA | <input type="checkbox"/> PCI-DSS |

Other (Provide the citation and a brief description)

Section 2.0 Data Use

2.1 How is the information in the data sets used to support the Agency?

--

Section 3.0 Data Retention

3.1 What information is retained by the Agency? This may include any third party organizations contracted to retain information for the Agency.

--

3.2 How long is information retained, and under what retention schedule? Describe any exceptions to the retention schedule. Consult your Agency Records Officer or Agency General Counsel for advice regarding information retention schedules.

--

3.3 What are the Agency's procedures for the disposal of information at the end of the retention period?

Describe policies and procedures for how PII that is no longer relevant and necessary is purged. This information may be obtained from the Agency Records Officer or Agency General Counsel.

Example: Paper records are shredded, in accordance with DIS Information Security and Privacy Standards, by a vendor under contract with the State. The disposal is documented by way of a certificate of destruction.

--

3.4 Where are the procedures documented? How are disposal procedures audited for compliance?

--

--

3.5 Where is information maintained or stored?

Example: XYZ Agency currently has a contract with VendorStore USA, Inc. The data is stored on servers located in a secure facility in Charlotte, NC.

Example: XYZ Agency currently has an (ISA/MOU) with the Division of Technology (DT). The servers are located at the Broad River Road Facility.

--

Section 4.0 Data Sharing

4.1 Describe data sharing with State of South Carolina Government entities.

<i>State of South Carolina Government Entity</i>	<i>Purpose for which information is shared</i>	<i>Specific information types that are shared</i>	<i>Method of transmittal or disclosure</i>	<i>Safeguards for data transmittal and disclosure</i>
EX. MyFellow Entity	Information is shared with MyFellow Entity A for mandatory reporting under law JKL.	Name, Work Address, Work Telephone Number, and Work Email Address	Weekly Secure File Transfer Protocol	Information shared with the MyFellow Entity is sent via a file transfer

4.2 What agreements, and other types of documentation, are in place, which establish parameters around the internal data sharing listed above, and how frequently are these documents reviewed?

Examples: Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) between Agency and Entity is reviewed annually. Contract XYZ is reviewed every three years.

--

4.3 Describe data sharing with the non-State of South Carolina Government entities.

<i>Non-State of South Carolina Government Entity</i>	<i>Purpose for which information is shared</i>	<i>Specific information types that are shared</i>	<i>Method of transmittal or disclosure</i>	<i>Safeguards for data transmittal and disclosure</i>
EX: Company Q	Insurance verification	Name, Personal Address, Social Security Number	Data is transferred via a secure file transfer every 3 months.	Data is sent via a secure one way file transfer using File Transfer Protocol.

4.4 What agreements, and other types of documentation, are in place, which establish parameters around the internal data sharing listed above, and how frequently are these documents reviewed?

Examples: Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) between Agency and Entity is reviewed annually. Contract XYZ is reviewed every three years.

--

Section 5.0 Notice to Individuals to Decline/Consent Use

5.1 How is notice provided to the individual prior to the collection of information? If notice is not provided, explain why. Include the links to any web-based Privacy Policy or Notice.

Providing notice is the method by which an individual is informed of how his or her information will be used. Notice is provided prior to the collection of the individual's information. Please refer to the specific federal and/or State law, regulation, and/or Agency policy that applies to the collection of information from individuals.

--

5.2 Are individuals allowed to decline to provide information?

- Yes (Complete Question 5.3)
- No (Complete Question 5.4)

5.3 If individuals ARE allowed to decline to provide information, how are any resulting consequences, e.g., the State's inability to provide the service, explained to the individual?

--

5.4 If individuals are NOT allowed to decline to provide information, is notice of the collection of information provided to the individual? If notice is not provided, please provide detailed justification.

--

5.5 Are individuals informed of their right to consent to particular uses of the information (if applicable)? If so, how does the individual exercise that right?

Section 6.0 Individual Requests for Access, Redress, and/or Correction

4.1 What are the procedures that allow an individual to request access and/or to correct the information the Agency has collected regarding his or her information? How are individuals informed of this process?

4.2 Is there a way for an individual, who is dissatisfied with the Agency's initial response to his or her request for data access or correction, to ask for a review of the decision? If so, describe the process.

Section 7.0 Access Privileges and Security

7.1 What criteria are in place to determine which users or roles may access the Agency data records? Where are the procedures for requesting and modifying access privileges documented?

7.2 Do contractors have access to the Agency data records? If yes, describe privacy-related safeguards and requirements built into the contract language. *Examples of privacy safeguards may include: certification of privacy training prior to data access; non-disclosure or confidentiality agreements; background checks; and data breach reporting and notification responsibilities, etc.*

7.3 How are persons, who are given access to this data set, made aware of privacy safeguards?

7.4 Have the appropriate controls been implemented in accordance with the State Information Security Program (SC DIS 200 Standard 1.400)? Has the designated Agency manager documented his/her decision to accept any identified risks (SC DIS Control 4.205)?

7.5 What physical, administrative, and technical controls are in place to protect the data from unauthorized access and misuse? *Please describe the Physical, Technical, and Administrative Controls currently in place to account for and secure the PII.*

Privacy Threshold Analysis/Privacy Impact Assessment Findings and Mitigation Plan

Agency Name: _____

Agency Privacy Liaison: _____

Findings from Privacy Threshold Analysis (PTA)

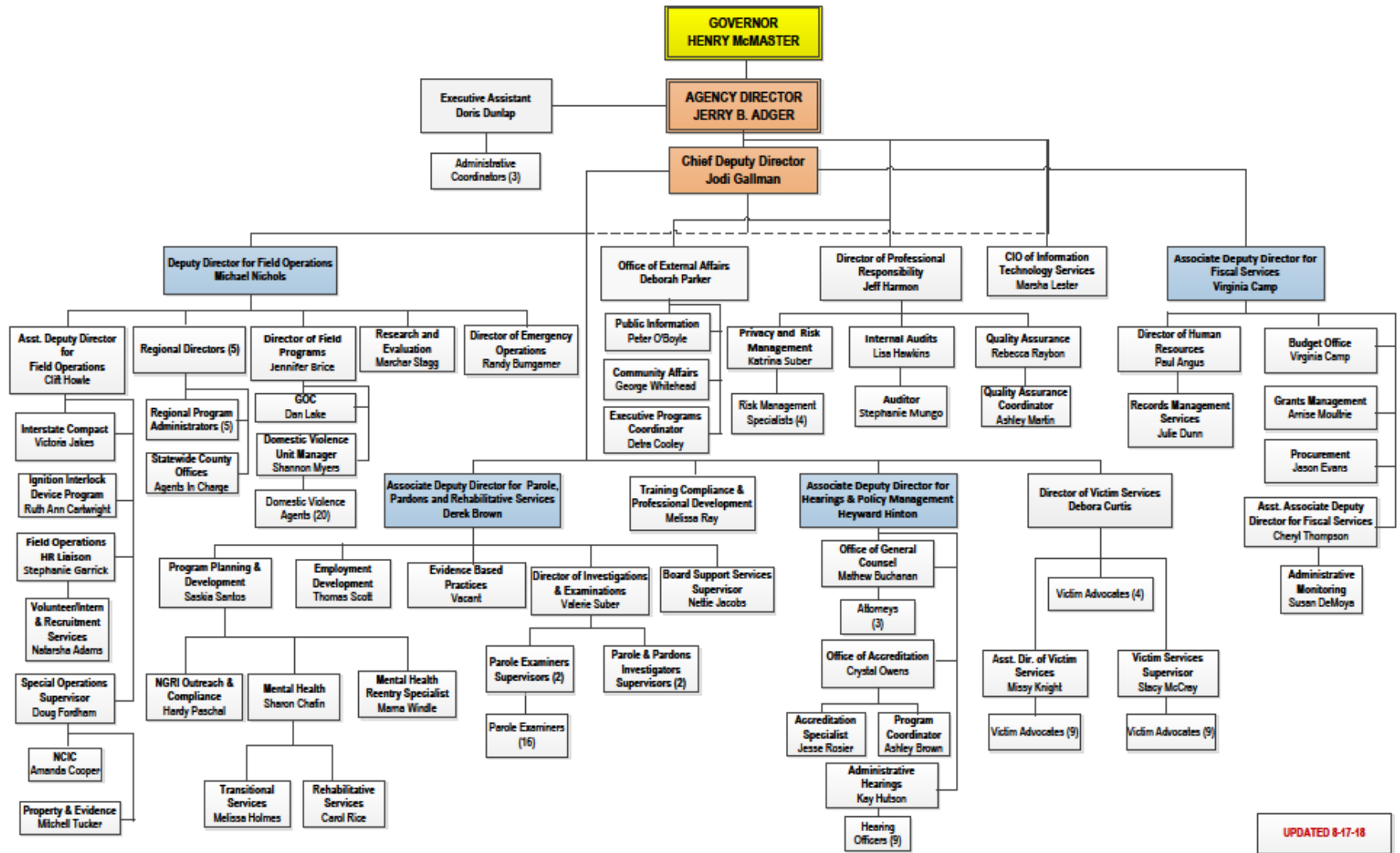
Does this business process involve PII? Yes No

(If yes, complete the Privacy Mitigation Plan below.)

Privacy Mitigation Plan						
Risk #	Description of Privacy Risk	Planned Mitigation Action	Person Responsible for Mitigation Action	Projected Completion Date	Status*	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

***Status:** **OT = On Target** **C = Closed** **D = Delayed**

APPENDIX G- ORGANIZATIONAL CHART



UPDATED 8-17-18