

<b>AGENCY NAME:</b>	John De La Howe		
<b>AGENCY CODE:</b>	L120	<b>SECTION:</b>	7



## Fiscal Year 2015-16 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p>My agency is submitting the following recurring decision packages (Form B): 3647, 3650, 3653, 3656, 3659, 4585, 4588, 4594</p> <p>For FY 2015-16, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;">Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p>My agency is submitting the following one-time decision packages (Form C): 5072</p> <p>For FY 2015-16, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;">Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
<b>PROVISOS</b>	<p>For FY 2015-16, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;">Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">Not requesting any proviso changes.</td> </tr> </table>	<input checked="" 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 type="checkbox"/>	Not requesting any proviso changes.
<input checked="" 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 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>	Dr. Danny R. Webb	864-391-0414	Danny.Webb@delahowe.k12.sc.us
<b>SECONDARY CONTACT:</b>	Viola Robinson Faust	864-391-0418	Viola.Faust@delahowe.k12.sc.us

I have reviewed and approved the enclosed FY 2015-16 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>		
<b>TYPE/PRINT NAME:</b>	Dr. Danny R. Webb	Ms. Barbara Devinney

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

<b>AGENCY NAME:</b>	John De La Howe		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>3647</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Pay Plan Allocation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 68,158</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>Executive Budget Office</b>
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*What 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?*

<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"/> 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>	<b>N/A</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?*

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<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<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>SUMMARY</b>	<b>Allocation of Pay Plan Appropriation</b>
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*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>AGENCY NAME:</b>	John De La Howe		
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<b>METHOD OF CALCULATION</b>	Memo dated 8/20/2014 from Executive Budget Office
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*How was the amount of the request calculated? 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>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 2015-16?*

<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
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<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?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	3650
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Health Plan Appropriation
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$ 34,902
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*What is the net change in requested appropriations for FY 2015-16? 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 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?*

<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"/> 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?*

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<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<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>SUMMARY</b>	<b>Allocate Health Plan Appropriation</b>
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*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.*

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<b>METHOD OF CALCULATION</b>	<b>Memo dated 8/20/2014 from Executive Budget Office</b>
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*How was the amount of the request calculated? 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>	<b>N/A</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>PRIORITIZATION</b>	<b>N/A</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 2015-16?*



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<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?*

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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>3653</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>School Resource Officer</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 59,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>Section 5-7-12, SC Municipal Corporations Code</b>
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*What 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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark “X” for all that apply:</b></p> <table border="0"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<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"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative.	<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.
<input type="checkbox"/>	(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>																				
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<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.																				
<input type="checkbox"/>	Non-mandated program change in service levels or areas.																				
<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative.																				
<input type="checkbox"/>	Loss of federal or other external financial support for existing program.																				
<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.																				

<b>RECIPIENTS OF FUNDS</b>	<b>School Resource Officer, to be employed by McCormick County Sheriff’s Department and assigned to John de la Howe’s L. S Brice School, per memorandum of agreement.</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>	<b>John De La Howe</b>		
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<b>RELATED REQUEST(S)</b>	<b>This request is not associated with another decision package.</b>
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<b>This request does not have 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>	<b>Current year expenses will be covered from fund balances. These funds will not be available for FY 15-16</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>SUMMARY</b>	<b>This is to request funding to staff FTE with a School Resource Officer. The School Resource Officer (SRO) is a sworn law enforcement officer assigned to a school district to act as a law enforcement officer, advisor and teacher for that school district. The SRO will contribute to the safety and security of students, staff, visitors and property. The agency serves adolescents with emotional and behavioral challenges, and legislators are recommending this position.</b>
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*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>AGENCY NAME:</b>	<b>John De La Howe</b>		
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<b>METHOD OF CALCULATION</b>	<b>Salary \$30,000</b> <b>Fringe \$ 14,000</b> <b>Operating \$ 15,000</b> <b>Vehicle and Maintenance \$ 10,000</b> <b>Equipment \$ 5,000</b>
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*How was the amount of the request calculated? 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>	<b>Salary and Fringe for SRO will be needed each year. Operating costs are expected to be lower following the first year.</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>PRIORITIZATION</b>	<b>The agency serves adolescents with emotional and behavioral challenges, and legislators are recommending this position.</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 2015-16?*

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<b>INTENDED IMPACT</b>	<b>Improved campus safety and security</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>	<b>Campus safety and security</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?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>3656</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Funding of Agency FTE to hire Residential Counselors (3)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 125,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>DSS mandated staffing ratios for Level II facility for adolescents with moderate emotional and behavioral challenges</b>
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*What 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?*

<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 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.	

<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>	<b>John De La Howe</b>		
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<b>RELATED REQUEST(S)</b>	<b>This request is not associated with another decision package.</b>
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<b>This request does not have 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>	<b>Current year expenses will be covered from fund balances. These funds will not be available for FY 15-16</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>SUMMARY</b>	<b>John de la Howe provides residential care for adolescents with moderate emotional and behavioral challenges. The facility is licensed by DSS, and the agency must adhere to DSS-mandated staffing ratios in order to maintain its license. Current staffing ratios require one residential counselor for every eight youths on a 24-hour basis. With an average annual occupancy of 82 youths, additional residential counselors are needed to provide relief to those on duty and staffing flexibility for vacations and sick leave.</b>
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*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>AGENCY NAME:</b>	John De La Howe		
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<b>METHOD OF CALCULATION</b>	Salary	\$ 84,000	(28,000 per employee)
	Fringe	\$ 41,000	
		\$125,000	

*How was the amount of the request calculated? 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>	<b>Level of service provided will meet the requirements of DSS. Funds will be needed for these positions in future years to maintain licensure.</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>PRIORITIZATION</b>	<b>Fund balance will be used to fund for the current year to meet immediate staffing needs and retain licensure.</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 2015-16?*



<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
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<b>INTENDED IMPACT</b>	<p><b>Appropriate supervision level for adolescents with emotional and behavioral challenges. DSS-mandated staffing levels and licensure will be maintained, and children will receive appropriate supervision.</b></p>
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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>	<p><b>DSS-mandated staffing levels and licensure maintained</b></p>
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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?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>3659</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

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

<b>AMOUNT</b>	<b>\$ 250,281</b>
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*What is the net change in requested appropriations for FY 2015-16? 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 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?*

<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 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 checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	<b>Contractor and/or Vendors</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>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>RELATED REQUEST(S)</b>	<b>This request is not associated with another decision package.</b>
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<b>This request does not have 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>	<b>Current year expenses will be covered from fund balances. These funds will not be available for FY 15-16</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>SUMMARY</b>	<b>The agency operating expenses has averaged over 1,000,000 over the past 3 years, while total funds appropriated have totaled only 452,976. Agency will be using current fund balance to address much-needed deferred maintenance, so funds will not be available to cover the shortfall in the new budget year.</b>
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*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>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>METHOD OF CALCULATION</b>	<b>Appropriated</b>	<b>452,976</b>
	<b>Status Offender</b>	<b><u>346,743</u></b>
		<b>799,719</b>
		<b>1,050,000</b>
	<b>Shortfall</b>	<b><u>799,719</u></b>
	<b>250,281</b>	

*How was the amount of the request calculated? 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>	<b>Funds will be requested as necessary to align allocation with need for authorized expenditures.</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>PRIORITIZATION</b>	<b>Current balance will be used to make necessary repairs to facilities to ensure health and safety and to optimize utilization of residential bed capacity, a legislative priority.</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 2015-16?*

<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>INTENDED IMPACT</b>	<p><b>Operating funds will be aligned with expenditures, and agency will be able to provide support services at required levels.</b></p>
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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>	<p><b>Programs and services will be adequately supported through operating funds.</b></p>
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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>	John De La Howe		
<b>AGENCY CODE:</b>	L120	<b>SECTION:</b>	7

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>4588</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Funding for 8 staff and operating expenses to serve 16 additional residential students</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 545,225</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>DSS mandated staffing ratios for Level II facility for adolescents with moderate emotional and behavioral challenges</b>
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*What 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?*

<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 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.	

<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>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>RELATED REQUEST(S)</b>	<b>This request is not associated with another decision package.</b>
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<b>This request does not have 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>	<b>N/A</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>SUMMARY</b>	<p><b>John de la Howe provides residential care for adolescents with moderate emotional and behavioral challenges. The facility is licensed by DSS, and the agency must adhere to DSS-mandated staffing ratios in order to maintain its license. Current staffing ratios require one residential counselor for every eight youths on a 24-hour basis. Adding 8 staff will allow the agency to provide residential care for 16 additional residential students</b></p>
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*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>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>METHOD OF CALCULATION</b>	<b>Salary</b>	
	<b>6 Residential Counselor (6 * 26,139)</b>	<b>\$ 156,834</b>
	<b>1 Program Treatment Service Coordinator</b>	<b>36,817</b>
	<b>1 Clinical Therapist</b>	<b><u>50,490</u></b>
	<b>Total Salary</b>	<b>\$ 244,141</b>
	<b>Fringe</b>	<b>\$ 111,084</b>
	<b>Operating (Food and Supplies)</b>	<b>\$ 190,000</b>

*How was the amount of the request calculated? 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><b>Level of service provided will meet the requirements of DSS. Funds will be needed for these positions in future years to maintain licensure.</b></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>PRIORITIZATION</b>	<p><b>Increasing residential student occupancy is a legislative priority. Because of DSS-mandated staffing ratios, it is most cost effective to add 16 new residential students at a time.</b></p>
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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 2015-16?*



<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>INTENDED IMPACT</b>	<p><b>Increase residential students by 16, with appropriate supervision level for adolescents with emotional and behavioral challenges. DSS-mandated staffing levels and licensure will be maintained, and children will receive appropriate supervision.</b></p>
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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>	<p><b>Residential occupancy will be increased and supervision will be provided for an additional 16 students.</b></p>
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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>	John De La Howe		
<b>AGENCY CODE:</b>	L120	<b>SECTION:</b>	7

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>4594</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Fund Part Time Consulting Superintendent with certificate</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$ 31,611</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>Accreditation guidelines as established by the Department of Education pursuant to Education code 43-300 et seq.</b>
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*What 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?*

<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"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<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>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>RELATED REQUEST(S)</b>	<b>This request is not associated with another decision package.</b>
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<b>This request does not have 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>	<b>Current year expenses will be covered from fund balances. These funds will not be available for FY 15-16</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>SUMMARY</b>	<b>In order to maintain school accreditation, the agency is now required to engage a superintendent with a South Carolina superintendent’s certificate. Authorization was received from Department of Education to engage a part-time certificated administrator to complement the administrative oversight provided by the agency head/superintendent/president for the congregate care agency. “Consulting” is used to distinguish this position from the agency head, however, the individual is hired as a temporary employee within existing authorized FTEs.</b>
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*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>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>METHOD OF CALCULATION</b>	<p><b>Salary 25,000</b> <b>Fringe 6,611</b></p>
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*How was the amount of the request calculated? 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><b>Funds will be needed on an ongoing basis to comply with accreditation requirements.</b></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>PRIORITIZATION</b>	<p><b>Current fund balance is being used to fund a part-time consulting superintendent with SC certificate to fulfill requirements for accreditation.</b></p>
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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 2015-16?*

<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>INTENDED IMPACT</b>	<p><b>Funding will be available in the current fiscal year to support the position of the part-time consulting superintendent with certification to fulfill requirements for accreditation.</b></p>
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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>	<p><b>Department of Education’s annual accreditation review process contains this criteria.</b></p>
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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>	John De La Howe		
<b>AGENCY CODE:</b>	L120	<b>SECTION:</b>	7

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>4585</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Funding for 4 teachers in new subjects</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>291,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>Accreditation guidelines as established by the Department of Education pursuant to Education Code 43-300 et seq.</b>
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*What 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?*

<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"/> 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.	

<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>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>RELATED REQUEST(S)</b>	<b>This request is not associated with another decision package.</b>
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<b>This request does not have 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>	<b>N/A</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>SUMMARY</b>	<p><b>In order to maintain school accreditation, the agency is required to add qualified teachers in these subjects:</b></p> <p style="padding-left: 40px;"> <b>Spanish</b>  <b>Integrated Business Applications</b>  <b>Agricultural Teacher</b>  <b>Performing Arts (drama, chorus, or music)</b> </p>
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*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>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>METHOD OF CALCULATION</b>	<b>Salary</b>	<b>200,000</b>	<b>(4 Teachers at \$ 50,000)</b>
	<b>Fringe 45.5%</b>	<b>91,000</b>	

*How was the amount of the request calculated? 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>	<b>Funds will be needed on an ongoing basis to comply with accreditation requirements.</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>PRIORITIZATION</b>	<b>Current fund balance will be used to hire required additional teachers in current year. Maintaining clear accreditation status is a legislative priority.</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 2015-16?*



<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>INTENDED IMPACT</b>	<p><b>Teachers will provide expanded course offerings to at-risk students in grades 6-10, and the agency will fulfill requirements for accreditation.</b></p>
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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>	<p><b>Agency's school renewal plan contains outcome measures to monitor these criteria. Department of Education's annual accreditation review process contains this criteria.</b></p>
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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>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>5072</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Deferred Maintenance for 4 Remaining Cottages and Administration Building Roof</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$330,000</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>N/A</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>Four cottages for residential care of students were not included in previous deferred maintenance requests. A variety of maintenance activities must be performed on these cottages, including painting, flooring repairs and resurfacing, plaster repairs and replacement, bathroom fixture repairs and replacements, roofing repairs, weatherproofing and other maintenance activities. The names of these cottages and dates they were built are Columbia (1938), Charleston (1939), Hessie Morrah (1967), and Hester (1967). Repairs are needed to retain licensing by DSS. The estimated repair costs are \$230,000, or approximately \$57,500 per cottage.</p> <p>The roof of the Administration Building needs replacement. The terra cotta tile roof is 76 years old and has outlived its useful life. The roof is experiencing leaks of increasing frequency and severity which we are no longer able to repair. Walls and equipment have been damaged as a result. The condition of the roof is preventing the use of the auditorium for student functions as well as the use of several offices on the upper floor. As the condition of the roof deteriorates, it is causing damage to the interior of the facility. This presents a safety concern for students and staff. The estimated repair cost is \$100,000.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>John De La Howe</b>		
<b>AGENCY CODE:</b>	<b>L120</b>	<b>SECTION:</b>	<b>7</b>

<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	No
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Regular maintenance will be performed through annual base funding. Buildings are inspected annually in preparation for the DSS licensing reviews, and a maintenance schedule is kept. Extraordinary maintenance needs will be considered for future nonrecurring budget requests.
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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?*

<b>OTHER APPROVALS</b>	Agency Board has approved this request. Additional approval required by JBRC and the BCB.
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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, BCB, etc.)*

<b>AGENCY NAME:</b>	
<b>AGENCY CODE:</b>	<b>SECTION:</b>

### FORM D – PROVISO REVISION REQUEST

<b>NUMBER</b>	<b>7.5</b>
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*Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").*

<b>TITLE</b>	<b>Part 1B section 7 L12-JOHN DE LA HOWE SCHOOL</b>
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*Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>N/A</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	<b>N/A</b>
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*Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Amend</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	Budget & Control Board and Department of Education would continue to provide technical assistance during FY 2015-16.
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>Proviso 7.5 required the State Superintendent of Education to appoint a COO to provide technical assistance to the agency for a four-month period, during which a number of reports were expected to be submitted to the Legislature and the Governor by October 1, 2014. In the event the Board of Trustees had not filled its agency head position by August 15, the selected COO would serve in that position.</p> <p>The reports that were requested by October 1 included a strategic plan, a response addressing findings and issues identified by the Inspector General, a review of administrative practices, consideration of opportunities for outsourcing some services, and describing how the budget request for FY 2015-16 effectuates the agency's strategic plan. Quarterly progress reports were requested thereafter.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	
<b>AGENCY CODE:</b>	<b>SECTION:</b>

<b>EXPLANATION</b>	<p>Based on actions taken by the agency and the Board of Trustees and based on compliance with this proviso, the Board is seeking to amend the proviso for FY 2015-16. On July 19, the Board appointed Dr. Danny Webb as the Agency Head/Superintendent/President to serve as the chief executive officer of the agency.</p> <p>Within the required deadlines, the agency has completed an extensive strategic planning process (with substantial stakeholder participation) and has submitted its Annual Accountability Report to the Executive Budget Office and “district” and school planning documents to the Department of Education. On October 1, 2014, the agency submitted to the Governor and Legislature a 53-page response addressing all items in Proviso 7.5 along with a progress report for the previous three months.</p> <p>The agency has new executive leadership, and the Board of Trustees is operating with seven board members (out of nine slots), all of whom have been appointed by the Governor since June 2013. The Board is confident in the agency’s ability to manage its business affairs, maintain compliance with regulatory and accrediting agencies, submit timely reports, and provide quality residential, therapeutic, and educational services for children and adolescents with emotional and behavioral challenges.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>The fiscal impact of not having a COO assigned by the Department of Education would be a cost savings to the state, as that salary would no longer need to be paid. The Department of Education authorized a salary of \$8,000 per month to be paid by the Department of Education. No other fiscal impacts are anticipated.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

AGENCY NAME:

AGENCY CODE:

SECTION:

PROPOSED  
PROVISO TEXT

~~7.5. (JDLHS: Administration) (A) In the current fiscal year, the Superintendent of Education shall appoint a Chief Operating Officer to provide on-site programmatic and administrative technical assistance to the School. The appointment shall be confirmed by the State Board of Education. This officer shall also advise and provide regular updates to the School's board of trustees. In the event that the board of trustees has not, by August 15 of the current fiscal year, filled the existing vacancy by electing a Superintendent pursuant to Section 59-49-80 of the 1976 Code, the Chief Operating Officer shall also serve as interim Superintendent until a Superintendent is chosen by the Board. The Chief Operating Officer's service may alternately be concluded upon the Superintendent of Education's certification that the report or reports submitted pursuant to subsection (B) demonstrate that the School is making adequate progress in serving its students' educational and therapeutic needs. **The Department of Education shall provide technical assistance as requested by the School to assure that it is meeting accreditation requirements.** The Budget and Control Board, and where appropriate, the Executive Budget Office, shall provide technical assistance that is requested by the Chief Operating Officer to satisfy the requirements of this proviso **School to assure it is meeting budgeting, finance and annual accountability reporting requirements.**~~

(B) To ensure that the John de la Howe School successfully fulfills its mission of providing educational and therapeutic services to children who require that support away from their homes, its board of trustees shall submit ~~a plan~~ **quarterly progress reports** to the Governor, the Superintendent of Education, the Chairman of the House Ways and Means Committee, and the Chairman of the Senate Finance Committee. ~~No later than October 1, 2014 that:~~

~~—— (1) Specifically addresses each of the findings and issues identified by the Inspector General in his January 2014 report on the School and explains how the School intends to resolve these matters;~~

~~—— (2) Is developed after consulting with the Department of Juvenile Justice, Department of Education, Department of Social Services, the Department of Mental Health and any other state social or behavioral services agency on the current state of best therapeutic practices, which must be reflected in the submitted plan;~~

~~—— (3) Assesses the School's current administrative practices relating to budgeting and finance, technology, real estate and facilities management, procurement, and other related subjects and describes the School's plans to improve these practices, which shall be developed with the support of the Budget and Control Board, and if appropriate, the Executive Budget Office. Included in the assessment must be a comparison of the costs of administrative transactions at the School compared to similar costs per transaction if administered by the Budget and Control Board. Further, the assessment must compare~~

AGENCY NAME:

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*costs for technology and facilities management compared to securing a private company to provide these services; and*

~~*(4) Explains how the School's budget request for the 2015-16 fiscal year effectuates the School's strategy to implement the plan.*~~

*The School shall submit quarterly progress reports thereafter. Nothing in this proviso shall be construed as to change the School's mission or its responsibility for providing high-quality educational and therapeutic services to the students it supports.*

*Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>			
<b>AGENCY CODE:</b>		<b>SECTION:</b>	

### FORM D – PROVISO REVISION REQUEST

<b>NUMBER</b>	<b>7.4</b>
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*Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").*

<b>TITLE</b>	<b>John de la Howe School</b>
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*Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>N/A</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	<b>N/A</b>
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*Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Amend</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>Proviso 7.4 requires the John de la Howe School to expend appropriated funds to bring the school up to full capacity, to the extent possible, and for funds to be used for deferred maintenance on student cottages prior to hiring additional residential care staff for a projected increase in students. Proposed hiring must be reported to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee thirty days prior to the hire. A report must be provided by December 1 on how funds were spent and the impact on enrollment.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*



<b>AGENCY NAME:</b>	
<b>AGENCY CODE:</b>	<b>SECTION:</b>

<b>EXPLANATION</b>	<p>The intent of the proviso is to maximize the numbers of children and youth ages 12 to 18 with emotional and behavioral challenges who can be served in residential care so that the overall cost-per-student will be reduced. Because the agency also operates a school, which experiences increasing educational requirements for accreditation, there is not as direct a correlation between increased residential occupancy and cost-per-student as for an organization that provides only congregate care or only educational services.</p> <p>Because of the agency's service to adolescents with emotional and behavioral challenges that frequently impinge on their abilities to fit in well in their home school settings, the agency serves a rolling enrollment of residential students throughout each year. It is typical for enrollment at the beginning of the school year in August to be half what it is by the spring. The budget cycle, repair process and DSS licensing process suggest that March 1, 2016, rather than December 1, 2015, will provide more helpful information. By that time, all deferred maintenance on cottages should be complete.</p> <p>The agency's L.S. Brice School needs to operate in compliance with accreditation standards, and additional teachers must be hired in new subjects to meet the requirements. The agency operates with a Board of Trustees and must comply with a host of changing regulations from Department of Education, DSS, DHEC, State Fire Marshal, Budget &amp; Control Board. Qualified administrative staff is required to monitor rules and regulations, prepare detailed reports, and support board communications.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

AGENCY NAME:	
AGENCY CODE:	SECTION:

PROPOSED PROVISO TEXT	<p> <b>7.4.</b> (JDLHS: Capacity) For Fiscal Year <del>2014-15</del> <b>2015-16</b>, funds appropriated to John de la Howe School <b>for deferred maintenance</b> must be used to complete deferred maintenance on the residential cottages and to bring the school up to full capacity, to the extent possible. The school must not utilize the funds to hire new employees until the school has completed deferred maintenance on a cottage and requires the new employee due to a projected increase in students. Any increases in staff must be reported to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee thirty days prior to the hire. Further, the school must report electronically to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by <del>December first,</del> <b>February 1</b>, on how the funds have been utilized, <del>and how many additional students have been served,</del> <b><u>can be served, the optimal residential enrollment commensurate with DSS mandated staffing ratios, student recruitment efforts, and plans to hire additional residential care staff to serve additional youths.</u></b> </p> <p> <b><u>Nothing in this proviso shall prevent the School from hiring additional teachers required to meet accreditation standards of the Department of Education.</u></b> </p> <p> <b><u>Nothing in this proviso shall prevent the School from filling the long-vacant position of Executive Assistant I to facilitate strategic planning, prepare written reports and communications, conduct research, assist in articulating agency policy and positions, monitor trends, laws and regulations that impact the agency, formulate recommendations and action plans, and serve as liaison to the Board of Trustees to ensure effective communications and on-going support.</u></b> </p>
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*Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*