

# **SC Department of Health and Environmental Control**

## **Ways & Means Budget Briefing FY 2013 - 14**



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*Promoting and protecting the health of the public and the environment*

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## MEMORANDUM

To: Members of House Ways and Means  
Health and Human Services Subcommittee

From: Catherine B. Templeton, Director  
S.C. Department of Health and Environmental Control

RE: FY 2013-2014 Budget Presentation

Date: January 15, 2013

The Department of Health and Environmental Control (DHEC) respectfully submits the following fiscal year 2013-2014 budget plan for your consideration.

For the upcoming fiscal year, DHEC is requesting \$4,043,340 in recurring General Funds. We are also requesting \$11,565,000 in Capital Reserve Funds to meet information technology needs across the agency. Finally, four Proviso changes are requested.

Thank you for your consideration of these requests.

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## **S.C. Department of Health and Environmental Control**

The South Carolina Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state. The mission of the agency is to promote and protect the health of the public and the environment. In keeping with this mission, the primary goal of public health is to secure health; promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health; and protect the environment. DHEC efforts and action plans move the agency toward our vision of *healthy people living in healthy communities* and include: response to natural and man-made emergencies; response to chronic and emerging health threats that affect the quality of life; the continued formation of partnerships to address health and environmental concerns; environmental protection and its link to economic development; and coastal protection and management. To continue to effectively support the vision and mission of both the state and the agency requires resources for emerging health and environmental concerns, emergency preparedness and response, and maintenance of the agency's infrastructure.

### **Mission**

We promote and protect the health of the public and the environment.

### **Vision**

Healthy people living in healthy communities

### **Goals**

- Increase support to and involvement by communities in developing healthy and environmentally sound communities.
- Improve the quality and years of healthy life for all.
- Eliminate health disparities.
- Protect, enhance and sustain environmental and coastal resources.
- Improve organizational capacity and quality.

## Values

### **Customer Service:**

We are committed to meeting or exceeding customers' identified needs and expectations with quality service.

### **Teamwork:**

We are committed to working together to make decisions and reach common goals.

### **Cultural Competence:**

We are committed to cultural competence by recognizing, respecting, understanding, accepting and valuing different cultures in order to provide effective services to all our customers.

### **Use of Applied Scientific Knowledge for Decision Making:**

We are committed to the use of rational methods and scientific knowledge to provide answers and to guide our professional judgment.

### **Local Solutions to Local Problems:**

We are committed to cooperation and collaboration within our agency and with local resources to develop healthy communities that are active in improving their own health and environment.

### **Excellence in Government:**

We are committed to building an organization that is quality-focused, customer-driven and fiscally responsible.

### **Our Employees:**

We are committed to supporting our staff who are our most important resource and critical to the accomplishment of our agency mission.

## Key Contacts

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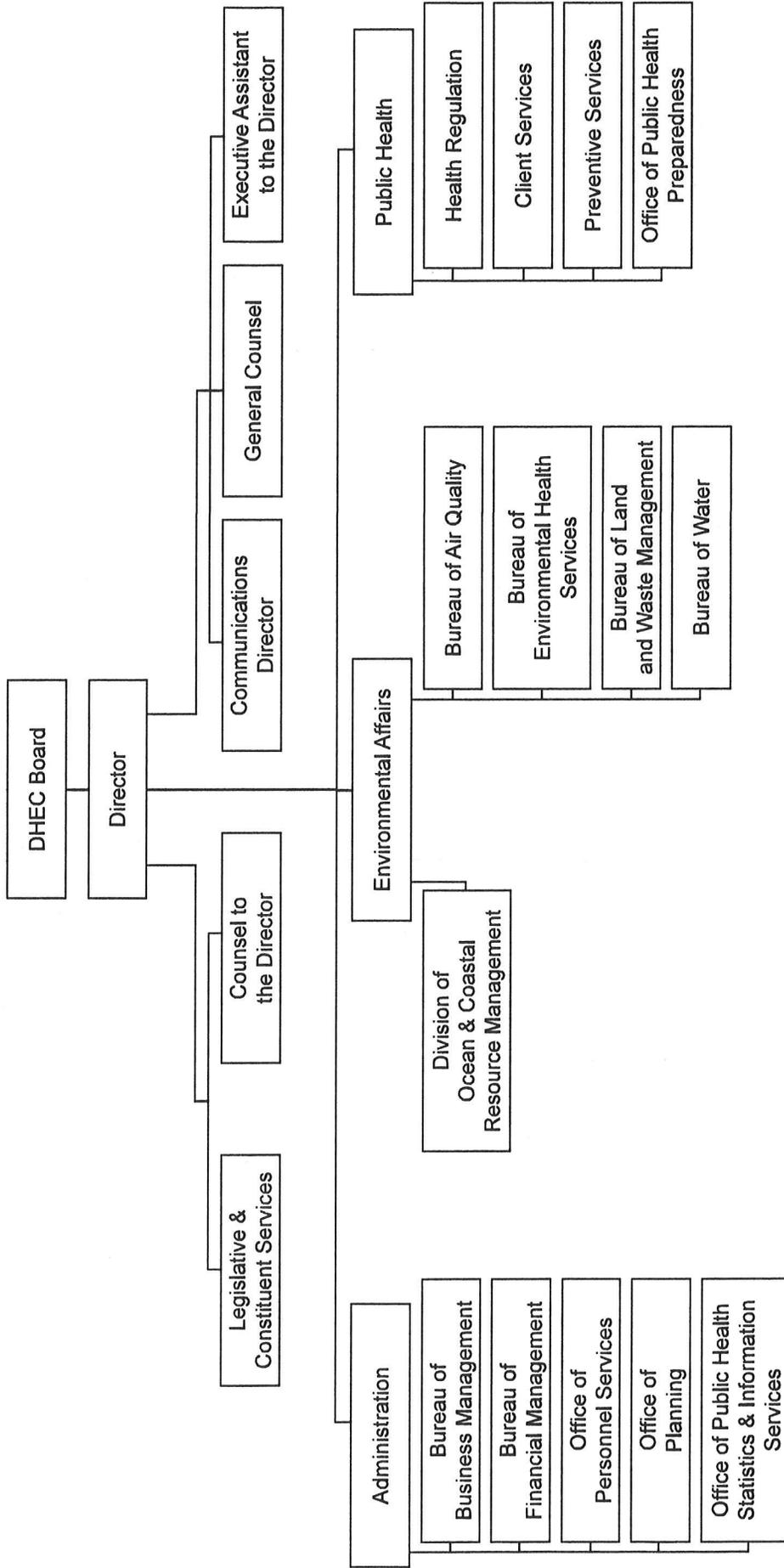
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# Director's Office Organization Chart



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## Where We Are Now

### Current Budget

DHEC's FY14 budget as reflected in the Detail Budget Report submitted in October 2012 includes:

General Fund:	\$ 98,609,579
Federal Funds:	\$286,140,200
Other Funds:	\$179,230,229
Restricted:	<u>\$ 21,669,503</u>
<b>Total</b>	<b>\$585,649,511</b>

### Federal and Other Funds

While the reliance on federal and other funds has grown over the years, there are specific commitments and obligations attached to these funds. State, federal and local rules and regulations require that these funds be used for specific programs and activities. For more details on the agency's assessment and collection of other funds, including fees and fines, please see the annual Fee and Fine Report posted on the agency's website at [www.scdhec.gov](http://www.scdhec.gov). The report is posted annually as required by Proviso 89.85

### FTE's

As of January 11, 2013, the agency has a total of 3,646.03 filled FTE's:

State:	1,164.06
Federal:	1,367.60
Other:	1,048.68
Restricted:	<u>65.69</u>
<b>Total:</b>	<b>3,646.03</b>

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**Department of Health and Environmental Control  
2013-14 Budget Request Summary**

<b>State Funds</b>		
<b>Program Title</b>	<b>Program Description</b>	<b>Recurring State</b>
<b>Air Quality Improvement</b>	Funding will cover the cost of 24 employees currently funded by Earmarked Funds. Air Permitting receipts have been declining since 2009 and with the shutdown and/or conversion of coal-fired units by SCE&G and Progress/Duke Energy, the agency projects revenue loss of approximately \$1.2 M this year alone. Failure to maintain adequate staff will result in non-attainment of national standards	\$1,783,231
<b>Healthcare Facility Oversight-Rad Health/Health Regulation</b>	Funding will cover the cost of 21 vacancies in health Licensing and Radiological Health. Decreases in state appropriations have forced the agency to reduce the frequency and scope of inspections of facilities such as Adult Day Care, Assisted Living, Inpatient/Outpatient Treatment Programs, Renal Dialysis Facilities and X-ray facilities.	\$1,083,265
<b>Health Facility Services and Construction</b>	Funding will cover current program costs and the filling of three positions. These positions will review construction plans and conduct construction inspections, review applications for new health care facilities and services and review and evaluate financial aspects of health care facility applications	\$773,000
<b>EMS &amp; Trauma</b>	Funding will cover the cost of 7 vacancies in EMS & Trauma. Decreases in state appropriations funds allocated through Proviso 34.31 have reduced the number of ambulance inspections and investigations of complaints regarding trauma centers and violations of the EMS Act and Regulation 61-7 the agency can perform. Positions will also certify and train EMT's, paramedics and athletic trainers as well as serve as the trauma registrar.	\$403,844
<b>Total</b>		<b>\$4,043,340</b>

<b>Federal Funds</b>		
<b>Program Title</b>	<b>Program Description</b>	<b>Authorization</b>
<b>Maternal/Infant Health – WIC</b>	The WIC case load and administrative expenditures continue to rise due to the economic situation facing SC. We estimate that the need for WIC case services will continue to grow. At the end of each fiscal year, staff shift authorization levels around to cover the cost of food vouchers and formula rebates for this program. This funding authorization will allow the agency to process these transactions more expeditiously	\$7,000,000
	<b>Other Funds</b>	\$0
<b>Total</b>		<b>\$7,000,000</b>

Capital Reserve Funds Request – DHEC Technology Needs – FY2013-14

**Network Routers and Switches** – Replacement of aging and out-of-warranty network infrastructure equipment **(\$560,000)**

**Public Health Imaging** – Move field offices/clinics to streamlined, secure and paperless environment. **(\$500,000)**

**Facility Security** – Upgrade existing facility security and badging system; upgrade existing video camera system **(\$100,000)**

**Email Encryption** – Provides encryption license for staff whose communications include PII and/or PHI to internal or external parties. **(\$32,000)**

**Two-Factor Authentication** – Provides increased security on workstations/laptop devices that contain PII and/or PHI information. **(\$150,000)**

**Central Data Center UPS Battery** – Replacement of aging batteries in Sims/Aycock to provide uninterrupted power supply that is five years old. **(\$23,000)**

**Server Hosting Hardware** – Replacement of aging and out-of-warranty equipment; increase server hosting capabilities in data center. **(\$100,000)**

**Storage Area Network Expansion** – Increase the network storage capacity. **(\$100,000)**

**Environmental ePermitting** – Revamp current EFIS system to web portal for internal and external customers, incorporating mobile and GIS technologies. **(\$5,000,000)**

**Public Health Client System** – Revamp current CARES system to web portal for internal and external customers, incorporating mobile and GIS technologies. **(\$5,000,000)**

**Total Capital Reserve Fund Request - \$11,565,000**

## II.10 Expenditures/Appropriations Chart:

Major Budget Categories	FY 10-11 Actual Expenditures		FY 11-12 Actual Expenditures		FY 12-13 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$158,826,302	\$44,760,984	\$151,909,557	\$44,877,905	\$164,261,650	\$45,784,567
Other Operating	\$102,984,096	\$9,600,467	\$94,954,557	\$11,760,668	\$155,079,036	\$16,248,624
Special Items	\$3,614,647	\$2,647,327	\$8,973,337	\$4,644,516	\$12,233,374	\$3,640,636
Permanent Improvements	\$191,473	\$18,442	\$14,764	\$14,764		
Case Services	\$118,496,996	\$6,366,769	\$129,012,219	\$11,281,668	\$142,531,451	\$10,723,370
Distributions to Subdivisions	\$20,862,475	\$3,195,085	\$36,954,519	\$3,012,317	\$45,132,374	\$709,536
Fringe Benefits	\$50,498,695	\$14,748,238	\$49,705,051	\$14,918,672	\$52,650,031	\$14,741,251
Non-recurring	\$379,737	\$379,737	\$448,998	\$24,569	\$1,800,000	\$1,800,000
<b>Total*</b>	<b>\$455,854,421</b>	<b>\$81,717,049</b>	<b>\$471,973,002</b>	<b>\$90,535,079</b>	<b>\$573,687,916</b>	<b>\$93,647,984</b>

\*Total funds include federal and earmarked fund authorization levels.

### Other Expenditures

Sources of Funds	FY 10-11 Actual Expenditures	FY 11-12 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	\$173,031 (included above)	0
Bonds		

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**Major Program Areas**

Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	State: 4,932,747.18 Federal: 162,140.35 Other: 13,629,790.44 Total: 18,724,677.97 % of Total Budget: 4%	State: 5,333,012.52 Federal: 208,463.86 Other: 13,141,480.69 Total: 18,682,957.07 % of Total Budget: 4%	7.2.1 7.3.2 7.4.1 7.2.2 7.3.3 7.4.2 7.2.3 7.3.4 7.2.4 7.3.5 7.3.1 7.3.6
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	State: 2,011,167.34 Federal: 725,143.17 Other: 2,736,310.51 Total: 5,472,620.02 % of Total Budget: 1%	State: 1,791,068.92 Federal: 820,447.02 Other: 2,611,515.94 Total: 5,223,031.88 % of Total Budget: 1%	7.1.3
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State: 7,025,629.02 Federal: 7,976,189.23 Other: 9,385,085.15 Restricted: 69,278.31 Total: 24,456,181.71 % of Total Budget: 5%	State: 6,968,391.07 Federal: 9,023,675.88 Other: 9,671,484.97 Restricted: 116,803.04 Total: 25,780,354.96 % of Total Budget: 5%	7.1.6 7.1.7
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations.	State: 744,364.21 Federal: 1,753,010.26 Other: 499,973.58 Restricted: 6,368.96 Total: 3,003,717.01 % of Total Budget: 1%	State: 840,802.64 Federal: 1,744,936.93 Other: 314,179.52 Restricted: 5,974.82 Total: 2,905,893.91 % of Total Budget: 1%	
II.B. 1.a National Estuary Research Reserve	Protect specific biogeographical regions under a National Program. SC has two such regions ACE (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	

\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

### Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards) are met and reduces the potential of adverse health effects.	<b>State:</b> 840,960.36 <b>Federal:</b> 2,678,975.36 <b>Other:</b> 7,968,804.06 <b>Restricted:</b> 184,385.72 <b>Total:</b> 11,673,125.50 <b>% of Total Budget:</b> 2%	<b>State:</b> 1,263,419.86 <b>Federal:</b> 2,449,624.41 <b>Other:</b> 7,438,322.39 <b>Restricted:</b> 279,290.62 <b>Total:</b> 11,430,657.28 <b>% of Total Budget:</b> 2%	7.1.1
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	<b>State:</b> 2,127,797.79 <b>Federal:</b> 9,359,623.45 <b>Other:</b> 1,443,896.36 <b>Restricted:</b> 4,624,938.26 <b>Total:</b> 17,556,255.86 <b>% of Total Budget:</b> 4%	<b>State:</b> 2,155,016.92 <b>Federal:</b> 7,760,682.61 <b>Other:</b> 1,593,089.88 <b>Restricted:</b> 5,501,211.35 <b>Total:</b> 17,010,000.76 <b>% of Total Budget:</b> 4%	7.1.2 7.1.4 7.1.5
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> 0.00 <b>% of Total Budget:</b> 0%	<b>State:</b> <b>Federal:</b> <b>Other:</b> <b>Total:</b> 0.00 <b>% of Total Budget:</b> 0%	
II.E.1 Family Health Infectious Disease Prevention	Ensures that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Immunizations.	<b>State:</b> 10,797,809.56 <b>Federal:</b> 36,350,681.87 <b>Other:</b> 9,094,735.39 <b>Total:</b> 56,243,226.82 <b>% of Total Budget:</b> 12%	<b>State:</b> 19,201,579.04 <b>Federal:</b> 36,481,436.43 <b>Other:</b> 9,549,902.15 <b>Total:</b> 65,232,917.62 <b>% of Total Budget:</b> 14%	7.1.8 7.1.20 7.1.9 7.1.21 7.1.17 7.1.18 7.1.19
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	<b>State:</b> 26,822.00 <b>Federal:</b> <b>Other:</b> <b>Total:</b> 26,822.00 <b>% of Total Budget:</b> 0%	<b>State:</b> 25,213.00 <b>Federal:</b> <b>Other:</b> <b>Total:</b> 25,213.00 <b>% of Total Budget:</b> 0%	

\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

**Major Program Areas**

Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II.E.2 Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	State: 2,071,853.57 Federal: 100,376,469.85 Other: 28,906,081.34 Total: 131,354,404.76 % of Total Budget: 28%	State: 2,006,454.34 Federal: 104,067,533.88 Other: 30,305,268.59 Total: 136,379,256.81 % of Total Budget: 29%	7.1.14 7.1.15 7.1.16
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conducted in hospitals with at least 100 births annually.	State: 382,963.80 Federal: Other: Restricted: Total: 382,963.80 % of Total Budget: 0%	State: 414,801.10 Federal: Other: 0.00 Restricted: Total: 414,801.10 % of Total Budget: 0%	
II.E.3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes.	State: 826,762.80 Federal: 9,496,855.42 Other: 1,007,174.18 Total: 11,330,792.40 % of Total Budget: 2%	State: 1,031,491.57 Federal: 10,955,621.82 Other: 422,694.21 Total: 12,409,807.60 % of Total Budget: 3%	7.1.10 7.1.22 7.1.11 7.1.23 7.1.12 7.1.13
II.E.3.a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states is a primary activity of the Division of Tobacco Prevention and Control.	State: 271,121.77 Federal: 692,639.27 Restricted: Total: 963,761.04 % of Total Budget: 0%	State: 0.00 Federal: Other: 190,264.91 Restrict: 3,676,460.43 Total: 3,866,725.34 % of Total Budget: 1%	7.1.11
II.E.4. Assuring Public Health Services	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 23,913,930.39 Federal: 27,316,649.42 Other: 15,954,776.88 Total: 67,185,356.69 % of Total Budget: 14%	State: 22,263,096.28 Federal: 26,898,196.19 Other: 14,033,015.94 Total: 63,194,308.41 % of Total Budget: 13%	7.1.8 7.1.13 7.1.19 7.1.9 7.1.14 7.1.20 7.1.10 7.1.15 7.1.21 7.1.11 7.1.16 7.1.22 7.1.12 7.1.17 7.1.23 7.1.18 7.1.24

\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

**Major Program Areas**

Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state.	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	
II. E. 4.b Biotechnology Center	These funds were awarded to the agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	State: 0.00 Federal: 1,777,058.13 Other: 1,777,058.13 Total: 1,777,058.13 % of Total Budget: 0%	State: 0.00 Federal: 1,892,802.45 Other: 1,892,802.45 Total: 1,892,802.45 % of Total Budget: 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State: 647,171.25 Federal: 795,982.86 Other: 1,443,154.11 Total: 1,443,154.11 % of Total Budget: 0%	State: 630,592.29 Federal: 698,915.27 Other: 1,329,507.56 Total: 1,329,507.56 % of Total Budget: 0%	
II.E.7 Independent Living	This program: provides many in-home services such as skilled nurses; provides services to special needs clients to live more independent lives; and provides screening, testing, education counseling & managed care.	State: 6,247,137.41 Federal: 3,657,355.56 Other: 18,980,530.66 Restricted: 28,885,023.63 Total: 28,885,023.63 % of Total Budget: 6%	State: 5,165,833.17 Federal: 3,323,575.34 Other: 19,367,976.80 Restricted: 27,857,385.31 Total: 27,857,385.31 % of Total Budget: 6%	

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Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY10-11 Budget Expenditures	FY11-12 Budget Expenditures	Key Cross References for Financial Results*
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	
II.F.1 Health Care Standards-Radiological Health	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggages/security units.	State: 374,352.96 Federal: 55,151.20 Other: 676,383.47 Total: 1,105,887.63 % of Total Budget: 0%	State: 379,483.19 Federal: 56,126.11 Other: 750,472.37 Total: 1,186,081.67 % of Total Budget: 0%	
II. F.2 Health Care Standards-Health Facilities & Services Development	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need.	State: 450,675.91 Federal: 56,214.41 Other: 447,166.23 Total: 954,056.55 % of Total Budget: 0%	State: 695,339.85 Federal: 138,604.47 Other: 163,580.12 Total: 997,524.44 % of Total Budget: 0%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC. Ensures that clients are provided appropriate care and services in a manner and environment that promotes their health, safety and well-being.	State: 694,421.47 Federal: 1,206,859.69 Other: 1,901,281.16 Total: 3,802,562.32 % of Total Budget: 0%	State: 853,411.39 Federal: 997,554.24 Other: 1,850,965.63 Total: 3,701,921.26 % of Total Budget: 0%	
II. F. 4 Health Care Standards-Certification	Ensures all residents, patients and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care, which will attain the highest practicable level of well-being.	State: 3,321,090.65 Federal: 21,909.00 Other: 3,342,999.65 Total: 6,685,999.30 % of Total Budget: 1%	State: 0.00 Federal: 3,979,924.43 Other: 0.00 Total: 3,979,924.43 % of Total Budget: 1%	

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**Major Program Areas**

Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II. F. 5 Health Care Standards-Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	State: 1,144,380.69 Federal: 331,895.90 Other: 103,076.38 Total: 1,579,352.97 % of Total Budget: 0%	State: 1,101,221.00 Federal: 160,538.34 Other: 295,899.88 Total: 1,557,659.22 % of Total Budget: 0%	7.1.25
III. F. 5.a Trauma Center Fund	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	State: 2,237,541.06 Federal: Other: 3,558.95 Total: 2,241,100.01 % of Total Budget: 0%	State: 2,226,555.28 Federal: Other: 462,095.60 Total: 2,688,650.88 % of Total Budget: 1%	7.1.25
II. G. 1 Health Surveillance Support Services - Health Laboratory	Assures that integrated, accurate and cost-effective laboratory testing is available to support public health.	State: 1,027,069.33 Federal: 1,795,509.25 Other: 7,157,793.86 Total: 9,980,372.44 % of Total Budget: 2%	State: 1,019,597.10 Federal: 2,371,166.96 Other: 7,568,322.70 Total: 10,959,086.76 % of Total Budget: 2%	
II. G. 2 Health Surveillance Support Services - Vital Records	Provides for the registration, correction and certification of all vital events (births, deaths, marriages and divorces).	State: 110,096.91 Federal: 2,739,960.62 Other: 3,171,635.26 Total: 6,021,692.79 % of Total Budget: 1%	State: 91,622.27 Federal: 2,382,151.86 Other: 3,605,200.11 Total: 6,078,974.24 % of Total Budget: 1%	7.1.24
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 14,712,824.76 Federal: 19,850,853.15 Other: 15,063,975.89 Restricted: 804,423.07 Total: 50,432,076.87 % of Total Budget: 11%	State: 14,890,197.82 Federal: 20,269,692.46 Other: 13,703,650.18 Restricted: 808,542.28 Total: 49,672,082.74 % of Total Budget: 11%	
<b>Below: List any programs not included above and show the remainder of expenditures by source of funds.</b>				
	<b>Remainder of Expenditures:</b>	State: 379,737.14 Federal: 0.00 Other: 173,030.86 Total: 552,768.00 % of Total Budget: 0%	State: 1,977,946.53 Federal: Other: 0.00 Total: 1,977,946.53 % of Total Budget: 0%	

SC Birth Defects, Greenwood Sewer Extension, Beach Renourishment, Youth Tobacco Program and Cessation, OCRM Water Hazard Removal, Donate Life, Beach Renourishment, Beach Outfall Pipe Removal

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### III.7 Key Results

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment,” is part of the agency’s legislative mandate. While some of the objectives reported in the following section are performance measures for the agency, many are health or environmental objectives for the state or nation. See III.4.4 for comparative information and benchmarks to national standards.

The agency has worked diligently to identify additional comparisons for the results charts listed in the following section. It is often challenging to compare DHEC’s environmental actions to those of other states because of different statutory and regulatory authorities and variability in the type of sites in each state’s inventory. On the agency level, there are different targets, measures, reporting requirements and processes, which make meaningful comparisons of both health and environmental results challenging.

#### III.7.1 Mission Accomplishment, Organizational Effectiveness and Regulatory/Legal Compliance Results

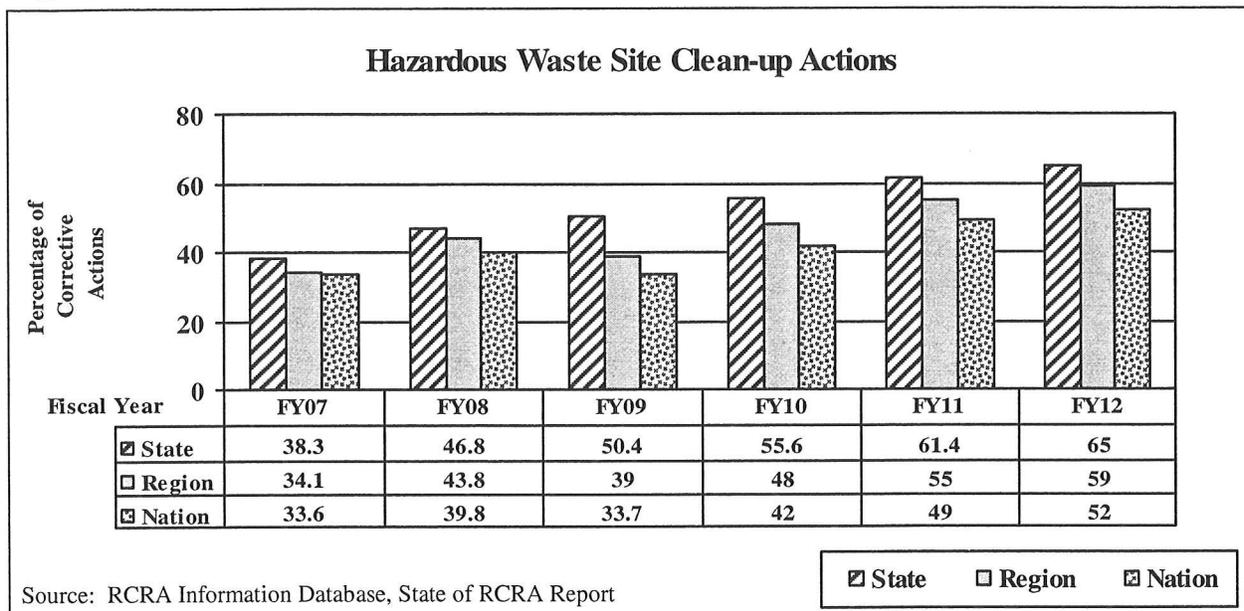
Fig. 7.1.1

National Ambient Air Quality Standards – Ozone Primary Standard 3-Year-Average Fourth-Highest Daily 8-hour Concentrations in Parts per Million (ppm) Data from Ozone Monitoring Sites in South Carolina				
County	Monitoring Site Location	2007-2009	2008-2010	2009-2011
Abbeville	Due West	0.072	0.067	0.062
Aiken	Jackson	0.075	0.069	0.067
Berkeley	Bushy Park	0.060	0.062	0.062
Charleston	Cape Romain	0.067	0.067	0.065
Cherokee	Cowpens	0.067	0.069	0.066
Chesterfield	Chesterfield	0.070	0.068	0.066
Colleton	Ashton	0.067	0.066	0.064
Darlington	Pee Dee	0.071	0.070	0.068
Edgefield	Trenton	0.069	0.065	0.063
Oconee	Long Creek	0.071	0.069	0.065
Pickens	Clemson	0.075	0.072	0.071
Richland	Congaree Bluff	0.067	0.065	0.062
Richland	Parklane	0.072	0.070	0.070
Richland	Sandhill	0.075	0.071	0.073
Spartanburg	N. Spartanburg	0.078	0.076	0.074
York	York	0.072	0.067	0.064

Comparison: 2008 EPA Standard: 0.075 ppm (see discussion in the paragraph below).  
Notes: Concentrations exceeding the 2008 Standard are written in *italics*.

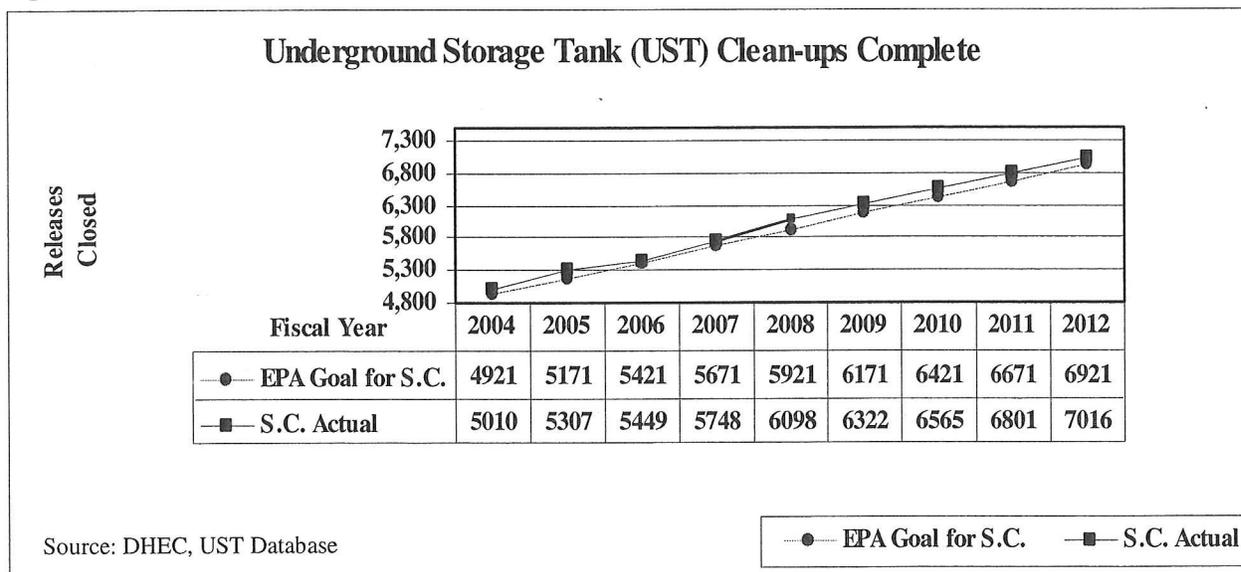
The table above shows ozone concentrations from monitors in South Carolina for which three years of complete data are available. In 2008, the Environmental Protection Agency (EPA) replaced the 1997 ozone standard of 0.08 (rounded to 0.084) parts per million (ppm) with a more stringent standard of 0.075 ppm. In January 2010, the EPA decided to reconsider the 2008 standard and proposed a more stringent standard of between 0.060 and 0.070 ppm. In September 2011, the EPA withdrew the reconsideration of the 2008 standard and announced that it would proceed with implementation of the 2008 standard. While the state’s overall air quality is improving, the EPA continues to evaluate and tighten standards for pollutants, making it more challenging to meet the new standards.

Fig. 7.1.2



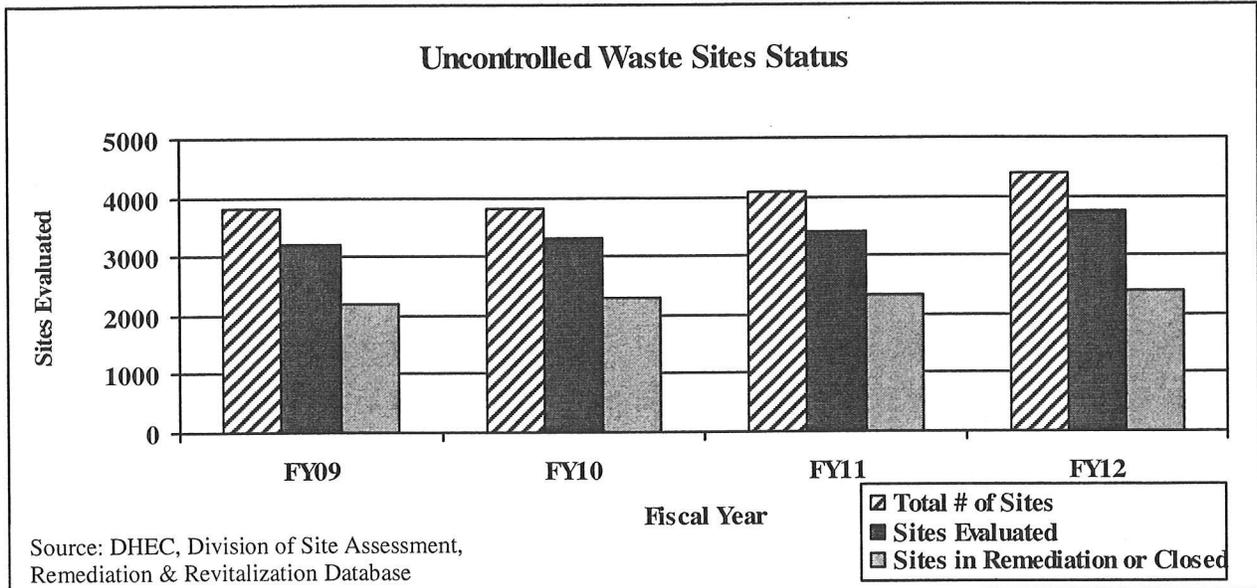
The state's average Hazardous Waste clean-up rate has exceeded the regional and national rates. DHEC's Hazardous Waste Program addresses a large number of contaminated sites. Aggressive site clean-up reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment. The national and regional percentages decreased in 2009 because the EPA added additional sites for the new 2020 baseline.

Fig. 7.1.3



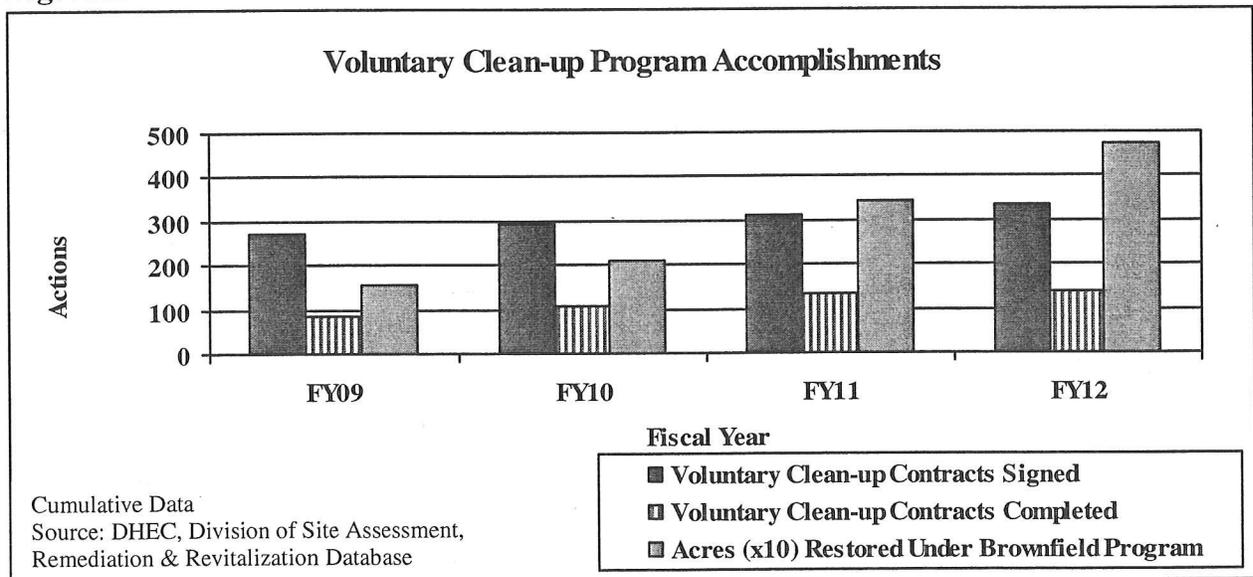
The Division of Underground Storage Tank (UST) Management has closed 73 percent of all confirmed UST releases reported to DHEC. This equates to 7,016 closed releases, reducing the number of open releases to 2,577. As illustrated by the graph, South Carolina continues to exceed the EPA established yearly closure goal.

**Fig. 7.1.4**



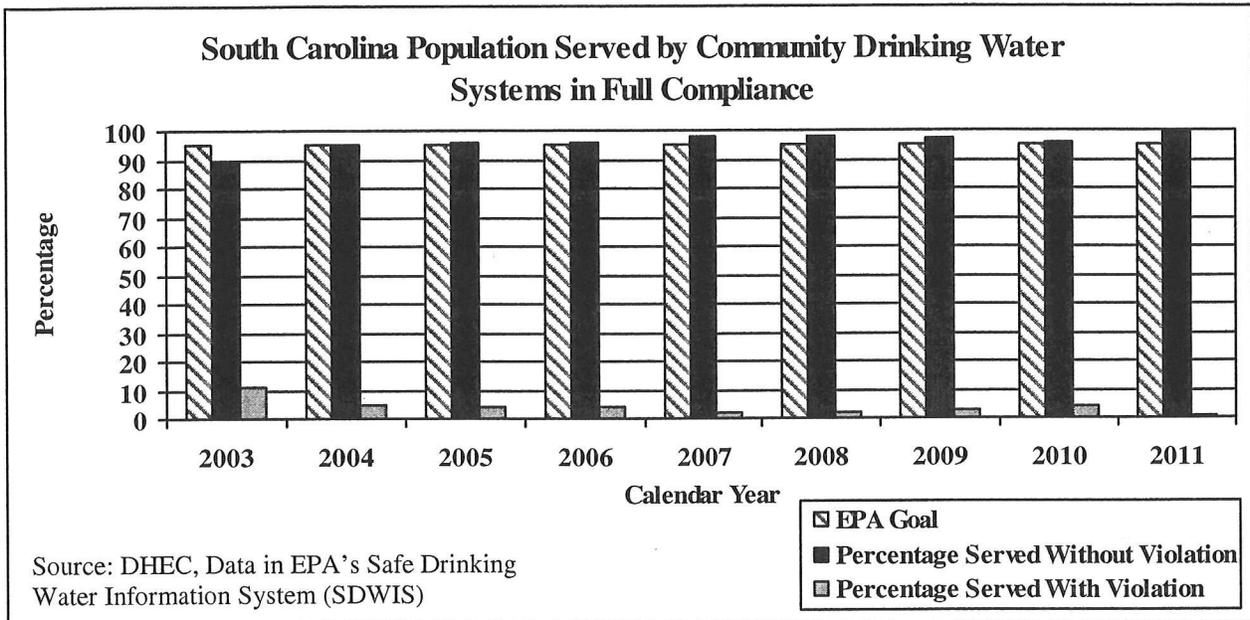
DHEC continues to discover and evaluate Uncontrolled Waste Sites every year. Sites in remediation are those sites where a remedial decision has been reached. Remedial actions are typically multi-year projects that may include multiple phases of investigation and clean-up.

**Fig. 7.1.5**



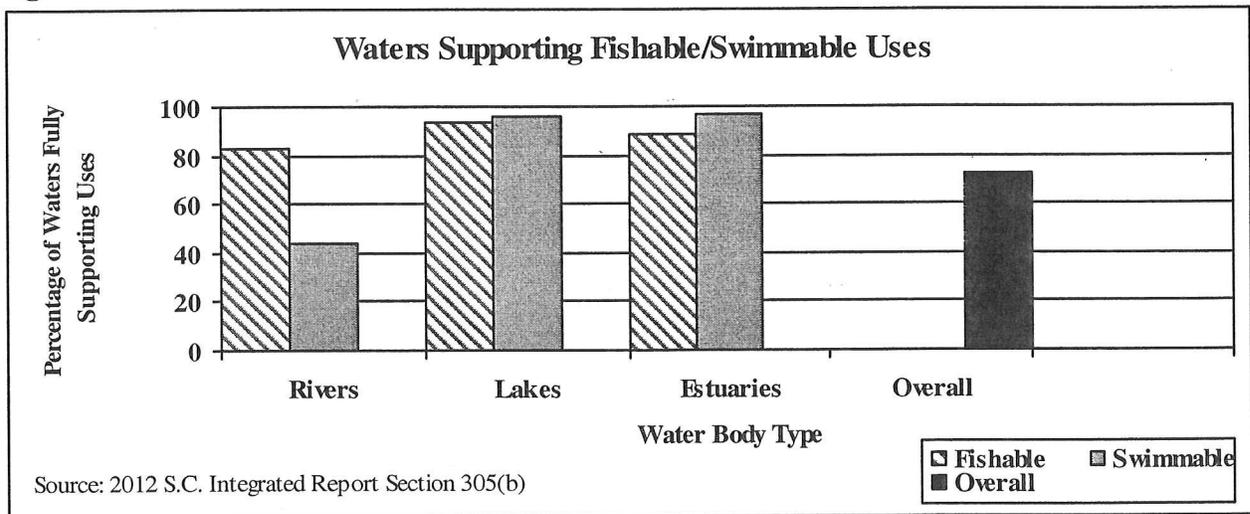
The Voluntary Clean-up Program encourages the reuse, redevelopment and revitalization of contaminated commercial and/or industrial properties. DHEC works with both Responsible Parties and Non-Responsible Parties (NRPs) to assess the contamination, implement necessary response actions to protect human health and the environment, and return sites to beneficial and productive use. Benefits of this program include tax incentives for NRPs, liability protections and enhanced protection of human health and the environment. The number of voluntary clean-up contracts has continued to grow each year.

Fig. 7.1.6



During the 2011 calendar year, 99 percent of the state population served by community water systems received water in compliance with all health-based standards. South Carolina has met or exceeded the EPA drinking water standard since 2004.

Fig. 7.1.7



These figures are based on available water quality data collected through the probability-based Ambient Surface Water Quality Monitoring network data. South Carolina's total average for both fishable/swimmable waters is 72.6 percent, an increase of 2.1% from 2010. The state's goal is for 75 percent of its surface waters to meet fishable/swimmable uses by 2015. No region or state comparisons are available due to significant differences in monitoring strategies.

Fig. 7.1.8

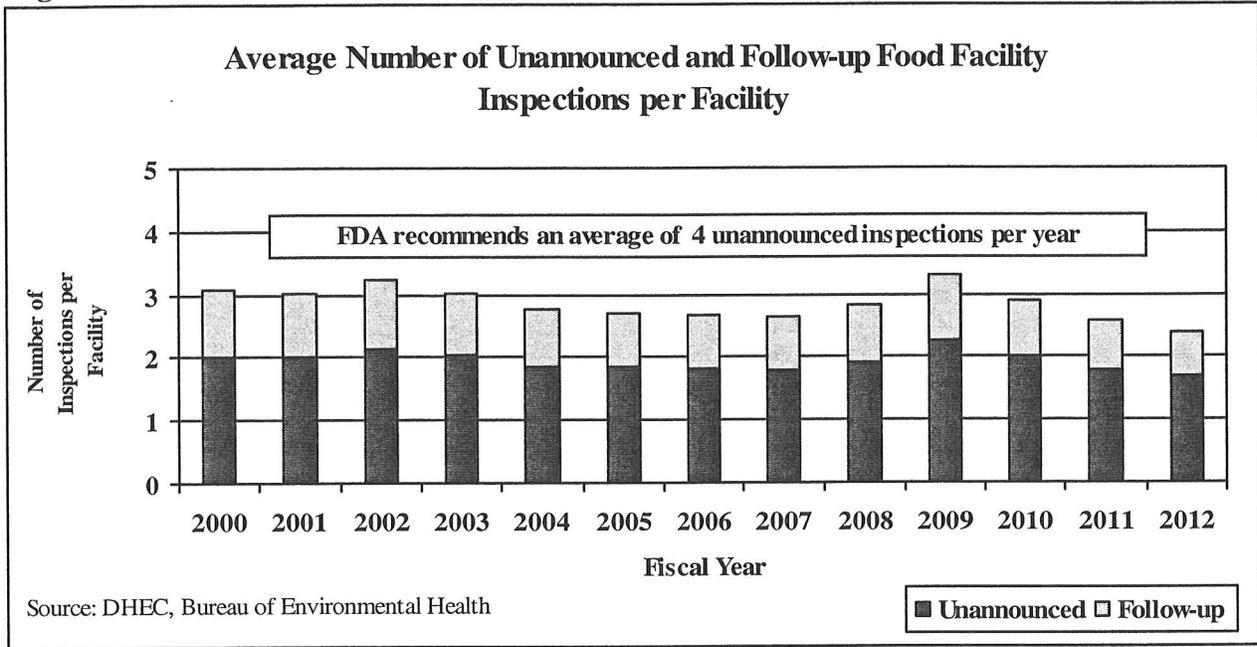
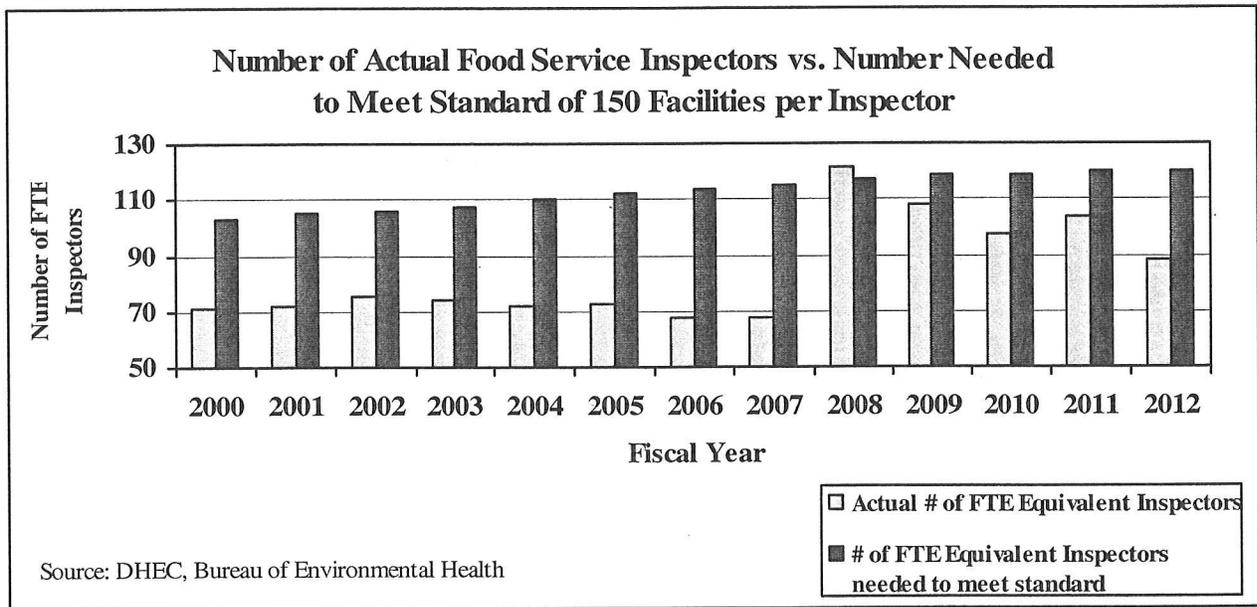
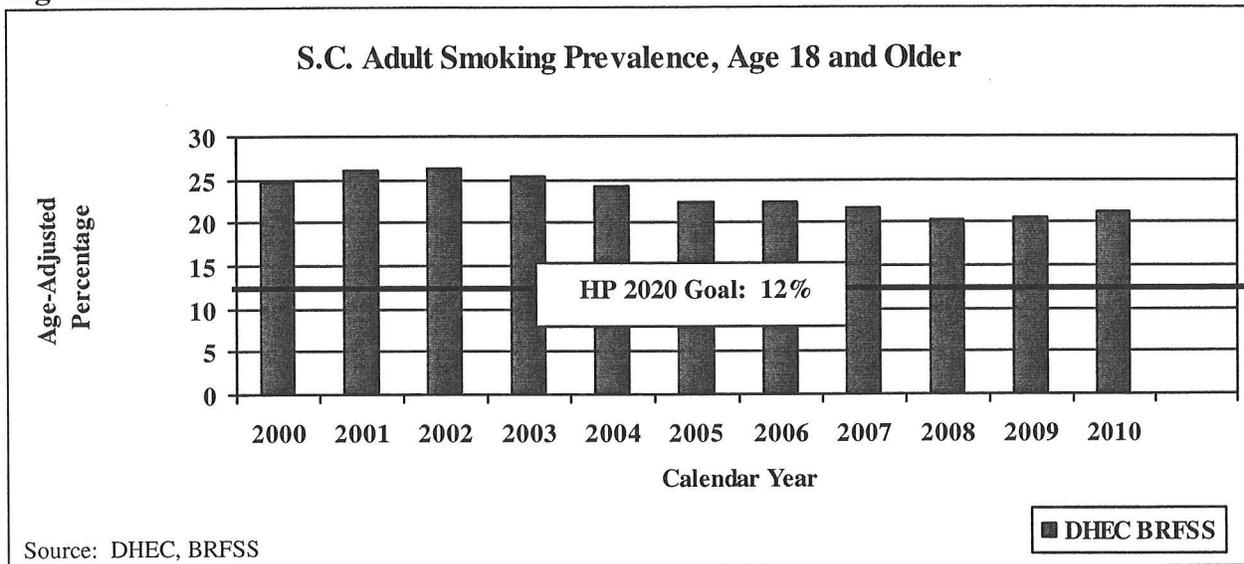


Fig. 7.1.9

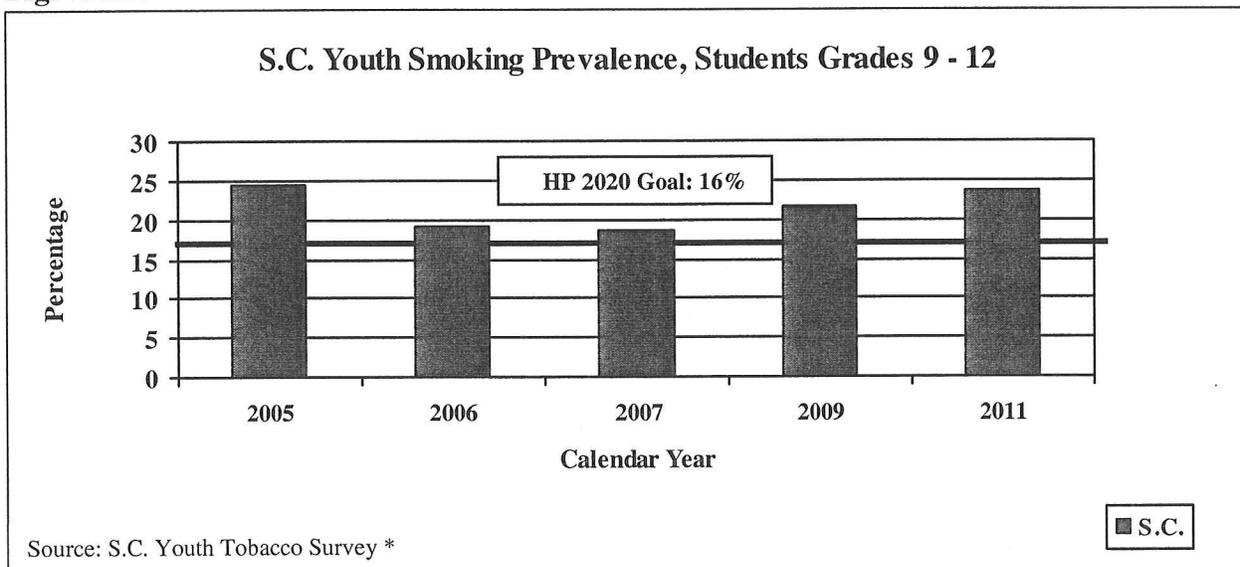


While the agency meets the state requirement of one inspection per facility, we are short of the Food and Drug Administration (FDA) voluntary standards for inspections per facility. To assist in keeping inspection levels up, staff in other environmental health program areas has been cross-trained to conduct food safety inspections, when possible.

**Fig.7.1.10**

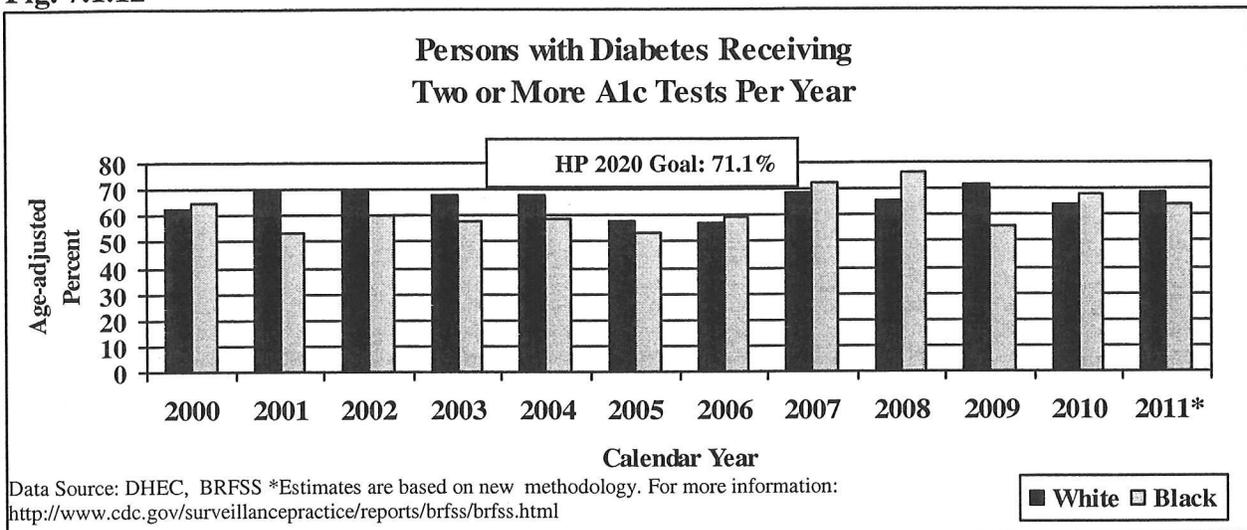


**Fig. 7.1.11**



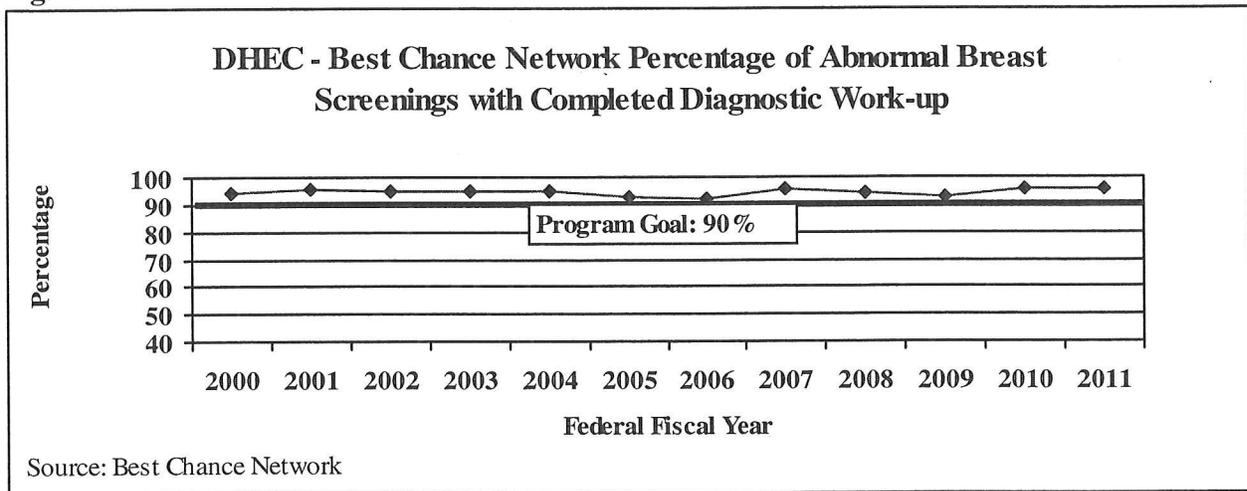
Currently, there are 48 local comprehensive smoke-free ordinances in counties, cities and towns across South Carolina, resulting in 36 percent or 1,665,131 citizens protected by smoke-free laws. Partners in this effort include DHEC Health Region staff, the American Cancer Society, American Heart Association, the S.C. Tobacco Collaborative, and grassroots supporters in local communities. Nine additional school districts (42 total) have adopted a comprehensive model tobacco-free policy, impacting over 396,444 students, faculty and visitors. Partners in this effort included the S.C. Tobacco Collaborative, S.C. Department of Education, S.C. School Boards Association, and DHEC Office of Healthy Schools. In the cessation goal area, the S.C. Tobacco Quitline served more registered callers in the FY11-12 fiscal year than in all previous years combined. All total, 22,510 registered callers received services through the Quitline, and with a 26% quit rate established through evaluation, this yields 5,853 new quitters with a cost avoidance of \$37,307,022. \*Note: This survey is not conducted each year.

**Fig. 7.1.12**



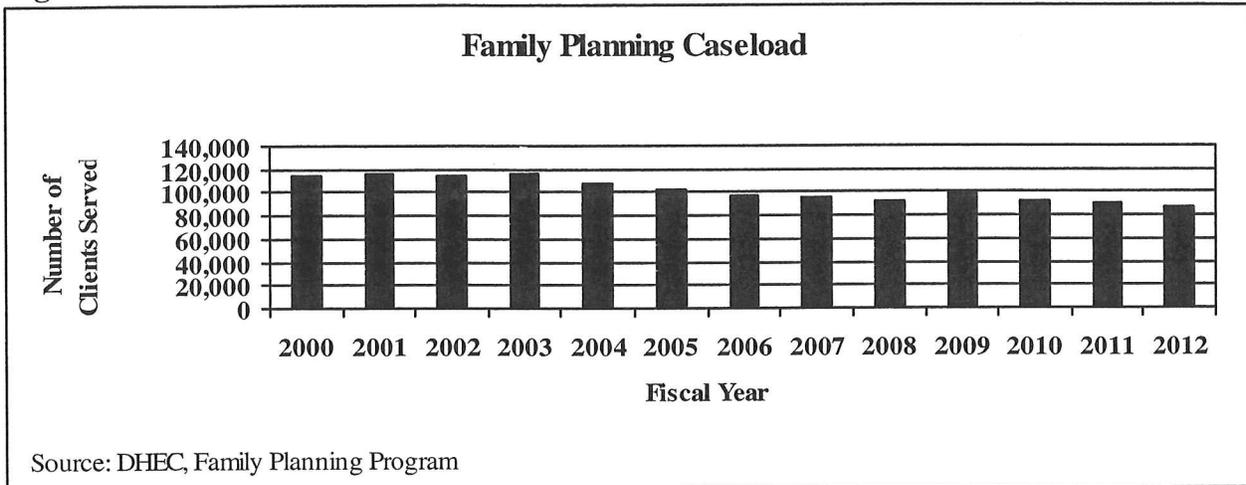
The 2009 Diabetes Burden Report paints an alarming picture of the impact of diabetes on the state. Survey data show that 50 percent of people with diabetes in South Carolina check blood glucose less than one time a day. However, in 2011, 66.46 percent (age-adjusted rate) have had two or more HbA1c tests, the gold standard marker of long-term blood glucose control in the past year. South Carolina has not met the Healthy People 2020 objective of 71.1 percent. Studies have conclusively shown that as little as a 10 percent reduction in the level of HbA1c will reduce the risks of eye, kidney or nerve damage 25 percent to 50 percent. Over 54 percent of adults with diabetes have had at least one dilated-eye examination in the past year, and over 71 percent have had their feet examined (age-adjusted percent from 2011 DHEC BRFSS). These steps are critical if one is to avoid the serious complications of blindness and amputations.

**Fig. 7.1.13**



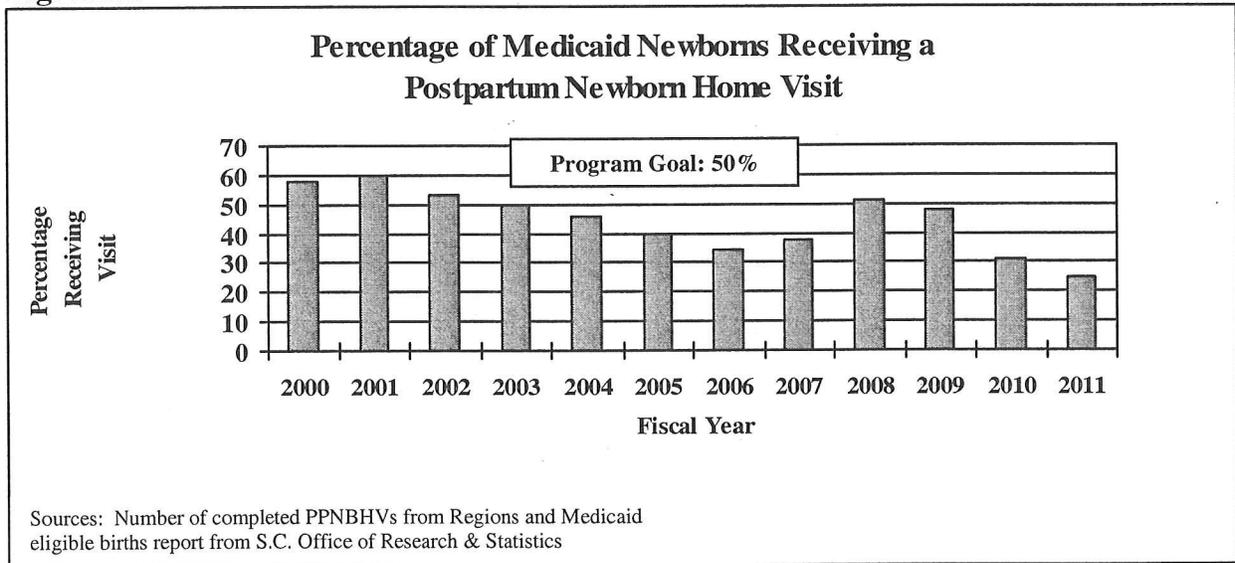
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In FY11, the BCN program provided clinical breast exams and mammograms to 9,360 women. The Program Goal is that at least 90 percent of the people with abnormal breast screenings will complete a diagnostic work-up. In FY11, this goal was exceeded when 96 percent of women with abnormal breast screenings completed a diagnostic work-up. Over the past eleven years, the program has met or exceeded the follow-up goal.

Fig. 7.1.14



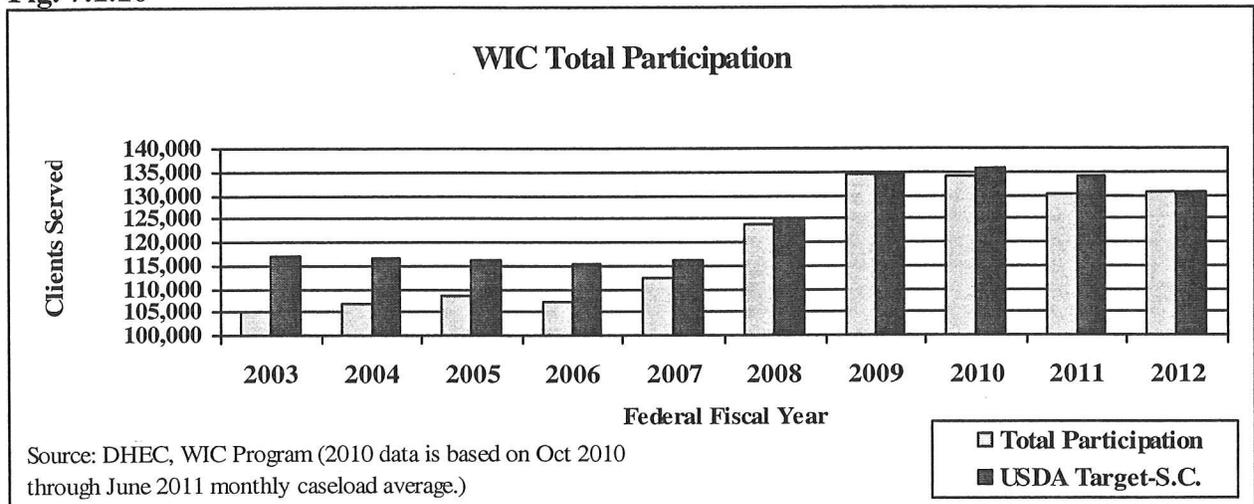
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. Ninety-seven percent of DHEC clients are at or below 185 percent of the poverty level. The agency provides services to about 44 percent of the overall population in need of family planning services. In FY09, the caseload increased for the first time since 2003 as a result of the efficiency measures the program has implemented. Unfortunately, budget cuts have led to shortages in nursing and clinic support staff resulting in the downward decrease seen in the caseload since that time, with the FY12 caseload dropping to 86,919 unique clients served.

Fig. 7.1.15



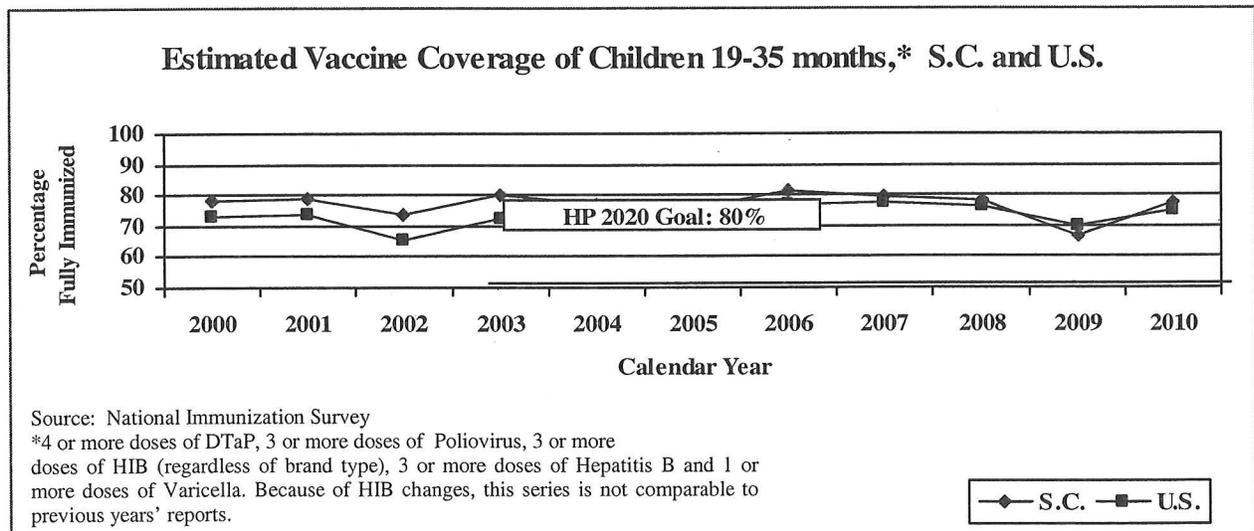
Most Postpartum Newborn Home Visits (PPNBHVs) are provided to newborns and mothers meeting certain risk criteria specified by the agency's Bureau of Maternal and Child Health in an effort to serve those who will benefit most from a home visit. In FY11, dedicated state funding to support PPNBHVs continued to be unavailable. DHEC provided PPNBHVs to 31% of the Medicaid eligible newborns in 2010. In 2011, 25% of the Medicaid eligible newborns were provided a PPNBHV by DHEC. This represents a 23% decrease in the number of PPNBHVs provided by DHEC to Medicaid eligible newborns from 2010 to 2011.

Fig. 7.1.16



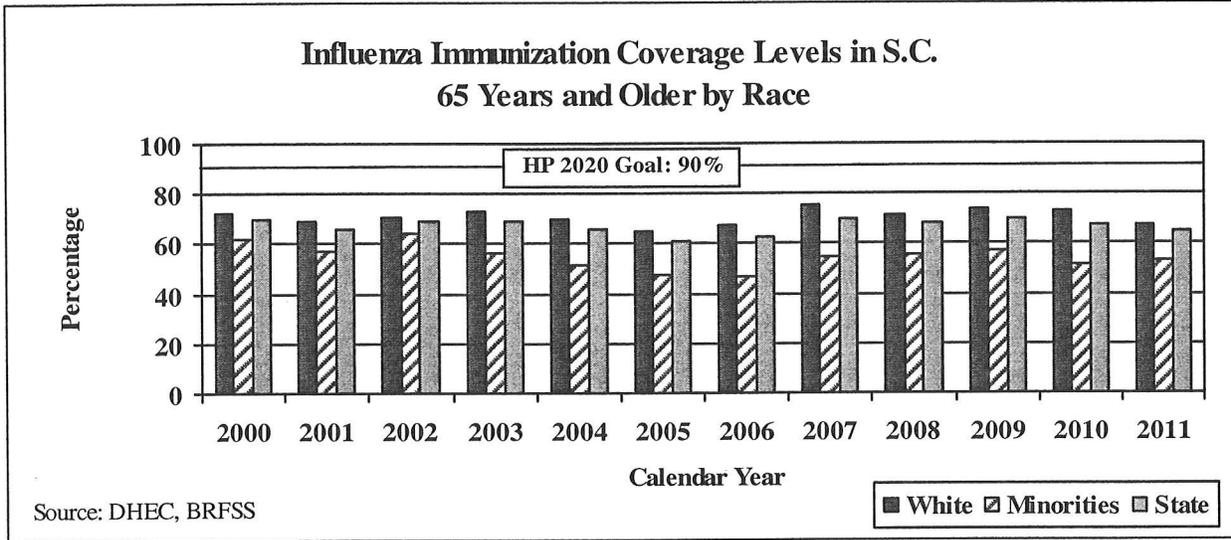
The Women, Infant and Children (WIC) Program is a preventive - based nutrition education program that provides prescribed food packages for eligible pregnant, breastfeeding and postpartum women, infants and children under five years of age. Priorities of the WIC Program include education regarding food choices, reducing obesity and promotion of breastfeeding. The monthly average of clients served by the program in 2012 was 130,646, a slight increase from 2011. Challenges include a lack of registered dietitians and Spanish speaking staff to better serve customers.

Fig. 7.1.17



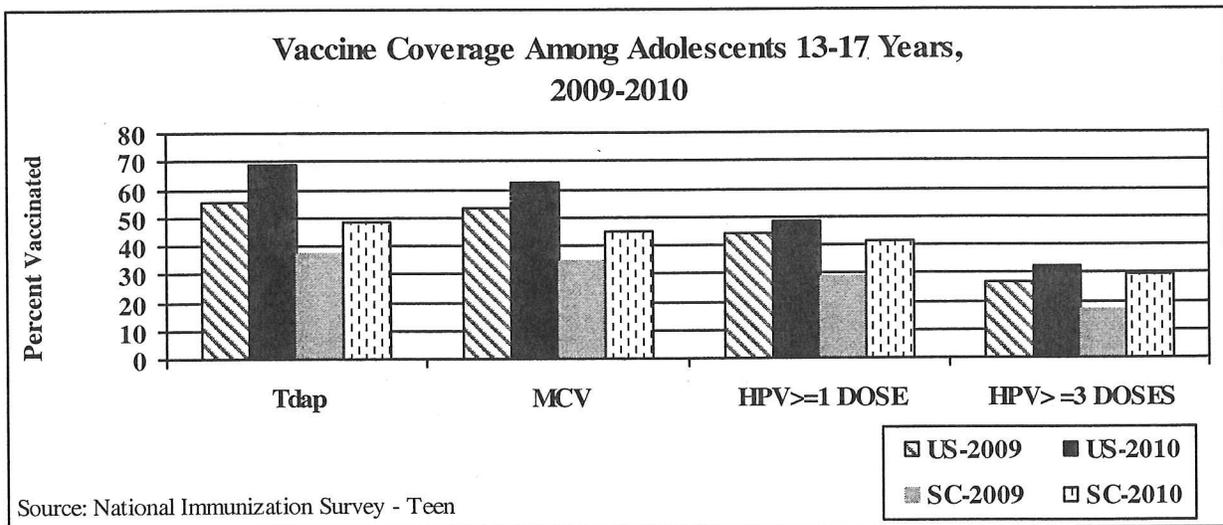
Based on the most recent results from the National Immunization Survey, approximately 78 percent of South Carolina children 19-35 months of age were fully immunized in 2010. Increases were noted in both S.C. state immunization rates, as well as national immunization rates for the 2010 survey. Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines, and the fact that about 62,000 babies are born in the state each year.

Fig. 7.1.18



South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are below the Healthy People 2020 Goal of 90 percent. The state continues to see substantial disparities in influenza vaccine coverage between the white and minority populations. The DHEC Immunization Division and the Office of Minority Health are working together with the S.C. Older Adult Immunization Coalition to increase awareness of this continued health disparity and close this gap.

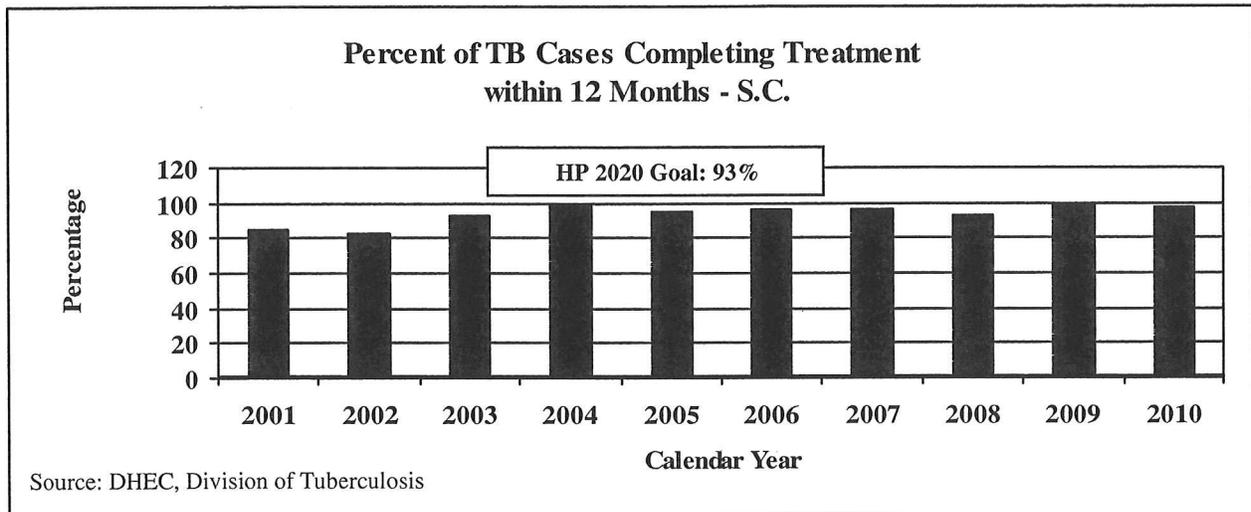
Fig. 7.1.19



Adolescent vaccine coverage for South Carolina children aged 13 to 17 years old is consistently lower than the national coverage level. When comparing 2009 and 2010 results in the National Immunization Survey Teen Survey, increases were noted for both the United States and South Carolina rates for all teen vaccines. DHEC has announced a new Tdap (Pertussis) vaccine requirement for 7th grade school entry effective in August 2013. A statewide adolescent immunization campaign is planned to increase awareness of the need for new 7th grade school Tdap requirement as well as all adolescent vaccines.

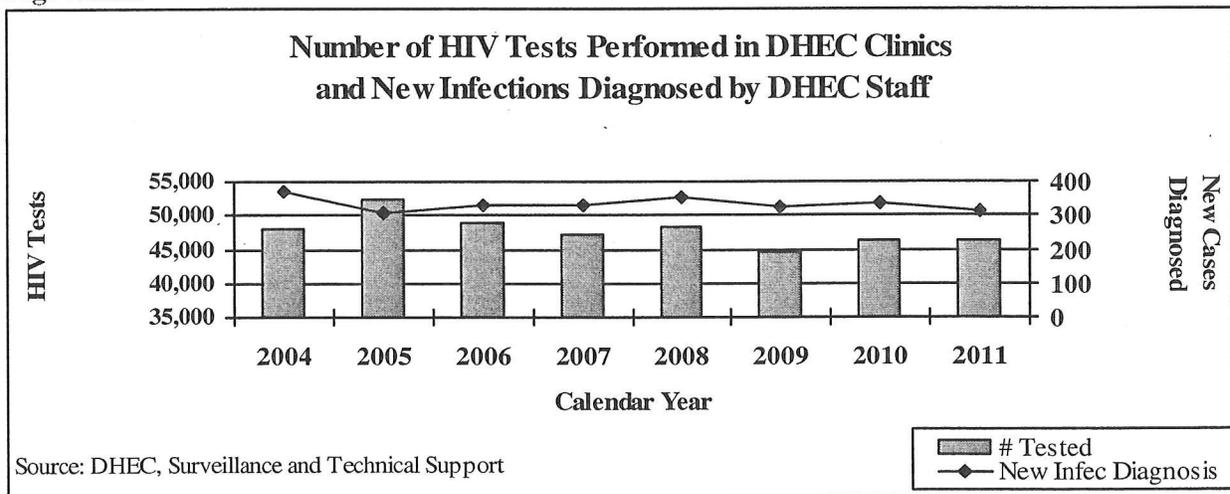
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Fig. 7.1.20



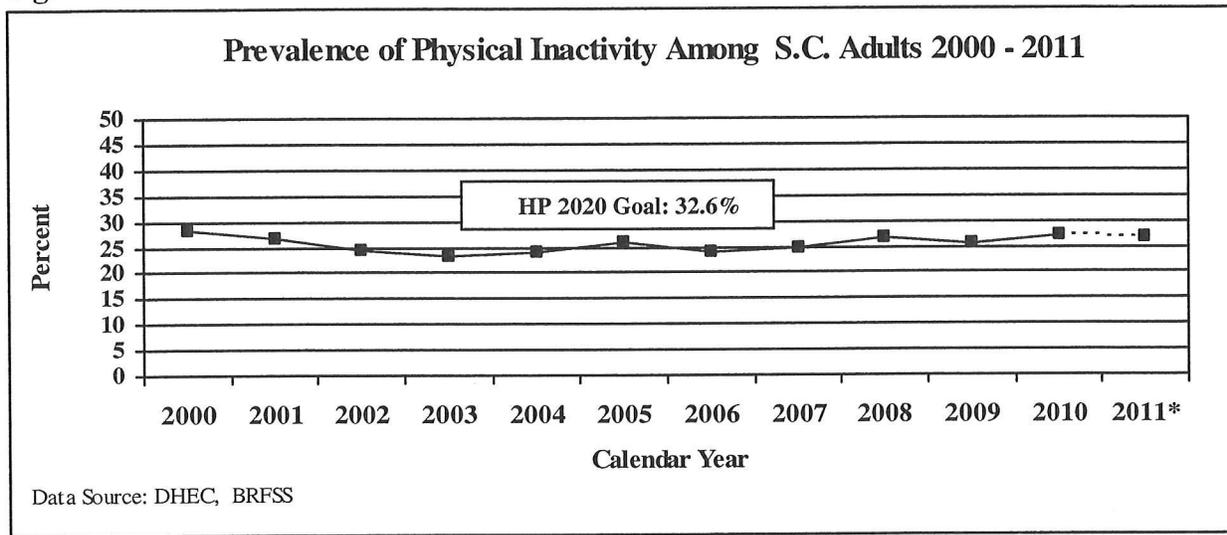
Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and elective interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed and the complexity of each case has increased. The reported number of tuberculosis cases for 2011 was 140, representing an eight percent decrease from the 153 cases reported in 2010. South Carolina continues to rank among the top states nationally in the number of new cases per 100,000 population with a case rate of 3.0. The percentage who completed treatment for tuberculosis disease in South Carolina was 96.8 percent in 2011 exceeding the Healthy People 2020 Goal.

Fig. 7.1.21



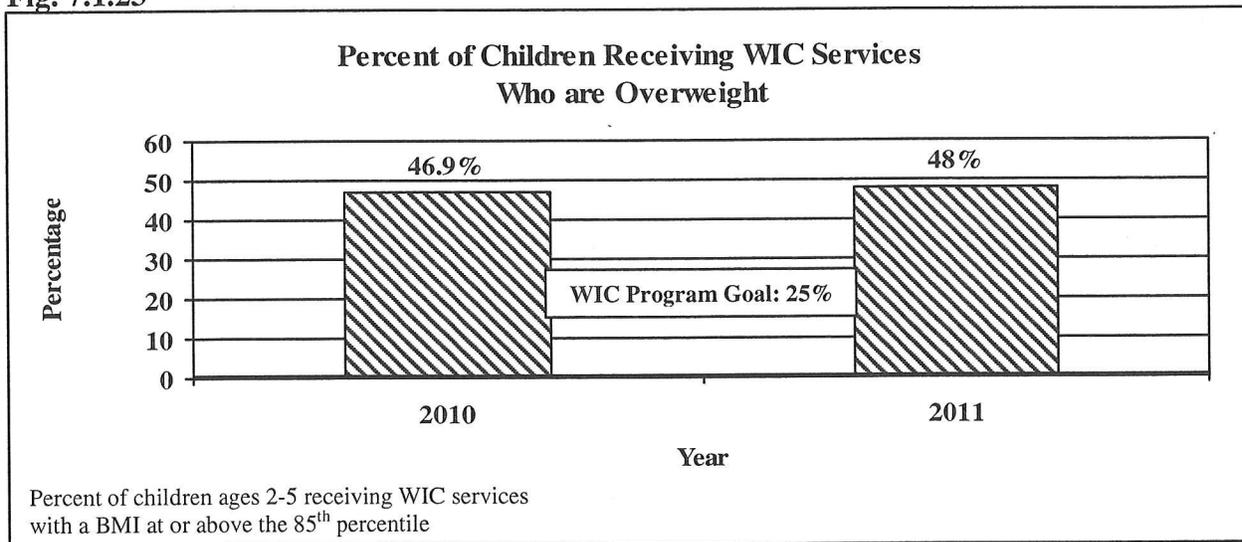
During 2011, DHEC clinics conducted 46,313 HIV tests identifying 313 new HIV cases. DHEC diagnosed nearly 40 percent of the total number of persons newly diagnosed with HIV in S.C. Each year, close to 800 new cases of HIV are diagnosed in the state, and more than 15,000 persons were known to be living with HIV/AIDS in the state. In general, the number of new cases of HIV infection in South Carolina is leveling off. Increased access to effective HIV treatments, as well as intense prevention and linkage to care services delivered by community organizations, local health departments and HIV service providers, have contributed to slowing the annual rate of new HIV cases.

Fig. 7.1.22



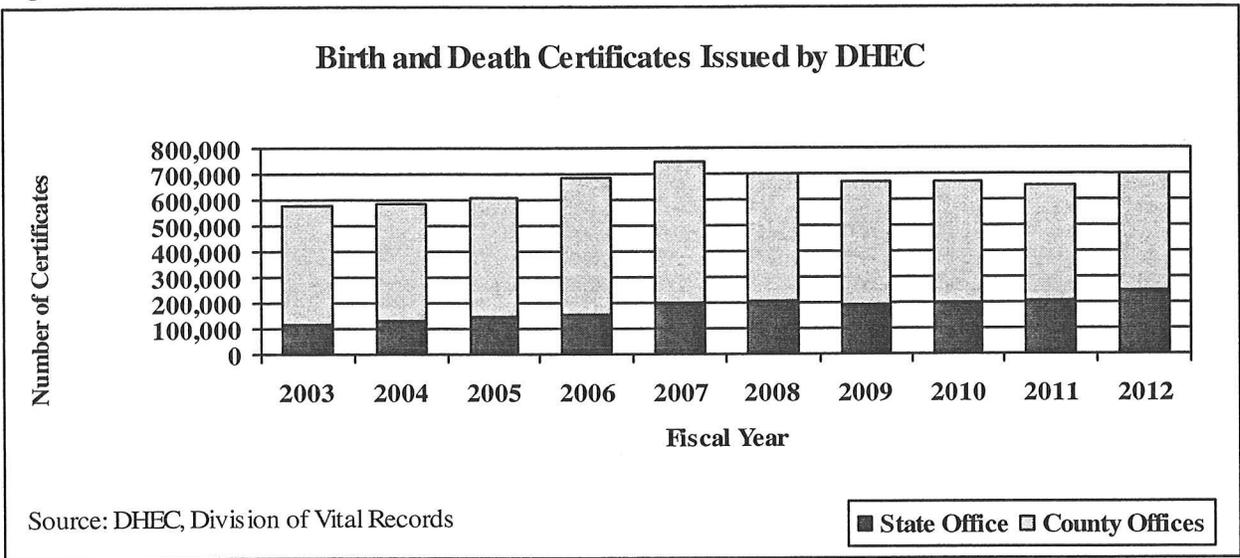
Engaging in regular physical activity is one of the more important steps to reduce risk for chronic disease, to build physical and mental health, and to treat overweight and obesity. In 2011, the proportion of adults in South Carolina who report physical inactivity was 26.8 percent. In 2000, the proportion of physically inactive adults was 28.2 percent. It has fluctuated little and has been as low as 23.3 percent in 2003. DHEC works in concert with partners at both the state and local level across this state through the S.C. Eat Smart, Move More movement to promote physical activity and healthy nutrition, through individual behavior approaches and policy and environmental initiatives. \*Estimates are based on new methodology.

Fig. 7.1.23



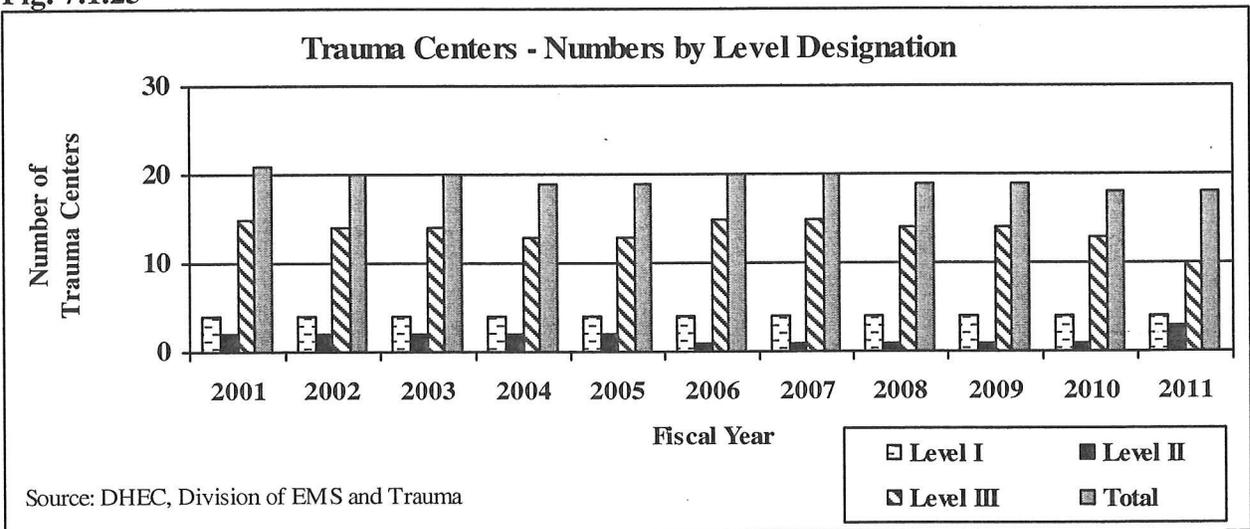
Three DHEC regions now offer child weight management nutrition education classes at 14 county health department sites. Three local Registered Dietitians (RDs) have acquired certificates in childhood and adolescent weight management from the Academy of Nutrition and Dietetics. Based on the high percentage of elevated Body Mass Index (BMI), the remaining five regions will be offering RD-facilitated weight management classes. Educational materials specific to childhood weight management are being developed to enhance efforts to decrease overweight and obesity rates among children.

Fig. 7.1.24



DHEC maintains the official vital records system for births, deaths, marriages and divorces in South Carolina. The state office in Columbia and the vital records offices located in the county health departments provide an essential service for all citizens in the state. Over 695,000 certifications were issued in the 2012 fiscal year. Ongoing technology upgrades, physical renovations and process modifications continue to increase efficiency and overall customer satisfaction during the certification and issuance process.

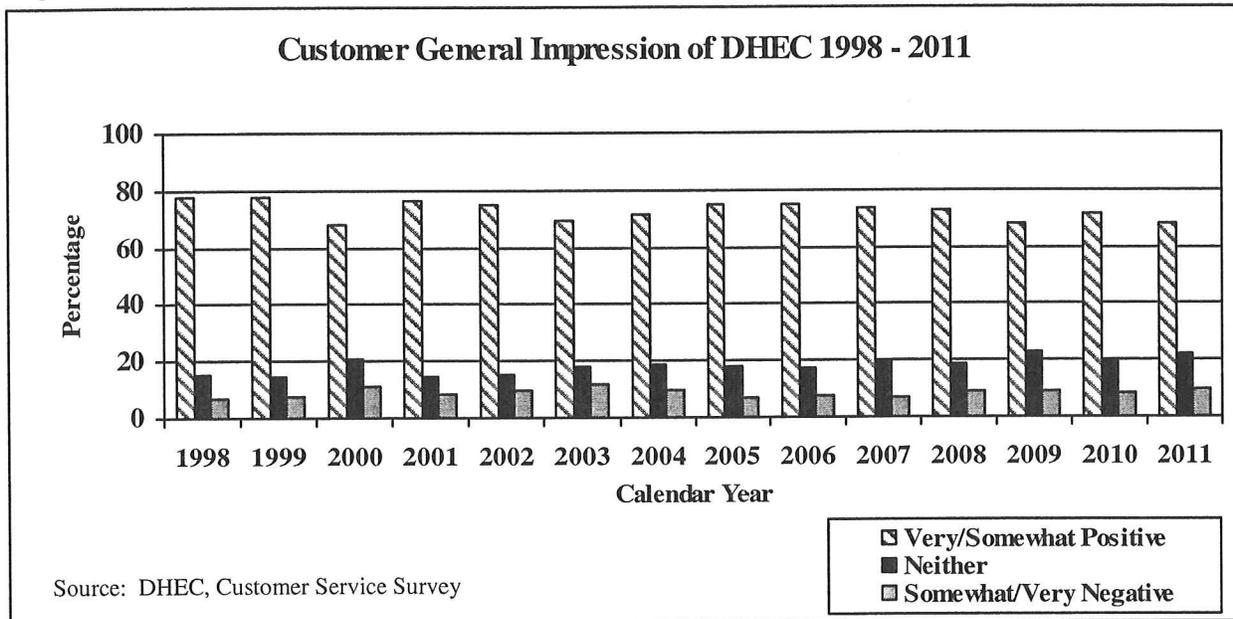
Fig. 7.1.25



The state currently has a total of 18 Trauma Centers (17 general trauma, 1 pediatric-specific). This is the first year South Carolina has ever designated a pediatric trauma center let alone a Level I pediatric trauma center. Other changes include: two of the centers have opted to drop out of the system all together and two have decided to upgrade from a Level III to a Level II status. The agency continues to support the development of a statewide trauma network with regional planning, enhanced communication and evaluation of the appropriateness of pre-hospital transports of patients within the system.

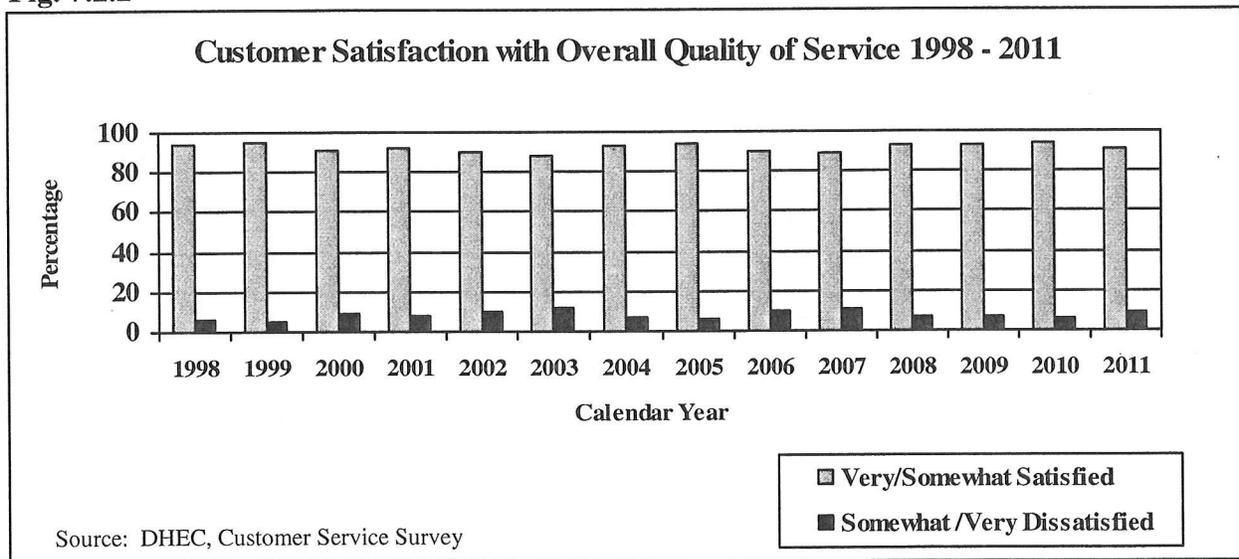
### III. 7.2 Customer Satisfaction Results

Fig. 7.2.1



The stability of DHEC’s positive public image is confirmed by the results of the 2011 Customer Service Survey. For 14 years, the percentage of respondents with a positive general impression of DHEC has averaged over 73 percent.

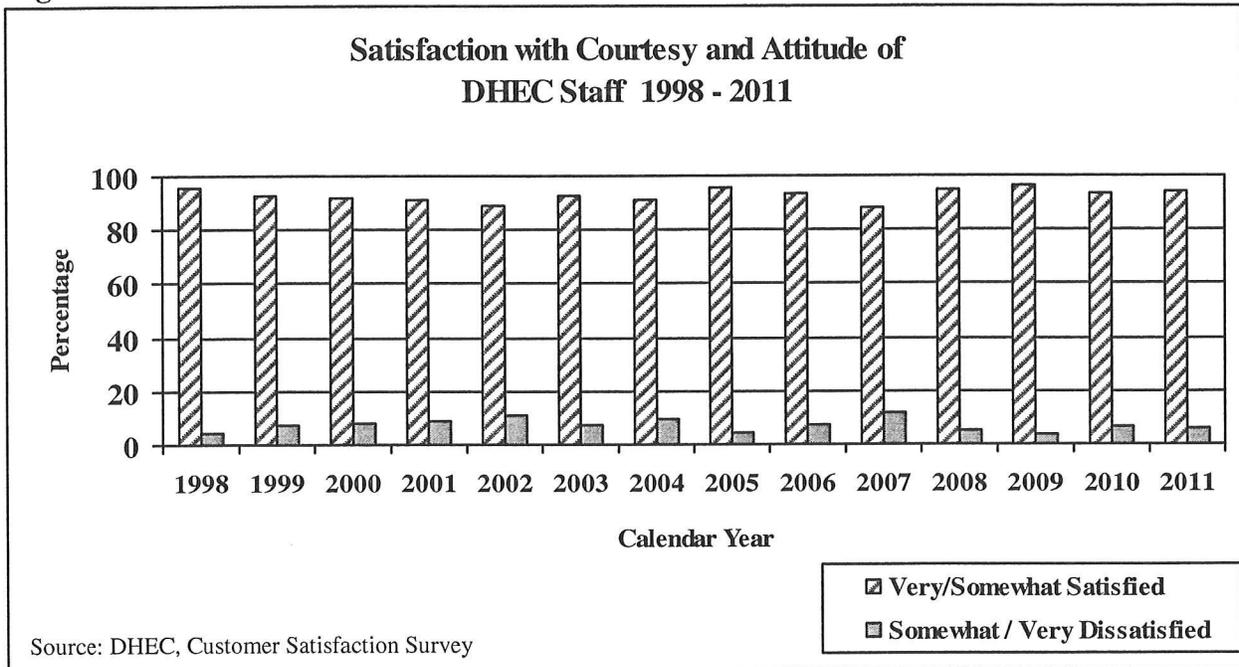
Fig. 7.2.2



South Carolinians are satisfied with the services they receive at DHEC. In 2011, there was a 91.5 percent positive response for overall quality of service, a slight decrease from last year at 93.9 percent.

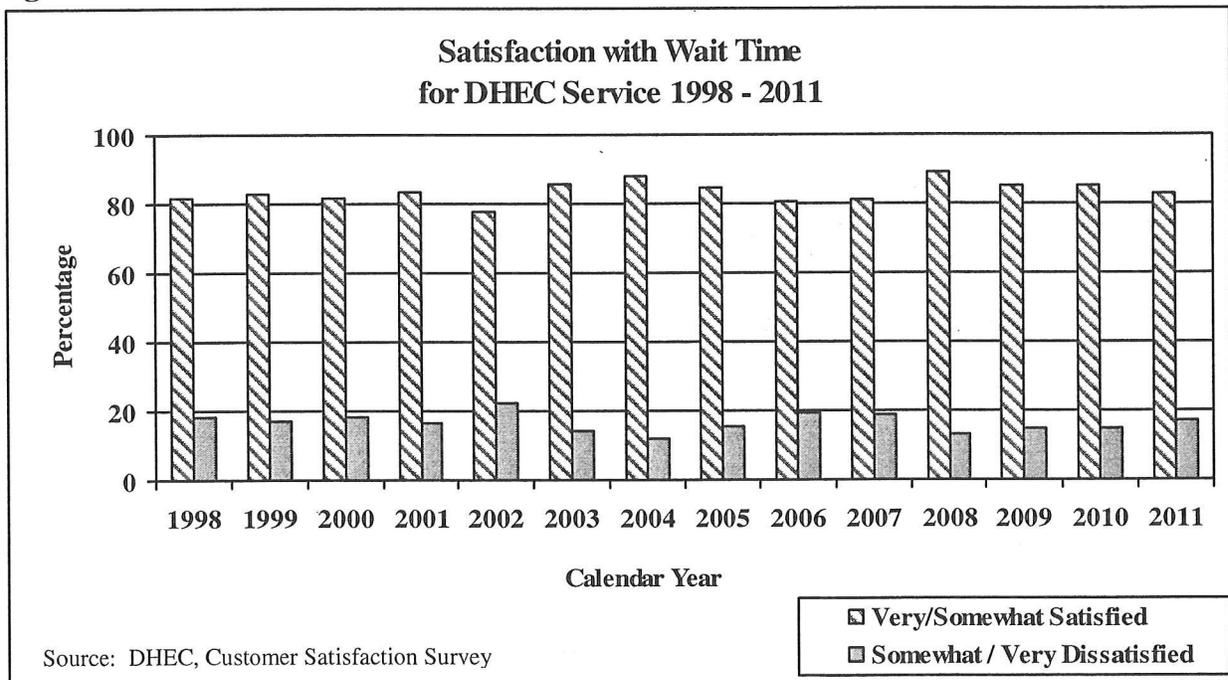
26

Fig. 7.2.3



For 14 years, DHEC has maintained an average of 92 percent satisfaction with courtesy and attitude of staff. In 2011, this level was 94.1 percent even with reductions in staff and funding. This was a slight increase from the previous year.

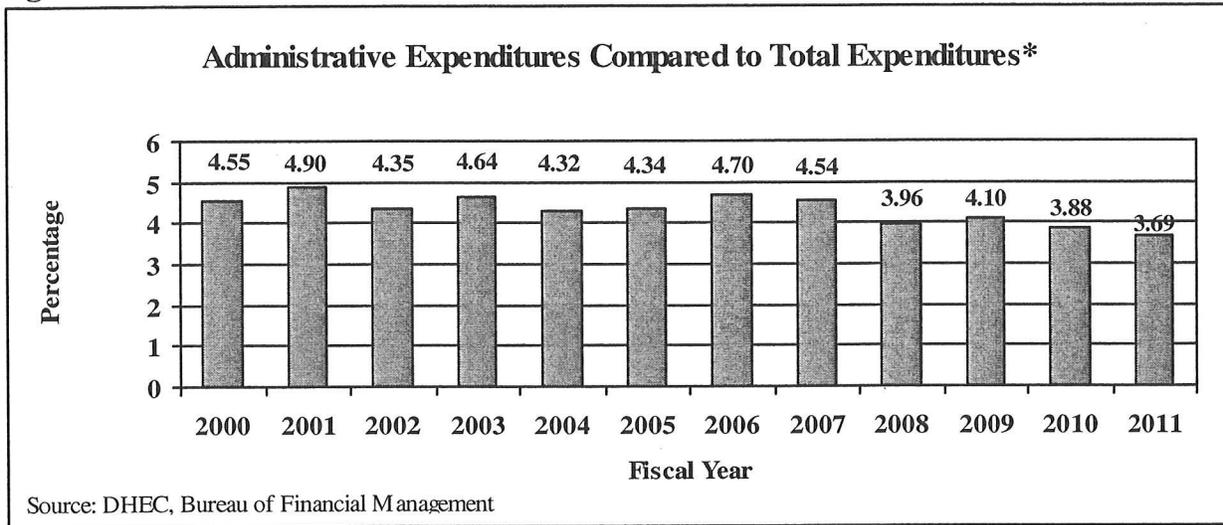
Fig. 7.2.4



In 2011, satisfaction with the time respondents had to wait for service was 83.1 percent. This is a slight decrease in satisfaction from the previous year which was 85.2 percent.

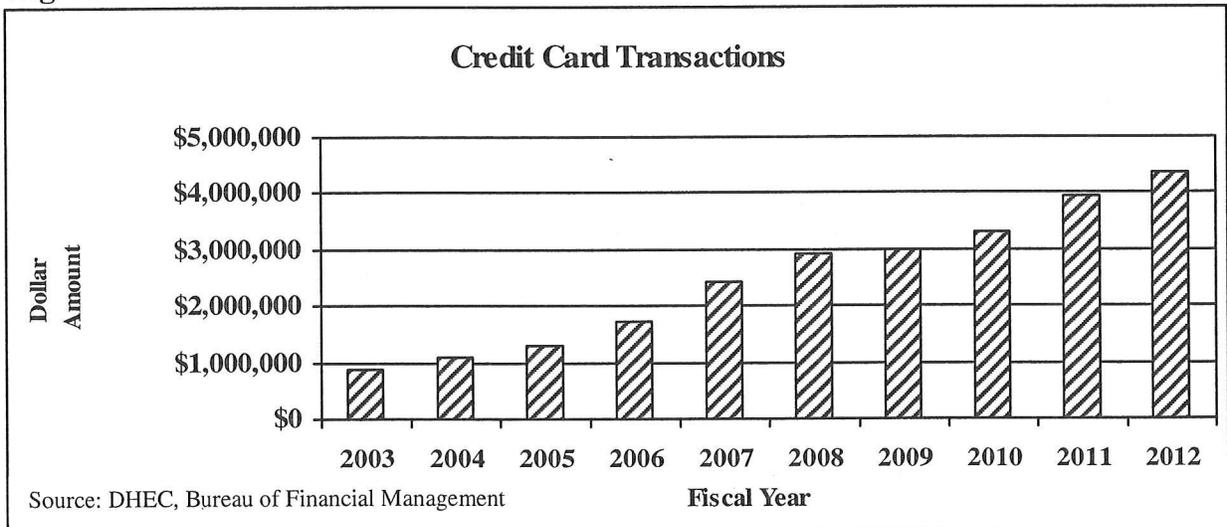
### III. 7.3 Financial Performance Process and Results

Fig. 7.3.1



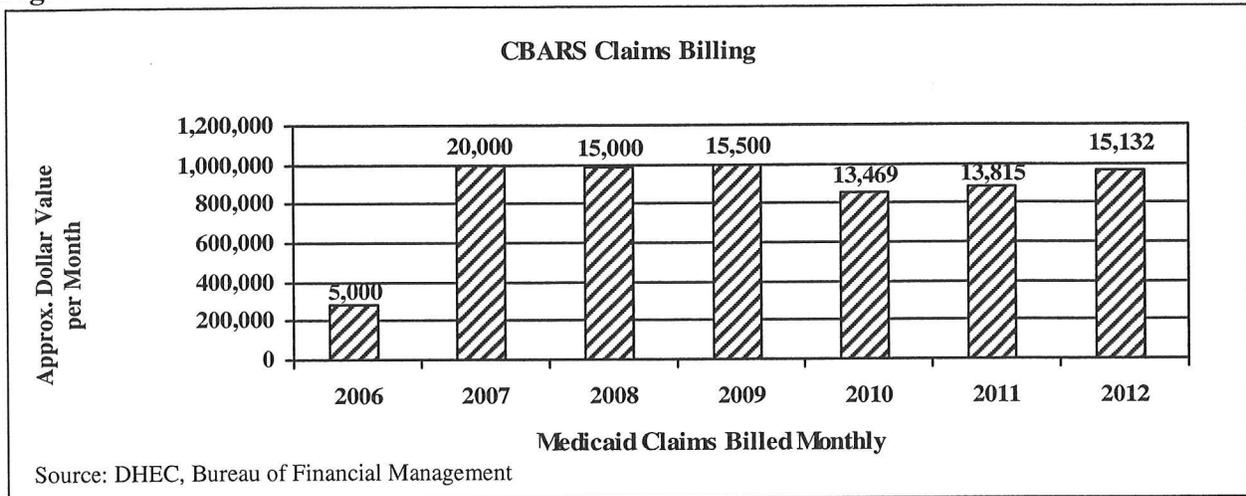
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to budget cuts and the agency holding down total expenditures. The increase in FY06 was the result of a reduction in revenue at the regional level, as well as increases in energy charges, insurance fees and information technology charges. Since these figures are percentages, as the agency's budget varies, total administrative expenditures fluctuate accordingly.

Fig. 7.3.2



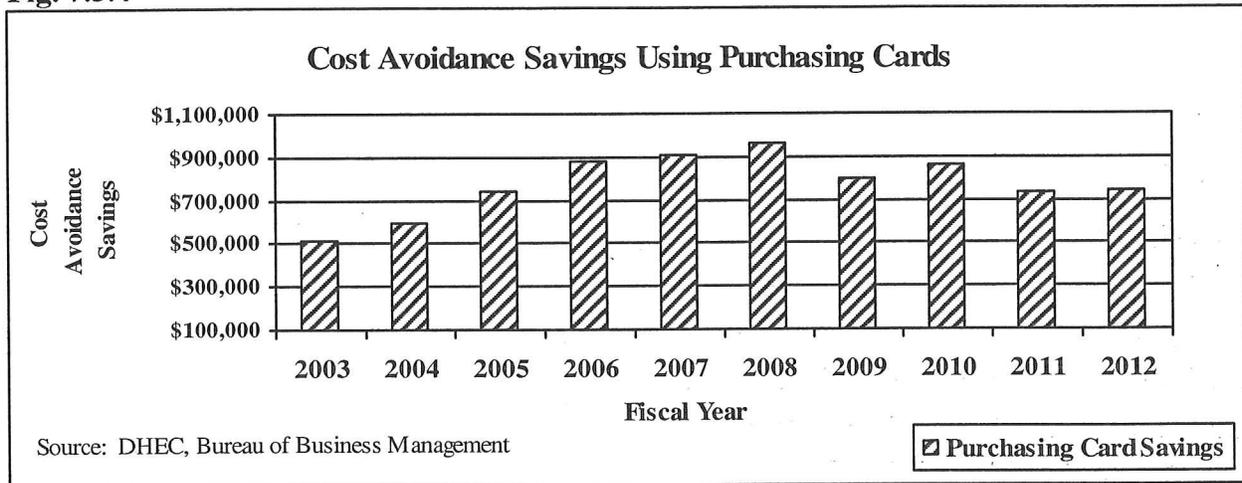
Credit card transactions from outside sources to the agency have increased significantly over the past few years as the system has been modified. In FY12, the Bureau of Financial Management processed \$4,365,558 in credit card transactions. This is a \$434,845 increase (10%) over last fiscal year. Customers have been pleased with this option and the availability of agency funds has been more timely.

**Fig. 7.3.3**



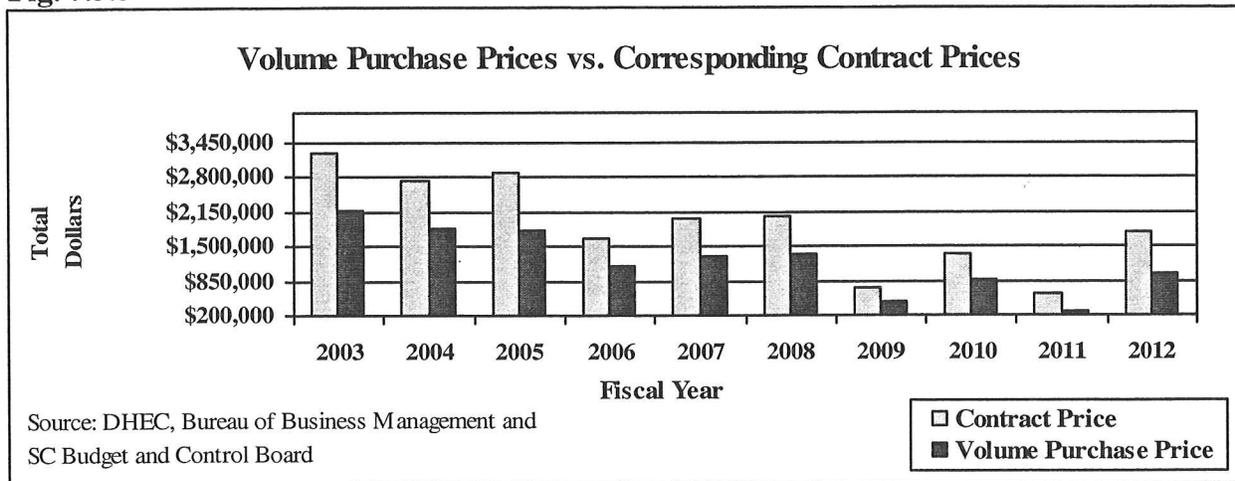
In FY12, using the Consolidated Billing and Accounts Receivable System, (CBARS), DHEC billed Medicaid for approximately 15,132 claims per month in CBARS with a total dollar amount of approximately \$962,090 per month. The increased efficiency in processing claims has resulted in more timely access to billing dollars owed.

**Fig. 7.3.4**



DHEC continues to emphasize the usage of state purchasing cards to acquire goods instead of using purchase orders. During FY12, 12,389 purchases were made with the card totaling \$3,028,792. The average cost to process a purchase order is \$83, and the average processing time is 54 minutes. The average purchasing card transaction cost is \$23 with an average processing time of 14 minutes. By using the purchasing card rather than purchase orders, the agency has realized a cost avoidance savings of \$743,340 this fiscal year. The agency also received a rebate in the amount of \$14,130 as part of the contract terms.

**Fig. 7.3.5**



DHEC has developed procedures to group - purchase personal computers and other information technology products to take advantage of competitive volume discounts from vendors. This process creates financial savings for the agency, reduces administrative activities, and utilizes procurement planning across program lines. For FY12, the agency's grouped purchases of 1,402 computers produced a cost avoidance of \$768,239, which is 43.5 percent lower than using the state contract price. This process allows programs to maximize their purchasing dollars and redirect the difference toward the purchase of other needed items. By making the effort to group purchases, DHEC has saved approximately 35 percent each year than what would have been paid if the agency had used the state contract without this added competition. The cumulative savings that this program has generated since its inception in 2000 is over \$6.9 million.

**Fig. 7.3.6**

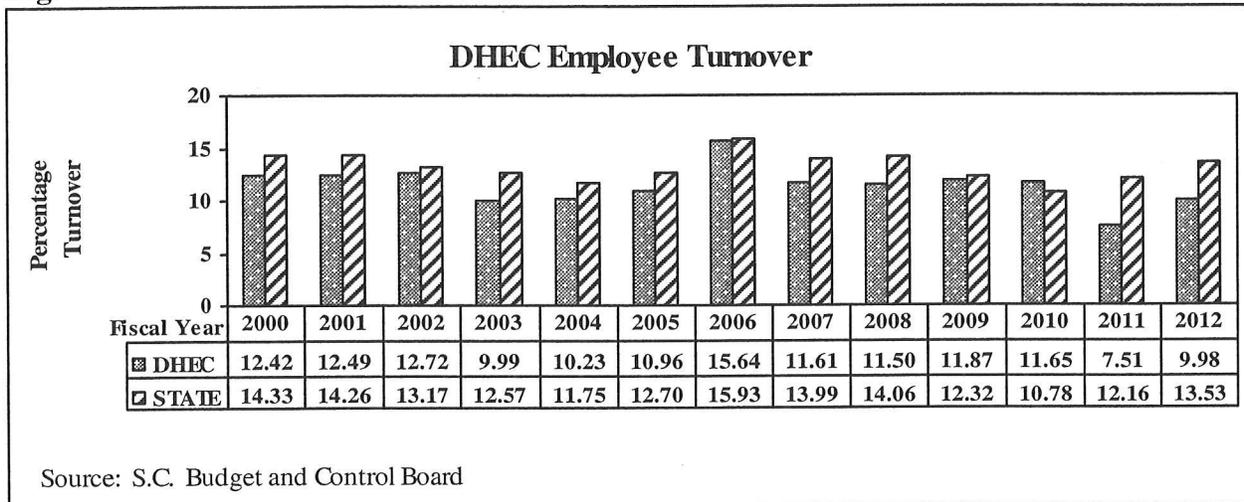
<b>Implementation of Internal Audit Recommendations</b>			
<b>Fiscal Year</b>	<b>Number of Recommendations</b>	<b>Recommendations Implemented</b>	<b>Recommendations Outstanding</b>
2006	44	44	0
2007	69	69	0
2008	82	81	1
2009	17	17	0
2010	58	56	2
2011	15	15	0
2012	13	0	13
<b>Totals</b>	<b>298</b>	<b>282</b>	<b>16</b>

Over the past seven fiscal years, DHEC Internal Audits has made 298 recommendations to improve agency operations, internal controls and procedures. Of those 298 recommendations, 282 have been implemented with sixteen outstanding, which will be implemented in this fiscal year. This shows a commitment by DHEC managers to make positive changes in the agency.

Internal Audits continues to follow-up on the open recommendations and reports the status to the Agency's Administrative/Audit Committee. [Source: DHEC, Office of Internal Audits]

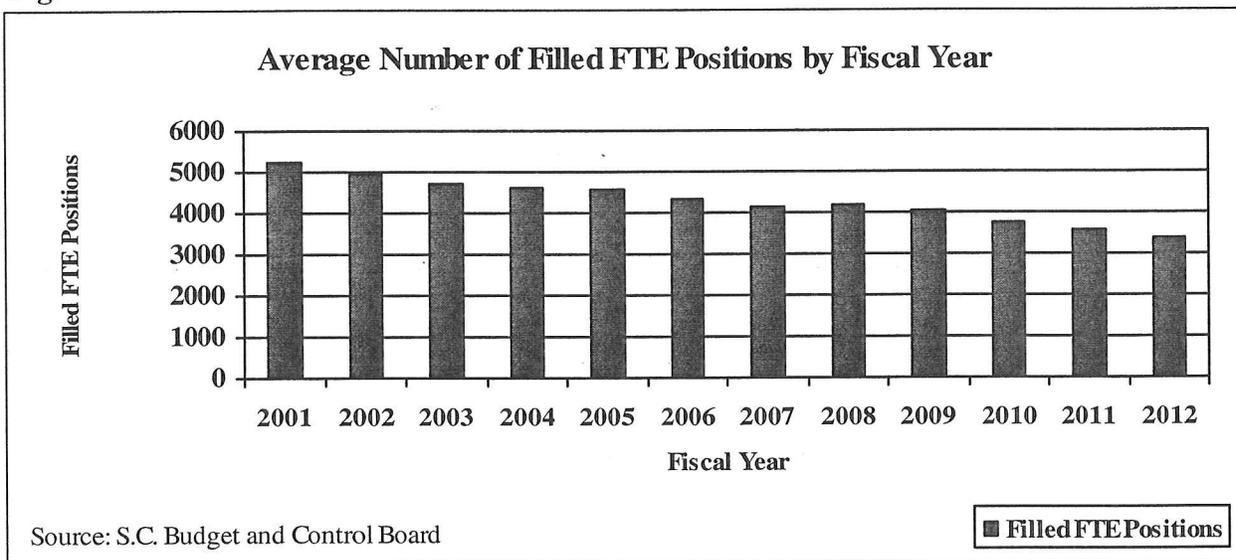
### III.7.4 Work Force Results

Fig. 7.4.1



DHEC's turnover rate for FY12 increased to 9.98%. This is still significantly below the statewide turnover rate of 13.53% and lower than any agency turnover rate the past ten years except for last year. This shows that despite budget shortfalls, DHEC employees are committed to the agency and the work they do.

Fig. 7.4.2



The average number of filled FTE positions in the agency has continued a steady decline. Because of budget cuts, DHEC lost 192 filled FTE positions last year. Last year, the agency had an average of 3,388 filled FTE positions, 1,877 fewer filled positions compared to the 2000 staffing levels. It is also 496 positions fewer than staffing levels in 1985. Increased environmental pressures, demands for health and environmental services, along with staff

shortages for emergency response challenge the agency's ability to accomplish its mission to promote and protect the health of the public and the environment.

## **Duplicative Activities with Other State Agencies**

There are no DHEC activities/programs that are duplicative of those preformed by other state agencies.

## Cost Savings

- DHEC is reducing the number of regions and restructuring management teams which will save the agency approximately \$1,357,551 that can be reinvested in frontline employees.
- DHEC continues to emphasize the usage of state purchasing cards to acquire goods instead of using purchase orders. During FY12, 12,389 purchases were made with the card totaling \$3,028,792. The average cost to process a purchase order is \$83, and the average processing time is 54 minutes. The average purchasing card transaction cost is \$23 with an average processing time of 14 minutes. By using the purchasing card rather than purchase orders, the agency has realized a cost avoidance savings of \$743,340 this fiscal year. The agency also received a rebate in the amount of \$14,130 as part of the contract terms.
- DHEC has developed procedures to group personal computers and other information technology products to take advantage of competitive volume discounts from vendors. This process creates financial savings for the agency, reduces administrative activities, and utilizes procurement planning across program lines. For FY12, the agency's grouped purchases of 1402 computers produced a cost avoidance of \$768,239, which is 43.5% lower than using the state contract price. This process allows programs to maximize their purchasing dollars and redirect the difference toward the purchase of other needed items. By making the effort to group purchases, DHEC has saved approximately 34% each year than what we would have paid if we had used the state contract without this added competition. The cumulative savings that this program has generated since its inception in 2000 is over \$6.9 million.
- DHEC's invoice payment process (QI) reduced payment time for ADAP drug invoices from average of over 40 days to fewer than 15, resulting in an estimated \$140,000 in annual savings through prompt payment discounts.
- DHEC entered into a new security contract with the City of Columbia that resulted in an annual savings of \$305,537.
- Completed and projected consolidation of space throughout the State is estimated to save the agency approximately \$305,038.
- Eliminating unneeded positions in OCRM has resulted in savings of \$262,392.
- The sale of property owned by DHEC on Sullivan's Island generated \$433,633.

## **Counter Measures for Fraud and Abuse**

Several e-mail tools displayed on the agency's website enable staff, clients, customers and the general public to contact the Director, agency or to report problems, complaints or wrongdoing.

DHEC has an internal audits department that operates independently of other units and reports directly to the Director and the Board. Staff is asked each year for input into the agency's Annual Audit Plan. During FY12, three internal audit reports were issued.

DHEC is working with DSIT and the Office of the Inspector General to review the agency's on-line vulnerabilities and continues to implement technology and procedures to protect the confidential information stored in our databases.

## **Audit Summary**

### **Legislative Audit Council**

State Agencies' Use of Procurement Cards, January 2011. This audit determined if the Procurement Cards were being properly used. In the last follow-up, DHEC responded that all recommendations had been or were resolved.

### **Statewide Single Audit**

The last Statewide Single Audit was performed for FY11 (July 1, 2010 - June 30, 2011). In the last follow-up, the program areas responded that all of the recommendations had been implemented.

### **Internal Audits**

During FY12, the Office of Internal Audits (OIA) issued three audit reports. OIA has identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations that remain open are information system upgrades or recently issue reports.

The Office of Internal Audits also receives and reviews the sub-recipient audit reports from those contractors who receive federal funds from DHEC and meet the requirements of OMB Circular A-133.

## DHEC Affordable Care Act (ACA) Funds

Grant Name	Amount	Number of FTEs	Effective Dates	Requires Letter or Signature of Governor?	Description
Community Health Chronic Disease Supplemental	\$356,691	2 FTEs	09/1/2012 thru 08/31/2013	No	The focus of this grant is to prevent costly chronic diseases such as Diabetes and Heart Disease through a coordinated approach to prevention. These funds are used to support existing staff whose funding has been reduced and potentially eliminated through Federal budget reductions. Staff work with community organizations to provide activities and interventions for citizens that will promote healthy behaviors and prevent chronic diseases.  Funding provided by CDC
SC CTG & National Dissemination & Support for CTG	\$4,624,724	10.84 FTEs	09/30/2012 thru 09/29/2013	No	Data reports that the return on investment for prevention is a 1 to 5.6 ratio. These funds address the health risk factors that adversely impact health status and prevent chronic disease deaths which account annually for 70% of all SC deaths (3.2 per hour). Over 92% of the dollars requested directly support non-DHEC community partners to (a) reduce the rate of obesity through nutritional/physical activity interventions, (b) reduce death/disability due to heart disease and stroke reduce, and (c) smoking prevention.  Funding provided by DHHS
Prev & Public Hlth Fund: CBA to Strengthen PH Immunization	\$654,034	3 TG, 21 hourly	09/01/2011 thru 08/29/2013	No	The funded project partners DHEC with Charleston County Schools to provide school-located influenza clinics. It represents 40,000+ missed opportunities to protect children from influenza. Children 5-18 years of age are a primary source of communitywide influenza transmission. The focus of this grant is to prevent: increased sick visits to doctors; increased school absenteeism; increased spread of influenza among families and other students; lost work days for parents of ill children; increased influenza related morbidity and mortality.  Funding provided by CDC
Personal Responsibility and Education Program (PREP)	\$755,337	2 FTEs	09/01/2010 thru 09/29/2013	No	The bulk of these funds are awarded to local organizations to provide services to teens most at risk of pregnancy and STI/HIV. These groups would be unable to provide these vital prevention services without the funding. An increase in teen pregnancy and STI/HIV infections would increase the amount of Medicaid expenditures.  Funding provided by DHHS
Personal Responsibility and Education Program (PREP)	\$764,942	2 FTEs	09/01/2010 thru 09/29/2013	No	The bulk of these funds are awarded to local organizations to provide services to teens most at risk of pregnancy and STI/HIV. These groups would be unable to provide these vital prevention services without the funding. An increase in teen pregnancy and STI/HIV infections would increase the amount of Medicaid expenditures.  Funding provided by DHHS

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## DHEC Affordable Care Act (ACA) Funds

Grant Name	Amount	Number of FTEs	Effective Dates	Requires Letter or Signature of Governor?	Description
Behavioral Risk Factor Surveillance PPHF Supplemental	\$149,079		9/29/2012 - 9/28/2013	No	SC BRFSS is utilizing the PPHF funds to supplement their data collection. The data collection of SC BRFSS is being enhanced with the PPHF funds by 1) implementing specific questions that capture detailed information on SC BRFSS participants' health care access and 2) increasing the proportion of cell phone completed interviews compared to landline completed interviews. SC BRFSS executed the first objective through the inclusion of CDC approved questions on this topic. The second objective is being satisfied through the submission of sample population design forms and sample size forms to the CDC, along with constant monitoring of completed interviews to ensure the correction response rates are maintained. SC BRFSS will continue these activities for the duration of the grant. Funding provided by CDC.
CPPW Farm to School	\$1,606,981	1 FTE	10/01/2010 - 9/30/2013	No	This grant provides funding to support integration of locally grown produce into school cafeterias. Funding provides for local implementation in 52 schools across the state and develops new markets for local farmers. SC is being recognized for this project and national funders and partners are very interested in the project evaluation. Funding provided by CDC
SC Environmental Public Health Tracking Program	\$809,827	7.17 FTEs, 2 hourly	8/1/2012 - 7/31/2013	No	Years 1 & 2 were NOT ACA funds, year 3 is and probably years 4 & 5 as well. DHEC: hired staff, developed a web site that went live on 2/1/10, successfully transmitted drinking water, birth defects, hospitalizations for asthma and AMI and CO ER visits & hospitalizations data to CDC, collaborated with NOAA to develop a Coastal Environmental Health landing page, enacted a user-friendly interactive portal using GIS Technology. Funding provided by CDC
Nurse Family Partnership	\$108,449	1 FTE	9/30/2010- 9/29/2012	No	This grant provides funding for a state nurse consultant to ensure ongoing communication, collaboration, and coordination with the NFP initiative as well as with local NFP staff and the SC NFP leadership group to ensure the successful statewide implementation of this research based model. Funding provided by DHHS
Building Epidemiology and Laboratory Capacity	\$1,209,882	9 FTEs, 1 hourly	8/01/2011 - 7/31/2013	No	The grant provides funding for lab testing for food borne outbreaks and vaccine preventable diseases. Without funding, we would not be able to detect food borne outbreaks in a timely manner nor increases in vaccine preventable diseases thus more people will get sick. The grant also provides funding for systems that monitor hospital data on diseases and the Healthcare Acquired Infections program for technical support to SC hospitals. Funding provided by CDC

## Regulations Submitted

DHEC is not asking for any bills to be introduced this year, but will be tracking those that have been introduced. The following regulations have been submitted:

- Document No. 4210  
Agency: Department of Health and Environmental Control  
Chapter: 61  
Statutory Authority: 1976 Code Sections 44-1-140, 44-33-30, 44-37-40, 44-37-50, and 44-89-10 et seq.  
SUBJECT: Licensed Midwives  
Received by Lieutenant Governor January 8, 2013  
Referred to the Medical Affairs Committee  
Legislative Review Expiration May 8, 2013
- Document No. 4288  
Agency: Department of Health and Environmental Control  
Chapter: 61  
Statutory Authority: 1976 Code Sections 44-70-10 et seq.  
SUBJECT: Standards for Licensing In-Home Care Providers  
Received by Lieutenant Governor January 8, 2013  
Referred to the Medical Affairs Committee  
Legislative Review Expiration May 8, 2013
- Document No. 4259  
Agency: Department of Health and Environmental Control  
Chapter: 61  
Statutory Authority: 1976 Code Sections 44-29-40  
SUBJECT: South Carolina Immunization Registry  
Received by Lieutenant Governor January 8, 2013  
Referred to the Medical Affairs Committee  
Legislative Review Expiration May 8, 2013
- Document No. 4296  
Agency: Department of Health and Environmental Control  
SUBJECT: Amendment of R.61-4 Controlled Substances  
Not yet assigned to committees

## **Provisos**

The Office of State Budget did not require base proviso forms to be completed this year. DHEC is requesting the four proviso changes this year that follow.

# Proviso Change Request Form

Agency: SC Dept of Health & Environmental Control

Code: J04

Section: 34

**A. Proviso Number**

Using the renumbered FY 2013-14 proviso base provided on the OSB website, indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

New #1

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding*):

Agency-wide

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency-specific

**D. Requested Action**

(Indicate Add, Delete, Amend, or Codify):

Add

**E. Title**

Descriptive Proviso Title: DHEC: Operational Efficiency

**F. Summary**

Summary of Existing or New Proviso:

Allows the agency to move earmarked and restricted funds to fund critical and unfunded mandated agency programs without asking for additional state funds.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to recent codification, note the section of the Code of Laws where the language has been codified):

N/A

**H. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

No fiscal impact

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# Proviso Change Request Form

## I. Proposed Proviso Text

Paste FY 2012-13 text below, then bold and underline insertions, strikethrough deletions. If new, type below.

New #1 - (DHEC: Operational Efficiency) In order to provide maximum operational efficiency, DHEC is authorized to transfer agency earmarked and restricted accounts designated as "special revenue funds" by the Comptroller General between programs in Health and their support functions only and between programs in Environment and their support functions only to maintain critical services and mandates. Any increase in spending authorization for these purposes must receive the prior approval of the Office of State Budget.

# Proviso Change Request Form

Agency: SC Dept of Health & Environmental Control

Code: J04

Section: 34

**A. Proviso Number**

Using the renumbered FY 2013-14 proviso base provided on the OSB website, indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

New #2

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding*):

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency-specific

**D. Requested Action**

(Indicate Add, Delete, Amend, or Codify):

Add

**E. Title**

Descriptive Proviso Title: DHEC: Pass-through Funds Cost Recovery

**F. Summary**

Summary of Existing or New Proviso:

Allows the Agency to recover costs associated with administering pass-through funds.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to recent codification, note the section of the Code of Laws where the language has been codified): N/A

**H. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

No fiscal impact.

**I. Proposed Proviso Text**

Paste FY 2012-13 text below, then bold and underline insertions, strikethrough deletions. If new, type below.

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## Proviso Change Request Form

(DHEC: Pass-through Funds Cost Recovery ) DHEC is authorized to use 10% of funds allocated as a specific pass through, not to exceed \$100,000 dollars, for the administration thereof.

# Proviso Change Request Form

Agency: SC Dept of Health & Environmental Control

Code: J04

Section: 34

**A. Proviso Number**

Using the renumbered FY 2013-14 proviso base provided on the OSB website, indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

34.21

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding*):

I. Administration

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency-specific

**D. Requested Action**

(Indicate Add, Delete, Amend, or Codify):

Amend

**E. Title**

Descriptive Proviso Title: DHEC: Allocation of Indirect Cost and Recoveries

**F. Summary**

Summary of Existing or New Proviso:

Allows the Agency to fund Administration with other funds collected through approved indirect cost rate.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to recent codification, note the section of the Code of Laws where the language has been codified):

Change the language from "shall" to "may" fund Administration through Indirect Cost Rate, so agency can utilize more suitable methods of charging programs for their share of Administrative costs.

**H. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

No fiscal impact

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## Proviso Change Request Form

### I. Proposed Proviso Text

Paste FY 2012-13 text below, then bold and underline insertions, strikethrough deletions. If new, type below.

(DHEC: Allocation of Indirect Cost and Recoveries) The department shall continue to deposit in the general fund all indirect cost recoveries derived from state general funds participating in the calculation of the approved indirect cost rate. Further administration cost funded with other funds used in the indirect cost calculation ~~shall~~ **may**, based on their percentage, be retained by the agency to support the remaining administrative costs of the agency.

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# Proviso Change Request Form

Agency: SC Dept of Health & Environmental Control

Code: J04

Section: 34

**A. Proviso Number**

Using the renumbered FY 2013-14 proviso base provided on the OSB website, indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

34.41

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding*):

II. G. 2 Health Surveillance Support – Vital Records

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency-specific

**D. Requested Action**

(Indicate Add, Delete, Amend, or Codify):

Delete

**E. Title**

Descriptive Proviso Title: DHEC: Vital Records

**F. Summary**

Summary of Existing or New Proviso:

Requires agency for the current fiscal year that vital record services be provided in all 46 county health departments at the level of services provided on January 1, 2012.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to recent codification, note the section of the Code of Laws where the language has been codified):

This proviso was put in for the current fiscal year to give employees and counties time to adjust to the regionalization of vital records offices. The services provided at the county level are being transitioned to (short form birth certificates, death certificates) by electronic submission of death certificates and long form birth certificates which are offered at regional vital record sites. The agency can not afford to fund both county vital record offices and regional offices.

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## Proviso Change Request Form

The benefits of the regional offices include:

- Standard hours of operation
- Issuance of long form birth certificates
- Statewide issuance of death records
- Decreased wait times
- Privacy when discussing confidential personal information with clients

90% of the state's population lives within 30 miles of a regional office.

### H. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

No fiscal impact

### I. Proposed Proviso Text

Paste FY 2012-13 text below, then bold and underline insertions, strikethrough deletions. If new, type below.

~~34.41 (DHEC: Vital Records) For the current fiscal year, with funding appropriated to the department through state appropriations or fees collected for services, the department shall provide vital records services in each of the 46 county health departments throughout the state that were providing those services on January 1, 2012. The department may determine operational schedules for each location based on staffing resources in each area.~~