

PROGRAM EVALUATION REPORT

South Carolina Department of Health and Environmental Control

Date of Submission: *August 24, 2016*

Agency Director

Name: Catherine E. Heigel

Date of Hire: 4/25/2015 (Board Approval), 6/4/2015 (Senate Confirmation), 6/2/2016 (Senate Reconfirmation)

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Mailing Address: 2600 Bull Street, Columbia, SC 29201

Agency Online Resources

Website address: www.dhec.sc.gov

Online Quick Links:

Please provide any links to the agency website the agency would like listed in the report for the benefit of the public.

Social Media Addresses:

Facebook: <https://www.facebook.com/SCDHEC>

Twitter: <https://twitter.com/scdhec>

YouTube: <https://www.youtube.com/user/SCDHEC>

Blog: <https://blog.scdhec.gov/>

LinkedIn: https://www.linkedin.com/company/s-c--department-of-health-&-environmental-control?trk=company_logo

Agency Office Locations

Please list the physical address, mailing address, and phone number for each office location. You can continue onto the next page if additional space is needed.

Central Office

Vital Records

2600 Bull Street
Columbia, SC 29201
(803) 898-3432 (Main Office)
(803) 898-3630 (Vital Records)

Central Office – Mills/Jarrett Complex

2100 Bull Street
Columbia, SC 29201
(803) 898-3432 (Main Office)

Central Office – Columbia Mills

301 Gervais Street
Columbia, SC 29201
(803) 898-3432 (Main Office)

Central Office – Office of Human Resources

Physical Address:
1800 St. Julian Place
Columbia, SC 29204
Mailing Address:
2600 Bull Street
Columbia, SC 29201
(803) 898-3585

Abbeville County Health Department

905 West Greenwood Street
Abbeville, SC 29620
(864) 366-2131

Aiken County Health Department

Vital Records

222 Beaufort Street, NE
Aiken, SC 29801
(803) 642-1687 (Health Department)
(803) 642-1686 (Vital Records)

Allendale County Health Department

571 Memorial Avenue North
Allendale, SC 29810
(803) 584-3818

Anderson County Health Department

Vital Records

Upstate EQC – Anderson

220 McGee Road
Anderson, SC 29625
(864) 260-5541 (Health Department)
(864) 260-5667 (Vital Records)
(864) 260-5585 (EQC)

Barnwell County Health Department

11015 Ellenton Street
Highway 278
Barnwell, SC 29812
(803) 541-1061

Bamberg County Health Department

370 Log Branch Road
Bamberg, SC 29003
(803) 245-5176

Batesburg Health Department

229 W. Church Street
Batesburg, SC 29006
(803) 332-6326

Beaufort County Health Department

601 Wilmington Street
Beaufort, SC 29902
(843) 525-7615

Beaufort County – Administrative Offices

Vital Records

1407 King Street
Beaufort, SC 29902
(843) 525-7604 (Administrative Office)
(843) 525-7637 (Vital Records)

Bluffton Health Department

4819 Bluffton Parkway
Bluffton, SC 29910
(843) 757-2251

Bureau of Laboratories**EQC Labs**

Physical Address:

8231 Parklane Road

Columbia SC 29223

Mailing Address:

2600 Bull Street

Columbia SC 29201

(803) 896-0800 (Bureau of Laboratories)

(803) 866-0900 (EQC)

Calhoun County Health Department

Temporary Office:

101 Courthouse Drive

St. Matthews, SC 29135

Should reoccupy July/August 2016:

2837 Old Belleview Rd

St. Matthews, SC 29135

(803) 874-2037

Center for Community Service - Simpsonville Health Department

1102 Howard Drive

Simpsonville, SC 29681

(864) 688-2221

(864) 688-2213

Charleston County Health Department**MUSC WIC Clinic**

169 Ashley Avenue

Charleston, SC 29425

(843) 792-0645

Charleston County – Vital Records

4050 Bridge View Drive

N. Charleston, SC 29405

(843) 953-0032

Charleston County – Region Office

4050 Bridge View Drive Suite 600

N. Charleston, SC 29405

(843) 953-0038

Cherokee Health Department

400 South Logan Street

Gaffney 29341

(864) 487-2705

Chesnee Health Department

210 Hampton Street

Chesnee, SC 29323

(864) 461-2808

Chester Health Department

Physical Address:

129 Wylie Street

Chester, SC 29706

Mailing Address:

P.O. Box 724

Chester, SC 29706

(803) 385-6152

Chesterfield County Health Department**Vital Records**

203 North Page Street

Chesterfield, SC 29709

(843) 623-2117 (Health Department)

(843)-623-3767 (Vital Records)

Clarendon County Health Department

110 East Boyce Street

Manning, SC 29102

(803) 435-8168

Clearwater WIC Site

4645 Augusta Road

Beech Island, SC 29842

(803) 593-9283

Colleton County Health Department

219 S Lemacks Street

Walterboro, SC 29488

(843) 549-1516

Conway County Health Department**Vital Records****Pee Dee EQC - Conway**

1931 Industrial Park Road

Conway, SC 29526

(843) 915-8800 (Health Department)

(843) 915-8802 (Vital Records)

(843) 915-8801 (EQC)

Cowpens Health Department

112 Foster Street

Cowpens, SC 29330

(864) 463-3940

Darlington County Health Department

305 Russell Street
Darlington, SC 29532
(843) 398-4400

Dillon County Health Department

201 West Hampton Street
Dillon, SC 29536
(843) 774-5611

Dorchester County Health Department

500 North Main Street, Suite 9
Summerville, SC 29483
(843) 832-0041

Eau Claire Pediatric Clinic**WIC Site**

4801 Monticello Road
Columbia, SC 29203
(803) 376-1779

Edgefield County Health Department

21 Star Road
Edgefield, SC 29824
(803) 637-4035

Fairfield County Health Department

1136 Kincaid Bridge Road
Winnsboro, SC 29180
(803) 635-6481

Florence County Health Department**Pee Dee EQC - Florence**

145 East Cheves Street
Florence, SC 29506
(843) 661-4835
(843) 661-4830
(843) 661-4825 (EQC)

Florence County – Vital Records

1705 W. Evans Street
Florence, SC 29501
(843) 413-6440

**Foothills Family Resource Center -Greenville –
Slater Clinic**

3 South Main Street
Slater, SC 29683
(864) 836-1100

Fort Jackson Clinic**WIC Site**

4556 Scales Avenue
Ft. Jackson, SC 29206
(803) 751-5281

Georgetown County Health Department**Vital Records**

531 Lafayette Circle
Georgetown, SC 29440
(843) 546-5593 (Health Department)
(843) 546-0174 (Vital Records)

Greenville County Health Department**Vital Records****Upstate EQC - Greenville**

200 University Ridge
Greenville, SC 29601
(864) 282-4100 (Health Department)
(864) 372-3267 (Vital Records)
(864) 372-3273 (EQC)

Greenville Hospital System OB Clinic

1120 Grove Road
Greenville, SC 29605
(864) 455-8835

Greenwood County Health Department**Vital Records****Upstate EQC – Greenwood**

1736 South Main Street
Greenwood, SC 29646
(864) 942-3600 (Health Department)
(864) 227-5970 (Vital Records)
(864) 227-5915 (EQC)

Goose Creek Health Department

106 Westview Drive Boulevard
Goose Creek, SC 29445
(843)-572-3313

Hampton Health Department

531 Carolina Avenue, West
Varnville, SC 29944
(803) 943-3878

Hampton County – Vital Records

531 West Carolina Avenue
Varnville, SC 29944
(803) 943-3878

Hartsville Clinic

130 East Camden Avenue
Hartsville, SC 29550
(843) 332-7303

Holly Hill Health Department

8423 A Old State Road
Holly Hill, SC 29059
(803) 496-3324

Inman Health Department

6 S. Howard Street
Inman, SC 29349
(864) 472-3393

J Verne Smith Center - Greer Health Department

202 Victoria Street
Greer, SC 29651
(864) 848-5360

Jasper Health Department

651 Grays Highway
Ridgeland, SC 29936
(843) 726-7788

Kershaw Health Department

1116 Church Street
P.O. Box 340
Camden, SC 29020
(803) 425-6012

Lake City Health Department

137 North Acline Avenue
Lake City, SC 29560
(843) 394-8822

Lancaster Health Department

1833 Pageland Highway
P.O. Box 817
Lancaster, SC 29720
(803) 286-9948

Laurens Health Department

93 Human Services Road
Clinton, SC 29360
(864) 833-0000

Lee Health Department

810 Brown Street
Bishopville, SC 29010
(803) 484-6612

Lexington Health Department

1070-B South Lake Drive
Lexington, SC 29073
(803) 785-6550

Little River Medical Center-Loris WIC Site

3817 Main Street
Loris, SC 29569
(843) 716-6477

**Lowcountry EQC – Beaufort &
Ocean & Coastal Resource Management**

104 Parker Drive
Beaufort, SC 29906
(843) 846-1030 (EQC)
(843) 846-9400 (OCRM)

**Lowcountry EQC – Charleston &
Ocean & Coastal Resource Management**

1362 McMillan Avenue, Suite 300
Charleston, SC 29405
(843) 953-0150 (EQC)
(843) 953-0200 (OCRM)

Marion Health Department

206 Airport Court, Suite B
Mullins, SC 29574
(843) 423-8295

Marlboro Health Department

711 Parsonage Street Extension
Bennettsville, SC 29512
(843) 479-6801

McCormick Health Department

204 Highway 28
McCormick, SC 29835
(864) 852-2511

Midlands EQC – Aiken

206 Beaufort Street, NE
Aiken, SC 29801
(803) 642-1637

Midlands EQC – Lancaster

2475 DHEC Road
Lancaster, SC 29720
(803) 285-7461

Moncks Corner Health Department
Berkeley County Health Department
109 West Main Street
Moncks Corner, SC 29461
(843) 719-4600

Mt. Pleasant Health Department
1189 Sweetgrass Basket Parkway
Suite 100
Mt. Pleasant, SC 29464
(843) 856-1210

Myrtle Beach Clinic
700 21st Avenue North
Myrtle Beach, SC 29577
(843) 448-8407

Newberry Health Department
2111 Wilson Road
Newberry, SC 29108
(803) 321-2170

North Area Health Department
3963 Whipper Barony Lane
North Charleston, SC 29405
(843) 740-1580

Northwoods Health Department
2070 Northbrook Blvd, Suite #A20
North Charleston, SC 29406
(843) 953-4300

Oconee Health Department
609 N. Townville Street
Seneca, SC 29678
(864) 882-2245

Orangeburg County Health Department
Vital Records
Lowcountry EQC - Orangeburg
1550 Carolina Avenue
Orangeburg, SC 29115
(803) 533-5480 (Health Department)
(803) 533-7236 (Vital Records)
(803) 533-5490 (EQC)

**Pee Dee EQC – Myrtle Beach &
Ocean & Coastal Resource Management**
927 Shine Avenue
Myrtle Beach, SC 29577
(843) 238-4378 (EQC)
(843) 238-4528 (OCRM)

Pickens Health Department
200 McDaniel Avenue
Pickens, SC 29671
(864) 898-5965

**Richland Community Public Health Center
WIC Site**
120 Clarkson Street
Eastover, SC 29044
(803) 353-0177

Richland Health Department
2000 Hampton Street
Columbia, SC 29204
(803) 576-2980

Rock Hill Clinic
Midlands EQC – Rock Hill
1070 Heckle Blvd
Rock Hill, SC 29732
(803) 909-7300 (Health Department)
(803) 909-7372 (EQC)

Saluda Health Department
613 Newberry Highway
Saluda, SC 29138
(864) 445-2141

**Sea Island Comprehensive Health
WIC Site**
3627 Maybank Highway
Johns Island, SC 29455
(843) 302-8958

Shaw AFB WIC Office
524 Stuart Street
Shaw AFB, SC 29152
(803) 895-4913

Spartanburg County Health Department
The Point Teen Health Center
Vital Records
Upstate EQC – Spartanburg
151 East Wood Street
Spartanburg, SC 29303
(864) 596-2227 (Health Department)
(864) 596-2227 (The Point at SCHD)
(864) 596-2227 (Vital Records)
(864) 596-3327 (EQC)

State Park Health Center
BEHS Central Office
Midlands EQC Columbia
8500 Farrow Road
Columbia SC 29203
State Park, SC 29147
(803) 896-0646 (BEHS Central Office)
(803) 896-0620 (Midlands)

Stephen's Crossroad Clinic
107 Hwy 57 North
Little River, SC 29566
(843) 915-5654

Sumter Health Department
Vital Records
Pee Dee EQC - Sumter
105 North Magnolia Street
Sumter, SC 29150
(803) 773-5511 (Health Department)
(803) 934-2845 (Vital Records)
(803) 778-6548 (EQC)

The Point Teen Health Center– Colleton
219 S. Lemacks Street
Walterboro, SC 29488
(843) 549-1516

The Point Teen Health Center- Goose Creek
106 Westview Blvd.
Goose Creek, SC 29445
(843) 818-1142

The Point Teen Health Center - Johns Island
3574 Maybank Hwy.
John's Island, SC 29455
(843) 559-2855

The Point Teen Health Center- Northwoods
2070 Northbrook Blvd. Suite #A-20
North Charleston, SC 29406
(843) 953-4300

The Point Teen Health Center - Moncks Corner
109 West Main Street
Moncks Corner, SC 29461
(843) 719-4600
The Point Teen Health Center at Tobias
154 George Washington Carver Drive
Spartanburg, SC 29305
(864) 598-6092

Union Health Department
115 Thomas Street
Union, SC 29379
(864) 429-1690

Upstate EQC – Walhalla
415 South Pine Street
Walhalla, SC 29691
(864) 638-4185

USC Upstate Clinic
800 University Way
Spartanburg, SC 29303
(864) 503-5186

Westside Community Center
WIC Site
1100 West Franklin Street
Anderson, SC 29624
(864) 231-1791

Williamsburg Health Department
520 Thurgood Marshall Highway
Kingstree, SC 29556
(843) 355-6012

Woodruff Health Department
1 Gregory Street
Woodruff, SC 29388
(864) 476-3817

York County – Vital Records
1070 Heckle Blvd
Rock Hill, SC 29731
(803) 909-7307

York Health Center

116 North Congress Street

York, SC 29745

(803) 684-7004

Contents

A. Questions	10
General Information / Agency Snapshot	10
History and Structure	22
General Information	25
2015-16 Strategic Plan, Programs, Employee Allocation and Spending	16
2016-17 Strategic Plan, Programs, Employee Allocation and Budgeting	240
Program Structure	288
Performance Measures	288
Comparison to Others	320
Looking Ahead - Agency Ideas/Recommendations	331
Reports and Reviews	390
B. Additional Documents to Submit	404
C. Feedback (Optional)	425

A. QUESTIONS

Please type the agency's responses to each question directly below the question. For the questions which ask the agency to complete an Excel chart, complete the chart and attach it to the end of this document when the agency submits the .pdf version.

Agency Snapshot

1. What are 3-4 items the agency considers as successes?

The S.C. Department of Health and Environmental Control (DHEC, the Agency, or the Department) is comprised of several thousand employees whose talents and dedication to public service improve the lives of South Carolinians every day. DHEC performs countless important functions impacting nearly every citizen of our state. The day-to-day activities of the Agency are extensive. Here's a snapshot of what "business as usual" looks like for DHEC:

- In State Fiscal Year (FY) 2014, we had **831,674 clinical client encounters** for WIC, Preventive Health and Immunization services, including:
 - 596,662 WIC visits
 - 177,400 Preventive Health visits
 - 57,612 Immunization visits
- In 2015, our staff investigated a total of **363 acute disease outbreaks**.
- During this same time period, our staff received and reviewed **55,254 reports of acute diseases** (laboratory, morbidity reports).
- We also followed up and conducted contact investigations with **593 patients that were reported to have tuberculosis (TB) infection or disease** (latent infection: 489, disease: 104).
- Through our follow-ups and contact investigations with these individual cases, our team **identified 1,256 potential contacts**.
- As of December 2015, DHEC's Environmental Affairs had **over 30,000 active permits**, including asbestos projects, private wells, septic tanks, industrial stormwater general permits, infectious waste generators, mines and more.
- In 2015, Environmental Affairs conducted **over 90,000 inspections**, covering programs as diverse as recreational waters and underground storage tanks to air quality.
- Also during this time, our Bureau of Environmental Health Service team **responded to and investigated 46,188 complaints**, ranging from rabies exposures to open burning to emergency response spills.
- During 2015, our Health Regulation team conducted over **8,020 inspections**, including facility, construction, registrants of controlled substances, EMS agencies, ambulances and X-Ray machines. This includes:
 - 3,737 total facility inspections (including fire and life safety)
 - 398 construction inspections
 - 1,703 total inspections of registrant and controlled substances
 - 127 EMS agency inspections (out of 261)
 - 537 ambulance inspections (out of 1,881)
 - 1,394 X-Ray machine inspections
 - 132 facility inspections for radioactive materials
- DHEC's legal responsibilities currently touch on **more than 360 state and federal statutes and regulations, and state provisos**.

EVENT RESPONSE

Over the past 16 months, the state has been impacted by many significant events, including statewide historic flooding, Hepatitis A in food service workers and TB outbreaks in various settings across the state.

DHEC continually prepares to respond to events that may impact the health of the public and the environment. Even with extensive preparation, sometimes the unexpected happens, such as the historic October 2015 flooding that impacted South Carolina. The Agency is proud of our successful response to both routine and extraordinary events, including the October 2015 flood.

October 2015 Flooding

Although DHEC is routinely prepared to respond to events impacting the health of the public and the environment, the October 2015 flood required a substantially increased level of action from the Agency. Despite the tremendous demands on Agency resources to oversee dams and staff mobile vaccination clinics, DHEC's operations continued uninterrupted.

Below is a summary of the efforts included in DHEC's response to the October 2015 flood:

Throughout the October 2015 flood, DHEC staff operated several emergency response centers, including the Agency Coordination Center, Regional Coordination Centers (RCC), the Disaster Coordination Team (DCT) and numerous support functions located at the State Emergency Operations Center (SEOC).

Approximately **150 DHEC staff spent in excess of 6,500 man hours** in the month of October on emergency response, data tracking and emergency inspections of dams. During the three weeks following the October 2015 flood event, our team worked with the Army Corps of Engineers staff to perform site visits for **all 652 high and significant hazard state regulated dams** across the state. We responded to numerous calls from the public on concerns related to dams and provided a 24-hour call number. A DHEC team provided round-the-clock, on-site assistance at several dams in the Columbia area that posed potential hazards to public safety. Additionally, DHEC staff members participated in community assistance meetings and hosted an informational workshop for dam owners. Nearly 10 months after the flood, DHEC staff continue to assist dam owners to ensure that dams are safe and to develop plans for repair or decommissioning of affected dams.

For two weeks immediately following the flood, DHEC provided mobile tetanus vaccination clinics to protect individuals engaged in storm clean-up efforts. The Agency used a combination of RVs and fixed facility locations, such as Disaster Recovery Centers, to deliver vaccinations services.

To ensure resident safety, DHEC staff contacted **all inpatient health care facilities (more than 880)** via email, and followed up by phone if a response was not received, to determine the facilities' emergency response needs, including the need for possible evacuation and fresh water supplies. Additionally, DHEC staff were dispatched to inspect facilities to ensure conditions remained safe for residents.

During various stages of the emergency, DHEC provided regulatory guidance by participating in collaborative conference calls with the U.S. Department of Health and Human Services (U.S. DHHS), S.C. Department of Health and Human Services (S.C. DHHS), the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), the S.C. Emergency Management Division (SCEMD), providers and state associations to ensure patient safety and quality care standards continued to be met, provide recommendations for federal regulatory waiver requests and review evacuation plans. Throughout the disaster, DHEC maintained constant communication and periodic reporting regarding the status of health care facilities in the state with the CMS Regional Office in Atlanta, GA.

With regard to emergency services, DHEC staff managed the possible activation of ambulances throughout the state during the historic flooding event. As part of this effort, DHEC contacted **more than 200 providers** to inquire about local conditions as well as available resources. During the week of the flood, DHEC was asked to put ambulances on standby several times. The largest standby was for the possible evacuation of three large hospitals in Richland County, potentially impacting more than 1,100 patients. While ultimately evacuation was not required, DHEC had **175 units on standby within three hours**. In addition, DHEC activated ambulances for a possible evacuation of a Community Residential Care Facility (CRCF) in Georgetown County; **24 units were sent to the CRCF less than 90 minutes after the request**.

Immediately following the flood through the end of the year, DHEC provided private well bacteriological testing seven days per week for impacted areas at no cost to the homeowner. Typically, homeowners bring in their own samples for testing, but DHEC staff visited designated locations on a daily basis to deliver empty bottles and collect samples. DHEC distributed approximately **6,000 bottles and tested more than 3,000 samples** between October 5 and the end of 2015. DHEC staff continue to perform private well analysis for potentially impacted wells.

In addition, DHEC staff successfully supported the reopening of food establishments after power or water disruptions from the flood.

Although there are no federal or state regulations/standards for mold and DHEC does not have an indoor air quality program, the Bureau of Air Quality (BAQ) quickly recognized that many of the state's citizens needed basic mold information and resources after the flood. When BAQ opened a mold hotline on October 10, 2015, several staff volunteered to assist with responding to citizens' calls and requests. This team of volunteer staff worked together to develop guidance and recommendations to best respond to citizens' mold needs. Through research and training, staff were able to provide callers with information about mold growth, potential health impacts from mold exposure and how to safely cleanup and/or remove mold. Staff also identified local contractors with experience in mold abatement and remediation, reputable volunteer organizations to assist needy residents and agencies and organizations providing free counseling to assist tenants with legal issues. While still maintaining their normal job responsibilities, this team of **12 staff members assisted more than 250 citizens**.

In October 2015, the State Disaster Recovery Coordinator created the SCDRO, comprised of representatives from DHEC, S.C. Department of Transportation, S.C. Department of Revenue, S.C. Department of Social Services, S.C. Department of Labor, Licensing and Regulation, S.C. Department of Motor Vehicles and S.C. Department of Insurance. An inter-agency group, SCDRO assists with the short- and long-term recovery efforts related to community planning and capacity building recovery, economic recovery, infrastructure systems recovery, natural and cultural resources recovery, health and social services recovery and housing recovery. As a member of SCDRO, DHEC staff worked with the group to provide individuals with information on mosquito control around their homes and information on mold after the flood. DHEC staff also worked alongside FEMA through the SCDRO to provide information regarding dams and infrastructure.

Collectively, DHEC staff expended more than **55,000 work hours** on flood response and recovery. The Agency was able to mobilize, quickly identify problems and develop solutions, while continuing to provide the day-to-day services citizens require.

Hepatitis A Outbreak in Food Handlers

As part of normal operations, DHEC staff are continually prepared to respond to disease outbreaks. Occasionally, an outbreak response involves significant numbers of potentially exposed individuals, which

requires an enhanced Agency response. That was the case in September 2015, when the Agency was notified by an Upstate hospital lab of a positive test result for Hepatitis A. DHEC staff immediately followed up with the hospital and began our investigation, including interviewing the patient, who worked as a food handler at a fast food restaurant. With a thorough interview of the patient and review of the medical record, staff quickly identified a related case in another food handler at a second location.

Within one day of notification of the first case, DHEC provided information to the community through the media and issued a Health Alert to inform patrons of the affected restaurants regarding the need for vaccination and the operation of special DHEC vaccination clinics to address this need. Within two days of notification, DHEC opened two vaccination clinics—providing the Hepatitis A vaccine to over 2,379 individuals in one weekend. An additional 2,596 individuals received vaccines during the following weeks for **a total of 4,975 vaccinations administered** in response to this event. A total of 277 DHEC staff from across the state provided the administrative and clinical support necessary to manage the potential outbreak. Additionally, the Agency staffed a call center through the weekends and for extended hours during the week to respond to questions and to provide accurate information regarding the need for vaccination. The outbreak was successfully managed and no patron of the restaurants has developed Hepatitis A.

Tuberculosis (TB) in South Carolina

The Agency is responsible for managing TB infection response in South Carolina. Last year, DHEC responded to **37 TB outbreaks** in various settings, including a child care facility, a high school, multiple churches, dialysis centers, a nursing home and many other businesses. As part of DHEC's TB outbreak investigations, **600 individuals were identified, assessed and tested**. For all of these outbreaks, DHEC mobilized nurses, epidemiologists and administrative support from across the state to conduct large contact investigations. The state laboratory and the call center provided additional hours and resources to be responsive to individuals impacted by these investigations.

DHEC also assists with TB investigations in correctional facilities and follows up on released inmates who have been identified as contacts. In 2015, **116 individuals were tested** by correctional facilities.

Among our other successes, DHEC continues to improve internal processes, which is leading to enhanced and expedited customer service.

REDUCED PERMITTING AND APPLICATION DECISION TIMES

Understanding the impact permitting times can have on businesses, DHEC continually seeks to be as efficient as possible in the permitting process. DHEC permit managers have implemented many innovations to reduce permitting times, and the overall trend for DHEC's most common environmental permit processes shows that permitting times improved. Without adding any new resources, DHEC permit managers succeeded in producing high quality permit decisions that met regulatory requirements in faster time frames.

DHEC also provides a Permit Central service to all customers, businesses and citizens, to help make the permit process as transparent as possible. DHEC customers may track the status of permit applications online using our Environmental Application Tracker, find out the types of permits they might need at any time of day through the online Permit Central interactive survey and meet with DHEC's Permit Central Team to gain a complete, upfront picture of permit requirements. On average for 2015, DHEC's Permit Central staff answered 3 customer permitting questions per day and met twice a week helping new businesses get started. Permit Central customers range from large automobile manufacturers to small

farmers to citizens who are curious about the permitting process for potential sites. DHEC Permit Central exists to serve all customers in getting the information they need and to make DHEC permitting as clear and accessible as possible (www.scdhec.gov/PermitCentral).

In addition to reducing the environmental permitting time, DHEC's Health Regulation has successfully reduced its turnaround time on issuing decisions on Certificate of Need (CON) applications for facilities and services other than home health. This turnaround time is currently averaging between 45-60 days from notification that an application has been deemed complete and the review cycle has begun. This turnaround time is well below the statutory time frame of 120 days for staff to issue its decision and has dropped substantially over the past 6 to 7 months with times **decreasing by more than half-- from an average of 118 days to 40 days.**

In carrying out the Agency's vision and mission, DHEC's teams are leading the nation in many program areas. The commitment of the Agency's staff is evident through DHEC's national prominence.

NATIONAL PROMINENCE

DHEC prides ourselves in our high-quality work to protect the health of the public and the environment. Below are numerous examples of how the Agency is being recognized as a national leader across multiple fields and sectors.

Emergency Medical Services (EMS) and Trauma

South Carolina is a national leader in groundbreaking research for pre-hospital sepsis recognition and treatment. As a result, South Carolina paramedics are greatly reducing the sepsis mortality rate.

Through a seven-month pilot program, reviewed and monitored by DHEC's Bureau of EMS, the Greenville County EMS system reduced mortality of severe sepsis patients by 16.3% and saved the Greenville Health System over \$750,000. These findings resulted in the addition of the sepsis protocol for EMS systems and the addition of broad spectrum antibiotics to the EMS Formulary.

The pilot program won the **Best EMS Professional Research Presentation** at the National Association of EMS Physicians annual meeting in San Diego. DHEC presented the pilot program at several conferences and recently submitted a paper on the program to Prehospital Emergency Care, the official Journal of the National Association of EMS Physicians.

Women Infants and Children (WIC)

The U.S. Department of Agriculture recently recognized DHEC's WIC Breastfeeding Peer Counselors from the Pee Dee Region for their exceptional work, presenting the team its Loving Support of Excellence Gold Award. The honor recognizes local WIC agencies that provide exemplary breastfeeding promotion and support activities. The Pee Dee program was one of six selected in the Southeast.

Brownfields Cleanup Revolving Loan Fund (BCRLF)

DHEC's BCRLF, which helps cleanup contaminated sites for beneficial reuse, has been recognized as one of the most successful in the nation. The BCRLF was initially capitalized in 2000 with a \$4.75 million grant from U.S. Environmental Protection Agency (EPA). Periodically, supplemental funds have been awarded, providing \$1.8 million of additional capital for the program. In May of 2016, EPA awarded DHEC an additional \$820,000 in BCRLF grant funding. Of the 12 loans that have been made, four have been repaid. The 12 loans have returned over \$2.9 million of capital to the fund which in turn has enabled new lending. A

total of 16 loans and sub-grants have been made under the BCRLF, putting over \$7.5 million to work cleaning Brownfields sites throughout South Carolina with programmatic costs of just 5.3%.

Environmental Justice Efforts

DHEC continues to be recognized on a national level for our leadership and commitment to addressing environmental justice (EJ) and public health concerns. Recognized for launching the nation's first EJ community leadership training program, DHEC provides leaders the consensus-building skills and knowledge necessary for communities to work collaboratively with other partners in addressing environmental issues in their communities. Most recently, partnerships between DHEC and South Carolina's energy stakeholders on the Clean Power Plan has become a model for other states seeking collaborative solutions with stakeholders, including EJ communities seeking the opportunities and benefits of clean energy. DHEC's collaborative problem-solving approach and community capacity building efforts have garnered national recognition, earning the Agency the EPA's National Achievement in Environmental Justice Award in 2008, 2009 and 2010.

Underground Storage Tank (UST) Programs

Earning national recognition, DHEC's UST Management Division secured a grant from the EPA and successfully developed a custom electronic inspection program used to inspect approximately 4,150 UST facilities annually. EPA requested that DHEC present at the National Tanks Conference regarding our development and state-wide implementation of an electronic inspection program. The EPA was particularly impressed that we were able to develop and successfully deploy the electronic inspection program within a year of receiving the funding. In addition, other states have visited the Agency's UST program to learn and gain working knowledge of the electronic inspection program for deployment in their states. The success of South Carolina's electronic inspection program has been highlighted nationally by the EPA.

DHEC has also successfully implemented a pay for performance (PFP) process for UST Corrective Action. Presented at National Tanks Conference, the South Carolina PFP process has been published as an example of success by the EPA and the adaptation of a version of this approach has been initiated by some states.

SC Central Cancer Registry (SCCCR)

The SCCCR has consistently received Gold Certification (the highest level) for cancer data timeliness, completeness and quality from the central cancer registry standard-setting organization, the North American Association of Central Cancer Registries, since 1997. The SCCCR was also awarded the CDC's Registry of Distinction award in 2016. Less than half of the eligible state cancer registries funded by the CDC received this award.

Bureau of Environmental Health Services (BEHS) Radiochemistry Laboratory

DHEC's BEHS Radiochemistry Laboratory is one of a few of the EPA Region 4 states laboratories that has been able to maintain drinking water certification. Due to the laboratory's outstanding credentials, the State of Florida entered into a Memorandum of Agreement with DHEC to serve as its drinking water primacy laboratory in case of an emergency. DHEC has been contacted by several other states to serve as a contract lab doing routine analysis of radiological parameters; however, DHEC has had to decline as a result of space and personnel resource limitations.

South Carolina – Department of Defense Installation Restoration Program

Since the early 1990s, DHEC has used a collaborative decision-making process at Department of Defense (DoD) installations called partnering to remediate contaminated sites. Through the use of partnering, DHEC and the DoD have established a long-term, nationally-recognized relationship based on mutual trust and teamwork. Because of the success of partnering, South Carolina was chosen as the first state to

implement Performance-Based Remediation (PBR) as a tool to expedite the investigation, cleanup and revitalization of both active and closed military installations across the state. DHEC stands out as a national leader for the successful cleanup of many contaminated sites at former and active military installations across the state-- improving quality of life and enhancing the environment.

Best Chance Network (BCN)

DHEC's BCN recently received recognition for the excellent work plan submitted for year 5 of their CDC grant and was awarded a non-recurring increase of approximately \$1 million in funding. Combined with base federal funding and one-time state funds, the program will be able to screen approximately 18,000 women this state fiscal year. The additional funding is provided in recognition of the quality and reliability of the work being performed by S.C. and brings BCN's total funding to approximately \$4 million. The CDC has plans to showcase the S.C. program via webinars and other venues so that other states can learn from the great work that S.C. has done, particularly the Prior Authorization Code system that SC has in place for tracking women screened in real time. The number of women screened after this year will be contingent upon the amount of federal and state funds received.

Food Protection Recognition

DHEC is currently enrolled in both the Manufactured Food Regulatory Program Standards and the Voluntary National Retail Food Regulatory Program Standards. These programs are considered to be the "gold" standard by which a food regulatory agency is measured.

A multi-disciplinary team represented DHEC at the 2016 Conference for Food Protection held earlier this year in Boise, Idaho, where DHEC assisted with testimony and brought an issue before the conference to resolve conflicts related to the regulation of packaged, untreated (raw) juice by the Food and Drug Administration.

2. **What are 3-4 items the agency considers as its current challenges or issues? These can include things the agency already has a plan to improve.**

DHEC is an agency undergoing transformation—new leadership, new priorities and a new approach to the way we do business. Throughout the past year, under the leadership of a new executive management team, DHEC has established a [strategic plan](#) to guide our 3,400 employees in fulfilling our vision of healthy people living in healthy communities.

This recently unveiled roadmap charts a path toward modernization in service delivery, builds on our existing successes and aims to establish DHEC as a model of operational excellence in state government.

Our goal: To be the preeminent state public health and environmental protection agency in the nation.

To do this, we are in the process of rebuilding our team, reinvesting in our infrastructure and strengthening our partnerships across the state.

SYSTEMS MODERNIZATION

As addressed in our \$11.2 million recurring budget request, the Agency has many outdated or obsolete IT systems, including the DHEC data center and network. Substantial investments are needed to modernize these systems and remediating the data center at its current location is cost prohibitive. Therefore, through \$8 million in funding provided by the General Assembly, the applications and the data stores will begin to be migrated to more modern hardware platforms in a secure data center. DHEC is working with the S.C. Division of Technology to successfully perform this migration and will pursue the additional funds necessary to fully complete this migration.

Additionally, due to low bandwidth and outdated network equipment, the Agency is experiencing poor IT infrastructure performance, which interrupts services and productivity. To mitigate these problems, we are upgrading our network infrastructure and moving toward a four year routine life cycle management plan for network operations.

As a part of our goal of continuous improvement, DHEC is implementing numerous projects to advance our systems and processes. For example, once fully implemented, the South Carolina Infectious Disease and Outbreak Network (SCION) will allow DHEC staff to access information in a timely manner to initiate outbreak investigations, improve efficiencies related to surveillance, identify comorbidities and increase capability of managing contact investigations or outbreaks. The Agency is also employing an electronic document management system to securely digitize, access, sign and manage documents online from any device in order to reduce the amount of paper circulating throughout the Agency, improve process efficiencies and properly track and secure documents.

Two major projects currently we are pursuing include ePermitting and electronic health records. Both projects will require substantial Agency resources and funding, but will dramatically improve DHEC's operations and our interactions with our customers. Through enabling online submission of forms and fees, a new ePermitting solution will not only expedite the permitting process but also improve transparency in permitting status for our customers. In addition, electronic health records will improve DHEC's clinic operations and will allow for patient records to be easily and securely accessible in an electronic format, thereby improving staff and clinic productivity. This will also

comply with the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and allow the Agency to continue to be eligible for Medicaid reimbursement.

FACILITY IMPROVEMENT

The Agency's facilities are not suitable for a high-performance organization due to facility degradation, outdated structures and equipment and inadequate space. These adverse work conditions affect morale and reduce operational efficiency and productivity. The building conditions also impact customers receiving DHEC services and visiting DHEC facilities to conduct business.

DHEC's aging facilities present potential safety issues and draw concerns of employees and visitors. In response to the LOC's request for public input, several respondents expressed concerns over the safety of DHEC's facilities. One respondent stated, "We are placed in buildings with poor infrastructure, bad air quality, mold and unsafe conditions." Many DHEC locations struggle with building leaks, the presence of asbestos, prolonged temperature extremes due to frequent heating and air equipment outages, moisture issue – which increases the possibility of mold, electrical problems and potential trip hazards, such as torn flooring and broken pavement.

DHEC's Bureau of Laboratories' (BOL) lab is functionally obsolete and in need of substantial facility and equipment upgrades. A 2016 assessment of the lab by the Association of Public Health Laboratories stated that the lab "has exceeded its useful life for testing capacity and safety." A response to the LOC's request for public input reinforced this need: "At the Bureau of Labs some of the departments are working with outdated instruments and have been told there is no money to upgrade." Recent and ongoing building infrastructure failures with air conditioning, humidity control, steam generation and water lines have been costly and future such failures will continue to present a threat to equipment and potentially compromise quality laboratory results. For instance, a recent waterline break that occurred at the laboratory could have cost the Lab \$200,000 in microscopes and could have jeopardized rabies testing; however, because of a fast response the equipment was saved. The BOL is the only laboratory in the state that provides this crucial testing. Additional failures in steam generation would affect DHEC's 11 specialty laboratories, which performed nearly 1 million critical tests in FY 2015, including those for environmental hazards, biological threats, foodborne diseases, infections and chronic diseases and congenital disorders. Due to a lack of instrumentation and space, the BOL is unable to add additional newborn tests the U.S. DHHS included in the National Recommended Uniform Screening Panel list of core conditions.

Like the BOL, many DHEC facilities are far too small to meet demand. Overcrowding is prevalent and to temporarily mitigate the problem, some locations let employees work from home, implement flexible schedules and double-up on office space. The limited space impacts DHEC's ability to adequately provide services to our customers and patients. Further exacerbating the problem is that throughout the regions, many of DHEC's locations are owned by the counties and the Agency is limited in its ability to renovate or make improvements.

DHEC's Central Office staff are located in four buildings throughout Columbia, requiring employees to frequently travel to the various locations, thereby reducing operational efficiency and employee productivity. To perform optimally, the Agency needs to consolidate the Central Office and have one Agency campus. In the near future, the Agency, along with the Department of Administration, will need consider redeveloping our existing site at 2600 Bull Street in Columbia or relocating operations into existing commercial space.

The Agency is partnering with the Department of Administration to evaluate our facility needs, especially those locations comprising the Central Office. The Department of Administration recognizes that DHEC's Central Office locations have substantial deferred maintenance expenses and present significant space challenges. As such, the Agency and the Department of Administration are further evaluating DHEC's options and potential hurdles, including funding, in pursuing Central Office consolidation. DHEC's partnership with the Department of Administration will help when evaluating a feasibility study and cost benefit analysis of various redevelopment or relocation opportunities.

TALENT RECRUITMENT AND RETENTION

While DHEC has exemplary employees, it continues to struggle with talent recruitment and retention due to poor facilities and uncompetitive compensation. DHEC recognizes that we are unable to compete financially with the private sector for high-quality talent, and this was emphasized by numerous respondents to the LOC's request for public input. One respondent stated that, "employee salaries need to be [competitive] with other like services. [Turnover] is high and positions are difficult to fill due to extremely low salaries as compared to private industry, nonprofits, other states, and other agencies within South Carolina." Another respondent expressed similar concerns: "Salaries are inferior to the private sector as well as other state agencies, particularly for seasoned staff."

Career advancement opportunities, increased pay and challenging work are often identified as what employees and candidates seek from employment. To address these concerns, DHEC has worked with the Department of Administration to obtain increased hiring salary ranges for some key healthcare positions like pharmacists, nurse practitioners and epidemiologists. One direct example of the results the Agency's partnership with the Department of Administration is the creation of three levels of epidemiologist job classifications. Prior to the creation of the three-level epidemiologist job series, epidemiologists were generally limited to being hired as a Band 6 Program Coordinator II. Now, epidemiologists can be hired as an Epidemiologist I (Band 6), Epidemiologist II (Band 7), or Epidemiologist III (Band 8). As part of our ongoing efforts, the Agency continues to identify opportunities for advancement and to increase employee salaries. Additionally, DHEC is leveraging succession planning and career development to identify career advancement opportunities and challenging work as recruiting and retention tools.

Through recruiting, developing and retaining high-quality employees, DHEC is implementing strategies to fulfill our aspiration of becoming the premier employer in South Carolina and the nation a reality. To assist in this process, the recently-hired Talent Development and Recruiting Director is developing the Agency's recruiting strategy to increase the pool of talented applicants interested in working for DHEC. In addition, the Agency is implementing a comprehensive, electronic talent management system to include modules for succession planning, onboarding and performance review.

DHEC also recognizes that succession planning is vital for employee retention, and the Agency is identifying and grooming future Agency leaders through our newly implemented Leadership Excellence Achievement Program (LEAP). Consistent with our core value of inspiring innovation, the Agency pursued and received grant funding to begin this year-long invitation-only leadership program that targets high-performing employees with potential to attain management positions.

3. **What are 3-4 emerging issues the agency anticipates having an impact on its operations in the upcoming five years?**

Several emerging issues are expected to greatly impact the Agency's operations and include employee retirements, degrading facilities and decreased program funding.

EMPLOYEE RETIREMENTS

Like many state agencies, DHEC is bracing for the upcoming wave of employee retirements and the loss of institutional knowledge. Approximately a quarter of DHEC's employees (24.2%) are currently eligible to retire or will be eligible to retire in the next five years and an additional 10% of the Agency's employees are active retirees and TERI employees, resulting in more than a third of DHEC's workforce nearing retirement. Meanwhile, 42% of DHEC's employees have been with the Agency less than five years. This disparity is concerning as it presents the challenge of succession planning and knowledge transfer. DHEC is aggressively working to prepare our workforce for the loss of this valuable knowledge and ensure continuity of operations at the highest level.

FACILITIES

As addressed previously, the Agency's facilities are degrading, functionally obsolete, present safety concerns and do not meet the needs of the Agency and our customers. To mitigate these concerns, the Agency will need to pursue redevelopment of our current facilities or consider alternative facilities for our Central Office, Laboratory and Regional offices. The consolidation of the numerous Central Office locations is a substantial, but necessary, undertaking that will require the support of many partners, including the General Assembly. DHEC will continue to partner with the Department of Administration to evaluate redevelopment or relocation opportunities.

FUNDING

DHEC relies on funding from numerous sources and when this funding is reduced or eliminated, it greatly impacts the Agency's ability to protect the health of the public and the environment. Reliable, stable funding for basic Agency infrastructure is a key to ensuring consistent Agency operations and provision of services. Consistent funding of DHEC programs is just as vital and below are examples of current or future reductions in funding the Agency anticipates impacting our program's operations.

Public Health Emergency Preparedness Cooperative Agreement (PHEP) Funds

The CDC conducted a reprogramming of \$44.25 million in PHEP funds for Zika preparedness and response, resulting in a 7% reduction of South Carolina's overall PHEP budget (\$595,000).

The long-term effect will be reduced capability for the state to respond to all events or hazards. Decreased funds to DHEC may impact local communities and reduce support of the daily activities provided by DHEC. The Agency will also experience reduced flexibility in our ability to assist counties.

If funding is permanently reduced the long-term effects could be reductions in staffing, training and on-call pay (overtime). There could also be a reduction in DHEC's ability to conduct training, travel, public information and outreach, as well as a significant reduction in DHEC's general operating budgets.

This cut should not have a severe impact on DHEC's ability to respond to health emergencies this year, as the impact should be mitigated through carryover funding. However, this is the final year of

the grant cycle, and there will be no carryover. DHEC is unsure whether this is a permanent cut to future funding, and any continued cuts to funding will have a much larger impact beginning next year.

The Health Resources Services Administration (HRSA) Title X HIV Services Grant

The HRSA Title X HIV Services grant opportunity has been terminated by the federal program effective September 1, 2016, resulting in the loss of \$775,000 in federal funding. The HRSA Title X HIV Services grant provides funding for HIV and sexually transmitted infection prevention within the context of DHEC Family Planning clinics. These efforts include HIV risk assessment, education, counseling and testing. DHEC operates Family Planning clinics in every county of South Carolina. These Family Planning clinics offer birth control, reproductive life counseling and education, pap smear exams and pregnancy testing.

The Ryan White Funding

Funding for the Ryan White HIV/AIDS Program (RWHAP) has decreased the last two years. This program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. Over the past two years funding has decreased by more than 6% due to the award amount declining by approximately 5.1% in FY 2015-2016 and approximately 1% in FY 2016-2017

The CDC-funded HIV Prevention Program saw a reduction of funding by about 10% from 2015 to 2017, from \$5,930,960 to \$5,330,461. The HIV Prevention Program was created to reduce new infections, increase access to care, improve health outcomes for people living with HIV and promote health equity.

Clean Air Act (CAA) Grant Funding

The EPA is currently refining how it allocates Clean Air Act (CAA) Section 105 grant funding to the states. South Carolina is currently heavily engaged in listening sessions with the EPA to help establish better criteria to reset the formula. It is uncertain how this new formula will impact future funding.

In addition to the grant formula changes, the EPA also announced that the funding DHEC currently receives under Section 103 of the CAA to help fund the particulate matter ambient air quality monitoring program will be transitioning to Section 105 grant funding over the next four-to-five years. Section 103 grant funds have no state matching requirements, but under Section 105, there is a 40% state matching requirement. Over the next four-to-five years, there will need to be additional matching state dollars to continue to receive this grant funding in the future.

RCRA (Hazardous Waste) Grant Funding

Due to the use of a new reallocation formula by the EPA, the South Carolina RCRA program is receiving a reduced grant amount each year, ultimately reaching a yearly grant reduction of \$327,330 per year by FY 2025. Although the cut is spread out over several years, with additional grant reductions each year, the impact will be significant in terms of resources for the hazardous waste program, which includes the regions. The total loss to the program will be approximately six employees. By streamlining the permitting and corrective action program, the Central Office RCRA program has absorbed the loss of two employees to date; however, the remaining cuts may eventually affect our ability to perform inspections in the regions to determine compliance with hazardous waste laws and regulations.

History and Structure

4. Please provide the history of the agency by year, from its origin to the present, in a bulleted list. Include the names of each director with the year the director started, and major events (e.g. programs added, cut, departments/divisions changed, etc.).

1878 - State lawmakers created South Carolina's first State Board of Health after a series of yellow fever outbreaks killed 20,000 Americans. A physician worked part-time to administer the agency's \$2,000 budget.

1950 - Fish kills and polluted streams prompted lawmakers to add a Water Pollution Control Authority Board to the State Board of Health.

1965 - Air pollution control was added and the environmental arm was renamed the Pollution Control Authority.

1970 - The Pollution Control Authority and the State Board of Health were split into two separate organizations.

1973 - The Pollution Control Authority and the State Board of Health were reunited to form DHEC. Enacted into law on July 1, 1973, the provision was codified as Code Section 32-0.5 in the 1962 Code of Laws, as amended, and as Section 44-160 in the 1976 Code.

The preamble of the act states:

Whereas, it has been found and declared by the State Reorganization Commission, after examination and investigation,... to be in the public interest of the State to combine and consolidate the STATE Board of Health, the Executive Committee of the State Board of Health, the State Department of Health, and the Pollution Control Authority of South Carolina into one agency to be known as the South Carolina Department of Health and Environmental Control which shall be governed by the South Carolina Board of Health and Environmental Control.

1978 - Legislators added hazardous waste management to DHEC's roster of responsibilities.

1993 - Legislators transferred three other state agencies to DHEC — the South Carolina Coastal Council, the Water Resources Commission, and part of the State Land Resources Conservation Commission.

Agency Director Timeline

- 1974-1977: Kenneth Aycok, MD, MPH
- 1978-1979: Albert G. Randall, MD, MPH
- 1980-1986: Robert S. Jackson, MD
- 1987-1992: Michael D. Jarrett
- 1993: Thomas E. Brown, Jr., Interim Director
- 1994-2001: Douglas E. Bryant, MPH
- 2001-2012: C. Earl Hunter
- 2012-2015: Catherine B. Templeton
- 2015-2015: Marshall Taylor, Acting Director
- 2015-present: Catherine E. Heigel

5. Please provide information about the body that governs the agency and to whom the agency head reports. Explain what the agency's enabling statute outlines about the agency's governing body (e.g. board, commission, etc.), including, but not limited to: total number of individuals in the body; whether the individuals are elected or appointed; who elects or appoints the individuals; the length of term for each individual; whether there are any limitations on the total number of terms an individual can serve; whether there are any limitations on the number of consecutive terms an individual can serve; and any other requirements or nuances about the body which the agency believes is relevant to understanding how it and the agency operate. If the governing body operates differently than outlined in statute, please describe the differences.

DHEC's operations are overseen by the S.C. Board of Health and Environmental Control (Board). The Board consists of eight members, one from each congressional district, and a Chairman from the state at large appointed by the Governor, upon the advice and consent of the S.C. Senate. The seven congressional district Board seats have staggered four-year terms. The Board is empowered to make, adopt, disseminate and enforce reasonable rules and regulations for the promotion of public health and the reduction, control and prevention of pollution.

SECTION 44-1-20. Department of Health and Environmental Control created under supervision of Board of Health and Environmental Control.

There is created the South Carolina Department of Health and Environmental Control which shall be administered under the supervision of the South Carolina Board of Health and Environmental Control. The board shall consist of eight members, one from each congressional district, and one from the State at large to be appointed by the Governor, upon the advice and consent of the Senate. The member who is appointed at large shall serve as the chairman of the board. The Governor may remove the chairman of the board pursuant to Section 1-3-240(B); however, the Governor only may remove the other board members pursuant to Section 1-3-240(C). The terms of the members shall be for four years and until their successors are appointed and qualify. All vacancies shall be filled in the manner of the original appointment for the unexpired portion of the term only. In making these appointments, race, gender, and other demographic factors should be considered to ensure nondiscrimination, inclusion, and representation to the greatest extent possible of all segments of the population of the State; however, consideration of these factors in making an appointment in no way creates a cause of action or basis for an employee grievance for a person appointed or for a person who fails to be appointed.

6. Please provide information about the agency's internal audit process including: whether the agency has internal auditors, a copy of the internal audit policy or charter, the date the agency first started performing audits, the names of individuals to whom internal auditors report, the general subject matters audited, name of person who makes the decision of when an internal audit is conducted, whether internal auditors conduct an agency-wide risk assessment routinely, whether internal auditors routinely evaluate the agency's performance measurement and improvement systems, the total number of audits performed in last five fiscal years; and the date of the most recent Peer Review of Self-Assessment by SC State Internal Auditors Association or other entity (if other entity, name of that entity).

DHEC does have internal auditors. The auditing function has been in the agency for at least 20 years. The most recent Internal Audit Policy of the Board establishing the Office of Internal Audits is dated March 12, 2012 and can be found at **Exhibit 1**. The Director of Internal Audit reports administratively to General Counsel and functionally to the Audit Committee that is established by the Board. The Internal Audit staff consists of:

Joel Griggs, CIA, CFE- Director of Internal Audit;
Cynthia Rumph, CIA, CGAP - Audit Manager I;
Kim Simons - Auditor IV;
Karen Canon - Administrative support;
In addition, we are currently interviewing for an Auditor III position.

Internal Audit is in the process of establishing a formal risk assessment process for the agency, but in the meantime has met with several members of management to help determine what audits should be conducted for FY17. Prior to this, Audit Plans were determined by input from various stakeholders including the Agency Director, Agency Management, General Counsel, and input received through the mail, Fraud & Abuse Hotline, and other inputs. Once all the potential topics were provided by the various inputs, the Director of Internal Audit would prioritize the audits in an audit plan approved by General Counsel and the Audit Committee.

The Internal Audit Department has not undertaken an audit of the Agency's performance measurement and improvement systems. However, several areas of the agency have undertaken similar initiatives using guidelines provided by various Federal programs.

In the past 10 years, the Internal Audit staff has completed 65 audits. Audits of programs related to health services were primarily compliance audits looking at Grant Subrecipients, Ryan White program expenditures, Vital Records office, and inventory audits in the Pharmacies. In regard to environmental programs, Internal Audit has reviewed the Bureau of Land & Waste Management and the Bureau of Air Quality. Administrative area audits Internal Audit has conducted include change fund counts in the various health departments, as well as inventory audits in areas such as the garage. For a total listing of all Internal Audits for the last 10 years, please see **Exhibit 2**. For a listing of all External Audits conducted within the agency for the last 5 years, please see **Exhibit 3**.

The most recent Peer Review was conducted by the SC State Internal Auditors Association in May 2016 and can be found at **Exhibit 4**.

General Information

7. Please complete the **Laws Chart**, which is a tab in the attached Excel document.

Laws

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: In this Chart, the agency will find all of the laws it listed as applicable to that agency in its Restructuring Report. Please do the following:

- (a) If the agency grouped any laws together when completing the Restructuring Report, go back through and list each law individually (as the Annual Restructuring Report informed the agency it would have to do in this report);
 (b) Make any revisions needed, including adding or removing laws or modifying the summary of each, to ensure the list is accurate as of the date the agency submits this report; and
 (c) List which objective(s) in the Agency's strategic plan satisfies each law.

Please cite Law Number as follows:

State Constitution: Article # . Title of Article . Section # . Title of Section (Example - Article IV. Executive Department. Section 12. Disability of Governor)

State Statute: ## - ## - ## . Name of Provision . (Example - 1-1-110. What officers constitute executive department.)

Federal Statute: Title # . U.S.C. Section # (Any common name for the statute)

State Regulation: Chapter # - Section # (Any common name for the regulation)

Federal Regulation: Title # C.F.R. Section # (Any common name for the regulation)

State Proviso: Proviso ## .# (Proviso Description), 2015-16 (or whichever year is applicable) Appropriations Act Part 1B (Example - 117.9 (GP: Transfers of Appropriations), 2014-15 Appropriations Act, Part 1B.)

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	2015-16 Objective(s) which satisfy the law	2016-17 Objective(s) which satisfy the law
1	§ 1-11-20	State	Statute	Transfer of Offices, Divisions, Other Agencies from State Budget and Control Board to Appropriate Entities - the regulation of minerals and mineral interests on public land is transferred to DHEC.	2.3.1, 2.3.2	2.3.1, 2.3.2
2	§ 3-5-40	State	Statute	Acquisition of Land Needed from Private Persons or Public Service Companies - if the U.S. government requires title to land within the state borders for construction and maintenance of intracoastal waterway that is in the name of a private person or corporation, telephone company, or any other public service company, or has been donated or condemned, DHEC may secure such easements or property on behalf of the state.	2.5.2	2.5.2
3	§ 3-5-50	State	Statute	Condemnation of Lands Needed From Private Persons or Public Service Companies by Department of Health and Environmental Control - If the Department is unable to secure a right of way or spoil disposal area, the Department may condemn the land on behalf of the State.	2.5.2	2.5.2
4	§ 3-5-80	State	Statute	Surveys for Purpose of Determining Property Necessary for Uses - For the purpose of determining the lands, easements, or property necessary for use, the Department may enter upon the general lands along the right of way for purposes of determining the specific lines of the rights of way.	2.5.2	2.5.2
5	§ 3-5-100	State	Statute	Areas Leased for Cultivation and Gathering of Oysters; Rights of Lessees - If DNR is unable to reach an agreement with the owner of leased oyster beds, the Department may condemn the rights and property of the lessees. If DNR is able to reach an agreement, the Department may reimburse the person for any direct actual losses as a result of the transfer.	2.5.2	2.5.2

Laws

6	§ 3-5-120	State	Statute	Survey and Determination of Damage to Oyster Beds or Oysters - Upon application to survey oyster beds, the Department shall promptly survey the damage to the oyster bed and determine the person causing the damage. The Department may subpoena witnesses in determining such facts. The Department must afford the person causing the damage the opportunity to be heard.	2.5.2	2.5.2
7	§ 3-5-130	State	Statute	Coastal Division to Make Determination of Actual Damages - The Coastal Division shall make the determination as to the amount of actual damage to the oyster bed.	2.5.2	2.5.2
8	§ 3-5-360	State	Statute	Surveys for Purpose of Determining Property Necessary for Uses - For the purpose of determining the lands, easements, or property necessary for use, the Department may enter upon the general lands along the right of way for purposes of determining the specific lines of the rights of way.	2.5.2	2.5.2
9	§ 4-33-10	State	Statute	Authorization for Educational Exhibits - The Department shall, upon application and guarantee of expenses, prepare and send educational exhibits to county fairs.	1.2.6	1.2.6
10	§ 4-33-20	State	Statute	Demonstrators Shall Be Assigned to Educational Exhibits - The Department shall send competent demonstrators to county fairs to explain the exhibits sent.	1.2.6	1.2.6
11	§ 4-33-30	State	Statute	Demonstrators May Be Persons Employed for Other Purposes; Expenses - The Department may detail necessary men to and spend the funds necessary to prepare and arrange the exhibits in Section 4-33-10.	1.2.6	1.2.6
12	§ 6-19-30	State	Statute	Source of Funds; Administration of Grants; Appointment and Duties of Advisory Committee - The Department shall administer grants for intermission to various water and sewer systems.	2.4.2	2.4.2
13	§ 6-19-35	State	Statute	Utilization of Funds; Advisory Committee Responsibility - The Department may delegate any agency, including itself, to administer or supervise any portion of a project funded under the South Carolina Rural Water and Sewer Act.	2.4.1, 2.4.2	2.4.1, 2.4.2
14	§ 6-19-40	State	Statute	Application for Grants; Rules for Consideration and Approval - The Department shall promulgate rules and regulations for processing all State grants appropriated under the State Grants for Water and Sewer Authorities, Districts or Systems.	2.4.1, 2.4.2	2.4.1, 2.4.2
15	§ 7-5-186	State	Statute	Statewide Voter Registration Database - The Department shall provide information and data to the State Election Commission that is necessary to maintain a statewide voter registration database.	4.2.1	4.2.1
16	§ 7-5-310	State	Statute	Multiple Site Voter Registration and Responsibilities of the State Election Commission in Implementing the National Voter Registration Act of 1993 - The Department is designated a voter registration agency.	4.2.1	4.2.1
17	§ 10-5-270	State	Statute	Compliance Review and Approval - All construction plans for health care facilities must be reviewed and approved by the Department.	3.1.4	3.1.4

Laws

18	§ 10-9-10	State	Statute	Leases of Gas, Oil, and Certain Other Minerals - The Department may make leases of gases, oil, and minerals, with the approval of the Attorney General, of lands owned, managed or controlled by the Department.	2.3.1, 2.3.2	2.3.1, 2.3.2
19	§ 10-9-30	State	Statute	Leases Subject to Conservation Laws; Lease of Rights Upon Offshore and Other State Lands - The Department may negotiate for leases upon all lands and waters of the State.	2.3.1, 2.3.2	2.3.1, 2.3.2
20	§ 10-9-110	State	Statute	Department of Health and Environmental Control Has Exclusive Control of the State's Phosphate Interest - The Department has exclusive control over the State's phosphate interest.	2.3.1, 2.3.2	2.3.1, 2.3.2
21	§ 10-9-200	State	Statute	Comptroller General Notified of Licenses Issued - The Department shall notify the Comptroller General of phosphate licenses granted within 20 days of granting.	2.3.1, 2.3.2	2.3.1, 2.3.2
22	§ 10-9-320	State	Statute	Lease of Development Rights to Geothermal Resources Underlying Surface Lands Owned by State - The Department may lease development rights of geothermal resources. The Department must promulgate regulations regarding the lease.	2.3.1, 2.3.2	2.3.1, 2.3.2
23	§ 11-11-230	State	Statute	Creation of Smoking Prevention and Cessation Trust Fund and South Carolina Medicaid Reserve Fund - The Department is to administer a statewide smoking prevention and cessation program.	1.2.1, 1.2.4, 1.2.5, 1.2.6, 1.4.4	1.2.1, 1.2.4, 1.2.5, 1.2.6, 1.4.4
24	§ 12-23-815	State	Statute	Information to Form Basis for Assessments - The Department must provide the Department of Revenue with information for tax assessments on licensed hospitals.	3.1.1	3.1.1
25	§ 12-28-2355	State	Statute	Inspection and Environmental Impact Fee Charged on Petroleum Products - The Department shall deposit the one-half cent a gallon environmental impact fee (collected by DOR) as provided in 44-2-40.	2.3.4	2.3.4
26	§ 12-6-3550	State	Statute	Voluntary Cleanup Activity Tax Credit; Eligibility Requirements - the Department must determine whether an applicant meets the eligibility requirements for tax credits available to nonresponsible parties for voluntary cleanup activity and provide DOR a written tax credit certificate by April first.	2.3.4	2.3.4
27	§ 13-1-380	State	Statute	Recycling Market Development Advisory Council - The Department shall provide technical assistance to the Recycling Market Development Advisory Council as requested.	2.3.3	2.3.3
28	§§ 13-7-10 through -200	State	Statute	Atomic Energy and Radiation Control Act; South Carolina Radioactive Waste Transportation and Disposal Act - designates DHEC as the state agency responsible for regulating radiation sources (but not nuclear reactors or facilities or operations in duplication of regulatory activity of the federal government), and regulates the transportation and disposal of low-level radioactive waste.	2.3.1, 2.3.2, 3.6.1, 3.6.2, 3.6.3	2.3.1, 2.3.2, 3.6.1, 3.6.2, 3.6.3
29	§ 14-7-1610	State	Statute	State Grand Jury System; Legislative Findings and Intent; Applicability - An environmental engineer contracted by the Department shall determine the anticipated damages in crimes against the environment.	2.1.2, 2.2.2, 2.3.2, 2.4.2, 2.5.2	2.1.2, 2.2.2, 2.3.2, 2.4.2, 2.5.2

Laws

30	§ 15-74-40	State	Statute	Neither Regulatory Authority of Department of Health and Environmental Control Nor Liability of Producer or Processor of Defective Food Affected - Provisions of act related to an exemption from liability for donors of food shall not restrict the Department's authority to regulate or ban the use or consumption of distressed food donated, collected or received for charitable purposes but deemed unfit for human consumption, nor shall the exemption from liability affect the liability of a producer or processor of food products for defects existing in food prior to when the food became a "distressed food."	2.2.1, 2.2.2, 2.2.3	2.2.1, 2.2.2, 2.2.3
31	§ 16-3-740	State	Statute	Testing of Certain Convicted Offenders for Hepatitis B and HIV - Testing of convicted offenders of for STDs, Hepatitis B, and HIV must be administered by the Department.	1.1.2, 1.2.1, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.3, 1.4.5, 1.4.7	1.1.2, 1.2.1, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.3, 1.4.5, 1.4.7
32	§ 20-1-240	State	Statute	Information To Be Provided to Applicants for Marriage Licenses - The Department is to supply family planning information to all marriage license issuing officials for disbursement.	1.1.4, 1.2.1, 1.4.2	1.1.4, 1.2.1, 1.4.2
33	§§ 20-1-310 and -320	State	Statute	Form of License and Certificate; Division of Vital Statistics Shall Distribute License Forms - The Division of Vital Statistics shall print and distribute necessary forms of marriage license and certificate in the issuance of marriage license.	1.5.1	1.5.1
34	§ 20-1-350	State	Statute	Filing of License and Certificate and Issuance of Certified Copies by Department of Health and Environmental Control - The Department shall file and index every marriage license issued, and may provide certified copies upon request.	1.5.1, 1.5.2	1.5.1, 1.5.2
35	§ 20-1-720	State	Statute	Publication and Distribution of "South Carolina Family Respect" Pamphlet - The Department shall include a "South Carolina Family Respect" pamphlet with each birth certificate mailed out.	1.5.2 (this pamphlet is not currently provided to the Department for mailing with birth certificates)	1.5.2 (this pamphlet is not currently provided to the Department for mailing with birth certificates)
36	§ 20-3-230	State	Statute	Clerks of Court Shall File Reports of Divorces and Annulments with Division of Vital Statistics - Division of Vital Statistics shall develop a form for Courts to report divorces and annulments.	1.5.1	1.5.1
37	§ 24-9-20	State	Statute	Inspection of State and Local Facilities Housing Prisoners or Pretrial Detainees; Reports - The Department must inspect the food service operations of State and local prisoner housing facilities at least annually.	2.2.2	2.2.2
38	§ 25-11-75	State	Statute	Appointment of Additional Claims Representative - Hepatitis C Coalition established by the Department.	1.1.2, 1.1.4, 1.2.1, 1.2.4, 1.2.6, 1.3.1, 1.3.2	1.1.2, 1.1.4, 1.2.1, 1.2.4, 1.2.6, 1.3.1, 1.3.2
39	§ 27-16-90	State	Statute	State May Convey Existing Reservation to United States; Expanded Reservation; Expansion Zones; Improvements in Expansion Zones; Eminent Domain; Taxes; Easements - Prior to its comprehensive planning process for reservation expansion, the Department shall consult with the Catawba Indian Tribe about the location of future sewage treatment facilities that may serve the expansion areas.	2.4.2	2.4.2

Laws

40	§ 38-7-20	State	Statute	Insurance Premium Taxes and Revenue Disbursements - establishes insurance premium tax on insurance companies; one quarter of one percent of the revenue from these taxes must be transferred to the aid to emergency medical services councils within the Department and used for grants to fund emergency medical technician and paramedic training.	N/A (first applies to Fiscal Year 2017-2018)	N/A (first applies to Fiscal Year 2017-2018)
41	§ 38-70-60	State	Statute	Promulgation of Regulations to Enforce Chapter - Requires Department of Insurance to consult with DHEC, among others, prior to promulgation of utilization review and private review agent regulations.	3.1.1, 3.4.1	3.1.1, 3.4.1
42	§ 39-37-120	State	Statute	Enforcement; Promulgation of Rules and Regulations - The Department shall promulgate and enforce regulations regarding the manufacture and distribution of frozen desserts.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
43	§ 40-13-60	State	Statute	Adoption of Rules and Regulations by Board - Regulations regarding the sanitary management of salons and schools must be approved by the Department prior to promulgation by State Board of Cosmetology.	2.2.3	2.2.3
44	§ 40-23-280	State	Statute	Requirements, Proof, and Initiation of Claim on Bond - The Department may initiate claims upon the bond for remediation or losses caused by an environmental systems operator.	2.2.3	2.2.3
45	§§ 40-25-10 through -90	State	Statute	Practice of Specializing in Hearing Aids Act - The Department is charged with enforcing this chapter, including issuing licenses to persons specializing in hearing aids, overseeing examinations, conducting periodic inspections, and promulgating regulations.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
46	§ 40-33-30	State	Statute	Licensing Requirement; Use of Title "Nurse"; Exceptions; Establishment of Policies to Cover Special Health Care Needs - The Department may establish policies that allow registered nurses to provide health care under the direction of a licensed physician and guidance of a registered pharmacist.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
47	§ 40-33-30(D)(7)	State	Statute	Nursing Act - carves out midwives licensed by DHEC from Nursing Act authority.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
48	§ 43-5-24	State	Statute	Provision of Information Regarding Contraception and Family Planning - The Department shall provide the Department of Social Services with informational packets on family planning for distribution.	1.1.4, 1.2.1, 1.4.2	1.1.4, 1.2.1, 1.4.2
49	§§ 43-5-910 through -970	State	Statute	Women, Infants, and Children Supplemental Food Program (WIC) - allows for the implementation of the federal WIC program to provide nutritional education and supplemental foods to pregnant and breastfeeding women, infants, and children.	1.1.3, 1.2.2, 1.4.1	1.1.3, 1.2.2, 1.4.1
50	§§ 44-1-20 through 44-1-70	State	Statute	Enabling legislation for the Department of Health and Environmental Control - establishes the Department and the Board of Health and Environmental Control ("Board"); sets forth composition of the Board, requirements governing Board meetings and compensation, requirements governing selection of a director, Board authorities, and procedures for appeals from Department decisions giving rise to contested cases; provides for General Assembly approval of Board rules and regulations by concurrent resolution.	All	All

Laws

51	§ 44-1-80	State	Statute	Duties and powers of Board as to communicable diseases - sets forth the powers of the Board of Health and Environmental Control when it comes to the investigation and prevention of communicable diseases.	1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.5, 1.4.6, 1.5.4	1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.5, 1.4.6, 1.5.4
52	§ 44-1-90	State	Statute	Board shall advise municipal county authorities - codifies the powers of the Board of Health and Environmental Control as it relates to disease outbreaks in towns, cities, and counties in South Carolina.	1.2.4, 1.3.1 through 1.3.4, 1.4.5, 1.4.6	1.2.4, 1.3.1 through 1.3.4, 1.4.5, 1.4.6
53	§ 44-1-100	State	Statute	Assistance from peace and health officers - sets forth the requirement that sheriffs and constables, police officers and health officers, in towns, cities, counties, and other municipalities, must assist the Director of the Department to carry out restrictive measures for the prevention and control of communicable diseases.	1.3.1	1.3.1
54	§ 44-1-110	State	Statute	Duties of Department in regard to public health, in general - establishes the Department as the sole advisor of the state in all questions involving the protection of the public health and sets forth the Department's duties in regards to the protecting the public health.	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7, 1.5.1 through 1.5.7, 3.5.1 through 3.5.3	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7, 1.5.1 through 1.5.7, 3.5.1 through 3.5.3
55	§ 44-1-130	State	Statute	Department may establish health districts and district advisory boards of health - provides the authority for the Department to divide the state into health districts and establish advisory boards within those districts.	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7
56	§ 44-1-140	State	Statute	Department may promulgate and enforce rules and regulations for public health - establishes areas in which the Department may promulgate rules and regulations concerning public health (see subsections (1) through (13) below), and provides the Department authority to issue orders and rules to address emergencies.	1.2.1, 1.2.2, 1.2.4, 1.2.7, 1.3.1, 1.3.2, 1.4.5, 1.6.1, 1.6.2, 1.6.3, 1.6.4, 2.1.2, 2.1.5, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.3.1, 2.3.2, 2.4.3, 2.4.5	1.2.1, 1.2.2, 1.2.4, 1.2.7, 1.3.1, 1.3.2, 1.4.5, 1.6.1, 1.6.2, 1.6.3, 1.6.4, 2.1.2, 2.1.5, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.3.1, 2.3.2, 2.4.3, 2.4.5
57	§ 44-1-140(1)	State	Statute	Power to regulate and enforce for the thorough sanitation and disinfection of passenger cars, sleeping cars, steamboats, or other vehicles, and all jails, hotels, schools, and other places used by or open to the public.	2.2.2, 2.2.3	2.2.2, 2.2.3
58	§ 44-1-140(2)	State	Statute	Power to regulate and enforce for the sanitation of hotels, restaurants, cafes, drugstores, hot dog and hamburger stands and all other places or establishments providing eating or drinking facilities, and all private nursing homes.	2.2.1, 2.2.2, 2.2.3	2.2.1, 2.2.2, 2.2.3
59	§ 44-1-140(3)	State	Statute	Power to regulate and enforce for the production, storing, labeling, transportation, and selling of milk and milk products, filled milk and filled milk products, imitation milk and imitation milk products, synthetic milk and synthetic milk products, milk derivatives and other products in semblance of milk or milk products.	2.2.1, 2.2.2, 2.2.3	2.2.1, 2.2.2, 2.2.3
60	§ 44-1-140(4)	State	Statute	Power to regulate and enforce for the sanitation and control of abattoirs, meat markets, and bottling plants.	2.2.1, 2.2.2, 2.2.3	2.2.1, 2.2.2, 2.2.3
61	§ 44-1-140(5)	State	Statute	Power to regulate and enforce for the classification of waters and for the safety and sanitation in the harvesting, storing, processing, handling and transportation of mollusks, fin fish and crustaceans.	2.2.2, 2.2.3, 2.2.4, 2.4.3, 2.4.5	2.2.2, 2.2.3, 2.2.4, 2.4.3, 2.4.5

Laws

62	§ 44-1-140(6)	State	Statute	Power to regulate and enforce for the control of disease-bearing insects, including impounding of waters.	2.2.3	2.2.3
63	§ 44-1-140(7)	State	Statute	Power to regulate and enforce for the safety, safe operation, and sanitation of public swimming pools and other public bathing places, construction, tourist, and trailer camps and fairs.	2.2.3	2.2.3
64	§ 44-1-140(8)	State	Statute	Power to regulate and enforce for the control of industrial plants, including protection of workers from fumes, gases and dust, whether obnoxious or toxic.	1.2.2, 2.1.1, 2.1.2, 2.2.4	1.2.2, 2.1.1, 2.1.2, 2.2.4
65	§ 44-1-140(9)	State	Statute	Power to regulate and enforce for the use of water in air humidifiers.	2.2.3	2.2.3
66	§ 44-1-140(10)	State	Statute	Power to regulate and enforce for the care, segregation, and isolation of persons having or suspected of having any communicable, contagious, or infectious disease.	1.3.1	1.3.1
67	§ 44-1-140(11)	State	Statute	Power to regulate the methods of disposition of garbage or sewage or like refuse matter in or near any village, town, or city, in the State, and to abate obnoxious and offensive odors caused or produced by septic tanks by prosecution, injunction, or otherwise.	2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2	2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2
68	§ 44-1-140(12)	State	Statute	Power to regulate and enforce for the thorough investigation and study of causes of disease, the means for prevention of contagious disease, and the publication and distribution of such information that may contribute to public health and prevention of disease.	1.2.4, 1.3.1, 1.3.4, 1.4.5, 1.5.3, 1.5.4, 1.5.5, 1.5.6	1.2.4, 1.3.1, 1.3.4, 1.4.5, 1.5.3, 1.5.4, 1.5.5, 1.5.6
69	§ 44-1-140(13)	State	Statute	Power to regulate and enforce for alteration of safety glazing material standards and defining additional structural locations as hazardous areas, and for notice and hearing procedures to effect such changes.	1.2.2	1.2.2
70	§ 44-1-148	State	Statute	Resale for Human Consumption Prohibited for Fresh Meat or Fresh Meat Products if Returned by a Consumer - Prohibits a person from offering to the public for resale for human consumption fresh meat or fresh meat products sold to a consumer, if the fresh meat or fresh meat products have been returned by the consumer.	2.2.2, 2.2.3	2.2.2, 2.2.3
71	§ 44-1-150	State	Statute	Penalty for violating rules of the department - addresses the ability of the Department to issue penalties associated with failures to follow rules, regulations, and directives of the Department.	1.2.4, 1.3.1, 1.3.2, 1.4.5	1.2.4, 1.3.1, 1.3.2, 1.4.5
72	§ 44-1-151	State	Statute	Penalties for Violations Involving Shellfish - provides for disposal of shellfish involved in violation and civil penalties.	2.4.2	2.4.2
73	§ 44-1-152	State	Statute	Disposition of Revenues from Capital Fines and Forfeitures for Violation of Shellfish Laws - to be split between county/DHEC/general fund.	2.4.2	2.4.2
74	§ 44-1-155	State	Statute	Release on Bail of Person Apprehended by Shellfish Patrolmen upon Charge of Violating Health and Sanitary Aspects of Shellfish, Crab, and Shrimp Laws or Regulations - permits deposit of bail with patrolman in lieu of incarceration or formal recognizance.	2.4.2	2.4.2

Laws

75	§ 44-1-165	State	Statute	Expedited Review Program Established - Establishes Expedited Review Program within the Department to provided for expedited permit application review process.	2.1.1, 2.4.1	2.1.1, 2.4.1
76	§ 44-1-170	State	Statute	Department shall supervise local boards of health - authorizes the Department to direct and supervise the action of local boards of health.	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7
77	§ 44-1-180	State	Statute	Department may establish charges for health care - provides that the Department may charge for medical services it provides.	1.1.1, 1.1.2, 1.1.5, 1.4.2, 1.4.7	1.1.1, 1.1.2, 1.1.5, 1.4.2, 1.4.7
78	§ 44-1-190	State	Statute	Department may investigate ability to pay and determine amount of charges; contracts for care and treatment - allows Department to investigate financial ability of patients to pay for services and set fees accordingly.	1.1.1, 1.1.2, 1.1.5, 1.4.2, 1.4.7	1.1.1, 1.1.2, 1.1.5, 1.4.2, 1.4.7
79	§ 44-1-200	State	Statute	Department may provide home health services - gives the Department the discretion to provide home health services in the state.	1.2.1, 1.2.2, 1.2.6	N/A (Department transferred its home health licenses through a competitive bid process to a private entity as of December 31, 2015)
80	§ 44-1-300	State	Statute	Exemption From Enforcement of Regulation That Would Prohibit Churches and Charitable Organizations From Serving Food to Public - prohibits the Department from using any funds to enforce R. 61-25 in any way that would prohibit a church or charitable organization from preparing and serving food to the public on their own premises not more than once a month or twelve times a year.	2.2.2	2.2.2
81	§ 44-1-310	State	Statute	Maternal Morbidity and Mortality Review Committee - requires Department to establish committee to review maternal deaths and develop prevention strategies.	1.1.4	1.1.4
82	§ 44-1-315	State	Statute	Environmental Permits and Permittees - directs the Department to provide a schedule to bring facilities newly within the jurisdiction of South Carolina as a result of changes to the NC-SC border into compliance with Department permits.	2.1.1, 2.2.1, 2.3.1, 2.4.1, 2.5.1	2.1.1, 2.2.1, 2.3.1, 2.4.1, 2.5.1
83	§§ 44-2-10 through -150	State	Statute	State Underground Petroleum Environmental Response Bank Act - creates two separate and distinct state treasury accounts for DHEC to administer (Superb Account and Superb Financial Responsibility Fund) to assist owners/operators of underground storage tanks (USTs) with releases; and provides DHEC authority to regulate permitting, release detection, prevention, and correction applicable to owners/operators of USTs for petroleum products.	2.3.1, 2.3.2, 2.3.4	2.3.1, 2.3.2, 2.3.4
84	§ 44-3-10	State	Statute	Municipal corporations may maintain boards of health; supervisory control - allows municipalities to establish local boards of health, which function under the administration, control, and guidance of the Department.	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7	1.1.1 through 1.1.5, 1.2.1 through 1.2.7, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7
85	§§ 44-4-100 through -570	State	Statute	The Emergency Health Powers Act - establishes the Emergency Health Powers Act, which allows for additional powers for the control of property and persons during the declaration of a state of public health emergency as called for by the Governor.	1.3.1, 1.3.2, 1.3.3, 1.4.5, 1.6.1, 1.6.3, 1.6.4	1.3.1, 1.3.2, 1.3.3, 1.4.5, 1.6.1, 1.6.3, 1.6.4

Laws

86	§ 44-7-77	State	Statute	Program to Obtain Voluntary Acknowledgment of Paternity of Newborns - The Department of Health and Environmental Control and the State Department of Social Services, in conjunction with the South Carolina Hospital Association, shall develop and implement a program to promote obtaining voluntary acknowledgments of paternity as soon after birth as possible and where possible before the release of the newborn from the hospital.	1.5.1	1.5.1
87	§§ 44-7-80 through 90	State	Statute	Medicaid Nursing Home Permits - directs the Department to allocate Medicaid nursing home patient days, act on applications and issue permits for Medicaid nursing home patient days, and enforce penalties for non-compliance.	3.4.2	3.4.2
88	§§ 44-7-110 through 240	State	Statute	State Certification of Need - establishes Certificate of Need in S.C. and the Department's role in executing the program. Also, directs the Department to license and promulgate regulations relating to specific healthcare facilities. Sets forth projects requiring CON and projects exempt from CON, application and review process, and appeals process. Requires preparation of a State Health Plan to be utilized in reviewing certain CON applications.	3.4.1, 3.4.2	3.4.1, 3.4.2
89	§§ 44-7-250 through -394	State	Statute	Health Facility Licensure - Directs the Department to license and promulgate regulations relating to specific healthcare facilities. Requires submission of plans and specifications for review prior to commencing construction or renovation of healthcare facilities. Authorizes the Department to take enforcement action for non-compliance. Establishes Residential Care Committee and Renal Dialysis Advisory Council.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
90	§§ 44-7-500 through 590	State	Statute	Health Care Cooperation Act - establishes the ability for providers to arrange healthcare co-ops.	3.4.1, 3.4.2	3.4.1, 3.4.2
91	§ 44-7-2410 through -2460	State	Statute	Hospital Infections Disclosure Act - provides that individual hospitals must collect data on hospital inquired infection rates and submitted reports to the Department.	1.1.4, 1.2.1, 1.2.4, 1.3.1	1.1.4, 1.2.1, 1.2.4, 1.3.1
92	§ 44-7-2510 through -2610	State	Statute	Infants and Toddlers with Disabilities Act - provides for early intervention services to infants and toddlers with disabilities.	1.1.1, 1.1.5	1.1.1, 1.1.5
93	§§ 44-7-2910 through 2950	State	Statute	Criminal Record Checks for Direct Care Staff - requires criminal records check for direct care personnel.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
94	§§ 44-7-3410 through 3470	State	Statute	Lewis Blackman Hospital Patient Safety Act - provides protections for hospital patients such as ID requirements for hospital staff.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
95	§ 44-8-10	State	Statute	Targeted Community Program for Dental Health Education, Screening, and Treatment Referral in Public Schools - The Department shall implement a targeted community dental health program for public schools student in certain grades or upon entrance into the public school system.	1.1.1, 1.1.5, 1.2.1	1.1.1, 1.1.5, 1.2.1

Laws

96	§ 44-29-10	State	Statute	Reporting deaths from contagious or infectious diseases and chemical or other terrorism; increased prescription rates of drugs for diseases caused by chemical terrorism or infectious agents - requires the reporting by physicians, pharmacists, and health care providers of certain cases of contagious and infectious diseases to the Department for purpose of the Department's investigation and establishes penalties associated with failures to report.	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 1.4.5, 1.4.6	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 1.4.5, 1.4.6
97	§ 44-29-15	State	Statute	Reporting requirements for laboratories testing for certain infectious or other diseases; civil penalty - requires laboratories to report certain positive or reactive tests of infectious or communicable diseases to the Department and establishes penalties for failure to report.	1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.5, 1.4.6	1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.5, 1.4.6
98	§ 44-29-20	State	Statute	Transportation and handling of human remains infected by dangerous, contagious, or infectious disease - establishes certain notification requirements of human remains infected by dangerous, contagious, or infectious disease; the Department is given responsibility for distributing to hospitals, health or medical clinics and others who are frequently in possession of human remains a list declaring what diseases are regarded as dangerous, contagious, or infectious.	1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.5	1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.5
99	§§ 44-29-40 through -50	State	Statute	Vaccinations, screening, and immunization - establishes the Department as having general direction and supervision of vaccination, screening, and immunization in the state.	1.3.1, 1.3.3, 1.4.7	1.3.1, 1.3.3, 1.4.7
100	§ 44-29-60	State	Statute	Sexually transmitted diseases declared dangerous to the public health; infection of another with sexually transmitted disease - establishes STDs as dangerous to the public health and makes it unlawful for anyone to knowingly expose another to infection.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
101	§§ 44-29-70 through -80	State	Statute	Reports of cases of sexually transmitted diseases - establishes requirements for the reporting of STDs to the Department.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
102	§ 44-29-90	State	Statute	Examination, treatment, and isolation of persons infected with venereal disease - provides for the examination and treatment of people with STDs by health officers and allows for isolation; requires the Department to investigate cases of HIV and to maintain confidentiality.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
103	§ 44-29-115	State	Statute	Procedure for isolation - establishes the procedure by which the Department may isolate an individual infected with an STD.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
104	§ 44-29-130	State	Statute	Adoption of regulations pertaining to sexually transmitted disease - authorizes the Department to promulgate regulations to protect the public health from STDs.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
105	§ 44-29-135	State	Statute	Confidentiality of sexually transmitted disease records - provides for strict confidentiality by the Department for its STD records and provides limited exceptions for their disclosure.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
106	§ 44-29-136	State	Statute	Court orders for disclosure of records for law enforcement purposes; confidentiality of safeguards - provides a procedure by which solicitors or state criminal law enforcement agencies may obtain STD records held by the Department.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
107	§ 44-29-140	State	Statute	Penalties pertaining to venereal disease - establishes penalties for violation of rules, orders, and regulations of the Department regarding venereal disease.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6

Laws

108	§ 44-29-145	State	Statute	Penalty for exposing others to Human Immunodeficiency Virus - creates penalties against individuals for exposing others to HIV.	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6	1.2.1, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.4.3, 1.4.5, 1.4.6
109	§§ 44-29-150 through -170	State	Statute	Staff of schools and child care centers to be evaluated for tuberculosis before initial hiring - requires testing for tuberculosis and the presentation of a certificate from a physician declaring one to be negative.	1.3.1, 1.4.6	1.3.1, 1.4.6
110	§§ 44-29-180 through -190	State	Statute	Vaccination and immunization as prerequisite to school admission - prohibits children from attending public schools and day care centers without proof of vaccinations, with certain exemptions; authorizes Department to offer cervical cancer vaccination series for adolescent students beginning in 2016-2017 school year; establishes penalties for violation of 44-29-180.	1.3.1, 1.3.3, 1.4.7	1.3.1, 1.3.3, 1.4.7
111	§ 44-29-195	State	Statute	Head lice - prohibits children from attending school with head lice and establishes criteria for return.	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5
112	§ 44-29-200	State	Statute	Attendance of teachers or pupils with contagious or infectious diseases may be prohibited - allows schools to prohibit attendance by students and staff with contagious or infectious disease.	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5
113	§ 44-29-210	State	Statute	Physicians, licensed nurses, and certain authorized public health employees participating in mass immunization projects exempt from liability - with certain exceptions.	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5
114	§ 44-29-230	State	Statute	Testing required when health care worker exposed to blood borne disease - allows for the testing of a patient, a health care worker, or an emergency response employee to be tested without their consent when a health care worker or emergency response employee is exposed to blood borne diseases.	1.2.4, 1.3.1, 1.3.2, 1.3.3	1.2.4, 1.3.1, 1.3.2, 1.3.3
115	§ 44-29-240	State	Statute	Protection of health care professionals rendering care; knowledge and disclosure of HIV or Hepatitis B (HBV) status - encourages individuals on whom an invasive, exposure-prone procedure is to be performed, to know and disclose his HIV and HBV status.	1.3.1, 1.3.2, 1.3.3	1.3.1, 1.3.2, 1.3.3
116	§ 44-29-250	State	Statute	Confidentiality of anonymous HIV test results; reporting requirements - provides that a person who anonymously submits his blood for testing is not required to report the test results to the Department; however, the lab or person performing the test still has responsibility for reporting.	1.2.4, 1.3.1 through 1.3.4, 1.4.3, 1.4.5	1.2.4, 1.3.1 through 1.3.4, 1.4.3, 1.4.5
117	§§ 44-30-10 through -90	State	Statute	South Carolina Health Care Professional Compliance Act - provides for the creation of expert review panels whereby a health care worker who is either HIV or HBV positive can present his or her situation to the advisory panel and receive recommendations for participating in certain invasive procedures in the health care setting.	1.3.2, 1.3.4	1.3.2, 1.3.4
118	§§ 44-31-10 through -30	State	Statute	Tuberculosis - requires physicians and others to report to the Department cases of tuberculosis and grants the Department the authority to inspect all medical records where tuberculosis patients are treated.	1.2.4, 1.3.1, 1.4.5, 1.4.6	1.2.4, 1.3.1, 1.4.5, 1.4.6

Laws

119	§§ 44-31-100 through -200	State	Statute	Emergency Detention and Commitment of Tuberculosis Patients - provides the procedures by which the Department can require the emergency detention, examination, and isolation of tuberculosis patients.	1.2.4, 1.3.1, 1.4.5, 1.4.6	1.2.4, 1.3.1, 1.4.5, 1.4.6
120	§§ 44-32-10 through -120	State	Statute	Licensure of Body Piercing Facilities - requires DHEC licensure and oversight of body piercing facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
121	§§ 44-34-10 through -110	State	Statute	Licensure of Tattoo Facilities - requires DHEC licensing and oversight of tattoo facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
122	§§ 44-35-5 though -100	State	Statute	Central Cancer Registry - Department to formulate a plan for cancer prevention, detection, and surveillance programs and for care of persons suffering from cancer; establishes a central cancer registry; requires health care providers to report cancer case information to the Department. Department may acquire facilities to provide care and aid to cancer patients. Establishes a Cancer Control Advisory Committee.	1.2.1, 1.2.3, 1.2.4, 1.4.4, 1.5.3	1.2.1, 1.2.3, 1.2.4, 1.4.4, 1.5.3
123	§§ 44-37-10 through -70	State	Statute	Care of the Newly Born - establishes requirements for newborn care, including care relating to eyes, neonatal testing, newborn hearing screening, the prevention against shaken infant syndrome, preventing pertussis, sickle cell education, and congenital heart defects.	1.1.1, 1.1.4, 1.1.5, 1.2.2	1.1.1, 1.1.4, 1.1.5, 1.2.2
124	§§ 44-41-10 through -85	State	Statute	Abortions Generally - establishes the circumstances under which abortion is legal in the state and designates the Department as the entity responsible for licensing abortion clinics and certifying hospitals as suitable facilities for the performance of abortions. Department shall promulgate regulations for the certification of hospitals as suitable facilities for the performance of abortions and regulations for the licensing of abortion clinics. Requires reporting of all abortions to the Vital Statistics program of the Department.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
125	§ 44-41-310 through -380	State	Statute	Woman's Right to Know Act - Requires physicians to provide woman with certain information prior to performing an abortion, including her right to review results of any ultrasound and printed materials published by DHEC. Requires DHEC to publish and make available printed materials listed in Section 44-41-340 regarding fetal development, places that offer free ultrasounds, etc.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
126	§§ 44-41-410 through -480	State	Statute	South Carolina Pain-Capable Unborn Child Protection Act - Places additional limitations on gestational age of fetus upon which a physician may perform an abortion. Places additional reporting requirements upon facilities that perform abortions, to be reported to the Department's Vital Statistics program.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
127	§§ 44-53-10 through -50	State	Statute	Poisons, Drugs, and Other Controlled Substances - provides the general powers given to the Department concerning poisons, drugs, and other controlled substances.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
128	§§ 44-53-160 through -270	State	Statute	Scheduling of Controlled Substances - provides the process by which controlled substances are classified into schedules and sets forth Schedules I through V.	3.5.1 through 3.5.3	3.5.1 through 3.5.3

Laws

129	§ 44-53-280	State	Statute	Controlled Substances - grants the Department the authority to promulgate rules and regulations regarding the requirement of certain health care professionals to obtain a registration prior to prescribing, manufacturing, or distributing controlled substances.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
130	§ 44-53-290	State	Statute	Establishes the requirement of and authority granted by a controlled substance registration and identifies individuals exempt from registration.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
131	§§ 44-53-300 through -320	State	Statute	Granting of registration - establishes the process for someone to apply for a controlled substances registration as well as the grounds and procedures for denial, revocation, or suspension.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
132	§ 44-53-330	State	Statute	Requires that a copy of a judgment of a person convicted of a violation of the controlled substances act be sent to the clerk of court of the person's licensing board.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
133	§ 44-53-340	State	Statute	Requires those with a controlled substances registration to maintain records and inventories.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
134	§ 44-53-350	State	Statute	Provides that Schedule I and II substances can only be distributed by one registrant to another pursuant to an order form prescribed by the Department.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
135	§ 44-53-360	State	Statute	Prescriptions - establishes that certain controlled substances may only be dispensed pursuant to a prescription and sets forth other related provisions.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
136	§ 44-53-365	State	Statute	Theft of controlled substances - sets forth penalties for the theft of controlled substances.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
137	§ 44-53-370	State	Statute	Establishes certain prohibited acts under the controlled substances act.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
138	§ 44-53-375	State	Statute	Establishes violations and penalties for the possession, manufacture, and trafficking of methamphetamine and cocaine base and other controlled substances.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
139	§ 44-53-376	State	Statute	Makes it unlawful to dispose of waste from production of methamphetamine and establishes penalties and emergency response restitution.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
140	§ 44-53-378	State	Statute	Makes it unlawful to expose a child to methamphetamine.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
141	§§ 44-53-380 through -391, 395 through -400, -420, -440 through -445	State	Statute	Establishes certain additional prohibited acts under the Controlled Substances Act.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
142	§ 44-53-430	State	Statute	Creates an appeals process from orders of the Department.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
143	§§ 44-53-450 through -470	State	Statute	Establishes criteria and procedures for probation, a conditional discharge, reduced sentences, and expungement relating to controlled substances offenses, including the definition of "second or subsequent offense."	3.5.1 through 3.5.3	3.5.1 through 3.5.3
144	§ 44-53-475	State	Statute	Financial transactions, monetary instruments, or financial institutions involving property or proceeds of unlawful activities in narcotic drugs or controlled substances, including penalties.	3.5.1 through 3.5.3	3.5.1 through 3.5.3

Laws

145	§§ 44-53-480 through -570	State	Statute	Statutes relating to the enforcement of all laws pertaining to illicit traffic in controlled and counterfeit substances, handling of seized controlled substances, drug inspectors, procedures for issuance and execution of administrative inspection warrants, forfeitures, prosecutions, and service of search warrants.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
146	§ 44-53-577	State	Statute	Illegal acts involving persons under 17 years of age, including penalties.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
147	§§ 44-53-582 through -590	State	Statute	Provides for the return of monies used to purchase controlled substances, the return of seized items to innocent owners, and penalties for the use of property in a manner which makes it subject to forfeiture.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
148	§§ 44-53-610 through -660	State	Statute	Controlled Substances Therapeutic Research Act of 1980 - Establishes a program within DHEC to distribute to cancer chemotherapy, radiology, and glaucoma patients, certified pursuant to the Act, marijuana under the terms and conditions of the Act for the purpose of alleviating the patient's discomfort, nausea, and other painful side effects of their disease or chemotherapy treatments.	1.2.1, 3.5.1 through 3.5.3	1.2.1, 3.5.1 through 3.5.3
149	§§ 44-53-710 through -760	State	Statute	Provides for the control over methadone by the Department.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
150	§§ 44-53-1310 through -1495	State	Statute	Creates the Childhood Lead Poisoning Prevention and Control Act whereby the Department establishes a program for the early diagnosis of cases of childhood lead poisoning and its prevention.	1.2.1, 1.2.2, 1.2.6, 1.3.1, 1.5.4, 1.5.5	1.2.1, 1.2.2, 1.2.6, 1.3.1, 1.5.4, 1.5.5
151	§§ 44-53-1610 through -1680	State	Statute	Establishes the Prescription Monitoring Program whereby the Department maintains and establishes a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
152	§§ 44-55-10 through -120	State	Statute	State Safe Drinking Water Act - provides authority for regulation of public water systems and requirements for owners and operators of such systems.	2.4.1, 2.4.2	2.4.1, 2.4.2
153	§§ 44-55-2310 through -2380	State	Statute	Public Swimming Pools - provides authority to regulate public swimming pools and requirements for owners and operators of such pools.	2.4.1, 2.4.2	2.4.1, 2.4.2
154	§§ 44-56-10 through -330	State	Statute	Hazardous Waste Management Act - provides authority to regulate the generation and management of hazardous waste, including issuing permits for and its transportation, treatment, storage, and disposal; provides for response actions at abandoned and uncontrolled hazardous waste sites.	2.3.1, 2.3.2, 2.3.4	2.3.1, 2.3.2, 2.3.4
155	§§ 44-56-410 through -495	State	Statute	Dry-cleaning Facility Restoration Trust Fund - provides for DHEC to administer funds, collected and managed by DOR, for the investigation and remediation of prioritized dry-cleaning related environmental contamination.	2.3.4	2.3.4
156	§ 44-56-510	State	Statute	Waste Assessments - provides for assessment of fees for any waste disposed of in a permitted hazardous waste land disposal site that is not assessed fees under the General Provisions of the Hazardous Waste Management Act.	2.3.4	2.3.4

Laws

157	§§ 44-56-710 through -760	State	Statute	Brownfields/Voluntary Cleanup Program - provides for incentives for redevelopment of contaminated industrial and commercial sites and for DHEC oversight of such redevelopment.	2.3.4	2.3.4
158	§§ 44-61-10 through -160	State	Statute	Emergency Medical Services Act - requires DHEC licensure and oversight of EMS providers and agencies.	3.3.1, 3.3.2	3.3.1, 3.3.2
159	§§ 44-61-300 through -350	State	Statute	Children's Emergency Medical Services Act - EMS provisions regarding children.	3.3.5	3.3.5
160	§§ 44-61-510 through -550	State	Statute	Trauma Care System - requires DHEC designation and oversight of state trauma care facilities.	3.3.3	3.3.3
161	§§ 44-61-610 through -690	State	Statute	Stroke System of Care Act of 2011 - provides for development and implementation of a statewide system of stroke care.	3.3.4	3.3.4
162	§ 44-63-10 through -180	State	Statute	Empowers the Department to establish a bureau of vital statistics and to provide an adequate system for the registration and certification of births, deaths, marriages, and divorces.	1.5.1, 1.5.2, 1.5.5, 1.5.6	1.5.1, 1.5.2, 1.5.5, 1.5.6
163	§§ 44-69-10 through -100	State	Statute	Licensure of Home Health Agencies - requires DHEC licensure and oversight of home health agencies.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
164	§§ 44-70-10 et seq.	State	Statute	Licensure of In-Home Care Providers Act - requires DHEC licensure and oversight of in-home care providers.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
165	§§ 44-71-10 through -110	State	Statute	Licensure of Hospice Programs - requires DHEC licensure and oversight of hospice programs and facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
166	§§ 44-75-10 through -120	State	Statute	The Athletic Trainers' Act of South Carolina - establishes Athletic Trainers' Advisory Committee as well as sets forth certification, application, and administrative procedures for athletic trainers in S.C.	3.3.1	3.3.1
167	§§ 44-78-10 through -65	State	Statute	Emergency Medical Services Do Not Resuscitate Order Act - allows certain persons to request execution of a "Do not resuscitate" order.	3.3.1, 3.3.2	3.3.1, 3.3.2
168	§§ 44-81-10 through -70	State	Statute	Bill of Rights for Residents of Long-Term Care Facilities - Declaration of rights for residents in long-term care facilities licensed by the Department, to preserve their dignity and personal integrity.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
169	§§ 44-87-10 through -50	State	Statute	Asbestos Abatement License - establishes requirements to obtain asbestos project licenses; authorizes Department to define procedures and fees, and to promulgate categories, criteria, and requirements for licensing of asbestos abatement personnel; authorizes Department to promulgate and enforce implementing regulations and to prescribe standards of performance for asbestos removal; establishes penalty for violation of Asbestos Abatement License statute.	2.1.5	2.1.5
170	§§ 44-89-10 through -100	State	Statute	Licensing of Birthing Centers - requires DHEC licensure and oversight of birthing centers.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
171	§§ 44-93-10 through -240	State	Statute	Infectious Waste Management Act - provides authority to regulate infectious waste, infectious waste generators, and treatment, storage, transport, and disposal of infectious waste.	2.3.1, 2.3.2	2.3.1, 2.3.2
172	§§ 44-96-10 through -470	State	Statute	Solid Waste Policy and Management Act - provides authority to regulate solid waste, landfills, and landfill operators.	2.3.1, 2.3.2, 2.3.3	2.3.1, 2.3.2, 2.3.3

Laws

173	§§ 44-99-10 through -60	State	Statute	Emergency Anaphylaxis Treatment Act - authorizes stocking and prescription of epinephrine auto-injectors by entities at which allergens capable of causing anaphylaxis may be present; authorizes Department to establish requirements related to storage of epinephrine auto-injectors by such entities; anaphylaxis training programs to be conducted by Department, entities/individuals approved by the Department, or other specified persons.	1.1.1, 1.1.4, 1.2.1, 1.2.2, 1.2.6	1.1.1, 1.1.4, 1.2.1, 1.2.2, 1.2.6
174	§§ 44-113-10 through -80	State	Statute	Provider Self-Referral Act - sets prohibitions on provider self-referrals.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
175	§ 44-115-80	State	Statute	Fees Physician May Charge for Search and Duplication of Records - The Department shall determine the amount physicians may charge for search and duplication of records each year.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
176	§ 44-122-50	State	Statute	Adolescent Pregnancy and Prevention - provides that the Department shall provide technical assistance and training to county governments and contractors, as needed, related to adolescent pregnancy prevention issues and share information with county governments, contractors, and program applicants about the nature of the problem, available resources, and potential barriers.	1.5.1, 1.5.4, 1.5.5	1.5.1, 1.5.4, 1.5.5
177	§§ 44-128-10 through -50	State	Statute	South Carolina Youth Smoking Prevention Act - provides for the development and implementation of a youth smoking prevention plan.	1.2.5	1.2.5
178	§ 44-130-40	State	Statute	Pharmacist May Dispense Opioid Antidote - provides for pharmacist dispensation of opioid antidotes pursuant to prescriptions, standing order, or written joint protocol; directs the Department to study and report by January 1, 2017 on the possibility that a person experiencing an opioid-related overdose would be decreased if access to cannabis was legally permitted and the extent to which states have latitude under federal law for a Veterans Affairs' physician licensed in the state to provide a written certification that a veteran would benefit from use of marijuana for medicinal purposes in lieu of prescribed opioids.	1.2.1, 1.2.2, 1.2.6	1.2.1, 1.2.2, 1.2.6
179	§ 44-130-60(B)	State	Statute	First Responder May Administer Opioid Antidote; Immunity - Provision in SC Overdose Prevention Act granting the Department authority to promulgate regulations regarding first responder's possession, administration, and disposal of the opioid antidote and administration device.	3.3.1	3.3.1
180	§ 46-1-130	State	Statute	Burial of Migrant Agricultural Workers - Upon notification of a deceased migrant worker, the Department shall make every effort to notify the nearest relative.	1.2.6, 1.4.5	1.2.6, 1.4.5
181	§ 46-45-80	State	Statute	Setback Distances; Waiver - Designates setback distances in R. 61-43 as minimum siting requirements for agricultural facilities. The Department may require additional set back distances. Affected agricultural animal facilities must have a vegetative buffer between the facility and affected residence as established by DHEC unless otherwise agreed to by adjoining landowners.	2.2.3	2.2.3

Laws

182	§ 47-1-80	State	Statute	Destruction of Abandoned Infirm Animal - Any agent or officer of the Department may destroy any animal found abandoned and past the point of recovery.	2.2.3	2.2.3
183	§§ 47-5-10 through -210	State	Statute	Rabies Control Act - provides requirements for vaccination of pets, and authorizes Department to quarantine pets and other animals as necessary to prevent the spread of rabies; authorizes the Department to require the euthanizing of pets/animals to perform rabies testing if necessary to protect the health of a victim who was exposed or the public health.	2.2.3	2.2.3
184	§ 47-9-60	State	Statute	Appeal of livestock and poultry facility permits - Only property owners and residents within a two-mile radius of a permitted livestock poultry facility may appeal a Department-issued permit pertaining to the facility.	2.2.3	2.2.3
185	§ 47-17-320	State	Statute	Enforcement; Confiscation and Destruction of Meat - The Department shall enforce statutory law regarding importation of eat under 47-17-310 et seq. The Department shall confiscate and destroy any meat imported to the State and not in compliance.	2.2.3	2.2.3
186	§§ 48-1-10 through -20	State	Statute	Pollution Control Act; Short Title; Definitions; Declaration of Public Policy - establishes Pollution Control Act and declares state policy to maintain reasonable standards for air and water, consistent with public health, safety, and welfare, maximum employment, industrial development, propagation and protection of terrestrial and marine life, and protection of physical property and other resources; provides Department with the authority to abate, control, and prevent pollution.	2.1.1 through 2.1.5, 2.2.1 through 2.2.4, 2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3, 2.4.5	2.1.1 through 2.1.5, 2.2.1 through 2.2.4, 2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3, 2.4.5
187	§ 48-1-30	State	Statute	Promulgation of regulations; approval of alternatives - Requires Department to issue regulations to govern Department procedures; prohibits Department from specifying particular methods to be used to reduce contamination of the air or particular types/methods of construction of any manufacturing processes or other equipment, except where it is not feasible to prescribe/enforce an emission standard or standard of performance; the Department may grant approval for alternate equipment, practices, or control methods upon a demonstration to the Department that such alternative is substantially equivalent.	2.1.1, 2.1.2, 2.1.5	2.1.1, 2.1.2, 2.1.5
188	§ 48-1-40	State	Statute	Adoption of Standards for Air and Water - Requires Department to adopt standards for water and air through rules and regulations.	2.1.3, 2.4.3	2.1.3, 2.4.3
189	§ 48-1-50	State	Statute	Powers of the Department - Sets forth powers of the Department under the Pollution Control Act.	2.1.1 through 2.1.5, 2.2.1 through 2.2.4, 2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3, 2.4.5	2.1.1 through 2.1.5, 2.2.1 through 2.2.4, 2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3, 2.4.5
190	§ 48-1-55	State	Statute	Use of Local Personnel to Monitor Water Quality in County Where Oyster Factory Located - Authorizes Department to utilize local personnel to assist with monitoring water quality and environmental standards for navigable rivers where an oyster factory is located.	2.2.4, 2.4.5	2.2.4, 2.4.5

Laws

191	§ 48-1-60	State	Statute	Classification and Standards of Water Quality and Purity of the Environment Authorized after Notice and Hearing - Recognizes that no single standard of quality and purity of the environment is applicable to all ambient air, land or waters; requires Department to adopt rules and regulations and classification standards after proper study and public hearing upon due notice; the classification and standards of quality and purity of the environment shall be adopted in relation to the public use or benefit to which such air, land or waters are or may, in the future, be put; the Department may alter or modify such classification and standards from time to time.	2.1.3, 2.4.3	2.1.3, 2.4.3
192	§ 48-1-70	State	Statute	Matters Which Standards for Water May Prescribe - Specifies matters that may be prescribed in Department standards for water.	2.4.3	2.4.3
193	§ 48-1-80	State	Statute	Considerations in Formulating Classification and Standards for Water - Specifies required considerations in classifying waters and setting water quality standards.	2.4.3	2.4.3
194	§ 48-1-83	State	Statute	Dissolved Oxygen Concentration Depression; Procedures to Obtain Site-Specific Effluent Limit - Prohibits depression in dissolved oxygen concentration greater than 0.1 mg/l in a naturally low dissolved oxygen waterbody absent satisfactory showing that resident aquatic species shall not be adversely affected pursuant to specified procedures for obtaining site-specific dissolved oxygen effluent limit.	2.4.3	2.4.3
195	§ 48-1-85	State	Statute	Requirements for Houseboats with Marine Toilets - Prohibits operation or floating of houseboat without a marine toilet that discharges into a holding tank; holding tanks to be emptied only through Department-permitted pump-out system; misdemeanor upon violation of provision's requirements.	2.4.1, 2.4.2	2.4.1, 2.4.2
196	§ 48-1-87	State	Statute	Aquatic Life Protection Act - Requires Department to establish, where necessary to protect aquatic life, NPDES permit limits for whole effluent toxicity (WET) where the Department determines that a discharge causes or has reasonable potential to cause or contribute to an excursion of a water quality criterion other than numeric criteria for specific pollutants; authorizes promulgation of regulations to implement WET tests; specifies conditions for WET permit limitations.	2.4.1	2.4.1
197	§ 48-1-90	State	Statute	Causing or Permitting Pollution of Environment Prohibited; Remedies - Prohibits unpermitted discharges into the environment, absent special exception; creates process to petition for ruling on applicability of regulations to a particular discharge; authorizes Department to order emergency action in response to unpermitted discharge; establishes damages liability to the state for unpermitted discharges to water that damage/destroy property or fish, shellfish, aquatic animals, wildlife, or plant life indigenous to/dependent on receiving waters.	2.2.3, 2.4.1, 2.4.2	2.2.3, 2.4.1, 2.4.2

Laws

198	§ 48-1-95	State	Statute	Wastewater Utilities; Procedures for Significant Spills - Imposes notification requirements on wastewater utilities in the event of significant spills of untreated or partially treated domestic sewage that could cause a serious adverse impact on the environment or public health; requires Department to order a comprehensive review of the sewage system and treatment works facility or to order an update to the Capacity, Management, Operations, and Maintenance plan under specified conditions.	2.2.2, 2.2.3, 2.4.2	2.2.2, 2.2.3, 2.4.2
199	§ 48-1-100	State	Statute	Permits for Discharge of Wastes or Air Contaminants; Jurisdiction of Department - Establishes requirement for construction permits and discharge permits; if after public comment procedures, as defined by Department regulations, the Department finds that the discharge will not be in contravention of the provisions of the Pollution Control Act, a permit to construct and permit to discharge must be issued to the applicant; authorizes Department to require hydrologic/environmental studies before issuing permit; grants Department jurisdiction over air and water quality issues and requires Department to develop and enforce emission/discharge standards; grants Department jurisdiction over matters involving real/potential threats to health (including handling and disposal of garbage and refuse, septic tanks, and systems for disposal of offal and human or animal wastes).	2.1.1, 2.1.3, 2.2.1, 2.4.1, 2.4.3	2.1.1, 2.1.3, 2.2.1, 2.4.1, 2.4.3
200	§ 48-1-110	State	Statute	Permits Required for Construction or Alteration of Disposal Systems; Classification; Unlawful Operations or Discharges - Prohibits construction/changes to/operation of/increases to load for any new disposal system or source until a permit has been granted; provides for classification of public wastewater treatment plants; prohibits operation of an approved waste disposal facility in violation of a permit and prohibits any discharge into the ambient air that shall cause an undesirable level.	2.1.2, 2.1.3, 2.4.1, 2.4.2	2.1.2, 2.1.3, 2.4.1, 2.4.2
201	§ 48-1-115	State	Statute	Public Notice of Sludge Storage Facility Construction Permit - Requires Department to provide public notice before issuing a construction permit pursuant to R. 61-67 for facilities that store sludge or other residuals that are not located at the site of a permitted wastewater or sludge treatment facility.	2.4.1	2.4.1

Laws

202	§ 48-1-120	State	Statute	Determination and Correction of Undesirable Level - Requires the Department to take such action as necessary to control such condition where the Department determines that an undesirable level exists; requires the Department to grant the owner or operator of a source reasonable time to correct the undesirable level, after taking into account all factors pertinent to the issue; in making its order and determinations, the Department shall consider all facts and circumstances bearing on the reasonableness of the emissions, including but not limited to: character and degree of injury to/interference with health and physical property; social and economic value of the source; question of priority of location in the area involved; and technical practicability and economic reasonableness of reducing or eliminating the emissions; if the undesirable level is not corrected within the required time, the Department shall issue an order to cease and desist from causing such emissions.	2.1.2, 2.2.3, 2.4.2	2.1.2, 2.2.3, 2.4.2
203	§ 48-1-130	State	Statute	Order for Discontinuance of Discharge of Wastes or Air Contaminants - Persons discharging sewage, waste, or air contaminants into the environment so as to cause pollution must discontinue such discharges upon receipt of an order of the Department; such Department orders subject to review; Department's emergency powers not abrogated.	2.1.2, 2.3.2, 2.4.2	2.1.2, 2.3.2, 2.4.2
204	§ 48-1-140	State	Statute	Revision or Modification of NPDES or Final Compliance Date for Stationary Source or Class or Sources of Air Pollution - Authorizes Department to revise or modify an NPDES permit; authorizes Department to revise or modify a final compliance date for any stationary source or class or sources of air pollution if the Department makes specified determinations after notice and opportunity for hearing. If the compliance date is prescribed in the State SIP, the Department's findings and recommendations shall be submitted to the Governor for transmittal to the EPA Administrator for concurrence or rejection; such rejection may constitute grounds for rejection of a request to modify or revise compliance requirements.	2.1.1, 2.1.2, 2.4.1, 2.4.2	2.1.1, 2.1.2, 2.4.1, 2.4.2
205	§§ 48-1-150 through -200	State	Statute	Situations in Which Public Hearing Is Required or Authorized; Conduct of Hearings; Records; Oaths; Subpoenas; Appeals - Public hearing required for action to classify waters or adopt standards for waters; the Department may conduct public hearings prior to action, at its own volition or upon request of affected persons, in other specified permitting and enforcement circumstances; sets forth provisions governing Department hearings, including provisions for subpoenas and appeals.	2.1.1, 2.1.2, 2.2.1, 2.2.2, 2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3	2.1.1, 2.1.2, 2.2.1, 2.2.2, 2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3
206	§ 48-1-210	State	Statute	Duties of Attorney General and Solicitors - Designates Attorney General as legal adviser of the Department; Attorney General shall upon request of the Department institute injunction proceedings or any other court action to accomplish Pollution Control Act purposes.	2.1.2, 2.2.2, 2.2.3, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.2.3, 2.3.2, 2.4.2

Laws

207	§ 48-1-220	State	Statute	Institution of Prosecutions - Prosecutions for violation of a final determination or order shall be instituted only by the Department or as otherwise provided for in the Pollution Control Act.	2.1.2, 2.2.2, 2.2.3, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.2.3, 2.3.2, 2.4.2
208	§ 48-1-230	State	Statute	Disposition of Funds - Requires that any funds appropriated to/received by the Department to be deposited in the State Treasury as provided for by law; such funds shall be paid out on warrants issued by the State as prescribed, but only upon order of the Department's authorized representatives in accordance with an annual budget or amendments approved by the Department at an official meeting.	2.1.1 through 2.1.5, 2.2.1 through 2.2.3, 2.3.1 through 2.3.2, 2.4.1 through 2.4.5	2.1.1 through 2.1.5, 2.2.1 through 2.2.3, 2.3.1 through 2.3.2, 2.4.1 through 2.4.5
209	§ 48-1-240	State	Statute	Chapter Remedies Are Cumulative; Estoppel - Declares purpose to provide additional and cumulative remedies to abate air and water pollution; nothing in the Pollution Control Act shall abridge or alter rights of action in civil courts or existing remedies under common law or statute, and no provision shall be construed as preventing the State, persons or municipalities, as riparian owners or otherwise, to suppress nuisances or abate pollution pursuant to rights under common law, statutory law, or equity.	2.2.3	2.2.3
210	§ 48-1-250	State	Statute	No Private Cause of Action Created - Provides that no private cause of action is created under the Pollution Control Act; Department determinations create no presumption of law or fact for the benefit of a person other than the State.	2.1.2, 2.2.2, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.3.2, 2.4.2
211	§ 48-1-260	State	Statute	Conditions Within Industrial Plants and Employer-Employee Relations Not Affected - Pollution Control Act is not deemed to grant Department any authority with respect to air conditions existing solely within the industrial boundaries of commercial and industrial plants, works, or shops, or to affect the relations between employers and employees with respect to or arising out of any air pollution within such boundaries.	2.1.2	2.1.2
212	§ 48-1-270	State	Statute	Availability of Records, Reports, and Information to the Public; Confidentiality of Trade Secrets - Requires that all records, reports, or information obtained under the Pollution Control Act shall be available to the public; the Department shall consider any records, reports, or information, or particular portion thereof confidential upon a showing satisfactory to the Department that such information, other than effluent or emission data, if made public would divulge methods or processes entitled to trade secret protection.	2.1.1, 2.1.2	2.1.1, 2.1.2
213	§ 48-1-280	State	Statute	Health Laws Not Affected - Pollution Control Act does not postpone, stay or abrogate enforcement of State public health laws, rules, and regulations concerning discharges causing actual or potential hazards to public health, and does not prevent the Department from exercising its right to prevent or abate nuisances.	2.2.3	2.2.3
214	§ 48-1-290	State	Statute	Emergency Orders - Authorizes Department to issue emergency orders without notice or hearing upon a finding of emergency, with concurrent notice to the Governor; provides for hearing and other procedures.	2.2.3	2.2.3

Laws

215	§ 48-1-300	State	Statute	Certain Violations Excused - Civil and criminal liability not to be construed to include any act of God, war, strike, riot or other catastrophe absent negligence as proximate cause.	2.1.2, 2.2.2, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.3.2, 2.4.2
216	§ 48-1-310	State	Statute	Local Air Pollution Control Programs - Authorizes counties to establish, administer, and enforce a local air pollution control program subject to Department approval; such programs to comport with Department standards and procedures and to be subject to periodic review by the Department.	2.1.3	2.1.3
217	§ 48-1-320	State	Statute	Penalties for Violation of Pollution Control Act - Provides for misdemeanor conviction and penalty between \$500.00 and \$25,000.00 per day of violation and/or imprisonment for not more than two years for willful, grossly negligent, or reckless violations.	2.1.2, 2.2.2, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.3.2, 2.4.2
218	§ 48-1-330	State	Statute	Civil Penalties - Provides for civil penalty not to exceed \$10,000.00 per day of violation for any person violating the Pollution Control Act or any rule or regulation, permit or permit condition, final determination, or order of the Department.	2.1.2, 2.2.2, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.3.2, 2.4.2
219	§ 48-1-340	State	Statute	False Statements, Representations or Certifications; Falsifying, Tampering with, or Rendering Inaccurate Monitoring Devices or Methods - Persons who knowingly make any false statement, representation, or certification in any record/document required to be maintained under the Pollution Control Act or who falsify, tamper with, or knowingly render inaccurate any monitoring device or method required shall be subject to civil or criminal provisions of the Pollution Control Act.	2.1.2, 2.2.2, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.3.2, 2.4.2
220	§ 48-1-350	State	Statute	Penalties Constitute Debts to State; Liens; Disposition of Moneys Collected - Requires that all penalties assessed under the Pollution Control Act be held as a debt payable to the State by the person against whom they have been charged, and constitute a lien against the property of such person; half of civil penalties collected inure to the benefit of the county; criminal penalties under 48-1-320 must be collected and distributed pursuant to 14-1-205.	2.1.2, 2.2.2, 2.3.2, 2.4.2	2.1.2, 2.2.2, 2.3.2, 2.4.2
221	§§ 48-2-10 through -90	State	Statute	Environmental Protection Fund Act - creates a fund in which environmental program fees are to be deposited, for the purpose of helping defray the costs of administering several enumerated environmental acts; Department programs required to establish schedules for timely action on permit applications.	2.1.1, 2.2.1, 2.3.1, 2.4.1	2.1.1, 2.2.1, 2.3.1, 2.4.1
222	§§ 48-2-310 through -340	State	Statute	Environmental Emergency Fund Act - Creates Environmental Emergency Fund within the Department for funding specific emergencies where necessary to protect the environment, public health, or both.	1.6.3, 1.6.4, 2.2.3	1.6.3, 1.6.4, 2.2.3
223	§ 48-5-10	State	Statute	Water Quality Revolving Fund Authority Act - provides authority for administration of Water Quality Revolving Fund, compliant with federal Clean Water Act, to provide funding for capital improvements to water systems.	2.4.1, 2.4.2	2.4.1, 2.4.2
224	§§ 48-14-40 through -140	State	Statute	Stormwater Management and Sediment Reduction Act - provides authority to regulate land disturbing activities and stormwater management.	2.4.1, 2.4.2	2.4.1, 2.4.2

Laws

225	§§ 48-18-10 through -80	State	Statute	Erosion and Sediment Reduction Act - specifies DHEC as agency responsible for regulating sediment reduction and stormwater management programs in South Carolina.	2.4.1, 2.4.2	2.4.1, 2.4.2
226	§§ 48-20-10 through -310	State	Statute	South Carolina Mining Act - provides for greatest practical degree of protection and restoration of lands involved with mining, and that all mining in the state is contingent upon plans including reasonable provisions for protection of the surrounding environment and reclamation of the area of land affected by mining.	2.3.1, 2.3.2	2.3.1, 2.3.2
227	§§ 48-39-10 through -360	State	Statute	Coastal Tidelands and Wetlands - provides authority to regulate tidelands and wetlands to protect the coastal environment and promote the economic and social improvement of the coastal zone.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
228	§ 48-40-40	State	Statute	Trust Fund Appropriation; Carry-Over and Interest; Administration - The Beach Restoration and Improvement Trust Act trust fund must be administered by the Department.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
229	§§ 48-43-10 through -850	State	Statute	Oil and Gas Exploration, Drilling, Transportation, and Production - provides authority for regulation of activities involving oil and gas exploration and production, both onshore and offshore, and for the protection of the environment from releases of oil and gas into the environment.	2.3.1, 2.3.2	2.3.1, 2.3.2
230	§ 48-46-40	State	Statute	Fees for Disposal of Regional and Nonregional Radioactive Waste in Regional Disposal Facilities; Disposition of Fees; Higher Education Scholarship Grants - Any proposal to suspend disposal of regional and nonregional radioactive waste at a disposal plant must be approved by the Department.	2.3.1, 2.3.2	2.3.1, 2.3.2
231	§ 48-46-80	State	Statute	Adjustment of License Fees for Low-Level Radioactive Waste Shallow Land Disposal - The Department may adjust the radioactive materials license fee.	2.3.1, 2.3.2	2.3.1, 2.3.2
232	§ 48-46-90	State	Statute	Custody and Maintenance of Barnwell Site Following Closure - The Department is responsible for continued monitoring of the Barnwell site.	2.3.1, 2.3.2	2.3.1, 2.3.2
233	§§ 48-57-10 through -110	State	Statute	Environmental Audit Privilege and Voluntary Disclosure - provides for confidentiality of communications relating to conduct of a voluntary, internal environmental audit, and provides limited civil liability protection for violations of environmental regulations under narrowly prescribed circumstances where an entity self-reports such a violation.	2.1.2, 2.3.2, 2.4.2	2.1.2, 2.3.2, 2.4.2
234	§§ 48-60-5 through -150	State	Statute	S.C. Manufacturer Responsibility and Consumer Convenience Information Technology Equipment Collection and Recovery Act - provides for safe disposal, recycling, and refurbishment of covered devices (computer equipment) and requires DHEC to provide information to the public regarding proper methods of disposal and the prohibition on disposing of such devices in solid waste landfills.	2.3.3	2.3.3
235	§§ 49-1-10 through -90	State	Statute	Water, Water Resources, and Drainage - provides for the protection of navigable waters from obstructions to such navigation, and for permits for any construction impacting navigability.	2.4.1, 2.4.2, 2.5.1	2.4.1, 2.4.2, 2.5.1

Laws

236	§ 49-3-30	State	Statute	Transfer of Former Water Resources Commission to Water Resources Division of Department of Natural Resources; Transfer of Regulatory Powers to Department of Health and Environmental Control - The regulatory authority of the Water Resources Commission is transferred to the Department.	2.4.1, 2.4.2, 2.4.3	2.4.1, 2.4.2, 2.4.3
237	§§ 49-4-10 through -80	State	Statute	Surface Water Withdrawal and Reporting Act - provides requirement that surface water withdrawers using volumes of water above a statutory threshold register or obtain a permit for their withdrawal, and for DHEC to administer said registrations and permits.	2.4.1	2.4.1
238	§§ 49-5-10 through -150	State	Statute	Groundwater Use and Reporting Act - provides for the protection, conservation, and regulation of groundwater.	2.4.1	2.4.1
239	§§ 49-11-110 through -260	State	Statute	Dams and Reservoirs Safety Act - provides authority to regulate, inspect, and certify dams in South Carolina.	2.4.1, 2.4.2, 2.4.4	2.4.1, 2.4.2, 2.4.4
240	§ 50-5-35	State	Statute	Notice of Opening or Closing of Commercial Fishing Season; Health and Environmental Protection - The Department may act to protect the public health and environmental protection (Nothing in this chapter concerning marine resources alters, reduces, or amends DHEC's authority).	All	All
241	§ 50-19-1935	State	Statute	Department of Health and Environmental Control and Department of Natural Resources to Monitor Bass Fishery in Wateree-Santee Riverine System - The Department (in conjunction with the Department of Natural Resources) shall monitor the striped bass fishery in the Wateree-Santee riverine system.	2.4.2	2.4.2
242	§ 55-1-100	State	Statute	Operating or Acting As Flight Crew Member of Aircraft While Under Influence of Alcohol or Drugs Unlawful; Criminal Prosecution and Rights of Accused; penalties - The Department shall cooperate with the SC Law Enforcement Division in carrying out its duties under 55-1-100.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
243	§ 56-35-60	State	Statute	Diesel Idling Reduction Fund; Idling Awareness Program - establishes fund to cover costs of Department idling awareness program; the Department may develop and operate a diesel idling awareness program.	2.2.3	2.2.3
244	§ 56-35-80	State	Statute	Promulgation of Regulations - The Department may promulgate regulations to administer and enforce idling restrictions on commercial diesel vehicles.	2.2.3	2.2.3
245	§ 58-27-255	State	Statute	Coal Combustion Residuals Disposal - Requires that coal combustion residuals ("CCRs") from coal-based electricity production be placed in a commercial Class 3 solid waste management landfill unless the CCRs are contiguous with the electric generating unit, intended to be beneficially reused, placed into beneficial reuse, or placed in a landfill that meets the standards of R. 61-107; provides that "beneficial reuse" of CCRs is subject to regulations promulgated by the Department.	2.3.1, 2.3.2	2.3.1, 2.3.2
246	§ 59-1-450	State	Statute	Parent Education Programs - The Department shall direct its employees at the county level to cooperate with school district officials to establish parenting and family literacy programs.	1.2.1, 1.2.6	1.2.1, 1.2.6

Laws

247	§ 59-31-330	State	Statute	Fumigation or Disinfection of Books - The Department shall adopt rules governing the fumigation and disposal of textbooks from quarantined homes and for disinfection of public school textbooks.	1.2.1, 1.2.2, 1.2.6, 1.3.1	1.2.1, 1.2.2, 1.2.6, 1.3.1
248	§ 59-63-75	State	Statute	Publication of Guidelines Regarding Concussions; Removal from Play for Concussion; Immunity; Definitions - The Department shall post on its website guidelines and procedures for suspected concussions for student athletes in addition to model policies for schools to implement.	1.2.1, 1.2.2, 1.2.6	1.2.1, 1.2.2, 1.2.6
249	§ 59-63-95	State	Statute	Epinephrine Auto-Injectors; Obtaining, Storing, Dispensing, Administering, and Self-Administering; Immunity from Liability - DHEC and the Department of Education shall implement a plan for management of student with life threatening allergies.	1.1.1, 1.2.1, 1.2.6	1.1.1, 1.2.1, 1.2.6
250	§§ 59-111-510 through -580	State	Statute	Medical and Dental Loans - The Department shall administer the SC Medical and Dental Loan Fund with sums as appropriated by the General Assembly; review and consider the loan applications; consider specified factors; enter into loan contracts on condition that applicants practice medicine, dentistry, or child psychiatry in rural areas; impose penalties for breach of contract.	N/A (unfunded)	N/A (unfunded)
251	§ 63-9-790	State	Statute	Amended Birth Certificates - State Registrar is to develop form for certificate of adoption and amend birth certificate once certificate of adoption is received.	1.5.1 and 1.5.2	1.5.1 and 1.5.1
252	§ 63-9-910	State	Statute	Foreign Adoptions - forms and guidelines must be available at Department offices.	1.5.1	1.5.1
253	R. 19-450	State	Regulation	Permits for Construction in Navigable Waters - authorizes DHEC to serve as permitting agency for any dredging, filling, or construction or alteration activity in, on, or over a navigable water.	2.4.1	2.4.1
254	R. 30-1	State	Regulation	Statement of Policy - describes public policy for coastal management regulations.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
255	R. 30-2	State	Regulation	Applying for a Permit - describes requirements and process for obtaining a permit for coastal development.	2.5.1, 2.5.2	2.5.1, 2.5.2
256	R. 30-3	State	Regulation	Public Hearings - describes circumstances under which public hearing may be held for a specific permit.	2.5.1, 2.5.2	2.5.1, 2.5.2
257	R. 30-4	State	Regulation	Decisions on a Permit - describes the decisions the Department may make on a permit request and requirements that may be included in such a permit.	2.5.1, 2.5.2	2.5.1, 2.5.2
258	R. 30-5	State	Regulation	Exceptions - describes circumstances which do not require a permit.	2.5.1, 2.5.2	2.5.1, 2.5.2
259	R. 30-6	State	Regulation	Appeals of Permit Decisions - describes appeal procedures for all permit decisions under this regulation.	2.5.1, 2.5.2	2.5.1, 2.5.2
260	R. 30-8	State	Regulation	Enforcement - describes the Department's regulatory enforcement process and potential enforcement actions for violations.	2.5.1, 2.5.2	2.5.1, 2.5.2
261	R. 30-10	State	Regulation	Critical Area Boundaries - describes the geographic boundaries for critical area coastal regulation.	2.5.1, 2.5.2	2.5.1, 2.5.2
262	R. 30-11	State	Regulation	General Guidelines for All Critical Areas - provides for stricter regulation of "critical areas."	2.5.1, 2.5.2	2.5.1, 2.5.2

Laws

263	R. 30-12	State	Regulation	Specific Project Standards for Tidelines and Coastal Waters - provides specific technical standards for projects in tidelines and coastal waters to minimize impact on coastal resources.	2.5.1, 2.5.2	2.5.1, 2.5.2
264	R. 30-13	State	Regulation	Specific Project Standards for Beaches and the Beach/Dune System - provides specific technical standards for projects in beach/dune systems to minimize impact on coastal resources.	2.5.1, 2.5.2	2.5.1, 2.5.2
265	R. 30-14	State	Regulation	Administrative Procedures - provides administrative procedures for development of local beach management plans, responding to emergency situations, assessing damage to coastal development, and other matters relevant to regulatory oversight of the coastal zone.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
266	R. 30-15	State	Regulation	Activities Allowed Seaward of Baseline - provides authority for permitting limited construction/reconstruction activity seaward of coastal baseline.	2.5.1, 2.5.2	2.5.1, 2.5.2
267	R. 30-16	State	Regulation	Documentation Requirements Before Commencing Activities Between Setback Line and Baseline - requires written notification to and response from the department for specific activities between the baseline and the 40-year setback line, and describes documentation required for same.	2.5.1, 2.5.2	2.5.1, 2.5.2
268	R. 30-17	State	Regulation	Application for Procedures for General Permits Pursuant to Section 48-39-290(B)(4) - describes application procedures for permit for "all other construction" between baseline and setback line.	2.5.1, 2.5.2	2.5.1, 2.5.2
269	R. 30-18	State	Regulation	Beachfront Restoration Fund - provides for procedure for administering funds for beach restoration projects when funds are available.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
270	R. 30-21	State	Regulation	Beachfront Management Plan - provides requirements for adoption of comprehensive beachfront management plans.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
271	R. 61-1	State	Regulation	Medical and Dental Scholarship Fund	N/A (unfunded)	N/A (unfunded)
272	R. 61-3	State	Regulation	The Practice of Selling and Fitting Hearing Aids - sets licensure standards for selling and fitting hearing aids.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
273	R. 61-4	State	Regulation	Controlled Substances - implements the provisions of Section 44-53-10, et seq., of the S.C. Code of Laws and establishes the requirements necessary to ensure the appropriate security, authority, and accountability with regard to the possession, manufacture, dispensing, administering, use, and distribution of controlled substances in South Carolina.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
274	R. 61-7	State	Regulation	Emergency Medical Services - sets licensure requirements for EMS personnel and agencies.	3.3.1, 3.3.2	3.3.1, 3.3.2
275	R. 61-8	State	Regulation	Immunization Requirements for School and Childcare Attendance - sets forth the immunization requirements for children to attend school and childcare as well as the exceptions to the requirements.	1.3.1, 1.3.3, 1.4.7	1.3.1, 1.3.3, 1.4.7
276	R. 61-9	State	Regulation	Water Pollution Control Permits - provides requirements for and authority to administer National Pollutant Discharge Elimination System (NPDES) permits, and establishes procedures for permitting decisions and water quality standards.	2.4.1, 2.4.2, 2.5.1, 2.5.2	2.4.1, 2.4.2, 2.5.1, 2.5.2

Laws

277	R. 61-11	State	Regulation	Hypodermic Devices - sets forth the provisions for the sale and use of hypodermic devices.	1.3.2	1.3.2
278	R. 61-12	State	Regulation	Standards for Licensing Abortion Clinics - sets licensure standards for abortion facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
279	R. 61-13	State	Regulation	Standards for Licensing Intermediate Care Facilities for Individuals with Intellectual Disabilities - sets licensure standards for intermediate care facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
280	R. 61-15	State	Regulation	Certification of Need for Health Facilities and Services - sets standards and processes for obtaining and challenging a CON.	3.4.1, 3.4.2	3.4.1, 3.4.2
281	R. 61-16	State	Regulation	Standards for Licensing Hospitals and Institutional General Infirmaries - sets licensure standards for hospitals.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
282	R. 61-17	State	Regulation	Standards for Licensing Nursing Homes - sets licensure standards for nursing homes.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
283	R. 61-19	State	Regulation	Vital Statistics - establishes the duties and requirements of the Department, as well as the duties and requirements of others, as it pertains to vital records, including, but not limited to, birth records and death records.	1.5.1, 1.5.2, 1.5.5, 1.5.6	1.5.1, 1.5.2, 1.5.5, 1.5.6
284	R. 61-20	State	Regulation	Communicable Diseases - establishes the Department's responsibilities and authority for the control and prevention of the spread of communicable diseases.	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5	1.2.4, 1.3.1, 1.3.2, 1.3.3, 1.4.5
285	R. 61-21	State	Regulation	Sexually Transmitted Diseases - establishes the Department's responsibilities and authority for the control and prevention of the spread of sexually transmitted diseases, including reporting requirements, confidentiality, and methods of communications.	1.3.2, 1.3.4, 1.4.3, 1.4.5	1.3.2, 1.3.4, 1.4.3, 1.4.5
286	R. 61-22	State	Regulation	The Evaluation of School Employees for Tuberculosis - sets forth the rationale and requirements for screening school employees for tuberculosis.	1.2.4, 1.3.1, 1.4.6	1.2.4, 1.3.1, 1.4.6
287	R. 61-23	State	Regulation	Control of Anthrax - makes illegal the transport or possession of anthrax into or through the state.	1.2.2, 1.3.1	1.2.2, 1.3.1
288	R. 61-24	State	Regulation	Licensed Midwives - sets licensure standards for midwives.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
289	R. 61-25	State	Regulation	Retail Food Establishments - establishes public health and food safety requirements for retail food establishments, personnel, equipment, and facilities, and provides for permit issuance, inspection, employment restriction, permit suspension, and revocation.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
290	R. 61-29	State	Regulation	Environmental Health Inspections and Fees - provides authority to establish inspection fees to defray cost of inspections at various regulated institutions and facilities.	2.2.1, 2.2.2	2.2.1, 2.2.2
291	R. 61-30	State	Regulation	Environmental Protection Fees - prescribes fees for the administration of various environmental programs, and for the issuance of various environmental permits, licenses, certifications, and registrations, along with establishing schedules for timely action on permit applications, fee payment procedures, penalties for nonpayment, and an appeal process for contesting fee calculation or applicability.	2.1.1, 2.2.1, 2.3.1, 2.4.1	2.1.1, 2.2.1, 2.3.1, 2.4.1

Laws

292	R. 61-31	State	Regulation	Health Care Cooperative Agreements - implements the legislative intent that there be a state regulatory program to permit and encourage cooperative agreements between hospitals, health care purchasers, or other health care providers which would otherwise violate federal or state anti-trust laws when the benefits outweigh disadvantages caused by their potential adverse effects on competition.	3.4.1, 3.4.2	3.4.1, 3.4.2
293	R. 61-32	State	Regulation	Soft Drink and Water Bottling Plants - sets minimum standards, procedures, and practices for the manufacturing of bottled water and soft drinks.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
294	R. 61-33	State	Regulation	Dry-cleaning Facility Restoration - establishes the criteria for determining eligibility of and priority for rehabilitation of Dry-cleaning facilities contaminated with Dry-cleaning solvents using funds under the Act.	2.3.4	2.3.4
295	R. 61-34	State	Regulation	Raw Milk for Human Consumption - sets standards for production and distribution of raw milk for human consumption.	2.2.1 through 2.2.3	2.2.1 through 2.2.3
296	R. 61-34.1	State	Regulation	Pasteurized Milk and Milk Products - sets permit, labeling, and other requirements for milk and milk products; applies portions of the "Grade A" Pasteurized Milk Ordinance, 2013 Revision.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
297	R. 61-35	State	Regulation	Imitation Milk, Imitation Milk Products, and Products Made in Semblance of Milk and Milk Products - sets permitting, labeling, inspection, and other requirements for imitation milk.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
298	R. 61-36	State	Regulation	Frozen Desserts - establishes permit, labeling, inspection, and other requirements for production and sale of frozen desserts.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
299	R. 61-37	State	Regulation	Retail Food Establishment Inspection Fees - establishes fee schedule for Department inspections of retail food establishments.	2.2.1, 2.2.2	2.2.1, 2.2.2
300	R. 61-43	State	Regulation	Standards for the Permitting of Agricultural Animal Facilities - provides authority for permitting the construction and operation of agricultural animal operations for the protection of health and the environment.	2.1.1, 2.1.2, 2.2.2, 2.2.3, 2.4.1, 2.4.2	2.1.1, 2.1.2, 2.2.2, 2.2.3, 2.4.1, 2.4.2
301	R. 61-44	State	Regulation	Permitting of Individual Residential Wells and Irrigation Wells - establishes permitting authority and requirements for wells and well water.	2.4.1, 2.4.2	2.4.1, 2.4.2
302	R. 61-45	State	Regulation	Central Cancer Registry - specifies reporting requirements and confidentiality provisions.	1.5.3	1.5.3
303	R. 61-47	State	Regulation	Shellfish - provides requirements for shellfish harvesting operations applicable to producers, harvesters, processors, and transporters of shellfish; includes sanitary controls, classifications for coastal shellstock growing areas in accordance with accepted public health standards, prohibition against distribution of adulterated shellfish, and permit and certification requirements.	2.2.3, 2.4.1, 2.4.2	2.2.3, 2.4.1, 2.4.2
304	R. 61-50	State	Regulation	Natural Public Swimming Areas - provides regulatory requirements for maintaining natural public swimming areas.	2.4.1, 2.4.2	2.4.1, 2.4.2
305	R. 61-51	State	Regulation	Public Swimming Pools - provides authority to regulate public swimming pools and requirements for owners and operators of such pools.	2.4.1, 2.4.2	2.4.1, 2.4.2

Laws

306	R. 61-54	State	Regulation	Wholesale Commercial Ice Manufacturing - establishes standards and requirements for all persons who manufacture or package ice sold on a wholesale basis.	2.2.1 through 2.2.4	2.2.1 through 2.2.4
307	R. 61-55	State	Regulation	Septic Tank Site Evaluation Fees - provides authority to establish fees for evaluating septic tank sites.	2.2.1	2.2.1
308	R. 61-56	State	Regulation	Onsite Wastewater Systems - provides technical requirements for onsite wastewater systems.	2.2.1, 2.2.2	2.2.1, 2.2.2
309	R. 61-56.1	State	Regulation	License to Construct or Clean On-Site Sewage Treatment and Disposal Systems and Self-Contained Toilets - provides for the regulation of persons engaged in the business of constructing, repairing, or cleaning onsite sewage treatment and disposal systems and cleaning self-contained toilets, to protect public health and the environment.	2.2.1, 2.2.2	2.2.1, 2.2.2
310	R. 61-56.2	State	Regulation	Licensure of Onsite Wastewater System Contractors - provides for regulation of onsite wastewater master contractors to ensure proper construction, installation, and approval of all onsite wastewater systems.	2.2.1, 2.2.2	2.2.1, 2.2.2
311	R. 61-58	State	Regulation	State Primary Drinking Water Regulations - provides standards and procedures for the maintenance of reasonable standards of purity of drinking water in the state.	2.4.1, 2.4.2	2.4.1, 2.4.2
312	R. 61-58.1	State	Regulation	Construction and Operating Permits - provides requirements for permits to construct and operate a drinking water system.	2.4.1, 2.4.2	2.4.1, 2.4.2
313	R. 61-58.2	State	Regulation	Groundwater Sources and Treatment - provides for regulation specific to groundwater sources of drinking water.	2.4.1, 2.4.2	2.4.1, 2.4.2
314	R. 61-58.3	State	Regulation	Surface Water Sources and Treatment - provides for regulation specific to surface water sources of drinking water.	2.4.1, 2.4.2	2.4.1, 2.4.2
315	R. 61-58.4	State	Regulation	Finished Water Pumping, Storage, and Distribution Facilities - provides for regulation of specific drinking water system facilities.	2.4.1, 2.4.2	2.4.1, 2.4.2
316	R. 61-58.5	State	Regulation	Maximum Contaminant Levels in Drinking Water - adopts EPA standard for maximum contaminant levels in drinking water for various harmful constituents.	2.4.3	2.4.3
317	R. 61-58.6	State	Regulation	Reports, Record Retention, and Public Notification - establishes requirements for water system operators to report to the Department, to maintain records, and notify the public under specified circumstances.	2.4.2	2.4.2
318	R. 61-58.7	State	Regulation	Operation and Maintenance - provides operation and maintenance requirements for all public water systems.	2.4.2	2.4.2
319	R. 61-58.8	State	Regulation	Emergency Procedures - establishes the minimum requirements that must be met by all public water systems prior to, during, and after an emergency.	2.4.2	2.4.2
320	R. 61-58.9	State	Regulation	Variances and Exemptions - provides authority to issue variances and exemptions from primary drinking water regulations under limited circumstances no less stringent than the federal Safe Drinking Water Act.	2.4.1	2.4.1
321	R. 61-58.10	State	Regulation	Filtration and Disinfection - establishes criteria and requirement for filtration and disinfection of drinking water served to the public.	2.4.1, 2.4.2	2.4.1, 2.4.2
322	R. 61-58.11	State	Regulation	Control of Lead and Copper - establishes corrosion control and other treatment techniques for drinking water systems.	2.4.1, 2.4.2	2.4.1, 2.4.2

Laws

323	R. 61-58.12	State	Regulation	Consumer Confidence Reports - establishes minimum criteria for annual reports from community water systems to their customers.	2.4.1, 2.4.2	2.4.1, 2.4.2
324	R. 61-58.13	State	Regulation	Disinfectant Residuals, Disinfection Byproducts, and Disinfection Byproduct Precursors (Stage 1 Disinfectants and Disinfection Byproducts Rule) - Establishes criteria and requirements for the control of disinfectants, disinfection byproducts, and disinfection byproduct precursors for water systems.	2.4.1, 2.4.2	2.4.1, 2.4.2
325	R. 61-58.14	State	Regulation	Initial Distribution System Evaluations - establish monitoring and other requirements for identifying compliance monitoring locations specified in 61-58.15.	2.4.1, 2.4.2	2.4.1, 2.4.2
326	R. 61-58.15	State	Regulation	Stage 2 Disinfection Byproducts Requirements - establishes additional criteria for control of disinfectants and byproducts.	2.4.1, 2.4.2	2.4.1, 2.4.2
327	R. 61-58.16	State	Regulation	Ground Water Rule - establishes additional requirements for all public water systems that use ground water except that it does not apply to public water systems that combine all of their ground water with surface water or with ground water under the direct influence of surface water prior to treatment.	2.4.1, 2.4.2	2.4.1, 2.4.2
328	R. 61-58.17	State	Regulation	Revised Total Coliform Rule - establishes limitation on total coliform in water systems.	2.4.1, 2.4.2, 2.4.3	2.4.1, 2.4.2, 2.4.3
329	R. 61-62	State	Regulation	Air Pollution Control Regulations and Standards - sets forth standards and procedures for maintaining reasonable air quality; specific standards and requirements set forth in R. 61-62.1 through 61-62.99.	2.1.1 through 2.1.4	2.1.1 through 2.1.4
330	R. 61-62.1	State	Regulation	Definitions and General Requirements - establishes definitions used throughout Regulation 61-62 inclusive of standards; sets forth construction and operating permit requirements, emissions inventory reporting requirements, source test requirements, and credible evidence standard.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
331	R. 61-62.2	State	Regulation	Prohibition of Open Burning - establishes regulatory limitations on open burning of materials.	2.1.2	2.1.2
332	R. 61-62.3	State	Regulation	Air Pollution Episodes - establishes criteria for declaration of air pollution "episodes" by the DHEC Commissioner; designates requested or required actions in response to pollution "episodes" depending on the episode level; requires plants located in a nonattainment area that emit 100 tons per year or more of a single pollutant to submit written plans for meeting required pollutant reductions.	2.1.3, 2.1.4, 2.2.3	2.1.3, 2.1.4, 2.2.3
333	R. 61-62.4	State	Regulation	Hazardous Air Pollution Conditions - establishes requirements for curtailment of any hazardous conditions presenting an imminent threat to health; prohibits emissions that create a traffic hazard on public roads; includes emergency, cleanup, and notice provisions to address imminently hazardous levels.	2.2.3	2.2.3
334	R. 61-62.5	State	Regulation	Air Pollution Control Standards (inclusive of Standards 1-8 below) - establish limitations on discharges to the ambient air of specific constituents and on discharges to ambient air from specified types of operations.	2.1.1 through 2.1.4	2.1.1 through 2.1.4

Laws

335	R. 61-62.5, Standard No. 1	State	Regulation	Emissions from Fuel Burning Operations - sets forth emission limits and requirements for fuel-burning operations, including restrictions on visible emissions, particulate matter, sulfur dioxide, and opacity; See R 61-62.5.	2.1.2, 2.1.3	2.1.2, 2.1.3
336	R. 61-62.5, Standard No. 2	State	Regulation	Ambient Air Quality Standards - specifies primary and secondary ambient air quality standards for South Carolina, as well as methods for determining compliance; See R 61-62.5.	2.1.3, 2.1.4	2.1.3, 2.1.4
337	R. 61-62.5, Standard No. 3	State	Regulation	Waste Combustion and Reduction - sets forth emission limits and requirements for sources that burn any waste other than virgin fuel; See R 61-62.5.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
338	R. 61-62.5, Standard No. 3.1	State	Regulation	Hospital, Medical, Infectious Waste Incinerators - sets forth emission limits and requirements for devices that combust hospital/medical/infectious waste; See R 61-62.5.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
339	R. 61-62.5, Standard No. 4	State	Regulation	Emissions from Process Industries - sets forth emission limits and requirements for specified industries; See R 61-62.5.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
340	R. 61-62.5, Standard No. 5	State	Regulation	Volatile Organic Compounds - sets forth standards and requirements for specified types of plants that have total potential emissions of VOCs above 550 pounds in one day or 150 pounds in any one hour; See R 61-62.5.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
341	R. 61-62.5, Standard No. 5.2	State	Regulation	Control of Oxides of Nitrogen (NOx) - sets forth standards for specified sources of NOx that have not undergone a Best Available Control Technology analysis for NOx; See R 61-62.5.	2.1.2, 2.1.3	2.1.2, 2.1.3
342	R. 61-62.5, Standard No. 7	State	Regulation	Prevention of Significant Deterioration - sets forth requirements applicable to the construction of a new major stationary source or major modification in an attainment or unclassifiable area; See R 61-62.5.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
343	R. 61-62.5, Standard No. 7.1	State	Regulation	Nonattainment New Source Review - sets forth requirements applicable to the construction of a new major stationary source or major modification in a nonattainment area; See R 61-62.5.	2.1.1 through 2.1.3	2.1.1 through 2.1.3
344	R. 61-62.5, Standard No. 8	State	Regulation	Toxic Air Pollutants - sets forth requirements for sources of toxic air pollutants; See R 61-62.5.	2.1.1, 2.1.2	2.1.1, 2.1.2
345	R. 61-62.6	State	Regulation	Control of Fugitive Particulate Matter - establishes requirements to control fugitive particulate matter.	2.1.3	2.1.3
346	R. 61-62.7	State	Regulation	Good Engineering Practice Stack Height - limits credit available based on stack height in setting source emission limits and calculating air quality impacts; requires Good Engineering Practice stack height for sources requiring modeling and prohibits credit for dispersion techniques.	2.1.1, 2.1.3	2.1.1, 2.1.3
347	R. 61-62.60	State	Regulation	S.C. Designated Facility Plan and New Source Performance Standards - incorporates 40 CFR Part 60 federal performance standards for new and existing sources of air pollution.	2.1.2, 2.1.3	2.1.2, 2.1.3
348	R. 61-62.61	State	Regulation	National Emission Standards for Hazardous Air Pollutants - incorporates 40 CFR Part 61 federal emission standards for hazardous air pollutants.	2.1.2	2.1.2
349	R. 61-62.63	State	Regulation	National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories - sets forth emission standards for hazardous air pollutants for source categories.	2.1.2	2.1.2

Laws

350	R. 61-62.68	State	Regulation	Chemical Accident Prevention Provisions - sets forth requirements to prevent the accidental release of regulated substances or other extremely hazardous substances into the air.	2.1.2, 2.2.3	2.1.2, 2.2.3
351	R. 61-62.70	State	Regulation	Title V Operating Permit Program - establishes comprehensive state air quality permitting systems consistent with the requirements of Title V of the Clean Air Act.	2.1.1	2.1.1
352	R. 61-62.72	State	Regulation	Acid Rain - adopts and incorporates by reference 40 CFR Part 72 regulating acid rain.	2.1.3	2.1.3
353	R. 61-62.96	State	Regulation	Nitrogen Oxides (NOx) and Sulfur Dioxide (SO2) Budget Trading Program - implements NOx and SO2 budget trading program regulations.	2.1.1, 2.1.2., 2.1.3	2.1.1, 2.1.2, 2.1.3
354	R. 61-62.99	State	Regulation	Nitrogen Oxides (NOx) Budget Program Requirements for Stationary Sources Not in the Trading Program - sets forth requirements applicable to Portland cement kilns not covered in the R. 61-62.96 trading program.	2.1.2, 2.1.3	2.1.2, 2.1.3
355	R. 61-63	State	Regulation	Radioactive Materials (Title A) - sets licensing and other requirements for the receipt, possession, use, transfer, and acquisition of radioactive materials; sets licensing requirements for the disposal of low-level radioactive waste.	2.3.1, 2.3.2, 3.6.1, 3.6.2, 3.6.3	2.3.1, 2.3.2, 3.6.1, 3.6.2, 3.6.3
356	R. 61-64	State	Regulation	X-Rays (Title B) - sets forth registration requirements and fees for X-rays.	3.6.1, 3.6.2, 3.6.3	3.6.1, 3.6.2, 3.6.3
357	R. 61-65	State	Regulation	Particle Accelerators (Title C) - sets forth registration requirements and fees for particle accelerators.	3.6.1, 3.6.2, 3.6.3	3.6.1, 3.6.2, 3.6.3
358	R. 61-67	State	Regulation	Standards for Wastewater Facility Construction - establishes standards for general and technical design requirements for use by the Department in reviewing engineering reports, establishing reliability classifications, and issuing state construction permits with respect to wastewater facilities.	2.4.1	2.4.1
359	R. 61-67.1	State	Regulation	State Water Pollution Control Revolving Fund Loan Assistance - establishes authority for the state to create and administer a revolving fund loan program to assist in capital projects under the Clean Water Act.	2.4.2	2.4.2
360	R. 61-68	State	Regulation	Water Classification and Standards - establish a system and rules for managing and protecting the quality of the state's surface and ground water, including specific numeric and narrative criteria for protecting classified and existing water uses.	2.4.3	2.4.3
361	R. 61-69	State	Regulation	Classified Waters - specifies classifications for waterbodies within the state.	2.4.3	2.4.3
362	R. 61-71	State	Regulation	Well Standards - establish minimum standards for construction, maintenance, and operation of wells to protect underground sources of drinking water.	2.4.1, 2.4.2	2.4.1, 2.4.2
363	R. 61-75	State	Regulation	Standards for Licensing Day Care Facilities for Adults - establishes licensing standards for adult day care facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
364	R. 61-77	State	Regulation	Standards for Licensing Home Health Agencies - establishes licensure standards for home health agencies.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
365	R. 61-78	State	Regulation	Standards for Licensing Hospices - establishes licensure standards for hospice programs and in-patient hospice facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4

Laws

366	R. 61-79	State	Regulation	Hazardous Waste Management Regulations - provides procedures for regulating the generation, management and transportation of hazardous waste, the permitting of hazardous waste treatment, storage, and disposal facilities, and requirements for corrective action and financial assurance.	2.3.1, 2.3.2	2.3.1, 2.3.2
367	R. 61-80	State	Regulation	Neonatal Screening for Inborn Metabolic Errors and Hemoglobinopathies - establishes rules implementing provisions of Section 44-37-30 of the S.C. Code of Laws regarding testing of newborn children for inborn metabolic errors and hemoglobinopathies; the Department has been given the legislative mandate to promulgate rules and regulations for screening for inborn metabolic errors and hemoglobinopathies and to ensure compliance with the screening of every child born in South Carolina; the responsibilities of the various agencies, institutions, and persons involved in the screening process are defined; procedures for storage and use of blood specimens and maintenance of confidentiality are included.	1.1.1, 1.1.4	1.1.1, 1.1.4
368	R. 61-81	State	Regulation	State Environmental Laboratory Certification Program - provides the mechanism to assure the validity and quality of the data being generated for compliance with state regulations.	2.2.1, 2.2.2	2.2.1, 2.2.2
369	R. 61-82	State	Regulation	Proper Closeout of Wastewater Treatment Facilities - regulates the proper closing of wastewater treatment facilities.	2.4.1, 2.4.2	2.4.1, 2.4.2
370	R. 61-83	State	Regulation	Transportation of Radioactive Waste Into or Within South Carolina - regulates the activities of any shipper, carrier, or other person who transports radioactive waste into or within this state, to any persons involved in the generation of radioactive waste within this state, and to any shipper whose radioactive waste is transported into or within this state or is delivered, stored, or disposed of within this state.	2.3.1, 2.3.2	2.3.1, 2.3.2
371	R.61-84	State	Regulation	Standards for Licensing Community Residential Care Facilities - establishes licensing standards for community residential care facilities (assisted living facilities).	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
372	R. 61-86.1	State	Regulation	Standards for Performance for Asbestos Projects - establishes performance standards for: any person involved in the in-place management, design, removal, encapsulation, enclosure, renovation, repair, demolition activity, or any other disturbance of asbestos-containing material; and any asbestos training course provider or asbestos training course instructor who conducts mandatory asbestos training courses.	2.1.5	2.1.5
373	R. 61-87	State	Regulation	Underground Injection Control Regulations - sets forth the specific requirements for controlling underground injection in the state and includes provisions for: the classification and regulation of injection wells; prohibiting unauthorized injection; protecting underground sources of drinking water from injection; classifying underground sources of drinking water; and, requirements for abandonment, monitoring, and reporting for existing injection wells used to inject wastes or contaminants.	2.4.1, 2.4.2, 2.4.3	2.4.1, 2.4.2, 2.4.3

Laws

374	R. 61-88	State	Regulation	Charges for Maternal and Child Health Services - implements federal requirements for the charging of maternal and child health services.	1.1.4	1.1.4
375	R. 61-89	State	Regulation	Charges for Family Planning Services - implements federal requirements for the charging of maternal and child health services.	1.4.2	1.4.2
376	R.61-91	State	Regulation	Standards for Licensing Ambulatory Surgical Facilities - establishes licensure standards for ambulatory surgical facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
377	R. 61-92	State	Regulation	Underground Storage Tank Regulations - provides for the technical standards for release prevention and detection, the corrective action requirements, and the financial responsibility requirements for owners and operators of underground storage tanks.	2.3.1, 2.3.2, 2.3.4	2.3.1, 2.3.2, 2.3.4
378	R. 61-94	State	Regulation	WIC Vendors - establishes requirements for the application, approval, monitoring, and disqualification of vendors under the Women, Infants, and Children program.	1.1.3, 1.4.1	1.1.3, 1.4.1
379	R.61-95	State	Regulation	Medicaid Nursing Home Permits - establishes application procedures, allocation processes, and enforcement provisions regarding permits for Medicaid Nursing Home days of care	3.4.2	3.4.2
380	R. 61-96	State	Regulation	Athletic Trainers - establishes minimum qualifications for those individuals wishing to offer athletic trainer services to the public.	3.3.1	3.3.1
381	R. 61-97	State	Regulation	Standards for Licensing Renal Dialysis Facilities - sets licensing standards for renal dialysis facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
382	R. 61-98	State	Regulation	State Underground Petroleum Environmental Response Bank (SUPERB) Site Rehabilitation and Fund Access Regulation - establishes certain requirements for: site rehabilitation for releases from petroleum underground storage tanks (USTs); accessing the SUPERB Account; and the certification, suspension and decertification of site rehabilitation contractors by DHEC.	2.3.4	2.3.4
383	R. 61-101	State	Regulation	Water Quality Certification - establishes procedures and policies for implementing state water quality certification requirements of Section 401 of the Clean Water Act, 33 U.S.C. Section 1341.	2.4.1, 2.4.3	2.4.1, 2.4.3
384	R. 61-102	State	Regulation	Standards for Licensing Birthing Centers for Deliveries by Midwives - sets licensing standards for birthing centers.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
385	R. 61-103	State	Regulation	Residential Treatment Facilities for Children and Adolescents - sets licensing standards for RTF facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
386	R. 61-104	State	Regulation	Hazardous Waste Management Location Standards - creates state requirements for the location of hazardous waste treatment, storage, and disposal facilities.	2.3.1, 2.3.2	2.3.1, 2.3.2
387	R. 61-105	State	Regulation	Infectious Waste Management Act - establishes a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended.	2.3.1, 2.3.2	2.3.1, 2.3.2
388	R. 61-106	State	Regulation	Tanning Facilities - sets licensing standards for tanning facilities.	3.6.1, 3.6.2, 3.6.3	3.6.1, 3.6.2, 3.6.3

Laws

389	R. 61-107	State	Regulation	Solid Waste Management Regulations - establishes regulatory guidance to achieve the purposes of the Solid Waste Policy and Management Act of 1991 (44-96-10 et seq.).	2.3.1, 2.3.2	2.3.1, 2.3.2
390	R. 61-107.1	State	Regulation	Solid Waste Management: Solid Waste Management Grants, Recycling, Education Grants, and Waste Tire Grants - establishes procedures for disbursement of solid waste management grants, recycling education grants, and waste tire grants to local governments or regions for solid waste management and recycling education in accordance with the intent of the legislature; to assist local governments, regions, and public school districts in meeting the requirements of the Solid Waste Policy and Management Act of 1991.	2.3.3	2.3.3
391	R. 61-107.2	State	Regulation	Solid Waste Management: Full Cost Disclosure - requires local governments to account for and report full cost of solid waste management.	2.3.2, 2.3.3	2.3.2, 2.3.3
392	R. 61-107.3	State	Regulation	Solid Waste Management: Waste Tires - regulates activities of waste tire haulers, collectors, processors, and disposers.	2.3.1, 2.3.2	2.3.1, 2.3.2
393	R. 61-107.4	State	Regulation	Solid Waste Management: Compost and Mulch Production, Yard Trimming and Organic Residuals - establish minimum standards for the proper management of yard trimmings, land-clearing debris, and other organic material; to encourage composting and establish standards for the production of compost; and to ensure that operations are performed in a manner that is protective of public health and the environment.	2.3.1, 2.3.2	2.3.1, 2.3.2
394	R. 61-107.5	State	Regulation	Solid Waste Management: Collection, Temporary Storage, and Transportation of Municipal Solid Waste - establishes minimum standards for the collection, temporary storage, and transportation of solid waste prior to processing, disposal, etc. of that waste.	2.3.1, 2.3.2	2.3.1, 2.3.2
395	R. 61-107.6	State	Regulation	Solid Waste Management: Solid Waste Processing Facilities - establishes the procedures, documentation, and other requirements which must be met for the proper operation and management of all solid waste processing facilities, including the processing activities involving the unrecoverable solid waste at a Materials Recovery Facility.	2.3.1, 2.3.2	2.3.1, 2.3.2
396	R. 61-107.7	State	Regulation	Solid Waste Management: Transfer of Solid Waste - establishes minimum standards for facilities where solid waste is transferred from collection vehicles to other transportation units for movement to another solid waste management facility prior to its processing and disposal.	2.3.1, 2.3.2	2.3.1, 2.3.2
397	R. 61-107.8	State	Regulation	Solid Waste Management: Lead-Acid Batteries - regulates the proper disposal, collection, and recycling of lead-acid batteries and small sealed lead-acid batteries.	2.3.1, 2.3.2, 2.3.3	2.3.1, 2.3.2, 2.3.3
398	R. 61-107.9	State	Regulation	Solid Waste Management: White Goods - establishes procedures for proper management and recycling or disposal of inoperative or discarded refrigerators, ranges, water heaters, freezers, dishwashers, trash compactors, washers, dryers, air conditioners, and commercial large appliances.	2.3.1, 2.3.2, 2.3.3	2.3.1, 2.3.2, 2.3.3

Laws

399	R. 61-107.10	State	Regulation	Solid Waste Management: Research, Development, and Demonstration Permit Criteria - provides for permitting solid waste management facilities, or parts of these facilities, proposing to utilize an innovative and experimental solid waste management technology or process.	2.3.1	2.3.1
400	R. 61-107.12	State	Regulation	Solid Waste Management: Solid Waste Incineration and Solid Waste Pyrolysis Facilities - establishes the procedures, documentation, and other requirements which must be met for the proper operation and management of all solid waste incineration facilities, including all solid waste pyrolysis facilities, and waste-to-energy facilities burning solid waste used for energy recovery.	2.3.1, 2.3.2	2.3.1, 2.3.2
401	R. 61-107.14	State	Regulation	Solid Waste Management: Municipal Solid Waste Landfill Operator's Certification - establishes minimum training and certification requirements for operators of municipal solid waste landfills and municipal solid waste incinerator ash landfills.	2.3.1	2.3.1
402	R. 61-107.15	State	Regulation	Solid Waste Management: Land Application of Solid Waste - establishes appropriate application rates, frequency of application, and monitoring requirements for the uniform surface spreading or mechanical incorporation of non-hazardous solid waste on, or into, soil that is being used for agricultural, silvicultural, and horticultural production. This regulation also applies to the application of solid waste on land that is being reclaimed to enhance its aesthetic value or to reduce environmental degradation. The land application of non-hazardous solid waste shall be for beneficial agricultural, silvicultural, and horticultural purposes and not used as a means of disposal.	2.3.2	2.3.2
403	R. 61-107.17	State	Regulation	Solid Waste Management: Solid Waste Management: Demonstration of Need - establishes the criteria for the demonstration-of-need for the construction of new and the expansion of existing solid waste landfills.	2.3.1	2.3.1
404	R. 61-107.18	State	Regulation	Solid Waste Management: Off-Site Treatment of Contaminated Soil - establishes minimum standards for the procedures, documentation, and other requirements which must be met for the proper site selection, design, operation, and closure of facilities treating contaminated soil and soil-like materials.	2.3.1, 2.3.2	2.3.1, 2.3.2
405	R. 61-107.19	State	Regulation	Solid Waste Management: Solid Waste Landfills and Structural Fill - establishes minimum standards for the site selection, design, operation, and closure of all solid waste landfills and structural fill areas.	2.3.1, 2.3.2	2.3.1, 2.3.2
406	R. 61-107.279	State	Regulation	Solid Waste Management: Used Oil - regulates the disposition of used oil, mixtures including oil, and equipment utilizing oil.	2.3.2	2.3.2

Laws

407	R.61-108	State	Regulation	Standards for Licensing Freestanding or Mobile Technology - establishes licensing standards for medical equipment owned or operated by a person other than a health care facility for which the total cost is in excess of that prescribed by regulation (\$600,000) and for which specific standards or criteria are prescribed in the State Health Plan..	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
408	R.61-109	State	Regulation	Standards for Permitting Body Piercing Facilities - establishes licensure standards for facilities that perform body piercing.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
409	R. 61-110	State	Regulation	Total Maximum Daily Loads (TMDLs) for Pollutants in Water - establishes the process for public participation in and administrative appeals of total maximum daily loads into impaired waters.	2.4.3	2.4.3
410	R.61-111	State	Regulation	Standards for Licensing Tattoo Facilities - establishes licensure standards for tattoo facilities.	3.1.1, 3.1.2, 3.1.3, 3.1.4	3.1.1, 3.1.2, 3.1.3, 3.1.4
411	R. 61-112	State	Regulation	Implementation of Emergency Health Powers Act - provides procedures for responding to the occurrence or imminent risk of a qualifying health condition in a manner which is consistent with the authorities of S.C. Code Ann. Sections 44-1-110 through -140, the Emergency Health Powers Act (S.C. Code Ann. Section 44-4-10 et seq.), S.C. Code Ann. Sections 44-29-10 through -50, Regulations 61-16 and 61-20, and the State Emergency Response Plan with its supporting annexes, appendices, and Standard Operating Procedures; it is intended to provide for timely recognition of sources or potential sources of disease, identification of victims or potential victims, delivery of health care, application of appropriate public health measures, and assurance of due process and personal privacy commensurate with the public health threat.	1.2.4, 1.3.1, 1.4.5, 1.6.1 through 1.6.4	1.2.4, 1.3.1, 1.4.5, 1.6.1 through 1.6.4
412	R. 61-113	State	Regulation	Groundwater Use and Reporting Act - establishes procedures to maintain, conserve, and protect the groundwater resources of the state.	2.4.2	2.4.2
413	R. 61-114	State	Regulation	South Carolina Birth Defects Program - establishes standards for implementing provisions of Sections 44-44-10 through 44-44-160 of the South Carolina Code of Laws regarding the public health monitoring of birth defects identified in children up to two years of age in South Carolina; the Birth Defects Act of 2004 established the South Carolina Birth Defects Program (SCBDP) within the Department; the Department has been given the legislative mandate to promulgate regulations for public health monitoring of birth defects and to ensure compliance with the public health monitoring of children born in South Carolina; the responsibilities of the various agencies, institutions, and persons involved in public health surveillance and monitoring of birth defects are defined; procedures for public health surveillance and monitoring, use of data, and maintenance of confidentiality are included.	1.1.1, 1.1.4, 1.2.4	1.1.1, 1.1.4, 1.2.4

Laws

414	R. 61-115	State	Regulation	Environmental Electronic Reporting Requirements - provides the framework by which the Department will accept, manage, and enforce electronic record submissions from the regulated community.	4.1.2	4.1.2
415	R. 61-116	State	Regulation	South Carolina Trauma Care Systems - establishes standards for the certification and designation of trauma centers and standards regarding the statewide trauma registry, hospital resources database, trauma care fund, and trauma system plans.	3.3.3	3.3.3
416	R. 61-117	State	Regulation	Access to Restricted Information - This regulation pertains to information that has been designated for release pursuant to Section 30-4-45(A) and (B) of the S.C. Freedom of Information Act.	1.6.1, 1.6.3	1.6.1, 1.6.3
417	R. 61-119	State	Regulation	Surface Water Withdrawal, Permitting, Use, and Reporting - establishes a system and rules for permitting and registering the withdrawal and use of surface water from within the state of South Carolina and those surface waters shared with adjacent states.	2.4.1, 2.4.2	2.4.1, 2.4.2
418	R. 61-120	State	Regulation	South Carolina Immunization Registry - provides rules, implementing Section 44-29-40 of the S.C. Code of Laws regarding the S.C. Immunization Registry requirements for reporting immunizations occurring in South Carolina, implementation and operation of the registry, data elements to be collected, content of electronic forms and reports, and the procedures for disclosure of confidential registry information.	1.3.3	1.3.3
419	R. 61-122	State	Regulation	Standards for License of In-Home Care Providers - sets licensing requirements for In-home care providers.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
420	R. 61-123	State	Regulation	Critical Congenital Heart Defects Screening on Newborns - sets requirements for congenital heart defects screening on newborns.	3.1.1, 3.1.2, 3.1.3	3.1.1, 3.1.2, 3.1.3
421	R. 61-124	State	Regulation	Consumer Electronic Equipment Collection and Recovery ("E-Scrap") Regulation - establishes standards for the management of residential electronic scrap, including requirements for recyclers and for electronics manufacturer take-back programs.	2.3.2, 2.3.3	2.3.2, 2.3.3
422	R. 72-1 through 72.9	State	Regulation	Dams and Reservoirs Safety Act Regulations - provides technical requirements for dam classification, permitting of construction, repairs, and removal of dams, and provides regulation for general administration of the Dams and Reservoirs Safety Program.	2.4.1, 2.4.2, 2.4.4	2.4.1, 2.4.2, 2.4.4
423	R. 72-101 through 72-108	State	Regulation	Erosion and Sediment Reduction and Stormwater Management Regulations (Applicable to state-controlled land) - set forth requirements for erosion and sediment control and stormwater management measures to be used on state land to prevent damage to land, water, and property from erosion, sediment, and stormwater.	2.4.1, 2.4.2	2.4.1, 2.4.2
424	R. 72-300 through 72-316	State	Regulation	Standards for Stormwater Management and Sediment Reduction - encourages the implementation of the Stormwater Management and Sediment Reduction Act by local governments.	2.4.1, 2.4.2	2.4.1, 2.4.2

Laws

425	R. 72-405 through 72-445	State	Regulation	Standards for Stormwater Management and Sediment Reduction (Applicable to S.C. Department of Transportation) - applies stormwater management criteria to the land disturbing activities of the S.C. Department of Transportation.	2.4.1, 2.4.2	2.4.1, 2.4.2
426	R. 89-10 through 89-350	State	Regulation	Office of the Governor - Mining Council of South Carolina - applies permitting and operating criteria on mining operations within the state.	2.3.1	2.3.1
427	R. 121-8 through 121-8.28	State	Regulation	Oil and Gas Exploration, Drilling, and Production - establishes reporting and operating criteria for oil and gas operations in the state.	2.3.2	2.3.2
428	Res. 296	State	Joint Resolution	Petroleum Pipeline Study Committee Created - establishes Petroleum Pipeline Study Committee, including Director of the Department, to study matters related to petroleum pipelines in South Carolina.	2.3.4	2.3.4
429	16 U.S.C. §§ 1451 et seq.	Federal	Statute	Coastal Zone Management Act - Encourages and assists coastal states in preserving, protecting, developing, and restoring the resources of the Coastal Zone.	2.5.1 through 2.5.4	2.5.1 through 2.5.4
430	21 U.S.C. §§ 801 et seq.	Federal	Statute	Controlled Substances Act - Puts forth federal requirements regarding controlled substances, including prescription drugs.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
431	33 U.S.C. §§ 1251 et seq.	Federal	Statute	Clean Water Act - comprehensive legislation to protect and preserve quality of the waters of the U.S.	2.4.1, 2.4.2, 2.4.3, 2.4.5	2.4.1, 2.4.2, 2.4.3, 2.4.5
432	42 U.S.C. §§ 300, et seq.	Federal	Statute	Title X of the Public Health Service Act - federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.	1.4.2	1.4.2
433	42 U.S.C. §§ 300f et seq.	Federal	Statute	Safe Drinking Water Act - regulates all public water systems in each state selling water to individuals, and establishes authority to promulgate drinking water quality standards.	2.4.1, 2.4.2, 2.4.3, 2.4.5	2.4.1, 2.4.2, 2.4.3, 2.4.5
434	42 U.S.C. § 300gg; 29 U.S.C. §§ 1181, et seq.; 42 U.S.C. §§ 1320d, et seq.; 45 C.F.R. Part 160, Part 162 and Part 164	Federal	Statute	Health Insurance Portability and Accountability Act of 1996, as amended - establishes requirements for the protection of personal health information; Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.	1.4.2, 1.4.3, 1.4.7	1.4.2, 1.4.3, 1.4.7
435	42 U.S.C. §§ 300jj et seq. and 42 U.S.C. §§ 17901 et seq.	Federal	Statute	Health Information Technology for Economic and Clinical Health Act - contains incentives related to health care information technology in general (e.g. creation of a national health care infrastructure) and contains specific incentives designed to accelerate the adoption of electronic health record (EHR) systems among providers.	1.4.2, 1.4.3, 1.4.7	1.4.2, 1.4.3, 1.4.7
436	42 U.S.C. §§ 1395 et seq.	Federal	Statute	Social Security Act Title XVIII - Health Insurance for the Aged and Disabled - establishes the federal Medicare program, to which DHEC aids in implementation.	3.2.1	3.2.1
437	42 U.S.C. § 1395aa(a)	Federal	Statute	Agreement with States - Authorizes use of state agencies to determine compliance by providers of services with conditions of Medicare participation.	3.2.1	3.2.1
438	42 U.S.C. §§ 1396 et seq.	Federal	Statute	Social Security Act Title XIX - Grants to States for Medical Assistance Programs - establishes the Medicaid program.	3.2.1	3.2.1
439	42 U.S.C. § 1396r-2	Federal	Statute	Requires States to report certain adverse actions taken against a licensure to the National Practitioner Data Bank (NPDB).	3.1.1, 3.1.2, 3.1.3, 3.3.1	3.1.1, 3.1.2, 3.1.3, 3.3.1

Laws

440	42 U.S.C. §§ 6901 et seq.	Federal	Statute	Resource Conservation and Recovery Act (RCRA) - provides for the regulation of hazardous waste generators, the permitting of storage, treatment and disposal facilities, corrective action, and financial assurance requirements	2.3.1, 2.3.2	2.3.1, 2.3.2
441	42 U.S.C. §§ 7401 et seq.	Federal	Statute	Clean Air Act - promotes the protection and enhancement of air quality nationwide for public health and welfare, and provides technical and financial assistance to state and local governments for air pollution prevention and control programs.	2.1.1 through 2.1.5	2.1.1 through 2.1.5
442	42 U.S.C. §§ 9601 et seq.	Federal	Statute	Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) - provides for remediation of contaminated sites, and authorizes states to recover natural resources damages caused by releases of hazardous substances.	2.3.4	2.3.4
443	42 U.S.C. §§ 18001 et seq.	Federal	Statute	Patient Protection and Affordable Care Act - the comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: the Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law.	1.1.2, 1.2.1	1.1.2, 1.2.1
444	7 C.F.R. Part 246	Federal	Regulation	Special Supplemental Nutrition Program for Women, Infants, and Children - provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.	1.1.3, 1.4.1	1.1.3, 1.4.1
445	21 C.F.R. Sections 1300 et seq.	Federal	Regulation	Drug Enforcement Administration, Department of Justice - Puts forth standards for execution of the Controlled Substances Act.	3.5.1 through 3.5.3	3.5.1 through 3.5.3
446	40 C.F.R. Subchapter C	Federal	Regulation	Federal Air Programs - sets forth regulations pursuant to Clean Air Act.	2.1.1 through 2.1.5	2.1.1 through 2.1.5
447	42 C.F.R. Sections 405 et seq.	Federal	Regulation	Federal Health Insurance for the Aged and Disabled - puts forth standards for execution of the Medicare program.	3.2.1	3.2.1
448	42 C.F.R. Sections 430 et seq.	Federal	Regulation	Grants to States for Medical Assistance Programs - puts forth standards for execution of the Medicaid program.	3.2.1	3.2.1
449	42 C.F.R. § 488.335	Federal	Regulation	Action on Complaints of resident neglect and abuse, and misappropriation of resident property - requires state certification agency to review allegations or resident abuse, neglect, and misappropriation by nurse aides and report findings to nurse aide registry after opportunity for a hearing.	3.2.1	3.2.1
450	43 C.F.R. Part 11	Federal	Regulation	Natural Resource Damage Assessments - provides for assessment of the extent of injury to a natural resource and determination of appropriate ways of restoring and compensating for that injury.	2.3.4	2.3.4
451	44 C.F.R. §§ 60.1 through 60.22	Federal	Regulation	National Practitioner Data Bank - Establishes federal regulatory requirements for reporting information to the National Practitioner Data Bank.	3.1.1, 3.1.2, 3.1.3, 3.3.1	3.1.1, 3.1.2, 3.1.3, 3.3.1

2015 - 2016 Provisos

Item #	2015-16 Appropriations Act, Part 1B Proviso Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	2015-16 Objective(s) which satisfy the law
1	23.1. (MUSC: Rural Dentist Program)	State	Proviso	Establishes the Rural Dentist Program at MUSC, in coordination with DHEC's Public Health Dentistry Program. The funds appropriated to MUSC for the Rural Dentist Program shall be administered by the South Carolina Area Health Education Consortium physician recruitment office. The costs associated with administering this program are to be paid from the funds appropriated to the Rural Dentist Program and shall not exceed four percent of the appropriation. The Medical University of South Carolina is responsible for the fiscal management of funds to ensure that state policies and guidelines are adhered to. MUSC shall be permitted to carry forward unspent general funds appropriated to the Rural Dentist program provided that these funds be expended for the program for which they were originally designated. A board is created to manage and allocate these funds to insure the location of licensed dentists in rural areas of South Carolina and on the faculty of the College of Dental Medicine at MUSC. The Director of DHEC's Office of Primary Care shall serve as ex officio members of the board without vote and without compensation.	1.1.5
2	33.27 (DHHS: Hospital Transformation Plans)	State	Proviso	DHHS shall continue a program to help qualifying hospitals transition to more sustainable models of service delivery. Notwithstanding existing regulations, DHEC may in its discretion make exceptions to applicable licensing standards and regulations where it determines an exception will assist in the successful implementation and operation of the plans developed by DHHS.	3.1.1, 3.1.2, 3.1.3
3	34.1 (DHEC: County Health Department Funding)	State	Proviso	Out of the appropriation provided in this section for "Access to Care," the sum of \$25,000 shall be distributed to the county health departments by the commissioner, with the approval of the DHEC Board, for the following purposes: (1) To insure the provision of a reasonably adequate public health program in each county; (2) To provide funds to combat special health problems that may exist in certain counties; (3) To establish and maintain demonstration projects in improved public health methods in one or more counties in the promotion of better public health service throughout the state; (4) To encourage and promote local participation in financial support of the county health departments; (5) To meet emergency situations which may arise in local areas; (6) To fit funds available to amounts budgeted when small differences occur.	1.2.1, 1.2.2, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.6, 1.4.7

2015 - 2016 Provisos

4	34.2 (DHEC: County Health Units)	State	Proviso	General funds made available to the Department for the allocation to the counties of the state for operation of county health units shall be allocated on a basis approved by the DHEC Board.	1.2.1, 1.2.2, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7
5	34.3 (DHEC: Camp Burnt Gin)	State	Proviso	Private donations or contributions for the operation of Camp Burnt Gin are deposited in a restricted account, may be carried forward, and shall be made available as needed to fund the operation of the camp.	1.1.1, 1.2.1, 1.2.6
6	34.4 (DHEC: Children's Rehabilitative Services)	State	Proviso	The Children's Rehabilitative Services shall be required to utilize any available financial resources including insurance benefits and/or governmental assistance programs, to which the child may otherwise be entitled in providing and/or arranging for medical care and related services to physically handicapped children eligible for such services, as a prerequisite to the child receiving such services.	1.2.1, 1.2.6, 1.4.7
7	34.5 (DHEC: Cancer/Hemophilia)	State	Proviso	Notwithstanding any other provisions of this act, the funds appropriated herein for prevention, detection, and surveillance of cancer as well as providing for cancer treatment services, \$545,449 and the hemophilia assistance program, \$1,186,928 shall not be transferred to other programs within the agency and when instructed by the Executive Budget Office or the General Assembly to reduce funds within the Department by a certain percentage, the Department may not act unilaterally to reduce the funds for any cancer treatment program and hemophilia assistance program provided for herein greater than such stipulated percentage.	1.2.1, 1.2.3, 1.2.4, 1.2.6, 1.4.4
8	34.6 (DHEC: Local Health Departments)	State	Proviso	Counties of the state will be relieved of contribution requirements for salary, fringe benefits, and travel reimbursement to local health departments. The amount of \$5,430,697 is appropriated for county health department, salaries, fringe benefits, and travel.	1.2.1, 1.2.2, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.6, 1.4.7
9	34.7 (DHEC: Insurance Refunds)	State	Proviso	DHEC is authorized to budget and expend monies resulting from insurance refunds for prior year operations for case services in family health.	1.1.4, 1.2.1, 1.2.6, 1.3.3, 1.4.4, 1.4.7

2015 - 2016 Provisos

10	34.8 (DHEC: Emergency Medical Services)	State	Proviso	EMS appropriations shall be allocated to the counties, EMS regions and regional councils, and the state EMS office for the purpose of improving and upgrading the EMS system throughout the state. DHEC shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state based on demonstrated need and local match.	3.3.1, 3.3.2
11	34.9 (DHEC: Rape Violence Prevention Contract)	State	Proviso	Of the amounts appropriated in Rape Violence Prevention, \$1,103,956 shall be used to support programmatic efforts of the state's rape crisis centers with distribution of these funds based on the Standards and Outcomes for Rape Crisis Centers and each center's accomplishment of a preapproved annual action plan.	1.1.2
12	34.10 (DHEC: Sickle Cell Blood Sample Analysis)	State	Proviso	\$16,000 is appropriated in Independent Living for the Sickle Cell Program for blood sample analysis and shall be used by the Department to analyze blood samples submitted by the four existing regional programs.	1.1.4, 1.2.1, 1.2.4, 1.2.6
13	34.11 (DHEC: Sickle Cell Programs)	State	Proviso	\$761,233 is appropriated for Sickle Cell program services. Sixty-seven percent is to be divided equitably between existing Community Based Sickle Cell Programs located in four areas of the state. Thirty-three percent is for the Community Based Sickle Cell Program at DHEC. The funds are to be used for providing prevention programs, educational programs, testing, counseling, and newborn screening. The balance of the total appropriation must be used for Sickle Cell Services operated by the Independent Living program at DHEC.	1.1.4, 1.2.1, 1.2.4, 1.2.6
14	34.12 (DHEC: Genetic Services)	State	Proviso	The sum of \$104,086 appearing under the Independent Living program of this act shall be appropriated to and administered by the DHEC for the purpose of providing appropriate genetic services to medically needy and underserved persons. The funds shall be used by DHEC to administer the program and to contract with appropriate providers of genetic services.	1.1.4, 1.2.1, 1.2.6
15	34.13 (DHEC: Revenue Carry Forward Authorization)	State	Proviso	DHEC is hereby authorized to collect, expend, and carry forward revenues in the following programs: sale of goods (confiscated goods, arm patches, etc.), sale of meals at Camp Burnt Gin, sale of publications, brochures, Spoil Easement Areas revenue, performance bond forfeiture revenue for restoring damaged critical areas, beach renourishment appropriations, photocopies and certificate forms, including but not limited to, pet rabies vaccination certificate books, sale of listings and labels, sale of State Code and Supplements, sale of films and slides, sale of maps, sale of items to be recycled, including, but not limited to, used motor oil and batteries, sale and/or licensing of software products developed and owned by the Department, and collection of registration fees for non-DHEC employees.	All

2015 - 2016 Provisos

16	34.14 (DHEC: Medicaid Nursing Home Bed Days)	State	Proviso	Pursuant to Section 44-7-84(A), the maximum number of Medicaid patient days that DHEC is authorized to issue Medicaid nursing home permits is 4,452,015.	3.4.2
17	34.15 (DHEC: Health Licensing Fee)	State	Proviso	DHEC shall retain funds resulting from an increase in the Health Licensing Fee Schedule to fund increased responsibilities of health licensing programs. DHEC may waive the assessment of late fees, set forth in the proviso, in extenuating circumstances, if it is with public knowledge.	3.1.1, 3.1.2, 3.1.3, 3.1.4
18	34.16 (DHEC: Infectious Waste Contingency Fund)	State	Proviso	Authorizes the use of not more than \$75,000 from the Infectious Waste Contingency Fund per year for personnel and operating expenses to implement the Infectious Waste Act.	2.3.1, 2.3.2
19	34.17 (DHEC: Nursing Home Medicaid Bed Day Permit)	State	Proviso	When transfer of a Medicaid patient is necessary due to violations of state or federal law or Medicaid certification requirements, the Medicaid patient day permit shall be transferred with the patient to the receiving nursing home.	3.4.2
20	34.18 (DHEC: Mineral Sets Revenue)	State	Proviso	Authorizes the Department to charge a reasonable fee for the sale of mineral sets. DHEC may retain the funds generated from the sale of mineral sets and may carry forward a maximum of \$2000 and must be expended for mineral set supplies and related mining and reclamation educational products.	2.3.1, 2.3.2
21	34.19 (DHEC: Spoil Easement Areas Revenue)	State	Proviso	Authorizes the Department to collect, retain, and expend funds received from the sale of and/or third party use of spoil easement areas, for the purpose of meeting the state of South Carolina's responsibility for providing adequate spoil easement areas for the Atlantic Intracoastal Waterway in South Carolina.	2.5.2
22	34.20 (DHEC: Per Visit Rate)	State	Proviso	DHEC is authorized to compensate nonpermanent, part-time employees, who provide direct patient care in a home environment, on a fixed rate per visit basis.	1.1.4, 1.2.1, 1.2.6
23	34.21 (DHEC: Allocation of Indirect Cost and Recoveries)	State	Proviso	Directs the Department to 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.	All
24	34.22 (DHEC: Permitted Site Fund)	State	Proviso	Authorizes the Department to expend funds as necessary from the permitted site fund established pursuant to Section 44-56-160(B)(1), for legal services related to environmental response, regulatory, and enforcement matters, including administrative proceedings and actions in state and all federal courts.	2.3.1, 2.3.2
25	34.23 (DHEC: Shift Increased Funds)	State	Proviso	The director is authorized to shift increased appropriated funds in this act to offset shortfalls in other critical program areas.	All

2015 - 2016 Provisos

26	34.24 (DHEC: Health Licensing Monetary Penalties)	State	Proviso	In the course of regulating health care facilities/services, the Bureau of Health Facilities Licensing (BHFL) assesses civil monetary penalties against nonconforming providers. BHFL shall retain up to the first \$50,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that division. These funds shall be separately accounted for in the department's fiscal records.	3.1.1, 3.1.2, 3.1.3
27	34.25 (DHEC: Health Facilities Licensing Monetary Penalties)	State	Proviso	In the course of regulating health care facilities/services, the Division of Construction/Fire & Life Safety (DCFLS) assesses civil monetary penalties against nonconforming providers. DCFLS shall retain up to the first \$100,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that division. These funds shall be separately accounted for in the department's fiscal records. Regulations for nursing home staffing for Fiscal Year 2015-16 must (1) provide a minimum of one and sixty-three hundredths (1.63) hours of direct care per resident per day from the non-licensed nursing staff; and (2) maintain at least one licensed nurse per shift for each staff work area. All other staffing standards and non-staffing standards established in Standards for Licensing Nursing Homes: R61-17, Code of State Regulations, must be enforced.	3.1.4
28	34.26 (DHEC: Radiological Health Monetary Penalties)	State	Proviso	In the course of regulating health care facilities/services, the Bureau of Radiological Health (BRH) assesses civil monetary penalties against nonconforming providers. BRH shall retain up to the first \$30,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that Bureau. These funds shall be separately accounted for in the department's fiscal records	3.6.1, 3.6.2, 3.6.3
29	34.27 (DHEC: Prohibit Use of Funds)	State	Proviso	DHEC must not use any state appropriated funds to terminate a pregnancy or induce a miscarriage by chemical means.	1.1.2 (DHEC does not provide or fund abortion services)
30	34.28 (DHEC: Meals in Emergency Operations)	State	Proviso	The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations.	1.6.3, 1.6.4
31	34.29 (DHEC: Compensatory Payment)	State	Proviso	Fair Labor Standards Act exempt employees may be paid for overtime during a declared state of emergency rather than accruing compensatory leave, at the discretion of the director and subject to availability of funds.	All

2015 - 2016 Provisos

32	34.30 (DHEC: Beach Renourishment and Monitoring and Coastal Access Improvement)	State	Proviso	If funds are available, DHEC may expend no more than \$100,000 of the available funds to support annual beach profile monitoring. Additional funds made available may be spent for beach renourishment and department activities that advance policy goals contained in the State Beachfront Management Plan, R.30-21.	2.5.2, 2.5.3, 2.5.4
33	34.31 (DHEC: South Carolina State Trauma Care Fund)	State	Proviso	Of the funds appropriated to the South Carolina State Trauma Care Fund, \$2,268,885 shall be utilized for increasing the reimbursement rates for trauma hospitals, for trauma specialists' professional fee, for increasing the capability of EMS trauma care providers from counties with a high rate of traumatic injury deaths to care for injury patients, and for support of the trauma system, based on a methodology as determined by the department with guidance and input from the Trauma Council as established in Section 44-61-530 of the South Carolina Code of Laws. DHEC shall promulgate regulations as required in Section 44-61-540 for the administration and oversight of the Trauma Care Fund.	3.3.3
34	34.32 (DHEC: Pandemic Influenza)	State	Proviso	DHEC shall assess South Carolina's ability to cope with a major influenza outbreak or pandemic influenza and maintain an emergency plan and stockpile of medicines and supplies to improve the state's readiness condition; the Department shall report on preparedness measures to the General Assembly and the Governor by November 1, each year. DHEC may work with the Department of Health and Human Services to establish a fund for supplies and distribution of supplies. If medicines or vaccines become available for purchase from the federal government, the Department, with Executive Budget Office approval, may access appropriated or earmarked funds as necessary to purchase an emergency supply of these medicines for the state.	1.6.2, 1.6.2, 1.6.3, 1.6.4
35	34.33 (DHEC: Pharmacist Services)	State	Proviso	Provisions requiring that all Department facilities distributing or dispensing prescription drugs be permitted by the Board of Pharmacy and that each pharmacy have a pharmacist-in-charge are suspended; each Department Health Region shall be required to have a permit to distribute or dispense prescription drugs; a Department pharmacist may serve as the pharmacist-in-charge without being physically present in the pharmacy. Only pharmacists, nurses, or physicians are allowed to dispense and provide prescription drugs/products/vaccines for conditions or diseases that the Department treats, monitors, or investigates. Other medications may be dispensed in a public health emergency.	1.3.1, 1.3.2

2015 - 2016 Provisos

36	34.34 (DHEC: Coastal Zone Appellate Panel)	State	Proviso	Suspends the Coastal Zone Appellate Panel, as delineated in Section 48-39-40.	N/A (Operation of panel is suspended)
37	34.35 (DHEC: Rural Hospital Grants)	State	Proviso	Rural Hospital Grants funds shall be allocated to public hospitals in very rural or rural areas whose largest town is less than 25,000 and whose licensed bed capacity does not exceed 200 beds. Hospitals that qualify for the grants shall utilize the funds for purposes specified in the proviso.	1.2.1
38	34.36 (DHEC: Camp Burnt Gin)	State	Proviso	Notwithstanding any other provision of law, the funds appropriated to the Department pursuant to Part IA, or funds from any other source, for Camp Burnt Gin must not be reduced in the event the Department is required to take a budget reduction.	1.1.1, 1.2.1, 1.2.6
39	34.37 (DHEC: Metabolic Screening)	State	Proviso	The Department may suspend any activity related to blood sample storage as outlined in Section 44 37-30 (D) and (E), if there are insufficient state funds to support the storage requirements. In that event, the samples may be destroyed in a scientifically appropriate manner after testing. The Department shall notify providers of the suspension within 30 days of its effective date.	1.1.1, 1.2.1, 1.2.4
40	34.38 (DHEC: Fetal Pain Awareness)	State	Proviso	The Department must utilize at least \$100 to prepare printed materials concerning information that unborn children at 20 weeks gestation and beyond are fully capable of feeling pain and the right of a woman seeking an abortion to ask for and receive anesthesia to alleviate or eliminate pain to the fetus during an abortion procedure. The materials must be provided to each abortion provider in the state and must be placed in a conspicuous place in each examination room at the doctor's office. The required material text is provided in the proviso.	3.1.1, 3.1.2, 3.1.3
41	34.39 (DHEC: South Carolina Health Integrated Data Services (SCHIDS))	State	Proviso	From funds appropriated for Chronic Disease Prevention, the Department shall establish a SCHIDS program to disseminate data about prevalence, treatment, and cost of disease from the S.C. Health and Human Services Data Warehouse and in particular the Medicaid system. The purpose of the program is to educate communities statewide about improving health and wellness through lifestyle changes. The Revenue and Fiscal Affairs Office shall provide data needed by the SCHIDS program. Medicaid staff shall coordinate with the SCHIDS program staff to target Prevention Partnership Grant awards.	1.2.1, 1.2.2, 1.2.4, 1.2.6, 1.4.4
42	34.40 (DHEC: Abstinence Education Contract)	State	Proviso	Funds made available to the state of South Carolina under the provisions of Title V, Section 510, may only be awarded to other entities through a competitive bidding process.	1.2.1, 1.2.6, 1.4.2

2015 - 2016 Provisos

43	34.41 (DHEC: Immunizations)	State	Proviso	The Department is authorized to utilize the funds appropriated for immunizations to hire temporary personnel to address periods of high demand for immunizations at local health departments.	1.3.3, 1.4.7
44	34.42 (DHEC: Obesity)	State	Proviso	The Department is charged with addressing the public health of our citizens and shall be the convener and coordinator of the fight against obesity in South Carolina because addressing the obesity epidemic requires behavioral, educational, systemic, medical, and community involvement, the following state agencies should use their best efforts to cooperate with the requests of the Department and its partners to facilitate an environment that decreases body mass index (BMI): Department of Education; Department of Health and Human Services; Department of Social Services; Department of Mental Health; Medical University of South Carolina; University of South Carolina Arnold School of Public Health; Department of Parks, Recreation, and Tourism; Department of Commerce; Department of Transportation; and Commission for the Blind. In addition, school districts must provide the Department with information regarding their progress towards meeting certain provisions of the Student Health and Fitness Act of 2005. DHEC has authority to collect, compile and assess the progress of the State and School Districts in meeting the goals of the act.	1.2.1, 1.2.4, 1.2.6, 1.4.4
45	34.43 (DHEC: Residential Treatment Facilities Swing Beds)	State	Proviso	In coordination with the South Carolina Health Plan and to improve access for acute psychiatric beds as patient populations demand, Residential Treatment Facilities (RTF) may swing up to eighteen beds per qualifying facility to accommodate patients with a diagnosis of an acute psychiatric disorder, if the facility meets criteria specified in the proviso and complies with all federal Centers for Medicare and Medicaid Services rules and regulations.	3.4.1, 3.4.2
46	34.45 (DHEC: Tuberculosis Outbreak)	State	Proviso	Upon discovery of a tuberculosis outbreak, the Department may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto. During an investigation of an index tuberculosis patient meeting specific criteria, the Department, through the South Carolina Health Alert Network, must notify the patient's community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis. Other requirements are also included in the proviso.	1.3.1, 1.4.5, 1.4.6

2015 - 2016 Provisos

47	34.46 (DHEC: Abstinence Until Marriage Emerging Programs)	State	Proviso	From the funds appropriated to DHEC in this act as a special item and titled "Abstinence-Until-Marriage Emerging Programs" the Department shall award a 12-month grant for abstinence-until-marriage emerging programs; this funding shall be awarded by the Department, through the Procurement Code process, only to nonprofit 501(c)(3) agencies meeting all the A-H Title V, Section 510 definitions of Abstinence Education.	1.2.6, 1.4.2
48	34.47 (DHEC: Abstinence Until Marriage Evidence-Based Program Funding)	State	Proviso	From the monies appropriated for the Continuation of Teen Pregnancy Prevention, contracts must be awarded, through the Procurement Code process, to separate private, nonprofit 501(c)(3) entities to provide Abstinence Until Marriage teen pregnancy prevention programs and services within the state that meet all of the A-H Title V, Section 510 definitions of Abstinence Education.	1.2.6, 1.4.2
49	34.48 (DHEC: Wave Dissipation Device)	State	Proviso	Permits the initiation of a Wave Dissipation Device pilot program, as specified within the proviso.	N/A (proviso terms adopted by General Assembly)
50	34.49 (DHEC: Birthing Center Inspections)	State	Proviso	Birthing centers, accredited by the Commission on Accreditation of Birth Centers on or before July 1, 2014, must register an on-call agreement and any transfer policies with the Department; the on-call agreement shall contain provisions which provide that the on-call physician is readily available to provide medical assistance either in person or by telecommunications or other electronic means, which means the physician must be within a 30-minute drive of the birthing center or hospital, must be licensed in the state of South Carolina, and shall provide consultation and advice to the birthing center at all times it is serving the public; furthermore, a birthing center shall document in its practice guidelines and policies the ability to transfer care to an acute care hospital with obstetrical and newborn services and must demonstrate this by: (A) coordinated transfer care plans, protocols, procedures, arrangements, or through collaboration with one or more acute care hospitals with appropriate obstetrical and newborn services; and (B) admitting privileges at one or more hospitals with appropriate obstetrical and newborn services by a birthing center's consulting physician. DHEC shall require a \$25.00 registration fee. Birthing centers registered in accordance with this proviso shall be deemed in compliance with Section 44-89-60(3) and implementing regulations.	3.1.1, 3.1.2, 3.1.3

2015 - 2016 Provisos

51	34.51 (DHEC: Abortion Clinic Certification)	State	Proviso	Prior to January 31, 2015, a facility other than a hospital that is licensed and certified by the department to perform abortions must file a report, without privileged or confidential information, with the department that provides the number of physicians that performed an abortion at the facility between July 1, 2014 and December 31, 2014, who did not have admitting privileges at a local certified hospital and staff privileges to replace on-staff physicians at the certified hospital and the percentage of these physician in relation to the overall number of physicians who performed abortions at the facility. A \$25 filing fee must be remitted with the report.	3.1.1, 3.1.2, 3.1.3
52	34.52 (DHEC: Seawall Reconstruction/Repair)	State	Proviso	Allows permitting of repairs to certain existing seawalls.	N/A (proviso terms adopted by General Assembly)
53	34.53 (DHEC: Maternal Morbidity and Mortality Review Committee)	State	Proviso	From the funds appropriated to or authorized for the Department in Fiscal Year 2015-16, the Department shall establish a Maternal Morbidity and Mortality Review Committee to review maternal deaths and to develop strategies for the prevention of maternal deaths.	1.1.4

2015 - 2016 Provisos

54	102.4. (RFAO: SC Health & Human Services Data Warehouse)	State	Proviso	<p>Establishes within the Revenue and Fiscal Affairs Office, the South Carolina Health and Human Services Data Warehouse to ensure that the operation of health and human services agencies may be enhanced by coordination and integration of client information. To integrate client information, client data from health and human services state agencies will be linked to improve client outcome measures, enabling state agencies to analyze coordination and continuity of care issues. The addition of these data will enhance existing agency systems by providing client data from other state agency programs to assist in the provision of client services. DHEC shall report client information. The Office shall establish a Memorandum of Agreement with each agency, department or division related, but not limited to, the confidentiality of client information, the conditions for the release of data that may identify agencies, departments, divisions, programs and services, or clients, any restrictions on the release of data so as to be compliant with state and federal statutes and regulations on confidentiality of data, conditions under which the data may be used for research purposes, and any security measures to be taken to insure the confidentiality of client information.</p> <p>DHEC is exempt from usage of the integrated client management system and the analytic query tools in the day-to-day operation of their Client Automated Record and Encounter System and their South Carolina Community Assessment Network, but shall provide the Warehouse with client data from the system and network.</p>	1.5.5, 1.5.6
55	117.10. (GP: Federal Funds - DHEC, DSS, DHHS Disallowances)	State	Proviso	<p>Amounts appropriated to DHEC, DSS, and DHHS may be expended to cover program operations of prior fiscal years where adjustment of such prior years are necessary under federal regulations or audit exceptions. All disallowances or notices of disallowances by any federal agency of any costs claimed by these agencies shall be submitted to the State Auditor, the Senate Finance Committee and the House Ways and Means Committee, within five days of receipt of such actions.</p>	All

2015 - 2016 Provisos

56	117.15. (GP: Allowance for Residences & Compensation Restrictions)	State	Proviso	That salaries paid to officers and employees of the State, including its several boards, commissions, and institutions shall be in full for all services rendered, and no perquisites of office or of employment shall be allowed in addition thereto, but such perquisites, commodities, services or other benefits shall be charged for at the prevailing local value and without the purpose or effect of increasing the compensation of said officer or employee. DHEC personnel at the State Park Health Facility and Camp Burnt Gin are permitted to occupy residences at these facilities without charge.	All
57	117.24. (GP: TEFRA-Tax Equity and Fiscal Responsibility Act)	State	Proviso	It is the intent of the General Assembly that the State Medicaid Plan be amended to provide benefits for disabled children as allowed by the Tax Equity and Fiscal Responsibility Act (TEFRA) option. State agencies, including DHEC, shall collectively review and identify existing state appropriations within their respective budgets that can be used as state match to serve these children. Such funds shall be used effective January 1, 1995 to implement TEFRA option benefits. Agencies providing services under the provisions of this paragraph must not spend less in the current fiscal year than expended in the previous fiscal year.	1.1.1
58	117.66. (GP: Healthcare Employee Recruitment and Retention)	State	Proviso	DHEC and other agencies are allowed to spend state, federal, and other sources of revenue to provide lump sum bonuses to aid in recruiting and retaining healthcare workers in critical needs healthcare jobs based on objective guidelines established by the Department of Administration. These agencies may also provide paid educational leave for any employees in an FTE position to attend class while enrolled in healthcare degree programs that are related to the agency's mission. These agencies may enter into an agreement with Psychiatrists, Psychologists, and Nurses employed in those positions to repay them for their outstanding student loans associated with completion of a healthcare degree. These agencies are also authorized to allow tuition reimbursement from a maximum of ten credit hours per semester; allow probationary employees to participate in tuition programs; and provide tuition prepayment instead of tuition reimbursement for employees willing to pursue a degree in a healthcare program.	All

2015 - 2016 Provisos

59	117.74. (GP: IMD Operations)	State	Proviso	All funds received by the designated agencies (not DHEC) as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or DHEC licensed institutional, residential, or treatment programs.	3.1.1
60	117.92. (GP: Means Test)	State	Proviso	All agencies providing Healthcare Services are directed to identify standards and criteria for means testing on all programs provided, where allowed by Federal guidelines. Once a consistent criteria has been established within an agency, they shall implement their respective plans. Each agency shall report all criteria and fiscal data to the Chairman of the Senate Finance Committee and to the Chairman of the House Ways and Means Committee no later than January 1st.	1.1.5, 1.2.3, 1.2.5, 1.2.6, 1.3.2, 1.3.3, 1.4.1, 1.4.2, 1.4.3, 1.4.7
61	117.115. (GP: Continuation of Teen Pregnancy Prevention Project Accountability)	State	Proviso	Qualifying organizations applying for General Funds provided as a special item in this act and titled Continuation of Teen Pregnancy Prevention must include in its application a proposed annual budget and agreement to provide quarterly reports to the grantor state agency detailing the expenditure of funds and the project's accomplishments which shall include specified items. An organization awarded a grant must provide these quarterly reports to the grantor state agency within fifteen days of the end of each quarter. Grantees failing to submit reports with thirty days of the end of each quarter shall have their grant terminated. Unexpended funds for Continuation of Teen Pregnancy Prevention projects under DSS or under DHEC shall be carried forward for the purpose of fulfilling the department's contractual agreement.	1.1.2, 1.4.2
62	117.126 (GP: Sickle Cell Disease Study Committee)	State	Proviso	From funds appropriated to DHEC, a Sickle Cell Disease Study Committee is created. The study committee shall provide a report with findings and recommendations to the General Assembly and the Governor by June 30, 2016, at which time the study committee shall dissolve.	1.1.4, 1.2.1, 1.2.4, 1.2.6

2015 - 2016 Provisos

63	117.130. (GP: Child Fatality Review)	State	Proviso	DHEC and other named agencies, shall implement the recommendations contained in the Legislative Audit Council's October 2014 report "A Review of Child Welfare Services at the Department of Social Services." DSS shall ensure that it includes child fatality statistics from DHEC and all other relevant sources. DHEC and SLED shall establish a system for cross checking child fatalities in the state to ensure that all fatalities are being properly reported to SLED. The State Child Fatality Advisory Committee shall evaluate the feasibility of adopting the Child Death Review Case Reporting System developed by the National Center for the Review and Prevention of Child Deaths and shall submit a report on their findings to the General Assembly by December 1, 2015.	1.1.4, 1.2.2
64	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(a) J.R. Clark Sickle Cell Foundation \$ 100,000	1.1.4, 1.2.1, 1.2.4, 1.2.6
65	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(b) Bleeding Disorders Premium Assistance Program \$ 100,000	1.2.1, 1.2.4
66	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(c) National Kidney Foundation \$ 1	1.2.1, 1.2.4
67	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(d) Criminal Domestic Violence (SCCADVASA) \$ 500,000	1.1.2
68	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(f) Donate Life - Organ Donor Registry \$ 100,000	1.2.1
69	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(g) Best Chance / Colon Cancer Networks \$ 675,000	1.2.3, 1.4.4
70	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(h) City of North Myrtle Beach - Ocean Water Quality Outfall Initiative \$500,000	2.4.1, 2.4.2
71	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(i) Wateree Community Action Committee (Requires 1:1 Match) \$ 250,000	1.2.1
72	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(k) Real MAD - Real Men Against Domestic Violence \$ 100,000	1.1.2

2015 - 2016 Provisos

73	118.14(B) Item 22, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(j) Indoor Aquatic and Community Center - Richland County (Requires 2:1 Match) \$ 100,000	1.2.1
74	118.14(B) Item 22.1, DHEC (SR: Nonrecurring Revenue)	State	Proviso	Of the funds appropriated above to DHEC for Best Chance/Colon Cancer Networks, the department shall utilize \$475,000 of the funds for the Best Chance Network and \$200,000 as matching funds for the Colon Cancer Prevention Network.	1.2.3, 1.2.4, 1.2.6, 1.4.4

2016 - 2017 Provisos

Item #	2016-17 Appropriations Act, Part 1B Proviso Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	2016-17 Objective(s) which satisfy the law
1	23.1. (MUSC: Rural Dentist Program)	State	Proviso	Establishes the Rural Dentist Program at MUSC, in coordination with DHEC's Public Health Dentistry Program. The funds appropriated to MUSC for the Rural Dentist Program shall be administered by the South Carolina Area Health Education Consortium physician recruitment office. The costs associated with administering this program are to be paid from the funds appropriated to the Rural Dentist Program and shall not exceed four percent of the appropriation. The Medical University of South Carolina is responsible for the fiscal management of funds to ensure that state policies and guidelines are adhered to. MUSC shall be permitted to carry forward unspent general funds appropriated to the Rural Dentist program provided that these funds be expended for the program for which they were originally designated. A board is created to manage and allocate these funds to insure the location of licensed dentists in rural areas of South Carolina and on the faculty of the College of Dental Medicine at MUSC. The Director of DHEC's Office of Primary Care shall serve as ex officio members of the board without vote and without compensation.	1.1.5
2	33.27 (DHHS Rural Health Initiative)	State	Proviso	Requires DHHS to partner with state agencies, institutions and other key stakeholders to implement the Rural Health Initiative to better meet the needs of medically underserved communities throughout the state. An emergency department that is established within 35 miles of its sponsoring hospital during the current fiscal year and which receives dedicated funding pursuant to this proviso shall be exempt from any DHEC Certificate of Need requirements or regulations. Any such facility shall participate in the Statewide Telemedicine Network.	1.2.6, 1.4.4

2016 - 2017 Provisos

3	34.1 (DHEC: County Health Department Funding)	State	Proviso	Out of the appropriation provided in this section for "Access to Care," the sum of \$25,000 shall be distributed to the county health departments by the commissioner, with the approval of the DHEC Board, for the following purposes: (1) To insure the provision of a reasonably adequate public health program in each county; (2) To provide funds to combat special health problems that may exist in certain counties; (3) To establish and maintain demonstration projects in improved public health methods in one or more counties in the promotion of better public health service throughout the state; (4) To encourage and promote local participation in financial support of the county health departments; (5) To meet emergency situations which may arise in local areas; (6) To fit funds available to amounts budgeted when small differences occur.	1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.6, 1.4.7
4	34.2 (DHEC: County Health Units)	State	Proviso	General funds made available to the Department for the allocation to the counties of the state for operation of county health units shall be allocated on a basis approved by the DHEC Board.	1.2.1, 1.2.2, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.1 through 1.4.7
5	34.3 (DHEC: Camp Burnt Gin)	State	Proviso	Private donations or contributions for the operation of Camp Burnt Gin are deposited in a restricted account, may be carried forward, and shall be made available as needed to fund the operation of the camp.	1.1.1, 1.2.1, 1.2.6
6	34.4 (DHEC: Children's Rehabilitative Services)	State	Proviso	The Children's Rehabilitative Services shall be required to utilize any available financial resources including insurance benefits and/or governmental assistance programs, to which the child may otherwise be entitled in providing and/or arranging for medical care and related services to physically handicapped children eligible for such services, as a prerequisite to the child receiving such services.	1.1.1, 1.2.1, 1.2.6, 1.4.7
7	34.5 (DHEC: Cancer/Hemophilia)	State	Proviso	Notwithstanding any other provisions of this act, the funds appropriated herein for prevention, detection, and surveillance of cancer as well as providing for cancer treatment services, \$545,449 and the hemophilia assistance program, \$1,186,928 shall not be transferred to other programs within the agency and when instructed by the Executive Budget Office or the General Assembly to reduce funds within the Department by a certain percentage, the Department may not act unilaterally to reduce the funds for any cancer treatment program and hemophilia assistance program provided for herein greater than such stipulated percentage.	1.2.1, 1.2.3, 1.2.4, 1.2.6, 1.4.4

2016 - 2017 Provisos

8	34.6 (DHEC: Local Health Departments)	State	Proviso	Counties of the state will be relieved of contribution requirements for salary, fringe benefits, and travel reimbursement to local health departments. The amount of \$5,430,697 is appropriated for county health department, salaries, fringe benefits, and travel.	1.2.1, 1.2.2, 1.2.4, 1.2.6, 1.3.1 through 1.3.4, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.6, 1.4.7
9	34.7 (DHEC: Insurance Refunds)	State	Proviso	DHEC is authorized to budget and expend monies resulting from insurance refunds for prior year operations for case services in family health.	1.1.4, 1.2.1, 1.2.6, 1.3.3, 1.4.4, 1.4.7
10	34.8 (DHEC: Emergency Medical Services)	State	Proviso	EMS appropriations shall be allocated to the counties, EMS regions and regional councils, and the state EMS office for the purpose of improving and upgrading the EMS system throughout the state. DHEC shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state based on demonstrated need and local match.	3.3.1, 3.3.2
11	34.9 (DHEC: Rape Violence Prevention Contract)	State	Proviso	Of the amounts appropriated in Rape Violence Prevention, \$1,103,956 shall be used to support programmatic efforts of the state's rape crisis centers with distribution of these funds based on the Standards and Outcomes for Rape Crisis Centers and each center's accomplishment of a preapproved annual action plan.	1.1.2
12	34.10 (DHEC: Sickle Cell Blood Sample Analysis)	State	Proviso	\$16,000 is appropriated in Independent Living for the Sickle Cell Program for blood sample analysis and shall be used by the Department to analyze blood samples submitted by the four existing regional programs.	1.1.4, 1.2.1, 1.2.4, 1.2.6
13	34.11 (DHEC: Sickle Cell Programs)	State	Proviso	\$761,233 is appropriated for Sickle Cell program services. Sixty-seven percent is to be divided equitably between existing Community Based Sickle Cell Programs located in four areas of the state. Thirty-three percent is for the Community Based Sickle Cell Program at DHEC. The funds are to be used for providing prevention programs, educational programs, testing, counseling, and newborn screening. The balance of the total appropriation must be used for Sickle Cell Services operated by the Independent Living program at DHEC. The existing Community Based Sickle Cell Programs will provide counseling for families of newborns who test positive for sickle cell trait or other similar blood traits upon referral from DHEC.	1.1.1, 1.1.4, 1.2.1, 1.2.4, 1.2.6

2016 - 2017 Provisos

14	34.12 (DHEC: Genetic Services)	State	Proviso	The sum of \$104,086 appearing under the Independent Living program of this act shall be appropriated to and administered by the DHEC for the purpose of providing appropriate genetic services to medically needy and underserved persons. The funds shall be used by DHEC to administer the program and to contract with appropriate providers of genetic services.	1.1.1, 1.1.4, 1.2.1, 1.2.6
15	34.13 (DHEC: Revenue Carry Forward Authorization)	State	Proviso	DHEC is hereby authorized to collect, expend, and carry forward revenues in the following programs: sale of goods (confiscated goods, arm patches, etc.), sale of meals at Camp Burnt Gin, sale of publications, brochures, Spoil Easement Areas revenue, performance bond forfeiture revenue for restoring damaged critical areas, beach renourishment appropriations, photocopies and certificate forms, including but not limited to, pet rabies vaccination certificate books, sale of listings and labels, sale of State Code and Supplements, sale of films and slides, sale of maps, sale of items to be recycled, including, but not limited to, used motor oil and batteries, sale and/or licensing of software products developed and owned by the Department, and collection of registration fees for non-DHEC employees.	All
16	34.14 (DHEC: Medicaid Nursing Home Bed Days)	State	Proviso	Pursuant to Section 44-7-84(A), the maximum number of Medicaid patient days that DHEC is authorized to issue Medicaid nursing home permits is 4,452,015.	3.4.2
17	34.15 (DHEC: Health Licensing Fee)	State	Proviso	DHEC shall retain funds resulting from an increase in the Health Licensing Fee Schedule to fund increased responsibilities of health licensing programs. DHEC may waive the assessment of late fees, set forth in the proviso, in extenuating circumstances, if it is with public knowledge.	3.1.1, 3.1.2, 3.1.3, 3.1.4
18	34.16 (DHEC: Infectious Waste Contingency Fund)	State	Proviso	Authorizes the use of not more than \$75,000 from the Infectious Waste Contingency Fund per year for personnel and operating expenses to implement the Infectious Waste Act.	2.3.1, 2.3.2
19	34.17 (DHEC: Nursing Home Medicaid Bed Day Permit)	State	Proviso	When transfer of a Medicaid patient is necessary due to violations of state or federal law or Medicaid certification requirements, the Medicaid patient day permit shall be transferred with the patient to the receiving nursing home.	3.4.2
20	34.18 (DHEC: Mineral Sets Revenue)	State	Proviso	Authorizes the Department to charge a reasonable fee for the sale of mineral sets. DHEC may retain the funds generated from the sale of mineral sets and may carry forward a maximum of \$2000 and must be expended for mineral set supplies and related mining and reclamation educational products.	2.3.1, 2.3.2

2016 - 2017 Provisos

21	34.19 (DHEC: Spoil Easement Areas Revenue)	State	Proviso	Authorizes the Department to collect, retain, and expend funds received from the sale of and/or third party use of spoil easement areas, for the purpose of meeting the state of South Carolina's responsibility for providing adequate spoil easement areas for the Atlantic Intracoastal Waterway in South Carolina.	2.5.2
22	34.20 (DHEC: Per Visit Rate)	State	Proviso	DHEC is authorized to compensate nonpermanent, part-time employees, who provide direct patient care in a home environment, on a fixed rate per visit basis.	1.1.4, 1.2.1, 1.2.6
23	34.21 (DHEC: Allocation of Indirect Cost and Recoveries)	State	Proviso	Directs the Department to 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.	All
24	34.22 (DHEC: Permitted Site Fund)	State	Proviso	Authorizes the Department to expend funds as necessary from the permitted site fund established pursuant to Section 44-56-160(B)(1), for legal services related to environmental response, regulatory, and enforcement matters, including administrative proceedings and actions in state and all federal courts.	2.3.1, 2.3.2
25	34.23 (DHEC: Shift Increased Funds)	State	Proviso	The director is authorized to shift increased appropriated funds in this act to offset shortfalls in other critical program areas.	All
26	34.24 (DHEC: Health Licensing Monetary Penalties)	State	Proviso	In the course of regulating health care facilities/services, the Bureau of Health Facilities Licensing (BHFL) assesses civil monetary penalties against nonconforming providers. BHFL shall retain up to the first \$50,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that division. These funds shall be separately accounted for in the department's fiscal records.	3.1.1, 3.1.2, 3.1.3

2016 - 2017 Provisos

27	34.25 (DHEC: Health Facilities Licensing Monetary Penalties)	State	Proviso	In the course of regulating health care facilities and services, the Bureau of Health Facilities Licensing (BHFL) assesses civil monetary penalties against nonconforming providers. BHFL shall retain up to the first \$100,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that division. These funds shall be separately accounted for in the department's fiscal records. Regulations for nursing home staffing for the current fiscal year must (1) provide a minimum of one and sixty-three hundredths (1.63) hours of direct care per resident per day from the non-licensed nursing staff; and (2) maintain at least one licensed nurse per shift for each staff work area. All other staffing standards and non-staffing standards established in Standards for Licensing Nursing Homes: R61-17, Code of State Regulations, must be enforced	3.1.4
28	34.26 (DHEC: Radiological Health Monetary Penalties)	State	Proviso	In the course of regulating health care facilities/services, the Bureau of Radiological Health (BRH) assesses civil monetary penalties against nonconforming providers. BRH shall retain up to the first \$30,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that Bureau. These funds shall be separately accounted for in the department's fiscal records	3.6.1, 3.6.2, 3.6.3
29	34.27 (DHEC: Prohibit Use of Funds)	State	Proviso	DHEC must not use any state appropriated funds to terminate a pregnancy or induce a miscarriage by chemical means.	1.1.2 (DHEC does not provide or fund abortion services)
30	34.28 (DHEC: Meals in Emergency Operations)	State	Proviso	The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations.	1.6.3, 1.6.4
31	34.29 (DHEC: Compensatory Payment)	State	Proviso	Fair Labor Standards Act exempt employees may be paid for overtime during a declared state of emergency rather than accruing compensatory leave, at the discretion of the director and subject to availability of funds.	All
32	34.30 (DHEC: Beach Renourishment and Monitoring and Coastal Access Improvement)	State	Proviso	If funds are available, DHEC may expend no more than \$100,000 of the available funds to support annual beach profile monitoring. Additional funds made available may be spent for beach renourishment and department activities that advance policy goals contained in the State Beachfront Management Plan, R.30-21.	2.5.2, 2.5.3, 2.5.4

2016 - 2017 Provisos

33	34.31 (DHEC: South Carolina State Trauma Care Fund)	State	Proviso	Of the funds appropriated to the South Carolina State Trauma Care Fund, \$2,268,885 shall be utilized for increasing the reimbursement rates for trauma hospitals, for trauma specialists' professional fee, for increasing the capability of EMS trauma care providers from counties with a high rate of traumatic injury deaths to care for injury patients, and for support of the trauma system, based on a methodology as determined by the department with guidance and input from the Trauma Council as established in Section 44-61-530 of the South Carolina Code of Laws. DHEC shall promulgate regulations as required in Section 44-61-540 for the administration and oversight of the Trauma Care Fund.	3.3.3
34	34.32 (DHEC: Pandemic Influenza)	State	Proviso	DHEC shall assess South Carolina's ability to cope with a major influenza outbreak or pandemic influenza and maintain an emergency plan and stockpile of medicines and supplies to improve the state's readiness condition; the Department shall report on preparedness measures to the General Assembly and the Governor by November 1, each year. DHEC may work with the Department of Health and Human Services to establish a fund for supplies and distribution of supplies. If medicines or vaccines become available for purchase from the federal government, the Department, with Executive Budget Office approval, may access appropriated or earmarked funds as necessary to purchase an emergency supply of these medicines for the state.	1.6.2, 1.6.2, 1.6.3, 1.6.4
35	34.33 (DHEC: Pharmacist Services)	State	Proviso	Provisions requiring that all Department facilities distributing or dispensing prescription drugs be permitted by the Board of Pharmacy and that each pharmacy have a pharmacist-in-charge are suspended; each Department Health Region shall be required to have a permit to distribute or dispense prescription drugs; a Department pharmacist may serve as the pharmacist-in-charge without being physically present in the pharmacy. Only pharmacists, nurses, or physicians are allowed to dispense and provide prescription drugs/products/vaccines for conditions or diseases that the department treats, monitors, or investigates. Other medications may be dispensed in a public health emergency.	1.3.1, 1.3.2
36	34.34 (DHEC: Coastal Zone Appellate Panel)	State	Proviso	Suspends the Coastal Zone Appellate Panel, as delineated in Section 48-39-40.	N/A (Operation of panel is suspended)

2016 - 2017 Provisos

37	34.35 (DHEC: Rural Hospital Grants)	State	Proviso	Rural Hospital Grants funds shall be allocated to public hospitals in very rural or rural areas whose largest town is less than 25,000 and whose licensed bed capacity does not exceed 200 beds. Hospitals that qualify for the grants shall utilize the funds for purposes specified in the proviso.	1.2.1
38	34.36 (DHEC: Camp Burnt Gin)	State	Proviso	Notwithstanding any other provision of law, the funds appropriated to the Department pursuant to Part IA, or funds from any other source, for Camp Burnt Gin must not be reduced in the event the Department is required to take a budget reduction.	1.1.1, 1.2.1, 1.2.6
39	34.37 (DHEC: Metabolic Screening)	State	Proviso	The Department may suspend any activity related to blood sample storage as outlined in Section 44 37-30 (D) and (E), if there are insufficient state funds to support the storage requirements. In that event, the samples may be destroyed in a scientifically appropriate manner after testing. The Department shall notify providers of the suspension within 30 days of its effective date.	1.1.1, 1.2.1, 1.2.4
40	34.38 (DHEC: Fetal Pain Awareness)	State	Proviso	The Department must utilize at least \$100 to prepare printed materials concerning information that unborn children at 20 weeks gestation and beyond are fully capable of feeling pain and the right of a woman seeking an abortion to ask for and receive anesthesia to alleviate or eliminate pain to the fetus during an abortion procedure. The materials must be provided to each abortion provider in the state and must be placed in a conspicuous place in each examination room at the doctor's office. The required material text is provided in the proviso.	3.1.1, 3.1.2, 3.1.3
41	34.39 (DHEC: South Carolina Health Integrated Data Services (SCHIDS))	State	Proviso	From funds appropriated for Chronic Disease Prevention, the Department shall establish a SCHIDS program to disseminate data about prevalence, treatment, and cost of disease from the S.C. Health and Human Services Data Warehouse and in particular the Medicaid system. The purpose of the program is to educate communities statewide about improving health and wellness through lifestyle changes. The Revenue and Fiscal Affairs Office shall provide data needed by the SCHIDS program. Medicaid staff shall coordinate with the SCHIDS program staff to target Prevention Partnership Grant awards.	1.2.1, 1.2.2, 1.4.4
42	34.40 (DHEC: Abstinence Education Contract)	State	Proviso	Funds made available to the state of South Carolina under the provisions of Title V, Section 510, may only be awarded to other entities through a competitive bidding process.	1.1.2, 1.2.1, 1.2.6, 1.4.2

2016 - 2017 Provisos

43	34.41 (DHEC: Immunizations)	State	Proviso	The Department is authorized to utilize the funds appropriated for immunizations to hire temporary personnel to address periods of high demand for immunizations at local health departments.	1.3.3, 1.4.7
44	34.42 (DHEC: Obesity)	State	Proviso	The Department is charged with addressing the public health of our citizens and shall be the convener and coordinator of the fight against obesity in South Carolina because addressing the obesity epidemic requires behavioral, educational, systemic, medical, and community involvement, the following state agencies should use their best efforts to cooperate with the requests of the Department and its partners to facilitate an environment that decreases body mass index (BMI): Department of Education; Department of Health and Human Services; Department of Social Services; Department of Mental Health; Medical University of South Carolina; University of South Carolina Arnold School of Public Health; Department of Parks, Recreation, and Tourism; Department of Commerce; Department of Transportation; and Commission for the Blind. In addition, school districts must provide the Department with information regarding their progress towards meeting certain provisions of the Student Health and Fitness Act of 2005. DHEC has authority to collect, compile and assess the progress of the State and School Districts in meeting the goals of the act.	1.2.1, 1.2.4, 1.2.6, 1.4.4
45	34.43 (DHEC: Residential Treatment Facilities Swing Beds)	State	Proviso	In coordination with the South Carolina Health Plan and to improve access for acute psychiatric beds as patient populations demand, Residential Treatment Facilities (RTF) may swing up to eighteen beds per qualifying facility to accommodate patients with a diagnosis of an acute psychiatric disorder, if the facility meets criteria specified in the proviso and complies with all federal Centers for Medicare and Medicaid Services rules and regulations.	3.4.1, 3.4.2
46	34.44 (DHEC: Tuberculosis Outbreak)	State	Proviso	Upon discovery of a tuberculosis outbreak, the Department may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto. During an investigation of an index tuberculosis patient meeting specific criteria, the Department, through the South Carolina Health Alert Network, must notify the patient's community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis. Other requirements are also included in the proviso.	1.3.1, 1.4.5, 1.4.6

2016 - 2017 Provisos

47	34.45 (DHEC: Abstinence Until Marriage Emerging Programs)	State	Proviso	From the funds appropriated to DHEC in this act as a special item and titled "Abstinence-Until-Marriage Emerging Programs" the Department shall award a 12-month grant for abstinence-until-marriage emerging programs; this funding shall be awarded by the Department, through the Procurement Code process, only to nonprofit 501(c)(3) agencies meeting all the A-H Title V, Section 510 definitions of Abstinence Education.	1.2.6, 1.4.2
48	34.46 (DHEC: Abstinence Until Marriage Evidence-Based Program Funding)	State	Proviso	From the monies appropriated for the Continuation of Teen Pregnancy Prevention, contracts must be awarded, through the Procurement Code process, to separate private, nonprofit 501(c)(3) entities to provide Abstinence Until Marriage teen pregnancy prevention programs and services within the state that meet all of the A-H Title V, Section 510 definitions of Abstinence Education.	1.2.6, 1.4.2
49	34.47 (DHEC: Wave Dissipation Device)	State	Proviso	Permits the initiation of a Wave Dissipation Device pilot program, as specified within the proviso.	N/A (proviso terms adopted by General Assembly)
50	34.48 (DHEC: Birthing Center Inspections)	State	Proviso	Birthing centers, accredited by the Commission on Accreditation of Birth Centers must register an on-call agreement and any transfer policies with the Department; the on-call agreement shall contain provisions which provide that the on-call physician is readily available to provide medical assistance either in person or by telecommunications or other electronic means, which means the physician must be within a 30-minute drive of the birthing center or hospital, must be licensed in the state of South Carolina, and shall provide consultation and advice to the birthing center at all times it is serving the public; furthermore, a birthing center shall document in its practice guidelines and policies the ability to transfer care to an acute care hospital with obstetrical and newborn services and must demonstrate this by: (A) coordinated transfer care plans, protocols, procedures, arrangements, or through collaboration with one or more acute care hospitals with appropriate obstetrical and newborn services; and (B) admitting privileges at one or more hospitals with appropriate obstetrical and newborn services by a birthing center's consulting physician. DHEC shall require a \$25.00 registration fee. Birthing centers registered in accordance with this proviso shall be deemed in compliance with Section 44-89-60(3) and implementing regulations.	3.1.1, 3.1.2, 3.1.3

2016 - 2017 Provisos

51	34.49 (DHEC: Abortion Clinic Certification)	State	Proviso	Prior to January 31, 2017, a facility other than a hospital that is licensed and certified by the department to perform abortions must file a report, without privileged or confidential information, with the department that provides the number of physicians that performed an abortion at the facility between July 1, 2016 and December 31, 2016, who did not have admitting privileges at a local certified hospital and staff privileges to replace on-staff physicians at the certified hospital and the percentage of these physician in relation to the overall number of physicians who performed abortions at the facility. A \$25 filing fee must be remitted with the report.	3.1.1, 3.1.2, 3.1.3
52	34.52 (DHEC: Data Center Migration)	State	Proviso	Of the funds appropriated to the Department for Data Center Migration, the department must utilize the Department of Administration, Division of Technology Operations for shared services, including but not limited to, mainframe services, application hosting, servers, managed servers, storage, network services and disaster recovery services.	4.1.4
53	34.53 (DHEC: AIDS Service Provision Program)	State	Proviso	Funds appropriated and authorized to DHEC for clinical services and medical case management shall be used to direct the department to establish through contract a pilot program for the expansion of direct services to clients who are HIV positive. As part of the pilot program, the department shall facilitate 340b pricing for the AIDS Healthcare Foundation by utilizing Ryan White Part B federal funding to support this pilot in order to maximize the state's resources and service provision beyond its current levels. The department shall require that the AIDS Healthcare Foundation provide any reports or information required by the 340b pricing program, and shall provide proof of the contractual relationship between the department and the AIDS Healthcare Foundation to the Office of Pharmacy Affairs at HRSA.	1.3.2, 1.4.3

2016 - 2017 Provisos

54	34.54 (DHEC: Home Health License Transfer)	State	Proviso	From the funds made available through the transfer of licenses for Home Health Services from DHEC to Capital Care Resources of South Carolina, LLC, the department shall use the first \$750,000 for the final close out of Home Health including coverage of contractual obligations for the Home Health information system and to transition those records to another format to meet record retention requirements and cover the one-time, non-recurring expenses for the following items: (1) Data Center Infrastructure (\$2,618,400); (2) Pinewood Custodial Site Capital Improvements and Repairs (\$5,200,000); (3) Electronic Medical Records (\$5,781,600); and (4) Flood Recovery Operations (\$3,150,000)	1.6.1 through 1.6.4, 2.3.4, 4.1.3, 4.1.4
55	34.55 (DHEC: Coastal Zone Boundary)	State	Proviso	Of the funds appropriated, DHEC shall report to the General Assembly by January 1, 2017, with an initial recommendation to revise the coastal zone boundary, if any, and the study shall begin with Dorchester County.	2.5.2

2016 - 2017 Provisos

56	102.4. (RFAO: SC Health & Human Services Data Warehouse)	State	Proviso	Establishes within the Revenue and Fiscal Affairs Office, the South Carolina Health and Human Services Data Warehouse to ensure that the operation of health and human services agencies may be enhanced by coordination and integration of client information. To integrate client information, client data from health and human services state agencies will be linked to improve client outcome measures, enabling state agencies to analyze coordination and continuity of care issues. The addition of these data will enhance existing agency systems by providing client data from other state agency programs to assist in the provision of client services. DHEC shall report client information. The Office shall establish a Memorandum of Agreement with each agency, department or division related, but not limited to, the confidentiality of client information, the conditions for the release of data that may identify agencies, departments, divisions, programs and services, or clients, any restrictions on the release of data so as to be compliant with state and federal statutes and regulations on confidentiality of data, conditions under which the data may be used for research purposes, and any security measures to be taken to insure the confidentiality of client information. DHEC is exempt from usage of the integrated client management system and the analytic query tools in the day-to-day operation of their Client Automated Record and Encounter System and their South Carolina Community Assessment Network, but shall provide the Warehouse with client data from the system and network.	1.5.5, 1.5.6
57	117.10. (GP: Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	Proviso	Amounts appropriated to DHEC, DSS, and DHHS may be expended to cover program operations of prior fiscal years where adjustment of such prior years are necessary under federal regulations or audit exceptions. All disallowances or notices of disallowances by any federal agency of any costs claimed by these agencies shall be submitted to the State Auditor, the Senate Finance Committee and the House Ways and Means Committee, within five days of receipt of such actions.	All

2016 - 2017 Provisos

58	117.15. (GP: Allowance for Residences & Compensation Restrictions)	State	Proviso	That salaries paid to officers and employees of the State, including its several boards, commissions, and institutions shall be in full for all services rendered, and no perquisites of office or of employment shall be allowed in addition thereto, but such perquisites, commodities, services or other benefits shall be charged for at the prevailing local value and without the purpose or effect of increasing the compensation of said officer or employee. DHEC personnel at the State Park Health Facility and Camp Burnt Gin are permitted to occupy residences at these facilities without charge.	All
59	117.24. (GP: TEFRA-Tax Equity and Fiscal Responsibility Act)	State	Proviso	It is the intent of the General Assembly that the State Medicaid Plan be amended to provide benefits for disabled children as allowed by the Tax Equity and Fiscal Responsibility Act (TEFRA) option. State agencies, including DHEC, shall collectively review and identify existing state appropriations within their respective budgets that can be used as state match to serve these children. Such funds shall be used effective January 1, 1995 to implement TEFRA option benefits. Agencies providing services under the provisions of this paragraph must not spend less in the current fiscal year than expended in the previous fiscal year.	1.1.1

2016 - 2017 Provisos

60	117.65. (GP: Healthcare Employee Recruitment and Retention)	State	Proviso	DHEC and other agencies are allowed to spend state, federal, and other sources of revenue to provide lump sum bonuses to aid in recruiting and retaining healthcare workers in critical needs healthcare jobs based on objective guidelines established by the Department of Administration. These agencies may also provide paid educational leave for any employees in an FTE position to attend class while enrolled in healthcare degree programs that are related to the agency's mission. These agencies may enter into an agreement with Psychiatrists, Psychologists, and Nurses employed in those positions to repay them for their outstanding student loans associated with completion of a healthcare degree. These agencies are also authorized to allow tuition reimbursement from a maximum of ten credit hours per semester; allow probationary employees to participate in tuition programs; and provide tuition prepayment instead of tuition reimbursement for employees willing to pursue a degree in a healthcare program.	All
61	117.73. (GP: IMD Operations)	State	Proviso	All funds received by the designated agencies (not DHEC) as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or DHEC licensed institutional, residential, or treatment programs.	3.1.1
62	117.91. (GP: Means Test)	State	Proviso	All agencies providing Healthcare Services are directed to identify standards and criteria for means testing on all programs provided, where allowed by Federal guidelines. Once a consistent criteria has been established within an agency, they shall implement their respective plans. Each agency shall report all criteria and fiscal data to the Chairman of the Senate Finance Committee and to the Chairman of the House Ways and Means Committee no later than January 1st.	1.1.5, 1.2.1, 1.2.4, 1.3.2, 1.3.3, 1.4.1, 1.4.2, 1.4.3, 1.4.7

2016 - 2017 Provisos

63	117.112. (GP: Continuation of Teen Pregnancy Prevention Project Accountability)	State	Proviso	Qualifying organizations applying for General Funds provided as a special item in this act and titled Continuation of Teen Pregnancy Prevention must include in its application a proposed annual budget and agreement to provide quarterly reports to the grantor state agency detailing the expenditure of funds and the project's accomplishments which shall include specified items. An organization awarded a grant must provide these quarterly reports to the grantor state agency within fifteen days of the end of each quarter. Grantees failing to submit reports with thirty days of the end of each quarter shall have their grant terminated. Unexpended funds for Continuation of Teen Pregnancy Prevention projects under DSS or under DHEC shall be carried forward for the purpose of fulfilling the department's contractual agreement.	1.1.2, 1.4.2
64	117.121. (GP: Child Fatality Review)	State	Proviso	DHEC and other named agencies, shall implement the recommendations contained in the Legislative Audit Council's October 2014 report "A Review of Child Welfare Services at the Department of Social Services." DSS shall ensure that it includes child fatality statistics from DHEC and all other relevant sources. DHEC and SLED shall establish a system for cross checking child fatalities in the state to ensure that all fatalities are being properly reported to SLED. The State Child Fatality Advisory Committee shall evaluate the feasibility of adopting the Child Death Review Case Reporting System developed by the National Center for the Review and Prevention of Child Deaths and shall submit a report on their findings to the General Assembly by December 1, 2016	1.1.4, 1.2.2

2016 - 2017 Provisos

65	117.130. (GP: Family Planning Funds)	State	Proviso	Notwithstanding any other law, federal family planning funds and state family planning funds shall be awarded to eligible individuals, organizations, or entities applying to be family planning contractors in the descending order of priority listed in the proviso. Any department, agency, board, commission, office, or other instrumentality of the State that distributes family planning funds shall submit an annual report to the General Assembly listing any family planning contractors that fall under item (A)(3), and the amount of federal or state family planning funds they received. The report shall provide a detailed explanation of how it was determined that there were an insufficient number of eligible individuals, organizations, or entities in items (A)(1) and (A)(2) to prevent a significant reduction in family planning services in each region of the State where (A)(3) contractors are located.	1.4.2
66	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(a) Data Center/Infrastructure \$ 3,700,000	4.1.4
67	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(b) Electronic Medical Records \$ 2,000,000	1.3.2, 1.3.3, 1.4.2, 1.4.3, 1.4.5, 1.4.6, 1.4.7, 4.1.3
68	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(c) Cancer Screenings \$ 1,500,000	1.2.3, 1.2.6, 1.4.4
69	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(d) Donate Life - Organ Donor Registry \$ 100,000	1.2.1
70	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(e) Water Quality Infrastructure \$ 2,750,000	2.4.2

2016 - 2017 Provisos

71	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(f) Real MAD \$ 200,000	1.1.2
72	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(g) North Myrtle Ocean Outfall \$ 700,000	2.4.1, 2.4.2
73	118.16(B) Item 25, DHEC (SR: Nonrecurring Revenue)	State	Proviso	(h) Air Quality Improvements \$ 300,000	2.1.3, 2.1.4
74	118.16 Item 25.1 (SR: Nonrecurring Revenue)	State	Proviso	Of the funds appropriated above to DHEC for Cancer Screenings, the department shall utilize \$1,000,000 of the funds for the Best Chance Network and \$500,000 as matching funds for the Colon Cancer Prevention Network.	1.4.4

8. Please list all entities and individuals the agency considers stakeholders. A “stakeholder” is a person, group or organization that has interest or concern in the agency or that can affect or be affected by the agency’s actions, objectives and policies. Since the agency is providing information about its partners and customers in response to other questions, the entities who are partners and customers do not need to be listed again here.

Academic entities statewide

Access Health SC Evaluation Committee

Adolescent and Children's Injury Prevention Work group

Agricultural industry

Alcohol and Drug Rehabilitation Facilities

American Academy of Family Physicians

American Association of Birth Centers (AABC)

American College of Surgeons

American Congress of Obstetricians and Gynecologists (ACOG)

American Nephrology Nurses’ Association

Animal Growing/Processing

Area Health Education Centers (Upstate, Mid-Carolina, Pee Dee & Lowcountry)

Association of Immunization Managers

Association of Maternal & Child Health Programs (AMCHP)

Association of Public Health Laboratories (APHL)

Association of State and Territorial Dental Directors

Association of State and Territorial Health Officials (ASTHO)

ASTHO Long-acting Reversible Contraceptive (LARC) Learning Community

Behavioral Risk Factor Surveillance System (BRFSS)

Best Chance Network providers

Blue Cross Blue Shield of SC - Patient Centered Medical Home (PCMH) Alliance

Brain Injury Association

Breastfeeding Friendly Child Care Initiative

Cancer Control Advisory Committee

Carolinas-Georgia-Florida Chapter- American Society of Hypertension (ASH)

Center for Reproductive Rights

Centers for Medicare and Medicaid Services (CMS)

Charleston County Medical Society

Child Care Providers

Child Health and Wellness Coalition

Child Safety Collaborative Innovation & Improvement Network (CoIIN)

Children with special needs

Chronic Disease Epi & Surveillance

City/County Chief Executives

Clemson Extension

Clients with TB, sexually transmitted diseases (STD) or human immunodeficiency virus (HIV)

Coalition for Child and Adolescent Injury and Violence Prevention
Coastal Access Improvement Grant Program
Coastal Plains Rural Health Network
College Consortium
Columbia Midlands Dietetic Association (CMDA)
Commercial Property Owners and Developers
Community Health Improvement (CHI) Workgroup
Community Residential Care Committee
Confined animal feeding operators
Council of State and Territorial Epidemiologist (SCTE)
Data Oversight Council
Deaf Alliance
Developmental Disabilities Council
DHEC clients (patients visiting DHEC clinics or visited in the home by DHEC staff)
DHEC Institutional Review Board
DHEC Obstetrical Task Force
DHEC Pediatric Advisory Committee
Directors of Health Promotion and Education (DHPE's) Community Market Analysis
Directors of Speech & Hearing Programs in State Health & Welfare Agencies
Domestic Violence Advisory Council
Duke Endowment
Early Childhood Comprehensive Systems Advisory Council
Early Head Start
Elected Officials
Emergency departments
Emergency medical services (EMS) providers
EMS Advisory Council
EMS for Children Coalition
EMS for Children's Advisory Committee
EMS Investigative Review Committee
Environmental Health Programs in Other States
Environmental Justice Communities
Environmental/Community Groups
Farmers
Farmers' market managers
Fetal & Infant Mortality Review (FIMR HIV) National
First Sound Advisory Council
Fisheries (Commercial, Recreational, Mariculture, and Public Shellfish)
Food bank/food pantry coordinators and managers
Food distributors
Food Package Review Committee

Food Safety Council
Four Regional Health Care Coalitions
General Public
Governor's Council on Substance Abuse Prevention and treatment
Governor's Domestic Violence Task Force
Greenville Hospital Systems - Help Me Grow
Greenville March of Dimes Board
Head Start Collaboration Office
Health Access at the Right Time (HeART)
Health Outcomes Plan Innovate Care and Community Engagement Workgroup
Health Resources and Services Administration (HRSA)
Healthcare Facility Patients
Heart and Stroke Care Alliance
Helping Hands SC
HIV Fetal & Infant Mortality Review
Home Health State Advisory Council
Homeowners Associations
Hospital-based Community Programs
Housing Authority Communities
Immunization Coalition of Carolinas Center for Medical Excellence
Immunization Providers statewide
Indian Governing Bodies
Industry (Manufacturers, Developers, Agriculture, etc.)
Infant Mortality COIIN (Collaborative Improvement and Innovation Network) Risk Appropriate
Care and Pre/Early Term Birth Groups
Infection Control
Institute for Child Success (ICS)
Interagency Coordinating Council
Leadership Education in Neurodevelopmental and Related Disabilities (LEND)
LeadingAge SC
Lending Institutions
LiveWell
Local animal control officers
Local Education Agencies (i.e. public, charter, Department of Juvenile Justice (DJJ) and private
schools etc.)
Local Mosquito Control Operators
LogistiCare (Medicaid)
Media
Mine Owners and Operators
Municipal Water and Wastewater Facilities
Municipalities

Muscular Dystrophy Surveillance, Tracking, and Research Network
National Alliance of State and Territorial AIDS Directors
National Association for Public Health Statistics and Information Systems (NAPHSIS)
National Association of Chain Drug Stores
National Association of Chronic Disease Directors (NACDD)
National Association of Emergency Medical Technicians (NAEMT)
National Association of EMS Educators
National Association of State EMS Officials
National Birth Defects Prevention Network (NBDPN)
National Family Planning & Reproductive Health Association (NFPRHA)
National Highway Traffic Safety Administration (NHTSA)
National Network of State Adolescent Health Coordinators (NNSAHC)
National Registry of Emergency Medical Technicians (NREMT)
National Violence Deaths Reporting System (NVDRS)
National WIC Association (NWA)
North American Association of Central Cancer Registries
Nurse-Family Partnership of SC
Office of Population Affairs (OPA)
Oil/Gas/Power Industry
Palmetto Association for Children and Families (PAFCAF)
Persons exposed to environmental toxins
Pharmacists
Planned Parenthood South Atlantic
Poison Control Center
Port Facilities
Principal Senior Living Group
Prison Systems
Protection and Advocacy for People with Disabilities (P&A)
Providence Sisters of Charity
Public Health Accreditation Board (PHAB)
Radiological facilities
Railways
Realtors
Recipients of DHEC health promotion, education, and policy
Recyclers
Regional Land Use Planning Agencies
Regulated Facilities and Individuals
Regulated health facility and service community (e.g. nursing homes)
Renal Physicians Associations
Retail food establishments statewide
Revolving Loan Fund Committee

Rural Dentist Incentive Program
Rural Physician Incentive Program
Ryan White Providers
S.C. Academy of Audiology
S.C. Academy of Physician Assistants
S.C. Activity Professionals
S.C. Adult Day Coalition
S.C. Alexander Graham Bell Association for the Deaf and Hard of Hearing
S.C. Ambulatory Surgery Center Association
S.C. Assisted Living Federation of America
S.C. Association for the Treatment of Opioid Dependence
S.C. Association of Air Medical Services
S.C. Association of Community Residential Programs
S.C. Association of Counties
S.C. Association of Personal Care Providers
S.C. Association of Residential Care Homes
S.C. Association of Residential Care Programs
S.C. Association of School Nurses (SCASN)
S.C. Association of the Deaf
S.C. Association of Veterinarians (SCAV)
S.C. Association of Ambulance Providers
S.C. Birth Defects Team and Advisory Committee
S.C. Board of Dental Medicine
S.C. Board of Dietetics
S.C. Board of Examiners of Optometry
S.C. Board of Social Work Examiners
S.C. Board of Speech Pathology and Audiology
S.C. Brain Injury Leadership Council
S.C. Business Coalition on Health
S.C. Cancer Alliance
S.C. Cancer Registrars Association
S.C. Chamber of Commerce and local chambers
S.C. Chapter of American Academy of Family Physicians (SCAAFP)
S.C. Chapter of the American Planning Association
S.C. Child Fatality Advisory Committee
S.C. Children's Hospital Collaborative
S.C. Chiropractic Association
S.C. Citizens for Life
S.C. Coalition for Health Families
S.C. Commission for Minority Affairs
S.C. Dentistry Board

S.C. Disabilities Council
S.C. EMS Public Information, Education and Relations (PIER) Association
S.C. Free Clinic Association
S.C. General Assembly
S.C. Health Care Association
S.C. Health Information Exchange (SCHIEX)
S.C. HIV Planning Council
S.C. Home Care and Hospice Association
S.C. Joint Council on Children and Adolescent's Workforce Training Collaborative
S.C. Licensed Midwives Association
S.C. Medical Association (SCMA)
S.C. Medical Association Maternal-Infant Child Health Committee (MICH)
S.C. Medical Laboratories and Radiologist
S.C. Non-smokers
S.C. Nurses Association
S.C. Nurses Foundation (SCNF)
S.C. Nursing Home Association
S.C. Office of Healthcare Workforce Analysis and Planning
S.C. Office of Rural Health (SCORH)
S.C. Office of the Inspector General
S.C. Oral Health Advisory Council
S.C. Oral Health Coalition
S.C. Perinatal Association (SCPA)
S.C. Pharmacy Association (SCPhA)
S.C. Podiatric Medical Association
S.C. Pregnancy Associated Mortality Review Committee (PAMR)
S.C. Pregnancy Centers
S.C. Public Health Association (SCPHA) Governing Council
S.C. Public Health Consortium
S.C. Regional EMS Councils
S.C. Residents threatened by communicable diseases or health emergencies
S.C. Residents using services provided by regulated community (e.g. nursing home residents)
S.C. Residents, Visitors and Tourists
S.C. Restaurant and Lodging Association
S.C. Retail Association
S.C. School Boards Association
S.C. School for the Deaf and Blind Board of Commissioners
S.C. SHARE
S.C. Society for Hospital Pharmacists
S.C. Society of Radiologic Technologists
S.C. State Alliance for Adolescent Sexual Health (SAASH)

S.C. State Alliance for Safe Students (SASS)
 S.C. Technical Advisory Radiation Control Council Board
 S.C. Title V MCH Advisory Council
 S.C. Tobacco Users (all, but special emphasis on pregnant, Medicaid, uninsured)
 Salvation Army
 SCALEDOWN
 School Nurse Conference Planning Committee and Program Advisory Committee
 School Nurses employed in local education agencies (LEAs)
 Service Industries (e.g. Auto Repair, Drycleaners, Landscapers)
 Sewage treatment, debris disposal, vector control
 Sincere Home Owners United Together (SHOUT)
 Single-owner convenience store owners/managers
 Sisters of Charity
 Southeastern Affordable Housing Management Association (SAHMA)
 Southeastern Kidney Council
 State Child Fatality Advisory Committee (SCFAC)
 Stroke Advisory Council
 The Carolinas Center for Hospice and End of Life Care
 The Carolinas Center for Medical Excellence (CCME)
 Title V Maternal & Child Health (MCH) Needs Assessment Advisory Group
 Tobacco Control Network
 Transporters (Used Oil, Septage, Solid Waste, Hazardous Waste, Drycleaning Solvent, Infectious Waste, Radioactive Waste)
 Trauma Advisory Council
 Trauma system
 Underground Storage Tank site rehabilitation consultants and contractors
 Under-served populations
 United Way Association of South Carolina
 Urban Leagues
 Utilities (Public and Private)
 Veterinarians
 Waste Facilities (Solid, Hazardous, Infectious, Radioactive)
 Water and sewer utilities
 Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) providers
 Women, Infants, and Children (WIC) programs from other states

9. List all entities the agency worked with in 2015-16, or plans to work with during 2016-17, that help the agency accomplish one or more of its goals, strategies or objectives (i.e. partners). Below each entity, list the applicable year, objective(s) the entity is helping the agency accomplish and ways in which the agency works with the partner to accomplish that objective(s).

DHEC works with the following partners below continuously unless a specific year is noted.

Advisory Committees

- Advise and make recommendations to DHEC about formulation and implementation of a comprehensive cancer prevention and control. (Objective 1.2.3)

Agencies on Aging

- Registered dietitians deliver programs to low-income seniors on healthy eating to prevent and/or manage chronic conditions such as type 2 diabetes, heart disease, etc. In 2016-2017, Supplemental Nutrition Assistance Program (SNAP) staff will assist in delivering the Walk with Ease Program to senior groups. (Objectives 1.2.1, 1.4.4)

Alcohol Drug Rehabilitation Facilities

- Conduct SNAP-Ed programs for adults served by the agencies at rehabilitation facilities. (Objectives 1.2.1, 1.4.4)

Alere Wellbeing/Optum

- DHEC partners with Alere Wellbeing/Optum to provide smoking Quitline services to the residents of S.C., including evidence based counseling, nicotine replacement therapy, healthcare provider referral, materials, education and training. (Objective 1.2.5)

Alliance for a Healthier Generation

- DHEC serves as an intermediary for the Alliance's Healthy Schools Program. DHEC utilizes the national evidence-based tools and resources provided by the Alliance for a Healthier Generation to assist schools and school districts with implementation of nutrition and physical activity policies and practices to improve student health. (Objective 1.4.4)

Alliance for a Healthier South Carolina

- DHEC is a launching partner for the Alliance's Health Equity Call to Action. In addition, DHEC's Office of Minority Health (OMH) attends regularly held meetings and utilizes partnerships and resources provided by the Alliance to accomplish its objective. (Objective 1.2.6)

Alta Planning + Design

- DHEC funds Alta Planning + Design to develop or implement community plans that promote walking and increase access to healthy foods in fifteen targeted counties, with a specific emphasis on communities with health disparities. (Objective 1.4.4)

American Cancer Society – Cancer Action Network (ACS-CAN)

- ACS-CAN collaborates in the development and evaluation of the State Tobacco Plan and the implementation of its various initiatives. Promote the efforts of the Smoking Prevention and Cessation Program to decision makers to educate on the benefits of the program. (Objective 1.2.5)

American College of Radiology

- Serves patients and society by empowering members to advance the practice, science and professions of radiological care. (Objective 3.6.2)
- Assists with regulatory guidance pertaining to mammography and safe radiation practices. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Bridges federal, state and local entities. (Objectives 3.6.1, 3.6.2, 3.6.3)

American Heart Association (AHA)

- Trained staff from AHA will provide at least 4-6 trainings in S.C. to medical practice staff with trainings focusing on promoting two new initiatives. DHEC will work with existing partners to increase the reach when marketing the trainings. [2016-2017] (Objectives 1.2.1, 1.2.5)
- AHA collaborates in the development and evaluation of the State Tobacco Plan and the implementation of its various initiatives. Promote the efforts of the Smoking Prevention and Cessation Program to decision makers to educate on the benefits of the program. (Objective 1.2.5)
- Serves on Stroke Advisory Council and provides guidance and direction to the program. (Objective 3.3.4)
- Advocates for funding to support the Stroke Act and program. (Objective 3.3.4)

American Lung Association (ALA)

- ALA collaborates in the development and evaluation of the State Tobacco Plan and the implementation of its various initiatives. Promote the efforts of the Smoking Prevention and Cessation Program to decision makers to educate on the benefits of the program. (Objective 1.2.5)

American Red Cross

- DHEC, the S.C. Department of Social Services, and the American Red Cross collaborate regularly regarding shelter planning and operations and conduct exercises and operate shelters as needed. DHEC supports the Multi-Agency Sheltering Task Force under a public health emergency preparedness grant. The Task Force identifies stakeholders and vulnerable populations requiring shelter; DHEC and partners will identify transportation needs and transportation resources. DHEC and the American Red Cross will work with local governments and NGOs to identify potential shelter locations. (Objectives 1.6.1, 1.6.2)

Arthritis Foundation

- The Office of Healthy Aging promotes the Foundation's evidence-based interventions, and provides consultation and technical assistance to a variety of the partners engaged in the foundation's program in an effort to expand program offerings across the state. (Objective 1.2.1)

Ascellon Corporation

- Contracts with DHEC to complete Medicare Certification surveys of skilled nursing facilities to meet CMS State Agency Performance Standards. (Objectives 3.2.1)

Association for Professionals in Infection Control and Epidemiology (APIC) Palmetto

- APIC Palmetto has worked with DHEC in accomplishing the educational goals related to infection prevention and control in healthcare settings. The opportunity to train Infection

Preventionists in healthcare associated infection (HAI) surveillance and monitoring during the regional meetings of APIC Palmetto has been very beneficial. APIC also participates in the Hospital Infection Disclosure Act (HIDA) Advisory Committee to determine the HAIs that should be publicly reported. (Objectives 1.3.1, 1.5.4)

Association of Clean Water Administrators (ACWA)

- As a member of ACWA, DHEC participates in national calls, webinars, surveys, and work groups conducted by ACWA covering a wide array of clean water programs. (Objectives 2.4.1, 2.4.2, 2.4.3, 2.4.5)

Association of Food and Drug Officials (AFDO)

- DHEC participates in AFDO, which is an international, non-profit organization that is in the forefront of streamlining and simplifying regulations by either drafting regulatory rules or by commenting on government proposals. By developing a broad base of support for new approaches, AFDO has become a recognized voice in determining the rules and shape of the regulatory playing field of the future. The consensus that AFDO develops is key to advancing uniform laws, regulations, and guidelines that result in more efficient regulation and less confusion among industry in the marketplace. (Objective 2.2.2)

Association of Maternal and Child Health Programs (AMCHP)

- The AMCHP is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. MCH partners with AMCHP for quality improvement, workforce development, training, and advocacy. (Objective 1.1.1)

Association of State Dam Safety Officials (ASDSO)

- DHEC participates in ASDSO, the association that brings together representatives of all of the state programs across the country to provide information to improve state programs. The organization provides training as well as monitors activity at the federal level in order to represent the best interest of states. (Objective 2.4.4)

Association of State Drinking Water Administrators (ASDWA)

- As a member of ASDWA, DHEC participates in national calls, webinars, surveys, and work groups conducted by ASDWA covering a wide array of drinking water programs. (Objectives 2.4.1, 2.4.2)

Association of State and Territorial Dental Directors (ASTDD)

- DHEC and the Division of Oral Health led by the Division Director (serving as the SC State Dental Director) participate in ASTDD task forces and subcommittees that focus on development of best practices, policies and resources for state's oral health programs. The ASTDD provides technical assistance to state oral health programs through funding provided by the Center for Disease Control and Prevention. (Objective 1.1.5)

Association of State and Territorial Health Officials (ASTHO)

- As a member of ASTHO, DHEC participates in routine updates and annual meetings. DHEC staff sit on several ASTHO committees and the agency regularly benefits from ASTHO guidance and public health best practice. (Objective 1.2.1)

Association of State and Territorial Solid Waste Management Officials (ASTSWMO)

- DHEC participates in ASTSWMO task forces and subcommittees that focus on particular program elements, including, but not limited to, hazardous waste, Superfund, and UST. (Objectives 2.3.2, 2.3.4)

Association of State Wetland Managers (ASWM)

- DHEC participates in ASWM, which represents states, tribes, federal and nonprofit partners to better understand and protect wetland resources. The organization provides training and education to the members and monitors activities related to wetland resources. (Objective 2.4.1)

Atlantic Compact Commission (ACC)

- DHEC partners with the ACC, which was formed in response to the federal Low-Level Radioactive Waste Policy Act of 1980. DHEC regulates the Barnwell disposal site that the ACC uses to dispose of radioactive waste. (Objective 2.3.2)

Audiologists

- Provide follow-up screening and/or diagnostic testing for newborns that are referred on the inpatient newborn hearing screening. Report results and recommendations, if applicable, to the newborn hearing screening program. (Objective 1.1.1)
- Provide hearing screening and/or diagnostic testing and recommendations for hearing systems for children with hearing impairments. (Objective 1.1.1)

Baby & Me Tobacco Free

- DHEC partners with Baby & Me Tobacco Free to implement a program to support and incentivize pregnant smokers to quit smoking both prenatally and post-partum to improve birth outcomes and reduce healthcare costs. (Objectives 1.1.3, 1.2.5)
- Provide awareness and information regarding tobacco use and exposure. Assess and document the tobacco use of pregnant, postpartum and breastfeeding WIC Nutrition Program participants. Refer and provide materials to client request to the S.C. Tobacco Quitline. (Objectives 1.1.3, 1.2.5)

Beaufort Jasper Hampton Comprehensive Health Services, Inc.

- Provide preventive dental services in S.C. public schools and learning centers through the DHEC Dental Prevention Program. Provide outreach and educational materials at community and school events throughout the school year. Serve as a link for care coordination with school nurses for students needing emergency dental care. (Objective 1.1.5)
- Provide WIC services in the Lowcountry Public Health Region. (Objective 1.1.3)

Beverage and Food Group Communications (BFG)

- DHEC partners with BFG to design, implement and evaluate media campaigns and educational strategies to change social norms about tobacco use among youth in S.C. (Objective 1.2.5)

BlueCross BlueShield S.C.

- Work to ensure Best Chance Network (BCN), WISEWOMAN services are accessible in the community and that information, education and training is available, implemented and disseminated. [2016-2017] (Objective 1.2.3)

BlueCross BlueShield Foundation of S.C.

- DHEC receives funding from the Foundation to coordinate the implementation of the S.C. FitnessGram System. (Objective 1.4.4)

Bureau of Ocean and Energy Management (BOEM)

- DHEC reviews applications submitted to BOEM for activities conducted outside of State waters which may result in reasonably foreseeable coastal effects. (Objectives 2.5.1, 2.5.2)

Businesses

- Community Teams work with business worksites to become referral and/or delivery systems for health aging programming and to become active sites for the National DPP. (Objective 1.4.4)

Camp Burnt Gin – Children with Special Health Care Needs

- S.C. Oral Health Coalition members provide training that supports positive oral health behaviors and education, DHEC educational materials and other resources for camp counselors, campers and their families. (Objective 1.1.5)

Cancer Centers

- DHEC provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services. (Objective 1.2.5)

Care Coordination Institute (CCI)

- CCI works with DHEC to recruit and identify practices for quality improvement initiatives. CCI also assists DHEC with promoting the American Medical Association/Centers for Disease Control and Prevention Prevent Diabetes STAT Toolkit to medical practices within the network to support identification and referral of patients with prediabetes to a S.C. National Diabetes Prevention Program. (Objective 1.2.1)

Carolinas Center for Medical Excellence (CCME)

- CCME has worked closely with DHEC through the HIDA Advisory Committee and South Carolina Alliance for Infection Prevention (SCHAIP) in several projects related to reduction in HAI infections. CCME has played a critical role in implementing a coordinated, effective approach to infection prevention initiatives in SC. CCME is also working to track *Clostridium difficile* infections in nursing homes and is collaborating with DHEC in our efforts for assessing IC practices in long term care facilities. They partnered with DHEC in organizing statewide training on antimicrobial stewardship. (Objectives 1.3.1, 1.5.4)

Carolinas Integrated Sciences and Assessments (CISA)

- DHEC works with CISA to advance scientific understanding of climate and hydrological processes in the Carolinas, improve the assessment of climate-related vulnerabilities and impacts, and provide timely and relevant information and tools for decision makers. CISA is one of ten NOAA-funded Regional Integrated Sciences and Assessments (RISA) teams in the country. (Objectives 2.5.2, 2.5.3, 2.5.4)

Carolina Recycling Association (CRA)

- DHEC works cooperatively with the CRA to offer training, education and networking opportunities designed to promote waste reduction and recycling. (Objective 2.3.3)

Centers for Disease Control and Prevention (CDC)

- CDC provides funding to DHEC Division of Oral Health for a public oral health infrastructure that supports implementation and quality assurance for the community water fluoridation program, public health dental prevention program, SC Oral Health Coalition, SC Oral Health Advisory Council, the development and enhancement of partnerships, development of policies and implementation of the State Oral Health Plan. (Objective 1.1.5)
- Manage funding they provide to administer the cooperative agreement to reduce the burden of arthritis. (Objectives 1.2.1, 1.4.4)
- CDC provides funding to DHEC for implementation of nutrition and physical activity best practices in child care, schools, communities, and worksites. (Objective 1.2.1, 1.4.4)
- The Division of Cancer Prevention and Control is partially funded by the CDC and aims to reduce the burden of cancer for all South Carolinians and provides best practices and guidance to achieve outcomes. (Objective 1.2.3)
- CDC provides grant funding and technical assistance to address tobacco use in SC. (Objective 1.2.5)
- CDC provides grants to support efforts to address Zika in S.C. [2016-2017] (Objective 1.3.1)
- CDC provides funding for cooperative agreements in support of policy, systems and environmental work, the implementation of evidence based strategies in support of arthritis interventions, type 2 diabetes prevention and diabetes self-management education and training, strategies to build and enhance environments supportive of healthy eating and active living, and support for improving clinical systems that address identification and monitoring of individuals with the conditions of pre-hypertension and prediabetes. (Objectives 1.2.1, 1.2.4, 1.2.6, 1.4.4)
- Fiscal resources allocated by CDC through the PHHSBG are used to support state-wide efforts to (1) address Sexual Violence Prevention and (2) enhance Health Promotion (state and regional obesity prevention, state Community Health Improvement, and regional community engagement directed towards active living, health eating and injury and violence free living) efforts, (Objectives 1.2.1, 1.2.2, 1.4.4)
- Fiscal resources allocated by CDC through the National Violent Death Reporting System (NVDRS) Grant support data abstraction of violent death cases obtained from local coroner and law enforcement files (Objective 1.2.7)
- DHEC works with the CDC on a formal basis for a number of grant funded activities, national outbreaks and on an ad hoc basis as questions arise or additional assistance is needed. (Objective 1.3.1)
- CDC provides funding to DHEC for implementation of the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement to improve the public health system, via three cornerstones: 1) epidemiology, 2) laboratory and 3) health information systems, to effectively detect and prevent emerging infectious diseases. The ELC program currently covers more than 20 specific categorical disease areas, approximately 45 discrete projects. (Objectives 1.3.1, 1.4.5)
- Receive funding for HIV/AIDS surveillance activities and shares HIV/AIDS morbidity and mortality data for national reporting and surveillance comparison purposes. Receive potential duplicate cases in other states for de-duplication process. (Objective 1.3.4)

- The CDC's DTBE partially funds the S.C. State Tuberculosis Control Program. (Objective 1.4.6)
- The CDC's Division of STD Prevention - Receive funding for surveillance, partner services and disease intervention activities. Shares grant deliverables outcomes for continued funding. Share STD morbidity data for national reporting and surveillance comparison purposes. (Objective 1.3.4)
- The BRFSS, SC Pregnancy Risk Assessment Monitoring System (PRAMS), and the SC Environmental Public Health Tracking (EPHT) program are CDC-funded, DHEC run projects. Funding is used to conduct and support the surveillance, tracking, outreach and data dissemination activities of these programs (Objectives 1.5.4, 1.5.5)
- The SC Central Cancer Registry is funded by the CDC National Program of Cancer Registries (NPCR) to collect all newly diagnosed cancer cases occurring in SC annually, process, analyze, and prepare them for dissemination throughout the state; reporting back to CDC the annual caseload information for use in national publications of cancer incidence for the U.S. (Objectives 1.5.3, 1.5.5, 1.5.6)
- CDC provides technical assistance in support of monitoring and assessing threats to the general population from a chemical/radiological release. (Objective 2.2.3)
- DHEC notifies the CDC of rabies cases. (Objective 2.2.3)
- Foodborne outbreak data is submitted to CDC. (Objective 2.2.3)
- Works collaboratively with the Prescription Monitoring Program to administer a CDC grant to improve the state's ability to identify and stop diversion of controlled substances. (Objective 3.5.3)

Charleston Resilience Network (CRN)

- DHEC is a founding partner organization of the CRN, a volunteer-based effort composed of public and private sector stakeholder organizations with the Charleston metropolitan area that have a collective interest in the resilience of communities, critical infrastructure and socio-economic continuity to episodic natural disasters and chronic coastal hazards. (Objectives 2.5.2, 2.5.3, 2.5.4)

Children's Trust of S.C.

- Outreach to MIECHV home visitation programs. Collaboration to increase awareness of the prevention of abuse and neglect for dental providers—Prevent Abuse and Neglect through Dental Awareness (PANDA) training and coalition. (Objective 1.1.5)
- The Trust provides financial support to DHEC-run S.C. BRFSS for inclusion of adverse childhood experiences. DHEC provides appropriate SC BRFSS data sets and statistics, as necessary. (Objective 1.5.4)
- DHEC Division of Children's Health partners with Children's Trust to provide training on Adverse Childhood Experiences (ACEs) (Objective 1.1.1)
- DHEC staff work with Children's Trust to educate the public about safer sleeping practices for infants (Objective 1.1.4)
- DHEC Division of Injury and Violence Prevention (DIVP) and its Child Passenger Safety (CPS) Program collaborates with Children's Trust of SC and its state-wide Safe Kids Coalitions are the topic areas of water safety, safe sleep, child passengers safety, etc. (Objective 1.2.2)
- The BRFSS coordinates with Children's Trust of SC regarding funding and inclusion of questions related to adverse childhood experiences (ACEs) on the BRFSS survey. These questions have been included for 2014, 2015, and 2016 survey years. (Objectives 1.5.4, 1.5.5, 1.5.6).

ChildSmiles Dental, Inc.

- Provides preventive dental services in S.C. public schools and learning centers under the DHEC Dental Prevention program, provides outreach and educational materials at community and school events. Provides care coordination for students needing emergency dental care with school nurses. (Objective 1.1.5)

City of Charleston

- DHEC works with the City of Charleston on efforts including the Charleston Resilience Network and abandoned and derelict vessel (ADV) removal operations. In 2015-2016, DHEC contracted with the City of Charleston to remove 12 ADV from area waters, totaling over 90 tons. (Objectives 2.5.1, 2.5.2, 2.5.3, 2.5.4)

Classy Smiles, Inc.

- Provides preventive dental services in S.C. public schools and learning centers under the DHEC Dental Prevention program, provides outreach and educational materials at community and school events. Provides care coordination for students needing emergency dental care with school nurses. (Objective 1.1.5)

Clemson University

- DHEC works with South Carolina Meat and Poultry related to meat products in South Carolina. (Objective 2.2.2)
- The Clemson Division of Regulatory Services provides technical assistance and expertise on agricultural property damage on pesticide application concerns. (Objective 2.2.3)
- DHEC works with the Clemson University Plant Industries Department and staff serve on the Clemson University Fertilizer Advisory Committee to offer input regarding new product registration and land application potential for industrial byproducts and wastes. (Objectives 2.3.1)
- Collaborate on the delivery of SNAP initiatives and share resources. Meet periodically to share resources/ideas and participate in joint trainings with DSS. (Objectives 1.2.1, 1.4.4)
- Provide funding to Clemson University to assist with the expansion of the design of outdoor learning environments for child care centers, the evaluation of S.C. Farm to Institution programs, including Farm to Preschool and Farm to school, and the development of an active community environments how-to guide for communities. Clemson University Planning, Development, and Preservation faculty serve on the DHEC-led S.C. Health & Planning Advisory Committee (Objective 1.4.4)

Clemson University Department of Pesticide Regulation

- DHEC and the Clemson University Department of Pesticide Regulation cooperate regarding mosquito surveys and control measures. (Objectives 1.6.1, 1.6.4)

Clemson University Livestock and Poultry Health (CULPH)

- DHEC and CULPH work together to incorporate radiation protection principles into planning for protecting animals and agricultural products. (Objective 1.6.1)
- DHEC and CULPH coordinate enhanced surveillance of novel avian influenza virus in wild birds, poultry flocks and poultry workers. (Objective 1.6.1)
- DHEC and CULPH exercise emergency response plans involving fixed nuclear facilities. (Objective 1.6.4)
- DHEC works with CULPH related to the Necropsy Rabies program and during emergencies related to agricultural animals. (Objectives 2.2.2, 2.2.3)

Clinical Efforts Against Secondhand Smoke Exposure (CEASE) National Program/Massachusetts General Hospital

- DHEC works with the CEASE national program to tailor a similar program for pediatric healthcare provider in S.C. to address tobacco use among their patients and patient's families. (Objective 1.2.5)

Coastal Carolina University

- This stakeholder helps DHEC provide a program that offers lessons, support materials, teacher workshops, and classroom presentations to promote composting, recycling, waste reduction, litter prevention, and sustainability. (Objective 2.3.3)

Coastal Counties and Municipalities

- DHEC works with coastal counties and municipalities to develop and implement Local Comprehensive Beach Management Plans (LCBMP), which guide the management and stewardship of the beach and beach/dune system. A state-approved LCBMP is required for eligibility to receive state funding for beach renourishment and other enhancement grants. DHEC also works with coastal counties and municipalities in the review of funding assistance to improve and enhance infrastructure. (Objectives 2.5.1, 2.5.2, 2.5.3, 2.5.4)

Coastal States Organization (CSO)

- DHEC participates in the CSO to enhance coordination among state Coastal Zone Management Programs and ensure accurate representation of coastal management issues before the U.S. Congress and federal agencies. (Objectives 2.5.2, 2.5.3, 2.5.4)

Colleges & Universities

- Collaborate to identify and address quality care issues and access gaps. Assist in identifying approaches to provide coverage and program planning. (Objective 1.2.3)
- Provide training and technical assistance to implement programs; provide up-to-date, culturally appropriate health education information and data. (Objective 1.2.1)
- Provide approved data to academic researchers upon request to facilitate public health research. (Objective 1.5.6)

Columbia Marionette Theater

- The theater travels to approximately 25 schools a year reaching over 6,000 children each year with positive oral health messages and resources. Since the inception of this initiative about 39,000 school-aged children have been reached. (Objective 1.1.5)

Community Based Organizations

- Accept required reportable disease lab reports and related information. May receive referral request to assist in diagnosis and/or treatment. Per program priorities, may take actions to initiate and perform active surveillance and disease intervention activities. Provide funding for targeted STD/HIV screening activities. (Objective 1.3.2)
- Referrals are made to HIV care centers for ongoing HIV follow up care. (Objective 1.4.3)
- Provide training and technical assistance to implement programs; provide up to date, culturally appropriate health education information and data. (Objective 1.2.1)

Community Centers

- SNAP programs are conducted for children and adults served by the agencies and facilities are used for programs free of charge. (Objectives 1.2.1, 1.4.4)

Congregate Meals Sites

- Registered dietitians deliver programs to low-income seniors on healthy eating to prevent and/or manage chronic conditions such as type 2 diabetes, heart disease, etc. In 2016-2017, SNAP staff will assist in delivering the *Walk with Ease Program* to senior groups. (Objectives 1.2.1, 1.4.4)

Conference for Food Protection

- DHEC participates in the Conference for Food Protection, which provides a formal process whereby members of industry, regulatory, academia, consumer and professional organizations are afforded equal input in the development of Food Safety Guidance. (Objective 2.2.4)

Conference of Radiation Control Program Directors (CRCPD)

- DHEC partners with CRCPD to promote consistency in addressing and resolving radiation protection issues. (Objective 2.3.2)
- Promotes uniformity of radiation control laws and regulations. (Objective 3.6.2)
- Mission of dedication to Radiation Safety. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Provides guidance to State Radiological Health Programs. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Offers training and understanding in all radiological areas. (Objectives 3.6.1, 3.6.2)
- Encompasses state and federal programs. (Objectives 3.6.1, 3.6.2, 3.6.3)

Contractors and Consultants

- For the adaptation of the UST federal regulations, the UST Program is collaborating with stakeholders in 2016-2017 as part of the stakeholder involvement process for regulation development. (Objective 2.3.2)
- DHEC works with contractors and consultants on permit applications and other regulatory proposals to meet environmental requirements. (Objectives 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5, 2.5.1, 2.5.2, 2.5.3, 2.5.4)

Council of Governments (COGs)

- DHEC works with the SC Regional COGs through its Health and Planning efforts, to include engagement in the 2014 SC Health + Planning Toolkit training and the development and dissemination of the 2015 statewide pedestrian planning survey. The Central Midlands COG served as one of the lead community contacts for the Active Community Environments (ACE) Special Projects [2014 – 2015] and continues to participate in the evaluation process; and SC Farm to Institution projects. The Central Midlands COG partnership has also included work on the SC Food Access Task Force. COGs have been engaged in the Alta Planning + Design – pedestrian planning project in select counties of the state. (Objective 1.4.4)
- DHEC coordinates with COGs on Air Quality Coalitions. (Objective 2.1.3)
- COGs develop regional wastewater management plans that dictate certain aspects of DHEC permitting. COGs provide assistance in allocating water quality loading to local permit holders. (Objective 2.4.1)

Counties and/or Municipal Governments

- Provide training and technical assistance to implement programs; provide up to date, culturally appropriate health education information and data. (Objective 1.2.1)
Community teams are currently engaged and in process of assisting counties in developing their Community Health Improvement Plan. (Objective 1.2.1)
- The agency provides accurate, timely, and useful health information on methods to protect the public from exposure to secondhand smoke. (Objective 1.2.5)
- DHEC works with these partners to provide technical assistance and grant funding to promote recycling. (Objective 2.3.3)

County and Municipal Public Works Departments

- DHEC provides advice and regulatory guidance to county and municipal public works departments during emergency responses. (Objective 1.6.4)

County Emergency Management Agencies

- DHEC exercises regularly and participates in SEOC operations with county emergency management agencies. (Objectives 1.6.1, 1.6.4)

Dam Owners

- DHEC provides assistance and regulatory guidance to dam owners on an ongoing basis and during emergency responses. (Objectives 1.6.4, 2.4.4)

Daycare Facilities – Licensed and Unlicensed

- Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.4.5)
- Provide education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission. (Objective 1.4.5)

Delta Dental of Missouri and South Carolina

- Potential South Carolina Oral Health Coalition member. Planning collaboration to increase awareness of the prevention of abuse and neglect for dental providers—Prevent Abuse and Neglect through Dental Awareness (PANDA) training program. Planning collaboration on public awareness campaign in SC “Dentist By 1” piloted in Missouri. [2016-2017] Provides standards based Oral Health Curriculum and materials for 121 public schools in South Carolina (Objective 1.1.5)

DentaQuest

- Coalition member. Provides educational materials and supplies for the Oral Health Needs Assessment and provides support to dental providers that participate in the DHEC Dental Prevention Program. (Objective 1.1.5)

Diabetes Advisory Council of S.C. (DAC)

- DHEC works with the DAC to ensure that people with prediabetes achieve optimal health and delay or prevent the onset of type 2 diabetes. (Objective 1.2.1)

Diabetes Initiative of S.C. (DSC)

- DHEC assists DSC in the development of guidelines for the management of diabetes and supporting adherence to evidence-based standards for education and care. The DSC is committed to lowering the burden of diabetes in the state through translation of

evidence-based standards of clinical practice, and patient and community education centered on blood glucose control, blood pressure control, healthy eating, physical activity, and foot care. The two entities also partner on evidence-based professional education opportunities to enhance the lifelong learning process of physicians, nurses, pharmacists, dietitians and other health care professionals to advance the quality and safety of patient care. (Objective 1.2.1)

Donate Life

- Collaborate with S.C. Cancer Division Comprehensive Cancer Control Program to identify and disseminate information regarding organ donorship. (Objective 1.2.3)

Don't Waste Food SC/Food Recovery Stakeholders

- The Don't Waste Food SC/Food Recovery Initiative involves partners such as DHEC, Harvest Hope Food Bank, SC Food Bank Association, Loaves & Fishes, SC Department of Commerce, SC Department of Agriculture and many others. The centerpiece of this effort is the Don't Waste Food SC campaign that is designed to promote this issue and offer assistance to various stakeholders through prevention, donation, and composting. (Objective 2.3.3)

Dr. Francis Rushton

- Dr. Rushton is the Medical Director of the S.C. DHHS Quality through Technology and Innovation in Pediatrics (QTIP) program and serves in the Early Childhood Comprehensive Systems State Leadership Team and provides ideas and information regarding quality care in pediatrics and gains partnerships and perspective on from a variety of early childhood sectors. Also takes in planning and facilitating for planning Coordinated Access of Children's Health (CATCH) meetings. [2015-2016] (Objective 1.1.1)
- Dr. Rushton collaborated with the Division of Oral Health to provide training on the integration of oral health prevention services into medical practices through QTIP. He and Lynn Martin of S.C. DHHS serve on the Project Advisory Board for the HRSA Perinatal and Infant Oral Health Quality Improvement Expansion grant. [2015-2016] (Objective 1.1.5)

Eat Smart Move More S.C. (ESMMSC)

- The Diabetes Prevention Program staff identify eligible organizations that have the capacity to implement the National DPP and have them collaborate with ESMMSC to receive support and resources for program implementation. ESMMSC assists in the provision of professional development opportunities to region and central office staff supporting the establishment and sustainability of the National DPP sites in each of the four communities. These professional development opportunities will include skill-building for staff on educational and outreach strategies, resource development and facilitation skills for coalition and partnership building. (Objective 1.2.1)
- DHEC collaborates with ESMMSC to promote open community use as a strategy to increase physical activity opportunities in communities. DHEC and ESMMSC also work together to promote the incorporation of healthy eating and active living best practice policy recommendations into county comprehensive planning efforts, and engage HYPE Teams (youth lead) in the utilization of environmental and system changes strategies directed towards the creation of injury and violence free living environments. DHEC serves on ESMMSC's Let's Go Advisory Committee and holds a position on the ESMMSC Board. (Objectives 1.2.2, 1.4.4)

- The Bureau of Community Health and Chronic Disease Prevention programs work with ESMM to implement various activities related to, Community Linkages, WISEWOMAN, and Healthy Aging. (Objective 1.2.4)

Eau Claire Cooperative Health Centers, Inc.

- Collaborate to provide trainings for staff to integrate oral health services into medical homes, to certify providers to be reimbursed by Medicaid for applying fluoride varnish and to increase parent knowledge, and continue to provide technical assistance and resources as needed for twelve sites. (Objective 1.1.5)

Educational Institutions

- DHEC works with these partners to provide technical assistance and grant funding to promote recycling. (Objective 2.3.3)
- Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.4.5)
- Provide education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission. (Objective 1.4.5)

EdVenture Children’s Museum

- Provide logistic support for the S.C. Oral Health (SC OH) Coalition, Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grant and Division of Oral Health (DOH) meetings. Utilizes DHEC oral health education robotic characters in child health educational activities at the museum. Provides oral health education for children integrated with existing health curriculum. Member of the SC Oral Health Coalition. (Objective 1.1.5)

Electronics Recycling Coordination Clearinghouse (ERCC)

- ERCC provides DHEC with an opportunity to interact with other states on issues related to the recycling and proper management of electronic scrap. (Objective 2.3.3)

Elementary Schools

- Elementary school children in K-5th grade receive the Taking Charge in Meadowland Program that teaches children nutrition and physical activity concepts through the story of an unhealthy mouse’s journey to health. (Objectives 1.2.1, 1.4.4)
- DHEC’s Division of Injury and Violence Prevention (DIVP) and its Child Passenger Safety (CPS) Program collaborates with Safe Routes to School and the SCDOT to conduct school transportation safety assessments which address all modes of transport to and from schools (Objective 1.2.7)

Facilities Possessing Hazardous and Regulated Materials

- DHEC provides advice and regulatory guidance to facilities possessing hazardous and regulated materials during emergency responses. (Objective 1.6.4)

Faith Based Organizations/Communities

- SNAP initiatives are requested by faith-based organizations for their members and the communities. Facilities are used for SNAP initiatives free of charge. Assist in recruiting participants for the programs. (Objective 1.2.1)

- DHEC provides awareness and educational information on the National DPP and DSME to faith-based organizations. The Diabetes Prevention Program staff provide technical assistance on how the organization can become a National DPP or DSME site and offer the program(s) to their members. If the organization is interested in having their members participate in an established, off-site program, staff will facilitate collaboration with the established site. (Objective 1.2.1)
- Provide training and technical assistance to implement programs; provide up to date, culturally appropriate health education information and data. (Objective 1.2.1)
- Community Teams engage the faith communities in various ways including presentation, technical assistance with development and adoption of smoke-free and healthy eating policies, adoption of breast-feeding policies using the mother-friendly toolkit and/or the faith and health resource guides, trail development, promotion and development of church and community gardens and access to other need-based resources. Community team partners with faith-based organizations conducting the Soulfully Fit Health Ministry training. The trained leaders then serve as a liaison between the Community Team and the church and conduct assessments and health-related activities in the church. (Objective 1.4.4)

Family Connection of S.C.

- Accepts referrals from the program for families who have a child with special health care needs to connect them to parent mentors. In 2015-2016, provided training opportunities for program staff through an annual conference and other events as well as participated in the arrangement of the Title V Family Advisory Board. Refers families to the program for needed services. (Objective 1.1.1)

Family Solutions of the Low Country (Low Country Healthy Start)

- Work together to ensure that all of their participants (expecting young mothers) are provided with health information and resources needed during and after pregnancy. Sign all participants up for Text4baby to provide them with critical health and safety information. DHEC information and resources are provided during childbirth classes. DHEC participate in conferences and meetings, as well as exhibit information. (Objective 1.1.1)

Federal Emergency Management Agency (FEMA)

- DHEC meets frequently with FEMA representatives under the aegis of SCEMD emergency planning and participates with FEMA during exercises and emergency response. (Objective 1.6.1)
- FEMA provides guidance for and coordination of emergency operations following a major disaster, manmade or natural, to include Fixed Nuclear Facilities. (Objective 2.2.3)
- FEMA offers the state a federal grant focused on dam safety. (Objective 2.4.4)

Federal Government

- CHCDP operates under the guidance of the CDC six cancer priorities, S.C. Cancer Control Plan goals and objectives, and outcomes of the S.C. Cancer Report Card. The Comprehensive Cancer Control Program largely supports the S.C. Cancer Alliance which oversees grantee implementation of the cancer control plan and serves as an advocacy unit. (Objectives 1.2.3, 1.4.4)
- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce to federal agencies. (Objective 1.5.5)

Federal Prison (Edgefield)

- Provide training & technical assistance to implement programs; provide up to date, culturally appropriate health education information and data. (Objective 1.2.1)

Federally-Qualified Health Centers (FHQC)

- In 2016-2017, registered dietitians will work with FQHCs to deliver programs to low-income adults on healthy eating to prevent and/or manage chronic conditions such as type 2 diabetes, heart disease, etc. (Objectives 1.2.1, 1.4.4)
- Provide up to date, culturally appropriate health education information and data; Inform FHQCs of the evidence based interventions being promoted; implement interventions and make referrals to local programs; provide training and technical assistance to implement programs. (Objective 1.2.1)
- Referrals are made to HIV care centers for ongoing HIV follow up care. (Objective 1.4.3)
- DHEC provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services. (Objective 1.2.5)
- Provide breast and cervical screenings for women between the ages of 30-64, 200% of poverty level, and uninsured or underinsured patients with high deductible health plan to increase access to screening and re-screening services. (Objective 1.2.3)
- The WISEWOMAN Program contracts with FQHCs to provide cardiovascular disease risk screening, health coaching services, and referrals to TOPS National DPP for low-income, un-or underinsured women ages 40-64 who are also enrolled in the Best Chance Network. (Objectives 1.2.1, 1.2.6)
- BCHCDP/Community-Clinical Linkages Work Group conduct interviews to determine what FQHCs want or need from DHEC and the divisions within the BCHCDP and how DHEC could partner with them and/or provide technical assistance on disease prevention/management interventions, including those related to health systems and community-clinical linkages. (Objectives 1.2.1, 1.2.6)

Fixed Nuclear Facility Operators

- DHEC exercises regularly and participates in SEOC operations with Fixed Nuclear Facility operators. (Objectives 1.6.1, 1.6.4)

Florida State Department of Health Bureau of Laboratories (FDOHBL)

- FDOHBL serves as the Primacy Laboratory for South Carolina's Safe Drinking Water Act program for the analysis of polychlorinated biphenyls using EPA method 508A. (Objective 2.2.4)

Food Banks, Food Pantries, Food Access Groups

- Adults receive the It's Your Health Take Charge that promotes healthy eating and active lifestyles to reduce or prevent chronic diseases. (Objectives 1.2.1, 1.4.4)

Free Medical Clinics/Labs

- The agency provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services. (Objective 1.2.5)
- Provide breast and cervical screenings for women between the ages of 30-64, 200% of poverty level, and uninsured or underinsured patients with high deductible health plan to increase access to screening and re-screening services. (Objective 1.2.3)

Georgia Department of Health, HIV Surveillance Program

- DHEC participates in routine data exchange to improve data quality and completeness of the HIV Surveillance System in both states. (Objective 1.3.4)

Georgia Department of Public Health Women, Infants and Children (WIC) Nutrition Program

- Partner to detect dual participation in local WIC agencies that serve populations along the state line where residents of either state commonly travel back and forth across the state line. Exchange list of program participants in an electronic file while preserving the confidentiality of all data that can identify participants. (Objective 1.1.4)

Greenville Health System (GHS)

- Developing partnership with GHS to create an Adolescent Teen Center in Greenville County. (Objective 1.4.2)
- DHEC and GHS cooperate via grant funding in establishing a dedicated patient containment area and acquiring personal protective equipment for responding to possible Ebola outbreaks. (Objective 1.6.2)
- Works collaboratively with the Prescription Monitoring Program to administer a grant to improve the state's ability to identify and stop diversion of prescription drugs. (Objective 3.5.3)

Greenwood Genetic Center

- Provides genetic testing and counseling to families. (Objective 1.1.1)
- Ensures that screen positive infants receive timely diagnostic testing and specialty medical care. Provides consultation on technical aspects of newborn blood spot testing and follow up processes. Reviews the newborn blood spot test panel and assist the program in implementing new conditions as recommended by national experts. (Objective 1.1.1)
- Greenwood Genetic Center provides a contracted clinical geneticist to consult with the S.C. Birth Defects Program to ensure that complete and accurate data for birth defects occurring in S.C. are collected. (Objective 1.1.4)
- The Greenwood Genetic Center receives referrals from the S.C. Birth Defects Program to enroll women who have pregnancies affected by neural tube defects into their neural tube defect prevention program. (Objective 1.1.4)

Head Start Centers and Preschool Programs

- Tiny Tastes See How It Grows Programs are delivered to children in Head Start and Preschool Programs exposing children to a variety of fruits and vegetables. (Objectives 1.2.1, 1.4.4)

Health Management Solutions (HMS)

- Collaborates with DHEC to identify program improvements and secure resources to enhance quality and performance (Objective 3.2.1)

Health Promotion Specialists

- Provides preventive dental services in S.C. public schools and learning centers under the DHEC Dental Prevention program, provides outreach and educational materials at community and school events. Provides care coordination for students needing emergency dental care with school nurses. (Objective 1.1.5)

Health Resources and Services Administration (HRSA)

- Houses the federal Title V Maternal and Child Health Block Grant Program, the nation's oldest federal-state partnership. It aims to improve the health and well-being of women (particularly mothers) and children. South Carolina receives funding through the Block Grant to provide programs and services. (Objectives 1.1.1, 1.1.4, 1.1.5)

Healthcare and Regulatory Attorneys

- These partners submit Certificate of Need (CON) applications to DHEC for review and coordinates communication between DHEC and regulated community when reviewer questions arise. (Objective 3.4.2)

Healthcare Consultants

- This partner disseminates regulatory information to members of the regulated community to assist in the application process. (Objective 3.4.2)
- Acts as an intermediary between DHEC and the regulated community to coordinate sharing of information. (Objective 3.4.2)
- Coordinates public comments from multiple stakeholders to provide to DHEC during Plan review periods. (Objective 3.4.1)

Healthcare Executives

- This partner provides public comment on State Health Plan recommendations and updates. (Objective 3.4.1)

Healthcare Planners

- Utilize the State Health Plan at the hospital/system level to meet the public need, as determined by the State Health Plan, and prevent duplication of services. (Objectives 3.4.1, 3.4.2)
- This partner provide public comment on State Health Plan recommendations and updates. (Objective 3.4.1)
- Responds to Department requests for information regarding market trends, analyses, or to provide expert opinion to CON staff. (Objective 3.4.1)

Healthcare Professional Volunteers

- DHEC maintains a registry of health care volunteers for deployment during emergency response. (Objective 1.6.3)

Healthcare Providers

- This partner provides public comments on State Health Plan recommendations and updates. (Objective 3.4.1)
- The agency provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services. (Objective 1.2.5)
- Provides breast and cervical screenings for women between the ages of 30-64, 200% of poverty level, and uninsured or underinsured patients with high deductible health plan to increase access to screening and re-screening services. (Objective 1.2.3)
- Reduces vaccine preventable diseases and increase immunization rates to reduce the burden of diseases in the community. (Objective 1.3.1)

Help Me Grow

- Partner to help build reach of Help Me Grow services in the following counties: Berkeley, Charleston, Dorchester, Florence, Greenville, and Pickens [2015-2016] (Objective 1.1.1)

Hold Out the Life Line

- Hold Out the Life Line partners with DHEC to provide resources and information to faith communities across the state about tobacco use, chronic diseases, strategies to prevent them and services to help with them. (Objective 1.2.5)

Hospitals

- The Bureau of Laboratories works with all hospitals in the state. Those hospitals collect specimens from all newborns and send them to the BOL for metabolic screening. (Objective 1.1.1)
- Ensures that specimens for newborn blood spot screening are collected accurately and submitted promptly. Provides education to parents about the newborn blood spot screening process by use of the required pamphlet provided by DHEC. (Objective 1.1.1)
- Ensures that all newborns are screened for hearing loss prior to discharge. Making timely referrals for follow up for newborns that do not pass the inpatient hearing screening. Reports results and referral information if applicable to the newborn hearing screening program. (Objective 1.1.1)
- Provides breast and cervical screenings for women between the ages of 30-64, 200% of poverty level, and uninsured or underinsured patients with high deductible health plan to increase access to screening and re-screening services. (Objective 1.2.3)
- The agency provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services. (Objective 1.2.5)
- Detects and responds to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.3.1)
- Certifications, nutrition education, breastfeeding peer counseling services and referral to registered dietitian for high risk participants are conducted in selected hospitals throughout the state. (Objective 1.4.1)
- Partnerships (MOAs) with hospitals to provide WIC services currently at select hospitals in the State. Partnerships with local hospitals to provide EIC outreach to post-partum mothers. (Objective 1.4.1)
- DHEC provides advice and regulatory guidance to hospitals during emergency responses. (Objective 1.6.4)
- Hospitals provide delivery services of birth control. Beginning March 1, 2012, hospitals are able to bill Medicaid for select birth control given to new mothers before they are discharged. (Objective 1.4.2)
- Community Teams work with hospitals to become referral and/or delivery systems for health aging programming and to become active sites for the National DPP. (Objective 1.4.4)
- Ensures suspect and confirmed cases of TB are reported and referred to the Agency for clinical evaluation and management. Provides critical care services for TB patients across the state. (Objective 1.4.6)
- MOAs with local hospitals for x-ray and interpretation of x-ray to assist with diagnosis and treatment. (Objective 1.4.6)
- DHEC Vital Statistics provides training and regulatory guidance for birth, death, induced termination of pregnancy and fetal death registration. (Objective 1.5.1)

- DHEC Central Cancer Registry provides training to all hospital cancer registrars statewide on the current national standards for cancer data collection, staging of cancer, and recording cancer treatment information. (Objectives 1.5.3, 1.5.4)
- DHEC works with the health care community to ensure that required emergency plans are current and monitors emergency preparation and post-event recovery. (Objectives 1.6.1, 1.6.4)

Hospital Systems (MUSC, Palmetto Health, Greenville Health System)

- Provide multi-disciplinary clinics for children with craniofacial disorders. (Objective 1.1.1)

Hospital-Based Community Programs

- Registered dietitians deliver programs to low-income seniors on healthy eating to prevent and/or manage chronic conditions such as type 2 diabetes, heart disease, etc. (Objectives 1.2.1, 1.4.4)

Hotels/Resort Facilities

- These partners detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.3.1)

Housing Authority Communities

- SNAP-Ed programs are conducted for children, teenagers and adults served by the agencies and facilities are used for programs free of charge. (Objectives 1.2.1, 1.4.4)

International Code Council (ICC)

- Monitor and participate in code and standard development and professional development opportunities (Objective 3.1.4)

International Food Protection Training Institute (IFPTI)

- In line with DHEC's desire to be the premiere state food protection agency, a DHEC representative has been selected to participate as a Fellow with IFPTI. IFPTI provides fellowships and training programs at no cost for public health agencies. This fellowship will strengthen state expertise that we may in turn share with our customers. (Objective 2.2.2)

Interstate Mining Compact Commission (IMCC)

- The IMCC is a multi-state governmental organization that provides an opportunity for DHEC to work with and learn from other states regarding mining issues. (Objectives 2.3.1, 2.3.2)

Interstate Shellfish Conference (ISSC)

- DHEC is a voting member of the ISSC. This organization works with FDA to develop criteria for the national shellfish sanitation program. (Objectives 2.4.3, 2.4.5)

Laboratories

- Ensures that HIV/AIDS laboratory tests are performed timely and accurately. Provide STS with HIV/AIDS lab results per requirements listed on Reportable Conditions. (Objective 1.3.4)

- Ensures suspect and confirmed cases of TB are reported and referred to the Agency for clinical evaluation and management. (Objective 1.4.6)
- Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.3.1)

Land Conservation Organizations

- DHEC participates with various land conservation organizations as funds are available to help restore, enhance, and preserve/conservate sensitive natural, historic and cultural resources. (Objectives 2.5.2, 2.5.3, 2.5.4)

Lexington Medical Center

- Works collaboratively with the Prescription Monitoring Program to administer a grant to improve the state's ability to identify and stop diversion of prescription drugs. (Objective 3.5.3)

Little River Medical Center

- Provides preventive dental services in S.C. public schools and learning centers through an MOA with the DHEC Dental Prevention Program. Provides outreach and educational materials at community and school events. Provides care coordination for students needing emergency dental care with school nurses. (Objective 1.1.5)
- Provide WIC services in the Pee Dee Public Health Region. (Objective 1.1.3)

Local Coalitions

- Collaborates with the coalitions to strengthen cancer prevention and control efforts for breast and cervical cancer as outlined in the S.C. Cancer Plan for population-based and systems changes efforts in the state. (Objective 1.2.3)

Local Law Enforcement (County and Municipal)

- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances (Objective 3.5.3)
- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations. (Objective 1.5.5)

March of Dimes

- The March of Dimes collaborates in the development and evaluation of the State Tobacco Plan and the implementation of its various initiatives, in particular those that address tobacco use during pregnancy and secondhand smoke in the home. In addition, partners with DHEC on the implementation of the Baby and Me Tobacco Free program to support and incentivize pregnant smokers to quit both prenatally and post-partum to improve birth outcomes and reduce healthcare costs. (Objective 1.2.5)

Marcus Lattimore Foundation

- The Foundation is partnering with the DOH on an outreach initiative to reach school-aged children in grades K-12 with preventive oral health messages. (Objective 1.1.5)

Mary Black Foundation

- Contract to support teen pregnancy efforts in Spartanburg County (Objective 1.4.2)

Medical Practices

- Community teams are providing technical assistance to contracted medical practices to help them implement and sustain policies, protocols and enhancements around diabetes prevention and care. (Objective 1.2.4)

Medical and Social Services Provider Stakeholders

- Accept required reportable disease lab reports and related information. May receive referral request to assist in diagnosis and/or treatment. Per program priorities, may take actions to initiate and perform active surveillance and disease intervention activities. (Objective 1.3.2)

Medical University of South Carolina (MUSC)

- Works collaboratively with the Prescription Monitoring Program to administer a grant to improve the state's ability to identify and stop diversion of prescription drugs. (Objective 3.5.3)
- DHEC and MUSC cooperate via grant funding (Hospital Preparedness Program Ebola Preparedness and Response Activities) to expand MUSC's capability to receive and manage high risk infectious disease patients; DHEC administers the grant and monitors grantee activities. (Objective 1.6.2)

Midwifery Advisory Council

- Consult with for advice and guidance on health and safety issues. (Objectives 3.1.1, 3.1.2, 3.1.3)
- DHEC Vital Statistics provides consultation and regulatory guidance for birth registration to midwives. (Objective 1.5.1)

Mining Association of South Carolina (MASC)

- The MASC, in which DHEC participates, provides a forum for interacting with, and educating the regulated community regarding mining and reclamation activities. (Objectives 2.3.1, 2.3.2)

Multi-Unit Housing Companies, Managers and Residents

- Community teams conduct smoke-free presentations and training to multi-unit housing managers and residents. (Objective 1.2.5)
- The agency provides accurate, timely, and useful health information to protect non-smoking residents from exposure to secondhand smoke and linkage to services to help tobacco users quit. (Objective 1.2.5)

Municipal Separate Storm Sewer Systems (MS4s)

- DHEC authorizes MS4s to conduct stormwater construction application review within their jurisdiction. (Objectives 2.4.1, 2.4.2)

MUSC Boeing Center for Children's Wellness

- DHEC works collaboratively with the MUSC Boeing Center for Children's Wellness to provide assistance to Bamberg School Districts One and Two. (Objective 1.4.4)

MUSC Hollings Cancer Center

- MUSC collaborates in supporting state tobacco control, particularly the SC CAN Quit oncology initiative designed to improve the Standard of Care for treatment of cancer patients who use tobacco. (Objective 1.2.5)

MUSC James B. Edwards College of Dental Medicine

- Supports evaluation of performance on the CDC state dental prevention grant and the State Oral Health Plan along with the SC OH Advisory Council. (Objective 1.1.5)
- Collaborates with DOH through an academic-public health partnership for oral health in support of achieving the goals and objectives of the State Oral Health Plan. Supports evaluation of performance on the CDC state dental prevention grant and the State Oral Health Plan. (Objective 1.1.5)

National Association of Chronic Disease Directors (NACDD)

- Chronic Disease programs receive targeted technical assistance and program staff support NACDD program quality improvement work. (Objectives 1.2.1, 1.2.2, 1.2.3, 1.2.5, 1.2.6, 1.2.7)

National Association of State Land Reclamationists (NASLR)

- DHEC partners with the NASLR to promote the proper restoration of mined areas. (Objective 2.3.2)

National Association of State Public Health Veterinarians

- DHEC assists with a compendium used to make recommendations for animal protection. (Objective 2.2.2)

National Conference for Interstate Milk Shipment (NCIMS)

- DHEC works with NCIMS on routine inspections, monitoring, and enforcement for the dairy industry. (Objective 2.2.2)

National Fire Protection Association (NFPA)

- Monitors and participates in code and standard development and professional development opportunities (Objective 3.1.4)

National Oceanic and Atmospheric Administration (NOAA)

- DHEC works with NOAA to implement the state's Coastal Zone Management Program, which protects sensitive natural resources while promoting responsible development within the eight county Coastal Zone. (Objectives 2.5.1, 2.5.2)

National Tuberculosis Control Association (NTCA)

- Ensure the SC Tuberculosis Control Program is utilizing current standard of care and best practices for overall TB control practices. Provides clinical training for physician and nursing staff working the Tuberculosis Control Program. [2016-2017] (Objective 1.4.6)

N.C. State University

- DHEC provides funding to and coordinates in-state opportunities for the N.C. State University College of Design. NC State provides design assistance to five child care centers in Florence and five child care centers in Spartanburg to create outdoor learning environments that promote physical activity and incorporate fruit and vegetable gardens. (Objective 1.4.4)

N.C. Department of Health and Human Services Nutrition Services Branch

- Partner to detect dual participation in local WIC agencies that serve populations along the state line where residents of either state commonly travel back and forth across the state line. Exchange list of program participants in an electronic file while preserving the confidentiality of all data that can identify participants. (Objective 1.1.4)

New Morning Foundation

- DHEC's Office of Minority Health is a part of the leadership team which provides guidance and oversight to a project in Orangeburg focused on reducing teen pregnancy disparities. (Objective 1.2.6)

Non-profit entities providing Abstinence Education programming

- Partner with non-profit entities that are awarded State and Federal funds for abstinence education programming through a competitive grant application process. (Objective 1.1.2)
- The Agency provides accurate, timely, and useful health information to protect non-smoking residents from exposure to secondhand smoke and linkage to services to help tobacco users quit. (Objective 1.2.5)

Nurse-Family Partnership (NFP)

- Each DHEC region is an implementing entity for the NFP Program. The program delivers nurse education and assessment through a home visitation program to first-time, high-risk mothers. (Objective 1.4.7)
- Each region works with a Community Advisory Board (CAB) to increase referral sources for the NFP program. The CAB is composed of a variety of community partners, based on their connections in the community. (Objective 1.4.7)
- NFP National Service Office: Supports communities in implementing and sustaining the program by providing consultation on business development, nursing practice, program quality support, marketing and communication, and public policy and government affairs. In South Carolina, this entity is working extensively with state partners in all sites to implement the Pay for Success Program (Objective 1.4.7)
- NFP Pay for Success: DHEC and the state's other five NFP implementing agencies are participating in the nation's first Pay for Success initiative focused on improving health outcomes for first-time mothers and children living in poverty. The project will expand NFP services to an additional 3,200 first-time, low-income mothers across the state. (Objective 1.4.7)

Nursing Homes and Residential Care Facilities

- DHEC works with the health care community to ensure that required emergency plans are current. (Objective 1.6.1)
- DHEC provides advice and regulatory guidance to nursing homes and residential care facilities during emergency responses. (Objective 1.6.4)
- Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objectives 1.3.1, 1.4.5)

Office of Rural Health

- Office of Rural Health partnered with DHEC in organizing a statewide training on antimicrobial stewardship. They offered to fund staff from critical access hospitals to attend this training. (Objective 1.3.1)

Office of the State Archeologist

- The State Archeologist provides to DHEC maps and technical information on historical sites that may be damaged/destroyed during the monitoring or cleanup of a chemical/oil release. (Objective 2.2.3)

Organization of Agreement States (OAS)

- DHEC partners with OAS to promote and foster uniformity of radiation laws and regulations and to promote cooperative interaction with the NRC. (Objective 2.3.2)
- Provides a mechanism for the Agreement States to work with each other and with the NRC on regulatory issues associated with their respective agreements (Objectives 3.6.1, 3.6.2, 3.6.3)

Orthodontists

- Provides orthodontic services to children with moderate-to-severe malocclusions and craniofacial abnormalities. (Objective 1.1.1)

Other States

- DHEC coordinates with neighboring states on permitting actions and ambient air monitoring. (Objectives 2.1.1, 2.1.3, 2.1.4)
- DHEC Vital Statistics is a member of the State and Territorial Exchange of Vital Events (STEVE) system in order to share vital event data occurring in SC back to the resident state so each vital event can be included in statistics for the appropriate state to ensure accuracy for data evaluation. Other member states share SC resident vital events back to DHEC Vital Statistics to allow for more accurate statistical representation of the health of residents of SC. (Objectives 1.5.5, 1.5.6)
- DHEC Central Cancer Registry is a member of the CDC's National Interstate Data Exchange Application System (N-IDEAS) in order to share cancer diagnoses occurring in SC back to the resident state so each new cancer case can be included in the incidence counts for the appropriate state to ensure accuracy for data evaluation. Other member states share SC resident cases back to DHEC Central Cancer Registry. (Objectives 1.5.3, 1.5.4, 1.5.6)

Oxbow Encounter CHART

- DHEC partners with Oxbow to provide and maintain the Encounter CHART bi-directional web-based application that allows providers to refer patients to specific and local community-based lifestyle change support organizations and other community resources that will support lifestyle change. (Objective 1.2.1)

Palmetto Health Hematology and Oncology Department

- Partners to provide in-kind resources for the blood disorders session at the program's residential summer program. (Objective 1.1.1)

Palmetto Health System

- DHEC and Palmetto Health System cooperate via grant funding (Hospital Preparedness Program Ebola Preparedness and Response Activities) to expand PHS's lab equipment

and personal protective equipment for managing high risk infectious disease patients. DHEC administers the grant and monitors grantee activities. (Objective 1.6.2)

Palmetto Health Medical Center

- Works collaboratively with the Prescription Monitoring Program to administer a grant to improve the state's ability to identify and stop diversion of prescription drugs. (Objective 3.5.3)

Palmetto Healthy Start

- Work together to ensure that all of their participants (expecting young mothers) are provided with health information and resources needed during and after pregnancy. Sign all participants up for Text4baby to provide them with critical health and safety information. DHEC information and resources are provided during childbirth classes. DHEC participate in conferences and meeting as well as exhibit information. (Objective 1.1.1)

Palmetto Poison Center

- The Palmetto Poison Center is a sentinel reporting partner for the conditions present on DHEC's List of Reportable Conditions and also provides the Division of Acute Disease Epidemiology with Toxidromes for use in DHEC's Syndromic Surveillance System. (Objective 1.3.1)

Palmetto Pride

- This stakeholder helps DHEC provide a program that offers lessons, support materials, teacher workshops, and classroom presentations to promote composting, recycling, waste reduction, litter prevention, and sustainability. (Objective 2.3.3)

Parks and Recreation Departments

- Provides training, resources and technical assistance to implement evidence based interventions, culturally appropriate health education materials, and updated data regarding arthritis and other health conditions (Objectives 1.2.1, 1.4.4)
- SNAP-Ed programs are conducted for children and teenagers served by the agencies. The Summer Food Service Program is frequently offered through Parks and Recreation Programs to provide meals to children and youth in low-income areas. [2015-2016] (Objectives 1.2.1, 1.4.4)
- Community Teams work with parks and recreation centers to become referral and/or delivery systems for health aging programming and to become active sites for the National DPP. (Objective 1.4.4)
- Provide training and technical assistance to implement programs, provide up-to-date, culturally appropriate health education information and data. (Objective 1.2.1)

Patient Organizations

- The Agency provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services. (Objective 1.2.5)

PASOs

- PASOs helps the Latino community and service providers work together for strong and healthy families. PASOS provides education, support and grassroots leadership development for participants. Partner to develop *Promotores* skills on parenting

including developmental screening and referral, developmental milestones, the importance of reading together early with their children, understanding quality child care and what that looks like. [2015-2016] (Objective 1.1.1)

- Contracts with PASOs to educate and engage Latino families throughout the state with a particular focus on seven highly populated counties, focusing on the enrollment of pregnant women, infant and children age 1-5, postpartum and breastfeeding women. (Objective 1.1.3)
- Partners to monitor trends in participation of the Hispanic and Latino population of the state. (Objective 1.1.4)
- PASOs is an outreach program connects Latino families with systems of care and piloted Midlands Oral Health initiative for Latino families. Reviews educational materials to ensure cultural and linguistic competence and assist with outreach to Latino communities. (Objective 1.1.5)
- SNAP programs will be delivered and conducted for Latino children, teens and adults served by this organization. [2016-2017] (Objectives 1.2.1, 1.4.4)
- DHEC's OMH plans to work with PASOs to better serve the growing Hispanic/Latino population throughout the state. The OMH Director is also a member of the PASOs advisory board. [2016-2017] (Objective 1.2.6)
- DHEC staff serve on the board of PASOs and support their educational efforts. Innovative educational sessions are also offered to address family planning methods, reproductive anatomy, reproductive life plans, recognizing and preventing STI's and HIV/AIDS as well as resources for treatment. (Objective 1.4.2)
- DHEC's DIVP and its CPS Program collaborates with PASOs to educate parents and caregivers in the proper use of child safety restraints. (Objective 1.2.2)

Physicians

- S.C. physicians complete cause of death information as part of the death registration process for vital statistics. Vital Statistics staff provide education and consultation to physicians in the state on the correct processes regarding completion of medical certification on death certificates. (Objective 1.5.1)

Places of Worship

- Detects and responds to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.4.5)
- Provides education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission. (Objective 1.4.5)

Protection and Advocacy for People with Disabilities

- Coordinates sharing information if any concerns arise from inspections and investigations. (Objectives 3.1.2, 3.1.3)

Public and Private Water and Sewer Operators

- DHEC provides advice and regulatory guidance to public and private water and sewer operators during emergency responses. (Objective 1.6.4)

Public Partnerships

- Work to ensure BCN, WISEWOMAN services are accessible in the community and that information, education and training is available, implemented and disseminated. (Objective 1.2.3)

Public Service Commission of S.C. (PSC)

- The PSC approves compensation for the Barnwell disposal site operator to cover the costs of operating the site that DHEC licenses. (Objective 2.3.2)

Rape Crisis Centers

- The 15 Rape Crisis Centers provide crisis intervention, 24-hour hotline services and hospital accompaniment, medical/legal advocacy, information and referral to the direct and secondary victims of sexual assault. They also promote public awareness, education, and risk reduction of sexual violence. The Sexual Violence Program at DHEC provides oversight of implementation of the Standards and Outcomes for Sexual Assault Centers, fund administration, and technical assistance to the Centers. (Objective 1.1.2)
- The PHHSBG from CDC supports these state-wide efforts to address sexual violence prevention. (Objective 1.2.7)

Regional and National Associations

- DHEC works with other states and local air programs on areas of common interest through regional and national air organizations. (Objectives 2.1.1, 2.1.2, 2.1.3, 2.1.4)

Regional Health Care Coalitions

- DHEC works with the health care coalitions to develop and maintain emergency response planning. (Objectives 1.6.1, 1.6.2)

Restaurants

- Detects and responds to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.4.5)
- Provides education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission. (Objective 1.4.5)

Richland County First Steps

- DOH is represented on county Health Advisory Board and provides training and resources on an ongoing basis. (Objective 1.1.5)

Rural Infrastructure Authority (RIA)

- To implement the State Revolving Fund program, after DHEC ranks eligible projects and issues needed permits, the Office of Local Governments with the RIA sets loan policies and executes loan agreements to build needed water and wastewater infrastructure. (Objective 2.4.1)

Safe Kids Coalition

- Partner with the Safe Kids Coalition to conduct educational presentations, classes, and safety seat inspections to increase seat belt and child safety seat restraint use in S.C. (Objective 1.2.7)

S.C. Academy of Nutrition and Dietetics (SCAND)

- DHEC and SCAND partner to promote the Nutritional Counseling Program to health care providers to improve access to weight management counseling by licensed dietitians for children and adults with obesity. (Objectives 1.2.1, 1.4.4)

S.C. Aging Network

- Provide training and technical assistance to implement programs, provide up-to-date, culturally appropriate health education information and data. (Objective 1.2.1)

S.C. Alliance for Health, Physical Education, Recreation, and Dance

- DHEC provides funding to the S.C. Alliance for Health, Physical Education, Recreation, and Dance to provide physical education and physical activity professional development opportunities for schools and school districts statewide. (Objective 1.4.4)

S.C. Alliance of YMCA

- Partner with S.C. WISEWOMAN program to provide cardiovascular and lifestyle change programs to eligible participants. [2016-2017] (Objective 1.2.3)
- YMCAs recruited participants and hosted Cooking Matters 6-week courses. [2015-2016] (Objectives 1.2.1, 1.4.4)

S.C. Asthma Alliance

- Provides asthma evaluation and epidemiological support to alliance in support of their missions and objectives. (Objectives 1.2.4, 1.5.4)

S.C. Athletic Trainers Association

- Provides guidance on Athletic Trainer Regulation. (Objective 3.3.1)
- Supports Department with funding for athletic trainer certification employee and meeting support with funding from fees collected for credentialing. (Objective 3.3.1)

S.C. Attorney General's Office

- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Beginnings

- Accepts referrals from the newborn hearing screening program for infants who are diagnosed with confirmed hearing loss to provide parent education and guidance. Shares information with the newborn hearing screening program. (Objective 1.1.1)

S.C. Birth Outcomes Initiative (SCBOI)

- SCBOI is an effort with DHEC and more than 100 stakeholders to improve the health outcomes for newborns not only in the Medicaid program but throughout the state's population. The Division of Women's Health is very supportive of the initiative to allow inpatient postpartum insertion of LARCs, therefore reducing health disparities. (Objectives 1.4.2, 1.5.5)
- DHEC partners with other entities supporting the Birth Outcome Initiative to address issues identified leading to poor birth outcomes, including tobacco use during pregnancy and post-partum. (Objective 1.2.5)

S.C. Building Codes Council

- Coordinates and promotes enforcement of state-adopted codes and standards. (Objective 3.1.4)
- Promotes a common understanding and uniform enforcement of codes and standards among other authorities having jurisdiction. (Objective 3.1.4)
- Coordinates participation in joint outreach and educational opportunities. (Objective 3.1.4)

S.C. Board of Dentistry

- Assists DHEC's Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Board of Medical Examiners

- Assists DHEC's Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Board of Nursing

- Assists DHEC's Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Board of Optometry

- Assists DHEC's Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Board of Pharmacy

- Assists the Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Board of Podiatry Examiners

- Assists the Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Board of Veterinary Medical Examiners

- Assists the Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Campaign to Prevent Teen Pregnancy (the Campaign)

- DHEC and the Campaign have been collaborative partners for more than 20 years. DHEC contracts with the Campaign to provide training and education for advocates, healthcare practitioners, parents, adolescents and the general public. The Campaign hosts an annual training opportunity for teen pregnancy prevention advocates statewide and provides outreach and marketing for DHEC. (Objective 1.4.2)
- Partnership with the Campaign in Dillon, Darlington, Anderson, Orangeburg and Aiken Counties to concentrate efforts on adolescents. (Objective 1.4.2)
- PREP Funding is provided to DHEC by the U.S. DHHS-FYSB. DHEC collaborates with the SC Campaign to administer grants for 3 counties which will provide for the county-wide replication of teen pregnancy prevention/HIV/STI best practices, including evidence based programs and adult preparation topics. The purpose of this opportunity is to implement coordinated, sustainable teen pregnancy prevention best practices in counties that have been identified as high need. (Objective 1.2.6)
- DHEC Vital Statistics produces teen pregnancy statistics annually for the Campaign. (Objective 1.5.5)

S.C. Chapter of the American Academy of Pediatrics

- Plan and Implement the CATCH annual meeting which provides agency updates and partnership outcomes from a variety of child serving agencies. [2015-2016] (Objective 1.1.1)
- Collaboration to expand previous QTIP program oral health integration successes previously funded by CMS and S.C. DHHS statewide. Develop and disseminate oral health integration training. Member PIOHQI Project Advisory Board. (Objective 1.1.5)

S.C. Coalition Against Domestic Violence & Sexual Assault (SCCADVASA)

- SCCADVASA provides education and training to member agencies and professionals regarding sexual violence services and prevention. The agency also provides technical assistance and consultation to programs as they implement the Standards and Outcomes developed for the Sexual Assault Centers. (Objective 1.1.2)
- DHEC works closely with SCCADVASA on preventing reproductive coercion, interpersonal violence, and human trafficking with reciprocal training and technical assistance between the two agencies. All DHEC clinics refer to the local sexual assault centers for direct services, counseling for primary and secondary victims, as necessary. Victims of domestic violence are also referred for shelter and/or counseling. (Objective 1.4.2)
- The BCHCDP administers the PHHSBG with a portion of the annual grant allocation used to support state-wide efforts to address Sexual Violence Prevention in coordination with MCH and SCCADVASA for the purpose of establishing and maintaining injury and violence free living environments. (Objective 1.2.7)

S.C. Commission for the Blind

- DHEC inspects Commission for the Blind retail food establishments. (Objective 2.2.2)

S.C. Commission of Hearing Aid Specialists

- Coordinate the written and practical examinations for hearing aid specialist applicants for licensure. (Objective 3.1.1)
- Consult with for advice and guidance on health and safety issues. (Objectives 3.1.1, 3.1.2, 3.1.3)

S.C. Coroner's Association (SCCA)

- S.C. Coroners provide data related to violent death and its circumstances. This data is linked to abstraction completed on violent death incidents in S.C. as prescribed by the guidance of the CDC and national standards. DHEC has a contract with the SCCA which allows for greater access to documentation on identified violent deaths. Routine correspondence is shared with coroner's offices to capture circumstances surrounding each incident of violent death. (Objective 1.2.7)
- DHEC works regularly with the SCCA to plan for mass fatality management. (Objectives 1.6.1)
- DHEC provides advice and regulatory guidance to the coroners regarding mass fatality management during emergency responses. (Objective 1.6.4)
- DHEC and SCCA coordinate via grant funding (Public Health Emergency Preparedness Grant) to facilitate information sharing regarding mass fatalities. The SCCA will work with the county coroners to adopt a statewide tool for collecting ante- and post-mortem data from a mass fatality event. DHEC will update the State Mass Fatality Plan to include the data collection system. (Objective 1.6.2)
- SC Coroners complete cause of death information as part of the death registration process for vital statistics. Vital Statistics staff work with the SCCA to educate coroners in the state on the correct processes regarding completion of death certificates. (Objectives 1.5.1, 1.5.5)

S.C. Criminal Justice Academy

- Works with DHEC's Bureau of Drug Control to train investigators that will enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Dental Association (SCDA)

- Partners to (1) address local challenges to community water fluoridation; (2) sponsor traveling oral health outreach activities for schools and Head Start Centers; (3) co-sponsor the annual Oral Health Forum and the Carlos Salinas Award; (4) provide administrative support for SC OH Coalition; (5) support the learning collaborative, network expansion and the evaluation of the PIOHQI grant; and (6) support DOH outreach and education activities related to all grant deliverables. (Objective 1.1.5)

S.C. Dental Screening Associates

- Provides preventive dental services in S.C. public schools and learning centers under the DHEC Dental Prevention program. Provides outreach and educational materials at community and school events. Provides care coordination for students needing emergency dental care with school nurses. (Objective 1.1.5)

S.C. Department of Agriculture (SCDA)

- DHEC and SCDA work together on jurisdictional issues associated with farmers markets, wholesale packaging, and other topics. (Objective 2.2.2)
- SCDA coordinates food embargos and provides analytical support for inspection of food products affected by chemical releases. (Objective 2.2.3)
- DHEC and SCDA work together to calibrate laboratory balance weights. (Objective 2.2.4)
- USDA funds state-level SNAP Nutrition Education initiatives and program guidance. (Objective 1.2.1)
- SNAP staff work with Farmers/Farmers Market to promote produce grown in S.C. during May – October. Food demonstrations and taste-testing are conducted at farmers markets using recipes developed for S.C. produce. (Objectives 1.2.1, 1.4.4)
- DHEC provides funding, technical assistance, and coordination of efforts to the SCDA to expand farmers' market services in health disparate areas of the state, to inventory farmers' markets and roadside markets in the state, and to implement the S.C. Farm to Institution Program. (Objective 1.4.4)
- Authorize Framers' Markets/Farm Stands/Farmers - The DHEC WIC, DSS and Department of Agriculture work simultaneously with each other in providing this seasonal FMNP. The program increases fruit and vegetable intake, provides direct income to local farmers, and promotes community-based farmers markets. Local farmers are reimbursed for the face value of the checks, which enhances their earnings and supports their participation in farmers' markets. (Objective 1.1.3)

S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)

- Works collaboratively with the Prescription Monitoring Program and Vital Statistics to obtain statistics that may be used to assist DAODAS in reducing the negative consequences of substance use and addictions. (Objective 3.5.3)
- Coordinate sharing information on the licensure status of health facilities and services (Objective 3.1.1)
- Coordinate sharing information if any concerns arise from inspections and investigations (Objective 3.1.2, 3.1.3)

S.C. Department of Archives and History (Archives)

- DHEC consults Archives in consideration of any archeological concerns at a potential location of mining or solid waste activity. (Objective 2.3.1)
- DHEC works with Archives to ensure transportation projects are consistent with the Coastal Tidelands and Wetlands Act. (Objectives 2.5.2, 2.5.4)
- Per S.C. law, DHEC Vital Statistics provides death records over 50 years past the date of death and birth records over 100 years past the date of birth to Archives to support public viewing of the records. (Objective 1.5.5)

S.C. Department of Commerce (Commerce)

- DHEC and Commerce work together on the economic impact of recycling in South Carolina, recycling markets, and studies (for example, cost of recycling versus disposal). (Objective 2.3.3)
- DHEC works with Commerce to ensure Commerce projects are consistent with the Coastal Tidelands and Wetlands Act and to assist and provide guidance to potential new industries looking to locate in the Coastal Zone. (Objectives 2.5.1, 2.5.2, 2.5.4)

S.C. Department of Corrections

- DHEC inspects milk, dairy, and cafeteria facilities under our jurisdiction. (Objective 2.2.2)
- DHEC inspects foodborne illness complaints. (Objective 2.2.3)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)
- Operate the DHEC Specialty Care Clinic at Kirkland Correctional Institute by providing physician services and discounted HIV medications through a grant. (Objective 1.3.2)
- Ensure targeted testing and evaluation of corrections population to identify TB infection and TB cases. Report suspect and confirmed cases, referring as indicated to the Agency for clinical evaluation and management. (Objective 1.4.6)

S.C. Department of Disabilities and Special Needs

- Coordinate sharing information on the licensure status of health facilities and services. (Objective 3.1.1)
- Coordinate sharing information if any concerns arise from inspections and investigations. (Objectives 3.1.2, 3.1.3)

S.C. Department of Education (SCDE)

- DHEC conducts summer feeding inspections under contract for SCDE. (Objective 2.2.2)
- DHEC investigates foodborne illness outbreaks associated with SCDE facilities. (Objective 2.2.2)
- DOH provides school nurse oral health orientation, training on the basic screening survey process and linkage with the school-based dental prevention providers that work under a Memoranda of Agreement with DHEC. Collaborates to plan and conduct a statewide Oral Health Needs Assessment every 5 years to meet CDC grant deliverable. Provides technical expertise for inclusion of standards based oral health education. (Objective 1.1.5)
- The Agency collaborates with SCDE to implement the Youth Risk Behavior Survey and Youth Tobacco Survey in selected schools across the state. (Objective 1.2.5)
- DHEC collaborates with the SCDE to assist schools and school districts with development and implementation of wellness policies, to implement the S.C. FitnessGram system, to implement the S.C. Farm to School Program, and to provide quality physical education and daily physical activity for students. (Objective 1.4.4)
- Collaborates with the S.C. Cancer Division Comprehensive Cancer Program to identify ways to increase access to comprehensive high quality care. (Objective 1.4.4)
- DHEC and SCDE provide joint funding for the State School Nurse Consultant position in DHEC to provide nursing leadership, consultation, and technical assistance for school health services statewide. (Objective 1.1.1)

S.C. Department of Health and Human Services (S.C. DHHS)

- Worked collaboratively with the Prescription Monitoring Program to improve the state's ability to identify and stop diversion of prescription drugs. (Objective 3.5.3)
- Coordinate sharing information on the licensure status of health facilities and services. (Objective 3.1.1)
- Coordinate sharing information if any concerns arise from inspections and investigations. (Objectives 3.1.2, 3.1.3)
- Collaborates with DHEC on enhancing birth outcomes for the Medicaid population. (Objective 1.1.4)

- Provides funding for to support a portion of the contracts between DHEC and the Regional Perinatal Center hospitals. (Objective 1.1.4)
- Collaborated with DOH to develop a training and toolkit for pediatric offices to integrate oral health activities into medical homes, and that certifies medical practices to bill Medicaid for applying fluoride varnish for children. Advisory Council member. (Objective 1.1.5)
- Provides funding for newborn hearing screening and follow up services for Medicaid covered infants. (Objective 1.1.1)
- Provides funding for hemophilia factor, orthodontia and hearing services. (Objective 1.1.1)
- Provides funding for reproductive health and follow up services for Medicaid eligible clients. (Objective 1.4.2)
- Partnership to provide navigation of BCN patients with positive cancer findings to obtain coverage under the Breast and Cervical Treatment Act through S.C. DHHS-Medicaid. (Objective 1.2.3)
- S.C. DHHS collaborates with DHEC on a shared action plan to strengthen cessation service provision and use of available resources to support quitting among the Medicaid population. (Objective 1.2.5)
- The Quitline manager is a member of the joint-agency SBIRT project team working to implement an evidenced-based approach to the screening, identification, intervention and treatment of substance abuse (drug and alcohol), domestic violence, depression and smoking for pregnant women. The Quitline manager provides guidance and technical assistance on the SBIRT component to address tobacco cessation intervention. (Objective 1.2.5)
- DHEC Vital Statistics shares data on deaths occurring in the state to allow S.C. DHHS to mark individuals receiving Medicaid benefits as deceased and to support S.C. DHHS estate recovery program. (Objective 1.5.5)

S.C. Department of Justice

- Operates a Specialty Care Clinic for HIV patients at Kirkland Correctional Facility. (Objective 1.3.2)

S.C. Department of Labor, Licensing and Regulation (LLR)

- LLR- Panel for Dietetics licenses dietitians in S.C. assuring consumers receive credible nutrition information and counseling from appropriately licensed professionals. (Objective 1.2.1)
- DHEC Vital Statistics provides training for funeral directors regarding death registration for license certification and collaborates with the Funeral Service Board on the suspension and license revocations for funeral homes and funeral directors related to violations of law/regulation on death registration. (Objective 1.5.1)
- S.C. EPHT program has an agreement with SC Occupational Safety and Health Administration within LLR to share information on adults with elevated blood lead levels to assist with monitoring worksite lead exposure. (Objectives 1.5.4, 1.5.5)
- DHEC consults with the health professional licensing boards regarding health care volunteers, standards of practice, and health care delivery during emergencies. (Objective 1.6.1)
- DHEC assists LLR with a contact summary for all state licensed veterinarians for rabies. (Objective 2.2.2)
- DHEC works with LLR on workplace complaints. (Objective 2.2.2)

- Coordinates sharing information if any concerns arise from inspections and investigations. (Objectives 3.1.2, 3.1.3)
- Assists DHEC's Bureau of Drug Control in verifying professional licensure, which supports Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Department of Mental Health (DMH)

- Collaborates with DHEC Division of Children's Health to increase availability of trained therapists to work with young children and their families. (Objective 1.1.1)
- DHEC provides accurate, timely, and useful health information and resources to support the implementation of tobacco-free worksites among the DMH. (Objective 1.2.5)
- DHEC and DMH work together to incorporate mental health into ESF-8 Health and Medical needs during emergency planning and emergency response. (Objectives 1.6.1, 1.6.4)
- Coordinates sharing information on the licensure status of health facilities and services. (Objective 3.1.1)
- Coordinates sharing information if any concerns arise from inspections and investigations. (Objectives 3.1.2, 3.1.3)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Department of Motor Vehicles (DMV)

- DHEC Vital Statistics shares data on deaths occurring in the state to allow DMV to mark individuals who were issued driver's license/identification cards as deceased to help reduce identity fraud. (Objective 1.5.5)

S.C. Department of Natural Resources (DNR)

- DNR provides boats and personnel to clear lakes/water bodies following a chemical/oil release. (Objective 2.2.3)
- DNR provides law enforcement personnel to support field operations. (Objective 2.2.3)
- DNR provides wildlife and fisheries technical expertise in determining environmental impact of a chemical/oil release. (Objective 2.2.3)
- DHEC and DNR work together on surface water quantity modeling. DNR has a role in providing technical comments for several DHEC water programs. (Objectives 2.4.1 and 2.4.3)
- DHEC works with DNR on programmatic initiatives including living shorelines monitoring and assessment, regional sediment management planning and abandoned and derelict vessel identification and removal. DHEC works with DNR to ensure the wise management of natural resources in the coastal zone. (Objectives 2.5.1, 2.5.2, 2.5.3, 2.5.4)
- DHEC partners with DNR regarding surface water impact of mining and solid waste activities to flora and fauna. (Objective 2.3.1)
- DHEC Vital Statistics provide a matching service to DNR for individuals with hunting/fishing licenses to remove deceased individuals from their mailing list. (Objective 1.5.5)

S.C. Department of Probation, Pardon and Parole

- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)
- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of investigations. (Objective 1.5.5)

S.C. Department of Parks, Recreation and Tourism (PRT)

- DHEC works with PRT to set up recycling programs at each of South Carolina's state parks and historical sites as well as three of the state's largest airports through Recycling on the Go Program. (Objective 2.3.3)
- DHEC works with PRT to ensure their projects and efforts on state managed parklands are consistent with the Coastal Tidelands and Wetlands Act. (Objectives 2.5.1, 2.5.2, 2.5.3, 2.5.4)

S.C. Department of Public Safety (DPS)

- DPS provides law enforcement resources to control traffic during an emergency. (Objective 2.2.3)
- DPS provides support and emergency transportation of environment samples if necessary. (Objective 2.2.3)
- DPS provides law enforcement assistance in the shadowing of spent nuclear fuel shipments into and through the state. (Objective 2.2.3)
- DHEC's Division of Injury and Violence Prevention (DIVP) supports DPS program efforts directed towards child passenger and adult safety (vehicle occupant protection), and maintains a revenue agreement with DPS to support the CPS Program (Objective 1.2.2)

S.C. Department of Revenue (DOR)

- DHEC works with DOR on liquor license issues. (Objective 2.2.2)
- DHEC assists DOR with SC Business One Stop. (Objective 2.2.2)
- DHEC partners with DOR in administering the revenue collections for the SC Drycleaning Facility Restoration Trust Fund, the SUPERB Account, and SUPERB Financial Responsibility Fund as well as the Solid Waste Trust Fund. (Objective 2.3.4)

S.C. Department of Social Services (DSS)

- DHEC conducts lead evaluations for environmental factors for potential foster homes. (Objective 2.2.2)
- DHEC investigates foodborne illness outbreaks. (Objective 2.2.2)
- Coordinate sharing information on the licensure status of health facilities and services (Objective 3.1.1)
- DHEC works with DSS regarding outbreaks involving child care facilities. (Objective 1.3.1)
- DHEC supports DSS during shelter operations; as such, DHEC works regularly with DSS to identify and establish shelters, develop procedures, train staff, and operate shelters during emergencies. (Objectives 1.6.1, 1.6.4)
- Seniors Farmers' Market Program - DHEC WIC, DSS and Department of Agriculture work simultaneously with each other in providing this seasonal Farmers' Market Nutrition Program "FMNP." The program increases fruit and vegetable intake, provides direct income to local farmers, and promotes community-based farmers markets. Local farmers are reimbursed for the face value of the checks, which enhances their earnings and supports their participation in farmers' markets. (Objective 1.1.3)

- State Child Fatality Review Committee - DHEC provides technical support to the State Child Fatality Review Committee, under contract with DSS, and generates the Committee annual report, which guides prevention efforts across the state that address child fatalities (non-motor vehicle related). (Objective 1.2.7)
- DHEC's Division of Injury and Violence Prevention (DIVP) and its Child Passenger Safety (CPS) Program collaborates with DSS to train child protective workers and foster parents in the proper use of child safety restraints. (Objective 1.2.2)
- DHEC's Division of Injury and Violence Prevention (DIVP) and its Child Passenger Safety (CPS) Program partners with DOT to provide school transportation safety assessment in coordination with Safe Routes to School. (Objective 1.2.2).
- Data Sharing Agreement – Agreement with DHEC/WIC and DSS to exchange information regarding potential clients. (Objective 1.1.4)
- DSS contracts with DHEC/Office of Professional and Community Nutrition Services to provide SNAP Nutrition Education Programs in eighteen (18) counties. (Objective 1.2.1)
- Division of Early Care and Education – DHEC provides funding to DSS to provide data on the implementation of nutrition and physical activity standards for child care centers and to expand nutrition and physical activity standards to other types of child care provider groups (i.e. family and group child care home providers). DHEC works with DSS to assure the standards meet national best practice standards and to provide training and technical assistance to child care providers on nutrition and physical activity to help them comply with the standards. DHEC also collaborates with DSS in the state's efforts to implement outdoor learning environments and Farm to Preschool in the early care and education setting. (Objective 1.4.4)
- SNAP - DHEC collaborates with the SDSS to expand and promote acceptance of SNAP/EBT, healthy bucks, and senior nutrition benefits vouchers at farmers' markets across the state. (Objective 1.4.4)
- DHEC Vital Statistics shares data on deaths occurring in the state to allow DSS to mark individuals receiving SNAP benefits as deceased. (Objective 1.5.5)
- DHEC Vital Statistics provides birth data to support investigation of child support obligations and certified copies of birth certificates for paternity determination, child support obligations and adoptions. (Objectives 1.5.2, 1.5.5)

S.C. Department of Transportation (DOT)

- DOT provides technical support and information to DHEC on safe roads to travel during an emergency. (Objective 2.2.3)
- DOT provides highway barricades and support to close highways/roads during an emergency and cleanup operations. (Objective 2.2.3)
- The DHEC Dam Safety Program works with DOT when roads are located on or downstream of dams in two categories. When the dam is regulated, DHEC oversees permitting and construction of any dam repair. When the dam is not regulated by DHEC, DHEC staff work to advise DOT and the dam owner as requested. (Objective 2.4.4)
- DHEC works with SC DOT to ensure transportation projects are consistent with the Coastal Tidelands and Wetlands Act. (Objectives 2.5.1, 2.5.2, 2.5.4)
- DHEC worked with DOT's Safe Routes to School Program during the development of a statewide plan to promote open community use of school recreational areas. DHEC has shared its work on pedestrian planning with DOT and intends to collaborate in the next year to provide professional development on healthy eating and active living best practice policy recommendations to DOT staff, Councils of Governments, and Metropolitan Planning Organizations. (Objective 1.4.4)

S.C. Disaster Recovery Office (SCDRO)

- DHEC is a partner with the SCDRO and provides individuals with information on mosquito control around their homes and information on mold following the October 2015 flood. (Objective 1.6.1)

S.C. Election Commission

- DHEC Vital Statistics shares data on deaths occurring in the state to allow SCEC to mark individuals on the voter registration list as deceased. (Objective 1.5.5)

S.C. Emergency Management Division (EMD)

- DHEC has responsibilities under state emergency operations plans for ESF-8 health and medical, ESF-10 hazardous materials, ESF-6 sheltering, ESF-3 public works, and ESF-17 Agriculture. DHEC participates in plan writing, plan review, exercises, and emergency responses, and assigns staff to represent the agency at the SEOC. (Objective 1.6.1)
- DHEC maintains the Mass Casualty Annex to the State Emergency Operations Plan and participates in review and revision of a number of other sections and supporting plans which involve DHEC. DHEC also maintains the Agency emergency plan and supporting standard operating procedures. (Objective 1.6.3)
- DHEC responds to emergencies which require activation of the SEOC, and to public health outbreak investigations and responses. DHEC staff train for and participate regularly in State and regional exercises. (Objective 1.6.4)
- EMD coordinates emergency operations by the state with local resources. (Objective 2.2.3)
- DHEC works with SC EMD to identify opportunities for pre-hazard mitigation strategy development and disaster recovery planning and implementation. (Objectives 2.5.1, 2.5.2, 2.5.4)

S.C. Emergency Medical Services (EMS) Advisory Council

- Provides guidance and recommendations as statutorily outlined to DHEC on issues related to training and certification of all levels of EMT. (Objectives 3.3.1, 3.3.2)
- Advocates for trauma center expansion and provide advice and counseling on trauma-related regulations and statute. (Objective 3.3.3)

S.C. EMS Association

- Provides public comment on training and certification of all levels of EMT. (Objectives 3.3.1, 3.3.2)
- Provides feedback from association members on processes and procedures of DHEC (Objectives 3.3.1, 3.3.2)
- Advocates for trauma center expansion and provide advice and counseling on trauma related regulations and statute. (Objective 3.3.3)

S.C. EMS Educator's Association

- Provides public comment on training and certification of all levels of EMT. (Objective 3.3.2)
- Provides feedback from association members on processes and procedures of DHEC. (Objective 3.3.2)

S.C. EMS for Children Advisory Council

- Provides advice and recommendations to DHEC EMS for Children program to reduce morbidity and mortality among S.C. pre-hospital pediatric patients. (Objective 3.3.5)

S.C. EMS Regional Offices

- Participates in every advisory council for DHEC. (Objectives 3.3.1, 3.3.2)
- Provides public comment and guidance on training and certification of all levels of EMT. (Objectives 3.3.1, 3.3.2)
- Provides training to EMTs and paramedics and receives funding from DHEC through the General Assembly to provide training. (Objective 3.3.2)

S.C. Firefighters Association

- Provides public comment on training and certification of all levels of EMT. (Objectives 3.3.1, 3.3.2)
- Provides feedback from association members on processes and procedures of DHEC. (Objectives 3.3.1, 3.3.2)

S.C. First Steps

- Early Head Start Child Care Partnership – Provides certified oral health training to the Early Head Start – Child Care Partnerships initiative that was created to expand Early Head Start services within infant-toddler child care settings across 12 counties. (Objective 1.1.5)
- BabyNet accepts referrals from the S.C. Birth Defects Program for infants born with birth defects that qualify them for BabyNet services. (Objective 1.1.4)
- BabyNet Program – Accept referrals from the newborn hearing screening program for infants who are diagnosed with a confirmed hearing loss. Share data with the newborn hearing screening program for stakeholder reporting and program evaluation. (Objective 1.1.1)
- DHEC is required by statute to have a member on each county's First Steps Board. (Objective 1.1.1)

S.C. Forestry Commission

- DHEC works with the Forestry Commission to develop strategies for controlled burns. (Objectives 2.1.3, 2.1.4)
- The Forestry Commission provides technical support and earth moving equipment to include fire suppression equipment during an emergency. (Objective 2.2.3)
- The Forestry Commission supports emergency operations through assumption and practice of Incident Command System operations. (Objective 2.2.3)
- DHEC implements the statewide forestry Best Management Practices education and inspection program administered by the Forestry Commission using federal grant funds. (Objectives 2.4.2, 2.4.3)

S.C. Funeral Directors Association

- DHEC Vital Records coordinates routinely with the funeral directors on the issuance of death certificates. (Objective 1.5.1)
- DHEC Vital Statistics works routinely with funeral directors on the registration and issuance of death certificates. Vital Statistics staff regularly attend the SCFDA Annual Meeting and Mid-Winter Conference, as well as region meetings to educate funeral directors regarding the registration of death records. (Objectives 1.5.1, 1.5.2)

- DHEC works regularly with the S.C. Funeral Directors Association to plan for mass fatality management. (Objective 1.6.1)
- DHEC provides advice and regulatory guidance to the S.C. Funeral Directors Association regarding mass fatality management during emergency responses. (Objective 1.6.4)

S.C. Hands & Voices

- Accepts referrals from the newborn hearing screening program for infants who are diagnosed with confirmed hearing loss to provide parent to parent support. (Objective 1.1.1)

S.C. Head Start Collaboration Office

- DOH provides technical assistance and training to provide support for implementation of the HS Oral Health Standards. Head Start (1) co-sponsors annual OH Forum; (2) links DOH with the Head Start Health Coordinators Network; and (3) assists with the integration of oral health messaging into health programs. (Objective 1.1.5)

S.C. Hospital Association (SCHA)

- Supports the program in improving performance related to timeliness of newborn blood spot screening services. Works in partnership to provide hospitals with data related to national quality indicators for newborn blood spot screening. Assists the program in providing training and technical assistance targeted toward national quality indicators to hospitals. (Objective 1.1.1)
- Collaborates with the S.C. Cancer Division Comprehensive Cancer Program to identify ways to increase access to comprehensive high quality care. (Objective 1.2.3)
- DHEC provides accurate, timely, and useful health information and resources to support the implementation of tobacco-free worksites among the S.C. cabinet agencies and DMH. (Objective 1.2.5)
- SCHA works closely with DHEC through the HIDA Advisory Committee to determine the HAIs that should be publicly reported. SCHA and DHEC participate in projects related to improvement in quality of patient care. SCHA participate in conducting a statewide training on antimicrobial stewardship and have committed to help in other statewide activities related to improvement in infection control (IC) practices in healthcare settings and antibiotic resistance projects. (Objectives 1.3.1, 1.5.4)
- DHEC provides funding to the Working Well program to provide tools, professional development, and technical assistance to worksites to improve employee health through worksite nutrition and physical activity policies and practices. (Objective 1.4.4)
- DHEC consults frequently with the SCHA regarding planning, grant administration, and emergency response by SCHA member hospitals. (Objective 1.6.1)
- DHEC and SCHA coordinate via grant funding to facilitate information sharing regarding bed availability and medical surge capability among hospitals. SCHA works with member hospitals. DHEC administers the grant and monitors grantee and hospital activities. (Objective 1.6.2)
- Collaborates and partners for subject matter expertise and support to their membership to enhance disease surveillance and response activities. (Objective 1.3.1)
- Provides public comment on training and certification of all levels of EMT. (Objectives 3.3.1, 3.3.2)
- Provides feedback from association members on processes and procedures of DHEC. (Objectives 3.3.1, 3.3.2)

- Advocates for trauma center expansion and provide advice and counseling on trauma related regulations and statute. (Objective 3.3.3)
- Provides advice and recommendation to DHEC EMS for Children program to reduce morbidity and mortality among S.C. pre-hospital pediatric patients. (Objective 3.3.5)

S.C. Inspector General

- Works with DHEC's Bureau of Drug Control to identify ways to increase the use of the Prescription Monitoring Program, which was instrumental in forming the Governor's Prescription Drug Abuse Prevention Council. (Objective 3.5.3)

S.C. Institute of Archeology and Anthropology

- DHEC works with the Institute of Archeology and Anthropology to ensure projects are consistent with the Coastal Tidelands and Wetlands Act. (Objectives 2.5.2, 2.5.4)

S.C. Institute of Medicine and Public Health

- DHEC works with the S.C. Institute of Medicine and Public Health to coordinate and monitor the S.C. Obesity Action Plan. DHEC also works with S.C. Institute of Medicine and Public Health to implement strategic planning for the outdoor learning environments project and the S.C. Farm to Institution Program. (Objective 1.4.4)
- Assist with Community Health Improvement planning, the preparation and distribution of County Health Rankings. Partners on statewide Obesity Action Plan. Assists with creating partnerships and linkage to local / state groups for community assessment work. (Objective 1.4.4)
- DHEC's DIVP supports S.C. Institute of Medicine and Public Health around Elderly Falls and serves on associated work groups. (Objective 1.2.7)

S.C. Law Enforcement Division (SLED)

- DHEC Vital Statistics coordinates with SLED regarding the sharing of child fatality information to support the SCFAC. (Objective 1.5.5)
- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations. (Objective 1.5.5)
- DHEC refers intentional contamination to SLED for investigation/prosecution. (Objective 2.2.2)
- SLED provides law enforcement support to emergency operations. (Objective 2.2.3)
- SLED coordinates and supports responses to bomb and terrorism threats. (Objective 2.2.3)
- Works with DHEC's DIVP to coordinate the sharing of information obtained from child death cases investigated by SLED and reviewed by the SCFAC. (Objective 3.1.3)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Lieutenant Governor's Office on Aging

- Collaborates to implement grants to address the burden of arthritis through partnerships with Area Agencies on Aging and Councils on Aging. (Objective 1.2.1)
- Registered dietitians deliver programs to low-income seniors on healthy eating to prevent and/or manage chronic conditions such as type 2 diabetes, heart disease, etc. In 2016-2017, SNAP staff will assist in delivering the Walk with Ease Program to senior groups. (Objectives 1.2.1, 1.4.4)

- Coordinate sharing information with the State Long Term Care Ombudsman's Office on the licensure status of health facilities and services. (Objective 3.1.1)
- Coordinate sharing information with the State Long Term Care Ombudsman's Office if any concerns arise from inspections and investigations. (Objectives 3.1.2, 3.1.3)

S.C. Magistrates' Offices

- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

S.C. Meat and Poultry Inspection Division

- DHEC notifies this state agency regarding investigations involving meat and poultry. (Objective 1.3.1)

S.C. Medical Association

- Collaborates and partners for subject matter expertise and support to their membership to enhance disease surveillance and response activities. (Objective 1.3.1)

S.C. Medical Control Committee

- Provides medical doctor-level guidance on issues relating to pre-hospital protocols, scope of practice, and new EMS best practices in the state. (Objective 3.3.1)
- Sets guidelines for training programs that meet or exceed national standards and best practices. (Objective 3.3.2)
- Conducts medical control workshops twice annually to train new medical control physicians to meet statutory requirements. (Objective 3.3.1)

S.C. Medical Laboratories and Radiologists

- Provides breast and cervical screenings for women between the ages of 30-64, 200% of poverty level, and uninsured or underinsured patients with high deductible health plan to increase access to screening and re-screening services. (Objective 1.4.4)

S.C. Medical Providers

- Detects and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance. (Objective 1.3.1)
- Provides guidance on reportable conditions and testing algorithms. Provides access to medical charts to confirm cases of HIV/AIDS. Sends HIV/AIDS lab reports to STS. Ensures that specimens for HIV/AIDS testing is collected properly and submitted promptly. Ensures that high risk candidates are screened and tested. Collects information needed to report case to CDC. (Objective 1.3.4)

S.C. Morticians Association

- DHEC Vital Statistics works routinely with morticians on the registration and issuance of death certificates. Vital Statistics staff regularly attend SCMA meetings to educate funeral directors regarding the registration of death records. (Objectives 1.5.1, 1.5.2)
- DHEC works regularly with the S.C. Morticians Association to plan for mass fatality management. (Objective 1.6.1)
- DHEC provides advice and regulatory guidance to the S.C. Morticians Association regarding mass fatality management during emergency responses. (Objective 1.6.4)

S.C. Municipalities

- Provides training and technical assistance to implement programs. Provides up to date, culturally appropriate health education information and data. (Objective 1.2.1)
- The Agency provides accurate, timely, and useful health information on methods to protect the public from exposure to secondhand smoke. (Objective 1.2.5)

S.C. National Guard (NG)

- The NG provides transportation, law enforcement, and heavy equipment during emergencies. (Objective 2.2.3)

S.C. National Guard 43rd Weapons of Mass Destruction Civil Support Team (CST)

- The CST provides hazardous material monitoring, identification, and communication support during emergencies. (Objective 2.2.3)

S.C. Office of Regulatory Staff (ORS)

- DHEC partners with ORS on radioactive waste disposal rates and the Extended Care Fund for the Barnwell Low-Level Radioactive Waste Disposal Site. (Objective 2.3.2)

S.C. Office of Revenue and Fiscal Affairs (RFA)

- Health and Demographics Section – provides data linkage and consultation services for data collection and epidemiologic analyses efforts. (Objective 1.1.4)
- MOA to facilitate data linkage with administrative data of other state agencies for the identification of vulnerable individuals who are jointly eligible for WIC. [2016-2017] (Objective 1.1.4)
- Supports DOH data collection, analysis and reporting through a secure server. (Objective 1.1.5)
- DHEC works closely with RFA for the implementation of the dental prevention program by collecting and linking the data from dental providers. (Objective 1.1.5)
- RFA is working with DHEC to conduct an in-depth analysis of *Clostridium difficile* (C. diff) infections within S.C. to help in understanding the risk factors for C. diff infections. RFA also participates in the HIDA Advisory Committee to determine the HAIs that should be publicly reported. (Objectives 1.3.1, 1.5.4)
- Provides aggregate hospitalization data for display on the S.C. EPHT web portal and for submission to the CDC per EPHT grant requirements. Also provides data for surveillance of hospitalizations related to chronic conditions and to meet CDC grant deliverables for grants. (Objective 1.5.4, 1.5.5)
- DHEC Vital Statistics shares vital event data with RFA to allow for linkage with other health data for research purposes. (Objective 1.5.6)

S.C. Office of Rural Health

- Implements of population health and systems changes mechanisms in rural clinics and hospitals to increase breast and cervical cancer screenings, re-screening rates and diagnostic services. [2016-2017] (Objective 1.2.3)

S.C. Office of State Fire Marshal

- Coordinate and promote enforcement of state-adopted codes and standards. (Objective 3.1.4)

- Promote a common understanding and uniform enforcement of codes and standards among other authorities having jurisdiction. (Objective 3.1.4)
- Coordinate participation in joint outreach and educational opportunities. (Objective 3.1.4)

S.C. Pharmacy Association (SCPhA)

- DHEC and SCPhA cooperate via grant funding to monitor inventories of Medical Countermeasures pharmaceuticals in the State. SCPhA polls member pharmacies and distributors; DHEC administers the grant and incorporates SCPhA findings into state plans. (Objective 1.6.2)
- SCPhA maintains the Rx Alert Network to distribute health notifications to pharmaceutical care practice sites. DHEC issues health notifications via Rx Alert. (Objectives 1.6.1, 1.6.2)
- The DHEC Region Clinical Coordinators assist S.C. Pharmacy Association in engaging community pharmacists in the 1422 communities to provide hypertension medication/self-management education to patients within their customer base. (Objective 1.2.1)
- SCPA partners with DHEC in organizing a statewide training on antimicrobial stewardship in acute care and long term care settings. (Objective 1.3.1)

S.C. Primary Health Care Association (SCPHCA)

- The SCPHCA provides support for Community Health Center medical and dental practices in integrating services for pregnant women and infants into the existing system of care. The SCPHCA will integrate the perinatal medical office training into their annual Clinical Network training to support integration of oral health into medical homes. Member of the Project Advisory Board for the PIOHQL. (Objective 1.1.5)
- Collaborates to include oral health as part of the SCPHA programmatic agenda and to increase dental community participation in public health activities. (Objective 1.1.5)

S.C. Public Housing Authorities

- The Agency provides accurate, timely, and useful health information to protect non-smoking residents from exposure to secondhand smoke and linkage to services to help tobacco users quit. (Objective 1.2.5)

S.C. Public Schools

- Partner with S.C. Public Schools to conduct school safety transportation assessments at the school site. Findings of the assessments are presented to the schools to assist with planning efforts to improve overall school safety. (Objective 1.2.7)

S.C. Radiation Quality Standards Association

- Develop and/or administer examinations that assess the knowledge and skills underlying the tasks typically required by professional practice in the modality. (Objective 3.6.1)
- Adopt and uphold standards for education in the radiation sciences in S.C. (Objective 3.6.2)
- Adopt and uphold standards of professional behavior consistent with the level of responsibility required by professional practice. (Objectives 3.6.2, 3.6.3)

S.C. Regional Perinatal Center Hospitals

- The S.C. Regional Perinatal Center hospitals (Greenville Memorial, Spartanburg Regional, Palmetto Health Richland, McLeod, and MUSC) accept high-risk pregnancies and neonates referred to them from other hospitals in their regions and provide educational opportunities to the hospitals in their region. These hospitals report referral and education data to the DHEC MCH at least quarterly for review and analysis. (Objective 1.1.4)

S.C. Renal Advisory Council

- Consult with for advice and guidance on health and safety issues. (Objectives 3.1.1, 3.1.2, 3.1.3)

S.C. Residential Care Committee

- Partner to consult for advice and guidance on health and safety issues. (Objectives 3.1.1, 3.1.2, 3.1.3)

S.C. Restaurant and Lodging Association

- DHEC works with this association to promote green practices and offer certification to hotels, motels, restaurants, bars and venues through S.C. Green Hospitality Alliance. (Objective 2.3.3)

S.C. Rural Water Association (SCRWA)

- DHEC works with small public water systems on compliance. (Objective 2.2.2)
- DHEC works with SCRWA to provide technical assistance to public drinking water and wastewater systems in the state. (Objectives 2.4.1, 2.4.2)

S.C. School Districts

- The agency provides accurate, timely, and useful health information and resources to support the implementation of model tobacco-free school district policies. (Objective 1.2.5)
- Region staff engage the school communities through active participation on School Coordinated School Health Advisory Committees. Community Teams also promote active participation in the Alliance for a Healthier Generation among schools/school districts. Community Teams support access to fresh fruits and vegetables and provide technical assistance to city and county officials with walk-ability assessments, community forums and promotion of safe, complete streets that enhance opportunities for physical activity. Community Teams use county health status to solicit requests and distribute health education materials on numerous topics. (Objective 1.4.4)
- Partnership with schools in the provision of school-located vaccination clinics. (Objective 1.4.7)

S.C. School for the Deaf for the Deaf and the Blind Early Intervention Program

- Provides early intervention services for infants and children diagnosed with a confirmed hearing loss. (Objective 1.1.1)

S.C. Sea Grant Consortium

- DHEC works with S.C. Sea Grant Consortium on coastal education, outreach and technical support to municipal governments. Coordinated projects include marine debris prevention and removal, Charleston Resilience Network and the identification of research

and information needs associated with long-term coastal planning. (Objectives 2.5.2, 2.5.3, 2.5.4)

S.C. Sheriff's Association (SCSA)

- S.C. sheriffs and other law enforcement municipalities provide data related to violent death and its circumstances. This data is linked to abstraction completed on violent death incidents in S.C. as prescribed by the guidance of the CDC and national standards. The agency has a contract with the SCCA which allows for greater access to documentation on identified violent deaths. Routine correspondence is shared with sheriff's offices to capture circumstances surrounding each incident of violent death. (Objective 1.2.7)

S.C. Sheriff's Offices

- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objectives 3.5.1, 3.5.2, 3.5.3)
- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations. (Objective 1.5.5)

S.C. Society for Respiratory Care (SCSRC)

- SCSRC has worked closely with DHEC through the HIDA Advisory Committee to determine the HAIs that should be publicly reported. (Objectives 1.3.1, 1.5.4)

S.C. Society of Health Systems Pharmacists (SCSHP)

- SCSHP partnered with DHEC in organizing a statewide training on antimicrobial stewardship focused on acute care and long term care settings. (Objective 1.3.1)

S.C. Solicitor's Offices

- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)
- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations. (Objective 1.5.5)

S.C. Solid Waste Advisory Council (SWAC)

- The SWAC advises DHEC on use of Solid Waste Trust Fund and the preparation of the South Carolina Solid Waste Management Plan. (Objective 2.3.3)

S.C. State Cabinet Agencies

- DHEC provides accurate, timely, and useful health information and resources to support the implementation of tobacco-free worksites among the S.C. cabinet agencies. (Objective 1.2.5)

S.C. State Geologist

- The State Geologist is consulted by DHEC regarding site suitability and seismic evaluation for mining and solid waste programs. (Objective 2.3.1)

S.C. State Health Planning Committee

- Discusses, creates, and approves the State Health Plan no less than every two (2) years, as outlined in statute. (Objective 3.4.1)

S.C. State Ports Authority (SPA)

- The SPA supports emergency response operations that involve hazardous materials entering the state from marine transportation. (Objective 2.2.3)
- DHEC works with SPA to ensure port projects are consistent with the Coastal Tideland and Wetlands Act. (Objectives 2.5.2, 2.5.2, 2.5.4)

S.C. State University

- S.C. State University recruited participants and hosted a 6-week Cooking Matters course. [2015-2016] (Objectives 1.2.1, 1.4.4)

S.C. Stroke Advisory Council

- Provides guidance and direction to the program. (Objective 3.3.4)

S.C. Trauma Advisory Council

- Advocates for trauma center expansion and provide advice and counseling on trauma-related regulations and statute and feedback from member hospitals. (Objective 3.3.3)
- Provides advice and recommendation to DHEC to reduce morbidity and mortality among trauma patients. (Objective 3.3.3)

S.C. Tobacco Free Collaborative (SCTFC)

- SCTFC collaborates in the development and evaluation of the State Tobacco Plan and the implementation of its various initiatives. (Objective 1.2.5)

S.C. Office of Rural Health

- Participates on EMS advisory council for DHEC. (Objective 3.3.2)
- Provides public comment and guidance on training and certification of all levels of EMT, particularly to the needs of the rural communities. (Objective 3.3.2)
- Provides funding for training to EMTs and paramedics in rural areas of the state. (Objective 3.3.2)

S.C. Wing, Civil Air Patrol

- South Carolina Wing provides air support and technical assistance during an emergency. (Objective 2.2.3)

S.C. Witness Project

- Contract with the S.C. Witness project to recruit, educate and refer S.C. women for breast and cervical cancer screening and rescreening. Recognized as an evidence-based best practice program, the S.C. Witness Project targets reduction of health disparities statewide. [2016-2017] (Objective 1.4.4)

S.C. Youth Suicide Prevention Initiative

- The S.C. Youth Suicide Initiative supports statewide youth suicide prevention by strengthening screening and referrals and increase social awareness of this issue. The SCVDRS program, with support from DHEC Vital Statistics, provides baseline data on varying youth age groups affected by suicide while exploring circumstances and risk factors that were attributed to deaths of S.C. youth. (Objectives 1.2.7, 1.5.5)

School Districts in Spartanburg, Cherokee and Union Counties

- Completes yearly BMI studies and reports with schools. (Objective 1.4.4)

Senior Centers

- Registered dietitians deliver programs to low-income seniors on healthy eating to prevent and/or manage chronic conditions such as type 2 diabetes, heart disease, etc. In 2016-2017, SNAP staff will assist in delivering the *Walk with Ease Program* to senior groups. (Objectives 1.2.1, 1.4.4)

Senior Housing

- Provide training & technical assistance to implement programs; provide up-to-date, culturally appropriate health education information and data. (Objective 1.2.1)

Senior Service Organizations

- Community Teams provide health education information and presentations on fall prevention, heat/sun and water safety, seatbelt promotion and brain injury awareness. (Objective 1.2.2)

Share Our Strength (SOS)

- SOS is the national organizations administering the Cooking Matters programs delivered by the SNAP-Ed Team. (Objectives 1.2.1, 1.4.4)

Sickle Cell Community Based Organizations

- Provide sickle cell screening, counseling, community outreach and education on sickle cell disease. Provide educational symposiums to medical professionals on issues pertaining to the treatment of sickle cell disease. (Objective 1.1.1)

Solid Waste Association of North America (SWANA)

- DHEC participates in SWANA, which provides a forum for interacting with, and educating the waste disposal and recycling communities through trainings, meetings and conferences. (Objectives 2.3.2, 2.3.3)

South East American Indian Council

- Contract with the South East American Indian Council to recruit, educate and refer S.C. American Indian women for breast and cervical cancer screening and rescreening to target reduction of health disparities statewide. (Objective 1.4.4)

Southeast National Tuberculosis Center (SNTC)

- Ensures medical treatment of TB cases, especially drug-resistant cases, is adequate for disease elimination. Provides on-demand clinical consultation. Provides clinical training for physician and nursing staff working the Tuberculosis Control Program. (Objective 1.4.6)

Southeast Recycling Development Council, EPA Region 4

- DHEC works with this Council to promote recycling and market development in the region. (Objective 2.3.3)

Southeast Tuberculosis Controllers Association

- Ensures inter-state standard of care and best practices for TB surveillance, testing, evaluation and treatment through regular peer group communications and meetings. Provides training for physician and nursing staff working the Tuberculosis Control Program. (Objective 1.4.6)

Southeastern Affordable Housing Management Association (SAHMA)

- The Agency provides accurate, timely, and useful health information to protect non-smoking residents from exposure to secondhand smoke and linkage to services to help tobacco users quit. (Objective 1.2.5)

Spartanburg Regional Medical Center (SRMC)

- DHEC and SRMC cooperate via grant funding to enhance SRMC's capability to screen high risk infectious disease patients; DHEC administers the grant and monitors grantee activities. (Objective 1.6.2)

Specialty Care Providers

- Ensure that children with special health care needs receive specialty medical care. (Objective 1.1.1)
- Ensure that screen positive infants receive timely diagnostic testing and specialty medical care. Provide consultation on technical aspects of newborn blood spot testing and follow up processes. (Objective 1.1.1)

State Agencies

- DHEC works with state agencies to promote waste reduction, recycling, and buying recycled through the Green Government Initiative. (Objective 2.3.3)
- For the adaptation of the UST federal regulations, the UST Program is collaborating with stakeholders in 2016-2017 as part of the stakeholder involvement process for regulation development. (Objective 2.3.2)
- DHEC exercises regularly in SEOC operations with other state agencies. (Objectives 1.6.1, 1.6.4)

State Alliance for Adolescent Sexual Health (SAASH)

- SAASH is comprised of multiple stakeholders and has a Steering Committee with strong leadership from DHEC members. This collaboration is vitally important because health and education disparities have a negative impact on S.C.'s youth. SAASH is taking a lead role in working to improve comprehensive sexual health education policies, raise awareness of prevention of STI/HIV as well as the availability of HPV vaccine and the use of condoms along with other contraception. (Objective 1.4.2)

State Government

- CHCDP operates under the guidance of the CDC six cancer priorities, S.C. Cancer Control Plan goals and objectives, and outcomes of the S.C. Cancer Report Card. The Comprehensive Cancer Control Program largely supports the S.C. Cancer Alliance which oversees grantee implementation of the cancer control plan and serves as an advocacy unit. (Objectives 1.2.3, 1.4.4)

State Waste Tire Committee (WTC)

- The State WTC advises DHEC on the uses of the Waste Tire Grant Fund. (Objective 2.3.3)

Statewide Health Systems

- DHEC partners with statewide health systems to promote quality improvement in health care practices across the state. Partners to promote the adoption of standardized quality measures among medical practices to include assisting with the development of

policies to require documentation of all blood pressures and A1C's in the EHR to improve reporting of the NCQA Physician Quality Reporting System or NQF. (Objective 1.2.1)

SUPERB Advisory Committee (SAC)

- SAC is established by the SUPERB Act to study and provide recommendations to DHEC of the SUPERB program, SUPERB funds and regulatory requirements applicable to UST. SAC comprises of 14 members from various backgrounds – industry associations, environmental groups, state agencies and general public. (Objective 2.3.2)
- For the adaptation of the UST federal regulations, the UST Program is collaborating with stakeholders in 2016-2017 as part of the stakeholder involvement process for regulation development. (Objective 2.3.2)

Susan G. Komen Breast Cancer Foundation

- Work to ensure BCN, WISEWOMAN services are accessible in the community and that information, education and training is available, implemented and disseminated. (Objective 1.2.3)

Take Off Pounds Sensibly (TOPS) Chapters

- Partner with S.C. WISEWOMAN program to provide cardiovascular and lifestyle change programs to eligible participants. (Objective 1.2.3)

Talance Inc.

- Partner with Talance, Inc. to develop customized learning modules to ensure that community health workers stay abreast of relevant health information, opportunities for continuing education, training and professional development. Talance, Inc. will set up a learning management system that is accessible 24/7 to DHEC staff to track course development and course completion by individual users and promote the learning modules to contracted medical practices to ensure relevant staff have completed required courses. [2016-2017] (Objective 1.2.1)

Text4baby

- Provide critical health and safety information for mothers, their children and their families in the state of S.C. By using text messaging important information is sent to mothers on a weekly basis. (Objective 1.1.1)

The Diabetes Training and Technical Assistance Center (DTTAC) at Emory University

- The Diabetes Prevention Program staff contract with DTTAC for them to facilitate two-day National DPP Lifestyle Coach training sessions in the DHEC Regions. DTTAC also provides ongoing technical assistance in the form of web-based learning resources. (Objective 1.2.1)

The Joint Commission

- Promote a common understanding and uniform enforcement of codes and standards among other authorities having jurisdiction. (Objective 3.1.4)
- Coordinate participation in joint outreach and educational opportunities. (Objective 3.1.4)

The NELAC Institute (TNI)

- TNI develops and maintains the Proficiency Testing program for environmental laboratories used to satisfy DHEC laboratory certification requirements. (Objective 2.2.1)

The Perinatal Region Systems of Care Network

- DHEC and other partners have collaborated over the past 30 years to provide a regionalized system of care for high-risk infants and their mothers. Regional staff not only coordinate services for the mom and baby, but also assist with communication, relationship building and increase collaboration of partners involved in perinatal care. DHEC's state coordinator works closely with the four regions to monitor services and implement new programs related to perinatal health. (Objective 1.4.2)

Trauma Association of SC

- Advocates for trauma center expansion and provide advice and counseling on trauma-related regulations and statute and feedback from member hospitals. (Objective 3.3.3)
- Provides advice and recommendation to DHEC to reduce morbidity and mortality among trauma patients. (Objective 3.3.3)

United Way

- Provides a service for DHEC by housing the DHEC Care Line. The Care Line is the statewide toll-free information and referral hotline for DHEC. The Care Line toll-free number is used for Public Health Emergencies. United Way/Care Line employees are provided training to be able to provide assistance to callers about a public health emergency. (Objective 1.1.1)

University Center for Excellence in Developmental Disability Research (UCEDD)

- Provide staff capacity training around children with special health care needs issues. [2016-2017] (Objective 1.1.1)

University of South Carolina (USC)

- The Poison Control Center Provides carbon monoxide poisoning data for the S.C. EPHT web portal and works with staff to communicate carbon monoxide information to the general public through the DHEC website and other media. (Objectives 1.5.4, 1.5.5)
- DSS contracted with USC Center for Nutrition and Health Disparities to evaluate the S.C. SNAP Nutrition education program and services. (Objective 1.2.1)

USC – Arnold School of Public Health

- USC Arnold School of Public Health collaborates and provides staffing for the Division to support the development and evaluation of the State Tobacco Plan and the implementation of its various initiatives with a special emphasis on the surveillance and evaluation of all Division programs. (Objective 1.2.5)
- DHEC consulted with USC Children's Physical Activity Research Group to identify and recommend nutrition and physical activity standards for family and group child care home providers that meet national best practice standards. DHEC also works with USC on the analysis of data collected through the SC FitnessGram System. Evaluation services for the SC FitnessGram project are provided by the USC Arnold School of Public Health. USC Department of Exercise Science is working to develop professional development for physical education and general classroom teachers to increase physical activity during the school day. DHEC is working with them to develop a statewide implementation plan

so that this professional development opportunity can be shared across the state. (Objective 1.4.4)

- Assists with the development and evaluation of Community Health Improvement / Community Engagement activities. Assists with the establishment of partnerships and linkage to local / state groups for community assessment work. (Objective 1.4.4)
- Assists DHEC with devising health priorities plan. (Objective 1.2.1)
- Provides research leadership and oversight for the S.C. Muscular Dystrophy Surveillance, Tracking, and Research Network. (Objective 1.1.4)
- Provides expertise and assistance to use the IHI Breakthrough Series and QI for the integration of oral health for pregnant women, infants and children into local systems of care through the PIOHQI grant. [2016-2017] (Objective 1.1.5)
- Provides expertise and assistance in the use of the IHI Breakthrough Series and QI for the integration of oral health for pregnant women, infants and children into local systems of care through the PIOHQI grant. [2016-2017] Member of the project Advisory Board for the PIOHQI grant. (Objective 1.1.5)
- Department of Epidemiology and Biostatistics provides financial support to DHEC-run S.C. BRFSS for inclusion of disability and reactions to race questions (on 2016 S.C. BRFSS survey) and to keep sample size above 10K for continued valid and high quality S.C. BRFSS data. DHEC provides appropriate S.C. BRFSS data sets and statistics, as necessary, when final data are received from the CDC. (Objectives 1.5.4, 1.5.5, 1.5.6)

USC Specialty/Palmetto Health

- Provides a pediatric consultant for the program who advises on eligible conditions and treatments, is the on-call physician when the program's residential summer camp is in session and is available for any medical concerns that arise from the program. (Objective 1.1.1)

USC School of Medicine

- The School of Medicine provides a neurologist to provide clinical oversight and review for muscular dystrophy data collected by the SC Muscular Dystrophy Surveillance, Tracking, and Research Network. (Objective 1.1.4)

USC School of Medicine Trust D/B/A University Specialty Clinics-Internal Medicine

- Medicine Education Trust provides physician services for the DHEC Specialty Care Clinic at Kirkland Correctional Institute. [2016-2017] (Objective 1.3.2)

UST Convenience Store Owners

- For the adaptation of the UST federal regulations, the UST Program is collaborating with stakeholders in 2016-2017 as part of the stakeholder involvement process for regulation development. (Objective 2.3.2)

UST Site Rehabilitation Contractors

- DHEC facilitates certification of site rehabilitation contractors to conduct assessment and cleanup activities at sites with petroleum release. (Objective 2.3.4)

U.S. Army Corps of Engineers (USACE)

- DHEC partners with USACE regarding wetlands on permit applications and compliance issues regarding wetlands. (Objectives 2.3.1, 2.3.2, 2.3.4)

- DHEC issues Water Quality Certifications and construction in navigable waters for federal 404 and Section 10 permits issued by USACE. (Objective 2.4.1)
- DHEC reviews proposed activities which require a 404 permit issued by USACE for impacts to water quality through the 401 Water Quality Certification program and impacts to critical areas and other coastal resources through the Critical Area Permitting program and the Coastal Zone Management Program. (Objectives 2.5.1, 2.5.2)
- DHEC works with the USACE Silver Jackets Program to conduct research and mapping associated with flooding risk analysis and coastal hazard vulnerability assessment. (Objective 2.5.2)

U.S. Centers for Medicare and Medicare Services (CMS)

- Contracts with to perform federally mandated Medicare Certification surveys of health care facilities. (Objective 3.2.1)
- Sets forth the State Agency Performance Standards annually for State Survey Agencies. (Objective 3.2.1)
- Provides consultative visits by Health Management Solutions (HMS) to work on identifying program improvements and securing resources to enhance quality and performance. (Objective 3.2.1)

U.S. Coast Guard (USGC)

- The USCG provides technical assistance to DHEC and federal support/ oversight of threats to coastal waters. (Objective 2.2.3)
- DHEC works with the USCG on efforts including ADV removal operations. (Objectives 2.5.1, 2.5.2)

U.S. Department of Agriculture (USDA)

- Food Safety and Inspection Service - DHEC notifies the USDA regarding investigations involving meat and poultry. (Objective 1.3.1)
- DHEC works with USDA on meat not produced in South Carolina. (Objective 2.2.2)
- DHEC collaborates with the USDA Natural Resources Conservation Service (NRCS) to develop conservation plans for Best Management Practice implementation for agricultural operations and seeks to leverage NRCS EQIP funds with 319 grant funds for water quality improvement. (Objective 2.4.3)

U.S. Department of Defense (DoD)

- DHEC partners with the DoD services to cleanup contamination and facilitate composting and food recovery at military installations in South Carolina. (Objective 2.3.4)

U.S. Department of Energy (DOE)

- DOE provides technical assistance in monitoring and responses to radiological releases. (Objective 2.2.3)
- DOE provides field sampling personnel and air/mobile radiation monitoring capabilities. (Objective 2.2.3)

U.S. Department of Health and Human Services (U.S. DHHS)

- DHEC partners closely with Health Resources and Services Administration (HRSA) on funding and service delivery, particularly related to maternal and child health issues. (Objective 1.1.4)

- Consistently communicates with U.S. DHHS Office of Minority Health and utilizes the technical assistance, training, consultation, and other resources provided by the office to accomplish the above objectives. (Objective 1.2.6)
- U.S. DHHS Centers for Disease Control and Prevention– DHEC meets frequently with CDC representatives under the aegis of SCEMD emergency planning and participates with CDC during exercises and emergency response. (Objective 1.6.1)
- DHEC administers Public Health Emergency Preparedness, Hospital Preparedness Program, and Ebola Grants to support response and recovery planning and preparation. (Objective 1.6.2)

U.S. Department of Interior (DOI)

- DHEC coordinates with the DOI Federal Land Managers on air PSD permits. (Objective 2.1.1)
- DOI provides technical expertise on threats to animals and fish as a result of a chemical release. (Objective 2.2.3)

U.S. Department of Transportation (USDOT)

- DHEC works with the USDOT to ensure transportation projects are consistent with the Coastal Tidelands and Wetlands Act. (Objectives 2.5.1, 2.5.2, 2.5.4)

U.S. Drug Enforcement Agency (DEA)

- Works with DHEC's Bureau of Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities. (Objective 3.5.1)
- Partners with Drug Control to conduct inspections and audits to ensure accountability of controlled substances. (Objective 3.5.2)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

U.S. Environmental Protection Agency (EPA)

- EPA reviews major DHEC draft permit decisions in federally delegated programs as part of federal oversight. EPA provides technical assistance. (Objectives 2.1.1, 2.3.1, 2.4.1, 2.4.2, 2.4.3, 2.4.5)
- DHEC works with EPA to develop air Grant Workplans. (Objectives 2.1.1, 2.1.2, 2.1.3, 2.1.4)
- DHEC reports permitting, compliance, and emissions data to EPA databases. (Objectives 2.1.1, 2.1.2, 2.1.4)
- DHEC and EPA work together on some compliance inspections. (Objective 2.2.2)
- EPA provides technical assistance and federal oversight of threats to inland waters and lands. (Objectives 2.2.3, 2.2.4)
- EPA provides specialized sampling and analytical capabilities for chemical and radiological emergencies. (Objectives 2.2.3, 2.2.4)
- DHEC partners with EPA on compliance assistance and assurance through inspections, and enforcement of hazardous waste facilities in South Carolina. (Objective 2.3.2)
- DHEC partners with EPA on assessment of hazardous and toxic waste sites as needed for compliance assistance and remediation. (Objectives 2.3.2 2.3.4)
- DHEC works with EPA to promote recycling and market development in the region. (Objective 2.3.3)

U.S. Federal Bureau of Investigation (FBI)

- DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations. (Objective 1.5.5)
- Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances. (Objective 3.5.3)

U.S. Fish and Wildlife Service (USFWS)

- DHEC works with USFWS to ensure the wise management of natural resources in the coastal zone. (Objectives 2.5.1, 2.5.2)

U.S. Food and Drug Administration (FDA)

- DHEC notifies the FDA regarding investigations involving fruits, vegetables, fish, eggs (everything food except meat and poultry). They work with us on trace back and recall activities. (Objective 1.3.1)
- DHEC works with the FDA on laboratory certification for milk, dairy, and shellfish testing. (Objective 2.2.2)
- FDA standardizes Retail Food Survey Team Members. (Objective 2.2.2)
- FDA audits the Manufactured Food Program. (Objective 2.2.2)
- DHEC works with FDA related to Certified Shellfish Interstate Shippers. (Objective 2.2.2)
- DHEC works with FDA on the Food Code and cross jurisdictional issues. (Objective 2.2.2)
- FDA evaluates the DHEC shellfish sanitation program to ensure consistency with the national shellfish sanitation program. (Objectives 2.4.3, 2.4.5)
- Partner on MQSA. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Ensures Quality Mammography Exams meet both state and federal requirements. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Promotes Quality Patient Care and Imaging. (Objective 3.6.2)

U.S. Geological Survey (USGS)

- DHEC contracts with USGS to update low-flow statistics for streams and rivers statewide. (Objective 2.4.1)
- DHEC and USGS share groundwater monitoring data. (Objective 2.4.1)

U.S. Nuclear Regulatory Commission (NRC)

- DHEC works with the NRC to assume regulatory authority to license and regulate radioisotopes, source material, radioactive waste, and certain quantities of special nuclear material. (Objective 2.3.1)
- Ensures Agreement States exercise their licensing and enforcement actions under direction of the governors in a manner that is compatible with the licensing and enforcement programs of the NRC. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Ensures that the Agreement States promulgate regulations that are compatible with that of the NRC. (Objectives 3.6.1, 3.6.2, 3.6.3)
- Assists the radiation control programs in technical work and development (Objectives 3.6.1, 3.6.2, 3.6.3)
- DHEC meets frequently with NRC representatives under the aegis of SCEMD emergency planning and participates with NRC during exercises and emergency response. (Objective 1.6.1)

U.S. Social Security Administration

- DHEC Vital Statistics has an agreement with SSA to facilitate the SSA Enumeration At Birth, which allows parents to request a Social Security Number for their child when the child's birth record is registered. The request is submitted to SSA through a secure electronic process and the SSN Card is mailed to the parents. This is a cost savings benefit to SSA and provides a convenient method for parents to request a child's SSN card. (Objectives 1.5.1, 1.5.5)
- DHEC Vital Statistics has an agreement with SSA to facilitate electronic verification of death through the SC electronic vital records system. This is a cost savings benefit for SSA regarding payment of SSA benefits by reducing the amount of time SSA receives death notification. (Objectives 1.5.1, 1.5.5)

U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)

- Works collaboratively with the Prescription Monitoring Program to administer a grant to improve the state's ability to identify and stop diversion of prescription drugs. (Objective 3.5.3)

Water Utilities

- DHEC needs approval from a water utility in order to issue a construction permit for the applicant to attach lines or equipment to the utility infrastructure. (Objective 2.4.1)

Wastewater Utilities

- DHEC requires issuance of wastewater utility receipt approval or a permit prior to DHEC issuance of a wastewater pretreatment construction permit. (Objective 2.4.1)
- DHEC needs approval from a wastewater utility in order to issue a construction permit for the applicant to attach lines or equipment to the utility infrastructure. (Objective 2.4.1)

319 Grantees

- DHEC contracts with local partners such as watershed organizations, municipalities, non-profits, universities, etc. to implement nonpoint source water quality improvement program using federal 319 grant funds. (Objective 2.4.3)

40 by 2020 Partnership (Sonoco Recycling, Pratt Industries, SC Department of Commerce, Palmetto Pride, and the SC Beverage Association)

- This partnership, in which DHEC participates, is dedicated to sharing resources and working together to help South Carolina meet or exceed in 40 percent recycling goal by 2020. (Objective 2.3.3)

10. Please provide the following information regarding the amount of funds remaining at the end of each year that the agency had available to use the next year (i.e. in 2011-12, insert the amount of money left over at the end of the year that the agency was able to carry forward and use in 2012-13), for each of the last five years.

Year	Amount Remaining at end of year that agency could use the next year	
FY 2012	State	\$ 6,729,481
	Federal/Other Fund Balances	<u>\$ 116,213,156</u>
	TOTAL	\$ 122,942,637
FY 2013	State	\$ 5,358,764
	Federal/Other Fund Balances	<u>\$ 134,268,396</u>
	TOTAL	\$ 139,627,160
FY 2014	State	\$ 7,442,879
	Federal/Other Fund Balances	<u>\$ 148,863,376</u>
	TOTAL	\$ 156,306,255
FY 2015	State	\$ 11,059,191
	Federal/Other Fund Balances	<u>\$ 162,983,117</u>
	TOTAL	\$ 174,042,308
FY 2016	State	\$ 8,088,511
	Federal/Other Fund Balances	<u>\$ 183,683,523</u>
	TOTAL	\$ 191,772,034

11. How much does the agency believe is necessary to have in carryforward each year? Why?

All billings and revenues are not received on a monthly basis and vary throughout the year. Most of these funds have restrictions on how and why they can be used. Therefore, it is necessary to carry sufficient balances forward each year to cover program personnel and operating costs until funds are received. At the close of the fiscal year there were purchase commitments totaling over \$44M. Most of the commitments were against grants, contracts and restricted funds that have deliverables that are required by state, local and federal contractors and grantees.

12. Please complete the Employees Available Chart, which is a tab in the attached Excel document.

Employees Available

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: This chart requests the number of authorized, filled and unfilled full time equivalent (FTE) positions at the agency by general fund, other fund and federal funds during each of the last five years. It also asks for the number of temporary non-FTE and temporary grant non-FTE positions during the same time period.

General Fund Full Time Equivalent Positions (FTEs)					
	2011-12	2012-13	2013-14	2014-15	2015-16
Figures below are as of...	<i>Jul-11</i>	<i>Jul-12</i>	<i>Jul-13</i>	<i>Jul-14</i>	<i>Jul-15</i>
Authorized	1,196.46	1,164.96	1,164.06	1,150.08	1,150.08
Filled	1,009.52	967.07	981.26	1,008.61	1,012.24
Unfilled	186.94	197.89	182.80	141.47	137.84

Other Fund FTEs					
	2011-12	2012-13	2013-14	2014-15	2015-16
Figures below are as of...	<i>Jul-11</i>	<i>Jul-12</i>	<i>Jul-13</i>	<i>Jul-14</i>	<i>Jul-15</i>
Authorized	1,145.54	1,143.03	1,109.59	1,078.62	995.33
Filled	934.51	907.86	822.53	846.99	792.45
Unfilled	211.03	235.17	287.06	231.63	203.00

Federal FTEs					
	2011-12	2012-13	2013-14	2014-15	2015-16
Figures below are as of...	<i>Jul-11</i>	<i>Jul-12</i>	<i>Jul-13</i>	<i>Jul-14</i>	<i>Jul-15</i>
Authorized	1,508.83	1,431.04	1,372.40	1,365.83	1,340.97
Filled	1,310.27	1,223.57	1,138.49	1,179.60	1,193.96
Unfilled	198.56	207.47	233.91	186.23	147.01

Total FTEs (General + Other + Federal Fund) & Non-FTEs					
	<u>Unfilled FTEs</u>	<u>Filled FTEs</u>	<u>Temporary Non-FTEs</u>	<u>Temporary Grant Non-FTEs</u>	<u>Total</u>
2011-12	596.53	3,254.30	481	84	4,415.83
2012-13	640.53	3,098.50	412	87	4,238.03
2013-14	703.77	2,942.28	352	97	4,095.05
2014-15	559.33	3,035.20	286	106	3,986.53
2015-16	487.85	2,998.65	225	116	3,827.50

13. Please complete the Agency Daily Operation Programs Chart, which is a tab in the attached Excel document and applies to 2015-16 and 2016-17.

Agency's Daily Operations Programs (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: In this Chart, the agency will find information in the second two columns which it provided in its Restructuring Report. Please do the following:

(a) Review the programs listed and make any additions or other modifications needed. Please, do not consider the General Appropriations Act programs. Instead think of what the agency considers programs in the agency’s daily operations (this may not have been clear in the Restructuring Report). These may be divisions, departments, programs it is working on related to grants, etc.

(b) Regardless of whether the agency selected yes or no in the previous column, in the last column titled, “Other agencies whose mission the program may fit within,” list other agencies whose mission the program may fall within based on the agency’s knowledge of the program and reference to the list of all other agency missions, attached to these guidelines.

Fiscal Year (i.e. 2015-16; 2016-17; or both)	Daily Operations Program	Purpose of Program	Other agencies whose mission the program may fit within
Both	Health Services	<p>DHEC Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.</p> <p>Maternal and Child Health (MCH) Promotes the health of women, children, and infants by providing health care services and programs, linking community services, and facilitating systems of care for pregnant women and infants. MCH is comprised of five divisions: Children’s Health, Women’s Health, Women, Infants and Children (WIC), Research and Planning, and Oral Health.</p> <p>Community Health and Chronic Disease Prevention (CHCDP) Houses programs and services that focus on chronic disease intervention areas. Programs address obesity prevention and school health; community-based nutrition education; type 2 diabetes management and prevention, and heart disease; healthy aging; tobacco prevention and control; injury and violence prevention; and cancer prevention and control. The Office of Minority Health is also housed within the bureau.</p> <p>Disease Control Works to prevent and control communicable diseases and illnesses in South Carolina. Disease Control is comprised of four divisions: Acute Disease Epidemiology (DADE), STD/HIV, Immunizations, and Surveillance and Technical Support.</p> <p>Client Services Responsible for assuring the implementation of public health services across the state. Client Services is comprised of four health regions across the state, the Bureau of Laboratory, the Primary Care Office, and the Office of Public Health Nursing.</p> <p>Public Health Statistics and Information Services (PHSIS) Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting Institutional Review Board (IRB) oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.</p>	<p>Healthy Aging – The Lieutenant Governor’s Office on Aging (LGOA) The focus of the SC DHEC Healthy Aging program is to assist individuals with chronic conditions like arthritis, learn to manage their conditions, reduce associated pain and disability, and live more active lives. DHEC works in partnership to teach/implement and monitor programs to assist the elderly population and their caregivers toward this end. The Lt. Governor’s Office on Aging could do this work with funding available through the Administration on Aging for Community Living to implement chronic disease self management and support programs. However, they are still required to work with the health department to receive funding and be supported by DHEC's epidemiology and surveillance function. Funding from the Centers for Disease Control and prevention is only available to state health departments.</p> <p>Division of Tobacco Prevention and Control – The Department of Alcohol and Other Drug Abuse Services (DAODAS) There is a slight similarity between missions in DAODAS and the Division of Tobacco Prevention and Control in that both address 'substance use' in an effort to improve health status. The primary difference in the two is that DAODAS works directly as a service and care provider for substance abusers and those around them, whereas the Division's efforts are population-based and work along the spectrum from prevention to exposure to cessation.</p>

Agency's Daily Operations Programs (2015-16)

Both	Health Regulation	<p>DHEC Health Regulation’s primary purpose is to work with health facilities and services to protect the public’s health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.</p> <p>Health Facilities Licensing: Licensing of health facilities and services is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health facilities and services. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality care and treatment.</p> <p>Certification: Certification of providers and suppliers participating in the Medicare and Medicaid program is to ensure minimum federal standards of health, safety, and CLIA standards are met.</p> <p>Certificate of Need (CON): Authorizes the implementation or expansion of health care facilities and services in South Carolina. A CON is based on a calculation of need for a particular medical service from the South Carolina Health Plan. A CON authorizes a person or facility to provide a portion of that calculated need in a county or service area, which may comprise several counties.</p> <p>Emergency Medical Services (EMS) and Trauma: Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.</p> <p>Radiological Health: Works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.</p> <p>Construction, Fire and Life Safety: Reviews plans, specifications, and construction for health care facilities licensed by the state. The program also conducts periodic fire and life safety surveys of facilities to ensure continued compliance with appropriate codes, standards, and regulations.</p>	<p>Health Facilities Licensing: LLR</p> <p>Certification: LLR</p> <p>CON: LLR</p> <p>EMS & Trauma: LLR</p> <p>Radological Health: LLR</p> <p>Construction, Fire and Life Safety: LLR</p> <p>Drug Control: LLR</p>
Both	Environmental Affairs	<p>DHEC Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management. Environmental Affairs Administration includes support for bureaus and customers in areas of permitting, community engagement, and toxicology resources.</p> <p>Bureau of Air Quality (BAQ) Develops and implements strategies to maintain the quality of South Carolina’s air. BAQ provides a variety of services including:</p> <ul style="list-style-type: none">• Reviewing permit applications and issuing air quality construction and operating permits to industrial, commercial, and institutional facilities;• Supporting permitting through modeling, technical assistance, and daily ozone forecasts;• Implementing federal and state air toxics programs by offering technical and compliance assistance to staff and industry; and• Conducting compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and response to community concerns. <p>Bureau of Environmental Health Services (BEHS) Supports DHEC’s air, land, and water programs through regional offices and a central laboratory. In addition, BEHS manages and implements statewide the On-Site Wastewater, Rabies Prevention, Food Protection, Dairy and Manufactured Food, Environmental Laboratory Certification, and Emergency Response (including Oil, Chemical and Nuclear) programs. The services they provide include:</p> <ul style="list-style-type: none">• Performing statewide inspections, sampling, monitoring, analysis, and complaint investigations for covered programs;• Issuing permits for retail food establishments, septic tanks and small water systems;• Issuing certifications and conducting evaluations of environmental laboratories performing analyses for regulatory compliance data submitted to DHEC; and• Responding to chemical and oil spills, fish kills, and environmental radiological emergencies.	<p>BEHS - SC Department of Agriculture, Clemson Public Service/Livestock Poultry Health, Clemson Extension Service, SC Department of Natural Resources, State College/University Laboratories, State Law Enforcement Division Laboratories</p> <p>BLWM - SC Labor, Licensing and Regulation</p> <p>BOW - SC Department of Natural Resources, Rural Infrastructure Authority</p> <p>OCRM - SC Department of Natural Resources, Sea Grant Consortium</p>

Agency's Daily Operations Programs (2015-16)

Both	Environmental Affairs, continued	<p>Bureau of Land & Waste Management (BLWM) Coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. BLWM provides a variety of services including:</p> <ul style="list-style-type: none">• Providing technical assistance for the proper management of solid and hazardous waste, technical review of sampling protocols, and analytical data;• Issuing permits for solid waste, hazardous waste, and mining activities as well as underground storage tanks;• Promoting waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public;• Overseeing the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites; and• Certify underground storage tank contractors to perform underground storage tank remediation. <p>Bureau of Water (BOW) Helps ensure that South Carolina’s waters are drinkable, swimmable, and fishable through regulatory and voluntary programs to control sources of pollution. BOW provides a variety of services including:</p> <ul style="list-style-type: none">• Permitting wastewater discharges from industrial and domestic sources;• Issuing stormwater permits for construction sites, municipal systems, and industrial sites;• Issuing permits for drinking water systems;• Conducting compliance assistance and assurance through routine monitoring, review of operational and emissions reports, and periodic inspections;• Monitoring water quality and developing state water quality standards, issuing the bi-annual list of the state’s impaired waters and developing corrective action plans for those waters and controlling nonpoint sources of pollution through grants, voluntary measures, and technical assistance;• Implementing and overseeing the state’s dam safety program for more than 2,300 dams statewide;• Implementing the state safe drinking water program to ensure proper construction, operation, maintenance, and monitoring of the state's 2500 + public drinking water systems;• Implementing the State Revolving Fund Program which provides grants for local drinking water and wastewater infrastructure projects• Tracking water use reporting and water quantity permitting; and• Executing the shellfish sanitation program to protect health of consumers. <p>Office of Ocean & Coastal Resource Management (OCRM) Preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties. OCRM offers a variety of services including:</p> <ul style="list-style-type: none">• Implementing the S.C. Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches;• Preserving sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance;• Providing technical, planning, and financial assistance to local governments to resolve complex natural resource management issues; and• Developing tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	
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2015-16 Strategic Plan, Programs, Employee Allocation and Spending

14. Please complete the 2015-16 Customers & Potential Impacts Chart, which is a tab in the attached Excel document.

Customers and Potential Impacts (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

- INSTRUCTIONS:** In this Chart, please do the following:
- (a) Take each General Appropriation Act Program and think of the agency daily operations that fit within it. Then group those daily operations programs (D.O. programs) however is best for the agency (i.e. by division, grants, etc.) to discuss each of the different services and/or products it provides. List each of those D.O. Programs, beside the General Appropriation Act Program it relates to, in the first column. The agency may need to insert additional rows between the existing General Appropriations Programs to include each of the D.O. Programs that relate to that General Appropriation Act Program
- (b) In the second column, provide a brief description of each D.O. Program.
- (c) In the column titled, "Service/Product provided," type the service or product the D.O. Program provides. If the D.O. Program provides multiple services or products, insert additional rows to ensure each service or product is listed on a different row. Be as specific as possible when listing the services and products provided because this information may be compared with the services and products provided by other agencies to determine if there is any duplication among agencies.
- (d) In the column titled, "Customer Segment," select the applicable customer segment from the drop down menu. Insert additional rows as needed to ensure each customer segment who receives a particular service or product, is listed on a different row.
- (e) In the column titled, "Specify for the following Segments," provide the additional information requested if the Customer Segment is (1) Industry; (2) Professional Organization); or (3) General Public. The additional information provided about the "General Public" customer segments served may be utilized to help change the current "General Public" customer segment option into more specific and defined segments within the public.
- (f) In the column titled, "Best potential impact if agency over performs," provide a brief description of the best potential impact on that customer segment if the agency performs better than it ever thought possible.
- (g) In the column titled, "Most potential negative impact if the agency under performs," briefly describe what the agency considers the most potential negative impact to that customer segment that may occur as a result of the agency underperforming or performing at the worst level possible.
- (h) In the column titled, "What is monitored to determine if outside help is needed," type what the agency monitors on a daily, weekly or monthly basis to ensure the agency performance is at the level needed.
- (i) In the column titled, "Outside Help to Request," type the entities to whom the agency reaches out if the agency begins to see low performance;
- (j) In the column titled, "Level Requires Inform G.A.," type the level at which the agency thinks the General Assembly should be put on notice;
- (k) In the column titled, "1-3 G.A. Options," type one to three options for what the General Assembly could do to help resolve the issues before there is a potential crisis for each customer segment.

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range; income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Administration -	Administration assures that DHEC's various programs are able to operate efficiently and effectively following Federal and State laws, regulations, and guidelines.	Administration provides critical support services such as legal, financial, business management, human resources, and information technology that allow the programs to conduct daily business.	Executive Branch/State Agencies		Provide services or payments in the most timely manner possible.	Inability to provide any services for the public.	Internal and external audits.	Federal or State expertise in interpreting laws, regulations, and guidelines under which we operate.	In case of projected deficits or breach of public trust.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in the Bureau of Land and Waste Management (BLWM) Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Executive Branch/State Agencies		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Local Govts.		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	School Districts		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Industry	Gas Stations	Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Executive Branch/State Agencies		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of facilities in compliance	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Local Govts.		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of facilities in compliance	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	School Districts		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of facilities in compliance	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Industry	Gas Stations	Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of facilities in compliance	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Executive Branch/State Agencies		Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to continued existence of contamination for an extended period of time	Number of release closures and funds expended	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load if a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Local Govts.		Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to contamination for an extended period of time	Number of release closures and funds expended	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Underground Storage Tanks -	Underground Storage Tank program in BLWM Oversees installation and operation of underground storage tanks managing petroleum and hazardous substances.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	School Districts		Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to continued existence of contamination for an extended period of time	Number of release closures and funds expended	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Water Quality Improvement - Water Management -	Bureau of Water (BOW) Helps ensure that South Carolina's waters are drinkable, swimmable, and fishable through regulatory and voluntary programs to control sources of pollution.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Executive Branch/State Agencies		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Customers and Potential Impacts (2015-16)

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Water Quality Improvement - Water Management -	BOW Helps ensure that South Carolina's waters are drinkable, swimmable, and fishable through regulatory and voluntary programs to control sources of pollution.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Local Govts.		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections conducted	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Water Quality Improvement - Water Management -	BOW Helps ensure that South Carolina's waters are drinkable, swimmable, and fishable through regulatory and voluntary programs to control sources of pollution.	Monitoring and evaluation of ambient water and beaches	Executive Branch/State Agencies		Monitoring is robust enough to assess overall state ambient water and beach quality	Areal or time lapses in monitoring leave gaps in assessment of water and beach quality which could lead to public health impacts	Number of monitoring sites and frequency of monitoring	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Water Quality Improvement - Environmental Health -	Bureau of Environmental Health Services (BEHS) Supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Executive Branch/State Agencies		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Monitoring and evaluation of ambient air, water and beaches	Executive Branch/State Agencies		Monitoring is robust enough to assess overall state ambient water and beach quality	Areal or time lapses in monitoring leave gaps in assessment of water and beach quality	Number of monitoring sites and frequency of monitoring	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Monitoring and evaluation of ambient air, water and beaches	Local Govts.		Monitoring is robust enough to assess overall state ambient water and beach quality	Areal or time lapses in monitoring leave gaps in assessment of water and beach quality	Number of monitoring sites and frequency of monitoring	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Monitoring and evaluation of ambient air, water and beaches	General Public	All sectors of the public.	Monitoring is robust enough to assess overall state ambient water and beach quality	Areal or time lapses in monitoring leave gaps in assessment of water and beach quality	Number of monitoring sites and frequency of monitoring	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Monitoring and evaluation of ambient air, water and beaches	Industry	All entities regulated by DHEC Environmental Affairs	Monitoring is robust enough to assess overall state ambient water and beach quality	Areal or time lapses in monitoring leave gaps in assessment of water and beach quality	Number of monitoring sites and frequency of monitoring	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	Executive Branch/State Agencies		Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	Legislative Branch		Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	Judicial Branch		Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	Local Govts.		Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	School Districts		Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	General Public	All sectors of the public. Complaints are anonymous.	Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	Industry	All industries Complaints are anonymous.	Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Responding to concerns and incidents	Professional Organization	All organizations. Complaints are anonymous.	Customer receives response to concern in timely manner; Incident response assists in alleviating risk	Customer does not receive appropriate response; Incident causes public or environmental harm	Number of concerns addressed; Number of incident responses	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	Office of Ocean & Coastal Resource Management (OCRM) Preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Executive Branch/State Agencies		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	National Oceanic and Atmospheric Administration (NOAA) for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Legislative Branch		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Judicial Branch		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Local Govts.		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	School Districts		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	General Public	All sectors of the public.	Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Industry	All entities regulated by DHEC Environmental Affairs	Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Reviewing applications according to regulation and promoting responsible development in the eight S.C. coastal counties.	Professional Organization	All organizations impacted by DHEC regulations	Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Executive Branch/State Agencies		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections conducted	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Industry	All entities regulated by DHEC Environmental Affairs	Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections conducted	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Coastal Resource Improvement -	OCRM preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Professional Organization	All organizations impacted by DHEC regulations	Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections conducted	NOAA for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	Bureau of Air Quality (BAQ) Develops and implements strategies to maintain the quality of South Carolina's air.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	General Public	All sectors of the public.	Ambient air that is better quality than the National Ambient Air Quality Standards, few ambient air health related impacts, potentially lower emissions due to better permits	Possible poor air quality or areas that do not meet the ambient standards, possibly more ambient air health impacts, potentially more air emissions	Implementation of new or revised regulations	Poll other states or Environmental Protection Agency on how they handle and streamline the process	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Industry	All entities regulated by DHEC Environmental Affairs	Faster permit issuance times, higher quality permits, all areas of the state meet the national ambient air quality standards and industry has the ability to expand and locate in the state without the additional costs and permitting burden of non-attainment	Possible poor air quality, additional cost of non-attainment permitting, unable to expand business	Permit review timeframes	Poll other states or Environmental Protection Agency on how they handle and streamline the process	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	General Public	All sectors of the public.	Improved compliance rates and facility performance, leading to improved air quality	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Compliance rates, inspection commitments, facility reporting requirements, DHEC review timeframes	Poll other states or Environmental Protection Agency on best practices to improve efficiency	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Industry	All entities regulated by DHEC Environmental Affairs	Improved compliance rates and facility performance, leading to improved air quality	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Compliance rates, inspection commitments, facility reporting requirements, DHEC review timeframes	Poll other states or Environmental Protection Agency on best practices to improve efficiency	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Assessment, evaluation, and communication of ambient air quality; regulation and plan development as needed	Executive Branch/State Agencies		Protection of public health and the environment from impacts of regulated pollutants	Possible state regions that do not meet the national ambient air quality standards, increased impacts on susceptible populations, and negative impacts to economic development	Ambient air monitoring and data analysis	Poll other states or Environmental Protection Agency on best practices to improve compliance efficiency	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Assessment, evaluation, and communication of ambient air quality; regulation and plan development as needed	Local Govts.		Protection of public health and the environment from impacts of regulated pollutants	Possible state regions that do not meet the national ambient air quality standards, increased impacts on susceptible populations, and negative impacts to economic development	Ambient air monitoring and data analysis	Poll other states or Environmental Protection Agency on best practices to improve compliance efficiency	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
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Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Assessment, evaluation, and communication of ambient air quality; regulation and plan development as needed	Industry	All entities regulated by DHEC Environmental Affairs	Protective regulations with clear requirements and minimized impact on the regulated community	Ineffective regulations that overburden the regulated facilities	Compliance rates, facility reports, feedback from the regulated facilities	Poll other states or Environmental Protection Agency on best practices to improve compliance efficiency	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Air Quality Improvement -	BAQ develops and implements strategies to maintain the quality of South Carolina's air.	Assessment, evaluation, and communication of ambient air quality; regulation and plan development as needed	School Districts		Protection of public health and the environment from impacts of regulated pollutants	Possible state regions that do not meet the national ambient air quality standards, increased impacts on susceptible populations	Ambient air monitoring and data analysis	Poll other states or Environmental Protection Agency on best practices to improve compliance efficiency		
Land and Waste Management -	Bureau of Land & Waste Management (BLWM) Coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Executive Branch/State Agencies		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Local Govts.		Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	Industry	All entities regulated by DHEC Environmental Affairs	Customer receives quality regulatory decision in timely manner	Regulatory infrastructure is not in place to monitor and safeguard public health and environment	Number of permits issued	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Executive Branch/State Agencies		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections with violations, number of enforcement referrals, and number of enforcement actions	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Local Govts.		Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections with violations, number of enforcement referrals, and number of enforcement actions	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Industry	All entities regulated by DHEC Environmental Affairs	Customer receives timely and fair compliance reviews and enforcement action, if needed	Reduced compliance rates and potential extended non-compliance resulting in possible degradation of environmental quality or public health impact	Number of inspections with violations, number of enforcement referrals, and number of enforcement actions	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Overseeing cleanup of contaminated sites	Executive Branch/State Agencies		Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to continued existence of contamination for an extended period of time	Number of sites under control (i.e., ranked relative to actual or potential risk, assessed, placed into corrective action, remediated or made ready for re-use)	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Overseeing cleanup of contaminated sites	Local Govts.		Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to continued existence of contamination for an extended period of time	Number of sites under control (i.e., ranked relative to actual or potential risk, assessed, placed into corrective action, remediated or made ready for re-use)	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Overseeing cleanup of contaminated sites	General Public	All sectors of the public.	Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to continued existence of contamination for an extended period of time	Number of sites under control (i.e., ranked relative to actual or potential risk, assessed, placed into corrective action, remediated or made ready for re-use)	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Land and Waste Management -	BLWM coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. Waste areas include solid, hazardous, radioactive and infectious waste.	Overseeing cleanup of contaminated sites	Industry	All entities regulated by DHEC Environmental Affairs	Sites are addressed so that they are protective of human health and the environment	Health and/or environment potentially impacted due to continued existence of contamination for an extended period of time	Number of sites under control (i.e., ranked relative to actual or potential risk, assessed, placed into corrective action, remediated or made ready for re-use)	Environmental Protection Agency for federally funded programs General Assembly if state funding needed	When funding is insufficient due to a change in work load If a statutory/regulatory change is needed to protect human health or the environment	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Detect and control communicable diseases and other events of public health importance.	General Public	All South Carolinians or people visiting SC	Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	Yes when notifying CDC	Provide funding
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Detect and control communicable diseases and other events of public health importance.	Industry	All industries (Businesses, nursing homes	Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	No	
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Detect and control communicable diseases and other events of public health importance.	School Districts		Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	No	
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	General Public	All South Carolinians or visitors to South Carolina.	Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	No	
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Reduce vaccine preventable diseases and increase immunization rates.	School Districts		Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	No	
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Reduce vaccine preventable diseases and increase immunization rates.	General Public	All South Carolinians or visitors to South Carolina.	Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	No	
Family Health - Infectious Disease -	Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina. Detect and control communicable diseases and other events of public health importance.	Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	General Public	All South Carolinians or visitors to South Carolina.	Disease does not spread as much or as quickly	Disease spreads	Data is monitored	CDC when large investigation or need for additional assistance on a particular investigation	No	

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	<u>Specify for the following Segments:</u> (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Maternal/Infant Health - Newborn Blood Spot Screening	Test infants born in South Carolina for certain metabolic disorders, other genetic disorders and hemoglobinopathies. Provide follow up services to determine if screen positive infants are diagnosed with one of the disorders.	Test infants born in South Carolina and provide follow up services to ensure affected infants are diagnosed promptly	General Public	SC Hospital Association; SC Chapter of the American Academy of Pediatrics (AAP); SC Children's Hospital Collaborative; Association of Public Health Laboratories (APHL)	Hospitals and physicians/their offices receive all test results for infants in their care according to national standards for timeliness of reporting based upon the infants' risk for having a condition on the test panel	Medical care provided by hospitals and physicians/their offices to infants with one of the conditions on the test panel is delayed; hospitals and physicians/their offices are at risk for legal action due to delayed diagnosis	Test and follow up process is continually monitored by program staff; review of operations by non-agency medical specialists occurs on a routine basis	APHL NBS specific peer reviewers from other programs across the US; CDC NBS Branch; technical experts from Greenwood Genetic Center Laboratory; equipment manufacturer specialists	Agency does not have sufficient funds to operate the program at a high level; Agency does not have sufficient funds to add new conditions to the test panel as recommended by national and state level NBS experts	Provide base funding for NBS services
Family Health - Maternal/Infant Health - Newborn Hearing Screening - First Sound	Screen infants born in South Carolina for congenital hearing loss. Provide follow up services to infants who do not pass the inpatient newborn hearing screening.	Screen infants born in South Carolina for congenital hearing loss and provide follow up services to infants who refer on the inpatient newborn hearing screening. Ensure infants diagnosed with a confirmed hearing loss are referred for early intervention services.	General Public	Families of infants born in SC	Infants with congenital hearing loss are identified early so that interventions can be implemented early and ultimately impact the child's developmental, educational, social and life opportunities	Infants with congenital hearing loss have delayed identification past the point of the critical period for developing speech and language which will negatively impact their educational opportunities and performance and require intensive special education needs	Test and follow up process is continually monitored by program staff; follow up process often integrated into federal grant activities	CDC National Center on Birth Defects and Developmental Disabilities (NCBDDD), National Center for Hearing Assessment and Management (NCHAM), equipment manufacturer specialists, AAP Chapter Champion Network	Agency does not have sufficient funds to operate the program at a high level; program required to report to legislature annually on program status	Increase base funding for UNHS, ensure fair and prompt reimbursement from DHHS and Medicaid MCO's for audiology providers
Family Health - Maternal/Infant Health - Newborn Hearing Screening - First Sound	Screen infants born in South Carolina for congenital hearing loss. Provide follow up services to infants who do not pass the inpatient newborn hearing screening.	Screen infants born in South Carolina for congenital hearing loss and provide follow up services to infants who refer on the inpatient newborn hearing screening. Ensure infants diagnosed with a confirmed hearing loss are referred for early intervention services.	Industry	Hospitals Audiologists	hospitals provided with technical assistance for newborn hearing screening and follow up standards and equipment and opportunities for streamlined reporting of results to the program, audiologists provided with technical assistance and opportunities for streamlined reporting results to the program.	Medical care provided by hospitals and audiologists/their offices to infants with potential hearing loss; hospitals and audiologists/their offices are at risk for legal action due to delayed diagnosis	Test and follow up process is continually monitored by program staff; follow up process often integrated into federal grant activities	CDC NCBDDD, NCHAM, equipment manufacturer specialists, AAP Chapter Champion Network	Agency does not have sufficient funds to operate the program at a high level; program required to report to legislature annually on program status	Increase base funding for UNHS(Universal Newborn Hearing Screening), ensure fair and prompt reimbursement from DHHS and Medicaid MCOs(Managed Care Organizations) for audiology providers
Family Health - Maternal/Infant Health - Newborn Hearing Screening - First Sound	Screen infants born in South Carolina for congenital hearing loss. Provide follow up services to infants who do not pass the inpatient newborn hearing screening.	Screen infants born in South Carolina for congenital hearing loss and provide follow up services to infants who refer on the inpatient newborn hearing screening. Ensure infants diagnosed with a confirmed hearing loss are referred for early intervention services.	Professional Organization	SC Hospital Association; SC Chapter of the AAP; SC Academy of Audiology	hospitals provided with technical assistance for newborn hearing screening and follow up standards and equipment and opportunities for streamlined reporting of results to the program, audiologists provided with technical assistance and opportunities for streamlined reporting results to the program.	Medical care provided by hospitals and audiologists/their offices to infants with potential hearing loss; hospitals and audiologists/their offices are at risk for legal action due to delayed diagnosis	Test and follow up process is continually monitored by program staff; follow up process often integrated into federal grant activities	CDC NCBDDD, NCHAM, equipment manufacturer specialists, AAP Chapter Champion Network	Agency does not have sufficient funds to operate the program at a high level; program required to report to legislature annually on program status	Increase base funding for UNHS, ensure fair and prompt reimbursement from DHHS and Medicaid MCO's for audiology providers
Family Health - Maternal/Infant Health - Childhood Lead Poisoning Prevention	Childhood Lead Poisoning Prevention	Surveillance of and response to pediatric blood lead levels, including clinical guidance, education, environmental assessments, and long-term surveillance	General Public	Children under 16 years of age; healthcare providers	Incidence of elevated childhood blood lead levels decreases; environmental threats to children's health are identified and remediated	Incidence of elevated childhood blood lead levels increases; environmental threats to children's health are overlooked and allowed to persist	Incidence of elevated childhood blood lead levels	CDC, EPA, other states' childhood lead poisoning prevention programs, SC Medicaid, insurance providers	Funding is needed to maintain or expand the program	Funding for public health nursing, nutrition, social work, and inspections to improve surveillance of and response to elevated blood lead levels, purchase additional testing equipment, provide assistance for owner-occupied lead remediation.
Family Health - Maternal/Infant Health - Care Line	Statewide toll-free hotline-Resources and Information	Maternal and Child Health Information and Resource Information	General Public	Women, Children and Families	More knowledge of information and available resources	Less knowledge of information and available resources for women, children and their families	Calls that come into the Care Line toll-free phone line,	The Care Line is now linked with 211 at United Way and connected with numerous agencies to provide resource information.	Agency does not have sufficient funding for a critical program, needs additional funding to provide additional resource information material and special guidance or assistance to provide more advocacy to better help the callers	Provide additional funding
Family Health - Maternal/Infant Health - State School Nurse Consultant (SNC)- School Nursing	The State School Nurse Consultant (SNC) is responsible for coordinating and facilitating program design and implementation of school health services programs, demonstrating high standards of school nursing practice, health education and innovative approaches to the delivery of individual school and aggregate community health services for school-age children and adolescents in South Carolina	The SNC provides leadership, consultation and technical assistance for school health services statewide.	School Districts		The SNC facilitates the removal of potential health related barriers for children/adolescents identified with special health care needs by ensuring that proper management and accommodations are developed to meet their medical needs in school settings	Advocacy to remove potential barriers would reduced thus academic growth of the student with special health care needs would suffer.	A statewide school nursing (SN) survey is conducted to determine the types of conditions being monitored or managed and/other health related services offered by SN's	SCASN, NASN, DOE, DHEC, LCAHEC and other local community health agencies (Area Mental Health, Alliance for a Healthier SC, School Health and Obesity Prevention)	Additional funds needed to maintain or expand services	Provide base funding to ensure a position for a State School Nurse Consultant.
Family Health - Maternal/Infant Health - State School Nurse Consultant (SNC)- School Nursing	The State SNC is responsible for coordinating and facilitating program design and implementation of school health services programs, demonstrating high standards of school nursing practice, health education and innovative approaches to the delivery of individual school and aggregate community health services for school-age children and adolescents in South Carolina	The SNC provides leadership, consultation and technical assistance for school health services statewide.	General Public	Board of Nursing, State Department of Education (DOE), Department of Health and Environmental Control (DHEC), community and health providers	The SNC helps to foster continuity of school nursing services across the state and provides coordination/implementation of medical services provided in school-based clinics	This position ensures joint collaboration between LEAs, state health officials, community and health providers who require nursing services to be rendered in a nontraditional setting, such as a school. If coordination of medical services is not available negative outcomes would arise with children/adolescents requiring medical services while at school. It would not support their right to a fair and equitable education under the law.	A statewide school nursing (SN) survey is conducted to determine the types of conditions being monitored or managed and/other health related services offered by SN's	SCASN, NASN, DOE, DHEC, LCAHEC and other local community health agencies (Area Mental Health, Alliance for a Healthier SC, School Health and Obesity Prevention etc.)	Additional funds needed to maintain or expand services	Provide additional funding
Family Health - Maternal/Infant Health - State School Nurse Consultant (SNC)- School Nursing	SNC school nursing services by coordinating and facilitating continuing education for current evidence-based standards for this specialty area.	The SNC coordinates continued education offerings throughout the year to school nurses across the state: The Annual School Nurse Conference, New School Nurse Orientation, Symposiums, quarterly trainings for lead nurses, and regional school nursing trainings.	School Districts		Educational opportunities provide current nursing practices for those practicing in this specialty area. The CEU(Continuing Education Units) credits earned are directly related to school nursing. Also school nurses can utilize community programs and initiatives introduced.	The school nurses across the state would have limited to no access to a seasoned expert in school health; and no specific educational training geared to their specialty area. LEAs would not have guidance available to meet the special health care needs of the school-age population as outlined within the law.	Surveys and evaluations are conducted prior to or after trainings and/or conferences to determine if the educational needs of the SNs are met or where areas of academic growth is needed.	SCASN, NASN, DOE, DHEC, LCAHEC and other local community health agencies (Area Mental Health, Alliance for a Healthier SC, School Health and Obesity Prevention etc.)	Additional funds needed to maintain or expand services	Provide additional funding

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Maternal/Infant Health - State School Nurse Consultant (SNC)- School Nursing	SNC school nursing services by coordinating and facilitating continuing education for current evidence-based standards for this specialty area.	The SNC coordinates continued education offerings throughout the year to school nurses across the state: Annual School Nurse Conference, New School Nurse Orientation, Symposiums, quarterly trainings for lead nurses, and regional school nursing trainings.	professional organization	SC Association of School Nursing (SCASN), National Association of School Nursing(NASN) , SC Nurses Foundation, SC Association of Pediatrics, Area Health Education Consortium(AHEC)	Educational opportunities provide current nursing practices for those practicing in this specialty area. The CEU credits earned are directly related to school nursing. Also school nurses can utilize community programs and initiatives introduced.	Not connecting with the entities listed would hinder the competency level and academic growth of SNs.	Surveys and evaluations are conducted prior to or after trainings and/or conferences to determine if the educational needs of the SNs are met or where areas of academic growth is needed.	SCASN, NASN, DOE, DHEC, AHEC and other local community health agencies	Additional funds needed to maintain or expand services	Provide additional funding
Family Health - Maternal/Infant Health - Oral Health	Oral Health - Communication and Outreach	Community outreach and education	General Public	All segments of the public	Public recognition of the importance of oral health for overall health and well-being which will ultimately lead to improved oral health outcomes for the people of South Carolina.	Lack of knowledge of importance of oral health to overall health and well being that results in poor health outcomes.	Impact of the oral health messages on public, community organizations, healthcare providers, industries, school districts, local, and state governmental agencies, policy makers.	Key partners, policy makers, and stakeholders	If funding needed for appropriate programs and messaging	Provide funding
Family Health - Maternal/Infant Health - Oral Health	Oral Health - Monitor and Report Community Water Fluoridation status for the state	Monthly monitoring of community water system reports.	General Public	All segments of the public	Provision of optimally fluoridated water for all people on community water systems.	Agencies lack knowledge of the level of fluoride in community water systems.	Monitoring the Community Water Systems fluoridation practices and activities in the state.	Local governments, local policy makers and local key partners buy-in on the importance and benefits of Community water fluoridation on reduction of tooth decay throughout the life span.	If funding needed for appropriate programs and messaging	Provide funding
Family Health - Maternal/Infant Health - Women, Infants and Children (WIC)	WIC provides nutrition education, nutritious foods, referrals to health and human services and breastfeeding support to pregnant women, women who are breastfeeding up to the baby's 1st birthday, women who had a baby within the previous six months, infants and children up to age 5 who are found to be at nutritional risk.	nutrition education nutritious foods referrals to health and human services programs breastfeeding support	General Public	Must be categorically eligible - pregnant women, women who are breastfeeding up to the baby's 1st birthday, women who had a baby within the previous six months, infants and children up to age 5 Be at or below 185 percent of the federal poverty income Be at nutritional risk and Live in South Carolina.	An improvement in the quality of life of our targeted population and their families due to an improved knowledge of nutrition and access to nutritious foods. The positive impact could be evident in future generations.	A decrease in caseload which could result in an increase in nutrition related diseases and health issues (obesity, low birth weight, etc.) in our targeted population.	Caseload Risk Codes	USDA/FNS		
Family Health - Maternal/Infant - Muscular Dystrophy Surveillance Tracking and Research Network	The SC Muscular Dystrophy Surveillance, Tracking, and Research Network is a grant program funded by the Centers for Disease Control and Prevention to collect data on nine types of muscular dystrophy occurring to SC residents. This data is used to assess the effectiveness of muscular dystrophy treatment and the adequacy of systems of care in SC to provide services for South Carolinians impacted by muscular dystrophy.	Data collection and analysis	General Public	Reports on trends in muscular dystrophy and factors associated with muscular dystrophy care posted and presented publicly.	Information available for SC residents to understand trends and clinical practice patterns for nine types of muscular dystrophy.	Information not available for SC residents to understand trends and clinical practice patterns for nine types of muscular dystrophy.	Data monitoring and utilization status updates are due to the Centers for Disease Control and Prevention periodically.	Programmatic support from the Center of Birth Defects and Developmental Disabilities can be requested from the Centers for Disease Control and Prevention.	If infrastructure to assure data security and the security of the data request and release processes will not be able to be maintained, the General Assembly should be informed.	As this is a CDC-funded and directed program, no action should be required from the General Assembly.
Family Health - Maternal/Infant - Perinatal Regionalization System	The SC Perinatal Regionalization System assures that contractual agreements are in place among SC hospitals that deliver live births to allow and support the transfer of high-risk pregnancies to hospitals with neonatal intensive care units (NICUs), sub-specialist staff, and experience managing high-risk pregnancies, deliveries, and infants.	Contract management	Industry	Five SC hospitals with neonatal intensive care units (NICUs) are contracted with DHEC to serve as Regional Perinatal Centers. These hospitals are required to take high-risk pregnancies and infants referred to them by hospitals in their region.	Contracts with hospital are executed in a timely manner and contract compliance is monitored appropriately	SC hospitals do not have a referral source for high-risk pregnancies, deliveries, and infants that is required to accept their patient referrals.	Appropriate transfers and deliveries are monitored quarterly with meetings between each Regional Perinatal Center and hospitals in their regional occurring at least annually.	Subject matter expertise in the appropriate function of Perinatal Regionalization systems is available from the Health Resources and Services Administration and the Centers for Disease Control and Prevention.	If hospital contracts cannot be executed in a timely manner or if hospitals are determined by DHEC Health Regulations staff to be out of compliance with state hospital regulations the General Assembly should be notified.	Ensure that the perinatal section of the state hospital regulations are supported by current evidence.
Family Health - Maternal/Infant - Perinatal Regionalization System	The SC Perinatal Regionalization System assures that contractual agreements are in place among SC hospitals that deliver live births to allow and support the transfer of high-risk pregnancies to hospitals with neonatal intensive care units (NICUs), sub-specialist staff, and experience managing high-risk pregnancies, deliveries, and infants.	System of care oversight and management	Industry	DHEC staff monitor the functioning of this system of care statewide to assure that the percentage of high-risk infants born in facilities that are equipped to care for high-risk deliveries is maximized.	Frequent reports are generated to assess the appropriate functioning of the Perinatal Regionalization System in SC. Frequent meetings between DHEC staff and contracted hospital staff are held to discuss any challenges.	The functioning of the SC Perinatal Regionalization system is not assessed or understood and high-risk infants may be at increased risk for poor outcomes including neonatal mortality.	Appropriate transfers and deliveries are monitored quarterly with meetings between each Regional Perinatal Center and hospitals in their regional occurring at least annually.	Subject matter expertise in the appropriate function of Perinatal Regionalization systems is available from the Health Resources and Services Administration and the Centers for disease Control and Prevention.	If no system monitoring or management is expected to occur the General Assembly should be notified.	Ensure that the perinatal section of the state hospital regulations are supported by current evidence.
Family Health - Maternal/Infant - Perinatal Regionalization System	The SC Perinatal Regionalization System assures that contractual agreements are in place among SC hospitals that deliver live births to allow and support the transfer of high-risk pregnancies to hospitals with NICUs, sub-specialist staff, and experience managing high-risk pregnancies, deliveries, and infants.	System of care oversight and management	General Public	All SC women with a high-risk pregnancy should be able to deliver and have her infant receive care at a facility with the technology, expertise, and experience to minimize the risk of poor outcomes.	95% of all very low birth weight infants are delivered in hospitals with neonatal intensive care units (NICUs).	The functioning of the SC Perinatal Regionalization system is not assessed or understood and high-risk infants may be at increased risk for poor outcomes including neonatal mortality.	Appropriate transfers and deliveries are monitored quarterly with meetings between each Regional Perinatal Center and hospitals in their regional occurring at least annually.	Subject matter expertise in the appropriate function of Perinatal Regionalization systems is available from the Health Resources and Services Administration and the Centers for disease Control and Prevention.	If no system monitoring or management is expected to occur the General Assembly should be notified.	Ensure that the perinatal section of the state hospital regulations are supported by current evidence.
Family Health - Maternal/Infant - Maternal and Child Health Epidemiology	Maternal and Child Health Epidemiology provides analytic and research support to programs in the DHEC Bureau of Maternal and Child Health. This support includes analyzing data and trends for DHEC data collection programs as well as conducting program and policy evaluation to ensure maternal and child health programs are functioning efficiently and productively.	DHEC program/policy evaluation and analytic support	Executive Branch/State Agencies		Programmatic and policy evaluation and analysis is conducted to assure that DHEC programs and policies are functioning efficiently and data-driven recommendations for improvement are given.	The function and efficeince of DHEC maternal and child health serving programs are not assessed or reviewed.	Evaluation reports and recommendations are reviewed and considered by DHEC leadership.	Subject matter expertise in maternal and child health epidemiology is available from the Health Resources and Services Administration and the Centers for disease Control and Prevention.	Notification of the general assembly at the discretion of DHEC leadership.	Recommend the use of Federal or State funds for program evaluation and data analysis support.

Customers and Potential Impacts (2015-16)

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Family Health - Maternal/Infant - Maternal and Child Health Epidemiology	Maternal and Child Health Epidemiology provides analytic and research support to programs in the DHEC Bureau of Maternal and Child Health. This support includes analyzing data and trends for DHEC data collection programs as well as conducting program and policy evaluation to ensure maternal and child health programs are functioning efficiently and productively.	Produce reports, publications, and presentations to inform key stakeholders and the public about key maternal and child health issues.	General Public	All SC residents interested in learning about the state and local status of key maternal and child health issues.	Information about key issues such as infant mortality is readily available to all interested audiences.	Information about key maternal and child health issues is not made available.	The production of annual reports about infant mortality, birth defects, maternal mortality, and at least one additional topic of interest	Subject matter expertise in maternal and child health epidemiology is available from the Health Resources and Services Administration and the Centers for disease Control and Prevention.	Notification of the general assembly at the discretion of DHEC leadership.	Recommend the use of Federal or State funds for program evaluation and data analysis support.
Family Health - Maternal/Infant - Maternal and Child Health Epidemiology	Maternal and Child Health Epidemiology provides analytic and research support to programs in the DHEC Bureau of Maternal and Child Health. This support includes analyzing data and trends for DHEC data collection programs as well as conducting program and policy evaluation to ensure maternal and child health programs are functioning efficiently and productively.	Produce reports, publications, and presentations to inform key stakeholders and the public about key maternal and child health issues.	Professional Organization	SC Hospital Association, SC Chapter of the American College of Obstetricians and Gynecologists, SC Chapter of the American Academy of Pediatrics, SC Chapter of the American College of Nurse Midwives, SC Chapter of the March of Dimes.	Information about key issues such as infant mortality is readily available to all interested audiences.	Information about key maternal and child health issues is not made available.	The production of annual reports about infant mortality, birth defects, maternal mortality, and at least one additional topic of interest	Subject matter expertise in maternal and child health epidemiology is available from the Health Resources and Services Administration and the Centers for disease Control and Prevention.	Notification of the general assembly at the discretion of DHEC leadership.	Recommend the use of Federal or State funds for program evaluation and data analysis support.
Family Health - Maternal/Infant - Maternal Morbidity and Mortality Review	DHEC convened the Maternal Morbidity and Mortality Review Committee in 2015-2016 under the authority of a legislative proviso and will continue to convened this committee in 2016-2017 under legislation passed in 2015-2016. This committee reviews all deaths to women that may be related to pregnancy to determine which deaths were potentially preventable and recommend statewide maternal death prevention strategies in order to reduce the prevalence of maternal mortality in SC.	Review data related to maternal deaths that occur in SC and recommend efforts to minimize risk of maternal mortality in SC.	General Public	All SC residents interested in learning about causes and risk factors associated with maternal mortality.	Information about maternal mortality in SC and recommendations to reduce the risk of maternal mortality are readily available.	Information about maternal mortality in SC and recommendations to reduce the risk of maternal mortality are not available.	The production of an annual report including the leading causes of maternal deaths, how many deaths were potentially preventable, the risk factors associated with maternal deaths, and recommendations to reduce the risk of maternal deaths.	Subject matter expertise in maternal mortality review is available from the Centers and Disease Control and Prevention.	The general assembly should be notified if maternal deaths reviews cannot be conducted as required by state law.	Recommend the use of Federal or State funds for maternal death review support, data analysis, and report publication.
Family Health - Maternal/Infant - Maternal Morbidity and Mortality Review	DHEC convened the Maternal Morbidity and Mortality Review Committee in 2015-2016 under the authority of a legislative proviso and will continue to convened this committee in 2016-2017 under legislation passed in 2015-2016. This committee reviews all deaths to women that may be related to pregnancy to determine which deaths were potentially preventable and recommend statewide maternal death prevention strategies in order to reduce the prevalence of maternal mortality in SC.	Review data related to maternal deaths that occur in SC and recommend efforts to minimize risk of maternal mortality in SC.	Industry	SC Hospitals	Information about maternal mortality in SC and recommendations to reduce the risk of maternal mortality are readily available.	Information about maternal mortality in SC and recommendations to reduce the risk of maternal mortality are not available.	The production of an annual report including the leading causes of maternal deaths, how many deaths were potentially preventable, the risk factors associated with maternal deaths, and recommendations to reduce the risk of maternal deaths.	Subject matter expertise in maternal mortality review is available from the Centers and Disease Control and Prevention.	The general assembly should be notified if maternal deaths reviews cannot be conducted as required by state law.	Recommend the use of Federal or State funds for maternal death review support, data analysis, and report publication.
Family Health - Maternal/Infant - Abstinence Education Program	The SC Abstinence Education Program uses State and Federal funds to provide contracts through a competitive application process to non-profit organizations to provide evidence-based and emerging abstinence education curricula.	Provide State and Federal funds through a competitive application process to qualified non-profit organizations to conduct abstinence education to populations across SC.	General Public	Populations in SC who might benefit from evidence-based and emerging abstinence education messages.	Education about the benefits of sexual risk avoidance through abstinence and strategies to practice abstinence are available throughout SC, with an emphasis on areas with above average rates of teen pregnancy and sexually transmitted infections.	Education about sexual risk avoidance through abstinence is not available to areas of SC with above average rates of teen pregnancy and sexually transmitted infections.	The awarding of annual contract to non-profit organizations to provide abstinence education in SC.	Subject matter expertise in abstinence education fund administration is available from the Health Resources and Services Administration.	The general assembly should be notified if State funding for abstinence education is not utilized or if Federal funding for abstinence education is not sought.	Continue to fund abstinence education at a level that will support and sustain the program.
Family Health - Chronic Disease Prevention -Healthy Aging - Arthritis Foundation Exercise Program	A community-based group exercise program that can be modified to accommodate different levels of physical activity capability.	Trained leader lead group physical activity instruction.	General Public	Adults 18 and over with chronic health conditions and their caregivers	Individuals with chronic conditions will use the emergency room less, become hospitalized less, falls will be reduced, elderly will be able to remain in their homes longer and live independently, health care costs reduced.	Possible increase in hospital admissions and associated health care cost, use of the emergency room. Possible increase in fall rates and need for placement in assisted living facilities.	Fidelity monitoring of the programs statewide by trained staff; site visits and technical assistance.	Assistance would be requested from the Area Agency on Aging and/or the Centers for Disease Control and Prevention.	Agency loses funding to support evidence-based chronic disease programs.	1. Advocate for federal funding; 2) provides state funding to support evidence-based lifestyle change programs that impact chronic diseases.
Family Health - Chronic Disease Prevention -Healthy Aging - Arthritis Foundation Walk with Ease Program	An instructor led, community-based group walking program developed to encourage people with arthritis and other chronic diseases to participate in a structured walking program.	Leader training, program consultation and technical assistance. Health education information and data.	General Public	Adults 18 and over with chronic health conditions and their caregivers	Individuals with chronic conditions will use the emergency room less, become hospitalized less, falls will be reduced, elderly will be able to remain in their homes longer and live independently, health care costs reduced.	Possible increase in hospital admissions and associated health care cost, use of the emergency room. Possible increase in fall rates and need for placement in assisted living facilities.	Fidelity monitoring of the programs statewide by trained staff; site visits and technical assistance.	Assistance would be requested from the Area Agency on Aging and/or the Centers for Disease Control and Prevention.	Agency loses funding to support evidence-based chronic disease programs.	1. Advocate for federal funding; 2) provides state funding to support evidence-based lifestyle change programs that impact chronic diseases.
Family Health - Chronic Disease Prevention -Healthy Aging - Chronic Disease Self-Management Program	A six week workshop that provides tools for living a healthy life with chronic health conditions such as diabetes, arthritis, hypertension, obesity, etc.	Leader training, program consultation and technical assistance. Health education information and data.	General Public	Adults 18 and over with chronic health conditions and their caregivers	Individuals with chronic conditions will use the emergency room less, become hospitalized less, falls will be reduced, elderly will be able to remain in their homes longer and live independently, health care costs reduced.	Possible increase in hospital admissions and associated health care cost, use of the emergency room. Possible increase in fall rates and need for placement in assisted living facilities.	Fidelity monitoring of the programs statewide by trained staff; site visits and technical assistance.	Assistance would be requested from the Area Agency on Aging and/or the Centers for Disease Control and Prevention.	Agency loses funding to support evidence-based chronic disease programs.	1. Advocate for federal funding; 2) provides state funding to support evidence-based lifestyle change programs that impact chronic diseases.
Family Health - Chronic Disease Prevention -Healthy Aging - Enhance Fitness	A community-based group exercise program designed to help older adults at all levels of fitness become active and empowered to sustain independent living.	Leader training, program consultation and technical assistance. Health education information and data.	General Public	Adults 18 and over with chronic health conditions and their caregivers	Individuals with chronic conditions will use the emergency room less, become hospitalized less, falls will be reduced, elderly will be able to remain in their homes longer and live independently, health care costs reduced.	Possible increase in hospital admissions and associated health care cost, use of the emergency room. Possible increase in fall rates and need for placement in assisted living facilities	Fidelity monitoring of the programs statewide by trained staff; site visits and technical assistance.	Assistance would be requested from the Area Agency on Aging and/or the Centers for Disease Control and Prevention.	Agency loses funding to support evidence-based chronic disease programs.	1. Advocate for federal funding; 2) provides state funding to support evidence-based lifestyle change programs that impact chronic diseases.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	<u>Specify for the following Segments:</u> (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - Minority Health - Health Disparities and Health Equity	To improve the health status of racial, ethnic, and underserved populations in South Carolina and ultimately achieve health equity.	The South Carolina Department of Health and Environmental Control's Office of Minority Health serves as the principle advisor to DHEC as well as to other agencies and organizations on public health and environmental issues affecting racial, ethnic, and underserved populations. The office is the focal point for consultation, technical assistance, collaboration and coordination of internal and external efforts to address health disparities, minority health issues and environmental concerns affecting minorities and underserved populations in the state. Guided by the National Stakeholder Strategy for Achieving Health Equity, OMH collaborates with the various bureaus and divisions within the Agency, as well as external partners to further public health efforts to address health disparities and health equity issues.	Executive Branch/State Agencies		Racial and ethnic minorities and other members of underserved populations would achieve optimal health. Health disparities would be reduced and equity achieved. Lower health care costs. Fewer years potential life lost. Healthier children - improved academic performance; and healthier workforce.	Continued poor health outcomes for underserved and racial and ethnic minorities. Increased health care costs associated with both chronic health conditions. Increase in communicable disease conditions. Potential increased poor health outcomes in children, leading to poor health outcomes in adults. Overall poor health outcomes for the state.	Health disparities data and national, state and local level policies.	National OMH, and external partners (i.e. outside consultants, other state offices of minority health, etc.)	Persistent or growth in health disparity gap and health inequities in the state. Increased health care cost and increase in emergency use among racial, ethnic and underserved populations. Resources diminished to support closing the gap in health disparities and health equity.	1. Advocate for federal and state funding to support targeted approaches to improving health disparities and health equity.
Family Health - Chronic Disease Prevention - Minority Health - Health Disparities and Health Equity	To improve the health status of racial, ethnic, and underserved populations in South Carolina and ultimately achieve health equity.	The South Carolina Department of Health and Environmental Control's Office of Minority Health serves as the principle advisor to DHEC as well as to other agencies and organizations on public health and environmental issues affecting racial, ethnic, and underserved populations. The office is the focal point for consultation, technical assistance, collaboration and coordination of internal and external efforts to address health disparities, minority health issues and environmental concerns affecting minorities and underserved populations in the state. Guided by the National Stakeholder Strategy for Achieving Health Equity, OMH collaborates with the various bureaus and divisions within the Agency, as well as external partners to further public health efforts to address health disparities and health equity issues.	General Public	All racial and ethnic minorities and underserved populations-across the lifespan. Income level: all income levels with close attention to those living below Federal Poverty Level.	Health disparities are reduced and or eliminated and South Carolina achieves optimal health outcomes, with healthcare cost being at an all time low. Policies, systems and environments are reflective of such.	Health disparities persist (widening the disparity gap) and contribute to and or heighten negative health outcomes throughout the state therefore increasing overall healthcare cost. Health Equity is not achieved and our policies, systems and environments are reflective of such.	Health disparities data and national, state and local level policies.	National OMH, and external partners (i.e. outside consultants, other state offices of minority health, etc.)	Persistent or growth in health disparity gap and health inequities in the state. Increased health care cost and increase in emergency use among racial, ethnic and underserved populations. Resources diminished to support closing the gap in health disparities and health equity.	1. Advocate for federal and state funding to support targeted approaches to improving health disparities and health equity.
Family Health - Chronic Disease Prevention - Minority Health - Language Assistance Program	To provide culturally and linguistically appropriate (includes hearing impaired) services to clients interacting with DHEC and its services statewide.	OMH provides leadership and guidance regarding the agency's implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) and ensures that the agency is in compliance with Title VI of the Civil Rights Act of 1964. OMH is specifically responsible for managing and monitoring the agency's language assistance program for Limited English Proficient (LEP) and hearing impaired customers which includes interpretation and translation services and training regarding cultural competence and CLAS standards. As a result, each region is responsible for ensuring that regional staff complete the required training and are following all agency standards and procedures regarding the provision of services for Limited English Proficient (LEP) clients. OMH updates, revises and makes changes as needed to language assistance policies and procedures to ensure the provision of culturally appropriate services.	Executive Branch/State Agencies		The agency is in compliance with Title VI and federal funding is not compromised.	The agency is out of compliance with Title VI and could potentially lose all federal funding.	Vendor contracts and agency wide usage of telephone interpretation, document translation and DHEC-qualified bi-lingual workers, interpreters and readers.	National OMH, and external partners (i.e. outside consultants, other state offices of minority health, etc.). Contracted vendors, agency procurement and SC MMO (Materials Management Office).	Loss of federal funding due to inability to remain compliant with Office of Civil Rights -Title VI - CLAS (Culturally and Linguistically Appropriate Services) Standards.	1. Advocate for funding to provide LEP services and guidelines related to Title VI.
Family Health - Chronic Disease Prevention - Minority Health - Language Assistance Program	Same as above	Same as above	General Public	LEP (Limited English Proficient) and hearing impaired clients seeking provided services through DHEC. Age range: 0-end of life, income level: all income levels with close attention to those living below Federal Poverty Level.	DHEC is recognized as an expert in providing access to quality healthcare services for LEP clients and is recognized for its' efforts to ensure equitable access to services for all South Carolinians.	Services not provided in a manner that is culturally and linguistically appropriate to clients served. Inability to provide services in this manner could result in misunderstanding of and compliance with health related instruction by clients. Low or limited participation in clinic-based services by population that is at great need.	Vendor contracts and agency wide usage of telephone interpretation, document translation and DHEC-qualified bi-lingual workers, interpreters and readers.	National OMH, and external partners (i.e. outside consultants, other state offices of minority health, etc.), Contracted vendors, agency procurement and MMO.	Out of compliance findings from US Office of Civil Right. Failure to maintain compliance could result in a loss of federal funding and services for clients.	1. Advocate for funding to provide LEP services and guidelines related to Title VI.
Family Health - Chronic Disease Prevention - Supplemental Nutrition Education Program (SNAP)	Provide evidenced-based programs to low-income children, families, adults and seniors based on the 2015 Dietary Guidelines for Americans and MyPlate Food Guidance system. The overall goal is to improve the likelihood that people eligible for SNAP benefits will make healthy choices on a limited budget and choose active lifestyles to prevent obesity and other chronic diseases.	Group SNAP Nutrition Education programs for children, adults and the elderly in community-based settings in select counties across the state.	General Public	SNAP recipients and other low-income individuals and families with children that are potentially eligible for SNAP benefits.	Maximize utilization of SNAP benefits to provide a healthier foods and better nutrition for individuals and families on a limited budget. Customers will eat a healthier diet and adopt active lifestyles leading to lower obesity and chronic diseases in population at higher risk of developing these conditions.	Poor health outcomes; increased use of food banks and food pantries to feed families; limited/no access to reliable nutrition education by professionally educated staff.	Program participation documentation.	Community-based organizations serving low-income families.	Loss of federal funding to provide educational services to SNAP benefits.	1. Advocate for or provide state funding to support best practice programs designed to improve health outcomes for low income/SNAP eligible clients (adults and children)
Family Health - Chronic Disease Prevention - Supplemental Nutrition Education - Cooking Matters Program	The Cooking Matters six-week course teaches participants to shop smarter, use nutrition information to make healthier choices and cook healthy, delicious, affordable meals on a limited budget. Classes are team-taught by a licensed dietitian, nutrition educator and a chef. Volunteers from the sponsoring agency also assist with the course.	Cooking Matters curricula, materials and recipes. Knowledge and skills building around meal planning, budgeting, shopping, food preparation and food safety. Interactive grocery store tours. Take-home foods to practice skills learned in class at home.	General Public	SNAP recipients and other low-income individuals and families with children that are potentially eligible for SNAP benefits.	Maximize utilization of SNAP benefits to provide a healthier foods and better nutrition for individuals and families on a limited budget. Customers will eat a healthier diet and adopt active lifestyles leading to lower obesity and chronic diseases in population at higher risk of developing these conditions.	Poor health outcomes; increased use of food banks and food pantries to feed families; limited/no access to reliable nutrition education by professionally educated staff.	Program participation documentation.	Community-based organizations serving low-income families.	Loss of federal funding to provide educational services to SNAP benefits.	1. Advocate for or provide state funding to support best practice programs designed to improve health outcomes for low income/SNAP eligible clients (adults and children)

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	<u>Specify for the following Segments:</u> (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - Tobacco Control-Tobacco Free School Districts	Partner with communities to support 100% tobacco-free school district environments.	Training and Technical Assistance	School Districts		100% of all students, faculty and staff are not exposed to secondhand smoke at school.	Only 78% of the state's students, faculty and staff are not exposed to secondhand smoke at school.	Number of school districts that implement model tobacco-free policies.	State Department of Education, school district personnel, community organizations.	No observable progress towards implementation of comprehensive tobacco-free policies by any school district within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for school districts to implement DHEC's model tobacco-free school district policy; 2)Provide incentive in school district funding equation for school districts that implement DHEC's model tobacco-free school district policy; 3)Members of the GA provide certificates/awards to school districts in their legislative districts that implement DHEC's model tobacco-free school district policy.
Family Health - Chronic Disease Prevention - Tobacco Control-Tobacco Free School Districts	Partner with communities to support 100% tobacco-free school district environments.	Materials to support the effort	School Districts		100% of all students, faculty and staff are not exposed to secondhand smoke at school.	Only 78% of the state's students, faculty and staff are not exposed to secondhand smoke at school.	Number of school districts that implement model tobacco-free policies.	State Department of Education, school district personnel, community organizations.	No observable progress towards implementation of comprehensive tobacco-free policies by any school district within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for school districts to implement DHEC's model tobacco-free school district policy; 2)Provide incentive in school district funding equation for school districts that implement DHEC's model tobacco-free school district policy; 3)Members of the GA provide certificates/awards to school districts in their legislative districts that implement DHEC's model tobacco-free school district policy.
Family Health - Chronic Disease Prevention - Tobacco Control-CEASE (Clinical Efforts Against Secondhand Smoke Exposure) Pediatric Program.	Work with pediatric healthcare providers to promote education among their patients and their families about the impact of secondhand smoke exposure on children and promoting resources to quit.	Training and Technical Assistance	Professional Organization	Pediatric health professionals, including the S.C. Chapter of the American Academy of Pediatrics	100% of all pediatric providers in S.C. address tobacco use with their patients and secondhand smoke exposure in the home for families. Reducing exposure results in reduced illness, including ear infections, asthma attacks, frequent colds, etc.	No pediatric providers in S.C. address tobacco use with their patients and secondhand smoke exposure in the home for families. Continued exposure results in illness, including ear infections, asthma attacks, frequent colds, etc.	Number of providers who utilize the program.	SC Chapter of the American Academy of Pediatrics, national CEASE program.	No observable progress towards implementation of the CEASE program by pediatric providers within two years of efforts.	1)Provide funding incentive for pediatric providers that implement the CEASE program fully into their practice; 2)Members of the GA provide certificates/awards to pediatric providers in their legislative districts that implement the CEASE program fully into their practice; 3)Members of the GA actively recruit pediatric providers in their legislative districts to implement the CEASE program fully into their practice.
Family Health - Chronic Disease Prevention - Tobacco Control-CEASE (Clinical Efforts Against Secondhand Smoke Exposure) Pediatric Program	Work with pediatric healthcare providers to promote education among their patients and their families about the impact of secondhand smoke exposure on children and promoting resources to quit.	Materials to support the effort	Professional Organization	Pediatric health professionals, including the S.C. Chapter of the American Academy of Pediatrics.	100% of all pediatric providers in S.C. address tobacco use with their patients and secondhand smoke exposure in the home for families. Reducing exposure results in reduced illness, including ear infections, asthma attacks, frequent colds, etc.	No pediatric providers in S.C. address tobacco use with their patients and secondhand smoke exposure in the home for families. Continued exposure results in illness, including ear infections, asthma attacks, frequent colds, etc.	Number of providers who utilize the program.	SC Chapter of the American Academy of Pediatrics, national CEASE program	No observable progress towards implementation of the CEASE program by pediatric providers within two years of efforts	1)Provide funding incentive for pediatric providers that implement the CEASE program fully into their practice; 2)Members of the GA provide certificates/awards to pediatric providers in their legislative districts that implement the CEASE program fully into their practice; 3)Members of the GA actively recruit pediatric providers in their legislative districts to implement the CEASE program fully into their practice.
Family Health - Chronic Disease Prevention - Tobacco Control-Smoke free/Tobacco-free Colleges, Universities and Technical Schools	Support state college and university efforts to protect students from exposure to secondhand smoke and promote cessation.	Training and Technical Assistance	Industry	S.C. Colleges, Universities, and Technical Schools and their students, faculty and staff.	100% of all students, faculty and staff are not exposed to secondhand smoke at their college, university or technical school.	Less than 100% of all students, faculty and staff are not exposed to secondhand smoke at their college, university or technical school.	Number of colleges, universities and technical schools that implement smoke-free/tobacco-free policies.	SC colleges, universities, technical schools, and state partners.	No observable progress towards implementation of comprehensive tobacco-free policies by any state supported college, university or technical school in SC within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for state supported colleges, universities and technical schools to implement DHEC's model tobacco-free policy for higher education; 2)Provide incentive in funding for state supported colleges, universities and technical schools to implement DHEC's model tobacco-free policy for higher education; 3)Members of the GA provide certificates/awards to state supported colleges, universities and technical schools in their legislative districts that implement DHEC's model tobacco-free policy for higher education.

Customers and Potential Impacts (2015-16)

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Family Health - Chronic Disease Prevention - Tobacco Control-Smoke free/Tobacco-free Colleges, Universities and Technical Schools	Support state college, university and technical school efforts to protect students from exposure to secondhand smoke and promote cessation.	Materials to support the effort	Industry	S.C. Colleges, Universities, and Technical Schools and their students, faculty and staff .	100% of all students, faculty and staff are not exposed to secondhand smoke at their college, university or technical school.	Less than 100% of all students, faculty and staff are not exposed to secondhand smoke at their college, university or technical school.	Number of colleges, universities and technical schools that implement smoke-free/tobacco-free policies.	SC colleges, universities, technical schools, and state partners.	No observable progress towards implementation of comprehensive tobacco-free policies by any state supported college, university or technical school in SC within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for state supported colleges, universities and technical schools to implement DHEC's model tobacco-free policy for higher education; 2)Provide incentive in funding for state supported colleges, universities and technical schools to implement DHEC's model tobacco-free policy for higher education; 3)Members of the GA provide certificates/awards to state supported colleges, universities and technical schools in their legislative districts that implement DHEC's model tobacco-free policy for higher education.
Family Health - Chronic Disease Prevention - Tobacco Control-Smoke free municipalities	Educate communities about the importance of eliminating secondhand smoke exposure in all indoor workplaces, including restaurants, bars, and public work spaces.	Training and Technical Assistance	Local Govts.		100% of the states residents are protected from secondhand smoke exposure in public places, including restaurants, bars and public work spaces.	Only 40% of the state's residents are protected from secondhand smoke exposure in public places, including restaurants, bars and public work spaces.	Number of municipalities that implement smoke-free laws.	Local community groups, national partners.	No observable progress towards implementation of comprehensive smoke-free laws by any local municipality within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for municipalities to implement DHEC's model smoke-free policy to include restaurants, bars, and public workplaces (including beaches where appropriate), including electronic nicotine delivery systems; 2)Provide incentive in funding for municipalities to implement DHEC's model smoke-free policy; 3)Members of the GA provide certificates/awards to municipalities in their legislative districts that implement DHEC's model smoke-free community policy.
Family Health - Chronic Disease Prevention - Tobacco Control-Smoke free municipalities	Educate communities about the importance of eliminating secondhand smoke exposure in all indoor workplaces, including restaurants, bars, and public work spaces.	Materials to support the effort	General Public	All residents of a particular municipality	100% of the states residents are protected from secondhand smoke exposure in public places, including restaurants, bars and public work spaces.	Only 40% of the state's residents are protected from secondhand smoke exposure in public places, including restaurants, bars and public work spaces.	Number of municipalities that implement smoke-free laws.	Local community groups, national partners.	No observable progress towards implementation of comprehensive smoke-free laws by any local municipality within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for municipalities to implement DHEC's model smoke-free policy to include restaurants, bars, and public workplaces (including beaches where appropriate), including electronic nicotine delivery systems; 2)Provide incentive in funding for municipalities to implement DHEC's model smoke-free policy; 3)Members of the GA provide certificates/awards to municipalities in their legislative districts that implement DHEC's model smoke-free community policy.
Family Health - Chronic Disease Prevention - Tobacco Control-Tobacco-Free State Cabinet Agencies	Provide tools and support for cabinet-level state agencies who implement tobacco-free policies for their facilities and campuses.	Training and Technical Assistance	Executive Branch/State Agencies		100% of the states agencies in S.C. provide protection for their employees and visitors from secondhand smoke exposure at the worksite.	Less than half (41%) of the state agencies in S.C. provide protection for their employees and visitors from secondhand smoke exposure at the worksite.	Number of state cabinet agencies that have implemented policies.	SC Hospital Association, state agency partners.	No observable progress towards implementation of comprehensive tobacco-free policies by any state cabinet agencies within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for state cabinet agencies to implement DHEC's model tobacco-free worksite policy; 2)Provide incentive in funding for state cabinet agencies to implement DHEC's model tobacco-free worksite policy as part of an overall worksite wellness initiative, such as <i>A Healthier State</i> ; 3)Members of the GA provide certificates/awards to state cabinet agencies that implement DHEC's model tobacco-free worksite policy as part of an overall worksite wellness initiative, such as <i>A Healthier State</i> .

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General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	<u>Specify for the following Segments:</u> (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - Tobacco Control-Tobacco-Free State Cabinet Agencies	Provide tools and support for cabinet-level state agencies who implement tobacco-free policies for their facilities and campuses.	Materials to support the effort	Executive Branch/State Agencies		100% of the states agencies in S.C. provide protection for their employees and visitors from secondhand smoke exposure at the worksite.	Less than half (41%) of the state agencies in S.C. provide protection for their employees and visitors from secondhand smoke exposure at the worksite.	Number of state cabinet agencies that have implemented policies.	SC Hospital Association, state agency partners.	No observable progress towards implementation of comprehensive tobacco-free policies by any state cabinet agencies within two years of efforts.	1)Modify Clean Indoor Air Act to include requirement for state cabinet agencies to implement DHEC's model tobacco-free worksite policy; 2)Provide incentive in funding for state cabinet agencies to implement DHEC's model tobacco-free worksite policy as part of an overall worksite wellness initiative, such as <i>A Healthier State</i> ; 3)Members of the GA provide certificates/awards to state cabinet agencies that implement DHEC's model tobacco-free worksite policy as part of an overall worksite wellness initiative, such as <i>A Healthier State</i> .
Family Health - Chronic Disease Prevention - Tobacco Control-Tobacco-Free Faith Organizations	Promote tobacco-free environments and events for faith based organizations.	Information and Educational materials	General Public	Faith-based organizations and their congregations.	100% of the faith organizations in S.C. provide protection for their congregations from secondhand smoke exposure at church and provide information and education about tobacco-free lifestyles.	Few faith organizations in S.C. provide protection for their congregations from secondhand smoke exposure at church and provide information and education about tobacco-free lifestyles, thereby negating the protective factor this provides. This could result in higher rates of tobacco use among both youth and adults.	Number of faith groups in SC that implement smoke-free policies.	Faith group leaders, community partners.	No observable progress towards implementation of comprehensive tobacco-free policies by any faith-based organization within two years of efforts.	1)Members of the GA provide certificates/awards to faith-based organizations in their legislative districts that implement DHEC's model tobacco-free policy for faith communities; 2)Members of the GA provide incentive in funding for faith organizations to implement DHEC's model tobacco-free policy for faith communities; 3)Members of the GA actively recruit faith organizations within their legislative districts to implement DHEC's model tobacco-free policy for faith communities.
Family Health - Chronic Disease Prevention - Tobacco Control-S.C. Tobacco Quitline	Support and manage the S.C. Tobacco Quitline, and encourage providers to refer their tobacco using patients to the service.	Evidence-based tobacco treatment services, including counseling, pharmacotherapy, educational materials, and support.	General Public	Tobacco users in S.C., and healthcare providers who treat them.	100% of the tobacco users in South Carolina (918,172 total) quit, saving the state billions in yearly healthcare costs.	Current tobacco users (918,172) do not quit, and new tobacco users begin, increasing the adult tobacco use rate and costing the state billions yearly in healthcare costs.	Number of SC residents served by the Quitline.	SC Quitline provider.	No observable use of the SC Tobacco Quitline by constituents in the GA member's legislative district during a 12 month period.	1)Members of the GA actively promote the services of the SC Tobacco Quitline to all constituents within their legislative districts; 2)Members of the GA provide personal letters of congratulations to constituents within their legislative districts who have successfully quit tobacco by using the services of the SC Tobacco Quitline; 3)Members of the GA increase state funding for all cessation services, particularly those available through the SC Tobacco Quitline, so that all tobacco using constituents may receive the maximum benefit of evidence-based tobacco treatment approved by the FDA and recommended by the U.S. Public Health Service Clinical Practice Guideline for treating tobacco use and dependence.
Family Health - Chronic Disease Prevention - Tobacco Control-Media Campaigns to support Cessation, Secondhand Smoke Protection and Prevention	Implement media campaigns to promote the use of the S.C. Tobacco Quitline, educate about the health effects of secondhand smoke, and social stigma among youth in using tobacco products.	Education and information via media	General Public	Residents of the state, tobacco users, those exposed to secondhand smoke, and youth	All tobacco users in the state are aware of the services provided by the S.C. Tobacco Quitline to help them quit; All residents are aware of the dangers of secondhand smoke and avoid it, resulting in less exposure-related disease and death; all youth in S.C. are reached with a prevention message and decide never to use tobacco.	No tobacco users in the state are aware of the services of the S.C. Tobacco Quitline, thus the services go unused; All residents are unaware of the dangers of secondhand smoke and are exposed, resulting in both higher exposure-related disease and death and increased healthcare costs to the state; all youth in S.C. are not reached with a prevention message and decide to experiment with tobacco products, becoming addicted to the nicotine.	Youth and adult tobacco surveys.	Media outlets.	Efforts are initiated to prevent or end scheduled media campaigns for either Quitline promotions, secondhand smoke education, and/or youth prevention education by outside organizations or other members of the GA without full examination of the evidence supporting the particular strategy or message.	1)Members of the GA fully understand and lend their support to this Best Practice strategy; 2)The GA fully funds and supports comprehensive tobacco control program implementation at the CDC-recommended level.
Family Health - Chronic Disease Prevention - Tobacco Control-Smoke free Multi-unit Housing	Support multi-unit housing facilities efforts to protect their residents from exposure to secondhand smoke in living and common areas.	Training and Technical Assistance	Industry	Multi-unit housing facilities, property owners and residents, including HUD.	100% of the state's Multi-unit housing facilities in S.C. provide protection for their employees and residents from secondhand smoke exposure in common areas and residences.	Few of the state's Multi-unit housing facilities in S.C. provide protection for their employees and residents from secondhand smoke exposure in common areas and residences. Continued exposure results in increased disease for the residents and higher maintenance costs for the facility.	Number of multi-unit housing properties that implement smoke-free policies.	Property management companies and their professional associations.	No observable progress towards implementation of comprehensive tobacco-free policies by any multi-unit housing organization, property management company, or HUD within two years of efforts.	1)Members of the GA provide certificates/awards to multi-unit housing properties in their legislative districts that implement DHEC's model tobacco-free policy; 2)Members of the GA provide incentive in funding for multi-unit housing properties in their legislative districts to implement DHEC's model tobacco-free policy; 3)Members of the GA actively recruit multi-unit housing properties within their legislative districts to implement DHEC's model tobacco-free policy.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	<u>Specify for the following Segments:</u> (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - Tobacco Control-Smoke free Multi-unit Housing	Support multi-unit housing facilities efforts to protect their residents from exposure to secondhand smoke in living and common areas.	Educational materials, information and resources	General Public	Multi-unit housing facility residents and visitors.	100% of the state's Multi-unit housing facilities in S.C. provide protection for their employees and residents from secondhand smoke exposure in common areas and residences. Continued exposure results in increased disease for the residents and higher maintenance costs for the facility.	Few of the state's Multi-unit housing facilities in S.C. provide protection for their employees and residents from secondhand smoke exposure in common areas and residences. Continued exposure results in increased disease for the residents and higher maintenance costs for the facility.	Number of multi-unit housing properties that implement smoke-free policies.	Property management companies and their professional associations.	No observable progress towards implementation of comprehensive tobacco-free policies by any multi-unit housing organization, property management company, or HUD within two years of efforts.	1)Members of the GA provide certificates/awards to multi-unit housing properties in their legislative districts that implement DHEC's model tobacco-free policy; 2)Members of the GA provide incentive in funding for multi-unit housing properties in their legislative districts to implement DHEC's model tobacco-free policy; 3)Members of the GA actively recruit multi-unit housing properties within their legislative districts to implement DHEC's model tobacco-free policy.
Family Health - Chronic Disease Prevention - Tobacco Control-Promote Quitting Among Pregnant and Post-partum Women	Provide resources, services and support to pregnant and post-partum women use tobacco products.	Evidence-based tobacco treatment services, including counseling, educational materials, incentives and support.	General Public	Pregnant or post-partum tobacco users and providers who treat them.	All pregnant and post-partum tobacco users in the state are aware of the services provided by the S.C. Tobacco Quitline to help them quit and the benefits of quitting for them and their babies. All tobacco using pregnant and post-partum women are aware of the dangers of secondhand smoke to them and their babies and avoid it, resulting in less exposure-related disease and death.	No pregnant and post-partum tobacco users in the state are aware of the services provided by the S.C. Tobacco Quitline to help them and their babies. Continued use results in an increased rate of low birth weight and premature babies and complications for the mother. No tobacco using pregnant and post-partum women are aware of the dangers of secondhand smoke to them and their babies and avoid it, resulting in increased exposure-related disease and death.	Birth certificate and PRAMS(Prenatal Risk Assessment and Monitoring) data on smoking during pregnancy; referrals to the Quitline and services provide to pregnant tobacco users.	Healthcare providers, Quitline service providers.	No observable use of the SC Tobacco Quitline by pregnant tobacco using constituents in the GA member's legislative district during a 24 month period.	1)Members of the GA actively promote the services of the SC Tobacco Quitline to all pregnant tobacco using constituents within their legislative districts; 2)Members of the GA provide personal letters of congratulations to pregnant tobacco using constituents within their legislative districts who have successfully quit by using the services of the SC Tobacco Quitline; 3)Members of the GA increase state funding for all cessation services, particularly those available through the SC Tobacco Quitline, so that all pregnant tobacco using constituents may receive the maximum benefit and incentives for evidence-based tobacco treatment approved by the FDA and recommended by the U.S. Public Health Service Clinical Practice Guideline for treating tobacco use and dependence.
Family Health - Chronic Disease Prevention - Tobacco Control-Healthcare Provider Referral Systems	Encourage healthcare providers who serve high risk or low income patients to refer them to the S.C. Tobacco Quitline.	Training and Technical Assistance	Industry	Healthcare providers who treat tobacco using patients	All healthcare providers in S.C. refer their tobacco using patients to the services provided by the S.C. Tobacco Quitline to help them quit	All healthcare providers in the state are unaware of the services provided by the S.C. Tobacco Quitline and do nothing to treat their tobacco using patients. This results in increased disease and death from tobacco-related illnesses and billions of dollars to the state in healthcare costs	Reports from the SC Tobacco Quitline on healthcare provider referrals	Healthcare providers, healthcare specialty group professional organizations	No observable progress towards implementation of the Quitline Provider Referral System by healthcare providers in SC within two years of efforts	1)Provide funding incentive for healthcare providers that implement the Quitline Provider Referral System fully into their practice, including modification of Electronic Health Record systems; 2)Members of the GA provide certificates/awards to healthcare providers in their legislative districts that implement the Quitline Provider Referral System fully into their practice, including modification of Electronic Health Record systems; 3)Members of the GA actively recruit healthcare providers in their legislative districts to implement the Quitline Provider Referral System fully into their practice, including modification of Electronic Health Record systems
Family Health - Chronic Disease Prevention -Tobacco Control-Healthcare Provider Referral Systems	Encourage healthcare providers who serve high risk or low income patients to refer them to the S.C. Tobacco Quitline.	Educational materials, information and system resources.	Industry	Healthcare providers who treat tobacco using patients.	All healthcare providers in S.C. refer their tobacco using patients to the services provided by the S.C. Tobacco Quitline to help them quit.	All healthcare providers in the state are unaware of the services provided by the S.C. Tobacco Quitline and do nothing to treat their tobacco using patients. This results in increased disease and death from tobacco-related illnesses and billions of dollars to the state in healthcare costs.	Reports from the SC Tobacco Quitline on healthcare provider referrals	Healthcare providers, healthcare specialty group professional organizations.	No observable progress towards implementation of the Quitline Provider Referral System by healthcare providers in SC within two years of efforts.	1)Provide funding incentive for healthcare providers that implement the Quitline Provider Referral System fully into their practice, including modification of Electronic Health Record systems; 2)Members of the GA provide certificates/awards to healthcare providers in their legislative districts that implement the Quitline Provider Referral System fully into their practice, including modification of Electronic Health Record systems; 3)Members of the GA actively recruit healthcare providers in their legislative districts to implement the Quitline Provider Referral System fully into their practice, including modification of Electronic Health Record systems.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - WISEWOMAN (Well Integrated Screening and Evaluation for Women Across the Nation)	To get low income, uninsured or underinsured Best Chance Network (BCN) women ages 40-64 at or below 200% of the federal poverty level who are at risk for heart disease and stroke into screening and lifestyle programs to decrease their risk for these conditions.	Cardiovascular screening	General Public	Best Chance Network (Cancer Screening program) eligible women ages 40-64 at or below 200% of federal poverty level.	Prevent hypertension, stroke, Reduction in hypertension, stroke, decrease obesity, lower hospital admissions and costs, increased quality of life.	Higher incidence and mortality related deaths due to hypertension, stroke and obesity.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	WISEWOMAN providers who provide the services to women, WISEWOMAN partners who help administer program components and assist with increasing service rates.	Reduction or Loss of federal CDC funding to the program.	Provide state funding to supplement federal funding, Advocate for continued WISEWOMAN funding at the federal level, Provide staff support.
Family Health - Chronic Disease Prevention - WISEWOMAN	To get low income, uninsured or underinsured BCN women ages 40-64 at or below 200% of the federal poverty level who are at risk for heart disease and stroke into screening and lifestyle programs to decrease their risk for these conditions.	Diabetes Education	General Public	Best Chance Network (Cancer Screening program) eligible women ages 40-64 at or below 200% of federal poverty level.	Prevent onset of diabetes, Reduction of diabetes and associated complications, decrease obesity, lower hospital admissions and costs, increased quality of life.	Higher incidence and mortality related deaths due to diabetes and diabetic related complications.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	WISEWOMAN providers who provide the services to women, WISEWOMAN partners who help administer program components and assist with increasing service rates.	Reduction or Loss of federal CDC funding to the program.	Provide state funding to supplement federal funding, Advocate for continued WISEWOMAN funding at the federal level, Fund and support statewide Diabetes Prevention Programs.
Family Health - Chronic Disease Prevention - WISEWOMAN	To get low income, uninsured or underinsured BCN women ages 40-64 at or below 200% of the federal poverty level who are at risk for heart disease and stroke into screening and lifestyle programs to decrease their risk for these conditions.	Lifestyle Change Programs	General Public	Best Chance Network (Cancer Screening program) eligible women ages 40-64 at or below 200% of federal poverty level.	Prevent onset of chronic diseases and cancer, reduction of cancer risks and complications, decrease obesity, lower hospital admissions and costs, increased quality of life.	Higher incidence and mortality related deaths due to diabetes and diabetic related complications.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	WISEWOMAN providers who provide the services to women, WISEWOMAN partners who help administer program components and assist with increasing service rates.	Reduction or Loss of federal CDC funding to the program.	Provide state funding to supplement federal WISEWOMAN funding, Advocate for continued funding at the federal level, Fund and support statewide recreation centers to be able to lower costs of memberships.
Family Health - Chronic Disease Prevention - Comprehensive Cancer Control Program	Collaborate and coordinate state cancer projects to include the SC Cancer Report Card, which provides a snapshot of Cancer incidence and mortality rates in SC, programs designed to address cancer and SC State Cancer Plan, which provides an overview of cancer goals, objectives and strategies to reduce and address the burden of cancer.	SC Cancer Alliance	Professional Organization	SC Cancer Alliance is comprised of cancer representatives representing clinicians, researchers, educators, patients and survivors.	Reduce the cancer burden in South Carolina and created a network of Cancer professionals who have evidence based best practices which are being executed across South Carolina to realize better, comprehensive and sustained outcomes in cancer prevention and treatment.	Less coordination of cancer related evidence based best practices statewide which would eliminate looking holistically at the cancer burden through the creation, dissemination of the SC Cancer Report and SC Cancer Plan.	System contacts, report requirements, implementation status reports, invoices, work plans, evaluation reports.	Center for Disease Control (CDC), SC Cancer Alliance, National Cancer Institute, National Association of Chronic Disease Directors.	Reduction or loss of federal CDC funding to the program.	Maintain funding for SC Cancer Alliance, Promote statewide participation on the SC Cancer Alliance and have legislature representation with the SC Cancer Alliance.
Family Health - Chronic Disease Prevention - Comprehensive Cancer Control Program	Collaborate and coordinate state cancer projects to include the SC Cancer Report Card, which provides a snapshot of Cancer incidence and mortality rates in SC, programs designed to address cancer and SC State Cancer Plan, which provides an overview of cancer goals, objectives and strategies to reduce and address the burden of cancer.	Cancer Control Advisory Committee	Professional Organization	Cancer Control Advisory Committee is established in accordance with State Code section 44-35-90. The members of this committee consists of qualified physicians, researchers, other experts engaged professionally in cancer prevention and care in SC and health care consumers.	Advise and make recommendations to the department about the formulation and implementation of a comprehensive cancer prevention and control program in order to reduce the burden of cancer.	Non-compliance with State law, increased burden of cancer to state due to uncoordinated cancer approaches, disjointed or lack of surveillance information and poor liaisons and communication within communities regarding he prevention, detection, and care of cancer.	Compliance with state law, the existence and viability of the Cancer Control Advisory Committee.	Physicians, physician and hospital supported networks, organizations and coalitions, DHEC, SC State Legislature.	Reduction or loss of committee.	Appoint a member to sit as member on the Cancer Control Advisory Committee, promote statewide participation, provide funding.
Family Health - Chronic Disease Prevention - SC Breast and Cervical Cancer Program (Best Chance Network - BCN)	In accordance with State Law 44-35-80, and the federal National Breast and Cervical Cancer Early Detection Program to provide breast and cervical cancer screenings to women through the BCN who are ages 30-64, has income below 200% of the federal, underinsured or uninsured.	Breast and Cervical Cancer Screenings (e: clinical breast exams, mammograms, pelvic exams, pap tests, HPV tests, etc.).	General Public	Best Chance Network (Cancer Screening program) eligible women ages 30-64 with income at or below 200% of federal poverty level, underinsured or uninsured, in a high deductible health plan of \$1000 or more and/or diagnostic services not covered at 100%.	Provide screening services in order to monitor or detect cancer related issues early. Prevent late stage diagnosis, lower hospital costs associated with treatment, increase quality of life.	Higher incidence and mortality related deaths due to undetected or treated cancer. Cancer found in later stages, thus increasing chances for higher health care costs and mortality rates.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	BCN providers who provide the services to women, BCN partners who help administer program components and assist with increasing service rates.	Reduction or loss of state or federal CDC funding to the program.	Continue state funding to supplement federal BCN funding, Advocate for continued funding at the federal level.
Family Health - Chronic Disease Prevention - SC Breast and Cervical Cancer Program (Best Chance Network)	In accordance with State Law 44-35-80, and the federal National Breast and Cervical Cancer Early Detection Program to provide breast and cervical cancer screenings to women through the BCN who are ages 30-64, has income below 200% of the federal, underinsured or uninsured.	Diagnostic Follow-up (i.e.: biopsy, colposcopy, etc.)	General Public	Best Chance Network (Cancer Screening program) eligible women ages 30-64 with income at or below 200% of federal poverty level, underinsured or uninsured, in a high deductible health plan of \$1000 or more and/or diagnostic services not covered at 100%	Provide screening services in order to monitor or detect cancer related issues early. Prevent late stage diagnosis, lower hospital costs associated with treatment, increase quality of life.	Higher incidence and mortality related deaths due to undetected or treated cancer. Cancer found in later stages, thus increasing chances for higher health care costs and mortality rates.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	BCN providers who provide the services to women, BCN partners who help administer program components and assist with increasing service rates.	Reduction or loss of state or federal CDC funding to the program.	Continue state funding to supplement federal BCN funding, Advocate for continued funding at the federal level.
Family Health - Chronic Disease Prevention - SC Breast and Cervical Cancer Program (Best Chance Network)	In accordance with State Law 44-35-80, and the federal National Breast and Cervical Cancer Early Detection Program to provide breast and cervical cancer screenings to women through the BCN who are ages 30-64, has income below 200% of the federal, underinsured or uninsured.	Patient Navigation	General Public	Best Chance Network (Cancer Screening program) eligible women ages 30-64 with income at or below 200% of federal poverty level, underinsured or uninsured, in a high deductible health plan of \$1000 or more and/or diagnostic services not covered at 100% with an abnormal finding through screening.	Provide 1 on 1 patient navigation services in order to monitor and get the patient into care early after an abnormal finding. Assist with the completion of Medicaid application and assists with other resources to assist patient, prevent long referrals for follow-up and treatment., lower hospital costs associated with treatment, increase quality of life.	Higher incidence and mortality related deaths due to undetected or treated cancer. Cancer found in later stages and untreated, thus increasing chances for higher health care costs and mortality rates.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	BCN providers who provide the services to women, BCN partners who help administer program components and assist with increasing service rates.	Reduction or Loss of federal CDC funding to the program.	Continue state funding to supplement federal BCN funding, Advocate for continued funding at the federal level.
Family Health - Chronic Disease Prevention - SC Breast and Cervical Cancer Program (Best Chance Network)	In accordance with State Law 44-35-80, and the federal National Breast and Cervical Cancer Early Detection Program to provide breast and cervical cancer screenings to women through the BCN who are ages 30-64, has income below 200% of the federal, underinsured or uninsured.	Public and Professional Education	General Public	Provide community and professional education on breast and cervical cancer screening programs and implementation. Screening Importance, referral assistance, outreach and the implementation of best practices within practices.	Educated and informed community statewide and continued professional education to both BCN and non-BCN physicians statewide.	Lack of knowledge regarding cancer screening importance, cancer risks, higher incidence and mortality related to late detection or lack of treatment.	Provider audits, monthly contract and compliance monitoring, fiscal monitoring, monthly calls with Center for Disease Control (CDC) Project Officer.	BCN providers who provide the services to women, BCN partners who help administer program components and assist with increasing service rates	Reduction or Loss of state or federal CDC funding to the program.	Continue state funding to supplement federal BCN funding, Advocate for continued funding at the federal level.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - Division of Nutrition, Physical Activity, and Obesity - Early Care and Education	The Division of Nutrition, Physical Activity, and Obesity (DNPAO) is charged to lead South Carolina's healthy eating and active living policy, systems, and environmental approaches to reduce obesity and obesity-related chronic conditions. Environmental and systems approaches have broad, population-based reach, provide sustained health impact, and are best and promising practices for public health. DNPAO works with partners at the state and local level providing content expertise and technical assistance on environmental and systems approaches to support healthy eating, active living, and obesity prevention.	Work with national, state, and local partners to establish and implement nutrition and physical activity standards for child care providers and provide tools, professional development, and assistance to child care providers to improve access to healthier foods/beverages and opportunities for daily physical activity in the early care and education setting.	Executive Branch/State Agency		All regulated child care providers in the state of South Carolina will meet national best practice standards for nutrition and physical activity. These will be monitored on at least an annual basis and data will be collected to inform the types of tools and assistance needed to improve child health.	Childhood obesity rates and sedentary behaviors in early childhood will increase. These increases will lead to poor health and unhealthy behaviors in children ages 0-5 years in the state and will increase the likelihood of unhealthy behaviors of these children as they age.	Currently SC DSS is monitoring compliance of nutrition and physical activity standards for ABC child care centers. Compliance is observed on an annual basis and compiled by RFA at the end of each federal fiscal year. Therefore, compliance data is received one year after the centers have been monitored.	SC Department of Social Services	Agency loses funding to support programs focused on chronic disease prevention/healthy lifestyles.	1.) Advocate for federal funding; 2) provides state funding to support evidence-based, best practice or innovative approaches to chronic disease prevention.
Family Health - Chronic Disease Prevention - Division of Nutrition, Physical Activity, and Obesity - School Health	DNPAO is charged to lead South Carolina's healthy eating and active living policy, systems, and environmental approaches to reduce obesity and obesity-related chronic conditions. Environmental and systems approaches have broad, population-based reach, provide sustained health impact, and are best and promising practices for public health. DNPAO works with partners at the state and local level providing content expertise and technical assistance on environmental and systems approaches to support healthy eating, active living, and obesity prevention.	Work with national, state, and local partners to provide tools, professional development, and assistance to schools and school districts to improve access to healthier foods/beverages and opportunities for daily physical activity in schools.	Executive Branch/State Agency; Local Governments		All school districts in the state of South Carolina will establish and implement a quality wellness policy as measured by the Wellstat 2.0 tool. All schools in the state of South Carolina will utilize the Alliance for a Healthier Generation assessment tool to assess the implementation of the wellness policy and implement an action plan to improve the nutrition and physical activity environment of the school. All schools will utilize the SC FitnessGram system to collect health-related fitness data on students and use this data to improve the quality of PE.	Childhood obesity rates and sedentary behaviors in school-age children will increase. These increases will lead to poor health and unhealthy behaviors in children ages 6-17 years in the state and will increase the likelihood of unhealthy behaviors of these children as they become adults.	Currently, the SC Department of Education is not monitoring the quality of school district wellness policies, but DHEC is working with the SCDE Office of Health and Nutrition to use the Wellstat 2.0 tool to analyze the quality of these policies and to use this data to identify the types of tools and assistance that school districts need to improve the quality of their wellness policies. It is not a requirement for schools to use the Alliance for a Healthier Generation assessment or action plan or the SC FitnessGram system, however, the use of these tools is being monitored by DHEC on at least an annual basis.	SC Department of Education	Agency loses funding to support programs focused on chronic disease prevention/healthy lifestyles.	1) Advocate for federal funding; 2) provides state funding to support evidence-based, best practice or innovative approaches to chronic disease prevention.
Family Health - Chronic Disease Prevention - Division of Nutrition, Physical Activity, and Obesity - Healthy Eating and Active Living	DNPAO is charged to lead South Carolina's healthy eating and active living policy, systems, and environmental approaches to reduce obesity and obesity-related chronic conditions. Environmental and systems approaches have broad, population-based reach, provide sustained health impact, and are best and promising practices for public health. DNPAO works with partners at the state and local level providing content expertise and technical assistance on environmental and systems approaches to support healthy eating, active living, and obesity prevention.	Work with national, state, and local partners to provide tools, training, and assistance to communities to improve access to healthier foods/beverages and opportunities for daily physical activity in public places and worksites.	Executive Branch/State Agency; School Districts		All areas of the state will have access to fruits and vegetables through one or more avenues including farmers' markets, roadside markets, food pantries, convenience stores, or worksites. All local governments will accommodate pedestrians through the planning and design of communities that allow for daily physical activity. All county comprehensive plans will include best practice policy recommendations for healthy eating and active living as outlined in the SC Health + Planning Toolkit.	Access to fruits and vegetables and opportunities for daily physical activity will be reduced in communities across the state, especially the most vulnerable populations. With decreased access, obesity and other chronic conditions will increase.	Currently, DHEC is conducting statewide inventories of farmers' markets and roadside markets in conjunction with the SC Department of Agriculture and the SC Department of Social Services. This is being completed on an annual basis. DHEC also surveyed all municipalities and counties in 2015 to assess pedestrian planning efforts. This is scheduled to be surveyed again in 2017/2018. DHEC analyzed all county comprehensive plans for inclusion of healthy eating and active living best practices in 2014-2015. Reanalysis will take place in 2017-2018.	SC Department of Agriculture and SC Department of Transportation	Agency loses funding to support programs focused on chronic disease prevention/healthy lifestyles.	1. Advocate for federal funding; 2) provides state funding to support evidence-based, best practice or innovative approaches to chronic disease prevention.
Family Health - Chronic Disease Prevention - Injury and Violence Prevention-SC Violent Death Reporting System	Serves as state based surveillance system that collects data from multiple data sources to provide a clearer understanding of violent deaths (homicides and suicides) which can guide prevention efforts and the reduction of violent deaths.	Information, data, infographs.	Professional Organization	SC Chapter of American Suicide Prevention, SC Sheriff's Association, SC Coroner's Association.	Strong data surveillance on circumstances surrounding violent deaths that can be disseminated to stakeholders for violence prevention.	Data on circumstances surrounding violent death would be unavailable impacting prevention efforts.	Electronic and hard copies reports on violent death.	Coroners, law enforcement agencies and affiliated associations.	No reports received from coroner's and law enforcement offices within a 12 month period.	1)More funding for local capacity of coroner's and law enforcement offices; 2)Staffing capacity for program staff.
Family Health - Chronic Disease Prevention - Injury and Violence Prevention-SC Violent Death Reporting System	Serves as state based surveillance system that collects data from multiple data sources to provide a clearer understanding of violent deaths (homicides and suicides) which can guide prevention efforts and the reduction of violent deaths.	Information, data, infographs.	Executive Branch/State Agencies		Strong data surveillance on circumstances surrounding violent deaths that can be disseminated to stakeholders for violence prevention.	Data on circumstances surrounding violent death would be unavailable impacting prevention efforts.	Electronic and hard copies reports on violent death.	Coroners, law enforcement agencies and affiliated associations.	No reports received from coroner's and law enforcement offices within a 12 month period.	1)More funding for local capacity of coroner's and law enforcement offices; 2)Staffing capacity for program staff.
Family Health - Chronic Disease Prevention - Injury and Violence Prevention-Child Passenger Safety Program	Aims to reduce unintentional injuries and fatalities to children and adults involved in motor vehicle crashes through educational opportunities, school transportation safety assessments and free child safety seat inspections	Technical assistance and training.	Executive Branch/State Agencies		Certified technicians to provide occupant protection for children would be available countywide across the state, all resident would have access to these services.	Fewer certified technicians available statewide to provide occupant protection for children, resulting in fewer resident having access to services. Overall greater number of unintentional injuries and fatalities to children and adults from motor vehicle crashes would occur.	Number of required classes per year, number of trained technicians.	Department of Public Safety, Safe Kids Worldwide.	No technician training classes within a 12 month period.	1) Funding support for the program; 2)Funding support for Department of Public Safety to support these efforts.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	<u>Specify for the following Segments:</u> (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - Injury and Violence Prevention-Child Passenger Safety Program	Aims to reduce unintentional injuries and fatalities to children and adults involved in motor vehicle crashes through educational opportunities, school transportation safety assessments and free child safety seat inspections	Child safety seat inspections	Professional Organization	Safe Kids Worldwide	Certified technicians to provide occupant protection for children would be available countywide across the state, all resident would have access to these services	Fewer certified technicians available statewide to provide occupant protection for children, resulting in fewer resident having access to services. Overall greater number of unintentional injuries and fatalities to children and adults from motor vehicle crashes would occur.	Number of required classes per year, number of trained technicians.	Department of Public Safety, Safe Kids Worldwide.	No technician training classes within a 12 month period.	1) Funding support for the program; 2)Funding support for Department of Public Safety to support these efforts.
Family Health - Chronic Disease Prevention - Injury and Violence Prevention-Child Passenger Safety Program	Aims to reduce unintentional injuries and fatalities to children and adults involved in motor vehicle crashes through educational opportunities, school transportation safety assessments and free child safety seat inspections	School Transportation Safety Assessments	School Districts		All schools in SC would engage in the assessment process and implement measures to improve transportation safety of students arriving and departing the school campus	No schools in SC would engage in the assessment process leading to no additional measures added to improve transportation safety of students arriving and departing the school campus	Number of school transportation safety assessments completed.	Department of Public Safety.	No school assessments done within a 12 month period.	1) Funding support for the program; 2)Funding support for Department of Public Safety to support these efforts; 3)Funding for school district to support safety efforts.
Injury and Violence Prevention - Reporting of annual State Child Fatality Advisory Committee (SCFAC) activities.	Aim is to produce an annual report detailing the SCFAC activities (cases reviewed and completed), highlighting the SCFAC's environmental, system and policy change recommendations, and providing primary prevention points to help reduce fatal and nonfatal injuries.	Annual SCFAC Report	Executive Branch/State Agencies		Annual SCFAC Report will be developed and published by December 31st.	The Annual SCFAC Report will not be developed or published in a timely manner.	Quality and timeliness of the SCFAC Report.	SCFAC Leadership Group (i.e., Chair-person, Vice Chair-person, and DSS, DHEC and DDSN committee representatives.	No SCFAC Report completed by defined deadline date.	1) Funding to support core SCFAC Staff 2) Funding to support #1 above, as well as, local CFR efforts.
Injury and Violence Prevention - Reporting of annual SCFAC activities.	Aim is to produce an annual report detailing the SCFAC activities (cases reviewed and completed), highlighting the SCFAC's environmental, system and policy change recommendations, and providing primary prevention points to help reduce fatal and nonfatal injuries.	Annual SCFAC Report	Executive Branch/State Agencies		100% of the death cases where the victim or their sibling(s) had an open child protective service file will be identified.	The number of death cases where the victim or their sibling(s) had an open child protective service file would be under reported.	Quality and timeliness of the SCFAC Report.	SCFAC Leadership Group (i.e., Chair-person, Vice Chair-person, and DSS, DHEC and DDSN committee representatives.	No SCFAC Report completed by defined deadline date.	1) Funding to support core SCFAC Staff 2) Funding to support #1 above, as well as, local CFR efforts.
Injury and Violence Prevention - Reporting of annual SCFAC activities.	Aim is to produce an annual report detailing the SCFAC activities (cases reviewed and completed), highlighting the SCFAC's environmental, system and policy change recommendations, and providing primary prevention points to help reduce fatal and nonfatal injuries.	Annual SCFAC Report	General Public	Residents of the state.	There would be an increase in the understanding and awareness of factors leading to the death of individuals age 17 and under, as well as primary prevention strategies.	SC residents would not have a full understanding or awareness of factors leading to the death of individuals age 17 and under, as well as primary prevention strategies.	Quality and timeliness of the SCFAC Report.	SCFAC Leadership Group (i.e., Chair-person, Vice Chair-person, and DSS, DHEC and DDSN committee representatives.	No SCFAC Report completed by defined deadline date.	1) Funding to support core SCFAC Staff 2) Funding to support #1 above, as well as, local CFR efforts.
Family Health - Chronic Disease Prevention - Diabetes, Heart Disease, Obesity and School Health Division - Diabetes Self-Management Education/Training (DSME/T)	Provide access to DSME/T programs, an essential part of diabetes care. The overall goal of DSME/T services is to provide people with diabetes the knowledge, skills, and ability to perform diabetes self-care tasks. The process involves informed decision-making, problem solving, and collaboration with the health care team to improve clinical outcomes, health status, and quality of life for people with diabetes.	Access to DSME/T classes	Professional Organization	Adults 18 years and older with a clinical diagnosis of diabetes can be referred into a DSME/T by a health care provider.	Research has shown that DSME/T is an effective intervention for improving glycemic control among adults of various racial and ethnic backgrounds with type 2 diabetes. Participants that have access to DSME/T programs targeting adults with type 2 diabetes can expect to see the following results: *adults of various ages and racial or ethnic backgrounds develop appropriate diabetes management knowledge and skills. *Among participants, glycemic control will improve, potentially leading to a decrease in diabetes related complications and premature death *minimized healthcare costs.	Poor health outcomes and an increase in the number of diabetes diagnoses across the state, which may result in higher health care costs.	The availability and access to DSME/T programs in comparison to the number of people living with diabetes across the state.	Health care providers, Centers for Disease Control and Prevention, Diabetes Initiative of South Carolina	Agency loses funding to support evidence-based chronic disease programs - specifically diabetes self-management.	Consider state appropriations to support diabetes self-management education.
Family Health - Chronic Disease Prevention - Diabetes, Heart Disease, Obesity and School Health Division - National Diabetes Prevention Program (National DPP)	Provide access to an evidence-based lifestyle change program to help prevent or delay type 2 diabetes. The overall goal is to teach participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills.	National DPP classes	General Public	Individuals who have prediabetes and are at high risk for developing type 2 diabetes. Participants must be at least 18 years old, overweight, have no previous diagnosis of type 1 or type 2 diabetes and have a blood test result in the prediabetes range within the past year or be previously diagnosed with gestational diabetes	Participants that enroll and complete a National DPP can cut their risk of developing type 2 diabetes by 58%. Research has found that even after 10 years, participants were one third less likely to develop type 2 diabetes.	Many people with prediabetes who do not change their lifestyle by losing weight (if needed) and being more physically active will develop type 2 diabetes within 5 years. Type 2 diabetes can lead to serious health issues such as: *Heart attack *Stroke *Blindness *Kidney failure *Loss of toes, feet, or legs	All participants follow an approved curriculum that is facilitated by a trained lifestyle coach. Data is submitted a minimum of once a year to CDC to show that the program is having an impact.	If low numbers are seen for the National DPPs the program can consult with CDC to see if they have any states that may have potential suggestions or solutions.	Agency loses funding to support evidence-based chronic disease programs - specifically funding to support evidence-based diabetes prevention programs.	Consider state appropriations to support the National DPP.
Family Health - Chronic Disease Prevention - Diabetes, Heart Disease, Obesity and School Health Division - Quality Improvement within Health Systems	Assist statewide health systems and organizations with access to evidence-based chronic disease education and information to provide prevention and management opportunities on diabetes and heart disease.	Health Systems Quality Improvement	Professional Organization	hosting evidence-based provider education symposiums/round tables/meetings/etc. for health care providers across the state offer periodic trainings and technical assistance on billing and reimbursement for DSME, promote prediabetes awareness to health care providers and promote the American Medical Association Prevent Diabetes STAT toolkit.	Engaging primary care practices in quality improvement (QI) activities is essential to achieving the triple aim of improving the health of the population, enhancing patient experiences and outcomes, and reducing the per capita cost of care, and to improving provider experience.	Many health care providers will not have access to the latest, evidence-based information related to diabetes and heart disease prevention and management, which could result in poor patient outcomes.	Program participation/the number of providers and/or health systems in attendance	Health care providers, Centers for Disease Control and Prevention, Diabetes Initiative of South Carolina	Agency loses funding to support evidence-based chronic disease programs - specifically funding to support evidence-based diabetes prevention programs.	Consider state appropriations to support quality improvement for health care systems.
Family Health - Chronic Disease Prevention - Preventive Health - Health Services Block Grant (PHHSBG)	Aim is to support the creation of safe and healthy community areas across South Carolina with a focus on active living, healthy eating and injury and violence free living environments.	Grant funds support implementation of evidence-based community development strategies implemented by BCHCDP's Office of Community Health Improvement.	General Public	SC Residents	The forty six (46) county areas of SC would have 'Healthy Community' designations.	Many SC residents will continue to live with preventable chronic health conditions, and still live in unsafe community environments.	Number of county areas actively engage in coordinated community health improvement (CHI) activities.	Local community groups and coalitions.	Inability to provide technical support to local communities/counties in the development of strategic community health assessments and health improvement planning	Advocate for or provide state funding to local communities for community health assessments and community health improvement planning and implementation.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs		Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Family Health - Chronic Disease Prevention - PHHSBG	Aim is to support the creation of safe and healthy community areas across South Carolina with a focus on active living, healthy eating and injury and violence free living environments.	Grant funds support implementation of evidence-based farm-to-institution strategies implemented by BCHDP's Division of Nutrition, Physical Activity and Obesity.	General Public	SC Residents	The citizen of each of SC's forty six (46) county areas would live in active living environments.	Many SC residents will continue to live with preventable chronic health conditions, and still live in unsafe community environments.	Number of county areas actively engage in evidence-based efforts to establish and sustain healthy eating active living environments.	Stakeholders working on specific programmatic activities	Inability to provide technical support to local communities/counties in the development of policy, systems, and environmental changes in support of access to healthy foods and active living options.	Advocate for or provide state funding in support of the development of systems and environmental changes to improve access to healthy food and options for active living environments.
Family Health - Chronic Disease Prevention - PHHSBG	Aim is to support the creation of safe and healthy community areas across South Carolina with a focus on active living, healthy eating and injury and violence free living environments.	Grant funds support implementation of evidence-based strategies directed towards sexual assault/rape prevention education implemented by MCHB's Sex Offense Program.	General Public	SC Residents	The forty six (46) county areas with access to sexual assault/rape prevention education programming and support services.	Many SC residents will continue to live in unsafe community/home environments.	Number of sexual assault/rape prevention education programming and support services being provided.		Lack of sexual assault/rape prevention education programming and support services occurring.	1. Advocate for federal funding; 2) continued funded for state supported programs.
Family Health - Access to Care	Women's Health Division	Title X (Federal Family Planning and related Preventive Health) Services	General Public	Adults/Adolescents	decreased disease rates; decreased unplanned pregnancy; decrease use of public/federal funds for pregnancy medical coverage; decreased abortion rates; increased awareness of disease and pregnancy prevention; improved fetal and maternal mortality/morbidity rates	Increase in disease and unplanned pregnancy; increase in abortion rates; increased fetal and maternal mortality/morbidity rates; decrease in public education/awareness of disease and/or pregnancy prevention; increased requirement for use of public/federal funds for pregnancy	Caseload; use of highly effective methods of contraception; provision of education; teen birth rate; number of visits; revenue cycle processes; contract compliance	Office of Population Affairs	Agency doesn't have sufficient funding for a critical program; needs funding to increase services or increase availability of services, especially if agency is mandated to provide the service	Provide additional funding; new or amended statute; convene study committee
Family Health - Access to Care	Women's Health Division	Title X (Federal Family Planning and related Preventive Health) Services	Industry	Physicians, Hospitals	decreased disease rates; decreased unplanned pregnancy; decrease use of public/federal funds for pregnancy medical coverage; decreased abortion rates; increased awareness of disease and pregnancy prevention; improved fetal and maternal mortality/morbidity rates	Increase in disease and unplanned pregnancy; increase in abortion rates; increased fetal and maternal mortality/morbidity rates; decrease in public education/awareness of disease and/or pregnancy prevention; increased requirement for use of public/federal funds for pregnancy	Caseload; use of highly effective methods of contraception; provision of education; teen birth rate; number of visits; revenue cycle processes; contract compliance	Office of Population Affairs	Agency doesn't have sufficient funding for a critical program; needs funding to increase services or increase availability of services, especially if agency is mandated to provide the service	Provide additional funding; new or amended statute; convene study committee
Family Health - Access to Care	Women's Health Division	Personal Responsibility Education Program (PREP)	School Districts		Increase in high school graduates; decrease in teen pregnancy; increased parent-child communication; increased awareness of the importance of delaying pregnancy and sexual activity; decrease in disease; increase in life skills preparation for adolescents; decrease in abortion rates; increased outreach and awareness of pregnancy prevention, disease prevention and life-skills/life preparation	Decreased awareness of pregnancy and disease prevention; less support for facilitating parent-child communication; decreased education for life skills preparation for adolescents; increased sexual activity; decreased education regarding avoiding sexual coercion; decreased social support for adolescents to avoid sexual activity; decreased encouragement to receive an education	Fidelity of education provided using evidence-based principles as a foundation; contract compliance; number of interventions/education sessions; number of participating organizations; teen birth rate; number of outreach activities in community	Family and Youth Services Bureau	Agency doesn't have sufficient funding for a critical program; needs funding to increase services or increase availability of services, especially if agency is mandated to provide the service	Provide additional funding; new or amended statute; convene study committee
Family Health - Access to Care	Women's Health Division	PREP	General Public	Parents, Adults, Adolescents	Increase in high school graduates; decrease in teen pregnancy; increased parent-child communication; increased awareness of the importance of delaying pregnancy and sexual activity; decrease in disease; increase in life skills preparation for adolescents; decrease in abortion rates; increased outreach and awareness of pregnancy prevention, disease prevention and life-skills/life preparation	Decreased awareness of pregnancy and disease prevention; less support for facilitating parent-child communication; decreased education for life skills preparation for adolescents; increased sexual activity; decreased education regarding avoiding sexual coercion; decreased social support for adolescents to avoid sexual activity; decreased encouragement to receive an education	Fidelity of education provided using evidence-based principles as a foundation; contract compliance; number of interventions/education sessions; number of participating organizations; teen birth rate; number of outreach activities in community	Family and Youth Services Bureau	Agency doesn't have sufficient funding for a critical program; needs funding to increase services or increase availability of services, especially if agency is mandated to provide the service	Provide additional funding; new or amended statute; convene study committee
Family Health - Access to Care - Postpartum Newborn Home Visit Assessments	Postpartum Newborn Home Visit Assessments	Home visits to new mothers and their newly delivered infants	General Public	New mothers, newly born infants, families preparing to care for a "graduate" of a newborn intensive care unit	Earlier identification and remediation of problems occurring in the neonate or newly delivered mother	Overlooked or missed opportunities to prevent death or disability	Numbers of visits made in which significant variations for normal expected findings are identified; lack of resources for referrals when issues are identified	Hospital newborn home visiting programs, hospital newborn intensive care programs, contracted training staff to assess and improve staff competencies in providing this service	Funding is needed to maintain or expand the program	Funding for public health nursing, and other health professionals to assure timely visits to mothers and infants in high-risk categories, mandates for insurance coverage of these activities.
Family Health - Drug Control -	Protect the public by monitoring controlled substances.	State Controlled Substances Registration	Industry	Authorized practitioners and health care entities	Ensures compliance and minimizes diversion	Inability to dispense controlled substances and/or increased drug diversion	Timely application and renewal process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health - Drug Control -	Protect the public by monitoring controlled substances.	State Controlled Substances Registration	General Public	Ultimate users	Ensures compliance and minimizes diversion	Inability to dispense controlled substances and/or increased drug diversion	Timely application and renewal process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health - Drug Control -	Protect the public by monitoring controlled substances.	Inspections, audits, and investigations	Industry	Authorized practitioners and health care entities	Ensures compliance and minimizes diversion	Inability to ensure compliance and prevent diversion	Timely inspection process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health - Drug Control -	Protect the public by monitoring controlled substances.	Inspections, audits, and investigations	General Public	Ultimate users	Ensures compliance and minimizes diversion	Inability to ensure compliance and prevent diversion	Timely inspection process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

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Family Health - Drug Control -	Protect the public by monitoring controlled substances.	Inspections, audits, and investigations	Executive Branch/State Agencies		Ensures compliance and minimizes diversion	Inability to ensure compliance and prevent diversion	Timely inspection process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health - Drug Control -	Protect the public by monitoring controlled substances.	SCRIPTS	Industry	Authorized practitioners and health care entities	Minimize diversion and increase patient safety	Increased diversion and/or inability to increase patient safety	Ensuring required users are enrolled		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health - Drug Control -	Protect the public by monitoring controlled substances.	SCRIPTS	General Public	Ultimate users	Minimize diversion and increase patient safety	Increased diversion and/or inability to increase patient safety	Ensuring required users are enrolled		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Family Health: Rape Violence Prevention	The Sexual Violence Services Program provides state and federal funding to the 15 Rape Crisis Centers and the South Carolina Coalition Against Domestic Violence and Sexual Assault for services to direct and secondary victims along with prevention education and awareness.	Through state and federal funding, the 15 rape crisis centers provide intervention, counseling, hotlines, hospital accompaniment, medical/legal advocacy, information and referral and prevention services to all 46 counties in the state.	General Public	Direct and secondary victims of sexual assault. Also, through educational and awareness efforts, potential victims of sexual assault.	Victims receive quality services in all 46 counties of the state. General public is educated about sexual violence and ways to prevent.	Victims do not receive needed care and suffer from long term physical and mental effects of the trauma. Rape numbers increase due to lack of awareness and absence of prevention.	Centers are audited. Data from Centers is reviewed to assess gaps in services.	Subject matter expertise in sexual assault services and prevention through the CDC and the SCCADVSA	If services are not available to victims in any part of the state, the General Assembly should be notified.	Provide addition prevention funding
Family Health - Independent Living Children With Special Health Care Needs (CSHCN)	Children's Rehabilitative Services provides services and payment assistance for children with special health care needs.	Financial assistance with medical treatment, equipment, prescriptions, and supplies	General Public	Families with children with special health care needs; age birth to 18, at or below 250% of poverty; applicable medical diagnosis	More families get services to address child's health care needs	Families will have to bear the additional costs themselves or children may go without necessary medical treatments, supplies and medications	Workplan	Federal MCH Bureau in HRSA (Health Resources and Services Administration)	None	None
Family Health - Independent Living Children With Special Health Care Needs (CSHCN)	Hemophilia Program provides blood factor to children and adults with hemophilia.	Financial assistance with medical treatment, equipment, prescriptions, and supplies	General Public	Children and adults with special health care needs; at or below 250% of poverty; applicable medical diagnosis	More families get services to address child's health care needs.	People will not be able to do in-home transfusions and will require in-patient treatment, decline in quality of life and potential death due to craniobleeds and hemorrhaging.	Standards of care	Federal MCH Bureau in HRSA (Health Resources and Services Administration)	Potentially needs additional funding for sufficient operation of program.	Provide additional funding
Family Health - Independent Living Children With Special Health Care Needs (CSHCN)	Camp Burnt Gin is a residential summer camp for children who have special health care needs.	Recreation and learning opportunities	General Public	Families with children with special health care needs; age birth to 25, applicable medical diagnosis	Children with special health care needs are able to attend camp. d improve disease/condition management and have enjoyable childhood experiences.	Children will not be able to attend camp.	Accreditation, work plan	Federal MCH Bureau in HRSA (Health Resources and Services Administration)	None	None
Family Health - Independent Living Children With Special Health Care Needs (CSHCN)	Hearing and Orthodontia Assistance Programs provide hearing and orthodontia services to children with hearing and functional(not cosmetic) orthodontic impairments	Financial assistance	Executive Branch/State Agencies		Children with hearing and orthodontia services are able to access services needed.	Children will not have necessary hearing equipment.	Contracts	SC DHHS	None	None
Family Health - Independent Living Children With Special Health Care Needs (CSHCN)	Special Formula Program provides nutritional services and supplements for children with a diagnosed nutritional condition.	Financial assistance	General Public	Families with children with special health care needs; age birth to 18, at or below 250% of poverty; applicable medical diagnosis	Children with nutritional issues are able to receive needed nutrients.	Children may suffer from malnourishment.	Objectives	None	None	None
Family Health - Independent Living Children With Special Health Care Needs (CSHCN)	Sickle Cell Program provides sickle cell testing, medications, and medical treatment for adults and children and administers state funds to designated community-based organizations.	Program administration	Executive Branch/State Agencies		Eliminate health disparity through improving maternal and child health.	People with sickle cell disease may not receive life-saving medication and medical services.	Contracts	Community Based Organizations	None	None
Family Health - Independent Living - Birth Defects Program	The SC Birth Defects Program collects data from medical records in hospitals for over 50 birth defects occurring to SC residents, as mandated through legislation passed in 2006. This data is used to produce prevalence estimates to assess the impact of birth defects on SC residents and assess trends in birth defects over time and geographic location. This data is also used to ensure that families affected by birth defects are referred to appropriate resources.	Data collection and management	General Public	De-identified data is available upon request from public without cost	Data will be collected and provided to requestor though an efficient process that ensures the privacy and security of the data.	Identifiable data is released or breached due to a lack of data security and/or a thorough data request process.	Data security is monitored by DHEC IT staff. Data request processes are reviewed and approved by the legislatively mandated Birth Defects Advisory Committee and the DHEC Institutional Review Board.	Programmatic support from the Center of Birth Defects and Developmental Disabilities can be requested from the Centers for Disease Control and Prevention.	If infrastructure to assure data security and the security of the data request and release processes will not be able to be maintained, the General Assembly should be informed.	Continue to fund the program at a rate necessary to maintain data security and confidentiality.
Family Health - Independent Living - Birth Defects Program	The SC Birth Defects Program collects data from medical records in hospitals for over 50 birth defects occurring to SC residents, as mandated through legislation passed in 2006. This data is used to produce prevalence estimates to assess the impact of birth defects on SC residents and assess trends in birth defects over time and geographic location. This data is also used to ensure that families affected by birth defects are referred to appropriate resources.	Data analysis	General Public	Reports on trends in birth defects in SC are made available to the public. Referral resources posted publicly online and provided to families as program resources allow.	South Carolinians will be aware of the prevalence and trends in the occurrence of birth defects in SC	South Carolinians will be uninformed about birth defect diagnoses in SC and whether there are changes in current trends.	If the SC Birth Defects Program is not making data analysis results available to the Centers for Disease Control and Prevention for national reporting and making data publicly available on the DHEC website.	Programmatic support from the Center of Birth Defects and Developmental Disabilities can be requested from the Centers for Disease Control and Prevention.	If infrastructure to assure data security and the security of the data request and release processes will not be able to be maintained, the General Assembly should be informed.	Continue to fund the program at a rate necessary to maintain data security and confidentiality.
Family Health - Independent Living - Birth Defects Program	The SC Birth Defects Program collects data from medical records in hospitals for over 50 birth defects occurring to SC residents, as mandated through legislation passed in 2006. This data is used to produce prevalence estimates to assess the impact of birth defects on SC residents and assess trends in birth defects over time and geographic location. This data is also used to ensure that families affected by birth defects are referred to appropriate resources.	Data analysis	Industry	All SC Pediatric practices	SC pediatricians are provided with updated lists of referral resources to inform their counseling to their patient populations.	There will be no coordinated system for distributing information about available resources to families affected by birth defects.	The submission of updated referral resources within SC every three years	Programmatic support from the Center of Birth Defects and Developmental Disabilities can be requested from the Centers for Disease Control and Prevention.	If infrastructure to assure secure referral to resources will not be able to be maintained, the General Assembly should be informed.	Continue to fund the program at a rate necessary to maintain data security and confidentiality.
Health Care Standards - Radiological Monitoring -	Protect the public from unnecessary exposure from radiation.	Radiation source licenses, registrations, and permits	Industry	Facilities and users of radioactive materials, tanning beds, and equipment	Compliance and to minimize health and safety risk to public	Lack of oversight of facilities and equipment	Timely application and renewal process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

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Health Care Standards - Radiological Monitoring -	Protect the public from unnecessary exposure from radiation.	Radiation source licenses, registrations, and permits	General Public	People with potential for unnecessary exposure from radiation	Compliance and to minimize health and safety risk to public	Lack of oversight of facilities and equipment	Timely application and renewal process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Radiological Monitoring -	Protect the public from unnecessary exposure from radiation.	Inspections, licensing, registrations, and investigations	Industry	Facilities and users of radioactive materials, tanning beds, and equipment	Compliance and to minimize health and safety risk to public	Increased danger to health and safety of public	Timely inspection, licensing, and investigation process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Radiological Monitoring -	Protect the public from unnecessary exposure from radiation.	Inspections, licensing, registrations, and investigations	General Public	People with potential for unnecessary exposure from radiation	Compliance and to minimize health and safety risk to public	Increased danger to health and safety of public	Timely inspection, licensing, and investigation process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities and Services Development -	Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	State Health Plan	Industry	Health facilities and services	Health facilities and services in service areas reflect public need	State Health Plan is not routinely reviewed and revised to reflect current public need	Routine review of the State Health Plan	State Health Planning Committee	When funding is insufficient due to a change in work load, if a statutory/regulatory change is needed to protect human health or if the State Health Plan needs to be revised.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities and Services Development -	Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	State Health Plan	General Public	Health facilities and services patients, clients, and residents	Health facilities and services in service areas reflect public need	State Health Plan is not routinely reviewed and revised to reflect current public need	Routine review of the State Health Plan	State Health Planning Committee	When funding is insufficient due to a change in work load, if a statutory/regulatory change is needed to protect human health or if the State Health Plan needs to be revised.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities and Services Development -	Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	Review of CON applications, COPA applications, and other requests	Industry	Health facilities and services	Approval of facilities and services reflect public need	Health facility and service projects are not approved or if approved, do not reflect the public need of that service area	Timely application process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities and Services Development -	Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	Review of CON applications, COPA applications, and other requests	General Public	Health facilities and services patients, clients, and residents	Approval of facilities and services reflect public need	Health facility and service projects are not approved or if approved, do not reflect the public need of that service area	Timely application process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities Licensing -	Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to monitor the safe and adequate treatment of persons served in this State.	Health facilities and services licenses and permits	Industry	Health facilities and services	All health facilities and services are licensed and permitted as required and they provide quality and safe services	Health facilities and services are unable to open and operate	Timely application process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities Licensing -	Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to monitor the safe and adequate treatment of persons served in this State.	Health facilities and services licenses and permits	General Public	Health facilities and services patients, clients, and residents	All health facilities and services are licensed and permitted as required and they provide quality and safe services	Health facilities and services are unable to open and operate	Timely application process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities Licensing -	Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to monitor the safe and adequate treatment of persons served in this State.	Inspections and investigations	Industry	Health facilities and services	Health facilities and services are inspected on time and promptly investigated	Backlog of inspections and investigations	Timely and prompt inspections and investigations		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities Licensing -	Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to monitor the safe and adequate treatment of persons served in this State.	Inspections and investigations	General Public	Health facilities and services patients, clients, and residents	Health facilities and services are inspected on time and promptly investigated	Backlog of inspections and investigations	Timely and prompt inspections and investigations		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities Licensing -	Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to monitor the safe and adequate treatment of persons served in this State.	Review designs and construction inspections	Industry	Health care facilities	Health care facilities receive timely Notices of Completion	Backlog of construction plan reviews and inspections	Timely Notice of Completion		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Health Facilities Licensing -	Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to monitor the safe and adequate treatment of persons served in this State.	Review designs and construction inspections	General Public	Health facilities patients, clients, and residents	Health care facilities receive timely Notices of Completion	Backlog of construction plan reviews and inspections	Timely Notice of Completion		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Certification -	Certify that providers and suppliers meet minimum federal health and safety and Clinical Laboratory Improvement Amendments (CLIA) standards.	Medicare certification	Industry	Providers and suppliers participating in Medicare and Medicaid programs	Providers and suppliers receive certification within the Centers for Medicare and Medicaid Services (CMS) timeframe	Backlog of certifications	Timely certification process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Certification -	Certify that providers and suppliers meet minimum federal health and safety and CLIA standards.	Medicare certification	General Public	Patients, clients, and residents of participating Medicare and Medicaid program providers and suppliers	Providers and suppliers receive certification within the Centers for Medicare and Medicaid Services (CMS) timeframe	Backlog of certifications	Timely certification process		When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Certification -	Certify that providers and suppliers meet minimum federal health and safety and CLIA standards.	Surveys and investigations	Industry	Providers and suppliers participating in Medicare and Medicaid programs	Providers and suppliers are surveyed and investigated within the Centers for Medicare and Medicaid Services (CMS) timeframe	Backlog of surveys and investigations	Timely survey and investigation process	Contract surveys for nursing homes	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.

Customers and Potential Impacts (2015-16)

General Appropriation Act Program/Title - Daily Operations Programs		Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range, income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Health Care Standards - Certification -	Certify that providers and suppliers meet minimum federal health and safety and CLIA standards.	Surveys and investigations	General Public	Patients, clients, and residents of participating Medicare and Medicaid program providers and suppliers	Providers and suppliers are surveyed and investigated within the Centers for Medicare and Medicaid Services (CMS) timeframe	Backlog of surveys and investigations	Timely survey and investigation process	Contract surveys for nursing homes	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for emergency medical services (EMS).	Licenses, permits, and certifications	Industry	EMS personnel and agencies, athletic trainers, and educational institutions	EMS personnel and agencies, athletic trainers, and educational institutions receive licenses, permits, and certifications ahead of schedule	Backlog of EMS personnel and agencies, athletic trainers, and educational institutions to be credentialed	Timely credential process	SC EMS Association	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	Licenses, permits, and certifications	General Public	People receiving emergency medical services or training	EMS personnel and agencies, athletic trainers, and educational institutions receive licenses, permits, and certifications ahead of schedule	Backlog of EMS personnel and agencies, athletic trainers, and educational institutions to be credentialed	Timely credential process	SC EMS Association	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	Training and Education	Industry	EMS personnel and agencies, athletic trainers, and educational institutions	EMS personnel and agencies, athletic trainers, and educational have full access to training and education tools	EMS personnel and agencies, athletic trainers, and educational institutions are unable to receive or provide necessary training and education	Training opportunities	Regional EMS Councils	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	Training and Education	General Public	People receiving emergency medical services or training	EMS personnel and agencies, athletic trainers, and educational have full access to training and education tools	EMS personnel and agencies, athletic trainers, and educational institutions are unable to receive or provide necessary training and education	Training opportunities	Regional EMS Councils	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	State Trauma Care System	Industry	Hospitals	Hospitals receive trauma designation ahead of schedule	Hospitals do not receive trauma designation due to agency backlog	Timely application process	Trauma Association Trauma Advisory Council	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	State Trauma Care System	General Public	Trauma patients	Hospitals receive trauma designation ahead of schedule	Hospitals do not receive trauma designation due to agency backlog	Timely application process	Trauma Association Trauma Advisory Council	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	Statewide System of Stroke Care	Industry	Hospitals	Hospitals receive stroke designation ahead of schedule and reduce stroke mortality	Stroke registry not in place; South Carolina continues to have one of the highest rates of stroke mortality	Timely stroke center designation process	Stroke Advisory Council; AHA; SCHA	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	Statewide System of Stroke Care	General Public	Stroke patients	Hospitals receive stroke designation ahead of schedule and reduce stroke mortality	Stroke registry not in place; South Carolina continues to have one of the highest rates of stroke mortality	Timely stroke center designation process	Stroke Advisory Council; AHA; SCHA	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	EMS for Children	Industry	Hospitals	Pediatric ERs receive pediatric designations ahead of schedule and reduce pediatric mortality	Pediatric ERs fall behind on designation	Timely pediatric ER designations	National EMS for Children Board	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Care Standards - Emergency Medical Services -	Implement and enforce standards for EMS.	EMS for Children	General Public	Pediatric EMS patients	Pediatric ERs receive pediatric designations ahead of schedule and reduce pediatric mortality	Pediatric ERs fall behind on designation	Timely pediatric ER designations	National EMS for Children Board	When funding is insufficient due to a change in work load and if a statutory/regulatory change is needed to protect human health.	Continue to authorize fund appropriations for agency operations. Increase funding, if necessary. Change statute/regulation, if necessary.
Health Surveillance Support - Health Lab -	Provide lab testing for disease surveillance and outbreak testing.	Testing for infectious and contagious diseases	Executive Branch/State Agencies		No disease transmission	Multiple disease outbreaks	Disease outbreak trends	Private labs like LabCorp or Quest Diagnostics	Lab building deemed inadequate by Assoc. of Public Health Laboratories; DHEC may be considering a budget ask.	None at this time.
Health Surveillance Support - Health Lab -	Laboratory newborn screening	Lab testing for metabolic disorders in newborn infants	General Public	All newborns in South Carolina	All metabolic disorders diagnosed within 5 days of birth	Infants suffering due to lack of diagnosis and care	Percent of infants not diagnosed within 5 days of birth	Greenwood Genetic Center	Nothing to the G.A.; billing costs are currently being evaluated by DHEC in order to cover the costs of the program.	None at this time.
Health Surveillance Support - Vital Records -	Vital records registers and issues certified copies for vital events that occur in South Carolina. In addition, data are provided to other state agencies for administrative purposes, such as marking individuals in their records as deceased.	statewide registration/reporting and issuance of vital events (birth, death, fetal death, abortion, fetal deaths, abortions, marriage and divorce)	General Public	includes individuals or family members of individuals who experienced a vital event in SC	Records are registered/reported and issued in an accurate, timely manner; identity theft and fraud for SC records are minimized	Records are not filed and individuals cannot obtain certified copies for legal purposes, such as passports or estate processing for deceased individuals	Timeliness and completeness of reporting are monitored regularly through reports	National Association of Public Health Statistics and Information Systems; National Center for Health Statistics	N/A	N/A
Health Surveillance Support - Vital Records -	Vital records registers and issues certified copies for vital events that occur in South Carolina. In addition, data are provided to other state agencies for administrative purposes, such as marking individuals in their records as deceased.	sharing of minimal information on individuals who died in SC to SC agencies to mark these individuals deceased in their records (e.g. SC Election Commission)	Executive Branch/State Agencies		Agencies are able to mark individuals deceased which could increase identity fraud, reduce overpayment of state benefits, and assist estate recovery programs	Agencies are unable to mark individuals deceased which could increase identity fraud, increase overpayment of state benefits, and delay estate recovery programs	Transmittal schedules re monitored	National Association of Public Health Statistics and Information Systems; National Center for Health Statistics	N/A	N/A
Employee Benefits -	Human Resources oversees the benefits allotted to all covered agency employees.	Ensure consistent knowledge of allotted benefits.	Executive Branch/State Agency		Covered employees receive allotted benefits.	Covered employees don't receive allotted benefits.	Employee Satisfaction	Guidance from PEBA, State Employees Association and Department of Administration	N/A	N/A

15. Please review the 2015-16 Public Benefit and Responsibility Chart, which is a tab in the attached Excel document.

Public Benefit and Staff Responsibility (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: In this Chart, the agency will find information it provided in its Restructuring Report for 2015-16. Please ensure all cells are completed and the goals, strategies, objectives, intended public benefits and staff responsible are accurate for 2015-16. Cells which were left blank in the Restructuring Report and need to be completed are highlighted in yellow. Please highlight, in green, any cells where the agency provided information in the Restructuring Report, but there were changes in the plan or who was responsible after submission of the report. In another chart in this report the agency will provide information related to its 2016-17 Strategic Plan. As a reminder, the instructions for how the agency was to complete the chart are below:

- 1) Under the "Strategic Plan Part and Description" column, enter the strategic plan part number and description (i.e. Goal 1 - Increase the number of job opportunities available to juveniles to 20 per juvenile within the next 2 years).
- 2) Under the "Public Benefit/Intended Outcome" column, enter the intended outcome of accomplishing each goal and objective.
- 3) Under the "Responsible Person" columns, provide information about the individual who has primary responsibility/accountability for each goal and objective. The Responsible Person for a goal has different teams of employees beneath him/her to help accomplish the goal. The Responsible Person for an objective has employees and possibly different teams of employees beneath him/her to help accomplish the objective. The Responsible Person for a goal is the person who, in conjunction with his/her team(s) and approval from higher level superiors, determines the strategy and objectives needed to accomplish the goal. The Responsible Person for an objective is the person who, in conjunction with his/her employees and approval from higher level superiors, sets the performance measure targets and heads the game plan for how to accomplish the objective for which he/she is responsible. Under the "Position" column, enter the Responsible Person's position/title at the agency. Under "Office Address" column, enter the address for the office from which the Responsible Person works. Under the "Department/Division" column, enter the department or division at the agency in which the Responsible Person works. Under the "Department/Division Summary" column, enter a brief summary (no more than 1-2 sentences) of what that department or division does in the agency.

Mission:	To improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.	Legal Basis:	All apply, please see Laws worksheet.
Vision:	Healthy people living in healthy communities.	Legal Basis:	All apply, please see Laws worksheet.

DHEC's Board approved and implemented a new strategic plan December 10, 2015. Therefore the Agency's information will not correspond to the information provided in its Restructuring Report.

Strategic Plan Part and Description (2015-16)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee Name:	How long as staff member been responsible for the goal or objective: (i.e. more or less than 3 years)	Position:	Office Address:	Department or Division:	Department or Division Summary:
Goal 1 - Improve and protect the health and quality of life for all.	Public health quality of life for all are improved and protected.	Lisa Davis	Less than 3 years	Director of Health Services	2600 Bull Street Columbia, SC 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.							
Objective 1.1.1— Provide funding for services and treatment for children with special health care needs (CSHCN), oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families.	1. Eligible families have funding and services needed for CSHCN. 2. All newborns who screen positive for genetic diseases and hearing loss receive follow-up to ensure optimal health status. 3. Children with elevated blood lead levels receive services needed to prevent physical, cognitive, and behavioral problems. 4. South Carolina children have coordinated care through a medical home.	Lucy H. Gibson	More than 3 years	Director, Division of Children's Health	2100 Bull Street Columbia, SC 29201	Division of Children's Health, Bureau of Maternal and Child Health	Manages CSHCN, Newborn Screening, Childhood Lead Screening, Early Childhood Comprehensive Systems, and Postpartum Newborn Home Visit Programs, provides information to consumers through the Care Line(800-868-0404), and partners with other child-serving agencies to design and implement comprehensive systems of care.
Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	Decrease in incidents of rape and other forms of sexual violence in SC by providing evidence-based, comprehensive prevention, clinical and supportive services in all 46 counties.	Jane Key	More than 3 years	Program Coordinator II	2100 Bull Street Columbia, SC 29201	Women's Health Division	Implements and evaluates preventive health services as well as grant administration for the following Federal grants: PREP and Sexual Violence Services
	Decrease in disease and unintended pregnancy; increase in education and services to promote a healthy lifestyle; assure Federal guidelines and objectives are met in the provision of supportive services regarding sexual violence prevention and education	Stephanie Derr	Less than 3 years	Director, Division of Women's Health	2100 Bull Street Columbia, SC 29201	Women's Health Division	Implements and evaluates preventive health services as well as grant administration for the following Federal grants: PREP and Sexual Violence Services
Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	An improvement in the quality of life of our targeted population and their families due to an improved knowledge of nutrition and access to nutritious foods. The positive impact could be evident in future generations.	Berry Kelly	Less than 3 years	WIC State Director	2100 Bull Street Columbia, SC 29201	Division of WIC Services	WIC provides nutrition education, nutritious foods, referrals to health and human services and breastfeeding support to pregnant women, women who are breastfeeding up to the baby's 1st birthday, women who had a baby within the previous six months, infants and children up to age 5 who are found to be at nutritional risk.

Public Benefit and Staff Responsibility (2015-16)

Strategic Plan Part and Description (2015-16)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee Name:	How long as staff member been responsible for the goal or objective: (i.e. more or less than 3 years)	Position:	Office Address:	Department or Division:	Department or Division Summary:
Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	1. Clear and accurate understanding of risk factors and programmatic effects on major maternal and child health outcomes. 2. Improved efficiency in maternal and child health programs through data-driven evaluation.	Mike Smith	More than 3 years	Director, Division of Research and Planning (Program Manager II)	2100 Bull Street Columbia, SC 29201	Bureau of Maternal and Child Health, Division of Research and Planning	The Division of Research and Planning within the Bureau of Maternal and Child Health uses scientific principles and data analysis to inform a clear understanding of the risk factors for major maternal and child health outcomes (such as infant mortality, birth defects, special health care needs in childhood) and uses this understanding as a basis for developing/informing programs, plans, policies, and collaborations to improve these outcomes. Furthermore, the Division of Research and Planning uses data and scientific methods to evaluate and improve the implementation and efficiency of maternal and child health programs.
Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	during pregnancy by December 2018. 2. Increase the proportion of women who report an oral health problem during pregnancy that receive dental care by December 2018. 3. Increase the proportion of infants and children (0-3 years of age) that receive the recommended number of oral health visits by December 2018 4. Development of a statewide coordination and referral framework to support access to oral health care among pregnant women and infants. 5. Improved efficiency in oral health expenditures for pregnant women and infants. 6. Increase access to dental preventive services in medical homes by April 2019. 7. Increase access to dental preventive services in dental offices by April 2019.	Raymond Lala	More than 3 years	Division Director	301 Gervais Street Columbia, SC 29201	Division of Oral Health	Division of Oral Health vision is that all South Carolina citizens have an optimal oral health as part of the total health and well- being. Division of Oral Health is working towards its vision by: Improving access to oral health services for vulnerable populations utilizing evidence -based methods and approaches so treatment is available, accessible, affordable, timely and culturally and linguistically competent; Providing coordination and management for the delivery of preventive dental services in public health settings through the Dental Prevention Program; Managing the Fluoridation program for the state; Providing outreach, education and training to health care professionals, community organizations and public on the importance of oral health to overall health; and providing community linkages and integration of oral health into other systems of care to improving the oral health access and outcomes of the population through the lifespan.
Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.							
Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	Reduction in arthritis and associated conditions; improved nutritional status of Supplemental Nutrition Assistance Program (SNAP) eligible participants (children and adults) through nutrition education; lowering of type 2 diabetes and prediabetes prevalence through weight reduction and lifestyle changes; reduction in mortality and morbidity related to heart disease and stroke through hypertension control and lifestyle change.	Joe Kyle	More than 3 years	Bureau Director	2100 Bull Street Columbia, SC 29201	Bureau of Community Health and Chronic Disease Prevention	The programs within the Bureau of Community Health and Chronic Disease Prevention address several chronic diseases and associated risk factors. Chronic diseases include: heart disease, stroke, type 2 diabetes; breast, cervical and other cancers, and arthritis. Risk factors addressed include: tobacco use, physical inactivity, unhealthy eating and obesity. The bureau also addresses injury prevention and houses the Office of Minority Health, which works with others to address health disparities and health equity within the agency and for the state.
Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	Reduced fatalities and morbidity in children due to motor vehicle crashes; increased number of data driven programs addressing violence in SC.	Joe Kyle	More than 3 years	Bureau Director	2100 Bull Street Columbia, SC 29201	Bureau of Community Health and Chronic Disease Prevention	The programs within the Bureau of Community Health and Chronic Disease Prevention address several chronic diseases and associated risk factors. Chronic diseases include: heart disease, stroke, type 2 diabetes; breast, cervical and other cancers, and arthritis. Risk factors addressed include: tobacco use, physical inactivity, unhealthy eating and obesity. The bureau also addresses injury prevention and houses the Office of Minority Health, which works with others to address health disparities and health equity within the agency and for the state.
Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	Reduced mortality and morbidity associated with breast and cervical cancer in income eligible women ages 40 - 64.	Joe Kyle	More than 3 years	Bureau Director	2100 Bull Street Columbia, SC 29201	Bureau of Community Health and Chronic Disease Prevention	The programs within the Bureau of Community Health and Chronic Disease Prevention address several chronic diseases and associated risk factors. Chronic diseases include: heart disease, stroke, type 2 diabetes; breast, cervical and other cancers, and arthritis. Risk factors addressed include: tobacco use, physical inactivity, unhealthy eating and obesity. The bureau also addresses injury prevention and houses the Office of Minority Health, which works with others to address health disparities and health equity within the agency and for the state.
Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	Track chronic disease risk factors, prevalence of chronic diseases and other related health issues through surveys to inform public health prevention efforts regarding chronic disease.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting Institutional Review Board (IRB) oversight on all research conducted by the agency to ensure the protection of human subjects involved in research

Public Benefit and Staff Responsibility (2015-16)

Strategic Plan Part and Description (2015-16)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee Name:	How long as staff member been responsible for the goal or objective: (i.e. more or less than 3 years)	Position:	Office Address:	Department or Division:	Department or Division Summary:
Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	Reduction in youth and adult tobacco use; reduction in exposure to environmental tobacco smoke; and overall reduction on tobacco related health disparities.	Joe Kyle	More than 3 years	Bureau Director	2100 Bull Street Columbia, SC 29201	Bureau of Community Health and Chronic Disease Prevention	The programs within the Bureau of Community Health and Chronic Disease Prevention address several chronic diseases and associated risk factors. Chronic diseases include: heart disease, stroke, type 2 diabetes; breast, cervical and other cancers, and arthritis. Risk factors addressed include: tobacco use, physical inactivity, unhealthy eating and obesity. The bureau also addresses injury prevention and houses the Office of Minority Health, which works with others to address health disparities and health equity within the agency and for the state.
Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	Reduced health disparities and increased health equity by working with DHEC programs, external partners and stakeholders to improve overall health outcomes in SC.	Joe Kyle	More than 3 years	Bureau Director	2100 Bull Street Columbia, SC 29201	Bureau of Community Health and Chronic Disease Prevention	The programs within the Bureau of Community Health and Chronic Disease Prevention address several chronic diseases and associated risk factors. Chronic diseases include: heart disease, stroke, type 2 diabetes; breast, cervical and other cancers, and arthritis. Risk factors addressed include: tobacco use, physical inactivity, unhealthy eating and obesity. The bureau also addresses injury prevention and houses the Office of Minority Health, which works with others to address health disparities and health equity within the agency and for the state.
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.							
Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	Protect the public against food-borne outbreaks, vector-borne, and rabies diseases. Protect public health and safety through reducing the potential of food-borne outbreaks, conducting surveillance and reporting of vector-borne diseases, and monitoring potential rabies exposures.	Dana Giurgiutiu	Less than 3 years	Program Manager II	2100 Bull Street Columbia, SC 29201	Acute Disease Epidemiology	The Division of Acute Disease Epidemiology detects and controls communicable diseases and other events of public health importance in order to ensure the health and well-being of South Carolinians.
Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	Reduce the burden of STDs and HIV in our community.	Ali Mansaray	Less than 3 years	Division Director	2100 Bull Street Columbia, SC 29201	Division of STD/HIV	The Division of STD/HIV works with partners statewide to prevent and control the spread of STD's and HIV in SC.
Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	Reduce vaccine burden in our community.	Stephen White	Less than 3 years	Division Director	2100 Bull Street Columbia, SC 29201	Division of Immunizations	The division of immunizations analyses immunization data to detect gaps in immunization coverage rates. Develops plans to increase vaccination efforts and provides immunizations statewide.
Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	Reduce analyze burden and to activities Partner Linkage efforts temporal trends research in our community.	Terri Stephens	More than 3 years	Division Director	2100 Bull Street Columbia, SC 29201	Division of Surveillance and Technical Support	The division collects, analyses, and disseminates HIV and STD data to drive Partner Services and Linkage to Care efforts. It identifies spatial, temporal, and demographic trends, to make programmatic decisions.
Strategy 1.4—Provide select public health services equitably across the state.							
Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	Healthier children through nutritious foods and nutrition education.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
	An improvement in the quality of life of our targeted population and their families due to an improved knowledge of nutrition and access to nutritious foods. The positive impact could be evident in future generations.	Berry Kelly	Less than 3 years	WIC State Director	2100 Bull Street Columbia, SC 29201	Division of WIC Services	WIC provides nutrition education, nutritious foods, referrals to health and human services and breastfeeding support to pregnant women, women who are breastfeeding up to the baby's 1st birthday, women who had a baby within the previous six months, infants and children up to age 5 who are found to be at nutritional risk
Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling, and birth control services.	Empower residents to control their reproductive health.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
	Improve healthy pregnancy outcomes; decrease unintended and teen pregnancy	Stephanie Derr	Less than 3 years	Director, Division of Women's Health	2100 Bull Street Columbia, SC 29201	Women's Health Division	Implements and evaluates preventive health services as well as grant administration for the following Federal grants: PREP and Sexual Violence Services
Objective 1.4.3 — Conduct STD and HIV testing, treatment, and partner service investigations.	Reduce the burden of STDs and HIV in our community.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes, and obesity.	Decrease the instance of chronic diseases and improve community wellness.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	Decrease the incidence of contagious disease.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
Objective 1.4.6 — Perform contact investigation, treatment, and case management for tuberculosis clients.	Decrease the incidence of tuberculosis.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
	Decrease the number of tuberculosis cases in the state.	Dana Giurgiutiu	Less than 3 years	Program Manager II	2100 Bull Street Columbia, SC 29201	Acute Disease Epidemiology	The Division of Acute Disease Epidemiology detects and controls communicable diseases and other events of public health importance in order to ensure the health and well-being of South Carolinians.
Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	Decrease vaccine preventable diseases.	Nick Davidson	Less than 3 years	Director of Client Services	2100 Bull Street Columbia, SC 29201	Client Services	Provides for the safe and effective operation of health department and laboratory services.
Strategy 1.5 — Obtain and maintain vital statistics.							

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Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage, and divorce) to ensure timely, high quality data.	Provide the public with timely and accurately filed vital events, which supports timely issuance of records for purposes of establishing identity and preventing fraud, as well as public health surveillance.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting Institutional Review Board (IRB) oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Objective 1.5.2 — Issue birth, death, marriage, and divorce records to the public in a timely manner.	Provide the public with timely and accurately issued vital events for purposes of establishing identity and preventing fraud.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting IRB oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Objective 1.5.3 – Collect, maintain, analyze, and disseminate data on cancer incidence.	Monitor cancer incidence in order to inform cancer prevention efforts.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting IRB oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Objective 1.5.4 — Coordinate collection, analysis, and dissemination of public health surveillance data as part of federally funded surveillance programs.	To monitor health risk factors, prevalence of certain diseases and other health issues through surveys to inform public health prevention efforts.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting IRB oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Objective 1.5.5 — Make public health statistics available on the Agency's interactive web data query tool, SC Community Assessment Network (SCAN), and to appropriate region, state, and federal agencies/programs in a timely manner.	To produce health data and statistics to inform the public and other agencies/programs on health issues in South Carolina, as well as assisting other state agencies with notification of deceased individuals for purposes of fraud prevention (e.g. SC Election Commission)	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting IRB oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Objective 1.5.6 – Provide high quality public health statistics and data to academic researchers.	To facilitate use of high quality health statistics by researchers who seek to answer public health questions through analysis of data.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting IRB oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Objective 1.5.7 – Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	Review research proposals that involve human subjects to ensure the protection of those human subjects.	Shae Sutton	More than 3 years	Director	2600 Bull Street Columbia, SC 29201	Office of Public Health Statistics and Information Services	Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting IRB oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.							
Objective 1.6.1 – Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	DHEC's planning and response will be consistent with, and supportive of, State plans and local, regional, and State needs during emergency responses.	Michael Elieff	Less than 3 years	Director	2100 Bull Street Columbia SC 29201	Office of Public Health Preparedness	The Office of Public Health Preparedness maintains DHEC's emergency response plans, trains and exercises DHEC staff on emergency response, coordinates with DHEC partners, and administers CDC grants supporting public health preparedness and emergency response preparedness.
Objective 1.6.2 – Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	Grant recipients will be supported to provide a robust public health emergency response capability and OPHP will be able to document compliance with grant requirements	Michael Elieff	Less than 3 years	Director	2100 Bull Street Columbia SC 29201	Office of Public Health Preparedness	The Office of Public Health Preparedness maintains DHEC's emergency response plans, trains and exercises DHEC staff on emergency response, coordinates with DHEC partners, and administers CDC grants supporting public health preparedness and emergency response preparedness.
Objective 1.6.3 – Maintain DHEC's parts of state-level plans, DHEC's agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	State and local agencies and partners will be able to respond promptly and effectively to emergencies to protect the State, its inhabitants and the public health to the maximum extent possible. DHEC staff will be trained and exercised in their assigned roles in support of this mission.	Michael Elieff	Less than 3 years	Director	2100 Bull Street Columbia SC 29201	Office of Public Health Preparedness	The Office of Public Health Preparedness maintains DHEC's emergency response plans, trains and exercises DHEC staff on emergency response, coordinates with DHEC partners, and administers CDC grants supporting public health preparedness and emergency response preparedness.
Objective 1.6.4 – Coordinate agency participation in responses to emergency events and in state and regional training exercises.	OPHP will provide a coordination center location and a NIMS-compliant organizational structure to bring DHEC assets, knowledge and capabilities to bear on an emergency response.	Michael Elieff	Less than 3 years	Director	2100 Bull Street Columbia SC 29201	Office of Public Health Preparedness	The Office of Public Health Preparedness maintains DHEC's emergency response plans, trains and exercises DHEC staff on emergency response, coordinates with DHEC partners, and administers CDC grants supporting public health preparedness and emergency response preparedness.
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	Public health and the environment are protected.	Myra Reece	Less than 3 years	Director of Environmental Affairs	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
Strategy 2.1 – Implement and enforce strategies to protect and promote air quality.							
Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	Customer receives regulatory decision that meets health and environmental standards in a timely manner	Rhonda Thompson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Air Quality	Bureau of Air Quality consists of four divisions: Air Assessment and Regulations, Compliance Management, Emissions, Evaluation & Support, and Engineering Services.

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Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	Protection of public health and the environment from improved compliance rates and facility performance	Rhonda Thompson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Air Quality	Bureau of Air Quality consists of four divisions: Air Assessment and Regulations, Compliance Management, Emissions, Evaluation & Support, and Engineering Services.
Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	Protection of public health and the environment from impacts of regulated pollutants	Rhonda Thompson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Air Quality	Bureau of Air Quality consists of four divisions: Air Assessment and Regulations, Compliance Management, Emissions, Evaluation & Support, and Engineering Services.
Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	Availability of ambient air quality status and trends in South Carolina	Rhonda Thompson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Air Quality	Bureau of Air Quality consists of four divisions: Air Assessment and Regulations, Compliance Management, Emissions, Evaluation & Support, and Engineering Services.
Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	Protection of public from asbestos hazards during structure renovation or demolition	Rhonda Thompson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Air Quality	Bureau of Air Quality consists of four divisions: Air Assessment and Regulations, Compliance Management, Emissions, Evaluation & Support, and Engineering Services.
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.							
Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	Customer receives regulatory decision that meets health and environmental standards in a timely manner	Renee Shealy	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Environmental Health Services	The Bureau of Environmental Health Services (BEHS) manages and implements the On-Site Wastewater, Rabies Prevention, Food Protection, Dairy and Manufactured Food, Laboratory Certification, and Emergency Response (including Oil, Chemical and Nuclear) programs and manages the Environmental Laboratory. The BEHS regional office staff perform statewide inspections, sampling, and monitoring for the Bureaus of Air Quality, Water and Land and Waste Management, issue permits for food facilities & on-site wastewater systems, inspect food facilities, investigate animal bites (rabies), trap mosquitoes, respond to environmental emergencies and investigate environmental complaints.
Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	Protection of public health and the environment from improved compliance rates and facility performance	Renee Shealy	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Environmental Health Services	BEHS manages and implements the On-Site Wastewater, Rabies Prevention, Food Protection, Dairy and Manufactured Food, Laboratory Certification, and Emergency Response (including Oil, Chemical and Nuclear) programs and manages the Environmental Laboratory. The BEHS regional office staff perform statewide inspections, sampling, and monitoring for the Bureaus of Air Quality, Water and Land and Waste Management, issue permits for food facilities & on-site wastewater systems, inspect food facilities, investigate animal bites (rabies), trap mosquitoes, respond to environmental emergencies and investigate environmental complaints.
Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	Customer receives response to concern in timely manner and incident response assists in alleviating risk	Renee Shealy	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Environmental Health Services	BEHS manages and implements the On-Site Wastewater, Rabies Prevention, Food Protection, Dairy and Manufactured Food, Laboratory Certification, and Emergency Response (including Oil, Chemical and Nuclear) programs and manages the Environmental Laboratory. The BEHS regional office staff perform statewide inspections, sampling, and monitoring for the Bureaus of Air Quality, Water and Land and Waste Management, issue permits for food facilities & on-site wastewater systems, inspect food facilities, investigate animal bites (rabies), trap mosquitoes, respond to environmental emergencies and investigate environmental complaints.
Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	Availability of ambient air and water quality status and trends in South Carolina	Renee Shealy	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Environmental Health Services	BEHS manages and implements the On-Site Wastewater, Rabies Prevention, Food Protection, Dairy and Manufactured Food, Laboratory Certification, and Emergency Response (including Oil, Chemical and Nuclear) programs and manages the Environmental Laboratory. The BEHS regional office staff perform statewide inspections, sampling, and monitoring for the Bureaus of Air Quality, Water and Land and Waste Management, issue permits for food facilities & on-site wastewater systems, inspect food facilities, investigate animal bites (rabies), trap mosquitoes, respond to environmental emergencies and investigate environmental complaints.
Strategy 2.3 – Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.							
Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	Customer receives regulatory decision that meets health and environmental standards in a timely manner	Daphne Neel	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Land & Waste Management	Bureau of Land & Waste Management consists of five divisions: Compliance & Enforcement, Mining & Solid Waste Management, Site Assessment Remediation & Revitalization, UST Management and Waste Management.

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Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	Protection of public health and the environment from improved compliance rates and facility performance	Daphne Neel	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Land & Waste Management	Bureau of Land & Waste Management consists of five divisions: Compliance & Enforcement, Mining & Solid Waste Management, Site Assessment Remediation & Revitalization, UST Management and Waste Management.
Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	Improved sustainability of environment and natural resources	Daphne Neel	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Land & Waste Management	Bureau of Land & Waste Management consists of five divisions: Compliance & Enforcement, Mining & Solid Waste Management, Site Assessment Remediation & Revitalization, UST Management and Waste Management.
Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	Sites are addressed so that they are protective of human health and the environment	Daphne Neel	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Land & Waste Management	Bureau of Land & Waste Management consists of five divisions: Compliance & Enforcement, Mining & Solid Waste Management, Site Assessment Remediation & Revitalization, UST Management and Waste Management.
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.							
Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	Customer receives regulatory decision that meets health and environmental standards in a timely manner	David Baize	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Bureau of Water consists of six divisions: Drinking Water Protection, Stormwater Construction & Agricultural Permitting, Water Facilities Permitting, Water Monitoring, Assessment & Protection, Water Pollution Control and Water Quality.
Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	Protection of public health and the environment from improved compliance rates and facility performance	David Baize	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Bureau of Water consists of six divisions: Drinking Water Protection, Stormwater Construction & Agricultural Permitting, Water Facilities Permitting, Water Monitoring, Assessment & Protection, Water Pollution Control and Water Quality.
Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution.	Protection of public health and the environment from impacts of regulated pollutants	David Baize	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Bureau of Water consists of six divisions: Drinking Water Protection, Stormwater Construction & Agricultural Permitting, Water Facilities Permitting, Water Monitoring, Assessment & Protection, Water Pollution Control and Water Quality.
Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	Regulated community receives guidance on proper maintenance and care of dams to protect life and infrastructure	David Baize	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Bureau of Water consists of six divisions: Drinking Water Protection, Stormwater Construction & Agricultural Permitting, Water Facilities Permitting, Water Monitoring, Assessment & Protection, Water Pollution Control and Water Quality.
Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	Availability of ambient water and beach quality status and trends in South Carolina to support objective 2.4.3, to issue permits, and to issue advisories as needed.	David Baize	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Bureau of Water consists of six divisions: Drinking Water Protection, Stormwater Construction & Agricultural Permitting, Water Facilities Permitting, Water Monitoring, Assessment & Protection, Water Pollution Control and Water Quality.
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.							
Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	Customer receives regulatory decision that meets health and environmental standards in a timely manner	Elizabeth von Kolnitz	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Ocean and Coastal Resource Management consists of two divisions: Coastal Services and Regulatory.
Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	Protection of public health and the environment from impacts to regulated critical areas	Elizabeth von Kolnitz	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Ocean and Coastal Resource Management consists of two divisions: Coastal Services and Regulatory.
Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	Improved infrastructure promoting coastal sustainability	Elizabeth von Kolnitz	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Ocean and Coastal Resource Management consists of two divisions: Coastal Services and Regulatory.
Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	Enhanced communication and transparency on coastal issues	Elizabeth von Kolnitz	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Environmental Affairs	Ocean and Coastal Resource Management consists of two divisions: Coastal Services and Regulatory.
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	Improved quality, safety, and administration of health care, treatment, and services in South Carolina.	Shelly Kelly	Less than 3 years	Director of Health Regulation	2600 Bull Street Columbia, SC 29201	Health Regulation	Health Regulation’s primary purpose is to work with health care facilities and services to protect the public’s health by assuring that safe, quality care is provided. Health Regulation consists of the following Bureaus and Divisions: Health Facilities Licensing; Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.
Strategy 3.1 – Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.							
Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	Timely licensing and permitting of health facilities and services.	Gwen Thompson	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Health Facilities Licensing	Health Facilities Licensing: Licensing of health facilities and services is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health facilities and services. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality care and treatment.

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Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	Improved quality, treatment and safety for health facilities and services.	Gwen Thompson	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Health Facilities Licensing	Health Facilities Licensing: Licensing of health facilities and services is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health facilities and services. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality care and treatment.
Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	Improved quality, treatment and safety for health facilities and services.	Gwen Thompson	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Health Facilities Licensing	Health Facilities Licensing: Licensing of health facilities and services is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health facilities and services. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality care and treatment.
Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	Improved safety and quality of health facilities.	Bill McCallum	Less than 3 years	Division Director	2600 Bull Street Columbia, SC 29201	Division of Health Facilities Construction and Fire and Life Safety	Construction, Fire and Life Safety: Reviews plans, specifications, and construction for health care facilities licensed by the state. The program also conducts periodic fire and life safety surveys of facilities to ensure continued compliance with appropriate codes, standards, and regulations.
Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments (CLIA) regulatory standards.							
Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	Improved health, safety, and CLIA standards for health facilities, services, and laboratories.	Mary Jo Roue	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Certification	Certification: Certification of providers and suppliers participating in the Medicare and Medicaid program is to ensure minimum federal standards of health, safety, and CLIA standards are met.
Strategy 3.3 – Implement and enforce standards for emergency medical services (EMS).							
Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	Improved emergency medical services and training in this state.	Robert Wronski	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of EMS and Trauma	Emergency Medical Services (EMS) and Trauma: Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.
Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	Improved emergency medical services and training in this state.	Robert Wronski	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of EMS and Trauma	EMS and Trauma: Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.
Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	Increased access to trauma care in this state.	Robert Wronski	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of EMS and Trauma	EMS and Trauma: Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.
Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	Improved stroke care and access statewide.	Robert Wronski	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of EMS and Trauma	EMS and Trauma: Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.
Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	Reduced rates of child and youth mortality and morbidity caused by severe illness and trauma in this state.	Robert Wronski	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of EMS and Trauma	EMS and Trauma: Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.
Strategy 3.4 – Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.							
Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	Health care facilities and services that best serve the public's needs.	Louis Eubank	Less than 3 years	Division Director	2600 Bull Street Columbia, SC 29201	Certificate of Need	Certificate of Need (CON): Authorizes the implementation or expansion of health care facilities and services in South Carolina. A CON is based on a calculation of need for a particular medical service from the South Carolina Health Plan. A CON authorizes a person or facility to provide a portion of that calculated need in a county or services area, which may comprise several counties.
Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	Timely review of applications and other requests.	Louis Eubank	Less than 3 years	Division Director	2600 Bull Street Columbia, SC 29201	Certificate of Need	CON: Authorizes the implementation or expansion of health care facilities and services in South Carolina. A CON is based on a calculation of need for a particular medical service from the South Carolina Health Plan. A CON authorizes a person or facility to provide a portion of that calculated need in a county or services area, which may comprise several counties.

Public Benefit and Staff Responsibility (2015-16)

Strategic Plan Part and Description (2015-16)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee Name:	How long as staff member been responsible for the goal or objective: (i.e. more or less than 3 years)	Position:	Office Address:	Department or Division:	Department or Division Summary:
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.							
Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	Timely review of registration applications.	Lisa Thomson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Drug Control	Drug Control: Aims to promote and protect public health through enforcement of South Carolina's Controlled Substances Act. The program administers the state's prescription drug monitoring program (known as SCRIPTS), which tracks the prescribing and dispensing of all Schedule II, III, and IV controlled substances by licensed professionals such as doctors, pharmacists, dentists, and veterinarians.
Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	Protection of the public and decreased potential for drug diversion by accounting controlled substances.	Lisa Thomson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Drug Control	Drug Control: Aims to promote and protect public health through enforcement of South Carolina's Controlled Substances Act. The program administers SCRIPTS, which tracks the prescribing and dispensing of all Schedule II, III, and IV controlled substances by licensed professionals such as doctors, pharmacists, dentists, and veterinarians.
Objective 3.5.3 – Decrease potential for drug diversion through administration of the State's prescription drug monitoring program, administrative actions, and criminal investigations.	Decreased potential for drug diversion.	Lisa Thomson	Less than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Drug Control	Drug Control: Aims to promote and protect public health through enforcement of South Carolina's Controlled Substances Act. The program administers SCRIPTS, which tracks the prescribing and dispensing of all Schedule II, III, and IV controlled substances by licensed professionals such as doctors, pharmacists, dentists, and veterinarians.
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.							
Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	Timely issued registrations and licenses.	Aaron Gantt	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Radiological Health	Radiological Health: Works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.
Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	Protection of the public health and safety from unnecessary exposure from radiation.	Aaron Gantt	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Radiological Health	Radiological Health: Works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.
Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	Protection of the public health and safety from unnecessary exposure from radiation.	Aaron Gantt	More than 3 years	Bureau Chief	2600 Bull Street Columbia, SC 29201	Bureau of Radiological Health	Radiological Health: Works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.
Goal 4 – Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	Modernization of the Agency's IT infrastructure and automation of many Agency functions. Recruitment, development, and retention of high quality employees. Achieve and maintain operational excellence through a culture of continuous improvement.	Kevin Guion	Less than 3 years	Chief Operations Officer	301 Gervais Street Columbia, SC 29201	Operations and Finance	Operations and Finance provides support functions for all of DHEC and consists of the following Bureaus and Divisions: Bureau of Business Management, Bureau of Financial Management, Bureau of Information Technology, Office of Budgets and Financial Planning, Office of Patient Billing, Office of Public Health Preparedness, Office of Strategy and Continuous Improvement, Project Management Office, and Regional Administrative Services.
Strategy 4.1 – Modernize the Agency's IT Infrastructure and allow for the automation of many Agency functions.							
Objective 4.1.1 – Streamline and modernize the Agency's software application portfolio to continue to strengthen coordination and performance across Agency programs.	Computer systems are updated and integrated.	Mi Sou Hood	Less than 3 years	Chief Information Officer	301 Gervais Street Columbia, SC 29201	Bureau of Information Technology	The Bureau of Information Technology provides technology solutions that compliment and enhance the agency's ability to accomplish its strategic plan. The Bureau is responsible for the development, management, security and support of applications and databases, customer computing devices, server hosting and network infrastructure.
Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	e-Permitting system is implemented.	Mi Sou Hood	Less than 3 years	Chief Information Officer	301 Gervais Street Columbia, SC 29201	Bureau of Information Technology	The Bureau of Information Technology provides technology solutions that compliment and enhance the agency's ability to accomplish its strategic plan. The Bureau is responsible for the development, management, security and support of applications and databases, customer computing devices, server hosting and network infrastructure.

Public Benefit and Staff Responsibility (2015-16)

Strategic Plan Part and Description (2015-16)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee Name:	How long as staff member been responsible for the goal or objective: (i.e. more or less than 3 years)	Position:	Office Address:	Department or Division:	Department or Division Summary:
Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	Electronic medical records are implemented.	Mi Sou Hood	Less than 3 years	Chief Information Officer	301 Gervais Street Columbia, SC 29201	Bureau of Information Technology	The Bureau of Information Technology provides technology solutions that compliment and enhance the agency's ability to accomplish its strategic plan. The Bureau is responsible for the development, management, security and support of applications and databases, customer computing devices, server hosting and network infrastructure.
Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	Data center meets security standards and agency staff have functional computing devices and adequate network capacity.	Mi Sou Hood	Less than 3 years	Chief Information Officer	301 Gervais Street Columbia, SC 29201	Bureau of Information Technology	The Bureau of Information Technology provides technology solutions that compliment and enhance the agency's ability to accomplish its strategic plan. The Bureau is responsible for the development, management, security and support of applications and databases, customer computing devices, server hosting and network infrastructure.
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.							
Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	Highly qualified and satisfied employees	Marcus Robinson	Less than 3 years	Chief Human Resources Officer	301 Gervais Street Columbia, SC 29201	HR	HR oversees all aspects of employment. HR is responsible for the recruiting, training and development, discipline, guidance, policy interpretation and administration of benefits.
		Darrious Baker	Less than 3 years	Talent Development and Recruiting Director			
Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	Workspace safety and quality are improved.	Larry Maddox	More than 3 years	Director, Bureau of Business Management	301 Gervais Street Columbia, SC 29201	Bureau of Business Management	The Bureau of Business Management contributes to the mission of the agency by providing functional and regulatory support in the following areas: procurement and contracting services, lease management, risk management, construction and facilities maintenance, vehicle maintenance and management, supply and inventory control, in-house printing services, and mail and courier services.
		Safety Office (to be hired)	Less than 3 years	Safety Office (to be hired)	301 Gervais Street Columbia, SC 29201	HR	HR oversees all aspects of employment. HR is responsible for the recruiting, training and development, discipline, guidance, policy interpretation and administration of benefits.
Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	Highly skilled and satisfied employees	Marcus Robinson	Less than 3 years	Chief Human Resources Officer	301 Gervais Street Columbia, SC 29201	HR	HR oversees all aspects of employment. HR is responsible for the recruiting, training and development, discipline, guidance, policy interpretation and administration of benefits.
		Donna Rowe	More than 3 years	Staff Development and Training Director			
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.							
Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	Improved customer service delivery, policies and practices.	Leigh Ford	Less than 3 years	Director, Office of Strategy and Continuous Improvement	2100 Bull Street Columbia, SC 29201	Office of Strategy and Continuous Improvement	The Office of Strategy and Continuous Improvement is responsible for promoting, overseeing, advancing, and communicating DHEC's Strategic Plan while measuring progress and identifying changes that move the Agency forward toward its mission, vision and strategic goals.
Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	Avoidance of delays and delay-associated costs and improved Agency efficiency through the management and control of scope, schedule, budgets, and processes. Improved visibility and accountability for strategic projects.	Jeremy VanderKnyff	Less than 3 years	Director, Project Management Office	2100 Bull Street Columbia, SC 29201	Project Management Office	The DHEC Project Management Office uses project management and process improvement tools, techniques, and expertise to drive the execution of strategic projects for the Agency and foster a culture of quality improvement.

16. Please complete the 2015-16 Employee Allocation by General Appropriation Act Program Chart, which is a tab in the attached Excel document

Employee Allocation by General Appropriation Act Program (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands the number of employee equivalents are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS: In this Chart, please do the following:

- (a) Consider the total number of FTE and non-FTE positions at the agency in 2015-16, which will auto-fill from the Employees Available Chart.
- (b) Then, in the column titled, "Number of physical employees working on the budget program in 2015-16," list the number of physical employees working on each budget program. These employees may spend 100%, 50% or even 10% of their time working toward accomplishing the program.
- (c) In the column titled, "Number of employee equivalents associated with the budget program in 2015-16," list the total number of employee equivalents working on the program in 2015-16. The agency may calculate the figure utilizing the method outlined in the Instructions and Examples for the Program Evaluation Report

General Appropriation Act Program (2015-16)	Number of physical employees working on the program in 2015-16	Number of employee equivalents working on the program in 2015-16
Number of FTEs Available	2998.65	2998.65
Number of Temporary Non-FTEs Available	225	85.34
Number of Temporary Grant Non-FTEs Available	116	116
Total Number of Employees Available	3827.5	3640.22
Administration	253.90	249.18
Water Quality Improvement - Underground Storage Tanks	45.59	44.53
Water Quality Improvement - Water Management	241.80	233.61
Water Quality Improvement - Environmental Health	558.97	532.32
Coastal Resource Improvement	39.50	38.10
Air Quality Improvement	135.62	132.62
Land and Waste Management	159.29	158.34
Family Health - Infectious Disease	399.44	342.61
Family Health - Maternal/Infant Health	857.05	835.31
Family Health - Chronic Disease Prevention	90.50	87.35
Family Health - Access to Care	534.81	523.96
Family Health - Drug Control	25.83	25.83
Family Health - Rape Violence Prevention	1.00	1.00
Family Health - Independent Living	113.38	70.09
Health Care Standards - Radiological Monitoring	25.35	25.35
Health Care Standards - Health Facilities and Services Development	11.55	9.67
Health Care Standards - Health Facilities Licensing	77.80	77.80
Health Care Standards - Certification	61.25	60.68

Employee Allocation by General Appropriation Act Program (2015-16)

Health Care Standards - Emergency Medical Services	16.87	16.87
Health Surveillance Support - Health Lab	88.00	87.50
Health Surveillance Support - Vital Records	90.00	87.50
Employee Benefits	-	-

17. Please complete the 2015-16 Programs and Objectives Chart, which is a tab in the attached Excel document.

Programs and Objectives (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands amount the agency spent per objective and amount of employee equivalents that are associated with costs of each program are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS: In this Chart, please do the following:

- (a) In the first two columns, the agency can copy and paste the information from the Accountability Report, "Major Programs," chart.
- (b) In the column titled, "Money Spent on Program in 2015-16," list the amount of money the agency spent on the program in 2015-16.
- (c) In the column titled, "Number of employee equivalents associated with the budget program in 2015-16," list the total number of employee equivalents working on the program in 2015-16 from the Employee Allocation by Budget Program Chart.
- (d) In the column titled, "Objective the Program Helps Accomplish," list each objective the program helps the agency accomplish. Please list only objective per row. This may require inserting additional rows between programs.
- (e) In the column titled, "Approx. amount of money spent on objective that is associated with costs from program," consider the total amount actually spent on the program and what portion of that amount was related to each objective. If the agency adds up the amounts for each associated objective, it should equal the total amount spent on the program.
- (f) In the column titled, "Approx. amount of employee equivalents utilized on objective that are associated with the program," consider the total amount of employee equivalents utilized on the program and what portion of that time was related to each objective. If the agency adds up the amounts for each associated objective, it should equal the total number of employee equivalents utilized on the program.

General Appropriation Act Programs (2015-16)	Description of Program	Money Spent on Program in 2015-16	Number of employee equivalents associated with this Program in 2015-16	Objective the Program Helps Accomplish (The agency can copy the Objective number and description from the first column of the Strategy, Objective and Responsibility Chart) <i>List ONLY ONE strategic objective per row.</i>	Approx. amount of money spent on each objective in 2015-16 that is associated with costs from this program (if you add up the amounts for each objective it should equal the total amount spent on the program)	Approx. amount of employee equivalents in 2015-16 utilized on each objective that are associated with this program (if you add up the amounts for each objective it should equal the total amount employee equivalents for the program)
Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	\$23,373,942	249.18			
				Objective 4.1.1 – Streamline and modernize the Agency's software application portfolio to continue to strengthen coordination and performance across Agency programs.	\$4,845,793	12
				Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	\$3,994,871	0
				Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	\$48,577	0
				Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	\$1,013,015	63

Programs and Objectives (2015-16)

				Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	\$1,528,713	16.14
				Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	\$6,477,235	45.5
				Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	\$283,839	6
				Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	\$5,149,647	96.54
				Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	\$32,252	10
Water Quality Improvement - Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	\$23,546,870	44.53			
				Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	\$268,038	1.5
				Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	\$804,112	10

Programs and Objectives (2015-16)

				Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	\$22,474,720	33.03
Water Quality Improvement - Water Management	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response	\$22,638,524	233.61			
				Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	\$10,967,264	160.41
				Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	\$3,178,534	37.00
				Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state's impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	\$4,657,262	19.20
				Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	\$1,578,833	5.00
				Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	\$2,256,631	12.00
Water Quality Improvement - Environmental Health	Ensures a comprehensive approach to safe food supplies and ground water drinking water quality protection through permitting, inspections, public education and complaint response. Ensures that food and beverages served in food service facilities are safe.	\$37,036,700	532.32			

Programs and Objectives (2015-16)

				Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	\$905,574	87.78
				Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	\$25,661,842	236.90
				Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	\$2,531,295	98.16
				Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	\$7,937,989	109.48
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	\$4,594,804	38.1			
				Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	\$2,221,674	26.1
				Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	\$638,992	6
				Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	\$329,471	1.75
				Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	\$1,404,667	4.25

Programs and Objectives (2015-16)

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.	\$9,523,102	132.62			
				Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	\$3,099,796	48
				Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	\$2,601,095	46.42
				Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	\$726,987	3.2
				Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	\$2,632,727	26
				Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	\$462,497	9
Land and Waste Management	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites	\$22,825,616	158.34			
				Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	\$6,320,348	36.7
				Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	\$4,398,769	50.8
				Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	\$6,852,113	14

Programs and Objectives (2015-16)

				Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	\$5,254,386	56.84
Family Health - Infectious Disease	Tracks and monitors the distribution and causes of Disease.	\$80,100,379	342.61			
				Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$8,365,765	18.49
				Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	\$11,601,304	42
				Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	\$4,346,840	20
				Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	\$41,959,373	16.47
				Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	\$5,891,011	95
				Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	\$251,124	31.3
				Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	\$3,711,880	64
				Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	\$3,973,082	55.35
Family Health - Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	\$140,941,471	835.31			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$679,732	17.91

Programs and Objectives (2015-16)

				Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$2,136,189	34.9
				Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	\$91,381,196	32
				Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	\$3,547,312	38.3
				Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	\$272,682	7.5
				Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	\$20,969,770	471.28
				Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	\$21,954,590	233.42
Family Health - Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes	\$20,657,913	87.35			
				Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	\$3,214,199	11.79

Programs and Objectives (2015-16)

				Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	\$550,896	6.2
				Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	\$4,793,906	17.63
				Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	\$3,355,241	8.5
				Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	\$6,062,251	12
				Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	\$2,681,420	31.23
Family Health - Access to Care	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	\$46,807,064	523.96			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$1,245,569	0

Programs and Objectives (2015-16)

				Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$1,350,336	0
				Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	\$6,333,579	0
				Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	\$721,846	0
				Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	\$15,763	0
				Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	\$336,403	0
				Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	\$498,762	0
				Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	\$585,677	0
				Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	\$3,068,653	0

Programs and Objectives (2015-16)

				Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	\$450,000	6.65
				Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$3,748,631	38.34
				Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	\$748,311	36
				Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	\$1,432,211	31.6
				Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	\$2,149,110	20
				Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	\$4,607,910	64.66
				Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	\$5,951,702	39.6
				Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	\$1,790,640	46.7
				Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	\$55,185	57.3
				Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	\$815,639	52.6
				Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	\$1,581,075	64
				Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	\$957,417	21.51

Programs and Objectives (2015-16)

				Objective 1.6.1 – Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	\$4,856,000	12
				Objective 1.6.2 – Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	\$54,314	9
				Objective 1.6.3 – Maintain DHEC’s parts of state-level plans, DHEC’s agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	\$573,730	5
				Objective 1.6.4 – Coordinate agency participation in responses to emergency events and in state and regional training exercises.	\$2,878,601	19
Family Health - Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	\$2,451,376	25.83			
				Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	\$754,954	5.17
				Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	\$848,211	10.33
				Objective 3.5.3 – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.	\$848,211	10.33
Family Health - 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 actives	\$2,804,508	1.00			

Programs and Objectives (2015-16)

				Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$2,804,508	1
Family Health - 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 and managed care.	\$29,217,397	70.09			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$29,217,397	70.09
Health Care Standards - Radiological Monitoring	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggage/security units.	\$1,991,923	25.35			
				Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	\$1,182,292	12.04
				Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	\$685,180	12.04
				Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	\$124,451	1.27

Programs and Objectives (2015-16)

Health Care Standards - Health Facilities and 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.	\$2,068,351	9.67			
				Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	\$907,376	4.9
				Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	\$1,160,975	4.77
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.	\$4,029,890	77.80			
				Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	\$1,415,658	19.45
				Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	\$2,047,969	50.57
				Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	\$453,011	6.22
				Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	\$113,252	1.56

Programs and Objectives (2015-16)

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.	\$4,086,848	60.68			
				Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	\$4,086,848	60.68
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.	\$4,187,845	16.87			
				Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	\$1,195,530	7.6
				Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	\$361,192	2.53
				Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	\$2,151,947	4.05
				Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	\$236,573	1.69
				Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	\$242,603	1

Programs and Objectives (2015-16)

Health Surveillance Support - Health Lab	Assures that integrated, accurate and cost effective laboratory testing is available to support public health	\$14,778,883	87.5			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$3,712,895	22
				Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$11,065,988	65.5
Health Surveillance Support - Vital Records	Provides for the registration, correction and certification of all vital events (births, deaths, marriages and divorces).	\$6,340,498	87.50			
				Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	\$111,515	14
				Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	\$2,672,956	41.2
				Objective 1.5.3 – Collect, maintain, analyze and disseminate data on cancer incidence.	\$1,877,695	15
				Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	\$745,941	8.5
				Objective 1.5.5 — Make public health statistics available on the Agency's interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.	\$497,293	6.5
				Objective 1.5.6 – Provide high quality public health statistics and data to academic researchers.	\$310,775	2
				Objective 1.5.7 – Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	\$124,323	0.3

Programs and Objectives (2015-16)

Employee Benefits	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	\$0			\$0	
State Park Reroof		\$138,743			\$138,743	
Wateree Community Center		\$250,000			\$250,000	

18. Please complete the 2015-16 Employee Allocation by Objective Chart, which is a tab in the attached Excel document

Employee Allocation by Objective (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands the number of employee equivalents are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS: In this Chart, please do the following:

Strategic Plan Part and Description (2015-16) <i>(i.e. Goal 1 - Insert description, Strategy 1.1 - Insert Description, Objective 1.1.1 - Insert Description)</i>	Number of physical employees working on the goal or objective in 2015-16	Number of employee equivalents working the goal or objective in 2015-16
Number of FTEs Available	2998.65	2998.65
Number of Temporary Non-FTEs Available	225	85.34
Number of Temporary Grant Non-FTEs Available	116	116
Total Number of Employees Available	3827.5	3640.22
Goal 1 - Improve and protect the health and quality of life for all.	2219.13	2035.32
Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.	285.23	223.7
Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	154.29	110
Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	35.9	35.9
Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	49.24	32
Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	38.3	38.3
Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	7.5	7.5
Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.	62.77	62.77
Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	11.79	11.79
Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	6.2	6.2
Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	17.63	17.63
Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	8.5	8.5

Employee Allocation by Objective (2015-16)

Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	12	12
Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	6.65	6.65
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.	288.4	288.4
Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	122.33	122.33
Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	78	78
Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	51.6	51.6
Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	36.47	36.47
Strategy 1.4—Provide select public health services equitably across the state.	1426.27	1306.44
Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	575.94	535.94
Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	282.02	273.02
Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	95	95
Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	81.08	77.93
Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	88.6	88.6
Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	116.6	116.6
Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	187.03	119.35
Strategy 1.5 — Obtain and maintain vital statistics.	111.46	109.01
Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	14	14
Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	63.46	62.71
Objective 1.5.3 — Collect, maintain, analyze and disseminate data on cancer incidence.	15	15
Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	8.5	8.5
Objective 1.5.5 — Make public health statistics available on the Agency's interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.	6.5	6.5
Objective 1.5.6 — Provide high quality public health statistics and data to academic researchers.	2	2
Objective 1.5.7 — Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	2	0.3
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.	45	45
Objective 1.6.1 — Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	12	12
Objective 1.6.2 — Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	9	9
Objective 1.6.3 — Maintain DHEC's parts of state-level plans, DHEC's agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	5	5

Employee Allocation by Objective (2015-16)

Objective 1.6.4 – Coordinate agency participation in responses to emergency events and in state and regional training exercises.	19	19
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	1180.82	1139.52
Strategy 2.1 – Implement and enforce strategies to protect and promote air quality.	136.62	132.62
Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	48.2	48.00
Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	47.82	46.42
Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	3.2	3.20
Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	28.2	26.00
Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	9.2	9.00
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.	558.97	532.32
Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	99.97	87.78
Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	237.56	236.90
Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	111.79	98.16
Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	109.64	109.48
Strategy 2.3 – Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.	203.93	202.87
Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	38.2	38.2
Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	60.8	60.8
Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	14	14
Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	90.93	89.87
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.	241.8	233.61
Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	161.6	160.41
Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	38	37
Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	20.2	19.2
Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	8	5
Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	14	12
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	39.5	38.1

Employee Allocation by Objective (2015-16)

Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	27.5	26.1
Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	6	6
Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	1.75	1.75
Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	4.25	4.25
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	218.65	216.2
Strategy 3.1 – Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.	77.8	77.8
Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	19.45	19.45
Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	50.57	50.57
Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	6.22	6.22
Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	1.56	1.56
Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments (CLIA) regulatory standards.	61.25	60.68
Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	61.25	60.68
Strategy 3.3 – Implement and enforce standards for emergency medical services (EMS).	16.87	16.87
Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	7.6	7.6
Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	2.53	2.53
Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	4.05	4.05
Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	1.69	1.69
Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	1	1
Strategy 3.4 – Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	11.55	9.67
Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	5.78	4.9
Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	5.77	4.77
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.	25.83	25.83
Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	5.17	5.17
Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	10.33	10.33

Employee Allocation by Objective (2015-16)

Objective 3.5.3 – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.	10.33	10.33
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.	25.35	25.35
Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	12.04	12.04
Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	12.04	12.04
Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	1.27	1.27
Goal 4 – Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	253.9	249.18
Strategy 4.1 – Modernize the Agency’s IT infrastructure and allow for the automation of many Agency functions.	75	75
Objective 4.1.1 – Streamline and modernize the Agency’s software application portfolio to continue to strengthen coordination and performance across Agency programs.	12	12
Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	0	0
Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	0	0
Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	63	63
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.	68.5	67.64
Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	17	16.14
Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	45.5	45.5
Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	6	6
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.	110.4	106.54
Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	100.4	96.54
Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	10	10

19. Please complete the 2015-16 Strategic Spending Chart, which is a tab in the attached Excel document, to provide the Committee information on how the agency spent its funding in 2015-16

Strategic Spending (2015-16)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/27/2026

Disclaimer: The Committee understands amount the agency budgeted and spent per goal and objective are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS:

Below you will find information the agency submitted in its 2016 Restructuring Report. Please update this information to reflect the information requested as of the end of fiscal year 2015-16.

Part A: Funds Available this past Fiscal Year (2015-16)

(a) Please enter each source of funds for the agency in a separate column. Group the funding sources however is best for the agency (i.e., general appropriation programs, proviso 18.2, proviso 19.3, grant ABC, grant XYZ, Motor Vehicle User Fees, License Fines, etc.) to provide the information requested below each source (i.e., state, other or federal funding; recurring or one-time funding; etc.). The agency is not restricted by the number of columns so please delete or add as many as needed. However the agency chooses to group its funding sources, it should be clear through Part A and B, how much the agency had available to spend and where the agency spent the funds.

Part B: Funds Spent this past Fiscal Year (2015-16)

(a) The agency’s objectives and unrelated purposes are listed based on the information the agency provided in the Restructuring Report. The agency will see there are new rows between “objectives” and “unrelated purposes.” These new rows are intended to allow the agency to list money it spent this year that was for previously committed multiple year projects. The intent of these new rows is to separate what the agency spent toward its current objectives and what it spent toward objectives and projects from previous years, which took multiple years to pay off.

(b) Please add any information needed in the new rows (i.e., “Money previously committed for multiple years”) and make any revisions necessary to ensure all unrelated purposes are listed. As a reminder, an "unrelated purpose" is money the agency is legislatively directed to spend on something that is not related to an agency objective (i.e., pass through, carry forward, etc.).

PART A - Funds Available this past Fiscal Year (2015-16)					
What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
State, other or federal funding?	n/a	State	Federal Funds	Earmarked	Restrctited
Recurring or one-time?	n/a	Recurring	Recurring	Recurring	Recurring
\$ From Last Year Available to Spend this Year					
Amount available at end of previous fiscal year	\$182,998,692	\$8,088,551	\$0	\$81,584,149	\$93,325,992
Amount available at end of previous fiscal year that agency can actually use this fiscal year:	\$182,998,652	\$8,088,511	\$0	\$81,584,149	\$93,325,992
If the amounts in the two rows above are not the same, explain why :	n/a	Amounts are the same	Amounts are the same	Amounts are the same	Amounts are the same
\$ Received this Year					
Amount budgeted to receive in this fiscal year:	\$523,556,529	\$107,261,738	\$286,170,200	\$110,244,728	\$19,879,863
Amount actually received this fiscal year:	\$0				
If the amounts in the two rows above are not the same, explain why :	n/a				
Total Actually Available this Year					
Total amount available to spend this fiscal year (i.e. Amount available at end of previous fiscal year that agency can actually use in this fiscal year PLUS Amount budgeted/estimated to receive this fiscal year):	\$182,998,652	\$115,350,249	\$286,170,200	\$191,828,877	\$113,205,855

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
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Additional Explanations regarding Part A:	Insert any additional explanations the agency would like to provide related to the information it provided above.
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PART B - Funds Spent this past Fiscal Year (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
State, other or federal funding?	n/a	State	Federal Funds	Earmarked	Restrctited
Recurring or one-time?	n/a	Recurring	Recurring	Recurring	Recurring
What are the external restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency was able to spend the funds from this source:	n/a		Appropriation Specific	Appropriation Specific	
Were expenditure of funds tracked through SCEIS? (if no, state the system through which they are recorded so the total amount of expenditures could be verified, if needed)	n/a	Yes	Yes	Yes	Yes
Total amount available to spend	\$182,998,652	\$115,350,249	\$286,170,200	\$191,828,877	\$113,205,855
Where Agency Spent Money - Current Objectives					
Goal 1 - Improve and protect the health and quality of life for all.	\$341,648,113	\$54,738,350	\$176,104,554	\$105,917,257	\$4,887,952
Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.	\$143,419,004	\$15,301,756	\$75,558,384	\$52,558,864	\$0
Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina’s children and their families	\$34,855,593	\$6,088,640	\$6,884,119	\$21,882,834	\$0
Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC’s 15 Sexual Assault Centers.	\$6,291,033	\$2,897,558	\$2,167,150	\$1,226,325	\$0
Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	\$97,714,775	\$5,262,581	\$63,008,614	\$29,443,580	\$0
Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	\$4,269,158	\$1,043,155	\$3,223,621	\$2,382	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	\$288,445	\$9,822	\$274,880	\$3,743	\$0
Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.	\$22,915,988	\$2,414,462	\$13,282,516	\$2,714,667	\$4,504,343
Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	\$3,550,602	\$149,909	\$2,413,999	\$986,694	\$0
Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	\$1,049,658	\$18,208	\$976,190	\$55,260	\$0
Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	\$5,379,583	\$1,666,256	\$3,621,166	\$92,161	\$0
Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	\$6,423,894	\$315,027	\$4,670,814	\$1,438,053	\$0
Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	\$6,062,251	\$265,062	\$1,150,347	\$142,499	\$4,504,343
Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	\$450,000	\$0	\$450,000	\$0	\$0
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.	\$85,417,533	\$14,528,463	\$37,494,497	\$33,394,573	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$23,180,384	\$9,144,601	\$6,588,691	\$7,447,092	\$0
Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	\$12,349,615	\$1,253,132	\$5,932,298	\$5,164,185	\$0
Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	\$5,779,051	\$2,671,343	\$2,788,081	\$319,627	\$0
Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	\$44,108,483	\$1,459,387	\$22,185,427	\$20,463,669	\$0
Strategy 1.4—Provide select public health services equitably across the state.	\$74,235,028	\$21,177,975	\$38,686,638	\$13,986,806	\$383,609
Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	\$25,577,680	\$3,477,695	\$21,009,966	\$1,090,019	\$0
Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	\$27,906,292	\$5,862,064	\$12,499,848	\$9,544,380	\$0
Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	\$5,891,011	\$3,762,895	\$1,589,140	\$538,976	\$0
Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	\$4,472,060	\$1,884,713	\$1,775,911	\$427,827	\$383,609
Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	\$306,309	\$41,651	\$251,605	\$13,053	\$0
Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	\$4,527,519	\$2,806,262	\$641,942	\$1,079,315	\$0
Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	\$5,554,157	\$3,342,695	\$918,226	\$1,293,236	\$0
Strategy 1.5 — Obtain and maintain vital statistics.	\$7,297,915	\$1,158,227	\$2,877,341	\$3,262,347	\$0
Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	\$111,515	\$66,937		\$44,578	\$0
Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	\$3,630,373	\$1,024,354	\$840,721	\$1,765,298	\$0
Objective 1.5.3 — Collect, maintain, analyze and disseminate data on cancer incidence.	\$1,877,695	\$24,907	\$1,195,933	\$656,855	\$0
Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	\$745,941	\$18,680	\$547,446	\$179,815	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 1.5.5 — Make public health statistics available on the Agency’s interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.	\$497,293	\$12,453	\$156,413	\$328,427	\$0
Objective 1.5.6 – Provide high quality public health statistics and data to academic researchers.	\$310,775	\$7,783	\$97,725	\$205,267	\$0
Objective 1.5.7 – Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	\$124,323	\$3,113	\$39,103	\$82,107	\$0
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.	\$8,362,645	\$157,467	\$8,205,178	\$0	\$0
Objective 1.6.1 – Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	\$4,856,000	\$139,375	\$4,716,625	\$0	\$0
Objective 1.6.2 – Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	\$54,314	\$0	\$54,314	\$0	\$0
Objective 1.6.3 – Maintain DHEC’s parts of state-level plans, DHEC’s agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	\$573,730	\$18,092	\$555,638	\$0	\$0
Objective 1.6.4 – Coordinate agency participation in responses to emergency events and in state and regional training exercises.	\$2,878,601	\$0	\$2,878,601	\$0	\$0
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	\$120,165,616	\$37,811,019	\$23,118,838	\$26,365,857	\$32,869,902
Strategy 2.1 – Implement and enforce strategies to protect and promote air quality.	\$9,523,102	\$3,009,015	\$1,863,629	\$4,405,306	\$245,152
Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	\$3,099,796	\$980,289	\$268,468	\$1,657,486	\$193,553
Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	\$2,601,095	\$980,289	\$268,468	\$1,352,338	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	\$726,987	\$374,522	\$276,483	\$75,982	\$0
Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	\$2,632,727	\$672,821	\$1,050,210	\$871,558	\$38,138
Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	\$462,497	\$1,094		\$447,942	\$13,461
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.	\$37,036,700	\$19,629,985	\$5,256,096	\$11,257,857	\$892,762
Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	\$905,574	\$562,340	\$141,730	\$201,504	
Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	\$25,661,842	\$15,793,586	\$2,724,403	\$6,251,091	\$892,762
Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	\$2,531,295	\$706,462	\$1,137,850	\$686,983	\$0
Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	\$7,937,989	\$2,567,597	\$1,252,113	\$4,118,279	\$0
Strategy 2.3 – Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.	\$46,372,486	\$6,072,879	\$5,765,355	\$2,935,288	\$31,598,964
Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	\$6,588,386	\$2,374,470	\$1,867,255	\$1,086,767	\$1,259,894
Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	\$5,202,881	\$933,549	\$820,473	\$1,225,010	\$2,223,849
Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	\$6,852,113	\$1,918,503		\$0	\$4,933,610
Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	\$27,729,106	\$846,357	\$3,077,627	\$623,511	\$23,181,611
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.	\$22,638,524	\$7,259,861	\$7,673,016	\$7,572,623	\$133,024

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	\$10,967,264	\$1,472,730	\$2,864,943	\$6,496,567	\$133,024
Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	\$3,178,534	\$1,446,783	\$729,652	\$1,002,099	\$0
Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	\$4,657,262	\$1,446,783	\$3,136,522	\$73,957	\$0
Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	\$1,578,833	\$1,446,783	\$132,050	\$0	\$0
Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	\$2,256,631	\$1,446,782	\$809,849	\$0	\$0
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	\$4,594,804	\$1,839,279	\$2,560,742	\$194,783	\$0
Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	\$2,221,674	\$593,269	\$1,433,622	\$194,783	\$0
Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	\$638,992	\$296,635	\$342,357	\$0	\$0
Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	\$329,471	\$49,439	\$280,032	\$0	\$0
Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	\$1,404,667	\$899,936	\$504,731	\$0	\$0
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	\$18,816,233	\$8,469,017	\$4,633,289	\$5,713,927	\$0
Strategy 3.1 – Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.	\$4,029,890	\$2,142,494	\$4,271	\$1,883,125	\$0
Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	\$1,415,658	\$535,624	\$1,068	\$878,966	\$0
Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	\$2,047,969	\$1,392,621	\$2,776	\$652,572	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	\$453,011	\$171,399	\$342	\$281,270	\$0
Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	\$113,252	\$42,850	\$85	\$70,317	\$0
Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments (CLIA) regulatory standards.	\$4,086,848	\$0	\$4,086,848	\$0	\$0
Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	\$4,086,848	\$0	\$4,086,848	\$0	\$0
Strategy 3.3 – Implement and enforce standards for emergency medical services (EMS).	\$4,187,845	\$3,544,241	\$149,649	\$493,955	\$0
Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	\$1,195,530	\$948,552		\$246,978	\$0
Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	\$361,192	\$287,099		\$74,093	\$0
Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	\$2,151,947	\$2,053,156		\$98,791	\$0
Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	\$236,573	\$187,177		\$49,396	\$0
Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	\$242,603	\$68,257	\$149,649	\$24,697	\$0
Strategy 3.4 – Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	\$2,068,351	\$1,488,950	\$0	\$579,401	\$0
Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	\$907,376	\$744,475		\$162,901	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	\$1,160,975	\$744,475		\$416,500	\$0
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.	\$2,451,376	\$0	\$321,150	\$2,130,226	\$0
Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	\$754,954	\$0	\$64,230	\$690,724	\$0
Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	\$848,211	\$0	\$128,460	\$719,751	\$0
Objective 3.5.3 – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.	\$848,211	\$0	\$128,460	\$719,751	\$0
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.	\$1,991,923	\$1,293,332	\$71,371	\$627,220	\$0
Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	\$1,182,292	\$614,333	\$33,901	\$534,058	\$0
Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	\$685,180	\$614,333	\$33,901	\$36,946	\$0
Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	\$124,451	\$64,666	\$3,569	\$56,216	\$0
Goal 4 – Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	\$23,762,686	\$8,977,557	\$141,372	\$14,643,757	\$0
Strategy 4.1 – Modernize the Agency’s IT infrastructure and allow for the automation of many Agency functions.	\$9,902,256	\$2,034,581	\$141,372	\$7,726,303	\$0
Objective 4.1.1 – Streamline and modernize the Agency’s software application portfolio to continue to strengthen coordination and performance across Agency programs.	\$4,845,793	\$886,401		\$3,959,392	\$0
Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	\$3,994,871	\$88,003	\$141,372	\$3,765,496	\$0
Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	\$48,577	\$48,577		\$0	\$0

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	\$1,013,015	\$1,011,600		\$1,415	\$0
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.	\$8,678,531	\$2,395,844	\$0	\$6,282,687	\$0
Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	\$1,528,713	\$561,016		\$967,697	\$0
Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	\$6,865,978	\$1,594,371		\$5,271,608	\$0
Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	\$283,839	\$240,457		\$43,382	\$0
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.	\$5,181,899	\$4,547,132	\$0	\$634,767	\$0
Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	\$5,149,647	\$4,514,880		\$634,767	\$0
Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	\$32,252	\$32,252		\$0	\$0
Total Spent on Current Objectives:	\$504,392,648	\$109,995,943	\$203,998,053	\$152,640,798	\$37,757,854
Where Agency Spent Money - Money previously committed for multiple years					
Example - Continental Tire Recruitment Grant (agreement requires State pay income taxes for the company until 2020)					
Insert any additional money previously committed					
Total Spent on previous multiple year commitments					
Where Agency Spent Money - Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)					
Unrelated Purpose #1 - insert description:					
Unrelated Purpose #2 - insert description:					

Strategic Spending (2015-16)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriation	Federal Funds	Earmarked	Restricted
<i>Insert any additional unrelated purposes</i>					
Total Spent on Unrelated Purposes:					
Total Spent (Total on Objectives + Total on Unrelated Purposes) (This should be the same as Amount actually spent in row 29)					
Amount Remaining					
Funds budgeted for use in subsequent years (i.e. when grant or other money received all at once, but intended to be spent over multiple years)					
<i>Example - WIOA 3 year funds budgeted for use in next two fiscal years</i>					
Total Funds budgeted for use in subsequent years					
Cash Balance Remaining, minus funds budgeted for use in subsequent years					
Additional Explanations regarding Part B:	<i>DHEC does not budget at the objective level. Therefore the spread of costs by objective is estimated.</i>				

2016-17 Strategic Plan, Programs, Employee Allocation and Budgeting

20. Please complete the 2016-17 Customers & Potential Impacts Chart, which is a tab in the attached Excel document. If the agency's General Appropriation Act Programs - Daily Operations subprograms; services/products provided; and customer segments are the same as in 2015-16, the agency can simply type on the first line, "Same as 2015-16 Customers & Potential Impacts Chart."

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: In this chart, please do the following:

(a) Take each General Appropriation Act Program and think of the agency daily operations that fit within it. Then group those daily operations programs (D.O. programs) however is best for the agency (i.e. by division, grants, etc.) to discuss each of the different services and/or products it provides. List each of those D.O. Programs, beside the General Appropriation Act Program it relates to, in the first column. The agency may need to insert additional rows between the existing General Appropriations Programs to include each of the D.O. Programs that relate to that General Appropriation Act Program

(b) In the second column, provide a brief description of each D.O. Program.

(c) In the column titled, "Service/Product provided," type the service or product the D.O. Program provides. If the D.O. Program provides multiple services or products, insert additional rows to ensure each service or product is listed on a different row. Be as specific as possible when listing the services and products provided because this information may be compared with the services and products provided by other agencies to determine if there is any duplication among agencies.

(d) In the column titled, "Customer Segment," select the applicable customer segment from the drop down menu. Insert additional rows as needed to ensure each customer segment who receives a particular service or product, is listed on a different row.

(e) In the column titled, "Specify for the following Segments," provide the additional information requested if the Customer Segment is (1) Industry; (2) Professional Organization); or (3) General Public. The additional information provided about the "General Public" customer segments served may be utilized to help change the current "General Public" customer segment option into more specific and defined segments within the public.

(f) In the column titled, "Best potential impact if agency over performs," provide a brief description of the best potential impact on that customer segment if the agency performs better than it ever thought possible.

(g) In the column titled, "Most potential negative impact if the agency under performs," briefly describe what the agency considers the most potential negative impact to that customer segment that may occur as a result of the agency underperforming or performing at the worst level possible.

(h) In the column titled, "What is monitored to determine if outside help is needed," type what the agency monitors on a daily, weekly or monthly basis to ensure the agency performance is at the level needed.

(i) In the column titled, "Outside Help to Request," type the entities to whom the agency reaches out if the agency begins to see low performance;

(j) In the column titled, "Level Requires Inform G.A.," type the level at which the agency thinks the General Assembly should be put on notice;

(k) In the column titled, "1-3 G.A. Options " type one to three options for what the General Assembly could do to help resolve the issue before there is a potential crisis for each customer segment

General Appropriation Act Program/Title - Daily Operations Program	Description/Purpose of Daily Operations Program	Service/Product provided (list only one service or product per row, but insert as many rows as needed to ensure all services and products provided are listed)	Customer Segment (list the customer segment as many times as needed, but list only one per line)	Specify for the following Segments: (1) Industry: Name; (2) Professional Organization: Name (3) Public: Other characteristics of public segment who receives service or product (i.e. age range; income levels, etc.)	Best potential impact on the customer segment if the agency over performs	Most potential negative impact on the customer segment if the agency under performs	What is monitored to determine if outside help is needed	Outside Help to Request	Level Requires Inform G.A.	1-3 G.A. Options
Administration	Same as 2015-16 Customers & Potential Impacts Chart									
Water Quality Improvement - Underground Storage Tanks	Same as 2015-16 Customers & Potential Impacts Chart									
Water Quality Improvement - Water Management	Same as 2015-16 Customers & Potential Impacts Chart									
Water Quality Improvement - Environmental Health	Same as 2015-16 Customers & Potential Impacts Chart									
Coastal Resource Improvement	Same as 2015-16 Customers & Potential Impacts Chart									
Air Quality Improvement	Same as 2015-16 Customers & Potential Impacts Chart									
Land and Waste Management	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Infectious Disease	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Maternal/Infant Health	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Chronic Disease Prevention	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Access to Care	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Drug Control	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Rape Violence Prevention	Same as 2015-16 Customers & Potential Impacts Chart									
Family Health - Independent Living	Same as 2015-16 Customers & Potential Impacts Chart									
Health Care Standards - Radiological Monitoring	Same as 2015-16 Customers & Potential Impacts Chart									
Health Care Standards - Health Facilities and Services Development	Same as 2015-16 Customers & Potential Impacts Chart									
Health Care Standards - Health Facilities Licensing	Same as 2015-16 Customers & Potential Impacts Chart									
Health Care Standards - Certification	Same as 2015-16 Customers & Potential Impacts Chart									
Health Care Standards - Emergency Medical Services	Same as 2015-16 Customers & Potential Impacts Chart									
Health Surveillance Support - Health Lab	Same as 2015-16 Customers & Potential Impacts Chart									
Health Surveillance Support - Vital Records	Same as 2015-16 Customers & Potential Impacts Chart									
Employee Benefits	Same as 2015-16 Customers & Potential Impacts Chart									

21. Please review the 2016-17 Public Benefit and Responsibility Chart, which is a tab in the attached Excel document. If the agency's strategic plan and employees responsible are the same as in 2015-16, the agency can simply type on the first line, "Same as 2015-16 Public Benefit and Responsibility Chart."

Public Benefit and Responsibility (2016-17)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: If the agency’s strategic plan and employees responsible are the same as in 2015-16, the agency can simply type on the first line, “Same as 2015-16 Public Benefit and Responsibility Chart.” If the agency is revising its 2015-16 Strategic Plan for this year, or revising which employee is responsible for certain goals or objectives, please provide information for the strategic plan the agency will follow in 2016-17 and the employees who will be responsible for ensuring it is accomplished. As a reminder, the instructions for how the agency is to complete the chart is below:
1) Under the "Strategic Plan Part and Description" column, enter the strategic plan part number and description (i.e. Goal 1 - Increase the number of job opportunities available to juveniles to 20 per juvenile within the next 2 years).
2) Under the "Public Benefit/Intended Outcome" column, enter the intended outcome of accomplishing each goal and objective.
3) Under the "Responsible Person" columns, provide information about the individual who has primary responsibility/accountability for each goal and objective. The Responsible Person for a goal has different teams of employees beneath him/her to help accomplish the goal. The Responsible Person for an objective has employees and possibly different teams of employees beneath him/her to help accomplish the objective. The Responsible Person for a goal is the person who, in conjunction with his/her team(s) and approval from higher level superiors, determines the strategy and objectives needed to accomplish the goal. The Responsible Person for an objective is the person who, in conjunction with his/her employees and approval from higher level superiors, sets the performance measure targets and heads the game plan for how to accomplish the objective for which he/she is responsible. Under the "Position" column, enter the Responsible Person's position/title at the agency. Under "Office Address" column, enter the address for the office from which the Responsible Person works. Under the "Department/Division" column, enter the department or division at the agency in which the Responsible Person works. Under the "Department/Division Summary" column, enter a brief summary (no more than 1-2 sentences) of what that department or division does in the agency.

Mission:	To improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.	Legal Basis:	All apply, please see Laws worksheet.
Vision:	Healthy people living in healthy communities.	Legal Basis:	All apply, please see Laws worksheet.

Strategic Plan Part and Description (2016-17)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee Name:	How long as staff member been responsible for the goal or objective: (i.e. more or less than 3 years)	Position:	Office Address:	Department or Division:	Department or Division Summary:
Goal 1 - Improve and protect the health and quality of life for all.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.							
Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina’s children and their families	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.							
Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.2.3 Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	Same as 2015-2016 Benefits & Responsibility Chart						

Public Benefit and Responsibility (2016-17)

Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.							
Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	Protect the public against food-borne outbreaks, vector-borne, and rabies diseases. Protect public health and safety through reducing the potential of food-borne outbreaks, conducting surveillance and reporting of vector-borne diseases, and monitoring potential rabies exposures. <i>(Change in responsible employee.)</i>	Megan Davis	Less than 3 years	Division Director, Division of Acute Disease Epidemiology	2100 Bull Street Columbia, SC 29201	Division of Acute Disease Epidemiology	The Division of Acute Disease Epidemiology detects and controls communicable diseases and other events of public health importance in order to ensure the health and well-being of South Carolinians.
Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 1.4—Provide select public health services equitably across the state.							
Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.4.6 — Perform contact investigation, treatment, and case management for tuberculosis clients.	Same as 2015-2016 Benefits & Responsibility Chart Decrease the number of tuberculosis cases in the state. <i>(Change in Responsible Employee)</i>	Melissa Overman	Less than 3 years	Assistant State Epidemiologist	2100 Bull Street Columbia, SC 29201	Division of Acute Disease Epidemiology	The Division of Acute Disease Epidemiology detects and controls communicable diseases and other events of public health importance in order to ensure the health and well-being of South Carolinians.
Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 1.5 — Obtain and maintain vital statistics.							
Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.5.3 — Collect, maintain, analyze and disseminate data on cancer incidence.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.5.5 — Make public health statistics available on the Agency's interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.5.6 — Provide high quality public health statistics and data to academic researchers.	Same as 2015-2016 Benefits & Responsibility Chart						

Public Benefit and Responsibility (2016-17)

Objective 1.5.7 – Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.							
Objective 1.6.1 – Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.6.2 – Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.6.3 – Maintain DHEC’s parts of state-level plans, DHEC’s agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 1.6.4 – Coordinate agency participation in responses to emergency events and in state and regional training exercises.	Same as 2015-2016 Benefits & Responsibility Chart						
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 2.1 – Implement and enforce strategies to protect and promote air quality.							
Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.							
Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 2.3 – Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.							
Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.							
Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	Same as 2015-2016 Benefits & Responsibility Chart						

Public Benefit and Responsibility (2016-17)

Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.							
Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	Same as 2015-2016 Benefits & Responsibility Chart						
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 3.1 – Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.							
Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments (CLIA) regulatory standards.							
Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 3.3 – Implement and enforce standards for emergency medical services (EMS).							
Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 3.4 – Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.							
Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	Same as 2015-2016 Benefits & Responsibility Chart						

Public Benefit and Responsibility (2016-17)

Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.							
Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.5.3 – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.							
Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	Same as 2015-2016 Benefits & Responsibility Chart						
Goal 4 – Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 4.1 – Modernize the Agency’s IT infrastructure and allow for the automation of many Agency functions.							
Objective 4.1.1 – Streamline and modernize the Agency’s software application portfolio to continue to strengthen coordination and performance across Agency programs.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.							
Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	Same as 2015-2016 Benefits & Responsibility Chart						
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.							
Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	Same as 2015-2016 Benefits & Responsibility Chart						
Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	Same as 2015-2016 Benefits & Responsibility Chart						

22. Please complete the 2016-17 Employee Allocation by General Appropriation Act Program Chart, which is a tab in the attached Excel document

Employee Allocation by General Appropriation Act Program (2016-17)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands the number of employee equivalents are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS: In this Chart, please do the following:

- (a) Consider the total number of FTE and non-FTE positions at the agency in 2015-16, which will auto-fill from the Employees Available Chart.
- (b) Then, in the column titled, "Number of physical employees working on the budget program in 2015-16," list the number of physical employees working on each budget program. These employees may spend 100%, 50% or even 10% of their time working toward accomplishing the program.
- (c) In the column titled, "Number of employee equivalents associated with the budget program in 2015-16," list the total number of employee equivalents working on the program in 2015-16. The agency may calculate the figure utilizing the method outlined in the Instructions and Examples for the Program

General Appropriation Act Program (2016-17)	Number of physical employees working on the program in 2016-17	Number of employee equivalents working on the program in 2016-17
Number of FTEs Available	3514.5	3514.5
Number of Temporary Non-FTEs Available	225	85.34
Number of Temporary Grant Non-FTEs Available	116	116
Total Number of Employees Available	3855.5	3668.22
<i>Insert General Appropriation Act Programs</i>		
Administration	253.9	249.18
Water Quality Improvement - Underground Storage Tanks	45.59	44.53
Water Quality Improvement - Water Management	249.8	241.61
Water Quality Improvement - Environmental Health	558.97	532.32
Coastal Resource Improvement	39.5	38.10
Air Quality Improvement	151.62	148.62
Land and Waste Management	159.29	158.34
Family Health - Infectious Disease	403.44	346.61
Family Health - Maternal/Infant Health	857.05	835.31
Family Health - Chronic Disease Prevention	90.5	87.35
Family Health - Access to Care	534.81	523.96
Family Health - Drug Control	25.83	25.83
Family Health - Rape Violence Prevention	1	1.00
Family Health - Independent Living	113.38	70.09
Health Care Standards - Radiological Monitoring	25.35	25.35
Health Care Standards - Health Facilities and Services Development	11.55	9.67

Employee Allocation by General Appropriation Act Program (2016-17)

Health Care Standards - Health Facilities Licensing	77.8	77.80
Health Care Standards - Certification	61.25	60.68
Health Care Standards - Emergency Medical Services	16.87	16.87
Health Surveillance Support - Health Lab	88	87.50
Health Surveillance Support - Vital Records	90	87.50
Employee Benefits	-	-

23. Please complete the 2016-17 Programs and Objectives Chart, which is a tab in the attached Excel document.

Programs and Objectives (2016-17)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands amount the agency spent per objective and amount of employee equivalents that are associated with costs of each program are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS: In this Chart, please do the following:

- (a) In the first two columns, the agency can copy and paste the information from the Accountability Report, "Major Programs," chart.
- (b) In the column titled, "Money Budgeted on Program for 2016-17," list the amount of money the agency is budgeting to spend on the program in 2016-17.
- (c) In the column titled, "Number of employee equivalents associated with the program," list the total number of employee equivalents the agency plans to have working on the program in 2016-17.
- (d) In the column titled, "Objective the Program Helps Accomplish," list each objective the program helps the agency accomplish. Please list only objective per row. This may require inserting additional rows between programs.
- (e) In the column titled, "Approx. amount of money budgeted on objective that is associated with costs from program," consider the total amount budgeted for the program and what portion of that amount relates to each objective. If the agency adds up the amounts for each associated objective, it should equal the total amount budgeted for the program.
- (f) In the column titled, "Approx. amount of employee equivalents planned to be utilized on objective that are associated with the program," consider the total amount of employee equivalents the agency plans to utilize on the program and what portion of that time will related to each objective. If the agency adds up the amounts for each associated objective, it should equal the total number of employee equivalents the agency plans to utilize on the program.

General Appropriation Act Programs (2016-17)	Description of Program	Money Budgeted for the Program in 2016-17	Number of employee equivalents associated with the Program	Objective the Program Helps Accomplish (The agency can copy the Objective number and description from the first column of the Strategy, Objective and Responsibility Chart) List <u>ONLY ONE</u> strategic objective per row.	Approx. amount of money budgeted on each objective that is associated with budgeted costs from this program (if you add up the amounts for each objective it should equal the total amount spent on the program)	Approx. amount of employee equivalents planned to be utilized on each objective that are associated with this program (if you add up the amounts for each objective it should equal the total amount employee equivalents for the program)
Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	\$32,875,361	249.18			
				Objective 4.1.1 – Streamline and modernize the Agency's software application portfolio to continue to strengthen coordination and performance across Agency programs.	\$7,845,793	12
				Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	\$3,994,871	0
				Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	\$2,048,577	0
				Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	\$2,519,836	63

Programs and Objectives (2016-17)

				Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	\$1,831,088	16.14
				Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	\$6,477,235	45.5
				Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	\$283,839	6
				Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	\$5,908,497	96.54
				Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	\$1,965,625	10
Water Quality Improvement - Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	\$64,421,777	44.53			
				Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	\$277,475	1.5
				Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	\$4,898,769	10
				Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	\$59,245,533	33.03

Programs and Objectives (2016-17)

Water Quality Improvement - Water Management	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response	\$28,356,569	241.61			
				Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	\$14,685,307	160.41
				Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	\$3,178,535	37.00
				Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	\$6,657,263	19.20
				Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	\$1,578,833	13.00
				Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	\$2,256,631	12.00
Water Quality Improvement - Environmental Health	Ensures a comprehensive approach to safe food supplies and ground water drinking water quality protection through permitting, inspections, public education and complaint response. Ensures that food and beverages served in food service facilities are safe.	\$41,232,169	532.32			
				Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	\$905,567	87.78
				Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	\$26,661,842	236.90

Programs and Objectives (2016-17)

				Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	\$2,631,295	98.16
				Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	\$11,033,465	109.48
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	\$7,624,321	38.10			
				Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	\$5,251,191	26.1
				Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	\$638,992	6
				Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	\$329,471	1.75
				Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	\$1,404,667	4.25
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.	\$11,834,847	148.62			
				Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	\$5,325,422	48

Programs and Objectives (2016-17)

				Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	\$2,627,214	46.42
				Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	\$746,987	19.2
				Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	\$2,652,727	26
				Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	\$482,497	9
Land and Waste Management	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites	\$31,612,684	158.34			
				Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	\$6,542,873	36.7
				Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	\$4,398,769	50.8
				Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	\$7,011,828	14
				Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	\$13,659,214	56.84
Family Health - Infectious Disease	Tracks and monitors the distribution and causes of Disease.	\$82,104,183	346.61			
				Objective 1.3.1 – Detect and control communicable diseases and other events of public health importance.	\$8,996,833	22.49

Programs and Objectives (2016-17)

				Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	\$12,777,430	42
				Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	\$4,426,885	20
				Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	\$40,690,937	16.47
				Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	\$7,185,480	95
				Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	\$251,123	31.3
				Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	\$3,711,880	64
				Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	\$4,063,615	55.35
Family Health - Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	\$159,470,683	835.31			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$723,047	17.91
				Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$2,210,956	34.9
				Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	\$104,988,431	32

Programs and Objectives (2016-17)

				Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	\$5,336,117	38.3
				Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	\$319,949	7.5
				Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	\$20,969,770	471.28
				Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	\$24,922,413	233.42
Family Health - Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes	\$40,617,042	87.35			
				Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	\$3,935,413	11.79
				Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	\$810,156	6.2
				Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	\$6,976,773	17.63

Programs and Objectives (2016-17)

				Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	\$4,168,652	8.5
				Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	\$14,786,514	12
				Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	\$9,939,534	31.23
Family Health - Access to Care	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	\$95,900,087	523.96			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$1,324,941	0
				Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$1,500,000	
				Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	\$33,601,729	0
				Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	\$1,516,659	0

Programs and Objectives (2016-17)

				Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	\$18,495	0
				Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	\$352,680	0
				Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	\$852,360	0
				Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	\$500,000	6.65
				Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$3,877,186	38.34
				Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	\$823,874	36
				Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	\$1,432,211	31.6
				Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	\$4,695,203	20
				Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	\$25,243,796	64.66
				Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	\$6,469,457	39.6

Programs and Objectives (2016-17)

				Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	\$1,850,000	46.7
				Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	\$55,185	57.3
				Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	\$815,638	52.6
				Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	\$1,617,101	64
				Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	\$990,927	21.51
				Objective 1.6.1 — Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	\$4,856,000	12
				Objective 1.6.2 — Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	\$54,314	9
				Objective 1.6.3 — Maintain DHEC's parts of state-level plans, DHEC's agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	\$573,730	5
				Objective 1.6.4 — Coordinate agency participation in responses to emergency events and in state and regional training exercises.	\$2,878,601	19
Family Health - Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	\$3,774,767	25.83			
				Objective 3.5.1 — Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	\$754,953	5.17
				Objective 3.5.2 — Conduct inspections and audits to ensure accountability of controlled substances.	\$1,509,907	10.33

Programs and Objectives (2016-17)

				Objective 3.5.3 – Decrease potential for drug diversion through administration of the State's prescription drug monitoring program, administrative actions, and criminal investigations.	\$1,509,907	10.33
Family Health - 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 actives	\$2,557,209	1.00			
				Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$2,557,209	1
Family Health - 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 and managed care.	\$38,756,726	70.09			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$38,756,726	70.09
Health Care Standards - Radiological Monitoring	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggage/security units.	\$2,489,035	25.35			
				Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	\$1,182,292	12.04

Programs and Objectives (2016-17)

				Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	\$1,182,292	12.04
				Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	\$124,451	1.27
Health Care Standards - Health Facilities and 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.	\$2,321,950	9.67			
				Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	\$1,160,975	4.9
				Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	\$1,160,975	4.77
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.	\$5,662,632	77.80			
				Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	\$1,415,658	19.45
				Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	\$3,680,711	50.57
				Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	\$453,011	6.22
				Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	\$113,252	1.56

Programs and Objectives (2016-17)

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.	\$6,344,449	60.68			
				Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	\$6,344,449	60.68
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.	\$5,377,949	16.87			
				Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	\$1,195,530	7.6
				Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	\$896,847	2.53
				Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	\$2,806,396	4.05
				Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	\$236,573	1.69
				Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	\$242,603	1

Programs and Objectives (2016-17)

Health Surveillance Support - Health Lab	Assures that integrated, accurate and cost effective laboratory testing is available to support public health	\$15,980,959	87.50			
				Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina's children and their families	\$3,669,442	22
				Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$12,311,517	65.5
Health Surveillance Support - Vital Records	Provides for the registration, correction and certification of all vital events (births, deaths, marriages and divorces).	\$12,299,412	87.50			
				Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	\$5,976,536	14
				Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	\$2,672,956	41.2
				Objective 1.5.3 — Collect, maintain, analyze and disseminate data on cancer incidence.	\$1,971,588	15
				Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	\$745,941	8.5
				Objective 1.5.5 — Make public health statistics available on the Agency's interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.	\$497,293	6.5
				Objective 1.5.6 — Provide high quality public health statistics and data to academic researchers.	\$310,775	2
				Objective 1.5.7 — Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	\$124,323	0.3

Programs and Objectives (2016-17)

Employee Benefits	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.					

24. Please complete the 2016-17 Employee Allocation by Objective Chart, which is a tab in the attached Excel document. If the agency's strategic plan and employee allocation are the same as in 2015-16, the agency can simply type on the first line, "Same as 2015-16 Employee Allocation by Objective Chart."

Employee Allocation by Objective (2016-17)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands the number of employee equivalents are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can

INSTRUCTIONS: In this Chart, please do the following:

Strategic Plan Part and Description (2016-17) <i>(i.e. Goal 1 - Insert description, Strategy 1.1 - Insert Description, Objective 1.1.1 - Insert Description)</i>	Number of physical employees working on the goal or objective in 2016-17	Number of employee equivalents working the goal or objective in 2016-17
Number of FTEs Available	3514.5	3514.5
Number of Temporary Non-FTEs Available	225	85.34
Number of Temporary Grant Non-FTEs Available	116	116
Total Number of Employees Available	3855.5	3668.22
Goal 1 - Improve and protect the health and quality of life for all.	2223.13	2039.32
Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.	285.23	223.7
Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina’s children and their families	154.29	110
Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	35.9	35.9
Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	49.24	32
Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	38.3	38.3
Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	7.5	7.5
Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.	62.77	62.77
Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	11.79	11.79
Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	6.2	6.2

Employee Allocation by Objective (2016-17)

Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	17.63	17.63
Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	8.5	8.5
Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	12	12
Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	6.65	6.65
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.	292.4	292.4
Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	126.33	126.33
Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	78	78
Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	51.6	51.6
Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	36.47	36.47
Strategy 1.4—Provide select public health services equitably across the state.	1426.27	1306.44
Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	575.94	535.94
Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	282.02	273.02
Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	95	95
Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	81.08	77.93
Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	88.6	88.6
Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	116.6	116.6
Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	187.03	119.35
Strategy 1.5 — Obtain and maintain vital statistics.	111.46	109.01
Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	14	14
Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	63.46	62.71
Objective 1.5.3 — Collect, maintain, analyze and disseminate data on cancer incidence.	15	15
Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	8.5	8.5

Employee Allocation by Objective (2016-17)

Objective 1.5.5 — Make public health statistics available on the Agency's interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.	6.5	6.5
Objective 1.5.6 — Provide high quality public health statistics and data to academic researchers.	2	2
Objective 1.5.7 — Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	2	0.3
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.	45	45
Objective 1.6.1 — Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	12	12
Objective 1.6.2 — Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	9	9
Objective 1.6.3 — Maintain DHEC's parts of state-level plans, DHEC's agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	5	5
Objective 1.6.4 — Coordinate agency participation in responses to emergency events and in state and regional training exercises.	19	19
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	1204.82	1163.52
Strategy 2.1 — Implement and enforce strategies to protect and promote air quality.	152.62	148.62
Objective 2.1.1 — Review air permit applications and issue construction and operating permits to regulated entities.	48.2	48.00
Objective 2.1.2 — Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	47.82	46.42
Objective 2.1.3 — Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	19.2	19.20
Objective 2.1.4 — Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	28.2	26.00
Objective 2.1.5 — Provide for licensure and performance standards related to asbestos.	9.2	9.00
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.	558.97	532.32
Objective 2.2.1 — Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	99.97	87.78
Objective 2.2.2 — Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	237.56	236.90
Objective 2.2.3 — Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	111.79	98.16
Objective 2.2.4 — Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	109.64	109.48
Strategy 2.3 — Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.	203.93	202.87

Employee Allocation by Objective (2016-17)

Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	38.2	38.2
Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	60.8	60.8
Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	14	14
Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	90.93	89.87
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.	249.8	241.61
Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	161.6	160.41
Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	38	37
Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	20.2	19.2
Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	16	13
Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	14	12
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	39.5	38.1
Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	27.5	26.1
Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	6	6
Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	1.75	1.75
Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	4.25	4.25
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	218.65	216.2
Strategy 3.1 – Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.	77.8	77.8
Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	19.45	19.45
Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	50.57	50.57
Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	6.22	6.22
Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	1.56	1.56

Employee Allocation by Objective (2016-17)

Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments (CLIA) regulatory standards.	61.25	60.68
Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	61.25	60.68
Strategy 3.3 – Implement and enforce standards for emergency medical services (EMS).	16.87	16.87
Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	7.6	7.6
Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	2.53	2.53
Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	4.05	4.05
Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	1.69	1.69
Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	1	1
Strategy 3.4 – Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	11.55	9.67
Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	5.78	4.9
Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	5.77	4.77
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.	25.83	25.83
Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	5.17	5.17
Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	10.33	10.33
Objective 3.5.3 – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.	10.33	10.33
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.	25.35	25.35
Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	12.04	12.04
Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	12.04	12.04
Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	1.27	1.27
Goal 4 – Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	253.9	249.18
Strategy 4.1 – Modernize the Agency’s IT infrastructure and allow for the automation of many Agency functions.	75	75
Objective 4.1.1 – Streamline and modernize the Agency’s software application portfolio to continue to strengthen coordination and performance across Agency programs.	12	12

Employee Allocation by Objective (2016-17)

Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	0	0
Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	0	0
Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	63	63
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.	68.5	67.64
Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	17	16.14
Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	45.5	45.5
Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	6	6
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.	110.4	106.54
Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	100.4	96.54
Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	10	10

25. Please complete the 2016-17 Strategic Budgeting Chart, which is a tab in the attached Excel document, to provide the Committee information on how the agency plans to utilize the funds it is receiving in 2016-17, including any additional funds it plans on applying for during the year such as federal grants.

Strategic Budgeting (2016-17)

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

Disclaimer: The Committee understands amount the agency budgeted and spent per goal and objective are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which it can explain, as to how it reached the numbers it provided.

INSTRUCTIONS:

Part A: Funds Available in Fiscal Year 2016-17

(a) Please enter each source of funds for the agency in a separate column. Group the funding sources however is best for the agency (i.e., general appropriation programs, proviso 18.2, proviso 19.3, grant ABC, grant XYZ, Motor Vehicle User Fees, License Fines, etc.) to provide the information requested below each source (i.e., state, other or federal funding; recurring or one-time funding; etc.). The agency is not restricted by the number of columns so please delete or add as many as needed. However the agency chooses to group its funding sources, it should be clear through Part A and B, how much the agency had available to spend and where the agency spent the funds.

Part B: How Agency Plans to Budget Funds in 2016-17

- (a) The agency's objectives and unrelated purposes are listed based on the information the agency provided in the Restructuring Report. The agency will see there are new rows between "objectives" and "unrelated purposes." These new rows are intended to allow the agency to list money it spent this year that was for previously committed multiple year projects. The intent of these new rows is to separate what the agency spent toward its current objectives and what it spent toward objectives and projects from previous years, which took multiple years to pay off.
- (b) Please add any information needed in the new rows (i.e., "Money previously committed for multiple years") and make any revisions necessary to ensure all unrelated purposes are listed. As a reminder, an "unrelated purpose" is money the agency is legislatively directed to spend on something that is not related to an agency objective (i.e., pass through, carry forward, etc.).
- (c) Remember, in each row, you need to provide the total of all the values from the different funding sources for that row.

PART A - Funds Available Fiscal Year (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
State, other or federal funding?	n/a	State	State	State	Federal	Earmarked	Restricted	Restricted
Recurring or one-time?	n/a	Recurring	one-time	one-time	Recurring	Recurring	Recurring	Recurring
\$ From Last Year Available to Spend this Year								
Amount available at end of previous fiscal year		\$0		\$ 8,525,905.00	\$0	\$95,143,008	\$11,994,002	\$85,147,709
Amount available at end of previous fiscal year that agency can actually use this fiscal year:		\$0	\$ -	\$ -	\$0	\$88,797,013	\$11,994,002	\$85,147,709
If the amounts in the two rows above are not the same, explain why :	n/a	Amounts are the same	Amounts are the same	Amounts are the same	Amounts are the same	Trust and Settlement Accounts	Amounts are the same	Amounts are the same
\$ Estimated to Receive this Year								
Amount requested to receive this fiscal year:		\$131,143,885	\$ 11,278,218	\$ 8,525,905.00	\$286,140,200	\$86,792,498	\$13,316,219	\$0
Amount actually received this fiscal year:		\$119,916,820	\$ 11,250,000	\$ 8,525,905.00	\$286,140,200	\$86,792,498	\$13,316,219	\$0

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
If the amounts in the two rows above are not the same, explain why :	n/a	Decision Packages not funded						
Total Available if amounts requested are received								
Where Agency Plans to Spend Money - Current Objectives								
	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Goal 1 - Improve and protect the health and quality of life for all.	\$447,686,301	\$60,796,181	\$1,800,000	\$727,360	\$249,314,496	\$119,586,049	\$15,462,215	\$0
Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.	\$196,523,701	\$12,872,821	\$200,000	\$0	\$127,332,520	\$56,118,360	\$0	\$0
Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina’s children and their families.	\$44,474,156	\$6,088,640			\$2,535,070	\$35,850,446	\$0	
Objective 1.1.2—Promote and protect the health of women, men and adolescents through the provision of evidence-based preventive, clinical and supportive services and education and administer the state funds earmarked for SC's 15 Sexual Assault Centers.	\$6,268,165	\$2,357,209	\$ 200,000		\$3,710,956		\$0	
Objective 1.1.3—Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.	\$138,590,160	\$3,373,995			\$115,240,965	\$19,975,200	\$0	
Objective 1.1.4— Collect and analyze population-based maternal and child health data, using appropriate scientific methods, to inform and evaluate activities, programs, and policies that impact maternal and child health populations.	\$6,852,776	\$1,043,155			\$5,520,650	\$288,971	\$0	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 1.1.5—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.	\$338,444	\$9,822			\$324,879	\$3,743	\$0	
Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.	\$32,382,548	\$2,414,460	\$1,600,000	\$317,726	\$12,399,857	\$2,421,899	\$13,228,606	\$0
Objective 1.2.1— Facilitate a coordinated and comprehensive approach to improving chronic diseases through the implementation of policy, systems, environmental change, and quality improvement initiatives among health care systems as well as the implementation of evidence based lifestyle intervention programs.	\$4,288,093	\$149,909			\$3,157,669	\$980,515	\$0	
Objective 1.2.2 — Reduce fatal and nonfatal injuries by efficiently implementing the Child Passenger Restraint (CPS) Program, and effectively utilizing injury-related morbidity and mortality data to create primary prevention messages which enhance knowledge and awareness and strengthen prevention strategies.	\$1,662,516	\$18,208			\$1,589,048	\$55,260	\$0	
Objective 1.2.3 — Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer for eligible Best Chance Network and WISEWOMAN participants.	\$6,976,773	\$1,666,254	\$ 1,500,000	\$ 317,726	\$3,400,632	\$92,161	\$0	
Objective 1.2.4 — Track chronic diseases and their associated risk factors and share information with internal and external stakeholders for appropriate program planning, implementation and monitoring.	\$4,168,652	\$315,027	\$ 100,000		\$2,602,161	\$1,151,464	\$0	
Objective 1.2.5 — Reduce tobacco use in S.C. by implementing programs to prevent youth from starting, support quitting among current tobacco users, eliminate exposure to secondhand smoke and eliminate tobacco-related health disparities.	\$14,786,514	\$265,062			\$1,150,347	\$142,499	\$13,228,606	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 1.2.6 — Provide technical assistance and consultation to internal and external partners to improve the health and well-being of minority and underserved populations through implementation of national standards and policies and evidence based/promising practices for reducing health disparities and achieving health equity.	\$500,000	\$0			\$500,000	\$0	\$0	
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.	\$90,032,076	\$21,781,088	\$0	\$0	\$35,563,211	\$32,687,777	\$0	\$0
Objective 1.3.1 — Detect and control communicable diseases and other events of public health importance.	\$25,185,536	\$16,397,226			\$7,588,691	\$1,199,619	\$0	
Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	\$13,601,304	\$1,253,132			\$7,932,298	\$4,415,874	\$0	
Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.	\$5,859,096	\$2,671,343			\$2,828,081	\$359,672	\$0	
Objective 1.3.4 — Collect, analyze, and disseminate HIV and STD data to complement prevention activities by driving Partner Services and Linkage to Care efforts, identifying spatial, temporal, and demographic trends, and facilitating research.	\$45,386,140	\$1,459,387			\$17,214,141	\$26,712,612	\$0	
Strategy 1.4—Provide select public health services equitably across the state.	\$107,094,992	\$21,177,975	\$0	\$409,634	\$63,819,496	\$19,454,278	\$2,233,609	\$0
Objective 1.4.1 — Provide certification, nutrition education, breastfeeding peer counseling and Registered Dietician services for WIC clients.	\$46,213,566	\$3,477,695			\$41,645,852	\$1,090,019	\$0	
Objective 1.4.2 — Provide family planning information, pregnancy testing, counseling and birth control services.	\$31,391,870	\$5,862,064		\$409,634	\$15,575,792	\$9,544,380	\$0	
Objective 1.4.3 — Conduct STD and HIV testing, treatment and partner service investigations.	\$7,185,480	\$3,762,895			\$2,883,609	\$538,976	\$0	
Objective 1.4.4 — Coordinate with local communities to promote positive public health policies and environmental changes to help prevent heart disease, stroke, cancer, diabetes and obesity.	\$11,789,534	\$1,884,713			\$1,775,911	\$5,895,301	\$2,233,609	
Objective 1.4.5 — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.	\$306,308	\$41,651			\$251,605	\$13,052	\$0	
Objective 1.4.6 — Perform contact investigation, treatment and case management for tuberculosis clients.	\$4,527,518	\$2,806,262			\$641,942	\$1,079,314	\$0	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 1.4.7 — Provide child and adult vaccines through health departments and community-based clinics.	\$5,680,716	\$3,342,695			\$1,044,785	\$1,293,236	\$0	
Strategy 1.5 — Obtain and maintain vital statistics.	\$13,290,339	\$2,392,370	\$0	\$0	\$1,994,234	\$8,903,735	\$0	\$0
Objective 1.5.1 — Provide registration of vital event records (birth, death, fetal death, abortion, marriage and divorce) to ensure timely, high quality data.	\$5,976,536	\$2,258,497			\$312,826	\$3,405,213	\$0	
Objective 1.5.2 — Issue birth, death, marriage and divorce records to the public in a timely manner.	\$3,663,883	\$66,937			\$840,721	\$2,756,225	\$0	
Objective 1.5.3 — Collect, maintain, analyze and disseminate data on cancer incidence.	\$1,971,588	\$24,907			\$312,826	\$1,633,855	\$0	
Objective 1.5.4 — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs	\$745,941	\$18,680			\$234,620	\$492,641	\$0	
Objective 1.5.5 — Make public health statistics available on the Agency’s interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.	\$497,293	\$12,453			\$156,413	\$328,427	\$0	
Objective 1.5.6 — Provide high quality public health statistics and data to academic researchers.	\$310,775	\$7,783			\$97,725	\$205,267	\$0	
Objective 1.5.7 — Chair and coordinate the activities of the agency Institutional Review Board (IRB), to ensure the protection of human subjects in any research project sponsored by DHEC.	\$124,323	\$3,113			\$39,103	\$82,107	\$0	
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.	\$8,362,645	\$157,467	\$0	\$0	\$8,205,178	\$0	\$0	\$0
Objective 1.6.1 — Establish and maintain relationships with planning partners at all levels (local, State, Federal, private, and non-governmental organizations) regarding public health preparedness, emergency planning, and response issues.	\$4,856,000	\$139,375			\$4,716,625	\$0	\$0	
Objective 1.6.2 — Apply for and administer Public Health Emergency Preparedness, Hospital Preparedness Plan, Ebola and other grants; monitor compliance and ensure compliance guidelines are met.	\$54,314	\$0			\$54,314	\$0	\$0	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 1.6.3 – Maintain DHEC’s parts of state-level plans, DHEC’s agency emergency operations plan and all applicable Standard Operating Procedures; train and exercise staff.	\$573,730	\$18,092			\$555,638	\$0	\$0	
Objective 1.6.4 – Coordinate agency participation in responses to emergency events and in state and regional training exercises.	\$2,878,601	\$0			\$2,878,601	\$0	\$0	
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	\$185,082,367	\$37,811,015	\$3,750,000	\$2,329,517	\$29,793,442	\$36,668,233	\$9,848,006	\$64,882,154
Strategy 2.1 – Implement and enforce strategies to protect and promote air quality.	\$11,834,847	\$3,009,015	\$300,000	\$0	\$1,863,628	\$6,310,933	\$245,152	\$106,119
Objective 2.1.1 – Review air permit applications and issue construction and operating permits to regulated entities.	\$5,325,422	\$980,289	\$ 300,000		\$268,468	\$3,563,112	\$193,553	20,000
Objective 2.1.2 – Conduct compliance assistance and assurance through routine monitoring, review of operational and emissions reports, periodic inspections, and enforcement for air programs.	\$2,627,214	\$980,289			\$268,468	\$1,352,338	\$0	26,119
Objective 2.1.3 – Ensure that the state is meeting the National Ambient Air Quality Standards (NAAQS) through the development of a State Implementation Plan (SIP), regulations, and compliance strategy.	\$746,987	\$374,522			\$276,482	\$75,983	\$0	20,000
Objective 2.1.4 – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.	\$2,652,727	\$672,821			\$1,050,210	\$871,558	\$38,138	20,000
Objective 2.1.5 – Provide for licensure and performance standards related to asbestos.	\$482,497	\$1,094				\$447,942	\$13,461	20,000
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.	\$41,232,169	\$19,629,985	\$0	\$0	\$6,856,096	\$13,768,118	\$892,762	\$85,208
Objective 2.2.1 – Review permit applications and issue retail food, septic tank, and small water system permits. Certify laboratories who report data to the agency.	\$905,567	\$562,340			\$141,730	\$181,497		20,000
Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.	\$26,661,842	\$15,793,586			\$3,724,403	\$6,225,883	\$892,762	25,208

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 2.2.3 – Respond to citizen concerns, sanitation issues, chemical and oil spills, vector-borne diseases, foodborne outbreaks, rabies investigations, fish kills, and environmental radiological emergencies.	\$2,631,295	\$706,462			\$1,237,850	\$666,983	\$0	20,000
Objective 2.2.4 – Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters.	\$11,033,465	\$2,567,597			\$1,752,113	\$6,693,755	\$0	20,000
Strategy 2.3 – Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.	\$96,034,461	\$6,072,875	\$2,750,000	\$0	\$7,765,355	\$6,308,320	\$8,577,068	\$64,560,843
Objective 2.3.1 – Review permit applications and issue permits for solid waste, hazardous waste, infectious waste, radiological waste, underground storage tank, and mining activities.	\$6,820,348	\$2,106,432	\$2,750,000			\$704,022	\$1,259,894	-
Objective 2.3.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.	\$9,297,538	\$129,437			\$3,687,728	\$3,256,524	\$2,223,849	-
Objective 2.3.3 – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.	\$7,011,828	\$1,918,503					\$5,093,325	-
Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.	\$72,904,747	\$1,918,503			\$4,077,627	\$2,347,774		64,560,843
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.	\$28,356,569	\$7,259,861	\$0	\$0	\$10,747,621	\$10,086,079	\$133,024	\$129,984
Objective 2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.	\$14,685,307	\$1,472,730			\$3,939,548	\$9,096,677	\$133,024	43,328
Objective 2.4.2 – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.	\$3,178,535	\$1,446,783			\$729,652	\$958,772	\$0	43,328

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 2.4.3 – Develop state water quality standards, issue the bi-annual list of the state’s impaired waters, develop corrective action plans for those waters, and control nonpoint sources of pollution	\$6,657,263	\$1,446,783			\$5,136,522	\$30,630	\$0	43,328
Objective 2.4.4 – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.	\$1,578,833	\$1,446,783			\$132,050	\$0	\$0	
Objective 2.4.5 – Collect and evaluate ambient water and beach quality.	\$2,256,631	\$1,446,782			\$809,849	\$0	\$0	
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties.	\$7,624,321	\$1,839,279	\$700,000	\$2,329,517	\$2,560,742	\$194,783	\$0	\$0
Objective 2.5.1 – Implement the Coastal Zone Management Program to manage wetland alterations, certify all federal and state permits for Coastal Zone Consistency, and protect tidally influenced critical area lands, waters, and beaches.	\$5,251,191	\$593,269	\$700,000	\$2,329,517	\$1,433,622	\$194,783	\$0	
Objective 2.5.2 – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.	\$638,992	\$296,635			\$342,357	\$0	\$0	
Objective 2.5.3 – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.	\$329,471	\$49,439			\$280,032	\$0	\$0	
Objective 2.5.4 – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.	\$1,404,667	\$899,936			\$504,731	\$0	\$0	
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	\$25,970,782	\$9,123,466	\$0	\$535,655	\$6,890,890	\$9,420,771	\$0	\$0
Strategy 3.1 – Implement and enforce standards for licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State.	\$5,662,632	\$2,142,494	\$0	\$0	\$4,271	\$3,515,867	\$0	\$0
Objective 3.1.1 – Review license and permit applications and issue licenses and permits for health facilities and services.	\$1,415,658	\$535,624			\$1,068	\$878,966	\$0	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.	\$3,680,711	\$1,392,621			\$2,776	\$2,285,314	\$0	
Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.	\$453,011	\$171,399			\$342	\$281,270	\$0	
Objective 3.1.4 – Review facility designs and conduct construction inspections of health care facilities.	\$113,252	\$42,850			\$85	\$70,317	\$0	
Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments (CLIA) regulatory standards.	\$6,344,449	\$0	\$0	\$0	\$6,344,449	\$0	\$0	\$0
Objective 3.2.1 – Conduct federal Medicare certification process to ensure minimum health and safety requirements and CLIA regulatory standards are met by providers and suppliers participating in the Medicare and Medicaid programs.	\$6,344,449	\$0			\$6,344,449	\$0	\$0	
Strategy 3.3 – Implement and enforce standards for emergency medical services (EMS).	\$5,377,949	\$4,198,690	\$0	\$535,655	\$149,649	\$493,955	\$0	\$0
Objective 3.3.1 – Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.	\$1,195,530	\$948,552				\$246,978	\$0	
Objective 3.3.2 – Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.	\$896,847	\$287,099		\$ 535,655		\$74,093	\$0	
Objective 3.3.3 – Promote access to trauma care for all residents of the State through the creation, establishment, and maintenance of the State Trauma Care System.	\$2,806,396	\$2,707,605				\$98,791	\$0	
Objective 3.3.4 – Implement a statewide system of stroke care by facilitating health care provider data collection, reporting, sharing, and analysis to improve stroke care in geographic areas of the State.	\$236,573	\$187,177				\$49,396	\$0	
Objective 3.3.5 – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.	\$242,603	\$68,257			\$149,649	\$24,697	\$0	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Strategy 3.4 – Ensure new and modified health care facilities and services throughout the State reflect the needs of the public.	\$2,321,950	\$1,488,950	\$0	\$0	\$0	\$833,000	\$0	\$0
Objective 3.4.1 – Facilitate the establishment of health care facilities and services, which will best serve public needs, through routine review and revision of the State Health Plan.	\$1,160,975	\$744,475				\$416,500	\$0	
Objective 3.4.2 – Promote cost containment and prevent unnecessary duplication of health care facilities and services through the timely review of Certificate of Need applications, Certificate of Public Advantage applications, and other requests.	\$1,160,975	\$744,475				\$416,500	\$0	
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.	\$3,774,767	\$0	\$0	\$0	\$321,150	\$3,453,617	\$0	\$0
Objective 3.5.1 – Annually review completed registration applications and issue registrations to authorized practitioners and health care entities.	\$754,953	\$0			\$64,230	\$690,723	\$0	
Objective 3.5.2 – Conduct inspections and audits to ensure accountability of controlled substances.	\$1,509,907	\$0			\$128,460	\$1,381,447	\$0	
Objective 3.5.3 – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.	\$1,509,907	\$0			\$128,460	\$1,381,447	\$0	
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.	\$2,489,035	\$1,293,332	\$0	\$0	\$71,371	\$1,124,332	\$0	\$0
Objective 3.6.1 – Issue registrations and licenses for facilities that use x-ray equipment, radioactive materials, and tanning beds.	\$1,182,292	\$614,333			\$33,901	\$534,058	\$0	
Objective 3.6.2 – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.	\$1,182,292	\$614,333			\$33,901	\$534,058	\$0	
Objective 3.6.3 – Conduct investigations of facilities for alleged violations and non-compliance.	\$124,451	\$64,666			\$3,569	\$56,216	\$0	
Goal 4 – Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	\$32,875,361	\$12,186,158	\$5,700,000	\$4,933,373	\$141,372	\$9,914,458	\$0	\$0

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Strategy 4.1 – Modernize the Agency’s IT infrastructure and allow for the automation of many Agency functions.	\$16,409,077	\$3,800,794	\$5,700,000	\$3,000,000	\$141,372	\$3,766,911	\$0	\$0
Objective 4.1.1 – Streamline and modernize the Agency’s software application portfolio to continue to strengthen coordination and performance across Agency programs.	\$7,845,793	\$1,145,793	\$3,700,000	\$3,000,000		\$0	\$0	
Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.	\$3,994,871	\$88,003			\$141,372	\$3,765,496	\$0	
Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.	\$2,048,577	\$48,577	\$2,000,000			\$0	\$0	
Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.	\$2,519,836	\$2,518,421				\$1,415	\$0	
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.	\$8,592,162	\$2,698,219	\$0	\$0	\$0	\$5,893,943	\$0	\$0
Objective 4.2.1 – Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	\$1,831,088	\$863,391	\$0		\$0	\$967,697		
Objective 4.2.2 –Ensure workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally friendly; pursuing new Agency facilities as necessary.	\$6,477,235	\$1,594,371				\$4,882,864	\$0	
Objective 4.2.3 –Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	\$283,839	\$240,457				\$43,382	\$0	
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.	\$7,874,122	\$5,687,145	\$0	\$1,933,373	\$0	\$253,604	\$0	\$0
Objective 4.3.1 – Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.	\$5,908,497	\$5,654,893				\$253,604	\$0	
Objective 4.3.2 – Promote operational excellence by utilizing the Project Management Office to ensure the timely and comprehensive execution of projects that remain within budgetary parameters.	\$1,965,625	\$32,252		\$1,933,373		\$0	\$0	

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Total Agency Plans to Spend on Objectives:	\$691,614,811	\$119,916,820	\$11,250,000	\$8,525,905	\$286,140,200	\$175,589,511	\$25,310,221	\$64,882,154
Where Agency Plans to Spend Money - Money previously committed for multiple years								
Total Agency Plans to Spend on previous multiple year commitments								
Where Agency Plans to Spend Money - Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)								
Unrelated Purpose #1 - insert description:								
Unrelated Purpose #1 - insert description:								
Unrelated Purpose #2 - insert description:								
Insert any additional unrelated purposes								
Total Agency Plans to Spend on Unrelated Purposes:								
Total Agency Plans to Spend (Total on Objectives + Total on Unrelated Purposes)								
Amount Remaining								
Funds budgeted for use in subsequent years (i.e. when grant or other money received all at once, but intended to be spent over multiple years)								
Example - WIOA 3 year funds budgeted for use in next two fiscal years								
Total Funds budgeted for use in subsequent years								

Strategic Budgeting (2016-17)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	State Appropriations	State Appropriations Proviso 118.16	State Carryforward	Federal Funds 5055	Earmarked 3000	Restricted 4000	Restricted Not tracked in budget
Cash Balance Remaining, minus funds budgeted for use in subsequent years								

Additional Explanations regarding Part B:	DHEC does not budget at the strategy and objective level, therefore these are estimates. We only budget funds we plan to expend in the given fiscal year.
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Program Structure

26. Please provide the following information regarding the agency's program structure in the General Appropriations Act.

- a. Does the agency have the ability to request a restructuring or realignment of its General Appropriations Act programs? (Y/N)

Yes. The agency has the ability to request a restructuring or realignment of its General Appropriations Act programs.

In what year did the agency last request a restructuring or realignment of its General Appropriations Act programs? (see example of what is meant by General Appropriations Act programs to the right)

2013

II. . Programs and Services

A. Water Quality Management

2. Water Management

- b. What was requested and why?

DHEC requested modifications to reflect changes within the Agency. Environmental Health was listed in the Appropriations Act under Family Health - Environmental Health with part of the County Budgets (Access to Care) supporting Environmental Health activities (restaurants, septic tank and vector control). When DHEC combined and moved Environmental Health under Environmental Affairs, a portion of Access to Care also moved under Environmental Health. Environmental Health was then moved from the Family Health section to Water Quality Improvement.

- c. Was the request granted? (Y/N) If no, who denied the request and why was it denied?

Yes.

- d. Would an individual be able to clearly see how much the agency is spending toward each of the goals in its Strategic Plan by looking at the hierarchy of agency General Appropriation Act programs? (Y/N)

Yes.

- e. Could the agency make a request to the Executive Budget Office, Senate Finance Committee, and House Ways and Means Committee to realign or restructure its General Appropriations Act programs so that the agency's goals from its strategic plan were the highest level of its General Appropriations Act programs in the hierarchy? (Y/N)

Yes.

Performance Measures

27. Please complete the Performance Measures Chart, which is a tab in the attached Excel document.

As previously noted, DHEC is undergoing a transformation and established a new strategic plan. Along with the strategic plan, we evaluated and revised our goals, strategies, objectives and performance measures to better align with our operations and strategic direction. Because of these revisions, many Agency performance measures are new. As seen in the Performance Measure Chart, these new measures do not have historical performance indicators, which is indicated by "NA."

Performance Measures

Agency Responding	Department of Health and Environmental Control
Date of Submission	8/24/2016

INSTRUCTIONS: In this Chart, please do the following:

- (a) Notice there are three blank template charts. One for Program Measure #1, Program Measure #2, and Program Measure #3. Count the total number of performance measures the agency utilizes. Then, copy and paste the blank templates as many times as needed so the agency has a blank one for each agency performance measure. Finally, fill in the blanks for each performance measure.
- (b) In the column titled, "Performance Measure," enter the performance measure just like the agency did in the Accountability report.
- (c) In the column titled, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained at the top of the chart).
- (d) In the column titled, "Related to the following at the agency," select which of the following the performance measures most relates to, which are included in a drop down menu.
- i. Mission effectiveness (i.e., a process characteristic indicating the degree to which the process output (work product) conforms to statutory requirements (i.e., is the agency doing the right things?))
- ii. Mission efficiency (i.e., a process characteristic indicating the degree to which the process produces the required output at minimum resource cost (i.e., is the agency doing things right?))
- iii. Quality (i.e., degree to which a deliverable (product or service) meets customer requirements and expectations (a customer is defined as an actual or potential user of the agency's products or services))
- iv. Operational efficiency and work system performance (includes measures related to the following: innovation and improvement results; improvements to cycle or wait times; supplier and partner performance; and results related to emergency drills or exercises)
- (e) In the column titled, "Agency selected; Required by State; or Required by Federal," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.
- (f) In the next set of columns enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "NA"
- (g) Note: Benchmarks are goals to aim for. Agencies choose benchmarks based on standards within their industry. For instance, the agency might look to peak performers in their industry and set their targets so that the agency can work to incrementally reach those peak performers. In the Column labeled, "Benchmark," list the peak performers or other data the agency referenced when setting its target.

Types of Performance Measures:

Outcome Measure - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

Efficiency Measure - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

Output Measure - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

Input/Activity Measure - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

Performance Measure #1	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Meet or exceed the American Academy of Pediatrics (AAP) benchmark of 95% infants screened for hearing loss by one month old.	Outcome	Mission Effectiveness	Federal	1.1.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (if data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
National benchmark established by the AAP and the Joint Commission on Infant Hearing (JCIH) collected annually be the CDC.	96.70%	96.60%	96.50%	Standard	95%	96.70%	95%	Standard	95.00%	97.10%	95%	Standard	NA

Performance Measure #2	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
% of Medicaid-eligible children 2 years of age who had one or more capillary or venous blood testing for lead poisoning	Outcome	Operational efficiency and work system performance	Agency Selected	1.1.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (if data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
HP 2020 Measure	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	60%	Stretch challenge	NA

Performance Measures

Performance Measure #3	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
The 15 Rape Crisis Centers, in conjunction with its external partners, will inform and educate over 50,000 people in the state about sexual violence issues and prevention methodologies.	Output Measure	Mission Effectiveness	Federal	1.1.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Federal Grant Deliverable	NA	NA	NA	NA	NA	NA	50,000	Standard	50,000	NA	50,000	Standard	NA

Performance Measure #4	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
By the end of FY 2016, increase the total number of clients served (CY 2014, 89,175) by 4% to 92,742, ensuring that low-income clients comprise at least 97% (89,959) of total clients served.	Outcome Measure	Operational Efficiency and work system performance	Agency selected	1.1.2, 1.4.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This measure indicates the number of citizens served	NA	NA	NA	NA	NA	NA	Previous year's actual results	Standard	92,742	87,255	Current performance results	Standard	NA

Performance Measure #5	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
By the end of FY 2017, make available a broad range of contraception and increase the contraceptive reliability rate from 79% to 82%.	Outcome Measure	Quality	Federal	1.1.2, 1.4.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This measure indicates the effectiveness of the methods provided to prevent unplanned pregnancy.	NA	NA	NA	NA	NA	NA	Previous year's performance	Moderate	81%	79%	Current performance results	Moderate	82%

Performance Measure #6	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Increase the number of exclusive breastfeeding infants by 5% from 7,712 breastfeeding infants.	Outcome Measure	Mission Effectiveness	Federal	1.1.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
WIC promotes breastfeeding as the optimal feeding choice.	NA	NA	NA	NA	NA	NA	7,712	Stretch	7,712	7,314	7,712	Stretch	7,712

Performance Measures

Performance Measure #7	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Improve the PCE (Participant Centered Education) skills utilized by the CPA (Competent Professional Authority- includes physicians, registered dietitians, registered nurses and nutritionists) during the certification and nutrition education process.	Outcome Measure	Mission Effectiveness	Federal	1.1.3, 1.4.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The participant centered model enhances WIC nutrition education and services for positive health outcomes. The model is an approach that puts participant's needs and the goal of healthy eating behaviors at the core of WIC service delivery.	NA	NA	NA	NA	NA	111,444	130,646	Stretch	130,646	105,840	130,646	Stretch	130,646

Performance Measure #8	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Number of policies, programs, or organizations that Bureau of Maternal and Child Health staff contribute data analysis or evaluation results to inform.	Outcome Measure	Operational efficiency and work system performance	Agency selected	1.1.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This measure was chosen to assess how effectively the Bureau of Maternal and Child Health utilizes data and provides data to partners to inform decisions.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7	Moderate	NA

Performance Measure #9	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
By August 2017, increase the number of school aged children receiving at least one dental sealant on permanent molars to 9,784	Outcome Measure	Mission Effectiveness	Federal	1.1.5

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Federal Requirement/ Grant Deliverable	NA	NA	NA	NA	NA	NA	9593	Stretch	9593	NA	9784	Moderate	NA

Performance Measure #10	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
The number of people participating in National Diabetes Prevention Programs.	Output Measure	Quality	Federal	1.2.1, 1.4.4

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The National Diabetes Prevention Program is an evidence-based curriculum that teaches participants how to eat healthier and get more physical activity. It can help prevent prediabetes from becoming type 2 diabetes. Many people with prediabetes who do not change their lifestyle—by losing weight (if needed) and being more physically active—will develop type 2 diabetes within five years. Type 2 diabetes can lead to serious health issues such as heart attack, stroke, blindness, kidney failure, and loss of toes, feet, or legs.	NA	NA	NA	NA	NA	NA	450	Stretch	450	409	510	Moderate	NA

Performance Measure #11	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Number of partner organizations with 3 or more Healthy Aging implementation sites (across all interventions).	Output Measure	Quality	Federal	1.2.1 , 1.2.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To track the effectiveness of expansion efforts as required by Centers for Disease Control and Prevention.	NA	NA	NA	NA	NA	NA	26	moderate	26	NA	29	moderate	NA

Performance Measure #12	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Number of children and adults participating in Supplemental Nutrition Education Programs.	Output	Mission Effectiveness	Federal	1.2.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To track the number of clients participating in SNAP Nutrition Education Programs. Region IV USDA requirement.	7,810	12,850	9,446	Standard	20,000	22,292	29,000	Standard	29,000	NA	19,000	Standard	NA

Performance Measure #13	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
The number of high quality Child Passenger Safety (CPS) educational presentations provided.	Output	Quality	Federal	1.2.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To raise awareness of correct installation of child passenger safety seats.	96	91	88	Standard	50	111	50	Standard	50	To date (67); grant year ends Sept. 30th	50	Standard	NA

Performance Measures

Performance Measure #14	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Number of National Highway, Transportation and Safety Administration (NHTSA) Certified Child Passenger Safety (CPS) Technician Classes conducted.	Output	Quality	Federal	1.2.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Increase access to NHTSA qualified technicians.	12	21	13	Standard	18	17	18	Standard	18	To date (16); grant year ends Sept. 30th	18	Standard	NA

Performance Measure #15	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Proportion of women at least 50 years old or older who have received mammograms through the Best Chance Network.	Output Measure	Mission effectiveness	Federal	1.2.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Measured by funder and requires that 75% of women served through the program are 50-64 years of age. Women in this age group are at higher risk for breast cancer.	NA	NA	NA	Standard	75%	75%	same	Standard	75%	NA	same	Standard	NA

Performance Measure #16	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Percent of WISEWOMAN patients who participate in evidence-based cardiovascular health coaching and lifestyle services. (WISEWOMAN - Well-Integrated Screening and Evaluation for Women Across the Nation)	Output Measure	Mission effectiveness	Agency selected	1.2.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
WISEWOMAN services provide cardiovascular, health coaching and lifestyle services to BCN patients.	43%	36%	58%	Standard	NA	48%	80%	Standard	80%	69%	80%	Standard	NA

Performance Measure #17	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
At least 95% of annual newly diagnosed cancer cases in SC collected and reported to CDC and NAACCR by deadline Dec. 1.	outcome measure	Quality	Federal	1.2.4, 1.5.3, 1.5.6

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Highest level of excellence for completeness of case ascertainment for program	NA	NA	NA	standard	95%	97.70%	95%	standard	95%	97.20%	95%	standard	NA
Performance Measure #18	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
South Carolina Behavioral Risk Factor Surveillance System (BRFSS) number of survey completions	Input/activity measure	Operational Efficiency and work system performance	Federal	1.2.4, 1.5.4, 1.5.6									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Grant deliverable	13760	12875	10552	standard	2500	10891	NA	standard	2500	11699	NA	standard	NA
Performance Measure #19	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
The proportion of school districts implementing model tobacco-free policies.	Outcome measure	Mission effectiveness	Federal	1.2.5									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Young people spend much of their formative years in school. Their attitudes toward the acceptability of smoking in general are influenced by the actions of their peers and educators at school. It is important, therefore, for schools to adopt policies that support tobacco-free lifestyles and environments to establish these as norms.	44%	54%	63%	Standard	72%	72%	77%	Standard	77%	77%	81%	Standard	TBD
Performance Measure #20	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
The number of residents living in multi-unit housing facilities that are protected from secondhand smoke in living areas, common areas, and lobbies.	Outcome measure	Mission effectiveness	Federal	1.2.5									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure. For residents of multi-unit housing (e.g., apartments, buildings and condominiums), secondhand smoke can be a major concern. It can migrate from other units and common areas and travel through doorways, cracks in walls, electrical lines, plumbing, and ventilation systems. Residents in subsidized housing tend to be of lower SES, and of a higher likelihood of being a smoker, thus efforts are focused on public housing authorities and properties that serve these populations.	NA	NA	NA	NA	NA	NA	Increase by 1,000	Moderate	19,428	NA	Increase by 1,000	Moderate	TBD

Performance Measures

Performance Measure #21	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Number of DHEC staff qualified as bilingual workers, interpreters or readers.	Outcome Measure	Operational Efficiency	Agency Selected	1.2.6

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To increase cost effectiveness and meet the needs of our diverse customer/client base by providing services in their preferred language.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10% increase	moderate	NA

Performance Measure #22	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Proportion of women screened in the Best Chance Network (BCN) Program who are minorities	Outcome Measure	Mission effectiveness	Federal	1.2.6

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Program Data indicates that South Carolina still face large disparities in health care. Programs are designed to address health disparities.	NA	NA	NA	Standard	60%	51%	60%	Standard	60%	NA	60%	Standard	NA

Performance Measure #23	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Percent of violent death records obtained for data abstraction purposes from SC Coroner Offices for incidents meeting ICD-10 Coding Standards; expectation.	Output	Quality	Federal	1.2.7

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Established and mandated by the funding agency beginning 9.1.2014; new 5-year grant cycle.	NA	NA	NA	Standard	75% (CY2013 Data Year)	84.24%	75% (CY2014 Data Year)	Standard	75% (CY2014 Data Year)	88.13%	75% (CY2015 Data Year)	Standard	NA

Performance Measure #24	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Percent of violent death records obtained for data abstraction purposes from SC Law Enforcement Offices for incidents meeting ICD-10 Coding Standards; expectation .	Output	Quality	Federal	1.2.7

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Established and mandated by the funding agency beginning 9.1.2014; new 5-year grant cycle.	NA	NA	NA	Standard	70% (CY2013 Data Year)	71.29%	70% (CY2014 Data Year)	Standard	70% (CY2014 Data Year)	75.71%	70% (CY2015 Data Year)	Standard	NA

Performance Measures

Performance Measure #25	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Make summary data available with regards to reports by healthcare providers of diseases and conditions on the DHEC List of Reportable Conditions.	Outcome Measure	Mission Effectiveness	Federal	1.3.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The timely detection, investigation and response to reports of diseases helps decrease the occurrence of disease in the community. Reporting mandated by South Carolina Law 44-29-10 and Regulation 61-20.	2012 Annual South Carolina List of Reportable Conditions available for health care providers and laboratories.	2013 Annual South Carolina List of Reportable Conditions available for health care providers and laboratories.	2014 Annual South Carolina List of Reportable Conditions available for health care providers and laboratories.	Standard	2015 Annual South Carolina List of Reportable Conditions available for health care providers and laboratories.	2015 Annual South Carolina List of Reportable Conditions available for health care providers and laboratories. Quarterly Disease report.	2016 Annual South Carolina List of Reportable Conditions available for health care providers and laboratories.	Standard	Publish 2016 Annual Report on Reportable Conditions by October 31, 2017.	In progress	Publish 2017 Annual Report on Reportable Conditions by October 31, 2018.	Standard	2017 Annual South Carolina List of Reportable Conditions will be made available once published.

Performance Measure #26	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	Outcome Measure	Mission Effectiveness	Federal	1.3.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Research and data consistently indicate that getting people tested and linking and retaining those positive with HIV and Viral Hepatitis into care provides the best chance at survival with quality of life, and minimizing the impact of both HIV/AIDS and Viral Hepatitis overall. This is the essence of the HIV/AIDS continuum of care paradigm (which includes behavioral interventions, testing, linkage and retention into care), which is now mandated by the CDC and HRSA, the federal entities who fund our programs.	NA	80%	91%	Standard	>80%	91%	80%	Standard	80%	NA	80%	Standard	NA

Performance Measure #27	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
All immunization providers will be mandated to report administered immunization into the Immunization Registry by January 1, 2017.	Output Measures	Mission Effectiveness	State	1.3.3, 1.4.7

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Is an overall measure of the effectiveness of the Immunization program and will help to increase immunization rates across the state.	NA	NA	NA	NA	NA	NA	100%	Standard	100%	NA	100%	Stretch	NA

Performance Measures

Performance Measure #28	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Identify and report persons with HIV. At least 85% of the expected number of cases diagnosed will be reported to the HIV/AIDS Surveillance program within twelve months of diagnosis year.	Output Measure.	Mission Effectiveness	Federal	1.3.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Is an overall measure of the effectiveness of the HIV Surveillance Program.	NA	NA	NA	NA	NA	NA	85%	Standard	85%	99%	85%	Standard	NA

Performance Measure #29	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Conduct STD and HIV testing, treatment and partner service investigations.	Outcome Measure	Mission Effectiveness	Federal	1.4.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Research and data consistently indicate that getting people tested is the key and first step into linking and retaining those positive with HIV into care provides the best chance at survival with quality of life, and minimizing the impact of both HIV/AIDS and Viral Hepatitis overall. This is the essence of the HIV/AIDS continuum of care paradigm, which is now mandated by the CDC and HRSA, the federal entities who fund our programs.	NA	80%	85%	Standard	80%	85%	80%	Standard	80%	NA	80%	Standard	NA

Performance Measure #30	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Number of SC Health + Planning Toolkit trainings offered.	Output Measure	Mission Effectiveness	Agency Selected	1.4.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The SC Health + Planning Toolkit is a guide to healthy eating and active living policy. This measure was chosen to estimate the reach of the guide across the state.	NA	NA	4	moderate	4	4	NA	moderate	6	8	NA	NA	NA

Performance Measure #31	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Percent of salmonellosis cases with exposure history.	Efficiency Measure	Mission Effectiveness	Federal	1.4.5

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Contact of salmonellosis cases represents the largest measured manpower effort to provide health education for acute infectious diseases.	NA	62.5% (783/1252)	68.5% (789/1152)	Standard	68.50%	74% (1036/1392)	74%	Standard	74%	85% (1291/1521)	85%	Standard	85%
Performance Measure #32	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
For TB patients with positive AFB sputum-smear results, increase the proportion who have contacts elicited.	Outcome Measure	Mission efficiency	Federal	1.4.6									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
National TB Program Objectives and Performance Targets by CDC targets 100% on this performance measure. Increasing the proportion of contacts elicited for evaluation of tuberculosis infection is a proactive standard of care targeting an overall decrease in tuberculosis case numbers in South Carolina.	NA	NA	NA	NA	NA	NA	100%	standard	100%	NA	100%	standard	NA
Performance Measure #33	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
Meet Vital Statistics Cooperative Program (VSCP) deliverables for closeout of statistical files for birth records.	Outcome Measure	Quality	Federal	1.5.1									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
VSCP deliverable	NA	NA	NA	moderate	2015 data due March 1, 2016	25-Apr-16	2016 data due March 1, 2017	Moderate	2016 data due March 1, 2017	NA	2017 data due March 1, 2018	Moderate	2017 data due March 1, 2018
Performance Measure #34	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
Meet Vital Statistics Cooperative Program (VSCP) deliverables for closeout of statistical files for death records.	Outcome Measure	Quality	Federal	1.5.1									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
VSCP deliverable	NA	NA	NA	stretch	2015 data due May 1, 2016	1-Jun-16	2016 data due May 1, 2017	Stretch	2016 data due May 1, 2017	NA	2017 data due May 1, 2018	Stretch	2017 data due May 1, 2018

Performance Measures

Performance Measure #35	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
100% of applications for certified copies of vital events that are received through the mail are receipted within 5 business days	Efficiency Measure	Quality	State	1.5.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
DHEC Policy	NA	NA	NA	NA	NA	NA	100%	Standard	100%	99.90%	100%	Standard	NA

Performance Measure #36	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Less than 3% of new cancer cases are identified only through death certificates (standard from National Program of Cancer Registries (NPCR)).	outcome measure	Quality	Federal	1.5.3, 1.5.6

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Highest level of excellence for data completeness for this category	NA	NA	NA	standard	<3%	2.40%	<3%	standard	<3%	2.30%	<3%	standard	NA

Performance Measure #37	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) survey response rate	Input/activity measure	Operational efficiency and work system performance	Federal	1.5.4, 1.5.6

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Grant deliverable	NA	48%	53%	standard	60%	NA	NA	standard	60%	NA	60%	standard	NA

Performance Measure #38	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Publish the Annual report on Reportable Conditions by October 31 of each year.	Output Measure	Mission Efficiency	State	1.5.4

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The purpose of this report is to provide healthcare organizations and providers, government and regulatory agencies, and other concerned individuals and groups with important statistical information about potentially preventable diseases and conditions. Data in this report reflect diseases and conditions contracted by South Carolina residents traveling outside the state. Data collected from the previous calendar year should be published by October 31st of the following year.	2012 Annual Report of Reportable Conditions was published in November 2014.	2013 Annual Report of Reportable Conditions was published in November 2014.	The 2014 Annual Report of Reportable Conditions is planned to be published by Oct 2016.	Standard	The 2015 Annual Report of Reportable Conditions is planned to be published by Oct 2016.	The 2015 Annual Report of Reportable Conditions is planned to be published by Oct 2016.	Publish 2016 Annual report on Reportable Conditions by October 31, 2017.	Standard	Publish 2016 Annual Reportable Conditions by October 31, 2017	NA	Publish 2017 Annual Report on Reportable Conditions by October 31, 2018.	Standard	TBD
Performance Measure #39	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives									
Publish 2016 interim report for HAI by October 15, 2016; and publish HAI Annual report by April 15, 2017.	Outcome Measure	Quality	State	1.5.5									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The purpose of this report is to promote better infection prevention practices in South Carolina, and provide the consumers and public health officials a way to measure state's progress in reducing hospital acquired infections. Data collected from the previous calendar year should be published by April 15 of the following year; interim report contains data from the first six months of the year and should be published by October 15 of the same year.	2012 annual report of Healthcare associated infections (HAI) was published in April 2013.	The 2013 annual report of HAI was published in April 2014	The 2014 annual report was published in April 2015	Standard	The 2015 Annual report of HAIs was published in April 2016.	2015 Annual report of HAIs was published in April 2016.	Publish 2016 interim report for HAI by October 15, 2016; and publish HAI Annual Report by April 15, 2017.	Standard	Publish 2016 interim report for HAI by October 15, 2016; and publish HAI Annual report by April 15, 2017	NA	Publish 2017 Annual Report on HAIs by April 15, 2018.	Standard	TBD
Performance Measure #40	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
Review of IRB requests are completed within 30 days of submission	efficiency measure	Quality	Agency selected	1.5.7									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Demonstrates good customer service	NA	NA	NA	NA	NA	NA	100%	Stretch	100.00%	72.00%	100%	Stretch	NA
Performance Measure #41	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)									
Increase health care coalition membership by 10% in each Public Health Region	Outcome	Mission effectiveness	Federal	1.6.1									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
grant deliverable	NA	NA	NA	NA	NA	NA	10%	Standard	10%	NA	10% increase	moderate	NA

Performance Measures

Performance Measure #42	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Facilitate discussions between DHEC, the American Red Cross, and local facilities to identify potential SMNS locations in three counties currently without any SMN shelter.	Output	Mission effectiveness	Agency selected	1.6.1, 1.6.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
It will enhance preparedness by working towards increased shelter availability.	NA	NA	NA	NA	NA	NA	1 per county for 3 counties	standard	3	NA	discussions in 3 counties	standard	NA

Performance Measure #43	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Submit all required grant reports on time.	Output	Mission effectiveness	Federal	1.6.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
grant deliverable	NA	NA	NA	NA	NA	NA	100%	moderate	100%	NA	100%	moderate	NA

Performance Measure #44	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Increase number of Closed Points of Distribution by 25%	Output	Mission effectiveness	Agency selected	1.6.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
grant deliverable	NA	NA	NA	NA	NA	NA	15-16 is new baseline	standard	25% Statewide	NA	14 new PODs	standard	NA

Performance Measure #45	Type of Measure: (See line 6 above)	Related to the following at the agency: (See (d) above)	Agency selected; Required by State; or Required by Federal: (See (e) above)	Associated Objectives (List number(s) only)
Ensure all coalition members are afforded opportunity to participate in at least one exercise annually.	Output	Mission effectiveness	Agency selected	1.6.3, 1.6.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results: (If data not available put NA)	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
It will enhance readiness and increase emergency preparedness.	NA	NA	NA	NA	NA	NA	1 exercise per Region	standard	100%	NA	1 exercise per Region	standard	NA

Performance Measures

Performance Measure #46	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Maintain or decrease average number of permit process days.	Efficiency Measure	Operational/Work System Performance	Agency Selected	2.1.1, 2.1.5, 2.2.1, 2.3.1, 2.4.1, 2.5.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Applicants have a reasonable expectation that the permit processes will be conducted in accordance with regulatory requirements in a timely and clear manner. This measures gives customers a clear understanding of generally expected process time frames.	139 average days	137 average days	120 average days	The reduction target was a stretch considering resources declined during this time period.	A reduction in permit process timeframes was achieved.	100 average days	No industry standard exists for state average processing time for most common environmental permits.	The reduction was a stretch considering that the economy began improving during this time period, increasing the volume of permit applications received.	A reduction in permit process timeframes was achieved.	NA	No industry standard exists for state average processing time for most common environmental permits.	The target will likely be a stretch to moderate, depending upon the degree of national economic recovery.	Maintain or decrease average number of permit process days.

Performance Measure #47	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.	Outcome Measure	Mission Effectiveness	Agency Selected	2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Attainment of the National Ambient Air Quality Standards (NAAQS) ensures that the public live in areas with clean air and reduces regulatory burdens on regulated facilities. NOTE: The actual results for 2012, 2013, and 2014 were based on the NAAQS effective during that time (75 parts per billion (ppb)). In October, 2015, the USEPA strengthened the ozone standard to 70 ppb. The percent of monitor sites meeting the NAAQS in 2015 was based on this lower, more stringent standard. Results provided base on calendar years.	100%	100%	100%	Standard	100%	100%	100%	Moderate	100%	NA	100%	Moderate	Not available

Performance Measure #48	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
On an annual basis, inspect at least 15% of all asbestos abatement projects that have been issued an asbestos permit by the Department and are subject to the National Emissions Standards for Hazardous Air Pollutants (NESHAP)	Output Measure	Operational/Work System Performance	Federal	2.1.5

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Inspections of the larger NESHAP projects ensures compliance with federal requirements and protects the public from the greatest potential of asbestos exposure. The number of inspections conducted annually are dependent upon the number of staff available. Results provided based on calendar years.	10%	23%	13%	Moderate	15%	21%	15%	Moderate	15%	NA	15%	Moderate	Not available

Performance Measure #49	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Improve compliance with R.61-25 Retail Food Establishments by the use of Downgrading and Civil Penalties.	Outcome Measure	Mission Efficiency	Agency Selected	2.2.1, 2.2.2, 2.2.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
By using standardized inspections, the number of downgrades would be a direct correlation of the level of compliance being achieved in Retail Food Establishments throughout the state.	1663	1923	1366	Stretch	Stretch	1240	This measure was not in place for this time period	This measure was not in place for this time period but is a stretch based on preliminary information.	This measure was not in place for this time period	This measure was not in place for this time period	5% reduction in total downgrades of Retail Food Establishments in 2015-2016	Moderate	5% reduction from 2015-2016 downgrade numbers

Performance Measure #50	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
The number of compliance monitoring activities (CMAs) at hazardous waste facilities and the number of hazardous waste facilities on the Government Performance and Results Act (GPRA) Baseline that have: (1) control of unacceptable human exposures from site contamination; (2) control of migration of contaminated groundwater; and (3) selection and construction of remedies to clean up contaminated sites.	Outcome Measure	Mission Effectiveness	Federal	2.3.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This performance measure is a federal grant reporting requirement. It is an outcome measure used to demonstrate program effectiveness with federal funding and used to measure hazardous waste cleanup progress under the Government Performance and Results Act (GPRA, 1993), Pub.L. 103-62.	254 CMAs; 42/52 facilities with human exposure under control; 40/52 facilities with contaminated groundwater migration under control; 24/52 facilities with site-wide remedies constructed.	252 CMAs; 47/52 facilities with human exposure under control; 45/52 facilities with contaminated groundwater migration under control; 27/52 facilities with site-wide remedies constructed.	272 CMAs; 49/52 facilities with human exposure under control; 47/52 facilities with contaminated groundwater migration under control; 30/52 facilities with site-wide remedies constructed.	Moderate	Meet or exceed Benchmark of National GPRA Goals for control of human exposure, contaminated groundwater migration, and remedy selection. No target for CMAs.	267 CMAs; 53/54 facilities with human exposure under control; 51/54 facilities with contaminated groundwater migration under control; 31/54 facilities with site-wide remedies constructed.	48/53 facilities with human exposure under control; 42/53 facilities with contaminated groundwater migration under control; 32/53 facilities with site-wide remedies constructed. No benchmark for CMAs.	Moderate	Meet or exceed Benchmark of National GPRA Goals for control of human exposure, contaminated groundwater migration, and remedy selection. No target for CMAs.	400 CMAs; 53/53 facilities with human exposure under control; 52/53 facilities with contaminated groundwater migration under control; 35/53 facilities with site-wide remedies constructed.	49/53 facilities with human exposure under control; 43/53 facilities with contaminated groundwater migration under control; 34/53 facilities with site-wide remedies constructed. No benchmark for CMAs.	Standard	Meet or exceed Benchmark of National GPRA Goals for control of human exposure, contaminated groundwater migration, and remedy selection. No target for CMAs.

Performance Measures

Performance Measure #51	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
The number of teachers educated annually on environmental and recycling curriculum; and amount of municipal solid waste recycled annually.	Outcome Measure	Mission Effectiveness	State	2.3.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The Solid Waste Policy and Management Act requires DHEC to implement recycling programs. One measure of how the state performs is to track the MSW recycled. In addition, the state requires DHEC to provide a recycling curriculum to public and private K-12 schools. Implementation is measured in part by the number of teachers trained.	1,172,768 tons of MSW recycled. Number of teachers trained: 1,082. Number of students reached: 43,612 = Total 44,694	1,229,100 tons of MSW recycled. Number of teachers trained: 839. Number of students reached: 48,854 = Total 49,693	1,371,960 tons of MSW recycled. Number of teachers trained: 916. Number of students reached: 45,892 = Total 46,808	Not applicable	Not applicable. Goal was set to be met by 2020.	1,263,495 tons of MSW recycled. Number of teachers trained: 919. Number of students reached: 45,148 = Total 46,067	Not applicable	Not applicable	Not applicable. Goal was set to be met by 2020.	1,101,190 tons of MSW recycled. Number of teacher trained: 1,004. Number of students reached: 44,163 = Total 45,167	Not applicable	Not applicable	In 2011, the state set a goal to recycle 40 percent of its municipal solid waste by 2020.

Performance Measure #52	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Underground Storage Tank (UST) Release Cleanup Progress (release closures per federal fiscal year or FFY)	Outcome Measure	Mission Effectiveness	Federal	2.3.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Cleanup progress on UST release closures is reported to EPA for grant requirements and reported annually in the SUPERB Advisory Committee Report to be published on legislative website.	291 releases were closed during the federal fiscal year (FFY)	210 releases were closed during the FFY	147 releases were closed during the FFY	Standard	150 releases proposed to be closed during the FFY	154 releases were closed during the FFY	150 releases proposed to be closed during the FFY	Standard	150 releases proposed to be closed during the FFY	NA	125 releases proposed to be closed during the FFY	Standard	125 releases proposed to be closed during the FFY

Performance Measure #53	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Number of acres made "ready for Brownfields reuse"	Outcome Measure	Mission Effectiveness	Federal	2.3.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This performance measure is a Federal grant reporting requirement. It is an activity measure used to demonstrate effective results from Federal funding. Community revitalization through cleanup of Brownfields is a voluntary activity driven by the economy. Therefore, this is a performance measure rather than a target or goal.	838 acres	896 acres	331 acres	There is no target.	Not applicable	417	Not applicable	There is no target.	Not applicable	244	Not applicable	There is no target.	Not applicable

Performance Measure #54	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Percent of surface waters meeting numeric standards (fishable, swimmable)	Outcome Measure	Operational/Work System Performance	Agency Selected	2.4.1, 2.4.2, 2.4.3, 2.4.5, 2.2.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
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Performance Measures

This measure helps to gauge whether waters are meeting their designated uses.	72.60%	72.60% (every two year report)	72.50%	The reduction target was a stretch considering resources declined during this time period.	Not applicable	72.50% (every two year report)	Not applicable	The reduction target was a stretch considering resources declined during this time period.	Not applicable	61.80%	No industry standard exists.	Not applicable	Not applicable
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Performance Measure #55	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Percent of population served by community public water systems that are in compliance with all health based standards	Outcome Measure	Operational/Work System Performance	Federal	2.4.1, 2.4.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This measure serves to help protect public health.	95%	96%	94%	This was a stretch because of the variables in play to meet all standards.	100%	97%	No industry standard exists.	NA	NA	Data not yet available.	95%	Stretch - depends on a variety of factors and the capacity of drinking water systems is variable.	NA

Performance Measure #56	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Percent of high hazard and significant hazard regulated dams receiving appropriate inspection	Outcome Measure	Operational/Work System Performance	Agency Selected	2.4.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This measure help indicate safety conditions for protection of property and people	NA	NA	NA	NA	NA	NA	NA	NA	NA	Data not yet available.	Not yet evaluated	A stretch, since new staff being added will need to be trained.	NA

Performance Measure #57	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Reduce the amount of marine debris in coastal waters and within the beach/dune system by increasing participation in the Adopt a Beach program	Output Measure	Quality (Customer Satisfaction)	Agency Selected	2.5.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Marine debris removal is an ongoing priority for the Coastal Program's regulatory and planning efforts.	NA	757 volunteer hours; 4,247 pounds of debris removed	1040 volunteer hours; 1,833 pounds of debris removed	Standard	Maintain over 500 volunteer hours	1,190 volunteer hours; 2,114 lbs. of debris removed	Number of volunteer hours for the past 4 years	Standard	Maintain 700-1000 volunteer hours	1,148 volunteer hours; 2,029 pounds of debris removed	Number of annual volunteer hours for the past 5 years	Standard	Maintain 1000+ volunteer hours

Performance Measures

Performance Measure #58	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Strengthen interactions with local governments through improved technical assistance and beachfront management planning to reduce community vulnerability to coastal hazards	Outcome Measure	Mission Effectiveness	State	2.5.3, 2.5.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Improving resilience to coastal hazards was identified as a priority management measure in the Coastal Program's 5-year strategic planning effort	NA	3 Local Comprehensive Beach Management Plans (LCBMP) revised with technical assistance from DHEC	1 LCBMP revised with technical assistance from DHEC	Standard	Provide technical assistance to at least one beachfront community on LCBMP revision	2 LCBMPs revised with technical assistance from OCRM	# of LCBMPs revised annually for the past 4 years	Standard	Provide technical assistance to at least one beachfront community on LCBMP revision	1 LCBMP revised with technical assistance from OCRM	# of LCBMPs revised annually for the past 5 years	Standard	Provide technical assistance to at least two beachfront communities on LCBMP revision in order to achieve goal of 9 communities over the past 5 years

Performance Measure #59	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Issue all licenses and permits within 15 calendar days of receipt of completed licensing packet.	Output Measure	Operational/Work System Performance	Agency Selected	3.1.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To provide the best customer service to our facilities and programs by ensuring they have their licenses in a timely manner.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	This is the first year so there is no benchmark yet.	Standard	100%

Performance Measure #60	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Conduct all routine inspections within the timeframe prescribed by law or regulation.	Output Measure	Mission Effectiveness	State	3.1.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To ensure the facilities and programs are providing quality care.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Statutory or regulatory requirements	Moderate	100%

Performance Measure #61	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Conduct all initial investigations within the appropriate timeframe corresponding to the severity of the complaint, i.e., 24-48 hours, 30 days, 60 days, or 90 days.	Output Measure	Operational/Work System Performance	Agency Selected	3.1.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
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Performance Measures

To ensure we are investigating complaints within the appropriate timeframes.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	This is the first year so there is no benchmark yet.	Moderate	100%
Performance Measure #62	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives									
Perform and document design reviews and construction inspections within 15 calendar days of the date requested.	Output Measure	Quality (Customer Satisfaction)	Agency Selected	3.1.4									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Experience has shown that customers desired prompter response times to review and inspection requests.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Customer feedback to staff indicates satisfaction with a two-week response time.	Standard	100%
Performance Measure #63	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives									
Meet the performance standards for the frequency, quality, and enforcement for nursing homes and other health care facilities.	Output Measure	Operational/Work System Performance	Federal	3.2.1									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This data is tracked as a measure of performance standards for CMS.	14 of 17 standards met.	14 of 17 standards met.	13 of 18 standards met.	Stretch	100%	13 of 17 standards met.	Federal CMS requirements	Stretch	100%	15 of 18 standards met.	Federal CMS requirements	Stretch	100%
Performance Measure #64	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives									
Meet the performance standards for the frequency, quality, and enforcement for CLIA laboratories.	Output Measure	Operational/Work System Performance	Federal	3.2.1									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This data is tracked as a measure of performance standards for CMS.	6 of 6 standards met.	6 of 6 standards met.	6 of 6 standards met.	Stretch	100%	4 of 6 standards met.	Federal CMS requirements	Stretch	100%	7 of 7 standards met.	Federal CMS requirements	Moderate	100%
Performance Measure #65	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives									
Process and approve 95% of all complete emergency medical technician (EMT) and athletic trainer credential applications within 10 days of receipt.	Output Measure	Operational/Work System Performance	Agency Selected	3.3.1									
Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:

Performance Measures

To ensure prompt and accurate processing and delivery of EMT and athletic trainer credentials to the regulated community and significantly decrease "program completion" to "on the job" times.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	First measure of measure and need to establish a reasonable benchmark.	Standard	100%
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Performance Measure #66	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Increase the number of emergency service providers trained and certified in this State by in-state training institutions by 5% for EMT level and 10% for paramedic level within the next 12 months.	Outcome Measure	Operational/Work System Performance	Agency Selected	3.3.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
SC is suffering critical shortages in credentialed EMS personnel.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Annual net loss of 3% of trained EMS personnel. Using 5% and 10% to overcome growing number of losses.	Moderate	100%

Performance Measure #67	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Guidelines and transport protocols for trauma patients reviewed and published for public comment by March 1, 2017.	Output Measure	Operational/Work System Performance	Agency Selected	3.3.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To provide consistency across all EMS agencies in trauma triage for transportation.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Statutory requirement and we are utilizing 100% to ensure all EMS agencies have input and comment on transport guidelines.	Standard	100%

Performance Measure #68	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Establish a statewide stroke registry by July 1, 2018 and ensure that 85% of stroke-certified hospitals are reporting data within 6 months of implementing the registry.	Output Measure	Mission Effectiveness	State	3.3.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To provide data collection for stroke patients in a uniform and state-supported manner.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Statutory requirement.	Moderate	100%

Performance Measure #69	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
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Performance Measures

Implement the Pediatric Facility Recognition Program by September 2018 and ensure that at least 30% of acute care hospitals receive pediatric facility recognition by 2020.	Output Measure	Mission Efficiency	Agency Selected	3.3.5
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Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To increase pediatric emergency readiness in acute care hospitals in the state.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Federal grant.	Moderate	100%

Performance Measure #70	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Revise the State Health Plan every 2 years.	Output Measure	Mission Effectiveness	State	3.4.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To promote adherence to state statute.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	State Health Plan was last published in August 2015.	Moderate	100%

Performance Measure #71	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Improve the turnaround time for all Certificate of Need (CON) decisions by 10% each year.	Output Measure	Mission Effectiveness	Agency Selected	3.4.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To promote efficiency and serve the purposes of Certificate of Need.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Annual average turnaround time of 45-60 days for decisions not subject to appeal.	Moderate	100%

Performance Measure #72	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Issue registrations within 10 business days of receiving completed applications.	Output Measure	Quality (Customer Satisfaction)	Agency Selected	3.5.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
Every person and entity who, either proposes to engage in, or manufactures, distributes, or dispenses any controlled substance shall obtain a registration issued by the Department and it is imperative that these requests be done in a timely manner.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	24,000 registrations to registrants.	Moderate	100%

Performance Measure #73	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
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Performance Measures

Increase the number of inspections performed by 10% each year.	Output Measure	Operational/Work System Performance	Agency Selected	3.5.2
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Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To ensure registrants are properly maintaining records and accountability and storing controlled substances securely as well as making recommendations and offering assistance to help registrants follow proper procedures in the handling of controlled substances	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	3,100 inspections.	Stretch	100%

Performance Measure #74	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Increase the usage and participation in SCRIPTS by 5% each year.	Output Measure	Operational/Work System Performance	Agency Selected	3.5.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The prescription monitoring program (PMP) is an essential tool in responding to prescription drug abuse. Increasing the number of practitioners that utilize the system will help reduce misuse, abuse, and diversion of the drugs, reduce prescription overdoses, and improve patient care.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	700 new SCRIPTS participants.	Standard	100%

Performance Measure #75	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Issue registration and licensing actions within 30 calendar days of reviewing complete applications.	Output Measure	Operational/Work System Performance	Agency Selected	3.6.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
This is a core function of the radiological health program and to help customers effectively run their programs.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	This is the first year of using this PM	Moderate	100%

Performance Measure #76	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Conduct all inspections within the timeframe prescribed by law or regulation.	Output Measure	Mission Effectiveness	Federal	3.6.2

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To protect public health and safety through inspections.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Federal laws and standards	Moderate	100%

Performance Measure #77	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Conduct all investigations of incidents and allegations within the appropriate timeframe corresponding to the severity of the complaint.	Output Measure	Operational/Work System Performance	Agency Selected	3.6.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To protect public health and safety through investigating the public's complaints.	NA	NA	NA	NA	NA	NA	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Agency did not use PM during this year	Federal regulations and agency program standards.	Standard	100%

Performance Measure #78	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
By June 30, 2019, transition all outdated mainframe applications to modern platforms.	Outcome Measure	Quality (Customer Satisfaction)	Agency Selected	4.1.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To increase efficiency by reducing the number of applications needing maintenance and modifications. This will also reduce and standardize hardware requirements as we move to the DTO data center.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Consolidate 25% of current applications/databases	Moderate; analysis has already started and consolidation work is in progress. However, other major projects/initiatives can impact the resources available to complete in time.	N/A

Performance Measure #79	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Fully implement ePermitting solution by June 30, 2020	Outcome	Operational Efficiency	Agency Selected	4.1.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
The increased agency efficiency from the purchase of an ePermitting system will greatly improve DHEC's ability to protect the health of the public and the environment and provide much better service to our partners—especially businesses—in the regulated community. This performance measure demonstrates our commitment to and progress toward improving electronic access to DHEC services.	NA	NA	NA	NA	NA	NA	Award contract for ePermitting system	Standard	Contract awarded	Contract awarded and gap analysis process began	Core system development complete and user acceptance testing complete	Stretch because this is a very aggressive, but realistic, timeline for system development and configuration	Core system development complete and user acceptance testing complete

Performance Measures

Performance Measure #80	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Deploy statewide Electronic Health Record system by June 30, 2018	Outcome	Operational Efficiency	Required by Federal	4.1.3

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
DHEC must implement an EHR to remain competitive for Title X funding, and the 2009 HITECH Act requires use of an EHR to remain eligible for CMS reimbursement. This performance measure will allow us to demonstrate our progress toward meeting Federal mandates and expectations and implement a system that will help us to better serve our clients.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Contract awarded and gap analysis complete	Stretch because of procurement timeline at ITMO	Contract awarded and gap analysis complete

Performance Measure #81	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Relocate DHEC data center to DTO facility.	Outcome	Operational Efficiency	Agency Selected	4.1.4

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
A carefully planned but expeditious move to DTO's data center is critical to mitigate DHEC's exposure to hardware and system failures and potential security breaches. As the legislature has allocated funds to ensure a successful transition, this measure provides accountability to the agency in meeting that goal.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Move our applications to hosted infrastructure at DTO and decommission legacy/unsupported hardware in our current data center	Stretch challenge; we are working on the migration strategy but the number of applications/systems that need to be moved cannot be done in one year. Expect this to extend into 2018.	N/A

Performance Measure #82	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Maximize the job satisfaction of current teams, identify and develop potential successors for key positions in the Agency, and provide an efficient and welcoming recruitment and onboarding process for new and future team members.	Outcome Measure	Operational Efficiency	Agency Selected	4.2.1

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
DHEC is committed to becoming the employer of choice in South Carolina and to becoming a high performing organization with a culture of continuous improvement.	NA	NA	NA	NA	NA	NA	Decrease turnover rate by 50%. 90% success rate in all hiring decisions. Any agency employee interested in advancement has a clear path forward.	Stretch, since even with the best of efforts, there are numerous factors that cause staff to leave that may be beyond agency's control.	1. Conduct an Employee Engagement Survey. 2. Development of a Succession Plan for critical roles. 3. Implementation of a Quarterly Agency New Hire Orientation. 4. Conduct Quarter Agency Leadership Meetings. 5. Implement Agency Enterprise Human Resources software to streamline the employee performance management, succession planning, recruiting, and onboarding processes. 6. The Employee	1. Conducted an Employee Engagement Survey. 2. The Agency has identified critical roles and is in the beginning stages of developing a Succession Plan for those critical roles. 3. The Agency has been conducting quarterly Agency New Hire Orientations. 4. The Agency has been conducting Quarter Agency Leadership Meetings. 5. The Agency is currently evaluating vendors for the Enterprise Human Resources software to streamline the employee performance management, succession planning, recruiting, and onboarding processes. 6. The Employee	1. Conduct an Employee Engagement Survey. 2. Finalize a Succession Plan for critical roles. 3. Continue to conduct quarterly Agency New Hire Orientations. 4. Continue to conduct Quarter Agency Leadership Meetings. 5. Select a vendor and implement the Enterprise Human Resources software. 6. Utilize the HR Enterprise software to conduct the Employee Performance Management Process. 7. Finalize the Agency's recruiting strategy for critical roles.	Stretch	1. The Agency conducted an Employee Engagement Survey. 2. The Agency has a Succession Plan for critical roles. 3. The Agency conducted quarterly Agency New Hire Orientations. 4. The Agency conducted Quarter Agency Leadership Meetings. 5. The Agency implemented the Enterprise Human Resources software. 6. The Employee Performance Management Process utilizes the HR Enterprise software to conduct evaluations. 7. The Agency has a recruiting strategy for critical roles.

Performance Measure #83	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Establish a safety office and determine policies and procedures for this office by June 30, 2017	Outcome Measure	Operational Efficiency	Agency Selected	4.2.2

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
DHEC is focused on improving safety for its employees and customers. In order to do so, the Agency is recruiting a Safety Officer to establish policies and procedures related to safety. This will better enable to Agency to become the premier employer in South Carolina and help support a high performance organization with a culture of continuous improvement.	NA	NA	NA	NA	NA	NA	Hiring of Safety Officer.	Moderate	Safety Officer to be onboard August 17, 2016.	Safety Officer onboard August 17, 2016.	Safety Officer working with management to implement policies and procedures for this office.	Moderate	Safety Officer working with management to implement policies and procedures for this office.

Performance Measure #84	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	Outcome Measure	Operational Efficiency	Agency Selected	4.2.3

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
DHEC is committed to providing new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	NA	NA	NA	NA	NA	NA	Eight Certified Manager Program (CPM) participants entered in the program and will graduate in 2020. Twenty four employees identified to go through the Leadership Excellence Achievement Program (LEAP) to graduate in May 2017.	Moderate	1. Identify eight participants for the CPM program. 2. Identify twenty four participants for the LEAP program. 3. All supervisors/managers in the agency trained.	1. Eight participants identified for and enrolled in the CPM process. 2. Twenty four employees are enrolled in the LEAP program. 3. Training scheduled for supervisors/managers	All eight Certified Manager Program (CPM) participants moving successfully through the process. Training staff will deliver a basic series of courses for new managers on a regular basis. New managers will complete basic supervisory courses with 12 months of assuming supervisory roles. Training staff will deliver an intermediate series of courses for managers with more than 2 years managing experience. Experienced managers will complete at least 6 non-program specific hours of continuing education courses each year. Non-managers will complete at least 3 non-program specific hours of continuing education courses each year.	Moderate	All eight Certified Manager Program (CPM) participants moving successfully through the process. All 24 LEAP participants graduated successfully from the program. Training staff will deliver a basic series of courses for new managers on a regular basis. New managers will complete basic supervisory courses with 12 months of assuming supervisory roles. Training staff will deliver an intermediate series of courses for managers with more than 2 years managing experience. Experienced managers will complete at least 6 non-program specific hours of continuing education courses each year. Non-managers will complete at least 3 non-program specific hours of continuing education courses each year.

Performance Measure #85	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Establish the Office of Strategy and Continuous Improvement with standardized and fully implemented policies and procedures by June 30, 2017	Outcome	Operational Efficiency	Agency Selected	4.3.1

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
To promote a culture of continuous improvement, the Agency is evaluating its policies and practices to ensure they're aligned with the Agency's strategic plan. Through this honest evaluation, DHEC aspires to continually improve our customer service delivery, policies, and practices.	NA	NA	NA	NA	NA	NA	Hire Director of Strategy and Continuous Improvement and begin strategic analysis of Agency policies and practices.	Moderate.	Form Office of Strategy and Continuous Improvement and begin strategic analysis of Agency policies and practices.	Office of Strategy and Continuous Improvement formed within DHEC Operations. Developing the procedures for analysis of DHEC policies and practices.	Implement formal policies and procedures for project development at DHEC. Develop standardized DHEC policies and practices evaluation tool.	Standard	Formal continuous improvement policies and procedures implemented. Standardized DHEC policies and practices evaluation tool developed.

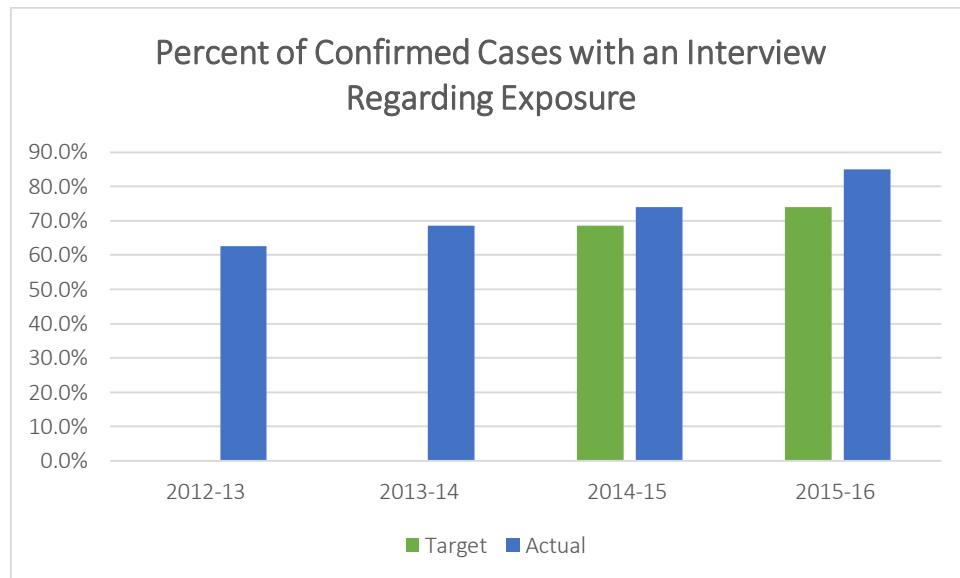
Performance Measure #86	Type of Measure:	Related to the following at the agency:	Agency selected; Required by State; or Required by Federal:	Associated Objectives
Establish a Project Management Office with standardized and fully implemented policies, procedures, and artifacts by June 30, 2017	Outcome	Operational Efficiency	Agency Selected	4.3.2

Performance Measures

Why was this performance measure chosen?	2011-12 Actual Results	2012-13 Actual Results	2013-14 Actual Results	Was 2014-15 target standard, moderate, or stretch challenge:	2014-15 Target Results:	2014-15 Actual Results:	Benchmark for 2015-16 target results:	Was 2015-16 target standard, moderate, or stretch challenge:	2015-16 Target Results:	2015-16 Actual Results:	Benchmark for 2016-17 target results:	Is 2016-17 target standard, moderate, or stretch challenge:	2016-17 Target Results:
PMOs are recognized as a vital component to any high performance organization in the private or public sectors, and the implementation of a PMO within DHEC is necessary to manage a number of high-priority strategic projects for the agency. This performance measure tracks progress of the implementation of the PMO in an effort to fully realize the efficiencies to be gained after full implementation.	NA	NA	NA	NA	NA	NA	Formalize PMO and expand scope of control to cover strategic projects within all DHEC program areas	Moderate because team had to rapidly expand from 4 staff covering a single area of the agency	Formalize PMO and expand scope of control to cover strategic projects within all DHEC program areas	PMO formed within DHEC Operations. Team expanded and actively managed approximately 40 strategic and tactical projects spanning all areas of DHEC.	Implement formal policies and procedures for project governance at DHEC. Develop standardized project artifacts.	Standard	Formal PMO policies and procedures implemented. Standardized project artifacts developed.

28. After completing the Performance Measure Chart, please provide the following: Graphs/Charts which shows trends over the last five years for at least three performance measures (separate graph/chart for each performance measure) the agency believes are vital to knowing whether the agency is successful, and:
- Three agency, government, non-profit, or for-profit entities the agency considers the best in the country in this process or similar process and why.
 - If the agency did not use results from another entity as a performance benchmark, why not? What did the agency choose as the benchmark, and why?

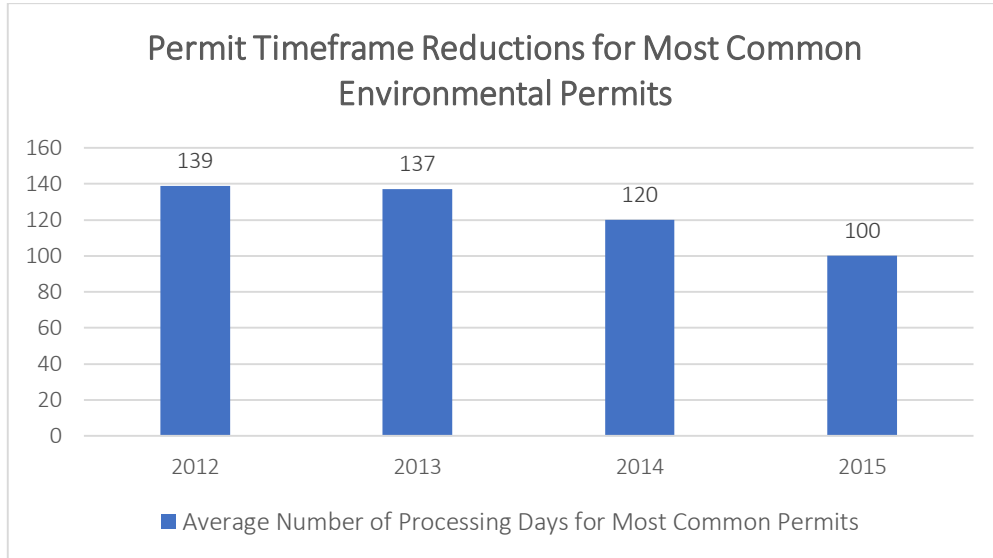
Performance Measure #31 – Percent of confirmed cases with an interview regarding exposure



The Council to Improve Foodborne Outbreak Response's (CIFOR) Guidelines for Foodborne Disease Outbreak Response were developed as a comprehensive source of information on foodborne disease investigation and control for state and local health departments. CIFOR advises that it is preferable that states attempt to reach and interview > 75% of individuals with Salmonella reported to the health department, but reaching 50-75% of these individuals is acceptable. DHEC chose its target of 85% because we wanted to maintain the level reached in the previous year. DHEC feels this is attainable and will hold itself to that standard.

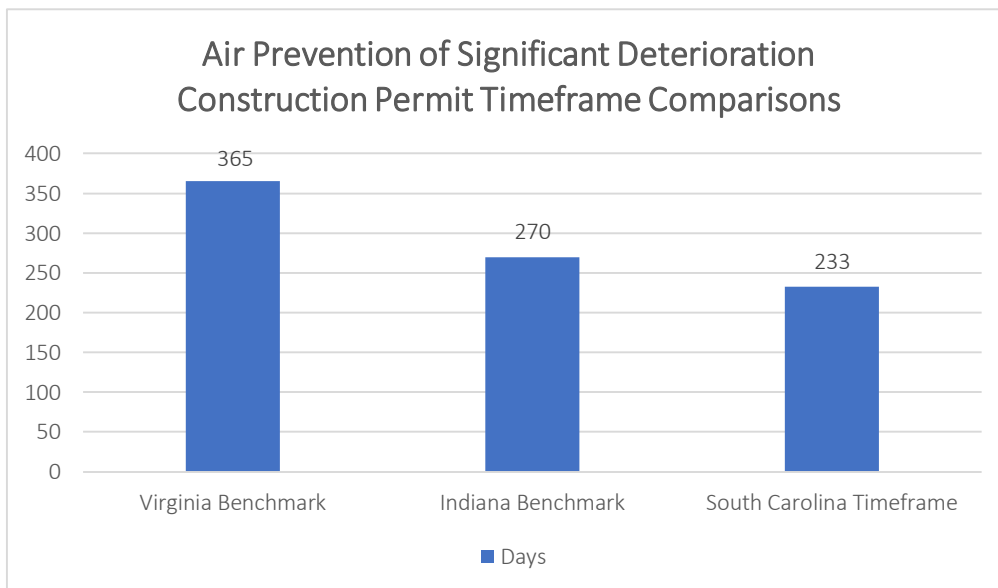
Both the Minnesota and Wisconsin health departments are Foodborne Diseases Centers for Outbreak Response Enhancement (FoodCORE) centers and considered experts for work related to enteric illness. South Carolina is also one of 10 FoodCORE centers in the United States. FoodCORE centers work together to develop new and better methods to detect, investigate, respond to, and control multistate outbreaks of foodborne diseases. Efforts are primarily focused on outbreaks caused by bacteria, including Salmonella, Shiga toxin-producing E. coli, and Listeria. The ability to detect and investigate viral and parasitic foodborne disease outbreaks are expected to be strengthened by participation in FoodCORE.

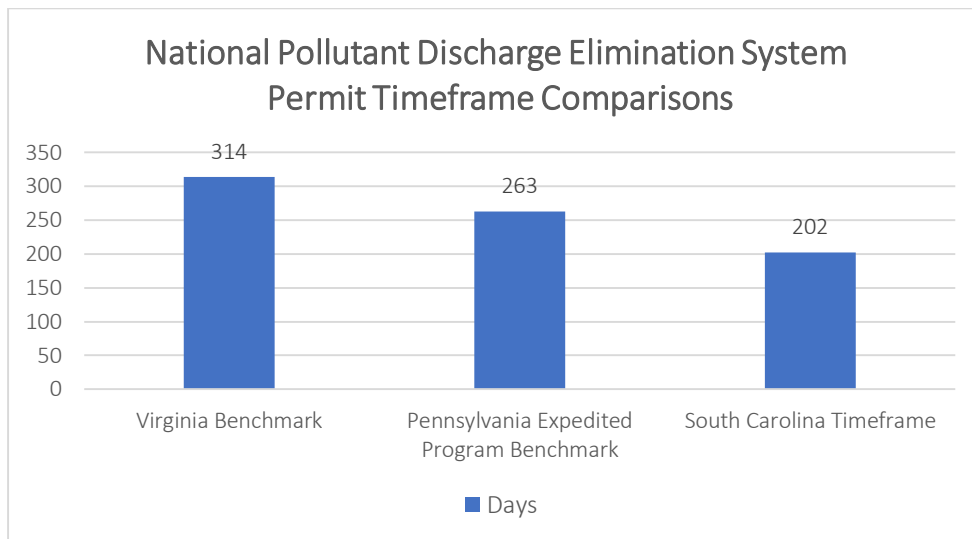
Performance Measure #46 - Maintain or decrease average number of permit process days.



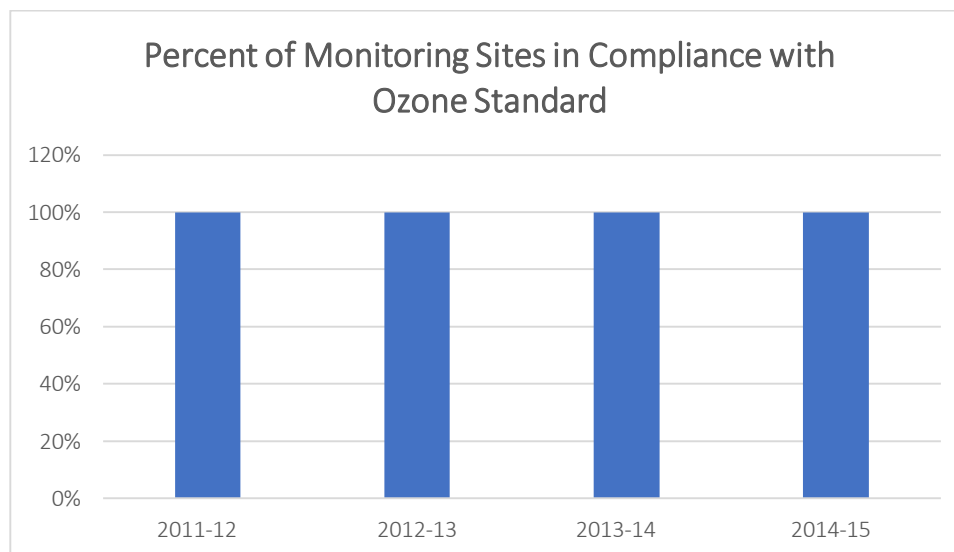
The chart above shows reductions in average days from start to finish for DHEC's most common environmental permit processes. The average permit processing time for most common permits has consistently decreased from 2012 to 2015. Please see www.scdhec.gov/PermitCentral/HowLongWillProcessTake for planning process times for individual common permit types.

Most other states do not publicly report historical process times to issue most common permits; therefore, a state government benchmark does not exist for comparison. Some states publicly report time frame expectations for specific permit types. A few examples are below along with actual DHEC measured time frames.





Performance Measure #47 – Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018



The ozone standard is a National Ambient Air Quality Standard (NAAQS). It is the goal of all state and local agencies across the country to be in compliance with this standard at all of their monitoring sites 100% of the time. The current standard of 70 parts per billion (ppb) was finalized in October 2015. The previous ozone standard was 75 ppb. Any area of the country not meeting the 70 ppb standard is designed as "non-attainment" (out of compliance with the standard) by the US EPA based on a 3-year average of monitoring data.

South Carolina is currently meeting the ozone standard at all of its monitoring sites across the state. When the US EPA announced its new ozone standard in October 2015, South Carolina was among only 16 states across the country with no monitoring sites exceeding the 70 ppb standard. The US EPA will make official ozone designations in late 2017, based on three years of monitoring data. South Carolina's goal is to not have any monitoring sites exceeding the ozone standard when these designations are made, and to continue to meet the ozone standard in the future.

Comparison to Others

29. Are there other agencies that have goals similar to those at this agency? If so, which agencies and which goals?

Clemson Extension Service

- The Clemson Extension Service and DHEC both cover elements of food safety.

Clemson Public Service/Livestock Poultry Health

- The Livestock Poultry Health division of Clemson Public Service and DHEC both cover meat and poultry sales.

Rural Infrastructure Authority (RIA)

- DHEC and the RIA each help local governments with water and sewer infrastructure.

South Carolina Department of Agriculture (SCDA)

- The SCDA and DHEC both have authority over sale of food products to the public.

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

- DAODAS is charged with ensuring the provision of quality services to prevent or reduce the negative consequences of substance use and addictions. On occasion, tobacco use, as addressed by DHEC, is included in the overall description of "substance use" and is considered an addiction.
- DHEC and DAODAS strive to reduce youth access to tobacco products.
- DHEC and DAODAS both provide and promote education and training related to drug abuse and overdoses.

South Carolina Department of Disabilities and Special Needs

- DHEC and DDSN both play a role in protecting vulnerable adults.
- DHEC and DDSN both strive to improve the health and safety of the individuals we serve.

South Carolina Department of Health and Human Services

- DHEC and DHHS both strive to provide better health outcomes for Medicaid beneficiaries.

South Carolina Department of Labor, Licensing and Regulation (LLR)

- DHEC and LLR inspect safety aspects of industry operation.
- DHEC (Underground Storage Tank remediation, Health Facilities Licensing, EMS & Trauma, Certification, Construction and Fire and Life Safety, Midwives) and LLR license work professionals.
- DHEC and LLR both promote public safety through education and dissemination of information regarding labor and fire safety programs.

South Carolina Department of Mental Health (DMH)

- DHEC and DMH are both positioning to meet the increased demand for services for vulnerable adults.

South Carolina Department of Natural Resources (DNR)

- DNR oversees hunting and harvesting of wildlife and marine resources; DHEC oversees food sales obtained from wildlife and marine resources.
- DHEC and DNR each have responsibilities for shellfish harvesting.
- DHEC and DNR each have water resource monitoring responsibilities in South Carolina.
- DHEC and DNR both oversee coastal and marine resources.

South Carolina Department of Social Services

- DHEC and DSS both play a role in protecting vulnerable adults.

South Carolina Emergency Management Division (EMD)

- DHEC and EMD both enhance the State's capability to mitigate, prepare for, respond to and recover from threats and hazards that pose the greatest risk.
- DHEC and EMD both refine and sustain existing emergency management capabilities while building resilient communities.

South Carolina Lieutenant Governor's Office on Aging

- DHEC's Division of Healthy Aging and The Lieutenant Governor's Office on Aging and both strive to help South Carolina seniors remain independent in their own homes and communities.
- DHEC and the Lieutenant Governor's Office on Aging both intervene to prevent abuse, neglect and exploitation of seniors and adults with disabilities.

South Carolina Sea Grant Consortium

- DHEC and the Sea Grant Consortium both maintain and provide valuable coastal information.

State College/University Laboratories

- DHEC and colleges and universities all have laboratories that conduct sample analysis.

State Law Enforcement Division (SLED) Laboratories

- DHEC and SLED both have laboratories that conduct sample analysis.

30. For each of the agency's goals that are similar to goals at other agencies,
- How are what the other agencies, and this agency, striving for the same goal?
 - How are what the other agencies, and this agency, striving for different?
 - Are there ways this agency and those other agencies could work together to accomplish the goals more efficiently?
 - Are there ways this agency and those other agencies could work together to accomplish the goals more effectively?

Clemson Extension Service

The Clemson Extension Service and DHEC both cover elements of food safety.

- Both agencies seek to ensure that food provided to or consumed by the public is safe.
- Clemson Extension Service provides education to both the food industry and the general consumer on food safety to help prevent foodborne illness outbreaks. In addition to providing education, DHEC regulates food sold to the end consumer and actively investigates all foodborne illness outbreaks, regardless of source.
- The agencies should maintain lines of communication between both agencies for identification of continued opportunities to share resources and data.
- The agencies could work together on joint outreach projects on food safety and education.

Clemson Public Service/Livestock Poultry Health

The Livestock Poultry Health division of Clemson Public Service and DHEC both cover meat and poultry sales.

- Both agencies administer and enforce laws related to the processing and sale of meat and poultry to the public.
- Clemson's Meat and Poultry Inspection Division inspects the slaughter of meat/poultry and processing of meat/poultry for distribution to other entities for resale. DHEC regulates the processing of meat and poultry, after slaughter, which is sold directly to the end consumer.
- The agencies should maintain lines of communication between both agencies for identification of continued opportunities to share resources and data.
- The agencies could update the Memorandum of Understanding between the agencies to identify how all processing of meat and poultry products are inspected.

Rural Infrastructure Authority (RIA)

DHEC and the Rural Infrastructure Authority each help local governments with water and sewer infrastructure.

- Both agencies carry out different functions to help local governments build water and sewer infrastructure.
- DHEC carries out the technical functions while the RIA carries out the loan award and loan processing functions.
- DHEC and the RIA have a Memorandum of Agreement that describes how each agency accomplishes its unique responsibilities.
- DHEC has not currently identified any additional ways to work together more effectively. DHEC and the RIA implement more effective work methods when identified.

South Carolina Department of Agriculture (SCDA)

The Department of Agriculture and DHEC both have authority over sale of food products to the public.

- a. Both agencies administer and enforce laws related to the processing and sale of all food products to the public.
- b. The SCDA regulates all food products (except meat/poultry, dairy, bottled water, soft drinks and wholesale ice) manufactured for resale and distribution. DHEC regulates the preparation and processing of food sold directly to the end consumer, the production and processing of all dairy products, bottled water, soft drinks, frozen desserts and wholesale ice.
- c. The agencies should maintain lines of communication between both agencies for identification of continued opportunities to share resources and data.
- d. DHEC and SCDA recently updated our Memorandum of Understanding to clarify jurisdictional boundaries and for information sharing. This update will prevent duplicative inspections while allowing the agencies to work together on common issues.

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

Tobacco Programs:

- a. DAODAS' efforts towards reducing youth access to tobacco products is one of many objectives under the overall goal of Youth Tobacco Prevention, which is managed by DHEC's Division of Tobacco Prevention and Control as part of the state's comprehensive tobacco control program. DAODAS has responsibility at the federal level for these objectives and DHEC staff coordinate with DAODAS staff to include the results of these programs in the evaluation of the overall State Tobacco Plan and are available to provide technical assistance on an as-needed basis. In essence, DHEC is responsible for the goal of prevention, and DAODAS is responsible for an objective under this goal.
- b. Reducing youth access to tobacco products is but one of many objectives under the overall goal of Youth Tobacco Prevention. Because DAODAS addresses this objective, DHEC does not. However, the information about the results of DAODAS' efforts is included in the overall assessment of the State Tobacco Plan.
- c. DHEC and DAODAS coordinate and collaborate on these efforts to work as efficiently as possible. Opportunities to improve this coordination and strengthen the working relationship are sought by both agencies on an ongoing basis.
- d. Opportunities to improve effectiveness of this collaboration between DHEC and DAODAS are sought and implemented by both agencies on an ongoing basis.

DHEC and DAODAS both provide and promote education and training related to drug abuse and overdoses.

- a. DAODAS and DHEC both provide training to combat drug overdoses.
- b. DAODAS focuses on prevention, rehabilitation, and treatment. DHEC focuses on acute occurrences.
- c. The two agencies continuously convene working groups to improve protocols and action plans.
- d. The two agencies can continue to convene working groups to improve protocols and action plans.

South Carolina Department of Disabilities and Special Needs (DDSN)

DHEC and DDSN both play a role in protecting vulnerable adults and strive to improve the health and safety of the individuals we serve.

- a. DHEC inspects and conducts complaint investigations of facilities to ensure health care standards are being met. DHEC places Certified Nurse Aides (CNA) on the Nurse Aide Abuse Registry when abuse, neglect, or misappropriation of funds has been substantiated during a complaint investigation. DDSN visit, monitor, and place vulnerable adults in some facilities or homes.
- b. DDSN protects a distinct population of adults with disabilities and special needs while DHEC regulates facilities, services, and activities where these adults and several other populations are clients, patients, and residents.
- c. There is direct communication and sharing of information but better communication, collaboration, and sharing of information would allow DHEC and DSS to run more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.
- d. Better communication, collaboration, and sharing of information would allow DHEC and DSS to run more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too. We could also schedule regular meetings to discuss our concerns.

South Carolina Department of Health and Human Services (DHHS)

DHEC and DHHS both strive to provide better health outcomes for Medicaid beneficiaries.

- a. DHHS and DHEC strive to provide better outcomes for Medicaid beneficiaries either directly or indirectly.
- b. DHHS has a goal of providing better outcomes to Medicaid beneficiaries by paying for health care. DHEC provides better outcomes to patients by inspecting facilities to ensure that minimum standards of patient care are provided to Medicare and Medicaid beneficiaries.
- c. DHHS and the federal Medicare program allow for similar and consistent enforcement remedies related to payment to health care facilities; using these tools consistently can improve quality. Better communication, collaboration, and sharing of information would allow DHEC and DHHS to run more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.
- d. Better communication, collaboration, and sharing of information would allow DHEC and DHHS to run more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.

South Carolina Department of Labor, Licensing and Regulation (LLR)

DHEC and LLR inspect safety aspects of industry operation.

- a. LLR inspects industries for compliance with the Occupational Safety and Health Administration's Process Safety Management (PSM) Program. DHEC inspects industries subject to the Risk Management Program (RMP), Section 112(r) of the Clean Air Act. Some of the PSM and RMP requirements are similar. Both programs are based on federal requirements.
- b. The PSM program is focused on worker safety (inside the industrial facility), while the RMP is focused on public safety and environmental protection (outside the facility). The LLR universe of affected facilities is much larger than DHEC's because the LLR chemical list and thresholds are different.

- c. Both agencies could share more information on inspections and investigations when possible.
- d. Both agencies could share more information on inspections and investigations when possible.

DHEC and LLR both license work professionals. (Underground Storage Tank remediation work)

- a. DHEC certifies underground storage tank contractors to perform underground storage tank remediation work. LLR licenses many other types of professionals.
- b. While LLR certifies many types of general work professionals, DHEC certifies this specialty type of work that is related to its direct oversight of underground storage tank remediation.
- c. DHEC has not currently identified any ways to work together more efficiently. DHEC currently checks LLR records for referenced professional engineer and professional geologist registration.
- d. DHEC has not currently identified any ways to work together more effectively.

DHEC and LLR both license work professionals. (Health Facilities Licensing):

- a. LLR and DHEC both strive to provide timely licensure to customers as well as enforce standards against those customers once they are licensed.
- b. LLR regulates people and professions that provide care for vulnerable adults. DHEC licenses facilities, services, and activities and focuses on the care provided therein.
- c. There is direct communication and sharing of information between the agencies.
- d. We could schedule regular meetings to discuss our concerns.

DHEC and LLR both license work professionals. (Certificate of Need Program):

- a. LLR and DHEC both strive to provide timely licensure to customers as well as enforce standards against those customers once they are licensed.
- b. LLR regulates people and professions. DHEC generally regulates health facilities, services, and equipment.
- c. Better communication, collaboration, and sharing of information would allow DHEC and LLR to operate more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.
- d. Better communication, collaboration, and sharing of information would allow DHEC and LLR to operate more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.

DHEC and LLR both license work professionals. (EMS & Trauma):

- a. LLR and DHEC both strive to provide timely licensure to customers as well as enforce standards against those customers once they are licensed.
- b. LLR regulates people and professions through licensure. DHEC regulates providers through credentialing and certification.
- c. Better communication, collaboration, and sharing of information would allow DHEC and LLR to operate more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.
- d. Better communication, collaboration, and sharing of information would allow DHEC and LLR to operate more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.

DHEC and LLR both license work professionals. (Certification):

- a. LLR and DHEC both strive to provide timely licensure to customers as well as enforce standards against those customers once they are licensed.
- b. LLR regulates people and professions. DHEC generally regulates health facilities, services, and equipment.
- c. Better communication, collaboration, and sharing of information would allow DHEC and LLR to operate more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.
- d. Better communication, collaboration, and sharing of information would allow DHEC and LLR to operate more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.

DHEC and LLR both promote public safety (Construction and Fire and Life Safety):

- a. LLR and DHEC promote public safety through the application of adopted building codes.
- b. DHEC public safety focuses exclusively on health care facilities. LLR public safety includes all types of facilities.
- c. Continue and expand the practice of depending upon local jurisdiction inspections of outpatient facilities such as dialysis clinics.
- d. Cooperate on education and outreach activities for the health care community.

DHEC and LLR both license work professionals. (Midwives):

- a. LLR and DHEC both strive to provide timely licensure to customers as well as enforce standards against those customers once they are licensed.
- b. LLR regulates people and professions through licensure. DHEC regulates providers through credentialing and certification.
- c. Communication from the Board of Nursing to DHEC licensing staff would provide valuable information with respect to scope of practice issues more efficiently determined by a professional board with a longstanding history over same or similar model of care.
- d. Communication from the Board of Nursing to DHEC licensing staff would provide valuable information with respect to scope of practice issues more effectively determined by a professional board with a longstanding history over same or similar model of care.

South Carolina Department of Mental Health (DMH)

DHEC and DMH are both positioning to meet the increased demand for services for vulnerable adults.

- a. DMH and DHEC are both involved in promoting the safety and well-being of vulnerable adults.
- b. DMH is focused on a particular population of vulnerable adults. DHEC licenses facilities, services, and activities and focuses on the care provided therein.
- c. There is direct communication and sharing of information between the agencies.
- d. We could schedule regular meetings to discuss our concerns.

South Carolina Department of Natural Resources (DNR)

DNR oversees hunting and harvesting of wildlife and marine resources; DHEC oversees food sales obtained from wildlife and marine resources.

- a. Both agencies administer and enforce laws related to the consumption and sale of fish and wildlife.
- b. DNR officers check for compliance with all game and fish management laws. DHEC requires that fish and wildlife prepared and sold to the end consumer by legally caught or harvested.
- c. The agencies should maintain lines of communication between both agencies for identification of continued opportunities to share resources and data.
- d. DHEC has not currently identified any additional ways to work together more effectively. DHEC and DNR implement more effective work methods when identified.

DHEC and DNR each have responsibilities for shellfish harvesting.

- a. DHEC officers and DNR officers both patrol coastal waters to ensure that shellfish harvesting activities are legal, including harvesting within the appropriate season and within open harvest areas.
- b. DNR officers patrol waters to check for compliance with all game management laws (not just shellfish) and boating laws. On the water, DHEC officers collect water quality samples in addition to inspecting how the shellfish are handled on the boat. DHEC officers also inspect the shellfish processing facilities and transportation vehicles. DHEC inspections focus on compliance with shellfish sanitation regulations that protect the health of shellfish consumers.
- c. The agencies should maintain lines of communication between both agencies for identification of continued opportunities to share resources and data.
- d. DHEC and DNR officers are able to make contact in the field to inform each other about possible regulatory violations and provide emergency backup if needed.

DHEC and DNR each have water resource monitoring responsibilities in South Carolina.

- a. Both agencies monitor aquatic environmental conditions to assess the condition of waters and aquatic species.
- b. DNR monitoring supports resource management activities and regulations, such as those for managing fisheries. DHEC monitoring is designed to support permitting and compliance needs associated with environmental laws such as the federal Clean Water Act. The end needs and federal requirements dictate distinctions in the type of monitoring conducted.
- c. The agencies should maintain lines of communication between both agencies for identification of continued opportunities to share resources and data.
- d. DHEC and DNR currently share resources and data. Examples of shared resources include DNR providing DHEC with fish tissue samples for analysis and DHEC use of DNR expertise and lab capabilities to evaluate toxins related to algal blooms.

DHEC and DNR both oversee coastal and marine resources.

- a. Both agencies administer and enforce laws related to marine and natural coastal resources.
- b. While both agencies monitor coastal resources, DHEC has direct permitting responsibility for proposed activities within the critical areas of the coast, which are defined as coastal waters, tidelands, beach/dune systems and beaches. Specific regulatory activities include private docks, marinas, estuarine erosion control, beach renourishment, structural maintenance and repair, and beachfront emergency orders. DHEC also reviews other state and federal permits within the Coastal Zone to ensure that permitted activities are consistent with enforceable policies of the Coastal Zone Management Plan to the maximum extent practicable.
- c. Both agencies can maintain lines of communication between the agencies for continued opportunities to share resources and data.
- d. The agencies could update the outdated Coastal Program Document Memorandum of Understanding between the agencies to coordinate efforts in mutual areas of concern and ensure a coordinated process for reviews of permits.

South Carolina Department of Social Services

DHEC and DSS both play a role in protecting vulnerable adults.

- a. DHEC inspects and conducts complaint investigations of facilities to ensure health care standards are being met. DHEC places Certified Nurse Aides (CNA) on the Nurse Aide Abuse Registry when abuse, neglect, or misappropriation of funds has been substantiated during a complaint investigation. DSS visit, monitor, and place vulnerable adults in some facilities or homes.
- b. DSS is concerned with vulnerable adults in a home setting. DHEC licenses facilities, services, and activities and focuses on the care provided therein.
- c. There is direct communication and sharing of information but better communication, collaboration, and sharing of information would allow DHEC and DSS to run more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too.
- d. Better communication, collaboration, and sharing of information would allow DHEC and DSS to run more efficiently. Promoting an exchange of information amongst the agencies would be beneficial too. We could also schedule regular meetings to discuss our concerns.

South Carolina Emergency Management Division (EMD)

The Emergency Management Division and DHEC both cover emergencies.

- a. DHEC and EMD both mitigate and prepare for threats and hazards, and sustain emergency management capabilities.
- b. EMD's scope of response is all hazards and all capabilities. DHEC's scope of response is narrow.
- c. Continuously convene working groups to improve protocols and action plans.
- d. Continuously convene working groups to improve protocols and action plans.

South Carolina Lieutenant Governor's Office on Aging

DHEC's Division of Healthy Aging and the Lieutenant Governor's Office on Aging and both strive to help South Carolina seniors remain independent in their own homes and communities.

- a. Both agencies work to help older South Carolinians remain independent in their homes and communities. The Lieutenant Governor's Office on Aging works with a network of regional and local organizations to develop and manage programs and services to improve the quality of life of South Carolina's older citizens, and to help them remain independent in their homes and communities. The goal of the SC DHEC is to promote and protect the health of people and the communities where they live, learn, work and play. This is done through education, policy making and research for disease and injury prevention. Division of Healthy Aging focuses on assisting individuals with chronic conditions like arthritis, learn to manage their conditions, reduce associated pain and disability, and live more active lives and remain independent in their own homes and communities.
- b. The Lieutenant Governor's Office on Aging focuses on many factors that affect the aging population such as financial, health care decisions, insurance and health, etc. This Agency administer federal funds to provide services such as: home delivered and congregate meals; transportation; home care services; respite; and disease prevention/health promotion. DHEC's goal is to protect the health of entire populations through disease prevention and health and focuses on the physical health of the aging population.
- c. SC DHEC and the Lieutenant Governor's Office on Aging coordinate and collaborate on these efforts to work as efficiently as possible. Opportunities to improve this coordination and strengthen the working relationship are sought by both agencies on an ongoing basis.
- d. Opportunities to improve effectiveness of this collaboration between SC DHEC and the Lieutenant Governor's Office on Aging are sought and implemented by both agencies on an ongoing basis.

DHEC and the Lieutenant Governor's Office on Aging both intervene to prevent abuse, neglect and exploitation of seniors and adults with disabilities.

- a. The agencies are both involved in promoting the safety and well-being of vulnerable adults.
- b. The Lt. Gov.'s Office on Aging focuses on abuse, neglect, and exploitation. DHEC licenses facilities, services, and activities and focuses on the care provided therein.
- c. There is direct communication and sharing of information between the agencies.
- d. The two agencies could schedule regular meetings to discuss our concerns.

South Carolina Sea Grant Consortium

DHEC and the Sea Grant Consortium both maintain and provide valuable coastal information.

- a. Both agencies provide planning and information resources for decision-makers and stakeholders.
- b. While both agencies provide coastal information, DHEC also provides specific technical planning assistance to coastal municipalities for Local Comprehensive Beach Management Plans, coastal hazard vulnerability assessment, hazard mitigation strategy development and data accessibility. DHEC also implements unique programs, including coastal access enhancement and the Adopt-a-Beach program.

- c. DHEC partners with the Sea Grant Consortium to leverage outreach/extension capacity to deliver products and information to stakeholders.
- d. Through communication with the Sea Grant Consortium, DHEC will continue providing input on priority research and information needs to partner agencies and academic institutions.

State College/University Laboratories

DHEC and colleges and universities all have laboratories that conduct sample analysis.

- a. In general, DHEC laboratories and college/university laboratories have very different analysis goals; so, similarities would be very infrequent.
- b. College and University laboratories conduct research for education of students; while, DHEC laboratories provide data for compliance and enforcement of federal and state regulations, including, but not limited to, the Safe Drinking Water Act, Clean Water Act, Clean Air Act, etc.
- c. DHEC and college/university laboratories could share information if necessary.
- d. DHEC has not currently identified any ways to work together more effectively, since joint analytical opportunities are rare.

State Law Enforcement Division (SLED) Laboratories

DHEC and SLED both have laboratories that conduct sample analysis.

- a. In general, DHEC laboratories and SLED laboratories have very different analysis goals; so, similarities would be very infrequent.
- b. SLED laboratories perform analysis on forensics and narcotics samples associated with possible criminal cases. DHEC laboratories analyze water, air and other media samples and provide data for compliance and enforcement of federal and state regulations, including, but not limited to, the Safe Drinking Water Act, Clean Water Act, Clean Air Act, etc.
- c. DHEC and SLED laboratories could share information if necessary.
- d. DHEC has not currently identified any ways to work together more effectively, since joint analytical opportunities are rare.

Looking Ahead - Agency Ideas/Recommendations

31. Please list any ideas the agency has for internal changes at the agency that may improve efficiency and outcomes. These can be ideas that are still just ideas, things the agency is analyzing the feasibility of implementing, or things the agency already has plans for implementing. For each, include the following details:
- a. Stage of analysis;
 - b. Objectives and Associated Performance measures impacted and predicted impact;
 - c. Costs of the objectives that will be impacted and the anticipated impact;
 - d. On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted; and
 - e. Anticipated implementation date.

DHEC is an agency undergoing transformation—new leadership, new priorities and a new approach to the way we do business. Throughout the past year, under the leadership of a new executive management team, DHEC has established a [strategic plan](#) to guide our 3,400 employees in fulfilling our vision of healthy people living in healthy communities.

After the development of the agency strategies and initiatives, each executive leader worked with their leadership teams to identify and propose management plans—large-scale, often agency-wide strategic projects that supplement the work already being done at DHEC and that help the agency progress in accomplishing its initiatives.

The initial proposals resulted in 101 management plans and the executive team met to evaluate each proposed project. As a result, some projects were consolidated into a single management plan while others were classified as team projects rather than management plans, and therefore removed from the list. After the initial evaluation, 82 Agency management plans remained.

Executive management worked with their teams to evaluate and prioritize the remaining 82 proposed plans. Each team was to identify the top 30 agency priorities: 10 plans in Tier 1 (highest priority); 10 in Tier 2; and 10 in Tier 3. This approach holistically evaluated what the Agency needed to prioritize, rather than each deputy area having separate plan priorities.

The executive team discussed the prioritization and the 30 top-rated plans. The team recognized that there were 13 additional plans that were already in progress and this progress shouldn't be stopped; therefore those were included on the roadmap to ensure that we appropriately account for the time, effort, and resources involved in those projects already underway. At this point, we had 43 plans on the Agency Roadmap – a tool that visually illustrates the story of some of the most impactful management plans we will pursue in the coming years.

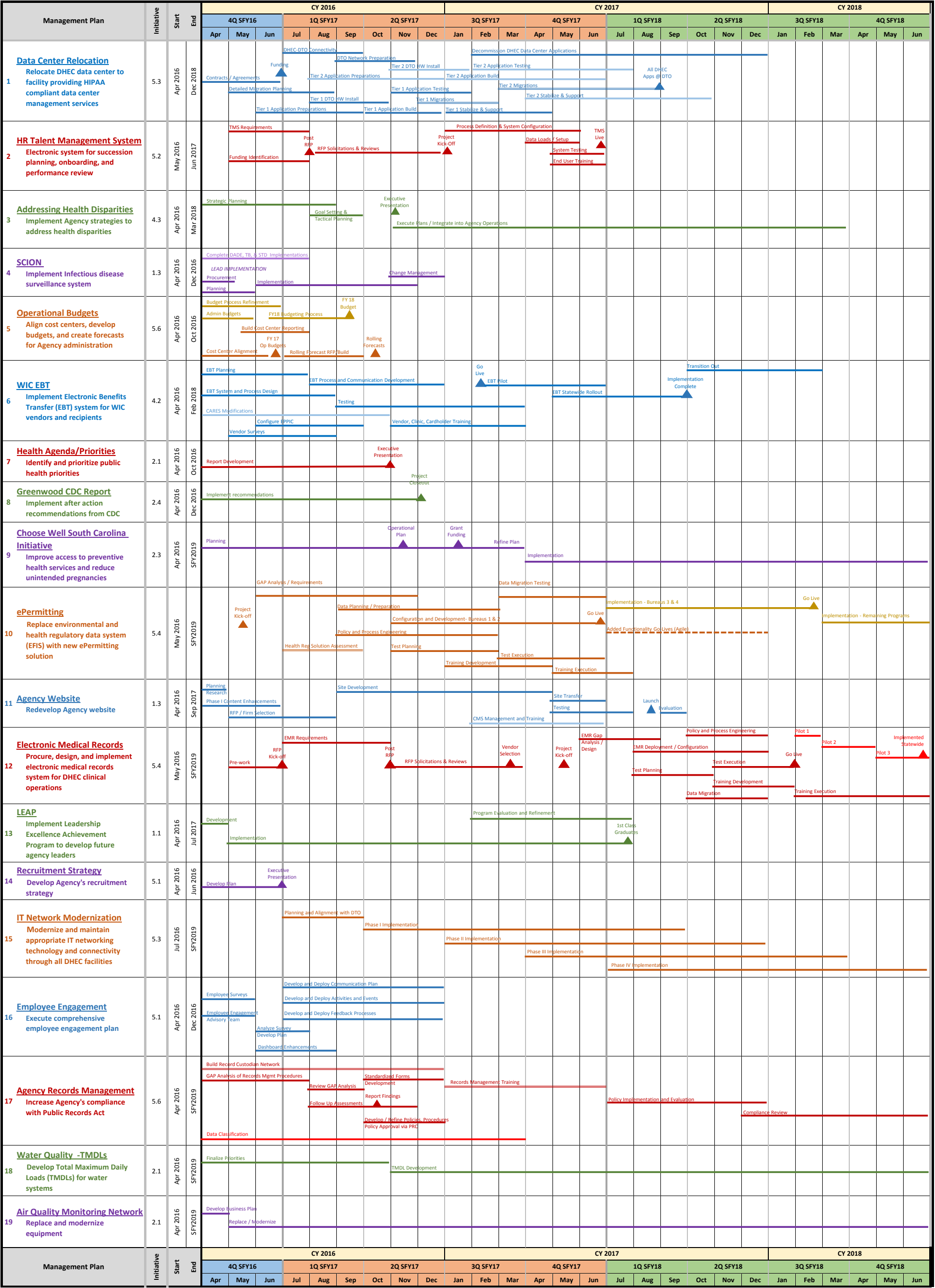
The Project Management Office team met with executive leadership and key stakeholders for each of the Roadmap projects to gather information about timelines, effort, budget, etc. required for each project. During that process, 11 plans were removed the Roadmap, because 1) we were so early in the planning process that it was premature to include the plan on the Roadmap, 2) the proposed plan reflected day-to-day operations, rather than a defined project, or 3) multiple plans were consolidated into a single plan. The final list of 32 plans was laid on the first Agency Roadmap, reviewed by leadership, and rolled out Agency-wide in May 2016.

These 32 plans include innovative internal technology/process changes that will result in significant improvements in our service and efficiency. Through the implementation of many projects, including ePermitting, electronic health records, and innovative technologies, we are embracing technology and pursuing alternative ways to better serve our customers. Many of the management plans - such as continuity of operations plans, operational budgets, and document management - will improve the Agency's processes, thereby improving customer service and operational efficiency. The plans also reflect the Agency's goal of becoming the preeminent state public health and environmental protection agency in the nation.

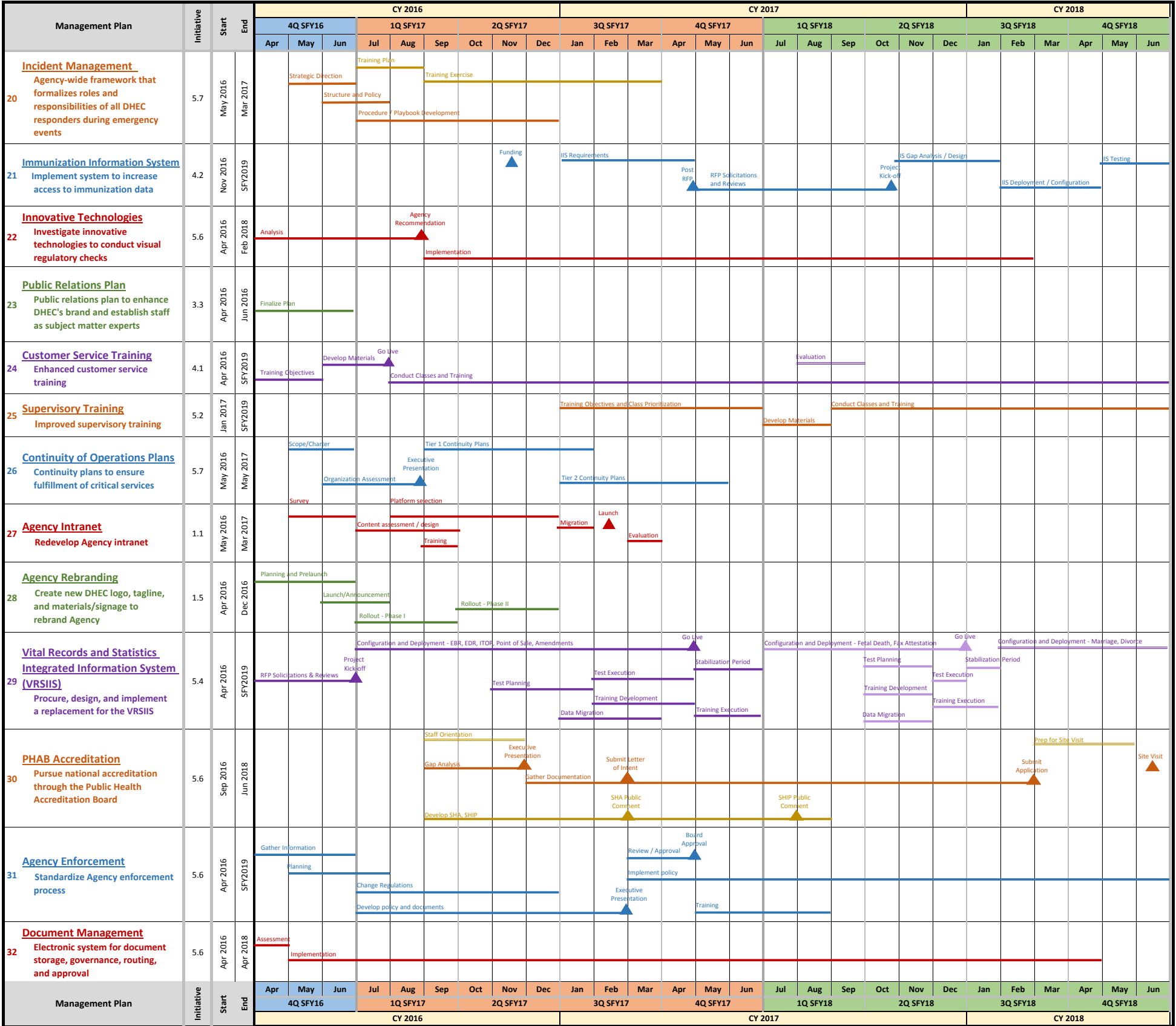
This Roadmap, which is updated quarterly, charts a path toward modernization in service delivery, builds on our existing successes and aims to establish DHEC as a model of operational excellence in state government.

Below is the Agency Roadmap that was unveiled May 2016.

DHEC Strategic Project RoadMap 4QSFY16



DHEC Strategic Project RoadMap 4QSFY16



The following 32 plans are incorporated into the Agency Roadmap. These plans are in varying stages of implementation and analysis.

Data Center Relocation

Roadmap Reference Number

1

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.3 – Infrastructure Stabilization

Expand the capacity and increase the reliability of our IT infrastructure.

Plan Description

Migrate all DHEC applications from the Sims Aycock data center to an external data center facility providing greater security for our systems and improved hardware for reliability and performance.

Plan Goal and Rationale

The DHEC data center has lacked necessary investments for over a decade, and is now unable to efficiently provide the required technology services. Remediating the current data center is cost prohibitive, therefore the applications and the data stores will be migrated to more modern hardware platforms in a secure data center. DHEC is working with the S.C. Division of Technology to successfully perform this migration.

Human Resources (HR) Talent Management System

Roadmap Reference Number

2

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.2 – Team Development

Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.

Plan Description

Implement a comprehensive, electronic talent management system which will include modules for succession planning, onboarding, and performance review.

Plan Goal and Rationale

DHEC's Office of Human Resources still works primarily in a paper-based system. An integrated Talent Management System will allow the team to more efficiently process critical documentation to ensure a high performance agency.

Addressing Health Disparities

Roadmap Reference Number

3

Agency Strategy

4 – Service and Accessibility

Facilitate access to and delivery of dependable, timely, professional and culturally appropriate services to meet the needs of communities and our stakeholders.

Agency Initiative

4.3 – Customer Service

Promote continuous improvement and innovation goals for improving customer service delivery, policies, and practices.

Plan Description

Develop Office of Minority Health Strategic Plan and integrate strategies to address health disparities across Agency operations.

Plan Goal and Rationale

Addressing disparities is an Agency-wide initiative. State has large health disparities that impact the health of SC residents. State is culturally diverse, as are DHEC customers.

South Carolina Infectious Disease and Outbreak Network (SCION)

Roadmap Reference Number

4

Agency Strategy

1 – Education and Engagement

Educate and engage our team members, stakeholders, and communities with relevant and timely health and environmental information to improve quality of life and health outcomes.

Agency Initiative

1.3 – Information Access

Leverage new technologies to increase accessibility and timeliness of health and environmental information to both internal and external customers.

Plan Description

Procure, design and implement a comprehensive system to track and monitor infectious and communicable diseases.

Plan Goal and Rationale

South Carolina Infectious Disease and Outbreak Network (SCION) will allow DHEC staff to access information in a timely manner to initiate outbreak investigations, improve efficiencies related to surveillance, identify comorbidities, and increase capability of managing contact investigations or outbreaks.

Operational Budgets

Roadmap Reference Number

5

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.6 – Process Improvement

Foster a culture of continuous improvement by streamlining, improving, and automating critical processes across the Agency.

Plan Description

Define, align data, and prepare operational budget reports. Implement a rolling forecast budgeting tool. Define authority and accountability policies regarding new budget practices.

Plan Goal and Rationale

The Agency has been operating for the last several years without any operational visibility into the budgets for the various administrative teams. Likewise, the Agency as a whole does not have any tools or management practices institutionalized that provide accurate rolling forecasts of the financial status for the Agency. To operate with proper financial disciplines, accountability, and flexibility, the Agency is moving to define and roll out operational budget processes and reporting.

WIC Electronic Benefits Transfer (EBT)

Roadmap Reference Number

6

Agency Strategy

4 – Service and Accessibility

Facilitate access to and delivery of dependable, timely, professional and culturally appropriate services to meet the needs of communities and our stakeholders.

Agency Initiative

4.2 – Electronic Services

Improve customer and partner experience through enhanced online services.

Plan Description

Procure, design and implement a comprehensive system to transition from paper based voucher system to online Electronic Benefit Transfer (EBT) (i.e. debit card).

Plan Goal and Rationale

Implement the statewide EBT system by December 2017. This project is necessary to meet USDA funding requirements, reduce potential for fraud, and improve customer service.

Health Agenda/Priorities

Roadmap Reference Number

7

Agency Strategy

2 – Science in Action

Utilize sound science, quality data and analytical processes to make fully informed, well-reasoned decisions that instill trust and confidence in the Agency's expertise and decision making capabilities.

Agency Initiative

2.1 – Informed Decision Making

Ensure technical and scientific data is readily accessible for teams' use in making sound, informed, and objective decisions.

Plan Description

Identify and prioritize health priorities through examination of public health indicators and available data.

Plan Goal and Rationale

Identify health priorities to better focus DHEC resources and to address leading health indicators in SC to improve the health of South Carolinians.

Greenwood CDC Report

Roadmap Reference Number

8

Agency Strategy

2 – Science in Action

Utilize sound science, quality data and analytical processes to make fully informed, well-reasoned decisions that instill trust and confidence in the Agency's expertise and decision making capabilities.

Agency Initiative

2.4 – External Expertise

Engage external experts to inform critical decision making and analytical processes.

Plan Description

Implement recommendations and suggested best practices emerging from Centers for Disease Control (CDC)-facilitated after action review of Greenwood E. Coli event.

Plan Goal and Rationale

Implementation of recommendations will ensure Agency is prepared for potential similar events in the future.

Choose Well South Carolina Initiative

Roadmap Reference Number

9

Agency Strategy

2 – Science in Action

Utilize sound science, quality data and analytical processes to make fully informed, well-reasoned decisions that instill trust and confidence in the Agency’s expertise and decision making capabilities.

Agency Initiative

2.3 – Evidence-Based Practice

Apply current research to promote the use of evidence-based best practices and continuous improvement in our programs and services.

Plan Description

Collaborate with New Morning Foundation, federally-qualified health centers (FQHCs), and other governmental and non-governmental partners to develop and implement a 5-year plan to increase access to DHEC’s Preventive Health services and reduce rates of unintended pregnancy in SC.

Plan Goal and Rationale

DHEC will receive grant funding to develop and implement sustainable strategies to address access to DHEC services.

ePermitting

Roadmap Reference Number

10

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.4 – Application Rationalization

Streamline and modernize the Agency’s software application portfolio to empower the teams and strengthen Agency performance.

Plan Description

Selection, configuration, testing, and implementation of a new ePermitting solution to meet the needs of Environmental Affairs and Health Reg. Retirement of environmental and health regulatory data system (EFIS).

Plan Goal and Rationale

Implementation of new ePermitting solution and retirement of EFIS.

Agency Website

Roadmap Reference Number

11

Agency Strategy

1 – Education and Engagement

Educate and engage our team members, stakeholders, and communities with relevant and timely health and environmental information to improve quality of life and health outcomes.

Agency Initiative

1.3 Information Access

Leverage new technologies to increase accessibility and timeliness of health and environmental information to both internal and external customers.

Plan Description

Redesign, rebrand, and relaunch an Agency website that improves access to information and enhances customer/constituent experience.

Plan Goal and Rationale

Increased access to information and improved customer service.

Electronic Health Records (EHR)

Roadmap Reference Number

12

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.4 – Application Rationalization

Streamline and modernize the Agency's software application portfolio to empower the teams and strengthen Agency performance.

Plan Description

Procure, design and implement an electronic health records (EHR) system to support clinical operations in the health departments

Plan Goal and Rationale

Allow for patient records to be easily accessible in an electronic format, comply with HIPAA HITECH Act, secure patient records, improve staff/clinic productivity (constituent services) and remain eligible for Medicaid reimbursement.

Leadership Excellence Achievement Program (LEAP)

Roadmap Reference Number

13

Agency Strategy

1 – Education and Engagement

Educate and engage our team members, stakeholders, and communities with relevant and timely health and environmental information to improve quality of life and health outcomes.

Agency Initiative

1.1 – Agency Awareness

Grow and develop DHEC teammates' knowledge and familiarity of Agency teams, practices, and services in order to position DHEC teammates to better serve our stakeholders and communities.

Plan Description

Implement Leadership Excellence Achievement Program (LEAP), which is an invitation-only leadership program that targets high-performing employees with potential to attain management positions. The program will be a year-long series of workshops taught by expert practitioners in the fields of leadership development, budgeting, collaboration, etc.

Plan Goal and Rationale

Identify and groom future Agency leaders.

Recruitment Strategy

Roadmap Reference Number

14

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.1 – Preferred Employer

Maximize the job satisfaction of current teams and provide an efficient and welcoming recruitment and onboarding process for new and future team members.

Plan Description

Develop the Agency's staff Recruiting Strategy which will include: marketing the Agency's brand, developing relationships with colleges/universities and utilizing various professional websites to post vacancies.

Plan Goal and Rationale

The Agency will increase the pool of talented applicants interested in working for DHEC.

IT Network Modernization
Roadmap Reference Number
15

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.3 – Infrastructure Stabilization

Expand the capacity and increase the reliability of our IT infrastructure.

Plan Description

Establish a 4-year lifecycle management process, schedule, and budget plan for maintaining appropriate networking technology and connectivity throughout all DHEC facilities. Begin replacing network equipment and increasing bandwidth to improve connectivity and performance between all DHEC locations and the data center.

Plan Goal and Rationale

Agency is experiencing poor performance which interrupts services and teammate productivity due to low bandwidth and outdated network equipment. Historically, upgrades and updates to the network have been underfunded. The Agency is moving toward a 4-year routine life cycle management plan for network operations.

Employee Engagement
Roadmap Reference Number
16

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.1 – Preferred Employer

Maximize the job satisfaction of current teams and provide an efficient and welcoming recruitment and onboarding process for new and future team members.

Plan Description

Develop and execute comprehensive employee engagement plan, including expansion of Dashboard, intranet, intra-office communications, social media, and events.

Plan Goal and Rationale

Improve employee morale, increase retention rates, share successes, and improve intra-Agency information flow.

Agency Records Management

Roadmap Reference Number

17

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.6 – Process Improvement

Foster a culture of continuous improvement by streamlining, improving, and automating critical processes across the Agency.

Plan Description

Increase Agency's compliance with Public Records Act. Ensure all program areas have developed an SOP for records management, and have worked with IT to ensure proper back-up and storage of Agency Records.

Plan Goal and Rationale

- 1) Compliance with Public Records Act (proper retention schedules, records management procedures in program areas, and dedicated records liaisons in each area.)
- 2) Ensure electronic storage is properly backed up and available for retention periods, and periodically reviewed in accordance with Archives guidelines.
- 3) Establish an Agency-wide workgroup for records management to establish consistent recordkeeping and document management practices, and to conduct periodic review of program areas to ensure compliance with Agency records management.

Water Quality – Total Maximum Daily Loads (TMDLs)

Roadmap Reference Number

18

Agency Strategy

2 – Science in Action

Utilize sound science, quality data and analytical processes to make fully informed, well-reasoned decisions that instill trust and confidence in the Agency's expertise and decision making capabilities.

Agency Initiative

2.1 – Informed Decision Making

Ensure technical and scientific data is readily accessible for teams' use in making sound, informed, and objective decisions.

Plan Description

Identify, prioritize, and develop TMDLs for priority waterbodies. The TMDL plan will help ensure water quality standards are met.

Plan Goal and Rationale

Increase pace of TMDL development. Develop nutrient TMDLs for all prioritized major lakes by 2022.

Air Quality Monitoring
Roadmap Reference Number
19

Agency Strategy

2 – Science in Action

Utilize sound science, quality data and analytical processes to make fully informed, well-reasoned decisions that instill trust and confidence in the Agency’s expertise and decision making capabilities.

Agency Initiative

2.1 – Informed Decision Making

Ensure technical and scientific data is readily accessible for teams’ use in making sound, informed, and objective decisions.

Plan Description

Replace and modernize aging air quality monitoring network equipment.

Plan Goal and Rationale

Improve air quality data collection and quality and public access to data. This is needed to meet the Clean Air Act requirements.

Incident Management
Roadmap Reference Number
20

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.7 – Operational Continuity

Implement plans, policies, and procedures to ensure continued operations of critical Agency functions during emergency situations, information system failure, or staff turnover.

Plan Description

Leverage recent events to refine and define an Agency-wide integrated Incident Management framework that formalizes the roles and responsibilities of all DHEC teammate responders during emergency events.

Plan Goal and Rationale

Define Agency-wide integrated Incident Management Framework that formalizes roles and responsibilities of all DHEC responders during emergency events.

Immunization Information System

Roadmap Reference Number

21

Agency Strategy

4 – Service and Accessibility

Facilitate access to and delivery of dependable, timely, professional and culturally appropriate services to meet the needs of communities and our stakeholders.

Agency Initiative

4.2 – Electronic Services

Improve customer and partner experience through enhanced online services.

Plan Description

Implement a new Immunization Information System (IIS, or registry) to increase access to immunization data to healthcare providers and staff.

Plan Goal and Rationale

Increase access to up-to-date immunization data by health care providers and staff. Addresses Regulation R. 61-120. Statutory Authority: 44-29-40.

Innovative Technologies

Roadmap Reference Number

22

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.6 – Process Improvement

Foster a culture of continuous improvement by streamlining, improving, and automating critical processes across the Agency.

Plan Description

Evaluate use of drones and other new technologies for visual regulatory checks.

Plan Goal and Rationale

New technologies may increase DHEC's capacity to provide timely, cost-effective inspections of environmental sites.

Public Relations Plan

Roadmap Reference Number

23

Agency Strategy

3 – Leadership and Contribution

Contribute expertise and lead efforts to advance health and environmental protection on a state, regional, and national level, positioning the Agency as the trusted source of health and environmental information.

Agency Initiative

3.3 – Share Knowledge

Expand the reach and benefit of our experience and expertise through publications, speaking engagements, teaching opportunities, and media relations.

Plan Description

Development and execution of a 12-month public relations plan for the Agency to enhance Agency's brand and establish staff as subject-matter experts.

Plan Goal and Rationale

Increase awareness of the Agency's successes and available services; establish Agency as thought-leader in public health and environmental sectors; and improve brand/image.

Customer Service Training

Roadmap Reference Number

24

Agency Strategy

4 – Service and Accessibility

Facilitate access to and delivery of dependable, timely, professional and culturally appropriate services to meet the needs of communities and our stakeholders.

Agency Initiative

4.1 – Customer Service Training

Provide ongoing development opportunities for teams to enhance their abilities to deliver services in a professional, culturally appropriate manner.

Plan Description

An Agency-wide team will identify training needs, identify appropriate customer service training materials, and develop an Agency-wide training plan.

Plan Goal and Rationale

Reduce complaints and increase positive customer feedback.

Supervisory Training

Roadmap Reference Number

25

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.2 – Team Development

Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.

Plan Description

Supervisory Training includes 2 distinct tracks. Track #1 is intended for new Agency supervisors. Training is to be completed within eighteen months of accepting the position. Supervisors with more than 2 years' experience may attend Track #2 as deemed necessary by direct supervisors.

Plan Goal and Rationale

Decrease the number of grievances. This learning plan is the fundamental track for new supervisors.

Continuity of Operations Plans

Roadmap Reference Number

26

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.7 – Operational Continuity

Implement plans, policies, and procedures to ensure continued operations of critical Agency functions during emergency situations, information system failure, or staff turnover.

Plan Description

Evaluate critical Agency functions to determine risk profile and define continuity of operations plans to ensure fulfillment of critical services in the event of an emergency or unforeseen interruption to normal agency activities.

Plan Goal and Rationale

Improve the Agency's preparedness to continue serving the communities and businesses by defining continuity of operations plans.

Agency Intranet

Roadmap Reference Number

27

Agency Strategy

1 – Education and Engagement

Educate and engage our team members, stakeholders, and communities with relevant and timely health and environmental information to improve quality of life and health outcomes.

Agency Initiative

1.1 – Agency Awareness

Grow and develop DHEC teammates' knowledge and familiarity of Agency teams, practices, and services in order to position DHEC teammates to better serve our stakeholders and communities.

Plan Description

Redesign, rebrand, and relaunch an Agency intranet that improves access to information and enhances employee productivity, self-service, and experience.

Plan Goal and Rationale

Increased access to information and improved employee service.

Agency Rebranding

Roadmap Reference Number

28

Agency Strategy

1 – Education and Engagement

Educate and engage our team members, stakeholders, and communities with relevant and timely health and environmental information to improve quality of life and health outcomes.

Agency Initiative

1.5 – Public Outreach

Promote awareness of the Agency's health and environmental information and services within the communities we serve.

Plan Description

Development of new logo, tagline, and electronic and print materials/signage.

Plan Goal and Rationale

Refresh the Agency's look and messaging to reflect desire to become a premier public sector employer and nationally recognized leader in the public health and environmental sectors.

Vital Records and Statistics Integrated Information System (VRSIIS)

Roadmap Reference Number

29

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative**5.4 – Application Rationalization**

Streamline and modernize the Agency’s software application portfolio to empower the teams and strengthen Agency performance.

Plan Description

Procure, design and implement a replacement for the existing Vital Records and Statistics Integrated Information System (VRSIIS), which facilitates the filing and issuance of vital events in the state, as well as collection of statistics and receipting of fees for issuance.

Plan Goal and Rationale

Improve functionality of VRSIIS by replacing with newer technology.

Public Health Accreditation Board (PHAB) Accreditation**Roadmap Reference Number**

30

Agency Strategy**5 – Operational Excellence**

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative**5.6 – Process Improvement**

Foster a culture of continuous improvement by streamlining, improving, and automating critical processes across the Agency.

Plan Description

Obtain voluntary, national accreditation through the Public Health Accreditation Board by undergoing a rigorous gap analysis, alignment, and improvement process.

Plan Goal and Rationale

The PHAB accreditation process identifies gaps and will improve DHEC’s ability to deliver essential public health services. Increasingly, funding opportunities at the national level are tied to agencies’ accreditation status, and SC is currently one of only 5 states without a health department that is accredited or going through the accreditation process.

Agency Enforcement**Roadmap Reference Number**

31

Agency Strategy**5 – Operational Excellence**

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative**5.6 – Process Improvement**

Foster a culture of continuous improvement by streamlining, improving, and automating critical processes across the Agency.

Plan Description

Standardize enforcement process Agency-wide by establishing updated uniform policy addressing enforcement issues.

Plan Goal and Rationale

An enforcement process that is standard across the agency will improve DHEC's interactions with our partners in the regulated community.

Document Management**Roadmap Reference Number**

32

Agency Strategy

5 – Operational Excellence

Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.

Agency Initiative

5.6 – Process Improvement

Foster a culture of continuous improvement by streamlining, improving, and automating critical processes across the Agency

Plan Description

Identify, select, and implement an electronic system for document storage, governance, routing, and approval (eSignature). Solution should provide flexibility for the digitization and storage of key Agency records and include eSignature capability for routine business management, HR, and legal forms.

Plan Goal and Rationale

Securely digitize, access, sign, and manage documents online from any device in order to reduce the amount of paper circulating throughout the agency, improve process efficiencies, and properly track/secure documents.

The following items were the 82 initially proposed Management Plans.

- | | |
|---|--|
| 1. A Healthier SC Initiative | 12. Agency Safety Program |
| 2. Adaptive Security Architecture | 13. Agency website |
| 3. Addressing Health Disparities | 14. BHFL University |
| 4. Agency Continuity of Operations Plans | 15. Central Office Relocation |
| 5. Agency Enforcement Process | 16. Citation Reconsideration |
| 6. Agency Incident Management Rationalization | 17. Community Information Sessions |
| 7. Agency Incident Management Training Program | 18. Conversion of Paper HR forms to Electronic Forms |
| 8. Agency intranet | 19. Cost Savings and Sustainability |
| 9. Agency Performance Dashboards | 20. Customer Service Training |
| 10. Agency Records Management | 21. Data Center Relocation |
| 11. Agency Routine Audit Plan and Compliance Review | 22. Developing robust and "premier" state environmental programs |
| | 23. DHEC Health Agenda/Priorities |

24. Digital Document Storage, Governance, and Approval Management
25. Innovating Technologies/Drones
26. Drug Control Registration Database
27. Electronic Employee Performance Management System (EPMS)
28. Electronic Inspection Forms/electronic equipment
29. Electronic Health Records system implementation, including Meaningful Use
30. Electronic Records and Public Access
31. Employee engagement
32. ePermitting
33. FDA "Gold" Standard for Food Protection Programs
34. Full Implementation of Stroke System of Care Act
35. Greenwood CDC Report
36. Healthy Foods Initiative
37. HR system implementation / succession planning
38. Immunization Registry
39. Improve Air Quality Monitoring Network
40. Improve STETON reporting
41. Improved Complaint Process
42. Improving Access to Coastal Permitting Information
43. Increase availability of public information
44. IT Disaster Recovery
45. Laboratory Information Management System
46. Law Enforcement Cases Management System
47. LEAP (Leadership Excellence Achievement Program)
48. Legacy System Retirement Initiative
49. Legislative Update
50. Living Shorelines: Alternative shoreline stabilization techniques within estuarine systems
51. Meaningful Use
52. Media relations training
53. Medical Billing Optimization
54. National Legislative Activities
55. Network Modernization
56. Online application
57. Online EMT License renewal portal and permanent EMT ID issued
58. Operational Budgets
59. Outreach program
60. Participation in codes and standards organizations & Clarify statutory authority
61. PHAB Accreditation
62. POC Online
63. Posting of Form 2567/ePOC/Posting of BHFL Inspections Reports and POCs
64. PR
65. Professional Development Workshop Series
66. Public speaking training
67. Publish, Present, Research
68. Rebranding
69. Regulatory Promulgation Procedure (RPP)
70. Revising State Health Plan
71. Revision of OSHA/Safety Training Series & Other Safety Training
72. SCDHHS Collaboration
73. SCION infectious and communicable diseases management system
74. South Carolina Initiative
75. Staff Recruitment Strategy
76. State and Local Government Working Together
77. Statewide EMS Assessment
78. Supervisory Training
79. Upgrade SCAN
80. Vital Records and Statistics Integrated Information System (VRSIS)
81. Water Quality Challenges - TMDLs
82. WIC EBT Implementation

32. After completing the Laws Chart (see Excel Charts in the next section). As the agency likely already has planned, please review the laws with executive management, as well as other employees, to determine ways agency operations may be less burdensome, or outcomes improved, from changes to any of the laws. Also, check if any of the laws are archaic or no longer match with current agency practices. Afterward, list any laws the agency would recommend the Committee further evaluate and possibly recommend revision or elimination of in the Committee's Oversight Report. For each one, include the information below. An example of the information to include and how to format the information is below and on the next page.

- a. Law;
- b. Summary of current statutory requirement and/or authority granted;
- c. Recommendation and Rationale for recommendation;
- d. Current law wording;
- e. Instructions and proposed new Wording of law; and
- f. Other agencies that would be impacted by revising or eliminating the law.

As a part of our transformation, we are continually reviewing the way we do business. We appreciate the opportunity to evaluate our statutory requirements and present potential modifications to these requirements. As a part of our review, we considered whether modifications might be warranted due to the following criteria: Changes to be consistent with current science, terminology, and/or practices; Changes to improve efficiency (operational, regulatory, judicial, and/or fee structure); Changes due to recent court decisions; Changes due to current law not being mission critical; and Changes due to inadequate funding.

Based on this criteria, DHEC presents the following recommendations. The agency would like to note that its recommendations are preliminary and have not been reviewed by potentially affected stakeholders. DHEC takes a very collaborative approach to pursuing statutory and regulation changes and would engage stakeholders for their feedback prior to moving forward with any proposed changes.

I. CHANGES FOR CONSISTENCY WITH CURRENT SCIENCE, TERMINOLOGY, AND/OR PRACTICES

Rabies Control Act

Law Recommendation # 1.1

- (a) Law: S.C. Code Section 47-5-10 through 210, "Rabies Control Act."
- (b) Summary of current statutory requirement: DHEC implements and enforces the "Rabies Control Act," which sets forth requirements and authorizes actions to control the spread of rabies in the state. Rabies is a fatal disease in humans. Topics in the Act range from vaccinations, quarantine, examination and destruction of animals, reporting to and investigation of animal bite cases by the Department, recommendations for post exposure prophylaxis, penalties for failure to comply with Department instructions and public health orders, etc.
- (c) Recommendation and Rationale for Recommendation: Amend – Various requirements and national standards have changed and are more flexible than the Act allows. Also, based upon the Department's experiences in enforcing the Act, definitions and other sections should be clarified and expanded to make the intent of the Act more clear and specific. Penalties should be increased to incentivize compliance with the Act, especially when the health of a victim is dependent upon the cooperation of the owner or keeper

of the animal which potentially exposed the victim to the rabies virus. The Department needs authority to promulgate regulations which can be amended as necessary to comply with most recent national guidance and keep the regulations current. It is also imperative that staff safety be addressed. Department staff regularly are bitten when investigating and quarantining animals. A serious attack occurred in February 2014 in which a staff member was critically injured.

- (d) Current law Wording: S.C. Code, Sections 47-5-10 through 210
- (e) Instructions and Proposed New Law Language (deleted text must be stricken through and new text underlined): The Department proposes an extensive rewrite of the Act to address and modernize topics such as vaccinations, quarantine, examination and destruction of animals, reporting to and investigation of animal bite cases by the Department, recommendations for post exposure prophylaxis, penalties for failure to comply with Department instructions, to address safety of Department staff investigating animal bites and quarantining animals and public health orders, etc.
- (f) Other Agencies Impacted: The Department and its public health veterinarian work with the S.C. Department of Natural Resources, the extension service of Clemson University, and any other state or federal agencies engaged in similar efforts to combat diseases communicable from animal to man. In addition, local animal control and law enforcement are sometimes needed to assist the Department in serving and enforcing public health orders.

Department of Health and Environmental Control

Law Recommendation #1.2

- (a) Law: S.C. Code § 44-1-130, "Department of Health and Environmental Control"
- (b) Summary of Current Statutory Requirement: Chapter 1 of Title 44 creates The Department of Health and Environmental Control ("DHEC" or the "Department"), and enumerates the Department's responsibilities and powers. This section establishes Health Districts and District Advisory Boards.
- (c) Recommendation and Rationale for Recommendation: Modify the statute to eliminate any reference to "District Advisory Boards of Health," as they no longer exist, and to change all mention of "Districts" to "Regions," as that is now the terminology used by the Department.
- (d) Current Law Wording: The Department of Health and Environmental Control may divide the State into health districts and establish in these districts advisory boards of health which shall consist of representatives from each county in the district. Boards of health now existing in the districts shall have representation on the district advisory board. Counties not having local boards of health shall be represented by individuals appointed by the county legislative delegation. The number of members of a district advisory board shall be determined by the Department with due consideration to the population and community needs of the district. District advisory boards of health shall be subject to the supervisory and advisory control of the Department. District advisory boards are charged with the duty of advising the district medical director or administrator in all matters of sanitary interest and scientific importance bearing upon the protection of the public health. The district medical director or administrator shall be secretary of the advisory board and the district advisory board shall elect annually from its membership a chairman.
- (e) Instructions and Proposed New Law Language: This section no longer needs any language pertaining to the composition or operation of District Advisory Boards. Following the insertion of an initial phrase reading, "The Department of Health and Environmental Control may divide the State into health *regions*," the Department suggests the addition of

language that the health *regions* shall be led by a Regional Health Director who reports, either directly or indirectly, to the DHEC Director. These changes will align this section with the Department's current internal structure.

- (f) Other Agencies Impacted: None

Vital Statistics

Law Recommendation #1.3

- (a) Law: S.C. Code Sections 44-63-10 through 180 - Vital Statistics
- (b) Summary of current statutory requirement: Empowers the Department to establish a bureau of vital statistics and to provide an adequate system for the registration and certification of births, deaths, marriages, and divorces.
- (c) Recommendation and Rationale for Recommendation: Updates, revisions, and clarifications are needed throughout to remove references that have become obsolete because of the prevalence today of electronic registration and record-keeping and changes to Department organization since the statute was written.
- (d) Current Law Wording:
- (e) Instructions and Proposed New Law Language: Updates and revisions throughout to clarify terminology, recognize the transition to an electronic system, remove obsolete references, and clarify treatment of sealed records and paternity acknowledgments.
- (f) Other Agencies Impacted: None

State Certification of Need and Health Facility Licensure Act

Law Recommendation #1.4

- (a) Law: S.C. Code Sections 44-7-110, *et seq.*, State Certification of Need and Health Facility Licensure Act. 44-7-170(B)(6)
- (b) Summary of Current Statutory Requirement: This Act requires a Certificate of Need (CON) in certain circumstances, and also requires licensure for certain types of health care facilities. Section 44-7-170 delineates institutions and transactions exempt from the article and certain institutions and transactions exempt from just the CON provisions of the article.
- (c) Recommendation and Rationale for Recommendation: The Department recommends modification to Section 44-7-170(B)(6) to clarify that kidney disease centers are exempt only from the CON provisions of the article, but are still subject to the licensure provisions of the article. The wording of this section was changed pursuant to 2010 Act No. 278. Previously the section stated kidney disease centers were not subject to the CON requirements of the article. Although 2010 Act No. 278 changed the language of Section 44-7-170, it did not change the language in Section 44-7-260(A)(8) requiring licensure for end-stage renal dialysis units. The Department currently regulates and licenses these facilities. The recommended clarification will remove any ambiguity with regard to the authority of DHEC to license kidney disease centers.
- (d) Current Law Wording: Section 44-7-170(A) lists certain items exempted from CON review. Section 44-7-170(B) lists certain items to which the article does not apply. Pursuant to 44-7-170(B)(6), the provisions of the article do not apply to kidney disease treatment centers including, but not limited to, free standing hemodialysis centers and renal dialysis centers. However, pursuant to Section 44-7-260(A)(8), located in the same article, licensure is required for end-stage renal dialysis units.
- (e) Instructions and Proposed New Law: The Department recommends modification to Section 44-7-170, in particular subsection 44-7-170(B)(6), to clarify that the licensure

requirements continue to apply to kidney disease centers, as set forth in Section 44-7-260(A)(8).

- (f) Other Agencies Impacted: None

Hearing Aids

Law Recommendation #1.5

- (a) Law: S.C. Code Sections 40-25-10, *et seq.*, Practice of Specializing in Hearing Aids
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to license qualified persons to engage in the practice of specializing in hearing aids, oversee the examination of persons seeking licensure, conduct periodic inspections of persons, facilities, and equipment, and take enforcement action as authorized by statute. Section 40-25-20(2) requires the Commission of Hearing Aid Specialists to prepare the examinations.
- (c) Recommendation and Rationale for Recommendation: Modify Section 40-25-50(2) to delete from the Commission's responsibilities the requirement that it formulate the examination, leaving DHEC with the discretion to formulate the exam or procure an outside source to administer the exam. In past meetings with the Department, the Commission members have indicated they do not have the time and resources to prepare the examination.
- (d) Current Law Wording: Section 40-25-50(2) provides that the Commission of Hearing Aid Specialists shall, among other duties, prepare the examinations administered by the department to persons seeking licensure to engage in the practice of specializing in hearing aids. The Department is charged with administering examinations to test the knowledge and proficiency of applicants for licensure pursuant to Section 40-25-30(2). Pursuant to Section 40-25-110 (C) and (D), the Department is charged with giving the examination at least once a year at a time, place, and before persons designated by the Department. The exam is to be administered as directed by the department by means of written and practical tests in order for the applicant to demonstrate he is qualified to engage in the practice of specializing in hearing aids.
- (e) Instructions and Proposed New Law Language: The recommendation is to delete the language at Section 40-25-20(2) requiring the Commission to prepare the examination that is administered to applicants for licensure as specialists in hearing aids. Based upon the existing language in Sections 40-25-30(2) and 40-25-110(C) and (D), the Department retains authority over administration of the examination, including authority to direct how the examination is administered. By removing the requirement that the Commission prepare the examination, the Department will have the discretion to formulate the examination itself or procure an appropriate examination from an outside source to be administered to the applicants.
- (f) Other Agencies Impacted: None

Law Recommendation #1.6

- (a) Law: S.C. Code Section 40-25-10, *et seq.*, Practice of Specializing in Hearing Aids
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to license qualified persons to engage in the practice of specializing in hearing aids, oversee the examination of persons seeking licensure, conduct periodic inspections of persons, facilities, and equipment, and take enforcement action as authorized by statute.
- (c) Recommendation and Rationale for Recommendation: Modify Section 40-25-30(6) to provide the Department with the authority to impose monetary penalties for a violation of the statute or regulation in addition to the authority to suspend or revoke a license.

- (d) Current Law Wording: Section 40-25-30 lists the powers of the Department related to the Practice of Specializing in Hearing Aids. Subsection 40-25-30(6) authorizes the Department to suspend or revoke a license or require that a refund be made. Neither this section nor any other section in the Act authorizes the Department to issue a monetary penalty for violation of a provision of the statute or regulation.
- (e) Instructions and Proposed New Law Language: Recommend modifying the powers and duties of the department as set forth in Section 40-25-30(6) to include the authority to assess a monetary penalty for violation of a provision of the statute or regulation.
- (f) Other Agencies Impacted: None

Body Piercing

Law Recommendation #1.7

- (a) Law: S.C. Code Sections 44-32-10, *et seq.*, Body Piercing
- (b) Summary of Current Statutory Requirement: The Act requires the Department to establish sterilization, sanitation, and safety standards for persons engaged in the business of body piercing and to issue permits to facilities to engage in body piercing and charge annual permitting fees. The Act also contains certain requirements related to body piercing technicians and certain prohibitions regarding body piercing of minors. The Act also authorizes the Department to suspend or revoke licenses, or refuse to renew licenses, for body piercing facilities. Section 44-32-80 specifically sets forth the enforcement mechanisms for the Department.
- (c) Recommendation and Rationale for Recommendation: Modify Section 44-32-80 to enable the Department to impose monetary penalties against licensed body piercing facilities and any other persons or entities that violate the provisions of the Act or regulation.
- (d) Current Law Wording: The statute permits the Department to revoke, suspend, or refuse to issue or renew a license to a body piercing facility, or place a body piercing facility on probation, for any of the following: (1) failure to maintain a business address or telephone number at which the facility may be reached during business hours; (2) failure to maintain proper safety, sanitation, or sterilization procedures as established by law or by department regulations; (3) obtaining a body piercing facility license through fraud or deceit; or (4) violating any applicable law or regulation.
- (e) Instructions and Proposed New Law Language: The Department recommends a change in the wording of Section 44-32-80 to add authorization for the Department to assess a monetary penalty as a method of enforcement, in addition to the existing options of revoking, suspending, refusing to issue or renew a permit, or placing a body piercing facility on probation. Additionally, the Department recommends the new language authorizing imposition of a monetary penalty apply to any person who violates the act or regulation, (e.g. a person or entity that performs body piercing without a license). This requirement would be similar to statutory provisions in other acts, including the State Certification of Need and Health Facility Licensure Act, S.C. Code Sections 44-7-110, *et seq.*, that authorize the Department to assess monetary penalties against any person (not limited to licensee) for violation of applicable regulatory laws. See S.C. Code Section 44-7-320(A)(1)(a) (The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violating a provision of this article or departmental regulations.)
- (f) Other Agencies Impacted: None

Tattooing

Law Recommendation #1.8

- (a) Law: S.C. Code Sections 44-34-10, *et seq.*, Tattooing
- (b) Summary of Current Statutory Requirement: The Act requires the Department to establish sterilization, sanitation, and safety standards for persons engaged in the business of tattooing and to issue licenses to facilities to engage in tattooing and charge licensing fees and inspection fees. The Act also contains certain requirements related to tattoo artists and certain prohibitions regarding the tattooing of minors, and makes certain acts criminal in nature. The Act also authorizes the Department to suspend or revoke licenses, refuse to renew licenses, or impose monetary penalties against tattoo facilities for certain violations. Section 44-34-80 specifically sets forth the enforcement mechanisms for the Department.
- (c) Recommendation and Rationale for Recommendation: Modify Section 44-34-80 to enable the Department to impose monetary penalties against any person for violating the Tattoo Act, not just the licensees of the facilities. This would allow the Department to impose monetary penalties against persons operating unlicensed tattoo facilities.
- (d) Current Law Wording: The statute permits the Department to revoke, suspend, or refuse to issue or renew a permit and to impose a monetary penalty against a licensee of a tattoo facility for certain violations, including violations of any applicable law or regulation.
- (e) Instructions and Proposed New Law Language: The Department recommends a change in the wording of Section 44-34-80 to add language authorizing the imposition of a monetary penalty against any person who violates the act or regulation (e.g. a person or entity that performs tattooing without a license) and not just a licensee of the facility. This requirement would be similar to statutory provisions in other acts, including the State Certification of Need and Health Facility Licensure Act, S.C. Code Sections 44-7-110, *et seq.*, that authorize the Department to assess monetary penalties against any person (not limited to licensee) for violation of applicable regulatory laws. See S.C. Code Section 44-7-320(A)(1)(a) (The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violating a provision of this article or departmental regulations.)
- (f) Other Agencies Impacted: None

Catawba Health District

Law Recommendation #1.9

- (a) Law: S.C. Code §§ 44-3-110 through -140, "Catawba Health District"
- (b) Summary of Current Statutory Requirement: The statutory sections listed above establish and organize the "Catawba Health District," which includes Chester, Lancaster and York Counties.
- (c) Recommendation and Rationale for Recommendation: These statutory sections are no longer necessary due to the fact that the Catawba Health District no longer exists.
- (d) Current Law Wording: These sections provide the following: creation of the Catawba Health District; appointment of a district medical director; creation and membership of an Advisory Council; powers and duties of the Advisory Council; Officers of the Advisory Council; and direction and control of county health departments by the district medical director. (See S.C. Code §§ 44-3-110 through -140).
- (e) Instructions and Proposed New Law Language: Article 3 is no longer necessary, because the Catawba Health District no longer exists. The Department recommends deleting S.C. Code §§ 44-3-110 through -140. The counties within the former Catawba Health District are now served by the Midlands Regional Office for Public Health.

- (f) Other Agencies Impacted: None

County, Township or Municipal Hospitals, or Tuberculosis Camps

Law Recommendation #1.10

- (a) Law: S.C. Code §§ 44-7-610 through -780, “County, Township or Municipal Hospitals, or Tuberculosis Camps”
- (b) Summary of Current Statutory Requirement: These sections comprise Article 5 of Title 44 – “County, Township or Municipal Hospitals, or Tuberculosis Camps.” These sections allow for the citizens of a county to petition for a public hospital or tuberculosis camp, as well as provide the manner in which such a facility must be administered.
- (c) Recommendation and Rationale for Recommendation: The Department recommends deleting any reference to tuberculosis camps in these sections as the Department no longer treats or controls tuberculosis disease through the use of tuberculosis camps.
- (d) Current Law Wording: The sections in this Article provide for the following: petition for the establishment of the tuberculosis camp; special election; amount of bonds to be issued; the sale, term, execution, custody, and disbursement of proceeds of the bonds; annual tax; selection and terms of trustees; organization of the trustees as a board; role of the treasurer; the frequency of board meetings; powers of the board; prerequisites of construction; municipal jurisdiction; beneficiaries of the camp; payment for service; prohibition on discrimination; and donations of personal and real property to the camp. (See S.C. Code §§ 44-7-610 through -780).
- (e) Instructions and Proposed New Law Language: The Department recommends deleting any reference to tuberculosis camps in these sections as the Department no longer treats or controls tuberculosis disease through the use of tuberculosis camps.
- (f) Other Agencies Impacted: None

Community Oral Health Coordinator

Law Recommendation #1.11

- (a) Law: S.C. Code § 44-8-10 through -60, “Community Oral Health Coordinator”
- (b) Summary of Current Statutory Requirement: Chapter 8 of Title 44 is entitled, “Community Oral Health Coordinator.” In three to five counties state-wide, targeted by need, the Department is required to implement a community dental health program for public school students at specified grade-levels, or upon a child’s transfer into the South Carolina public school system, regardless of grade-level.
- (c) Recommendation and Rationale for Recommendation: The current language requires the Community Oral Health Coordinator to serve only school-aged children in the designated counties. DHEC recommends expansion of the community dental-health program to persons of any age in underserved and vulnerable populations in order to better align with the Dental Practice Act 2003, located at S.C. Code § 40-15-110.
- (d) Current Law Wording: The Department of Health and Environmental Control shall implement a targeted community program for dental health education, screening, and treatment referral in the public schools for children in kindergarten, third, seventh, and tenth grades or upon entry into a South Carolina school. The department shall target three to five counties of need. The program must seek collaboration from local school districts, other governmental entities, school nurses, and dentists to coordinate federal Medicaid assistance and any volunteer efforts to reduce costs to the State to the extent practicable. Program guidelines must be promulgated in regulations and must include procedures for screenings and for the issuance of an Acknowledgment of Dental

Screening for a child indicating that the child has had the dental screening. These guidelines also must provide that the screenings required by this section be made by an authorized provider at no charge.

- (e) Instructions and Proposed New Law Language: The Department recommends modifying the language in Chapter 8 to expand the provision of services facilitated by the Community Oral Health Coordinator to persons *of any age* in underserved and vulnerable populations in the designated counties, making the goals of this Chapter more in keeping with those of the Dental Practice Act, as well as providing centralized oversight of the Community Oral Health Coordinator activities by DHEC.
- (f) Other Agencies Impacted: South Carolina Department of Education; Local School Districts

Dentists, Dental Hygienists, and Dental Technicians

Law Recommendation #1.12

- (a) Law: S.C. Code § 40-15-110(E), “Dentists, Dental Hygienists, and Dental Technicians”
- (b) Summary of Current Statutory Requirement: This section is known as the “Dental Practices Act of 2003.” Chapter 15 pertains to Dentists, Dental Hygienists, and Dental Technicians. Section 110 provides a list of exemptions from the Chapter, including Subsection (E), which requires DHEC to target dental services in a public health setting to under-served populations
- (c) Recommendation and Rationale for Recommendation: Because the Dental Practices Act places the responsibility on DHEC to target and facilitate dental services to under-served populations, this section would be more appropriately located with the majority of DHEC’s health-related responsibilities found in Title 44.
- (d) Current Law Wording: The Department of Health and Environmental Control shall target services in a public health setting to under-served populations. A public health setting is defined as a hospital, nursing home, long term care facility, rural or community health clinic, health facility operated by federal, state, county, or local governments, hospice, an educational institution, a bona fide charitable institution, or a mobile delivery program operated in one of these settings under the direction of the Department of Health and Environmental Control. Mobile delivery programs are defined as those that are not confined to a single building and can be transported from place to place.
- (e) Instructions and Proposed New Law Language: The Department recommends referencing this section in Title 44 where the majority of DHEC’s health-related responsibilities are found. Additionally, to ensure that these services are being properly implemented, adding to Title 44a requirement that any dental provider operating in a public health setting must submit specific data to DHEC and use DHEC surveillance tools for the implementation of public health core functions. In this way, DHEC would have broader oversight of the providers and could better ensure that the needs of the under-served populations are being met.
- (f) Other Agencies Impacted: South Carolina Department of Labor, Licensing and Regulation (LLR)

Contagious and Infectious Diseases

Law Recommendation #1.13

- (a) Law: S.C. Code § 44-29-10(A), “Contagious and Infectious Diseases”
- (b) Summary of Current Statutory Requirement: This section enumerates the reporting requirements for certain health-care providers for all cases of known or suspected contagious or infectious diseases occurring within the state’s borders.

- (c) Recommendation and Rationale for Recommendation: The section uses an antiquated Department structure and procedure and does not take into account new scientific developments that govern how soon a certain case of disease should be reported. DHEC recommends revisions to the language to coincide with current Department organization and to update reporting requirements for consistency with scientific developments.
- (d) Current Law Wording: In all cases of known or suspected contagious or infectious diseases occurring within this State the attending physician must report these diseases to the county health department within twenty four hours, stating the name and address of the patient and the nature of the disease. The county health department must report to the Department of Health and Environmental Control all such cases of infectious and contagious diseases as have been reported during the preceding month, these reports to be made upon blanks furnished by the Department of Health and Environmental Control. The Department of Health and Environmental Control must designate the diseases it considers contagious and infectious. The Department of Health and Environmental Control may also designate other diseases for mandatory reporting by physicians. Any physician who fails to comply with the provisions of this section is guilty of a misdemeanor and, upon conviction, must be fined not more than one hundred dollars or be imprisoned for a period not exceeding thirty days.
- (e) Instructions and Proposed New Law Language: The Department recommends that references to reporting to county health departments be eliminated, that reporting be made to the Department by the attending physician within the timeframe and in the form and manner as the Department directs.
- (f) Other Agencies Impacted: None

Law Recommendation #1.14

- (a) Law: S.C. Code § 44-29-70, Contagious and Infectious Diseases”
- (b) Summary of Current Statutory Requirement: Requires the reporting of sexually transmitted diseases to the Department.
- (c) Recommendation and Rationale for Recommendation: Add the term “sexually transmitted infections” to the title and language of the section, to update the statute with current nomenclature in the field.
- (d) Current Law Wording: Any physician or other person who makes a diagnosis of or treats a case of a sexually transmitted disease and any superintendent or manager of a hospital, dispensary, health care related facility, or charitable or penal institution in which there is a case of a sexually transmitted disease shall report it to the health authorities according to the form and manner as the Department of Health and Environmental Control directs.
- (e) Instructions and Proposed New Law Language: Medically, infections are only called diseases when they cause symptoms, and many sexually transmitted infections do not have any symptoms. Currently, DHEC manages sexually transmitted infections that are not necessarily sexually transmitted diseases. DHEC also has mandatory reporting of sexually transmitted infections that are not sexually transmitted diseases. Consequently, DHEC recommends adding the term “sexually transmitted infections” to the statute as it is more inclusive and supports the Department’s duties to investigate and prevent the spread of certain infectious and contagious diseases.
- (f) Other Agencies Impacted: None

Law Recommendation #1.15

- (a) Law: S.C. Code § 44-29-80, "Contagious and Infectious Diseases"
- (b) Summary of Current Statutory Requirement: Laboratories shall report positive tests and cooperate in preventing spread of sexually transmitted disease.
- (c) Recommendation and Rationale for Recommendation: The Department recommends adding the term "sexually transmitted infection" to the section title and the statutory language in order to bring the statute up to date with the current nomenclature in the field. DHEC also recommends removing the reference to "local boards of health" in the body of the statute as the term is no longer applicable due to the fact that there are no local boards of health.
- (d) Current Law Wording: Any laboratory performing a positive laboratory test for a sexually transmitted disease shall make a report of the case or positive laboratory test for a sexually transmitted disease to the Department of Health and Environmental Control in the form and manner as the department directs and shall cooperate with the Department of Health and Environmental Control and local boards of health in preventing the spread of sexually transmitted diseases.
- (e) Instructions and Proposed New Law Language: Modify the statutory language by removing the phrase "local boards of health" and adding the phrase "sexually transmitted infection."
- (f) Other Agencies Impacted: None

Law Recommendation #1.16

- (a) Law: S.C. Code § 44-29-90, "Contagious and Infectious Diseases"
- (b) Summary of Current Statutory Requirement: Addresses the examination, treatment and isolation of persons infected with venereal disease.
- (c) Recommendation and Rationale for Recommendation: Modify the statutory title to replace the phrase "venereal disease" with the phrase "sexually transmitted disease and sexually transmitted infection," and in the body of the statute, add the phrase "sexually transmitted infection" in each instance the phrase "STD" is used alone. Venereal disease is an outdated term. "Sexually transmitted disease" and "sexually transmitted infection" are both currently acceptable terms in the field.
- (d) Current Law Wording: "Examination, treatment and isolation of persons infected with venereal disease." State, district, county, and municipal health officers, in their respective jurisdictions, when in their judgment it is necessary to protect the public health, shall make examination of persons infected or suspected of being infected with a sexually transmitted disease, require persons infected with a sexually transmitted disease to report for treatment appropriate for their particular disease provided at public expense, and request the identification of persons with whom they have had sexual contact or intravenous drug use contact, or both. The health officer may isolate persons infected or reasonably suspected of being infected with a sexually transmitted disease. To the extent resources are available to the Department of Health and Environmental Control for this purpose, when a person is identified as being infected with Human Immunodeficiency Virus (HIV), the virus which causes Acquired Immunodeficiency Syndrome (AIDS), his known sexual contacts or intravenous drug use contacts, or both, must be notified but the identity of the person infected must not be revealed. Efforts to notify these contacts may be limited to the extent of information provided by the person infected with HIV. Public monies appropriated for treatment of persons infected with a sexually transmitted disease must be expended in accordance with priorities established by the department, taking into account the cost effectiveness, curative capacity of the treatment, and the public health benefit to the population of the State.

- (e) Instructions and Proposed New Law Language: The Department recommends deleting references to “venereal disease” and adding the terms “sexually transmitted infection” and “sexually transmitted disease” to the statutory language in order to bring the statute up to date with the current nomenclature in the field.
- (f) Other Agencies Impacted: None

Law Recommendation #1.17

- (a) Law: S.C. Code § 44-29-100, “Contagious and Infectious Diseases”
- (b) Summary of Current Statutory Requirement: Examination and treatment and isolation of prisoners for sexually transmitted disease.
- (c) Recommendation and Rationale for Recommendation: Modify the statute to reflect the fact that prisoners are no longer kept in custody after the completion of their sentences for treatment of sexually transmitted disease or sexually transmitted infection. Also, add the term “sexually transmitted infection” to accompany any reference of “sexually transmitted disease” in order to bring the statute up to date with the current nomenclature in the field.
- (d) Current Law Wording: “Examination and treatment of prisoners for sexually transmitted disease; isolation and treatment after serving sentence.” Any person who is confined or imprisoned in any state, county, or city prison of this State may be examined and treated for a sexually transmitted disease by the health authorities or their deputies. The state, county, and municipal boards of health may take over a portion of any state, county, or city prison for use as a board of health hospital. Persons who are confined or imprisoned and who are suffering with a sexually transmitted disease at the time of expiration of their terms of imprisonment must be isolated and treated at public expense as provided in Section 44-29-90 until, in the judgment of the local health officer, the prisoner may be medically discharged. In lieu of isolation, the person, in the discretion of the board of health, may be required to report for treatment to a licensed physician or submit for treatment provided at public expense by the Department of Health and Environmental Control as provided in Section 44-29-90.
- (e) Instructions and Proposed New Law Language: The Department recommends modifying the statute to reflect the fact that prisoners are no longer kept in custody after the completion of their sentences for treatment of sexually transmitted disease or sexually transmitted infection and to include the term “sexually transmitted infection” along with references to “sexually transmitted disease.”
- (f) Other Agencies Impacted: Department of Corrections; county jails.

Law Recommendation #1.18

- (a) Law: S.C. Code § 44-29-136, “Contagious and Infectious Diseases”
- (b) Summary of Current Statutory Requirement: Court orders for disclosure of records for law enforcement purposes; confidentiality safeguards.
- (c) Recommendation and Rationale for Recommendation: Modify the statutory language of subsection (A) to include “sexually transmitted infection” in order to bring the statute up to date with the current nomenclature in the field, and the Department recommends correcting a misspelled word.
- (d) Current Law Wording: (A) A portion of a person’s sexually transmitted disease test results disclosed to a solicitor or state criminal law enforcement agency pursuant to Section 44-29-135(c) must be obtained by court order upon a finding by the court that the request is valid under Section 44-29-135(c) and that there is a compelling need for the test results. In determining a compelling need, the court must weigh the need for disclosure against both the privacy interest of the test subject and the potential harm to the public interest

if disclosure deters future Human Immunodeficiency Virus related testing and counseling or blood, organ, and semen donation. No information regarding persons other than the subject of the test results must be released. The court shall provide the department and the person who is the subject of the test results with notice and an opportunity to participate in the court hearing.

- (e) Instructions and Proposed New Law Language: The Department recommends adding the term “sexually transmitted infection” to the statutory language in order to bring the statute up to date with the current nomenclature in the field and to change the misspelled word “counselling” to “counseling.”
- (f) Other Agencies Impacted: None

Law Recommendation #1.19

- (a) Law: S.C. Code § 44-29-140, “Contagious and Infectious Diseases”
- (b) Summary of Current Statutory Requirement: Penalties pertaining to venereal disease.
- (c) Recommendation and Rationale for Recommendation: Change the term “venereal disease” to “sexually transmitted disease or sexually transmitted infection” to bring the statute up to date with the current nomenclature in the field.
- (d) Current Law Wording: “Penalties pertaining to venereal disease.” Any person who violates any of the provisions of Sections 44-29-60 to 44-29-140, other than Section 44-29-120, or any regulation made by the Department of Health and Environmental Control pursuant to the authority granted by law, or fails or refuses to obey any lawful order issued by any state, county, or municipal health officer, pursuant to Sections 44-29-60 to 44-29-140, or any other law or the regulations prescribed by law, is guilty of a misdemeanor and, upon conviction, must be fined not more than two hundred dollars or be imprisoned for not more than thirty days.
- (e) Instructions and Proposed New Law Language: The Department recommends deleting references to “venereal disease” and adding the terms “sexually transmitted infection” and “sexually transmitted disease” to the statutory language in order to bring the statute up to date with the current nomenclature in the field.
- (f) Other Agencies Impacted: None

Law Recommendation #1.20

- (a) Law: S.C. Code § 44-29-135(f), “Contagious and Infectious Diseases”
- (b) Summary of Current Requirements: This section discusses confidentiality of sexually transmitted disease records, and this subsection specifically pertains to school notification when a minor is HIV positive.
- (c) Recommendation and Rationale for Recommendation: Repeal subsection (f). The medical literature today indicates that there is no risk of spreading HIV between children through casual, social contact and federal law prohibits children with HIV from being discriminated against.
- (d) Current Law Wording: DHEC must notify a school when a minor is HIV positive and attending public school in kindergarten through fifth grade.
- (e) Instructions and Proposed New Law Language: Repeal subsection (f).
- (f) Other Agencies Impacted: Department of Education; individual school districts.

Care of the Newly Born

Law Recommendation #1.21

- (a) Law: S.C. Code § 44-37-30, “Care of the Newly Born”
- (b) Summary of Current Statutory Requirement: This section provides for the neonatal testing of children for metabolic errors and hemoglobinopathies.
- (c) Recommendation and rationale for recommendation: Consistent with a long-standing proviso (2016-17 Budget Proviso 34.37), DHEC recommends removing the requirement for indefinite retention of blood specimens. There is no clinical or scientific reason for DHEC to maintain long-term possession of these blood samples, nor does the Department have the ability or capacity to store them in freezers indefinitely.
- (d) Current Law Wording: This section addresses the requirements for neonatal testing, confidentiality of specimens, storage provisions and penalties for violations.
- (e) Instructions and Proposed New Law Language: The Department recommends removing the requirement for indefinite retention of blood specimens.
- (f) Other Agencies Impacted: Medical facilities and practitioners who perform testing.

Midwives

Law Recommendation #1.22

- (a) Law: S.C. Code Sections 44-89-60, *et seq.*, Birthing Center Licensure Act
- (b) Summary of Current Statutory Requirement: DHEC currently licenses lay midwives under its general public health powers under Section 44-1-140, and there is no statutory provision defining the requirements for licensing midwives. Section 44-89-30(5) states “Lay midwife means an individual so licensed by the department,” and Section 44-89-30(4) defines the “Department” as the “South Carolina Department of Health and Environmental Control.” In addition, Section 44-89-60(2) states “Birthing centers shall provide care by physicians, certified nurse-midwives, or licensed lay-midwives to childbearing women during pregnancy, birth, and puerperium.” The only other Code of Laws reference to DHEC’s responsibility with regard to lay midwives is in the Nurse Practice Act. Certified nurse-midwives are licensed by LLR.
- (c) Recommendation and Rationale for Recommendation: While DHEC has traditionally regulated lay midwives, DHEC’s expertise largely involves regulating health care facilities, not the actual provision of care. Therefore, DHEC recommends consideration of whether DHEC is the appropriate agency to license lay midwives. The Department also recommends the law be amended to clarify the requirements for licensing lay-midwives. We believe this change will improve the program and help to better ensure the health and safety of mothers and infants.
- (d) Current Law Wording: Section 44-89-30(5) states “Lay midwife means an individual so licensed by the department.” Section 44-89-30(4) defines “Department” as the “South Carolina Department of Health and Environmental Control.” Section 44-89-60(2) states “Birthing centers shall provide care by physicians, certified nurse-midwives, or licensed lay-midwives to childbearing women during pregnancy, birth, and puerperium.”
- (e) Instructions and Proposed New Law Language: Amend the Act to prescribe requirements for licensing lay-midwives.
- (f) Other Agencies Impacted: LLR

Reports and Records of Tuberculosis Cases

Law Recommendation #1.23

- (a) Law: S.C. Code § 44-31-10, "Reports and Records of Tuberculosis Cases"
- (b) Summary of current statutory requirement: This section requires certain medical providers and entities to report cases of tuberculosis to DHEC.
- (c) Recommendation and Rationale for Recommendation: Modify language – This Section was last updated in 1970. The responsibilities for disease reporting and the methods of disease reporting have changed over the past forty years. Changes to the language would ensure the law matches current recommendations.
- (d) Current Law Wording: This section requires physicians and administrative offices of hospitals and similar institutions to report cases of tuberculosis to DHEC.
- (e) Instructions and Proposed New Law Language: The language should be updated to encompass current medical recommendations and reporting practices for providers in the state to notify the Department of cases of tuberculosis.
- (f) Other Agencies Impacted: None

II. CHANGES TO IMPROVE EFFICIENCY (OPERATIONAL, REGULATORY, JUDICIAL, AND/OR FEE STRUCTURE)

Department of Health and Environmental Control

Law Recommendation #2.1

- (a) Law: S.C. Code Sections 44-1-60(E)(1) and (E)(2)
- (b) Summary of current statutory requirement: These provisions address notice of decisions issued by the Department and the time at which a staff decision becomes the Department's final agency decision.
- (c) Recommendation and Rationale for Recommendation: Modify – In light of the upcoming launch of e-permitting systems and the general prevalence and efficiency of electronic mail, the Department recommends clarification of the statute on the availability of email notice, as well as corresponding clarification regarding the time at which an emailed decision becomes the final agency decision of the Department.
- (d) Current law wording: Subsection (E)(1) provides, in part, that notice of department decisions must be sent by certified mail, return receipt requested, and notice of staff decisions for which a department decision is not required must be sent by mail, delivery, or other appropriate means. Subsection (E)(2) provides that the staff decision becomes the final agency decision fifteen calendar days after notice has been mailed, unless a written request for final review and filing fee are filed with the Department.
- (e) Instructions: The Department proposes consideration of changes to Subsection (E)(1) to clarify that notice of department decisions or staff decisions may be sent by email or other appropriate means, and suggests corresponding changes in Subsection (E)(2).
- (f) Other Agencies Impacted: None

Dam and Reservoir Safety Act

Law Recommendation #2.2

- (a) Law: S.C. Code Section 49-11-110, et seq.
- (b) Summary of current statutory requirement: Establishes Dam and Reservoir Safety Act, grants Department authority to inspect dams, issue orders and permits for maintenance and repair of dams, and defines owners' responsibilities for dams.
- (c) Recommendation and Rationale for Recommendation: (1) Require annual updates from dam owners; (2) regulate very small dams which pose a risk to certain property; (3) require periodic dam assessment by professional engineer for all high and significant hazard dams.
- (d) Current law Wording: The Dam and Reservoir Safety Act (S.C. Code Section 49-11-110, et seq.) provides that the Department be notified when ownership of a dam is transferred. No other notice or update requirements are set forth in the Act. The Act also provides that very small dams (those below the general regulatory size) are still regulated by the Department when they pose a risk of loss of life, but no similar provision is made for very small dams which may damage property. The Act provides that the Department will periodically conduct preliminary inspections on dams, and may order detailed inspections of dams as a result of preliminary inspections. The Act does not currently provide for any regular, periodic assessment of the dam by an engineer working with the dam owner.
- (e) Instructions and Proposed New Law Language: No specific language is proposed. The Department would propose provisions which: (1) require dam owners to annually confirm correct owner contact information, provide a completed checklist of dam maintenance evaluation items performed by the owner, and (for high and significant hazard dams) provide an updated Emergency Action Plan with current contact information for

downstream residents and businesses and other emergency contacts); (2) revise the regulatory size exemption for very small dams to provide for regulatory oversight over dams which pose a risk to highways or railroads, public utilities, homes, and commercial and industrial buildings, in addition to dams which pose a risk of loss of life; (3) require dam owners to hire a professional engineer to conduct an assessment of dam condition and hazard potential every five years for high hazard dams and every ten years for significant hazard dams.

- (f) Other Agencies Impacted: None

Solid Waste Policy and Management Act

Law Recommendation #2.3

- (a) Law: S.C. Code Section 44-96-10 et seq., The South Carolina Solid Waste Policy and Management Act
- (b) Summary of current statutory requirement: The Solid Waste Act establishes standards for the management of solid waste, and authorizes the Department to regulate and permit solid waste management facilities. The Act establishes goals for the State in waste reduction and recycling, and requires local and state solid waste management planning.
- (c) Recommendation and Rationale for Recommendation: The Solid Waste Policy and Management Act has not been revised substantially since it became effective in 1991, despite the evolution of industry standards and practices, and other factors that impact the program.
- (d) Current law wording: The entire Solid Waste Policy and Management Act.
- (e) Instructions and Proposed New Law Language (deleted text must be stricken through and new text underlined): Conceptually, the solid waste program has identified several areas of the Act that should be considered for update or revision.

Issues under consideration include, but are not limited to:

- addressing requirements for recovered material processing facilities, to prevent the speculative accumulation of solid waste, which results in unpermitted solid waste management or solid waste processing facilities (several communities across the state have large recovered material processing facilities that are essentially unpermitted landfills resulting from speculative accumulation; because there is currently no permit required and no financial assurance required for these facilities, abandonment by owners is likely);
- providing the means for the Department address environmental problems at solid waste sites on an emergency basis (a recent abandoned landfill caught fire and smoldered for several months because the state had no resources to use to assist; as a result of the fire, residents of a nearby town were impacted for months before the state was able to convince EPA to assist in extinguishing the fire and capping the landfill);
- revising a requirement that the Department make local zoning determinations prior to issuing a facility permit; and
- revising a statutory requirement that all solid waste facilities, including facilities such as Class I landfills and transfer stations, secure demonstration-of-need determinations.

There are additional changes that are less critical, but still important to the Department's mission. Those changes include:

- updating recycling and disposal goals to encourage waste reduction

- clarifying the point at which solid waste plan consistency determination will be made
 - removing the 12-month limit on structural fill activities
 - removing land-clearing debris from allowable fill for structural fill activities
 - establishing standards for developing revisions to solid waste management plans, and
 - clarifying financial assurance requirements for permitted facilities
- (f) Other agencies impacted: None

Law Recommendation #2.4

- (a) Law: S.C. Code Ann., Section 44-96-170. Waste Tires. The South Carolina Solid Waste Policy and Management Act
- (b) Summary of current statutory requirement: The Solid Waste Act establishes standards for the management of waste tires, including the collection and distribution of a \$2 advanced recycling fee. The Act authorizes the Department to promulgate regulations addressing the collection, transportation, processing, and disposal of waste tires.
- (c) Recommendation and Rationale for Recommendation: Despite the Solid Waste Act and regulations promulgated pursuant to the Act, the illegal dumping and accumulation of waste tires continues to be problematic. Illegal waste tire accumulations are a magnet for mosquitoes and a threat to public health. Therefore, changes to the Waste Tire statute are needed in order to address these issues.
- (d) Current law wording: The entire Section 44-96-170 of the Solid Waste Policy and Management Act.
- (e) Instructions and proposed new language: Within the next three (3) years, the Solid Waste Program intends to develop new language for the Waste Tire statute. New language will be developed with input from stakeholders. Conceptually, issues for consideration include, but are not limited to, the distribution of the waste tire fee, methods for encouraging a more robust waste tire recycling industry, and language that will aid in the ceasing, prevention, or diminishment of illegal dumping and accumulation of waste tires.
- (f) Other agencies impacted: S.C. Department of Revenue

S.C. Hazardous Waste Management Act

Law Recommendation #2.5

- (a) Law: S.C. Code Section 44-56-140 E of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: Requires the Department to report any violations of the Hazardous Waste Management Act to the governing body of the county or city where the violation occurred within 24 hours.
- (c) Recommendation and Rationale for Recommendation: Delete – This reporting requirement is not implemented because it is difficult and impractical to notify local government of *any* violation of the Act within 24 hours. Most violations are identified through inspections, reporting, or complaint investigations, and are alleged violations until they are enforced through the administrative enforcement process. If the violation presents an imminent or substantial endangerment or triggers an emergency response action, the Department notifies and works with local officials. The regional offices also work closely with local officials.
- (d) Current Law Wording: Section 44-56-140 E. provides that violations of the Hazardous Waste Management Act shall be reported by DHEC to the governing body of the county or municipality concerned within 24 hours.
- (e) Instructions and Proposed New Language: Delete Section 44-56-140 E.

- (f) Other Agencies Impacted: Local counties and municipalities, however local governments have not been and do not currently receive these reports.

Law Recommendation #2.6

- (a) Law: Article 9, S.C. Code Sections 44-56-810 through 840, of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: Creates the Hazardous Waste Management Research Fund, funded by a portion of fees from generators disposing of hazardous waste at the Pinewood commercial hazardous waste land disposal facility; creates a Select Oversight Committee to oversee expenditures of the funds.
- (c) Recommendation and Rationale for Recommendation: Delete – The Pinewood commercial hazardous waste facility was closed in 2000 and no longer accepts hazardous waste for land disposal. Therefore, fees are no longer generated by disposal activities at the Site and there is no funding source for the Hazardous Waste Management Research Fund. The Select Oversight Committee was created to oversee expenditures from the funds, but has not been active.
- (d) Current Law Wording: Section 44-56-810 creates the Hazardous Waste Management Research Fund, separate and distinct from the general fund, for the purpose of conducting research related to waste minimization and finding better ways to conduct response actions at uncontrolled hazardous waste sites. Section 44-56-820 authorizes the South Carolina Universities Research and Education Foundation (comprised of USC, Clemson, MUSC, and S.C. State) to develop a research program for expenditure of the funds. Section 44-56-830 requires the Foundation to annually report to the General Assembly. Section 44-56-840 creates the Hazardous Waste Management Select Oversight Committee (comprised of Governor, legislative, and public appointees) to monitor funds generated from disposal activities at Pinewood, and to oversee the research projects approved for funding by the Foundation.
- (e) Instructions and Proposed New Language: Delete Article 9, Sections 44-56-810 through 840.
- (f) Other Agencies Impacted: The Research Foundation, however, the research program has not been active due to the lack of funding. The Governor and General Assembly because they have appointments to the Hazardous Waste Select Oversight Committee; however, this Committee has not been active. This Committee is also directed under Section 44-56-180 to approve use of Contingency Fund monies for personnel and operating costs associated with DHEC response actions at uncontrolled and abandoned sites.

Law Recommendation #2.7

- (a) Law: S.C. Code Sections 44-56-160, 163, 164, 165, 170, 175, 180, 190, and 510 of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: These sections collectively relate to fee provisions for in-state and out-of-state hazardous waste generators disposing of hazardous waste at the Pinewood commercial hazardous waste land disposal facility (the “Pinewood fees”), and the creation of various funds for use of the Pinewood fees for various purposes.
- (c) Recommendation and Rationale for Recommendation: Revise/Delete – The provisions related to the assessment and use of fees generated by the disposal of hazardous waste at the former Pinewood Site are outdated since the Site was closed in 2000 and has not accepted hazardous waste for disposal since that time. Funds created to receive the monies generated by the Pinewood fees are also inactive. Other fees (unrelated to Pinewood) that are still assessed are the storage fee in Section 44-56-170(D), the incinerator fee in Section 44-56-170(F)(1), and the annual generator fee in Section 44-56-

215); these fees should be kept. The storage fee and annual generator fee go into the Hazardous Waste Contingency Fund in the Unpermitted Sites account. Per Section 44-56-170(F), fifty percent of the incinerator fee goes to Hazardous Waste Fund County Account for the benefit of the county where the incineration occurred and fifty percent goes to the General Fund. Please see (e) below for specific instructions for each of the sections.

- (d) Current Law Wording: Section 44-56-160 creates the S.C. Hazardous Waste Contingency Fund for the availability of funds for response actions at permitted hazardous waste landfills, transportation accidents, and governmental response actions at uncontrolled hazardous waste sites. It is funded by fees assessed by other sections of the Act. Section 44-56-163 creates the Pinewood Hazardous Waste Contingency Fund and the Pinewood Development Fund which were funded by the Pinewood fees. Section 44-56-164 creates the Pinewood Development Authority to approve expenditures from the Pinewood Development Fund. Section 44-56-165 provides that a portion of the Pinewood fees must be used to fund waste minimization activities at DHEC and to enforce the bans set forth in Sections 44-56-130(4), (5), and (6) (which were struck down by the court). Section 44-56-170 provides for the assessment of the Pinewood fees as well as the storage fee and a hazardous waste incineration fee. The storage fee goes to the Hazardous Waste Contingency Fund in the Unpermitted Sites account. The incinerator fee is divided with fifty percent to the Hazardous Waste Fund County Account for the benefit of the county where the incineration occurred and fifty percent to the General Fund. Section 44-56-175 directs how the Pinewood fees should be divided among the various Funds. Section 44-56-180 directs the use of the Hazardous Waste Contingency fund monies and, with the approval of the Hazardous Waste Select Oversight Committee, use of funds for DHEC personnel to operate the program. This section also requires DHEC to seek cost recovery for any monies expended from the Unpermitted Sites Contingency Fund, and requires annual reporting to the General Assembly. Section 44-56-190 requires DHEC to revise any regulations inconsistent with the provisions of Sections 44-56-160 through 190. Section 44-56-510 imposes a fee for in-state and out-of-state waste generated and disposed of by landfilling or land disposal.
- (e) Instructions and Proposed New Language: (1) Revise - Section 44-56-160 should be revised as follows: 160(A) should be kept as it creates the Hazardous Waste Contingency Fund; 160(B) through (F) should be deleted as these provisions allocate percentages of the Pinewood fees to various Funds that are no longer active or funded; 160(G) should be kept as it allows interest to be credited to the Hazardous Waste Contingency Fund; a reference to Section 44-56-215 should be added to this section as the annual generator fee in Section 44-56-215 is also credited to the Hazardous Waste Contingency Fund. (2) Delete – Section 44-56-163 should be deleted as the Funds were created to receive Pinewood fees are no longer active. (3) Delete – Section 44-56-164 should be deleted as this Fund was created to receive Pinewood fees and is no longer active. (4) Delete – Section 44-56-165 should be deleted as the funding source (Pinewood fees) for this activity is no longer available. (5) Revise – Section 44-56-170 should be revised to: retain applicable reporting requirements for generators in (A) and (B); delete the in-state generator Pinewood fee in (C); retain the storage fee in (D); delete the out-of-state Pinewood fee in (E); and retain the incinerator fee in (F) and revise to update the language in (F) concerning the division of the fee. (6) Delete – Section 44-56-175 as the various Funds to which the Pinewood fees were directed to are no longer active due to the closure of Pinewood. (7) Revise – Section 44-56-180 should be revised to delete the reference to the S.C. Hazardous Waste Management Select Oversight Committee. (7) Delete – Section 44-56-190 should be deleted because the regulations are consistent with the statute. (8) Delete - Section 44-56-510 should be deleted because this fee is no longer assessed and collected.

- (f) Other Agencies Impacted: Town of Pinewood which was the recipient of the fees generated by the Pinewood Site, however, since there has been no revenue generated since the Pinewood Site closed in 2000, the Funds established for the benefit of Pinewood do not have a funding source and the account balances are zero. The Governor and General Assembly since they had appointments to the Hazardous Waste Management Select Oversight Committee (even though this Committee is no longer active).

S.C. Mining Act

Law Recommendation #2.8

- (a) Law: S.C. Code Ann., Section 48-20-10 et seq., The South Carolina Mining Act
- (b) Summary of current statutory requirement: The Act ensures that all land and water associated with mine activity receives a practical degree of protection and restoration. Also, the Act authorizes DHEC to issue permits for mine operations and ensure that mines comply with applicable laws and regulations.
- (c) Recommendation and Rationale for Recommendation: The S.C. Mining Act (Act) became effective in 1990 and was last revised in 1997; therefore, pertinent changes are warranted to keep pace with industry standards, practices, and developments.
- (d) Current law wording and instructions: Entire Mining Act.
- (e) Instructions and Proposed New Law Language: Within the next three (3) years, the Department intends to implement changes to the Mining Act, which will be developed using a stakeholder process. Conceptually, changes will be developed that provide a funding source sufficient to the needs of the program and will clarify reclamation and closure requirements. No recommended language is prepared at this time, however, the following changes are being considered and are critical to the mission of the program:
- Secure a stable funding source for Department activities which is adequate for the needs of the program;
 - Make changes to distinguish mining activities from construction activities; and
 - Clarify reclamation requirements and ensure funding is available for reclamation/closure.
- Less significant changes have been identified to improve efficiencies or for clarity.
- (f) Other Agencies Impacted: S.C. Department of Natural Resources, S.C. State Historic Preservation Office, U.S. Army Corps of Engineers, U.S. Fish and Wildlife Service, U.S. Mine Safety and Health Administration, U.S. Natural Resource Conservation Service, SC DOT, and S.C. Ports Authority.

OCRM

Law Recommendation #2.9

- (a) Law: Coastal Tidelands and Wetlands Act - S.C. Code Section 48-39-40 Coastal Zone Management Appellate Panel
- (b) Summary of current statutory requirement: Creates the Coastal Zone Management Appellate Panel, including terms and membership, which acts as an advisory council to DHEC to hear appeals of staff decisions on Coastal Division permits.
- (c) Recommendation and Rationale for Recommendation: Delete - Act 387 of 2006 amended the appeals process for the Department under S.C. Code Section 44-1-60 "to provide a uniform procedure for contested cases and appeals from administrative agencies and to the extent that a provision of this act conflicts with an existing statute or regulation, the provisions of this act are controlling." S.C. Code Section 48-39-40 conflicts with this

- uniform appeals procedure however, it was never reconciled. The General Assembly has passed a proviso annually to suspend the Coastal Zone Management Appellate Panel.
- (d) Current law Wording: S.C. Code Ann. § 48-39-40. Creation of Coastal Zone Management Appellate Panel; members; terms of office.
 - (e) Instructions and Proposed New Law Language (deleted text must be stricken through and new text underlined): Delete the entirety of S.C. Code Ann. § 48-39-40
 - (f) Other Agencies Impacted: None

Agricultural Facility Setback Requirements

Law Recommendation #2.10

- (a) Law: S.C. Code Section 46-45-80
- (b) Summary of current statutory requirement: Establishes that agricultural facility setback requirements established by regulation are minimum siting requirements that may be increased on a case-by-case basis, and which also may be waived or reduced by written consent of adjoining landowners.
- (c) Recommendation and Rationale for Recommendation: Establish a bright-line setback requirement rather than a discretionary one.
- (d) Current law Wording: S.C. Code Section 46-45-80 provides that setback requirements in the Act are minimums, and subject to discretionary increase by the Department on a case by case basis. The Section also provides that the setbacks can be waived or reduced with consent of adjoining landowners.
- (e) Instructions and Proposed New Law Language: Establish a bright-line setback that is sufficiently protective of health and not subject to increases on a case-by-case basis (maintain ability for adjoining landowners to consent to reduction or waiver of setback). The Department believes the regulated community prefers a bright-line setback to a discretionary one, and that such a setback can be established at a sufficient distance to be more protective of public health.
- (f) Other Agencies Impacted: None

Vital Statistics

Law Recommendation #2.11

- (a) Law: S.C. Code Sections 44-63-74 (Electronic filing and transmission of death certificates), 44-63-161 (Unlawful acts; penalties.) - Vital Statistics
- (b) Summary of current statutory requirement: Department may assess administrative penalties in fixed amounts for late filing of death certificates. Other violations are subject only to criminal penalties.
- (c) Recommendation and Rationale for Recommendation: Modify language to allow DHEC discretion in assessing civil penalties and amounts; add civil enforcement powers in cases other than late filing of death certificates. Ability to issue orders and assess civil penalties may facilitate enforcement of registration requirements; discretion in setting amounts may prevent accumulation of excessive penalties.
- (d) Current Law Wording: See S.C. Code Sections 44-63-74
- (e) Instructions and Proposed New Law Language: Modify language to allow DHEC discretion in assessing civil penalties and amounts; add civil enforcement powers in cases other than late filing of death certificates.
- (f) Other Agencies Impacted: None

Law Recommendation #2.12

- (a) Law: S.C. Code Section 44-63-100 (Delayed Certificate of Birth Established by Court Order) - Vital Statistics
- (b) Summary of current statutory requirement: Allows individual born in South Carolina who has no birth record to petition a court for establishment of a delayed birth certificate. Petitioner may file in state of residence, if not in South Carolina. Petitioner must give notice to State Registrar of the petition and hearing.
- (c) Recommendation and Rationale for Recommendation: Remove provision allowing petition for delayed birth certificate to be filed in state of petitioner's residence outside South Carolina. Courts of other states have no jurisdiction over the Department and defending or appearing in a case in another state is impractical for the Department. Clarify DHEC must be a party to the action.
- (d) Current Law Wording: See S.C. Code Section 44-63-100
- (e) Instructions and Proposed New Law Language: Remove provision allowing petition for delayed birth certificate to be filed in state of petitioner's residence outside South Carolina. Clarify DHEC must be a party to the action.
- (f) Other Agencies Impacted: None

Law Recommendation #2.13

- (a) Law: S.C. Code Sections 44-63-163 (Judicial paternity determinations), 44-63-165 (Paternity acknowledgments), 63-17-10 (Paternity actions) - Vital Statistics
- (b) Summary of current statutory requirement: States requirements for adding father's name to birth record as determined by a court or an administrative agency pursuant to Code Section 63-17-10 or as shown on a paternity acknowledgment in certain cases. If an action is brought under 63-17-10 prior to the birth of a child, proceedings must be stayed until after the birth of the child, except the service of a summons and discovery procedures.
- (c) Recommendation and Rationale for Recommendation: Remove references to administrative agency determinations of paternity and acknowledgments under Code Section 63-17-10; there is no administrative determination in Code Section 63-17-10 and no paternity acknowledgment without a court order in Code Section 63-17-10. Clarify whether paternity determinations by out of state courts may be accepted as sufficient; parties will sometimes be residents of another state, which would have jurisdiction to make a paternity determination under its own laws, and the Department does not need to be a party to the paternity action, even in South Carolina. Clarify whether pre-birth orders in surrogacy cases are effective to determine parentage for purposes of birth registration.
- (d) Current Law Wording: See S.C. Code Sections 44-63-163, 44-63-165, 63-17-10
- (e) Instructions and Proposed New Law Language: Remove references to administrative agency determinations of paternity and acknowledgments under Code Section 63-17-10. Clarify whether paternity determinations by out of state courts may be accepted as sufficient. Clarify whether pre-birth orders in surrogacy cases are effective to determine parentage for purposes of birth registration.
- (f) Other Agencies Impacted: None

Law Recommendation #2.14

- (a) Law: S.C. Code Sections 44-63-150 (Correction of mistakes in birth or death certificates), 62-1-302 (Probate court jurisdiction), 63-3-530 (Family court jurisdiction) - Vital Statistics
- (b) Summary of current statutory requirement: Provides for administrative correction of mistakes in birth certificates; specifies family courts have jurisdiction over actions to

correct birth records; no court is given express jurisdiction over death certificate corrections.

- (c) Recommendation and Rationale for Recommendation: Clarify parents cannot make changes to adult children's birth certificates unless the children are legally incompetent. Clarify family court has jurisdiction over amendments to birth certificates, as well as corrections; some amendments may not be appropriately characterized as "corrections," for example, name changes, addition of father's name after paternity findings, and certain other changes. Give probate court express jurisdiction over corrections to death certificates; no court currently is given express authority over corrections to death certificates, leading to confusion and uncertainty on the bench and bar and within DHEC. Clarify whether an out-of-state court order can serve as the basis for a correction or amendment.
- (d) Current Law Wording: See S.C. Code Sections 44-63-150, 62-1-302, 63-3-530
- (e) Instructions and Proposed New Law Language: Clarify parents cannot make changes to adult children's birth certificates unless the children are legally incompetent. Clarify family court has jurisdiction over amendments to birth certificates, as well as corrections. Give probate court express jurisdiction over corrections to death certificates. Clarify whether an out-of-state court order can serve as the basis for a correction or amendment.
- (f) Other Agencies Impacted: None

State Certification of Need and Health Facility Licensure Act

Law Recommendation #2.15

- (a) Law: S.C. Code Sections 44-7-110, *et seq.*, State Certification of Need and Health Facility Licensure Act
- (b) Summary of Current Statutory Requirement: The Act requires a Certificate of Need for certain entities and projects, and also requires licensure for certain health care entities. Sections 44-7-310 and -315 delineate requirements and prohibitions on disclosure of certain information obtained by the Department in the course of performing its licensure duties under the Act.
- (c) Recommendation and Rationale for Recommendation: Modify Sections 44-7-310 and -315 to clarify the requirements and prohibitions on disclosure of certain information. These two sections appear to contain inconsistencies between one another as to what information in Health Licensing's possession related to licensed entities may be released and what information must not be released.
- (d) Current Law Wording: Section 44-7-310 states that information received by the Department's Health Licensing program through inspection or otherwise which does not appear on the face of the license may not be disclosed publicly in a manner as to identify individuals or facilities except in a proceeding involving the licensure or certification of need of the facility or licensing proceedings against an employee of the facility or as ordered by a court of competent jurisdiction. However, Section 44-7-315 requires the Department to disclose information received by the Health Licensing program through inspection or otherwise upon written request to the department. Pursuant to Section 44-7-315, the written request must be specific as to the facility or activity, dates, documents, and particular information requested, and the Department is prohibited from disclosing the identity of individuals present in a facility. If the request for information includes a report of deficiencies, the Department must provide corresponding information from the facility regarding corrective action for the cited deficiencies.

- (e) Instructions and Proposed New Law Language: The Department recommends revisions to Section 44-7-310 and/or Section 44-7-315 to allow the Department greater ability to publish information on the web, to give the public easier access to information, and to provide greater transparency.
- (f) Other Agencies Impacted: None.

Emergency Medical Services Act

Law Recommendation #2.16

- (a) Law: S.C. Code Sections 44-61-10, *et seq.*, Emergency Medical Services Act of S.C.
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to develop standards for Emergency Medical Services in the state; license, certify, and permit ambulance services, EMTs, and ambulance vehicles in the state; and take certain enforcement actions. The Act also establishes an Investigative Review Committee and delineates the required composition thereof.
- (c) Recommendation and Rationale for Recommendation: Change wording of Section 44-61-20(16), definition of Investigative Review Committee, to clarify that the Department has discretion in determining whether to convene the Investigative Review Committee regarding an official investigation that may warrant suspension or revocation of a license or certification, and to reflect the change in the program name from Division of EMS and Trauma to Bureau of EMS and Trauma.
- (d) Current Law Wording: The statutory definition of Investigative Review Committee indicates that the Committee is convened by the department when the findings of an official investigation against an entity or an individual regulated by the department may warrant suspension or revocation of a license or certification. The definition also specifies the composition of the Committee, and states that appointment to the Committee is made by the Director of the Division of EMS and Trauma.
- (e) Instructions and Proposed New Law: Modify the definition of “Investigative Review Committee” to indicate that the Department may convene the Committee regarding an official investigation that may warrant suspension or revocation of a license or certification, but that the Department is not required to convene the Committee in every such circumstance. This modification will improve efficiency in matters where there is clear evidence supporting the Department’s recommended action. This change does not negatively impact the person’s right to request a review of the Department’s decision to the Board, or right to appeal. Further modify the definition to reflect that appointment to the Committee is made by the Chief of the Bureau of EMS and Trauma, rather than the Director of the Division of EMS and Trauma.
- (f) Other Agencies Impacted: None

Law Recommendation #2.17

- (a) Law: S.C. Code Sections 44-61-10, *et seq.*, Emergency Medical Services Act of S.C.
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to develop standards for Emergency Medical Services in the state; license, certify, and permit ambulance services, EMTs, and ambulance vehicles in the state; and take certain enforcement actions.
- (c) Recommendation and Rationale for Recommendation: Add new statutory provisions authorizing the Department to become a member of the EMS Compact with other EMS Compact states. Medical professionals at other levels (e.g., R.N., R.T., M.D.,) have interstate Compacts allowing for cross-border practicing when the licensee meets South Carolina standards for licensure. There is a need for EMTs and paramedics in South Carolina. In

2015, more than 300 EMTs and 80 paramedics were trained in South Carolina. According to a survey conducted in 2015, there were 8 jobs across the state for every one paramedic that graduated. Since 2014, 23 additional EMS agencies have opened adding to the demand for applicants. Becoming a Compact state will facilitate the day-to-day movement of EMS personnel across state boundaries and will allow South Carolina to recognize and accept the EMS credentials from another Compact state. The Compact state status should help meet the demand for EMS personnel.

- (d) Current Law Wording: No wording exists in statute to address an EMS Compact at this time.
- (e) Instructions and Proposed New Law Language: Add language authorizing the Department to become a member of the EMS Compact with other EMS Compact states. In order to become an EMS Compact state, legislation would need to be enacted with language substantially similar to model language proposed by the National Association of State EMS Officials. Example language is available from the Department upon request.
- (f) Other Agencies Impacted: None

Atomic Energy and Radiation Control Act

Law Recommendation #2.18

- (a) Law: S.C. Code Sections 13-7-10, *et seq.*, Atomic Energy and Radiation Control Act
- (b) Summary of Current Statutory Requirement: The Department is responsible for the control and regulation of radiation sources, including ionizing and nonionizing radiation. The Department is required to license or register radiation sources, devices or equipment using these sources, and persons possessing, using, or transferring radiation sources. The law states that the Department has “no duty to inspect a source of nonionizing radiation unless it has received credible information indicating a violation of applicable statutes or regulations.” The Department investigates and inspects upon receiving complaints regarding such matters and is authorized to take enforcement actions as necessary. Sources of nonionizing radiation includes tanning equipment. Section 13-7-45(A)(1) addresses registration fees and inspections of sources of ionizing radiation; Section 13-7-45(A)(2) and (3) address registration fees and inspections of nonionizing radiation.
- (c) Recommendation and Rationale for Recommendation: Modify Section 13-7-45(A)(3) – Although the Department is authorized to charge annual registration fees for nonionizing radiation sources (e.g. tanning equipment), pursuant to Section 13-7-45(A)(2), Section 13-7-45(A)(3) only authorizes the Department to retain up to \$30,000 of those fees for use in administration of the tanning program. This amount is not sufficient to cover funding of a salary to perform all of the job duties associated with the tanning program, which includes registration, generating prorated and annual bills, monitoring the collection of the fees, conducting investigations, and addressing customer needs and managing complaints. The number of complaints associated with burns and the potential transmission of a communicable disease or injury has increased, resulting in an increase in the frequency of inspections. The change in statute would allow the Department to retain additional monies collected through annual registration fees to help fund the staff who perform the inspections and other associated duties related to tanning equipment. An additional change granting the Department the authority to conduct routine inspections would help ensure public safety. Earlier this year, the Department investigated a serious matter involving burns from tanning beds. Multiple people were severely burned by one facility’s damaged tanning bed equipment. The Department believes that reinstituting its inspection program will lead to greater public safety.
- (d) Current Law Wording: Section 13-7-45(A)(1) authorizes the Department to collect annual registration fees for sources of ionizing radiation in an amount sufficient to allow the

Department to recover costs associated with administration of the program. Section 13-7-45(A)(2) authorizes the Department to collect annual registration fees for sources of nonionizing radiation (e.g., tanning equipment) in an amount sufficient to allow the Department to recover costs associated with administration of the tanning program. However, Section 13-7-45(A)(3) limits the amount of the annual registration fees for nonionizing radiation sources the Department may retain, capping it at thirty thousand dollars (\$30,000). Section 13-7-45(A)(3) also state the Department has no duty to inspect sources of nonionizing radiation unless it has received credible information indicating a violation of applicable statutes or regulations or the existence of a public health emergency.

- (e) Instructions and Proposed New Law Language: Modify the language of Section 13-7-45(A)(3) to provide that the Department has the authority to inspect all commercial establishments for the tanning of the human skin to ensure the public health and safety is protected from nonionizing radiation, and to increase the amount of annual fees the Department is authorized to retain for use in the administration of the tanning equipment program.
- (f) Other Agencies Impacted: None

Hearing Aids

Law Recommendation #2.19

- (a) Law: S.C. Code Sections 40-25-10, *et seq.*, Practice of Specializing in Hearing Aids
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to license qualified persons to engage in the practice of specializing in hearing aids, oversee the examination of persons seeking licensure, conduct periodic inspections of persons, facilities, and equipment, and take enforcement action as authorized by statute. Sections 40-25-150(C)-(D) address continuing education compliance for licensees and specifically require the Commission of Hearing Aid Specialists to monitor continuing education compliance.
- (c) Recommendation and Rationale for Recommendation: Modify Sections 40-25-150(C)-(D) to move responsibility for the process of continuing education compliance from the Commission to the Department.
- (d) Current Law Wording: Section 40-25-150(C) requires a licensed hearing aid specialist to submit proof to the Commission of Hearing Aid Specialists on an annual basis of compliance with the minimal eight hours of continuing education requirement. It provides the Commission with authority to approve training activities that will meet the continuing education requirement. Section 40-25-150(D) requires a person or organization desiring to conduct continuing education training programs to submit the programs to the Commission for approval, and requires the Commission to develop procedures for submitting and approving or disapproving the requests.
- (e) Instructions and Proposed New Law Language: The recommendation is to replace the Commission with the Department in Sections 40-25-150(C) and (D) so that licensees will be required to submit proof of compliance with continuing educational requirements to the Department, rather than the Commission. Additionally, the Department, rather than the Commission, will approve training activities meeting the continuing educational requirements, and will develop procedures for submitting and approving or disapproving requests from persons or organizations desiring to conduct continuing education training programs.
- (f) Other Agencies Impacted: None

Law Recommendation #2.20

- (a) Law: S.C. Code Section 40-25-10, *et seq.*, Practice of Specializing in Hearing Aids
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to license qualified persons to engage in the practice of specializing in hearing aids, oversee the examination of persons seeking licensure, conduct periodic inspections of persons, facilities, and equipment, and take enforcement action as authorized by statute. Section 40-25-110 addresses qualifications of applicants for examinations and the conduct of examinations.
- (c) Recommendation and Rationale for Recommendation: Modify Section 40-25-110 to authorize the Department to charge a fee for the examination of persons seeking to specialize in hearing aids in order to subsidize the cost of administering the examination.
- (d) Current Law Wording: Section 40-25-110 provides that an applicant may obtain a license by successfully passing a qualifying examination if he is at least twenty-one years of age and has an education equivalent to a four-year course in an accredited high school. The examination is administered by the Department at least once a year. The examination must include written and practical tests to demonstrate that the applicant is qualified to engage in the practice of specializing in hearing aids.
- (e) Instructions and Proposed New Law Language: The recommendation is to modify Section 40-25-110 by adding language authorizing the Department to charge a fee to cover the cost of the examination.
- (f) Other Agencies Impacted: None

Law Recommendation #2.21

- (a) Law: S.C. Code Section 40-25-10, *et seq.*, Practice of Specializing in Hearing Aids
- (b) Summary of Current Statutory Requirement: The Act authorizes the Department to license qualified persons to engage in the practice of specializing in hearing aids, oversee the examination of persons seeking licensure, conduct periodic inspections of persons, facilities, and equipment, and take enforcement action as authorized by statute.
- (c) Recommendation and Rationale for Recommendation: Modify Section 40-25-30(2) to provide the Department with the discretion to facilitate the administration of the qualifying examination. The Department licenses primarily health facilities and services, so it does not administer examinations to any licensed entities except for the hearing aid specialist candidates. Thus, the Department should be given discretion to facilitate the administration of the examinations to allow examinations to be given directly by testing vendors.
- (d) Current Law Wording: Section 40-25-30 lists the powers of the Department related to the Practice of Specializing in Hearing Aids. Subsection 40-25-30(2) authorizes the Department to supervise the issuance of licenses “by experience” and to administer qualifying examinations to test the knowledge and proficiency of applicants licensed by examination.
- (e) Instructions and Proposed New Law Language: Recommend modifying the powers and duties of the department as set forth in Section 40-25-30(2) to include the authority to facilitate the administration of the qualifying examinations.
- (f) Other Agencies Impacted: None

Emergency Health Powers Act

Law Recommendation #2.22

- (a) Law: S.C. Code Section 44-4-130(R), “Emergency Health Powers Act,” Definitions.
- (b) Summary of current statutory requirement: The definition of a “public health emergency” is linked directly to the definition of a “qualifying health condition,” which triggers the

Governor's authority to declare a "public health emergency." The definition of a "qualifying health condition" should be amended to include "a nuclear attack or accident," "a chemical attack or release," "a man-made disaster widely affecting public health or the environment," and "an act of terrorism or bioterrorism affecting public health or the environment."

- (c) Recommendation and Rationale for Recommendation: The "Emergency Health Powers Act," S.C. Code 44-4-100, et. seq. is extremely important to the State's ability to respond to public health emergencies and the Governor's authority to declare a public health emergency. (See S.C. Code, Section 1-3-420.) Two categories of disasters, i.e., nuclear and chemical, are included in the national Model Emergency Health Powers Act's definition of a "qualifying health condition," but are not included South Carolina's statute. Furthermore, the addition of the terms "man-made disasters" and "acts of terrorism or bioterrorism affecting public health or the environment" is necessary to ensure the State can respond fully to these events, as well. These omissions should be corrected.
- (d) Current Law Wording: The language of the "Emergency Health Powers Act," S.C. Code 44-4-130(R) does not expressly include a nuclear attack or accident or a chemical attack or accident in the conditions that may trigger the declaration of a public health emergency. Events may occur which are not caused by terrorism, but are accidents, such as a nuclear reactor accident or chemical plant accident. While the terms "radioactive material" and "radiological terrorism" appear in the general definitions, they are not included in the definition of a "qualifying health condition," which triggers the declaration of a public health emergency. Similarly, it is necessary to add "man-made disasters" and "acts of terrorism or bioterrorism affecting public health or the environment" to the definition of "qualifying health condition." If any of these events occur, the statute should clearly authorize the Governor to declare a public health emergency to ensure the State can respond fully to these events and use the mechanisms set forth in the Act.
- (e) Instructions and Proposed New Law Language (deleted text must be stricken through and new text underlined):
 - (R) 'Qualifying health condition' means:
 - (1) a natural disaster; or
 - (2) an illness or health condition that may be caused by terrorism, epidemic or pandemic disease, or a novel infectious agent or biological or chemical agent and that poses a substantial risk of a significant number of human fatalities, widespread illness, or serious economic impact to the agricultural sector, including food supply; or
 - (3) a man-made disaster widely affecting public health or the environment; or
 - (4) a nuclear attack or accident; or
 - (5) a chemical attack or release; or
 - (6) an act of terrorism or bioterrorism affecting public health or the environment.
- (f) Other Agencies Impacted: S.C. Emergency Management Division

South Carolina Health Care Professional Compliance Act

Law Recommendation #2.23

- a) Law: S.C. Code §§ 44-30-10 through -90. South Carolina Health Care Professional Compliance Act"
- b) Summary of Current Statutory Requirement: Health Care Professional Compliance Act. Provides for the creation of expert review panels whereby a health care worker who is either HIV or HBV positive can present his or her situation to the advisory panel and receive

recommendations for participating in certain invasive procedures in the health care setting.

c) Recommendation and Rationale for Recommendation: Modify the following sections:

- § 44-30-20 – The CDC recommendations referenced in the statute have been updated; the reference cited in Section 44-30-20(2) is outdated. Modify the language to ensure this section references the current CDC recommendations.
- § 44-30-30 – There is no standing expert review panel, as there is rarely a need under this section and also because hospitals often have their own expert review panels. Language should be added to indicate that a DHEC panel will be appointed as needed.
- § 44-30-80 – This is currently not done. Enforcing this would assist DHEC in carrying out federally recommended initiatives to address health care associated infections if educational institutions were required to provide current training in infection control practices for health care professionals participating in the institutions' education programs.

d) Current Law Wording:

- § 44-30-20(2): "CDC Recommendations" means the July 12, 1991, CDC document (MMWR, Volume 40, No. RR-8) entitled "recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" or equivalent guidelines developed by the department and approved by the CDC and any appropriate supplements or revisions thereto.
- § 44-30-30(C): The department shall appoint at least one or approve an existing expert review panel, consistent with the CDC recommendations in composition and function, whose recommendations must be considered requirements and must be binding upon the affected health care professionals.
- § 44-30-80: An educational institution providing basic training programs for health care professionals in preparation for licensure in the State shall certify annually to the department that it provides curricula for infection control, universal precautions, and sterilization and disinfection techniques appropriate for health care professionals participating in its education programs.

e) Instructions and Proposed New Law Language:

- § 44-30-20(2): DHEC recommends that "CDC Recommendations" be redefined to include current CDC guidelines or equivalent guidelines from national expert bodies developed by the Department and approved by the CDC as well as any appropriate supplements or revisions thereto.
- § 44-30-30(C): DHEC recommends that the section be revised to provide that the Department shall appoint at least one or approve an existing expert review panel if needed, consistent with the CDC recommendations in composition and function, whose recommendations must be considered requirements and must be binding upon the affected health care professionals.
- § 44-30-80: DHEC recommends that the section be enforced to require educational institutions to provide current training in infection control practices for health care professionals participating in the institutions' education programs.

f) Other Agencies Impacted: LLR – Professional licensing boards may be involved in oversight of HBV-infected professionals who perform certain exposure-prone procedures.

Narcotics and Controlled Substances

Law Recommendation #2.24

- (a) Law: S.C. Code § 44-53-110, et seq., “Narcotics and Controlled Substances”
- (b) Summary of current statutory requirement: This article sets forth the requirements for the scheduling and enforcement of controlled substances, and gives DHEC statutory authority to promulgate regulations and charge fees for licensing and controlling the manufacture, distribution, and dispensing of controlled substances.
- (c) Recommendation and Rationale for Recommendation: DHEC’s recommendations would help improve drug inspections and create efficiencies in the scheduling of controlled substances.
- (d) Current Law Wording: The entire article, which is entitled “Narcotics and Controlled Substances.”
- (e) Instructions and Proposed New Law Language: The Department has identified several specific provisions or areas of the article that should be considered for update or revision. Issues under consideration include:
 - Eliminating the word “prescribe” in the definition of “dispense” and creating separate definition for prescribing to be consistent with the S.C. Pharmacy Practice Act.
 - Amending the statute to allow an expedited and efficient process for DHEC to schedule a controlled substance or add/change/delete a scheduled controlled substance when that substance has been deemed an emergent threat to the health and safety of the public.
 - Add a process to codify the approved controlled substances added to sections 44-53-190, 44-53-210, 44-53-230, 44-53-250, and 44-53-270, and update those sections to reflect the current schedules of approved controlled substances and adding entries which the department deems necessary.
 - Eliminate the grace period for registration renewals and propose language in which registrations expire April 1/October 1 with no grace period. The penalty fee shall remain in effect.
 - Eliminate the reference to the S.C. Methadone Council and update the language to reflect current prescriptive authority for advanced practitioners.
 - Amendment to allow the Department to consider all convictions related to controlled substances in granting a controlled substance registration.
 - Amendment to not limit the civil fine amount and clarify that fines can be levied for each violation.
 - Eliminate the schedule II transdermal patch exception for the maximum 31 day supply limitation, and require a government issued photo ID as basis for filling and selling a controlled substance prescription. Delete the ‘dispenser knows the recipient’ language.
 - Clarify the statute as it relates to opium derivative controlled substances, as described in Section 44-53-190 or 44-53-210, as well as add language for schedule I and II narcotics.
 - Repeal Section 44-53-480(c) because it was last updated in 1986 and this function is not utilized by the Department.
 - Amend to delete inspection frequency, reporting to Commission on Alcohol and Drug Abuse, as well as employing anyone other than pharmacists.
 - Repeal Section 44-53-560 because it was last updated in 1971 and is no longer applicable.

- (f) Other Agencies Impacted: LLR, S.C. Law Enforcement Division (SLED), S.C. Department of Mental Health, S.C. Attorney General's Office

South Carolina Prescription Monitoring Act

Law Recommendation #2.25

- (a) Law: S.C. Code § 44-53-1610 et seq, "South Carolina Prescription Monitoring Act"
- (b) Summary of current statutory requirement: DHEC implements and maintains the "South Carolina Prescription Monitoring Act," which sets forth requirements of a program for monitoring the prescribing and dispensing of all Schedule II, III, and IV controlled substances by applicable licensed professionals.
- (c) Recommendation and Rationale for Recommendation: DHEC and the public face critical issues relating to prescriptions for schedule V controlled substances, but this information currently is not captured in the Prescription Monitoring Program. Including such information in the Prescription Monitoring Program would allow the Department to better address diversion of schedule V substances. Additionally, add language to the violations and penalties to include a civil fine of up to \$2500 per occurrence. (The violation of the current section is limited to criminal penalties.) Amend to include violations for a person or persons who are not authorized to have the PMP information, so that such persons improperly accessing the PMP database can be prosecuted. Further define the term "good faith" and the situations that may apply. The good faith provision should only apply to those practitioners/pharmacists/delegates that are acting in the usual course a valid practitioner-patient relationship. It should not be interpreted to mean that a prescriber/pharmacist/delegate/non-authorized person is immune from prosecution for violations of this Article when there is no valid professional relationship established.
- (d) Current Law Wording: The entire "South Carolina Prescription Monitoring Act"
- (e) Instructions and Proposed New Law Language: DHEC's Bureau of Drug Control has identified several specific provisions or areas of the article that should be considered for update or revision.
- Issues under consideration include:
- Amend the Act to include schedule V controlled substances.
 - DHEC recommends adding language to include a civil fine in addition to criminal penalties, to include violations for misuse or dissemination of prescription information by individuals who are not authorized to have the PMP information, and to clarify the term 'good faith' as used in this section to be based upon a valid patient-practitioner relationship.
- (f) Other Agencies Impacted: LLR, SLED, S.C. Attorney General's Office

The Emergency Detention and Commitment of Tuberculosis Patients

Law Recommendation #2.26

- (a) Law: S.C. Code § 44-31-105, "The Emergency Detention and Commitment of Tuberculosis Patients"
- (b) Summary of current statutory requirement: This section provides DHEC the authority to issue and enforce emergency orders for the control and treatment of tuberculosis.
- (c) Recommendation and Rationale for Recommendation: Amend the statute to clarify the county in which a petition must be filed in probate court for an individual being detained. This will assist the Department in ensuring infectious tuberculosis cases receive appropriate and timely hearings without placing others in a situation of undue risk, e.g., exposure to an infectious tuberculosis patient needing transportation to another county.

- (d) Current Law Wording: If the Department determines that the public health or the health of any individual is endangered by a case of tuberculosis, or a suspected case of tuberculosis, it may issue an emergency order to protect the public health or the health of any person. An order may be issued to require examination, treatment and/or isolation. Due process considerations are included, and jurisdiction is granted to the Probate Court.
- (e) Instructions and Proposed New Law Language: Amend the statute to clarify the county in which a petition must be filed in probate court for an individual being detained in the event they have not requested a hearing and the thirty day detainment is nearing an end. The Department recommends that the petition be filed in the county where the individual is being detained.
- (f) Other Agencies Impacted: Probate Courts

III. CHANGES DUE TO RECENT COURT DECISIONS

S.C. Hazardous Waste Management Act

Law Recommendation #3.1

- (a) Law: S.C. Code Section 44-56-59 of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: Findings and conclusions of the General Assembly related to existing land disposal facility capacity, preference to in-state hazardous waste generators, and restrictions on the importation of out-of-state hazardous waste.
- (c) Recommendation and Rationale for Recommendation: Delete – This section was struck down as a result of litigation challenging several laws, regulations, and executive orders attempting to limit the flow of out-of-state hazardous waste into South Carolina. The court ruled that this section was invalid and permanently enjoined. *See Environmental Technologies Council v. State of S.C.*, 901 F.Supp. 1026 (D.C.S.C. 1995), *aff'd.*, *Environmental Technology Council v. Sierra Club*, 98 F.3d 774 (4th Cir. 1996).
- (d) Current Law Wording: Section 44-56-59 contains findings and conclusions of the General Assembly that: requires treatment and disposal facilities to give preference to in-state hazardous waste generators; recognizes mandatory restrictions on the importation of hazardous waste; and favors the reduction and elimination of the amount of out-of-state hazardous waste coming into the State.
- (e) Instructions and Proposed New Law Language: Section 44-56-59 should be deleted to conform to the court's ruling.
- (f) Other Agencies Impacted: None

Law Recommendation #3.2

- (a) Law: S.C. Code Section 44-56-60(a)(1), (2), and (3) of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: These sections were enacted at the same time as Section 44-56-59 above to: require annual reporting to the General Assembly to determine if landfill capacity should be reduced; restrict land disposal of hazardous waste; and limit the amount of land disposal of out-of-state hazardous waste.
- (c) Recommendation and Rationale for Recommendation: Delete - With the exception of the first sentence of Section 44-56-60(a)(2) which requires a permit to operate a hazardous waste treatment, storage or disposal facility or to transport hazardous waste, Sections 44-56-(a)(1), (2), and (3) were struck down as a result of litigation challenging several laws, regulations, and executive orders attempting to limit the flow of out-of-state hazardous waste into South Carolina. The court ruled that these sections were invalid and permanently enjoined. *See Environmental Technologies Council v. State of S.C.*, 901 F.Supp. 1026 (D.C.S.C. 1995), *aff'd.*, *Environmental Technology Council v. Sierra Club*, 98 F.3d 774 (4th Cir. 1996).
- (d) Current law Wording: Section 44-56-60(a)(1) requires DHEC to annually evaluate and report to the General Assembly on technologies and factors that tend to reduce the volume of hazardous waste to allow the General Assembly to determine if hazardous waste landfill capacity should be reduced. The first sentence of Section 44-56-60(a)(2) provides that no person may operate a hazardous waste treatment, storage or disposal facility, or transport hazardous waste without a permit; the remainder of the section limits the amount of hazardous waste that may be land disposed. Section 44-56-60(a)(3) limits the capacity for land disposal of out-of-state waste.

- (e) Instructions and Proposed New Law Language: With the exception of the first sentence in Section 44-56-60(a)(2) which should be kept, the remainder of Section 44-56-60(a)(2), and all of Sections 44-56-60(a)(1) and (3) should be deleted.
- (f) Other Agencies Impacted: None

Law Recommendation #3.3

- (a) Law: S.C. Code Section 44-56-130 (4), (5), and (6) of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: Makes it unlawful for a person who owns or operates a hazardous waste for treatment, storage or disposal facility to accept hazardous waste from any jurisdiction that prohibits the treatment, storage or disposal of such waste or that has not entered into an interstate or regional agreement under CERCLA.
- (c) Recommendation and Rationale for Recommendation: Delete – These provisions were struck down as a result of litigation challenging several laws, regulations, and executive orders attempting to limit the flow of out-of-state hazardous waste into South Carolina. The court ruled that these sections were invalid and permanently enjoined. *See Environmental Technologies Council v. State of S.C.*, 901 F.Supp. 1026 (D.C.S.C. 1995), *aff'd.*, *Environmental Technology Council v. Sierra Club*, 98 F.3d 774 (4th Cir. 1996).
- (d) Current Law Wording: Sections 44-56-130(4), (5), and (6) make it unlawful for any person who owns or operates a hazardous waste treatment, storage or disposal facility to accept hazardous waste from any jurisdiction that prohibits the treatment, storage or disposal of such waste (known as the reciprocity provisions).
- (e) Instructions and Proposed New Law Language: Delete Sections 44-56-130(4), (5), and (6).
- (f) Other Agencies Impacted: None

Law Recommendation #3.4

- (a) Law: S.C. Code Section 44-56-205 of the S.C. Hazardous Waste Management Act
- (b) Summary of Current Statutory Requirement: Provides that all hazardous waste treatment and disposal facilities shall give preference to in-state hazardous waste generators.
- (c) Recommendation and Rationale for Recommendation: Delete – This section was struck down as a result of litigation challenging several laws, regulations, and executive orders attempting to limit the flow of out-of-state hazardous waste into South Carolina. The court ruled that this section was invalid and permanently enjoined. *See Environmental Technologies Council v. State of S.C.*, 901 F.Supp. 1026 (D.C.S.C. 1995), *aff'd.*, *Environmental Technology Council v. Sierra Club*, 98 F.3d 774 (4th Cir. 1996).
- (d) Current Law Wording: Section 44-56-205 provides that all hazardous waste treatment and disposal facilities in South Carolina shall give preference to hazardous waste generators in South Carolina.
- (e) Instructions and Proposed New Language: Delete Section 44-56-205.
- (f) Other Agencies Impacted: None

IV. CHANGES DUE TO INSUFFICIENT FUNDING

Medical and Dental Loan Fund

Law Recommendation #4.1

- (a) Law: S.C. Code Sections 59-111-510 through -580 - South Carolina Medical and Dental Loan Fund
- (b) Summary of current statutory requirement: The Department is to administer a fund to be known as “The South Carolina Medical and Dental Loan Fund” with sums as may be appropriated by the General Assembly, to assist loan recipients with the costs of medical and dental education in return for commitments to practice in underserved areas of the State.
- (c) Recommendation and Rationale for Recommendation: Repeal the statute. The General Assembly has not appropriated funds for many years.
- (d) Current Law Wording:
- (e) Instructions and Proposed New Law Language: Repeal the statute.
- (f) Other Agencies Impacted: None

Contagious and Infectious Diseases

Law Recommendation #4.2

- (a) Law: S.C. Code § 44-29-195, “Contagious and Infectious Disease”
- (b) Summary of Current Statutory Requirement: Prohibits children from attending school with head lice and establishes criteria for return. Requires DHEC to provide products for head lice treatment to families with children who receive Medicaid or free or reduced school meals.
- (c) Recommendation and Rationale for Recommendation: This is an unfunded mandate. The Department has not dispensed these products, nor received requests for them, in many years. As a result, the Department recommends deleting subsection (B) and the subsequent paragraph, which requires the Department to make products for treatment of head lice available to eligible families. Re-instituting this service would require, at a minimum: identifying funding; deciding upon the types of products to stock at the local health departments, and in what quantities; and establishing a standing order for the products to be administered to the children. Additionally, the vast majority of the families that qualify under the current statute are Medicaid-eligible and could receive these products through a prescription from their primary care physician.
- (d) Current Law Wording: “Head lice; prerequisites to return of student to school; voucher for treatment products.”
 - (A) A student sent home from school for having pediculosis (head lice) only may return to school upon presentation of evidence of treatment and upon a physical screening conducted by the school nurse or other person designated by the principal indicating an absence of pediculosis.
 - (B) The department shall make available to eligible families, through the county health departments, products or vouchers for products for the treatment of pediculosis. For purposes of this subsection, a family is eligible if a child in the family is a student in the public school system and the child receives Medicaid or free or reduced school meals.
- (e) Instructions and Proposed New Language: Remove subsection (B) and the subsequent paragraph, requiring the Department to make products for treatment of head lice available to eligible families, and defining the eligibility requirements that would trigger the Department’s involvement in a child’s treatment for head lice.
- (f) Other Agencies Impacted: None

Osteoporosis Prevention and Treatment Education Act

Law Recommendation #4.3

- (a) Law: S.C. Code §§ 44-125-10 through -40, "Osteoporosis Prevention and Treatment Education Act"
- (b) Summary of Current Requirements: Osteoporosis Prevention and Treatment Education Act to establish an Osteoporosis Education Fund to promote public awareness, prevention, and treatment of osteoporosis.
- (c) Recommendation and Rationale for Recommendation: Repeal these sections. The Osteoporosis Education Fund has not been established nor have funds been allocated to the Department to carry out the stated purpose of promoting public awareness, prevention, and treatment of osteoporosis.
- (d) Current Law Wording: Establishes the Osteoporosis Education Fund, which is to be separate and distinct from the general fund, in the State Treasury and to be administered by the Department to promote public awareness, prevention, and treatment of osteoporosis.
- (e) Instructions and Proposed New Law Language: Repeal.
- (f) Other Agencies Impacted: None

V. MISCELLANEOUS CHANGES

Medicaid Nursing Home Permits Act

Law Recommendation #5.1

- (a) Law: S.C. Code Sections 44-7-80, *et seq.*, Medicaid Nursing Home Permits
- (b) Summary of Current Statutory Requirement: Directs the Department to allocate Medicaid nursing home permit days, act on applications and issue permits for Medicaid nursing home patient days, and enforce penalties for noncompliance.
- ~~(c)~~ Recommendation and Rationale for Recommendation: Eliminate entirely. This law impedes the purpose of the Certificate of Need (CON) Program, which administers both the CON portions of the State Certification of Need and Health Facility Licensure Act (CON Act), S.C. Code Sections 44-7-110, *et seq.*, and the Medicaid Nursing Home Permits Act. The Medicaid Nursing Home Permit Act places restrictions upon the number of nursing home days of care eligible for Medicaid reimbursement and the method by which the Department may allocate available Medicaid days of care to interested nursing homes. However, statewide need for new nursing home beds as calculated pursuant to the CON Program is not being met. Additionally, some nursing homes have available nursing home beds in their facilities but are not able to admit new patients due to the limitations imposed by Medicaid Nursing Home Permits program. For example the current State Health Plan shows a statewide need for over 13,000 additional nursing home beds. Because of the restrictions of this law, it is highly unlikely that any of those beds would ever be available to serve Medicaid patients.
- (d) Current Law Wording: The Medicaid Nursing Home Permits Act requires the General Assembly to establish in the annual appropriations act the maximum number of Medicaid nursing home days for which the Department is authorized to issue Medicaid nursing home permits. It also requires the Department of Health and Human Services to notify the Department within 30 days of the effective date of the annual appropriations act the number of Medicaid nursing home days available for allocation. Nursing homes submit applications to the Department annually for permits and, based upon a method described in statute and in regulation, the Department determines the appropriate allocation and issues decisions on the permit applications. The statute provides that priority must be given to existing participants in the Medicaid nursing home permit program. If a nursing home relinquishes some or all of its days from a prior permit year, the statute provides that priority must be given to nursing homes in the same county for allocation of those newly available days, with first priority to existing participants in the program. If additional days are still available, they go into a statewide pool, and the statute requires that priority be given to counties showing the greatest need indicated on the Community Long Term Care waiting placement list, based on information provided by the Department of Health and Human Services. In recent years the annual appropriations act has not increased the number of Medicaid nursing home days available for allocation, yet the Department has seen an increasing need for days. By law, nursing homes may not discharge patients who convert to Medicaid status during their stay in a nursing home. The statute requires the Department to assess monetary penalties against facilities that exceed permit limits, although it does allow consideration for patients who converted to Medicaid status in calculating the penalties.
- (e) Instructions and Proposed New Law: Eliminate entirely.
- (f) Other Agencies Impacted: South Carolina Department of Health and Human Services

Infants and Toddlers with Disabilities Act

Law Recommendation #5.2

- (a) Law: S.C. Code §§ 44-7-2510 through -2610, "Infants and Toddlers with Disabilities Act"
- (b) Summary of Current Statutory Requirement: These sections comprise Article 21 of Title 44, the "Infants and Toddlers with Disabilities Act." Pursuant to a federal mandate codified in 20 USCA §§ 1451 et seq., the Act requires the provision of early-intervention services to infants and toddlers with disabilities.
- (c) Recommendation and Rationale for Recommendation: The Act provides the Governor with discretion to designate the lead agency for this program. Because the lead agency is subject to change, DHEC recommends moving the statutory sections within the Act from Title 44 to Title 63, also known as the "South Carolina Children's Code."
- (d) Current Law Wording: The sections in this Article provide for the following: short title; purpose; definitions; the duties of the Department; the role of other publicly funded agencies; development of an interagency system; promulgation of regulations; development of individualized family service plans; payment of fees for services; insurance coverage; requirement for confidentiality of records and information, exceptions, and penalties for unauthorized disclosures; reporting to the Joint Legislative Committee on Children; and local interagency coordinating councils. (See S.C. Code §§ 44-7-2510 through -2610).
- (e) Instructions and Proposed New Law Language: The statute allows the Governor to designate the lead agency for this program by Executive Order. DHEC served as the lead agency from the Act's inception until September 17, 2009. On that date, Governor Mark Sanford issued Executive Order No. 2009-12, which changed the lead agency to South Carolina First Steps. Because the lead agency is subject to change, DHEC recommends moving the statutory sections within the Act to the South Carolina Children Code in Title 63, which is a neutral and intuitive place to house the Act, regardless of which agency is designated to provide the requisite services. The statute currently resides in Title 44, the portion of the Code pertaining mostly to DHEC.
- (f) Other Agencies Impacted: Leaving the Act intact, but moving it to another location, should not impact any other agency.

Reports and Reviews

33. Please provide a list of the reports and reviews the agency must submit to a state or federal entity and the month of the year each are due.

34. Reports/Reviews		Report Submitted to:	Month Report Submitted:
1	2B01OT009049-15, Preventive Health and Health Services Block Grant, Financial Status Report (FSR)	CDC	December
2	2B01OT009049-15, Preventive Health and Health Services Block Grant, Financial Status Report (FSR)	CDC	December
3	2B01OT009049-15, Preventive Health and Health Services Block Grant, Prevention and Public Health Fund (PPHF)	CDC	January, July
4	2B01OT009049-15, Preventive Health and Health Services Block Grant, Prevention and Public Health Fund (PPHF)	CDC	January, July
5	2B01OT009049-15, Preventive Health and Health Services Block Grant, Year-End	CDC	February
6	2B01OT009049-15, Preventive Health and Health Services Block Grant, Year-End	CDC	February
7	5-Year Network Assessment to EPA (AIR)	EPA	July, every five years
8	Accountability Report	Executive Budget Office	September
9	Accounts Receivables	Department of Administration	January
10	Adult Viral Hepatitis Prevention grant	Grants.gov	August
11	Affirmative Action Report	SC Human Affairs Commission	August
12	American Breast Cancer Foundation Report	American Breast Cancer Foundation	March, December
13	Annual Assessment of Progress towards Goals to Prevent Perinatal HBV Transmission	CDC	March
14	Annual Call for Data (submission of de-identified annual incidence data)	CDC	November
15	Annual Call for Data (submission of de-identified annual incidence data)	North American Association of Central	November

		Cancer Registries (NAACCR)	
16	Annual Chemistry and Microbiology Laboratory Proficiency Studies to EPA (BEHS)	EPA	Varies when studies are completed. Due by October.
17	Annual Independent Accounting of all Revenue in the Environmental Emergency Fund per 48-2-340(A) to DHEC Board Chair	DHEC	No specific month due
18	Annual Monitoring Plan to EPA (AIR)	EPA	July
19	Annual Permanent Improvement Plan	Department of Administration - Executive Budget Office	June
20	Annual Progress Report	CDC	September
21	Annual progress report on Behavioral Risk Factor Surveillance System grant	CDC	November or December
22	Annual progress report on Environmental Public Health Tracking grant	CDC	April
23	Annual progress report on Pregnancy Risk Assessment Monitoring System grant	CDC	November or February
24	Annual Radiochemistry Laboratory Proficiency Studies to EPA (BEHS)	EPA	Varies when studies are completed. Due by December.
25	Annual Report for the South Carolina Hospital Infection Disclosure Act	General Assembly	April
26	Annual Report on Possible Research Misconduct	Office of Research Integrity, US Dept. of Health and Human Services	April
27	Annual Risk Management Plan/112(r) Report to EPA (AIR)	EPA	November
28	Assessment, Feedback, Incentives, and Respiratory Disease Exchange (AFIX)	CDC	March
29	ASTDD State Oral Health Program Synopsis Report Association of State and Territorial Dental Directors (ASTDD)	Association of State and Territorial Dental Directors (ASTDD) and CDC	April

30	Bank Account Transparency and Accountability	Agency's web page	October
31	Bi-Annual Progress Report to NOAA (OCRM)	NOAA	January, July
32	Biannual Written Evaluation to Senate & House Committees per 48-2-50(G)	General Assembly	January of every even numbered year
33	CDC-RFA-DP-1305 and CDC-RFA-DP14-142203 PPHF16 Federal Financial Report Expenditure Data Reports	CDC	March
34	CDC-RFA-DP13-1305 PPHF16 Federal Financial Report Expenditure Data Reports	CDC	March
35	CDC-RFA-DP13-1305 PPHF16 Federal Financial Report Expenditure Data Reports	CDC	March
36	CDC-RFA-DP14-142203 PPHF16 Federal Financial Report Expenditure Data Reports	CDC	April
37	CDC-RFA-DP14-142203PPHF16, Heart Disease & Stroke Prevention Program and Diabetes Prevention – State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke – Financed Solely by 2016 Prevention and Public Health Funds Annual Report	CDC	April
38	Clean Air Act Section 103 Grant Annual Report to EPA (AIR)	EPA	January
39	Clean Air Act Section 105 Grant Annual Report to EPA (AIR)	EPA	December
40	Clean Water State Revolving Fund to EPA (WATER)	EPA	September
41	Collaboration with American Indian and Alaska Native Tribes	CDC	March
42	Collecting Violent Death Information Using the National Violent Death Report System - CDC RFA-CD12-1402 - Federal Financial Agreement	CDC	November
43	Collecting Violent Death Information Using the National Violent Death Report System - CDC RFA-CD12-1402 Annual Report	CDC	November

44	Collecting Violent Death Information Using the National Violent Death Report System, CDC RFA-CD12-1402 - Interim	CDC	April (Date Varies)
45	Compliance Assistance Activities to EPA (AIR)	EPA	January, April, July, October
46	Comprehensive HIV Surveillance Annual Progress Report (APR)	CDC	March
47	Consolidated Annual Performance and Evaluation Report (CAPER)	USHUD	June (usually)
48	DHEC School Based Dental Prevention Program (SDPP) Annual Data Report	CDC	August
49	Drinking Water State Revolving Fund to EPA (WATER)	EPA	September
50	Dry-cleaning Facility Restoration Trust Fund Annual Report to the General Assembly (BLWM)	General Assembly	January
51	Early Childhood Comprehensive Systems Grant	HRSA	May
52	Early Hearing Detection and Intervention Grant Progress Report	CDC	March
53	Ebola Details Report (Qtrly)	ASPR/CDC	January, April, June, October
54	ELC Outbreaknet Grant to CDC for review (BEHS)	CDC	May
55	Emergency Procurements Report	State Fiscal Accountability Authority - Procurement Services	January, April, July, October
56	EMS for Children Performance Report	HRSA	June
57	Enforcement Action Report to EPA (WATER)	EPA	February, May, August, November
58	EPA Quality Assurance Documentation and Certification of Competency to EPA (BEHS)	EPA	August
59	Epidemiology Laboratory Capacity Grant (ELC)	CDC	May
60	Exempt Lease Report	Department of Administration - Real Property Services	August
61	Family Planning Annual Report	Office of Population Affairs	January
62	Federal Expenditure Reports (FFR, FSR)	Multiple federal agencies	Weekly

63	Federal Funding Accountability and Transparency Act (FFATA)	federal web site: FFATA Subaward Reporting System https://www.fsr.gov/	Monthly
64	FEMA Dam Safety Grant Quarterly and Annual Report to FEMA (WATER)	FEMA	Quarterly - January, April, July, October Annually - October
65	FoodCORE Semi-Annual Report to CDC (BEHS)	CDC	February, August (also, brief program updates are submitted monthly)
66	Foreign Research Reactor Spent Nuclear Fuel Shipments Grant to US DOE (BEHS)	US DOE	Quarterly - January, April, July, October Annually - December
67	GAAP Closing packages	Office of the Comptroller General	July thru November
68	Garage Certification Questionnaire	Department of Administration - State Fleet Management	August
69	Grant Annual Progress Report (APR)	CDC	March
70	Groundwater Program to EPA (WATER)	EPA	October
71	High mileage travel	Office of the Comptroller General	September
72	Highlights of Important 2015 Activities and Achievements	CDC	March
73	HIV Surveillance Performance Report and Work Plan	CDC	August
74	HIV Early Intervention Services Annual Report	DAODAS	July
75	HIV Early Intervention Services Interim Report	DAODAS	January
76	HIV Early Intervention Services Renewal	DAODAS	April
77	HIV Prevention End of Year Report	CDC	March
78	HIV Prevention Renewal/Annual Report	Grants.gov	September
79	Hospital Preparedness Program (HPP) Annual Progress Report	Office of the Assistant Secretary for Preparedness and Response (ASPR)/CDC	September
80	Housing Opportunities for Persons living with AIDS (HOPWA) renewal grant application.	US Department of Commerce	November
81	HPP Exercise Plan	ASPR/CDC	September
82	HPP Exercise Schedule	ASPR/CDC	September
83	HPP Federal Financial Report	ASPR/CDC	September

84	HPP Performance Measures	ASPR/CDC	September
85	HPP Supplemental Questions	ASPR/CDC	September
86	HPP Training Plan	ASPR/CDC	September
87	HPP Training Report	ASPR/CDC	September
88	HPP Training Schedule and Report	ASPR/CDC	September
89	HPP/PHEP Combined FFR	ASPR/CDC	September
90	Illegal Procurements Report	State Fiscal Accountability Authority - Procurement Services	January, April, July, October
91	Immunization Information Systems Annual Report (ISAR)	CDC	March
92	Impaired Surface Waters (303d/305b) to EPA (WATER)	EPA	March every even year, Biennially
93	IMS Dairy & Single-Service State Survey Audit Reports to FDA (BEHS)	FDA	There are no monthly due dates; audit reports could be sent in any month of the year. Audit reports are sent when the IMS certification is coming due for the facility. IMS certifications expire every two years for every dairy/single-service facility.
94	Infectious Waste Generation Annual Report published and placed on agency website (BLWM)	DHEC Website	Due annually with no specific due date. Typically published after October 1.
95	Insurance Coverage Renewals	State Fiscal Accountability Authority - Insurance Reserve Fund	September
96	Interim (Mid-year) Progress Report (covers 1st 6-mo. Period) and New Workplan for Upcoming Year (cooperative agreement application/continuation)	CDC	February
97	Inventory Report	ASPR/CDC	September
98	Joint HPP and PHEP Exercise and Training Plan	ASPR/CDC	September
99	July 2016 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template	CDC	January, July
100	July 2016 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template	CDC	January, July

101	Keys Amendment Compliance Report	SSA	January
102	Letter of Certification for radiological emergency response to SC EMD (BEHS)	SC EMD	January
103	Litigation Reporting Package	Office of the Comptroller General	July
104	Manufactured Food Regulatory Program Standards End of Year Report to FDA (BEHS)	FDA	May
105	Manufactured Food Regulatory Program Standards Quarterly Summary Reports to FDA (BEHS)	FDA	January, April, July, October
106	Mid-Year Manufactured Food Regulatory Program Standards Cooperative Agreement Progress Report to FDA (BEHS)	FDA	January
107	Milk Laboratory Proficiency Studies to FDA (BEHS)	FDA	September
108	Milk/Dairy Appendix N Proficiency Sample Report to FDA (BEHS)	FDA	Annually, usually May
109	Milk/Dairy Industry Onsite Evaluation Report to FDA (BEHS)	FDA	Biennial evaluations, submitted as performed.
110	Milk/Dairy LEO Annual Report to FDA (BEHS)	FDA	Annually, usually May. Submitted with Appendix N report.
111	Minority Business Enterprise Report	Department of Administration - Office of Small and Minority Business Assistance	February, May, August, November
112	Minority Business Enterprise Utilization Plan	Department of Administration - Office of Small and Minority Business Assistance	August
113	Muscular Dystrophy Surveillance, Tracking, and Research Network (MD STARnet) Progress Report and Application	CDC	April
114	National Air Toxics Trend Station (NATTS) Grant Report to EPA (AIR)	EPA	Within 120 days of end of quarter
115	National Breast and Cervical Cancer Early Detection Program CDC - Annual Progress Report	CDC	February
116	National Breast and Cervical Cancer Early Detection Program CDC RFA-DP12-1205 5U58DP003942 - Annual Survey	CDC	September

	of the NBCCEDP Grantees Program Implementation		
117	National Breast and Cervical Cancer Early Detection Program CDC RFA-DP12-1205 5U58DP003942 - Best Chance Network Minimum Data Element Report	CDC	April, October
118	National Breast and Cervical Cancer Early Detection Program CDC RFA-DP12-1205 5U58DP003942 - Interim Report	CDC	February
119	National Breast and Cervical Cancer Early Detection Program CDC RFA-DP12-1205 5U58DP003942 - Prevention and Public Health Fund Reporting	CDC	January, July
120	National Breast and Cervical Cancer Early Detection Program CDC RFA-DP12-1205 5U58DP003942-04	CDC	February, September
121	National Comprehensive Cancer Control Program CDC RFA-DP12-1205 5U58DP003942 - Annual Progress Report	CDC	February, September
122	National Comprehensive Cancer Control Program CDC RFA-DP12-1205 5U58DP003942 - Continuation Applications	CDC	February
123	National Comprehensive Cancer Control Program CDC RFA-DP12-1205 5U58DP003942- Progress Report	CDC	February, September
124	National Comprehensive Cancer Control Program CDC RFA-DP12-1205 5U58DP003942-02 - Financial Status Report	CDC	February, September
125	National Diesel Emission Reduction Act (DERA) Quarterly and Final Reports to EPA (AIR)	EPA	January, April, July, October
126	National Emission Standards for Hazardous Air Report (NESHAP) Section 105 Grant Report to EPA (AIR)	EPA	April, October
127	National State-Based Tobacco Control Programs - CDC RFA DP15-1509	CDC	March, December

128	National State-Based Tobacco Control Programs - CDC RFA DP15-1509 Federal Financial Status Report	CDC	June
129	Nonpoint Source Program to EPA (WATER)	EPA	December
130	NoroSTAT Report to CDC (BEHS)	CDC	Program Updates sent monthly
131	Notification of Decertified Laboratories Due to Failed Proficiency Testing (PT) (BEHS); report to impacted lab and a copy to DHEC Programs.	Impacted Lab	January
132	NPDES Compliance to EPA (WATER)	EPA	December
133	NPDES Permitting to EPA (WATER)	EPA	December
134	Oral Health Surveillance Plan 2008-2013	CDC	June 2009
135	Oral Health Surveillance Plan 2013-2018	CDC	August 2016
136	Path Forward Letter to EPA (AIR)	EPA	No specific month due
137	Performance Measures to NOAA (OCRM)	NOAA	July
138	Personal Responsibility Education Program Grant	Family and Youth Services Bureau-Health and Human Services	Dates Varies November-February 2010-2016
139	Personal Responsibility Education Program Grant Performance Measures Report	Family and Youth Services Bureau-Health and Human Services	September
140	PHEP Annual Progress Report	ASPR/CDC	September
141	PHEP Federal Financial Report	ASPR/CDC	September
142	PHEP Joint Exercise Narrative	ASPR/CDC	September
143	PHEP Risk Base Funding	ASPR/CDC	September
144	PHEP Supplemental Questions	ASPR/CDC	September
145	Preparedness-Pandemic Flu	CDC	March
146	Private Well Program to Legislature (WATER)	General Assembly	September
147	Procurements including 10% Rule Report	State Fiscal Accountability Authority - Procurement Services	January, April, July, October
148	Procurements including Preferences Report	State Fiscal Accountability Authority - Procurement Services	January, April, July, October

149	Procurements including Trade-Ins Report	State Fiscal Accountability Authority - Procurement Services	January, April, July, October
150	Public Water System Report to EPA (WATER)	EPA	July
151	Radiochemistry Demonstration of Ability to Test for Radon report to EPA (BEHS)	EPA	Biennially, not on set schedule.
152	Radiochemistry Food Emergency Response Network (FERN) Sample Reports to FERN (BEHS)	FERN	Not scheduled, performed when offered.
153	Radiochemistry Mixed Analyte Performance Evaluation Program (MAPEP) Sample Reports for the Department of Energy to MAPEP (BEHS)	MAPEP	February, August
154	Radiochemistry Mobile Lab Upload of Data to the Federal Radiological Monitoring and Assessment Center (FRMAC) Database to FRMAC (BEHS)	FRMAC	Varies when participating in a drill
155	Radon Semi-annual Reports to EPA (BEHS)	EPA	March, October
156	Rape Prevention and Education Grant	CDC	Dates Varies May-August
157	Rape Prevention and Education Grant Annual Report	CDC	Dates Varies January-March
158	Real Property Report	Department of Administration - Real Property Services	June
159	Ryan White Annual Year End Report	HRSA	August
160	Ryan White Part B Renewal	HRSA	November (usually)
161	Ryan White Part B Supplemental	HRSA	June (usually)
162	Safe Drinking Water Act Fee Report to Legislature, SCAWWA and SC Municipal Association (WATER)	General Assembly	December
163	Savannah River Site's Agreement in Principle Grant to US DOE (BEHS)	US DOE	Quarterly - January, April, July, October Annually - November
164	SC Code Section 1-23-120(J) Five-Year Regulatory Review	Code Commissioner	Due every five years, beginning July 1, 1997
165	SC STD Performance Outcome Measures	CDC	August
166	Schedule of Federal Financial Assistance (SFFA, SEFA)	Office of State Audits	August

167	School Vaccination Coverage Report	CDC	March
168	Section 309 Coastal Zone Management Act Strategy and Assessment to NOAA (OCRM)	NOAA	Every 5 years - Next due 2020
169	Section 312 Coastal Zone Management Act Performance Metrics to NOAA (OCRM)	NOAA	July
170	Secure Access Management Services (SAMS) (SAMS is a part of the National Healthcare Safety Network)	CDC	Submitted by the regions after VFC compliance visits
171	Sexual Assault Services Program Grant	US Department of Justice	Dates Varies January- March
172	Sexual Assault Services Program Grant Annual Report	US Department of Justice	October
173	Sexual Assault Services Program Grant Progress Report	US Department of Justice	March
174	Sole Source Procurements Report	State Fiscal Accountability Authority - Procurement Services	January, April, July, October
175	Solid Waste Management Annual Report submitted to Governor and General Assembly (BLWM)	Governor General Assembly	March
176	Solid Waste Trust Fund Report submitted to Senate Finance Committee and the House Ways and Means Committee (BLWM)	Senate Finance Committee House Ways and Means Committee	Not later than sixty days after the last day of each fiscal quarter.
177	South Carolina Community Water Fluoridation Plan 2008-2013	CDC	June 2009
178	South Carolina Community Water Fluoridation Plan 2013-2018	CDC	August 2015
179	South Carolina Final Evaluation Report 2003-2008	CDC	2008
180	South Carolina Final Evaluation Report 2008-2013	CDC	September 2013
181	South Carolina Hazardous Waste Contingency Fund Annual Report submitted to General Assembly (BLWM)	General Assembly	Due annually but no prescribed due date in the Hazardous Waste Management Act. Internal target date is September 30 for the prior State fiscal year period.
182	South Carolina State Oral Health Plan (SOHP) 2008-2013	CDC	June 2009
183	South Carolina State Oral Health Plan (SOHP) 2015-2020	CDC	August 2015

184	State Agencies/College and University Recycling submitted to Governor and General Assembly (BLWM)	Governor General Assembly	November
185	State Agency Budget List of Positions (CMS-1465A)	CMS	Budget Submission Date
186	State Agency Schedule for Equipment Purchases	CMS	Budget Submission Date
187	State Diesel Emission Reduction Act (DERA) Quarterly and Final Reports to EPA (AIR)	EPA	January, April, July, October
188	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, CDC-RFA-DP13-1305 Annual Report	CDC	March
189	State Public Health Approaches to Improving Arthritis Outcomes in South Carolina - CDC-RFA-DP12-121005 CONT16 - Interim Progress Report	CDC	March, September
190	State Public Health Approaches to Improving Arthritis Outcomes in South Carolina - CDC-RFA-DP12-121005 CONT16 - Year End Report	CDC	September 2016
191	State Public Health Approaches to Improving Arthritis Outcomes in South Carolina - CDC-RFA-DP12-121005 CONT16 -Federal Financial Agreement	CDC	September 2016
192	State Survey Agency Budget/Expenditure Report (CMS-435)	CMS	January, April, July, October
193	State Survey Agency CLIA Program Accomplished/Planned Workload Report (CMS-105)	CMS	January, April, July, October
194	State Survey Agency CLIA Program Budget/Expenditure Report (CMS-102)	CMS	January, April, July, October
195	State Survey Agency Workload Report (CMS-434)	CMS	January, April, July, October
196	State Systems Development Initiative (SSDI) Progress Report and Application	HRSA	September

197	State Underground Petroleum Environmental Response Bank (SUPERB) Advisory Committee (SAC) Report. BLWM assists with report preparation. This report comes from the SAC and is submitted to DHEC and the General Assembly. (BLWM)	General Assembly	By the end of each calendar year.
198	Status of Adolescent Activities	CDC	March
199	Status of Adult Activities	CDC	March
200	STD AAPPs Progress Report and Work Plan	CDC	August
201	Surface Water Monitoring Quality Assurance Project Plan to EPA (WATER)	EPA	August
202	Surface Water Monitoring Strategy to EPA (WATER)	EPA	December
203	The 2008 South Carolina Burden of Oral Disease: SC Takes Action	CDC	2008
204	The 2013 South Carolina Burden of Oral Disease: Sealing the Gap in Oral Health Disparities	CDC	August 2013
205	The Status of Equal Employment Opportunity in South Carolina State Government	General Assembly	September
206	Title V Abstinence Education Semi-Annual Report	HRSA	April, October
207	Title V Maternal and Child Health Services Block Grant Application and Annual Report	HRSA	July
208	Title V Permit Data Report (TOPS) to EPA (AIR)	EPA	January, July
209	Title X Competitive Grant	Office of Population Affairs	April 2009, 2012, 2015
210	Title X HIV Supplemental Grant	Office of Population Affairs	November
211	Title X HIV Supplemental Grant Annual Report	Office of Population Affairs	November
212	Title X Non Competing Grant	Office of Population Affairs	April
213	Total Maximum Daily Load Commitments to EPA (WATER)	EPA	October
214	Tuberculosis Elimination and Laboratory Cooperative Agreement	CDC	August
215	Underground Injection Control to EPA (WATER)	EPA	January, April, July, October

216	Universal Newborn Hearing Screening Grant Progress Report	HRSA	October
217	Universal Newborn Hearing Screening Legislative Report	SC State Legislature	November
218	Used Motor Oil Recycling submitted to Governor and General Assembly (BLWM)	Governor General Assembly	Due annually on July 1, but published early in the South Carolina Solid Waste Management Annual Report (Section 6).
219	Vaccine for Children(VFC) Program Management Survey	CDC	March
220	Vaccine Safety Activities	CDC	March
221	Vehicle Accident Summary	Department of Administration - State Fleet Management	January, April, July, October
222	Voluntary Cleanup Program submitted to General Assembly (BLWM)	General Assembly	No due date or routine schedule established. Intend to incorporate activity into SC Hazardous Waste Contingency Fund Annual Report and submit Voluntary Cleanup Program-specific report on November 1 every 5 years.
223	Waste Isolation Pilot Project Grant to US DOE (BEHS)	US DOE	January, April, July, October
224	Water Fluoridation Reporting System (WFRS) Report	CDC	April
225	Water Fluoridation Reporting System (WFRS) Report 2015	CDC	April
226	Water Quality Management Plan (205(j)) to EPA (WATER)	EPA	December
227	Water Quality Standards Progress Report to EPA (WATER)	EPA	December
228	Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) CDC-RFA-DP13-1302 - Annual Performance Report	CDC	February
229	Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) CDC-RFA-DP13-1302 - Minimum Data Report	CDC	April, October
230	Wetland Program Report to EPA (WATER)	EPA	May, November

B. ADDITIONAL DOCUMENTS TO SUBMIT

B. Additional Documents

Please submit the following additional documents in electronic format, saving them as instructed in the guidelines.

34. Please submit electronic copies of the following:

- a. Audits performed on the agency by external entities, other than Legislative Audit Council, State Inspector General, or State Auditor's Office, during the last 5 years;

Due to the large file size, DHEC is providing this information to the LOC via a USB Flash drive.

- b. Audits performed by internal auditors at the agency during the last 10 years;
Due to the large file size, DHEC is providing this information to the LOC via a USB Flash drive.

- c. Other reports, reviews or publications of the agency, during the last 10 years, including Fact Sheets, Reports required by provisos, Reports required by the Federal Government, etc.; and

Due to the large file size, DHEC is providing this information to the LOC via a USB Flash drive. DHEC included most of its reports on the USB Flash drive but due to the voluminous nature of some of the Agency's reports, DHEC will provide separate copies to the LOC upon request.

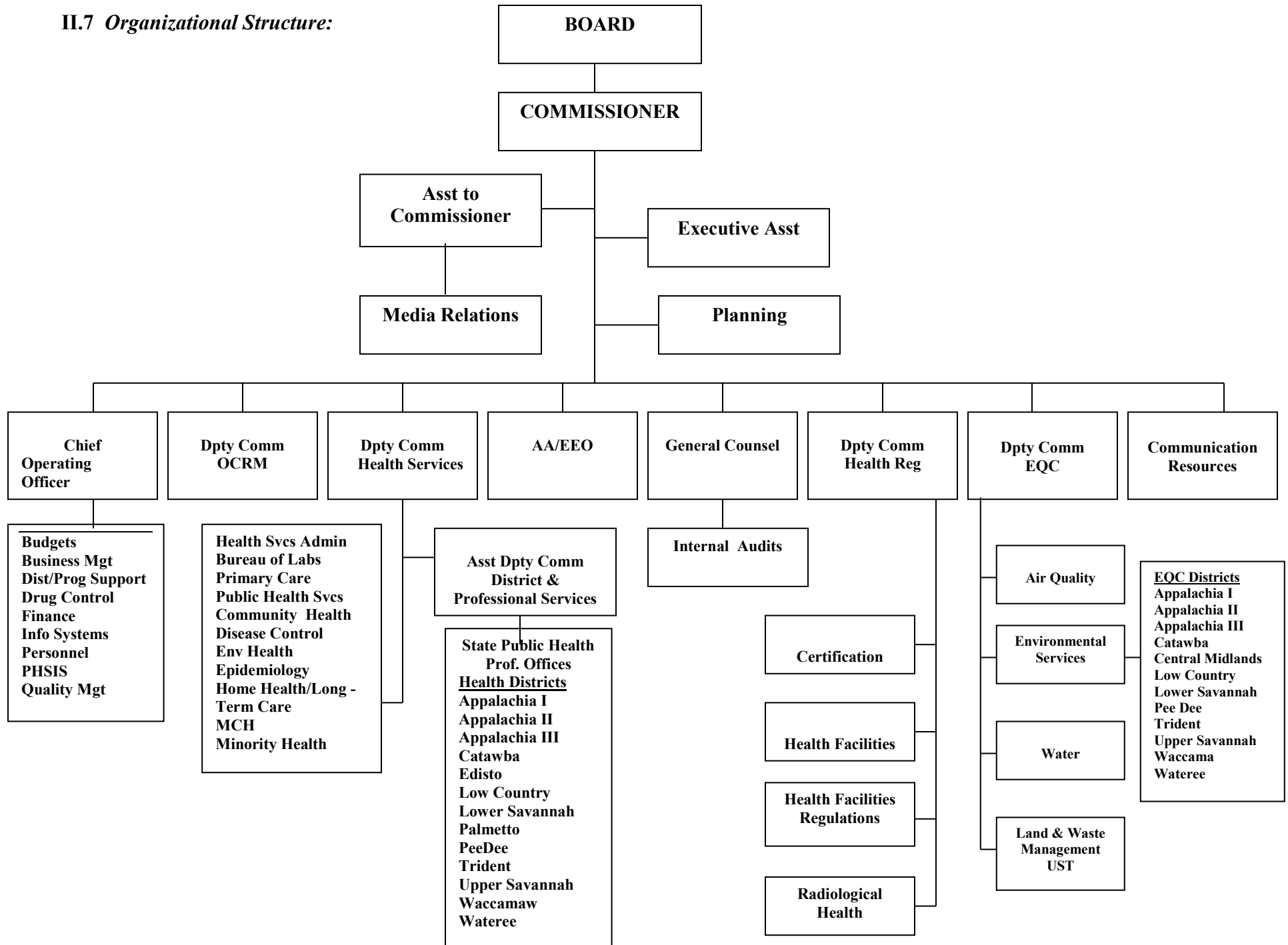
- d. Organizational chart for the current year and as many years back as the agency has available.

See Below. DHEC is also providing this information to the LOC via a USB Flash Drive.

Note: The Oversight Committee will collect the following documents, so do not provide copies of these:

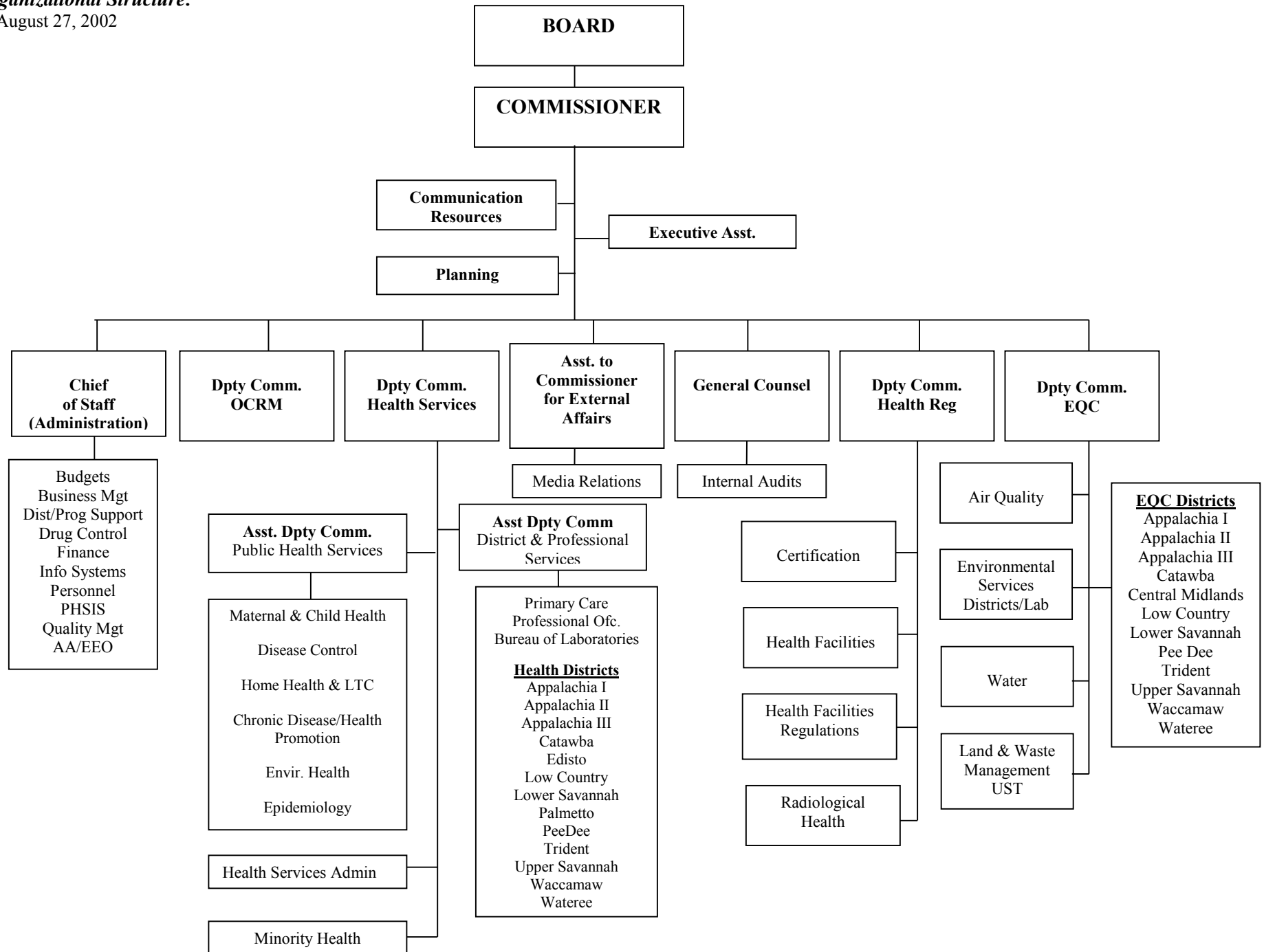
- a. Audits performed by the State Inspector General;
- b. Audits performed by the Legislative Audit Council;
- c. Audits or AUPs performed by the State Auditor's Office during the last 5 years; and
- d. Agency Accountability Reports.

II.7 Organizational Structure:

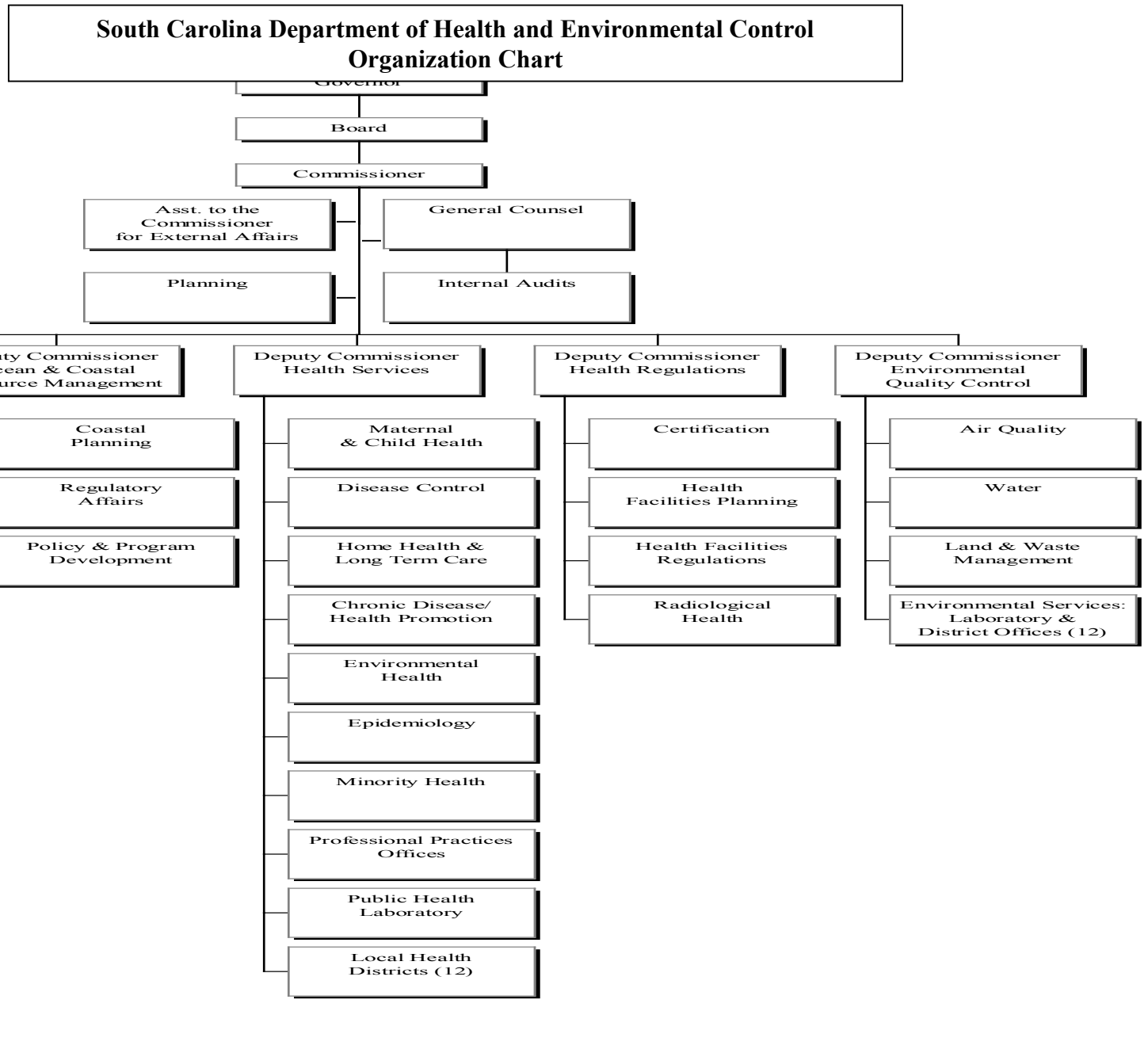


II.7 Organizational Structure:

August 27, 2002

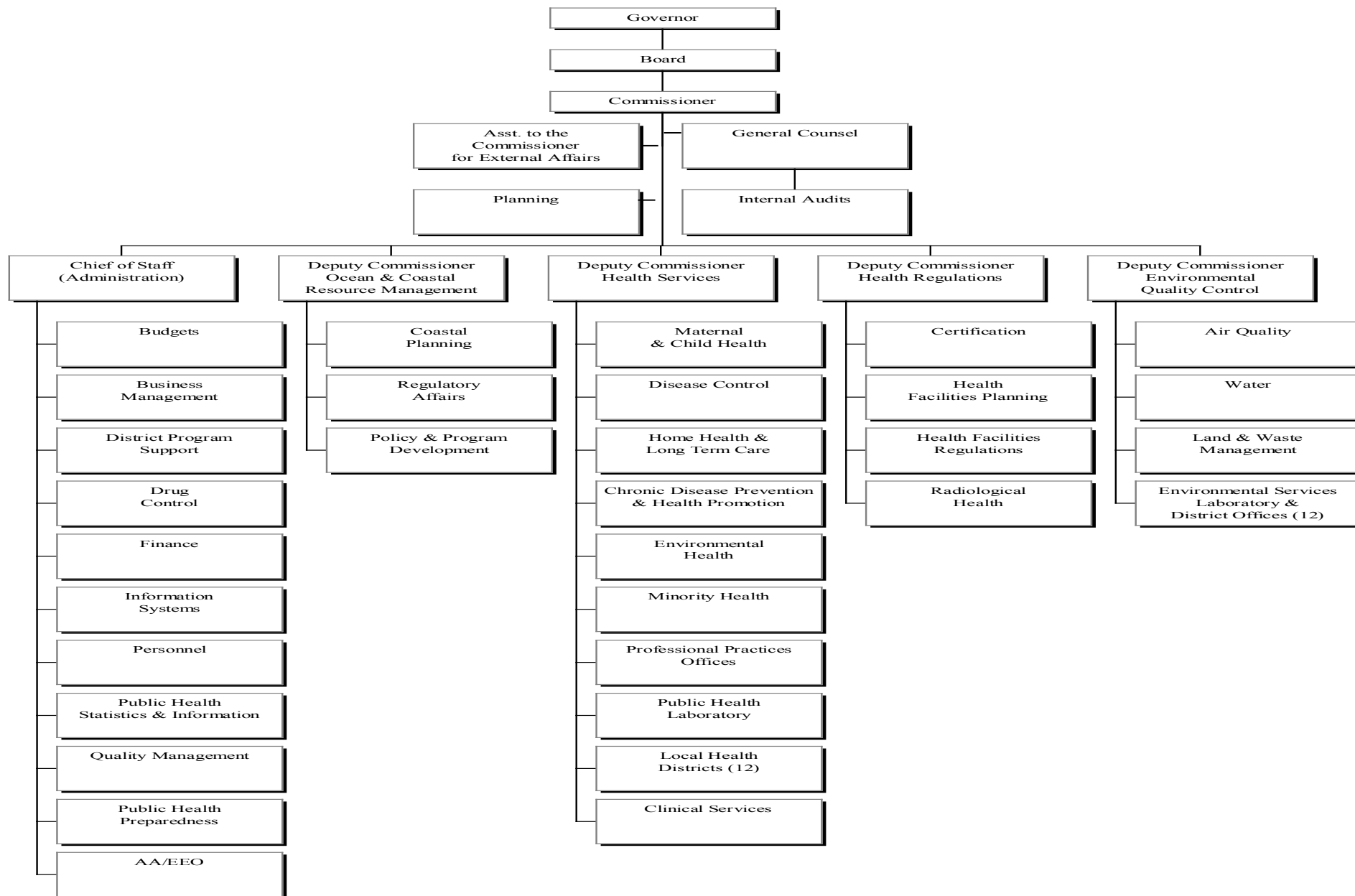


11.6 Organizational Structure



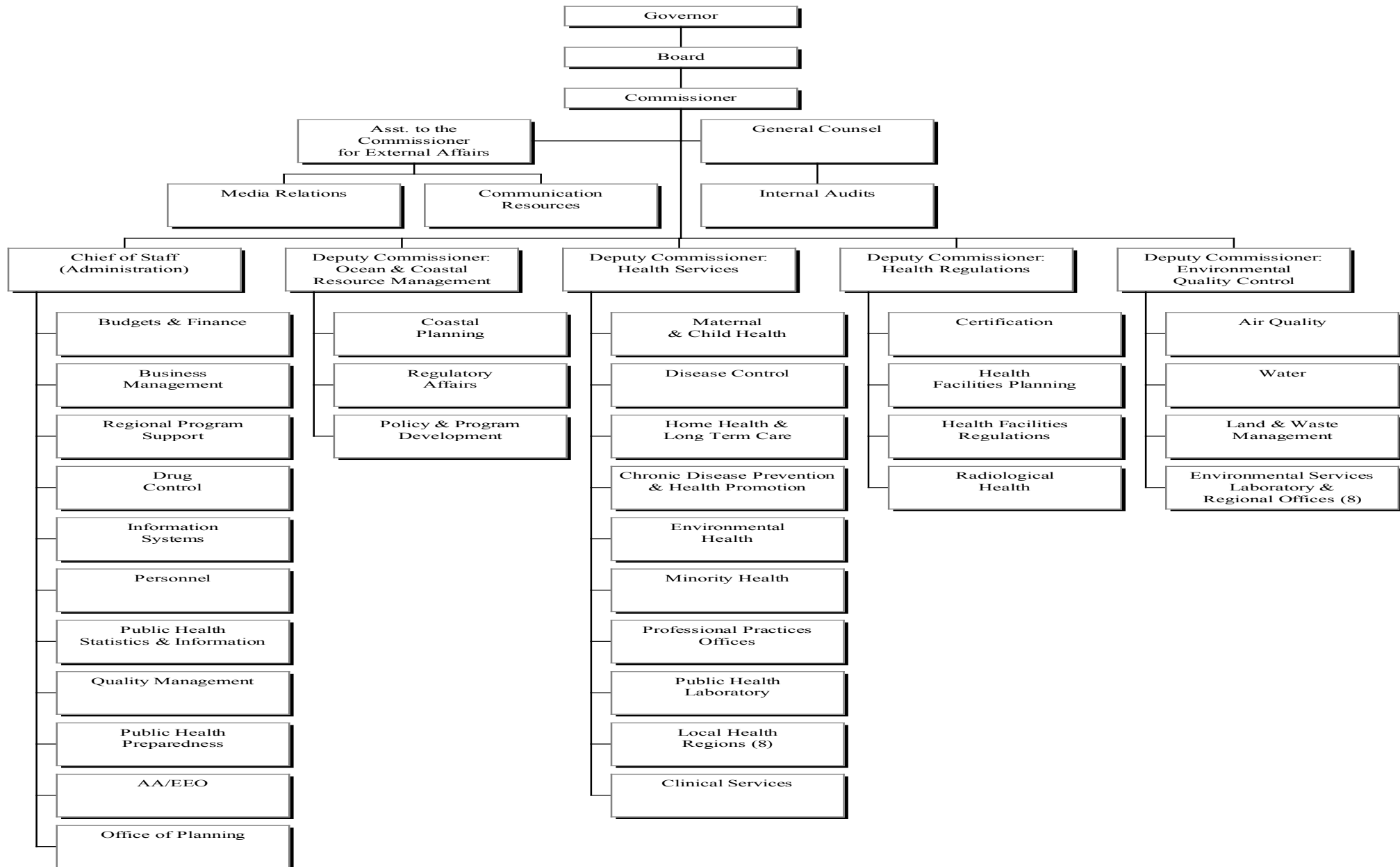
South Carolina Department of Health and Environmental Control Organization Chart

Addendum B

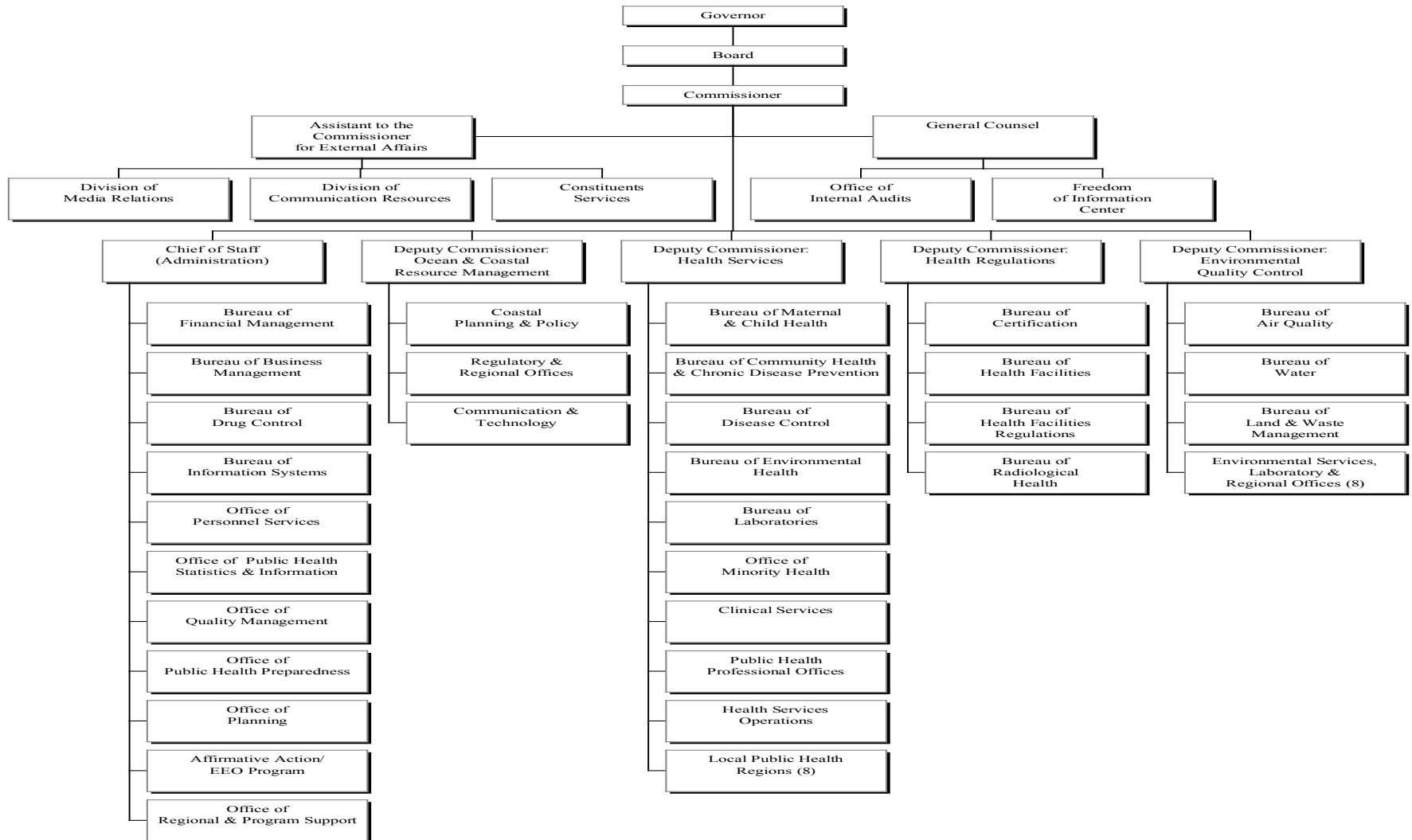


South Carolina Department of Health and Environmental Control

Organization Chart

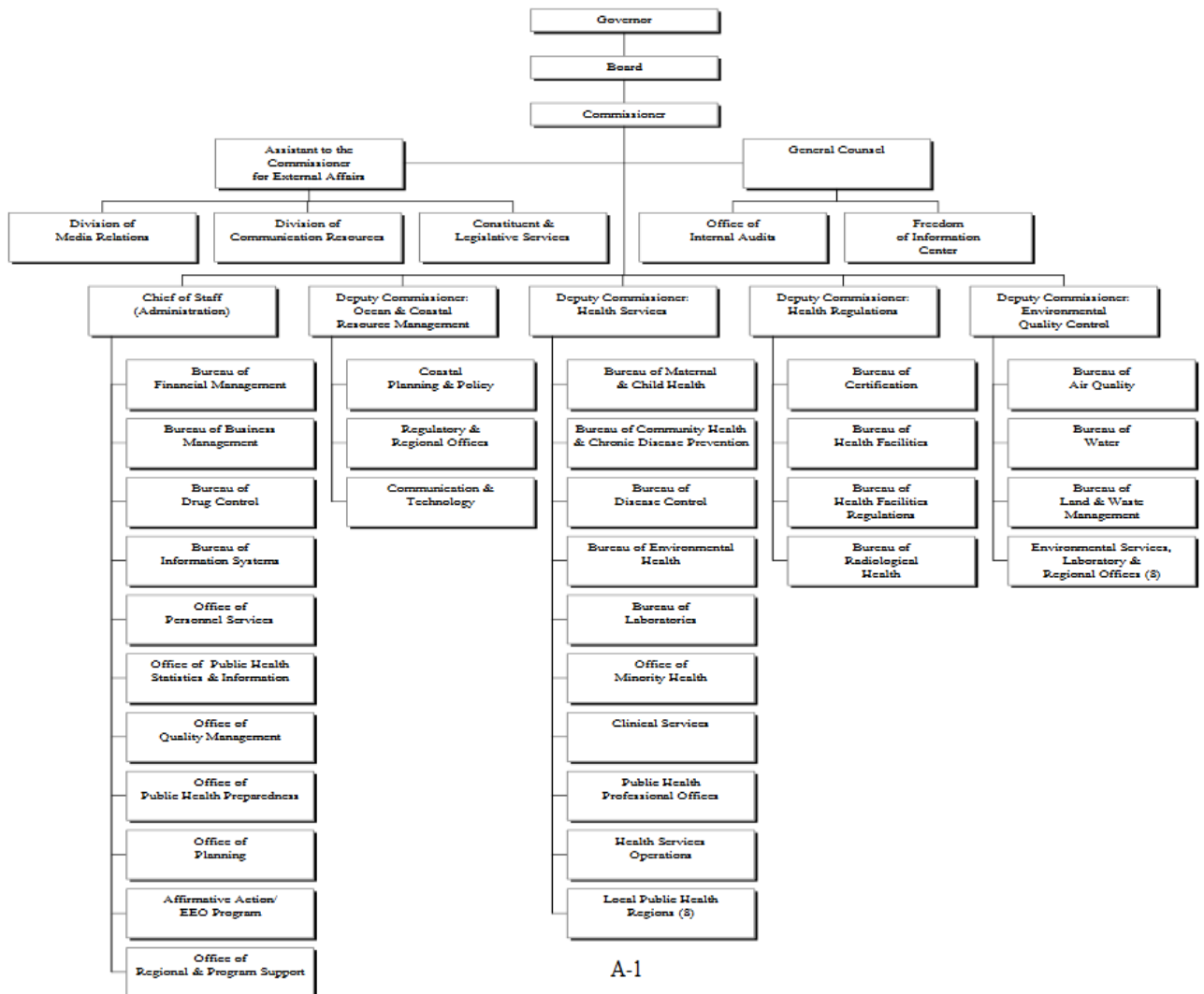


South Carolina Department of Health and Environmental Control Organizational Chart



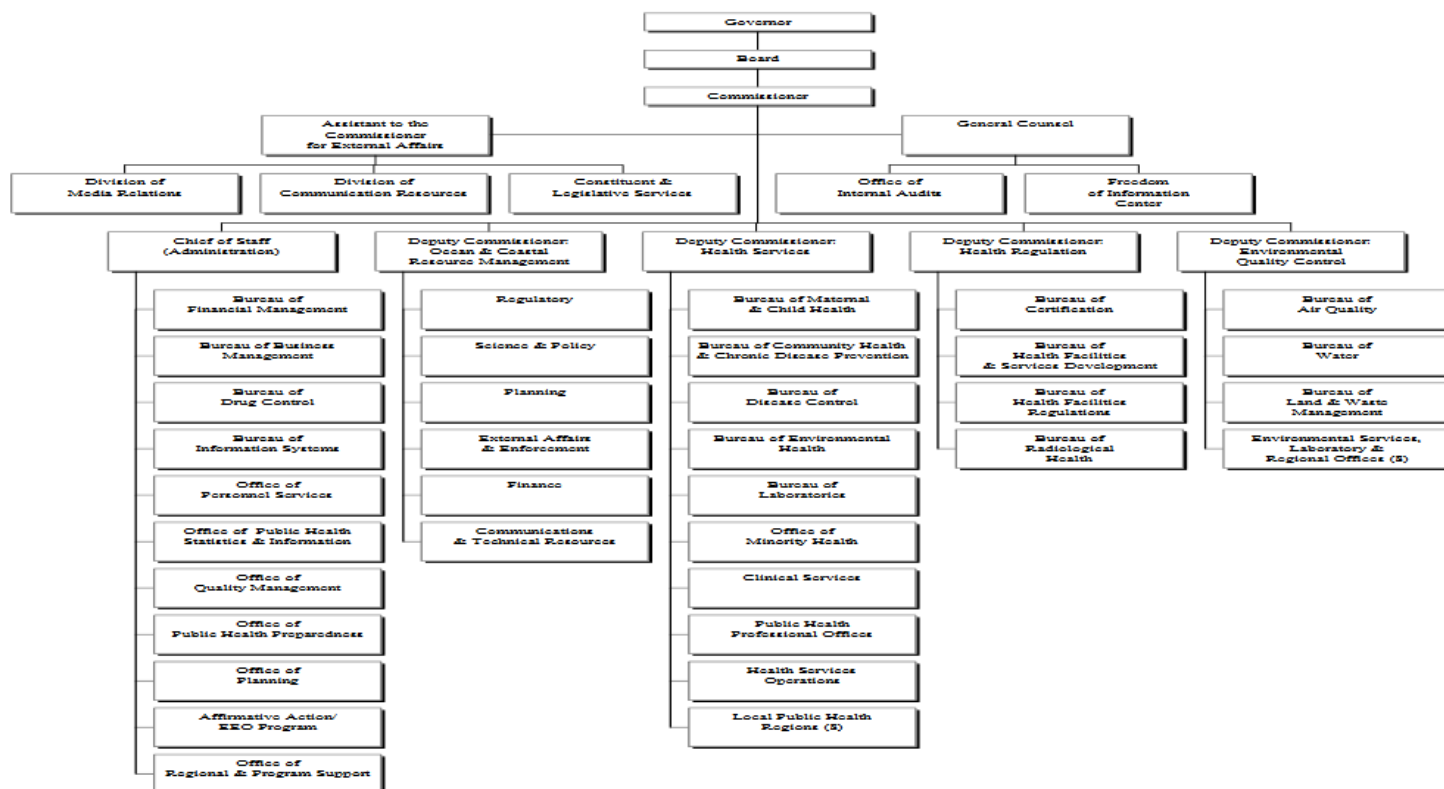
South Carolina Department of Health and Environmental Control
Organization Chart

Addendum A



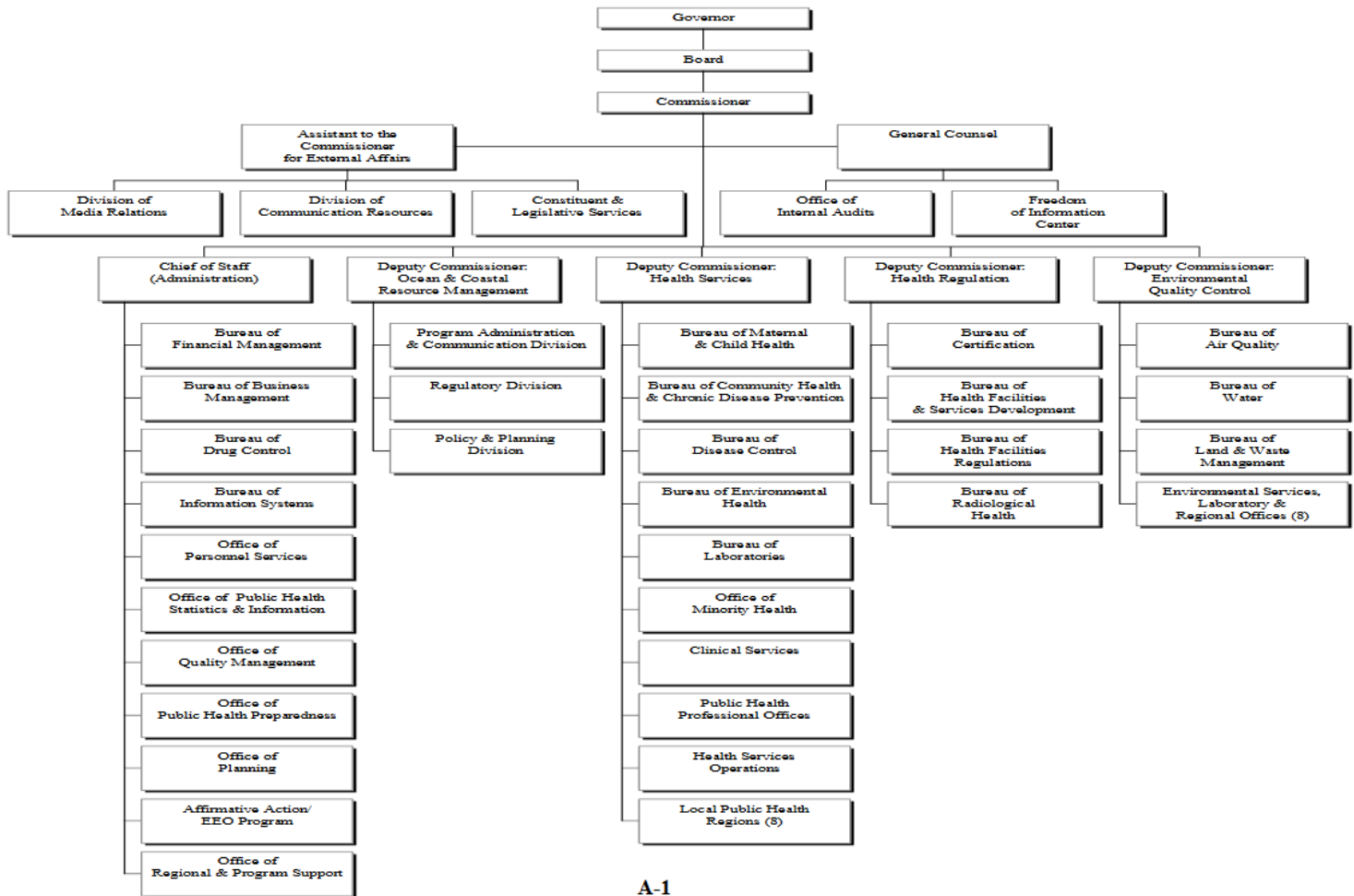
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South Carolina Department of Health and Environmental Control Organization Chart



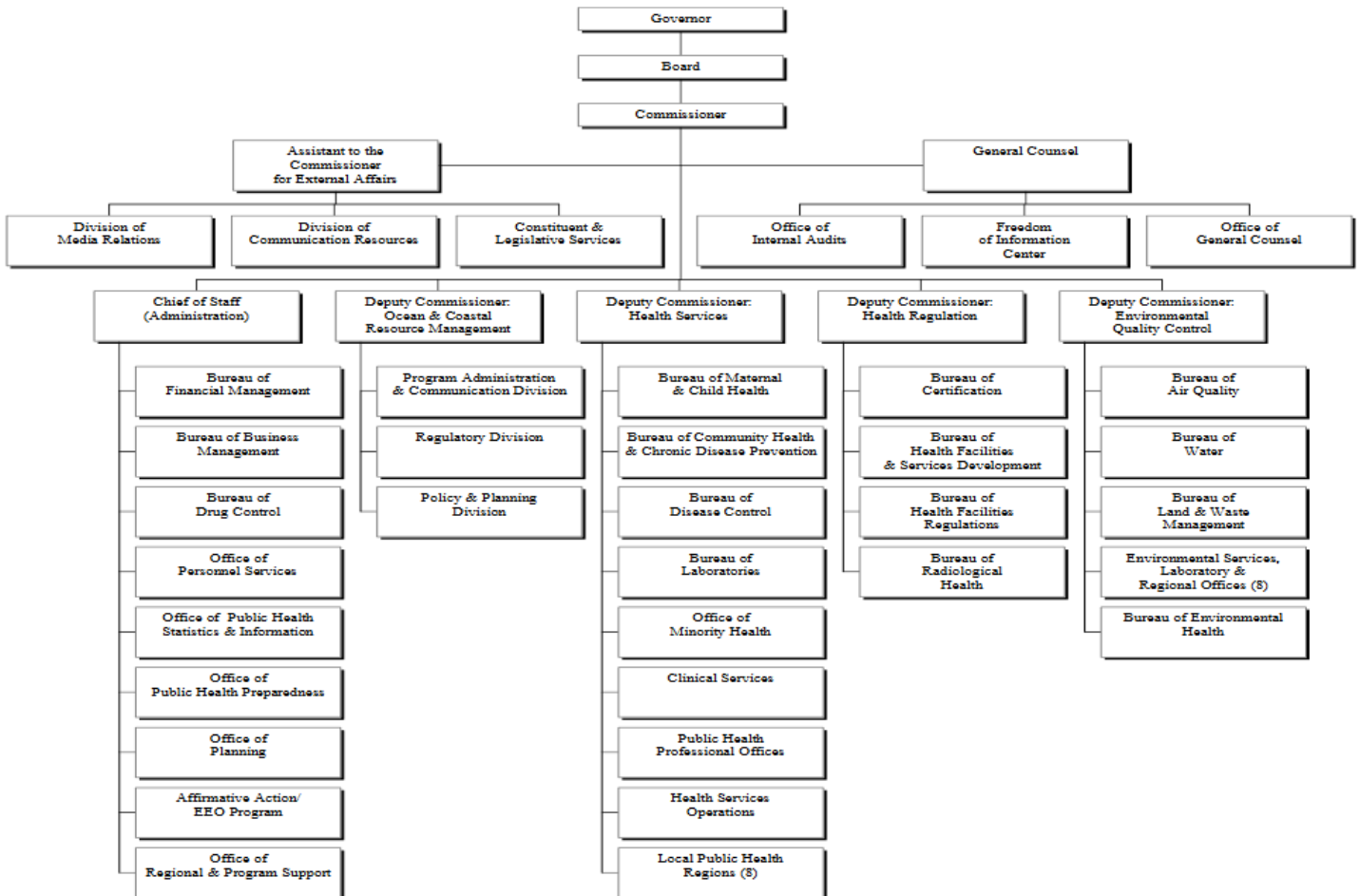
South Carolina Department of Health and Environmental Control Organization Chart

Addendum A



South Carolina Department of Health and Environmental Control Organization Chart

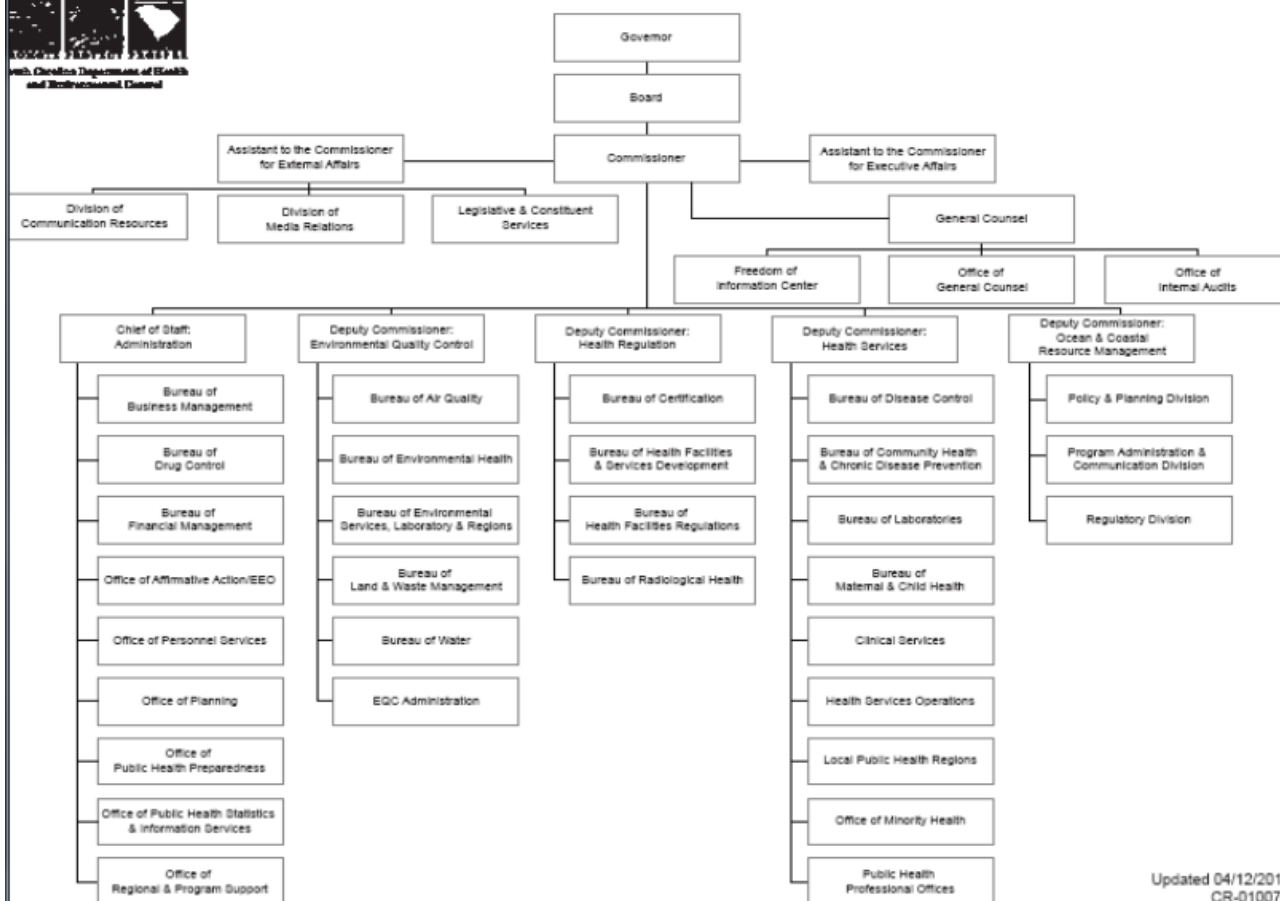
Addendum A



A-1



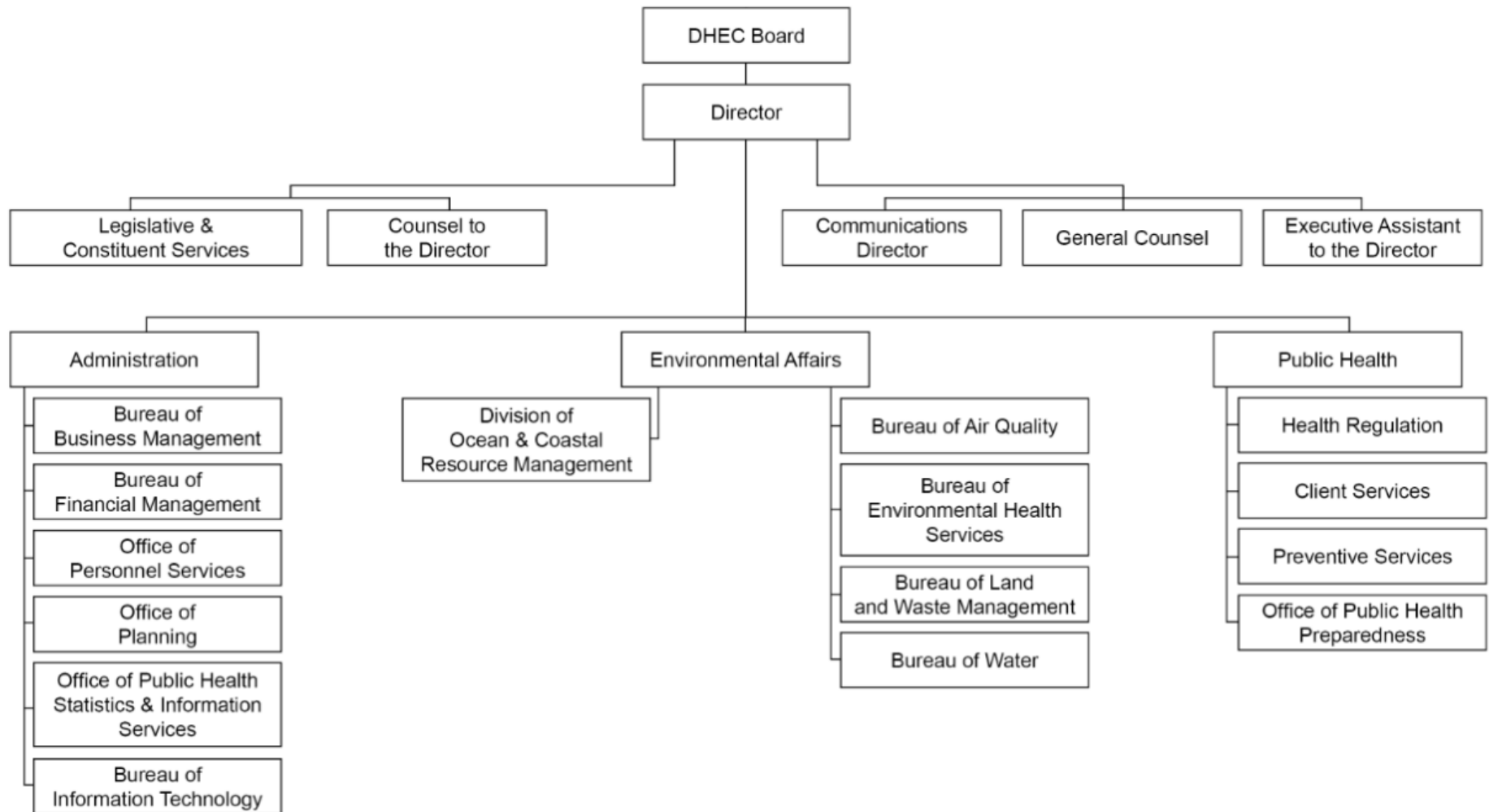
Organization Chart

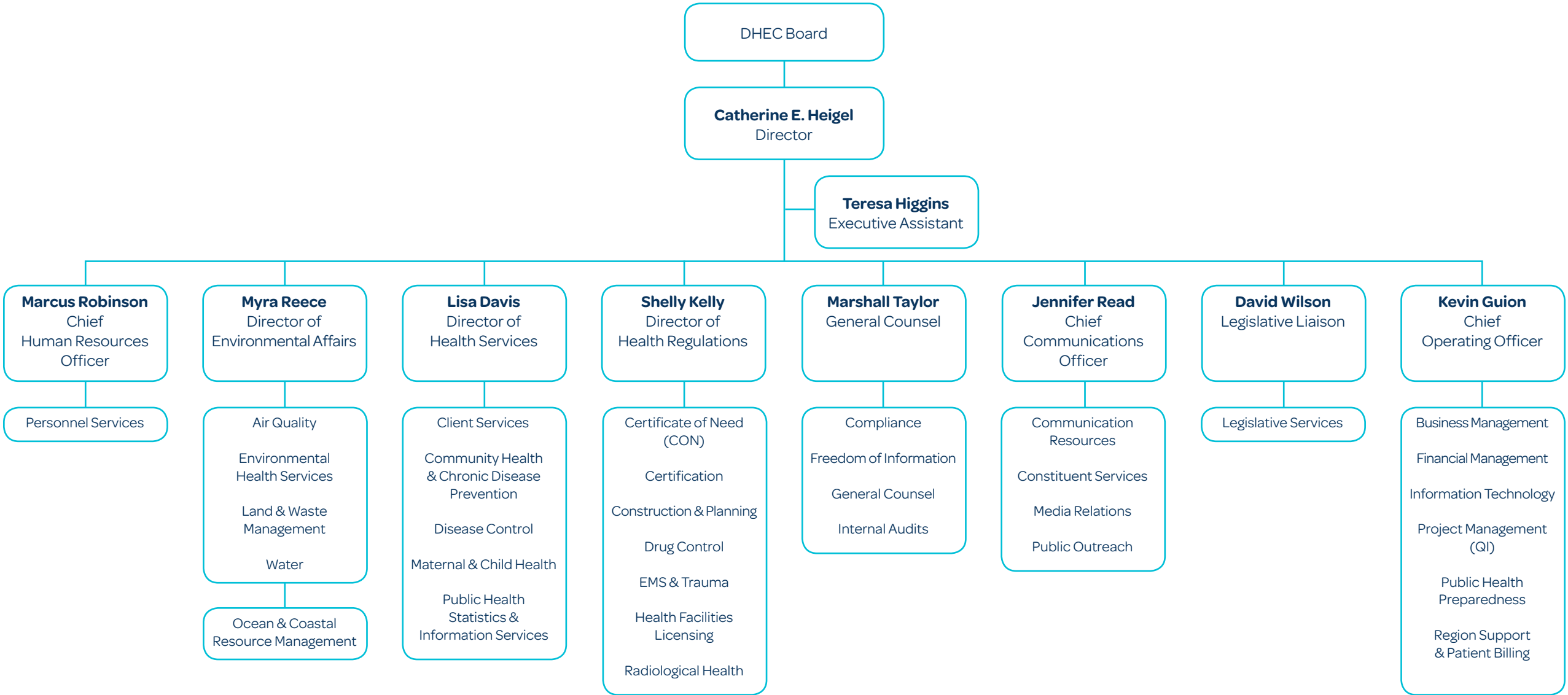


Updated 04/12/2011
CR-010075

Organizational Chart from Agency's 2012-13 Accountability Report

Director's Office Organization Chart





35. Please submit a Word document that includes a **glossary of terms**, including, but not limited to, every acronym used by the agency.

Glossary of Terms

AABC	American Association of Birth Centers
AAPCA	Association of Air Pollution Control Agencies
ACA	Affordable Care Act
ACC	Atlantic Compact Commission
ACE	Adverse Childhood Experiences
ACOG	American Congress of Obstetricians and Gynecologists
ACS	American College of Surgeons
ACS-CAN	American Cancer Society – Cancer Action Network
ACWA	Association of Clean Water Administrators
ADC	Day Care Facilities for Adults
ADV	Abandoned and Derelict Vessel
AFDO	Association of Food and Drug Officials
AFIX	Assessment, Feedback, Incentives, and Respiratory Disease Exchange
AHA	American Heart Association
ALA	American Lung Association
ALC	Administrative Law Court
AMCHP	Association of Maternal & Child Health Programs
APHL	Association of Public Health Laboratories
APIC	Association for Professionals in Infection Control and Epidemiology
ASDSO	Association of State Dam Safety Officials
ASDWA	Association of State Drinking Water Administrators
ASF	Ambulatory Surgical Facilities
ASH	American Society of Hypertension
ASTDD	Association of State and Territorial Dental Directors
ASTHO	Association of State and Territorial Health Officials
ASTSWMO	Association of State and Territorial Solid Waste Management Officials
ASWM	Association of State Wetland Managers
BAQ	Bureau of Air Quality
BCHCDP	DHEC Bureau of Community Health and Chronic Disease Prevention
BCN	Best Chance Network
BDC	Bureau of Drug Control
BEE	Birth Exchange Engine
BEHS	Bureau of Environmental Health Services
BEMS	Bureau of Emergency Medical Services
BFG	Beverage and Food Group Communications
BHFL	Bureau of Health Facilities Licensing
BLWM	Bureau of Land & Waste Management
BOEM	Bureau of Ocean and Energy Management
BOW	Bureau of Water
BRFSS	Behavioral Risk Factor Surveillance System
CAA	Clean Air Act
CAB	Community Advisory Board
CATCH	Community Access to Child Health
CCHD	Critical Congenital Heart Disease
CCI	Care Coordination Institute
CCME	Carolina’s Centers for Medical Excellence
CCO	Community Care Oversight
CDC	Centers for Disease Control and Prevention

CEASE	Clinical Efforts Against Secondhand Smoke Exposure
CFR	Child Fatality Review
CHAS	Child Health Assessment Survey
CHCDP	DHEC Community Health and Chronic Disease Prevention
CHI	Community Health Improvement
CISA	Carolinas Integrated Sciences and Assessments
CLAS	Culturally and Linguistically Appropriate Services
CLC	Certified Lactation Counselor
CLIA	Clinical Laboratory Improvement Amendments (LIA)
CMDA	Columbia Midlands Dietetic Association
CMS	U.S. Centers for Medicare and Medicare Services
COG	Council of Governments
CoIIN	Collaborative Innovation & Improvement Network
CON	Certificate of Need
COPA	Certificate of Public Advantage
CPS	Child Passenger Safety
CRA	Carolina Recycling Association
CRCF	Community Residential Care Facilities
CRCPD	Conference of Radiation Control Program Directors
CRN	Charleston Resilience Network
CS	Controlled Substances
CSHCN	Children with Special Health Care Needs
CSO	Coastal States Organization
CST	Civil Support Team
CULPH	Clemson University Livestock and Poultry Health
DAC	Diabetes Advisory Council of S.C.
DADE	DHEC Division of Acute Disease Epidemiology
DAODAS	S.C. Department of Alcohol and Other Drug Abuse Services
DC	Disease Control
DCT	Disaster Coordination Team
DDSN	S.C. Department of Disabilities and Special Needs
DEA	U.S. Drug Enforcement Agency
DERA	National Diesel Emission Reduction Act
DHEC	South Carolina Department of Health and Environmental Control
DHFC	DHEC Division of Health Facilities Construction
DHPE	Directors of Health Promotion and Education
DIVP	DHEC Division of Injury and Violence Prevention
DMH	S.C. Department of Mental Health
DNPAO	Division of Nutrition, Physical Activity, and Obesity
DNR	S.C. Department of Natural Resources
DoD	U.S. Department of Defense
DOE	U.S. Department of Energy
DOH	Division of Oral Health
DOI	U.S. Department of Interior
DOR	S.C. Department of Revenue
DPP	Diabetes Prevention Programs
DPS	S.C. Department of Public Safety
DSC	Diabetes Initiative of S.C.
DSME	Diabetes Self-Management Education
DSME/T	Diabetes Self-Management Education/Training
DSS	S.C. Department of Social Services
DTBE	Division of Tuberculosis Elimination
DTTAC	The Diabetes Training and Technical Assistance Center

EAB	Enumeration At Birth
EBT	Electronic Benefit Transfer
EHR	Electronic Health Record
EJ	Environmental Justice
ELC	Epidemiology and Laboratory Capacity
EMD	S.C. Emergency Management Division
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPA	U.S. Environmental Protection Agency
EPHT	Environmental Public Health Tracking
EPMS	Employee Performance Management System
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ERCC	Electronics Recycling Coordination Clearinghouse
ESF	Emergency Support Function
ESMMSC	Eat Smart Move More S.C.
FBI	U.S. Federal Bureau of Investigation
FDA	U.S. Food and Drug Administration
FDOHBL	Florida State Department of Health Bureau of Laboratories
FERN	Food Emergency Response Network
FEMA	Federal Emergency Management Agency
FFATA	Federal Funding Accountability and Transparency Act
FHQC	Federally-Qualified Health Centers
FIMR	Fetal & Infant Mortality Review
FLS	Fire and Life Safety
FMNP	Farmers' Market Nutrition Program
FOIA	Freedom of Information Act
FRMAC	Federal Radiological Monitoring and Assessment Center
FSO	Facility Services Oversight
GGC	Greenwood Genetic Center
GHS	Greenville Health System
HAI	Healthcare Associated Infections
HAS	Hearing Aid Specialists
HeART	Health Access at the Right Time
HHA	Home Health Agencies
HIB	Health Insurance Benefit
HIDA	Hospital Infection Disclosure Act
HIV	Human Immunodeficiency Virus
HMS	Health Management Solutions
HOPWA	Housing Opportunities for Persons living with AIDS
HPP	Hospital Preparedness Program
HR	DHEC Office of Human Resources
HR	Health Regulation
HRSA	Health Resources and Services Administration
ICFID	Intermediate Care Facilities for the Intellectually Disabled
ICS	Institute for Child Success
IFPTI	International Food Protection Training Institute
IHCP	In-Home Care Providers
IJ	Immediate Jeopardy
IMCC	Interstate Mining Compact Commission
IRB	Institutional Review Board
IRC	Investigative Review Committee
ISSC	Interstate Shellfish Conference

IT	Information Technology
LARC	Long-acting Reversible Contraceptive
LCBMP	Local Comprehensive Beach Management Plans
LEA	Local Education Agencies
LEAP	Leadership Excellence Achievement Program
LEND	Leadership Education in Neurodevelopmental and Related Disabilities
LEP	Limited English Proficient
LGOA	S.C. Lieutenant Governor's Office on Aging
LLR	S.C. Department of Labor, Licensing and Regulation
LTC	Long Term Care
MAPEP	Mixed Analyte Performance Evaluation Program
MAC	Midwifery Advisory Council
MASC	Mining Association of South Carolina
MCH	DHEC Bureau of Maternal and Child Health
MCO	Managed Care Organization
MICH	Maternal-Infant Child Health
MIECHV	Maternal, Infant and Early Childhood Home Visiting
MMO	Medical Management Oversight
MOAs	Memorandum of Agreement
MQSA	Mammography Quality Standards Act
MS4s	Municipal Separate Storm Sewer Systems
MUSC	Medical University of South Carolina
NAACCR	North American Association of Central Cancer Registries
NAACA	National Association of Clean Air Agencies
NACDD	National Association of Chronic Disease Directors
NAEMT	National Association of Emergency Medical Technicians
NAPHSIS	National Association for Public Health Statistics and Information Systems
NASLR	National Association of State Land Reclamationists
National DPP	National Diabetes Prevention Programs
NATTS	National Air Toxics Trend Station
NBDPN	National Birth Defects Prevention Network
NCBDDD	CDC National Center on Birth Defects and Developmental Disabilities
NCHAM	National Center for Hearing Assessment and Management
NCIMS	National Conference for Interstate Milk Shipment
NCQA	National Committee for Quality Assurance
NESHAP	National Emission Standards for Hazardous Air Report
NFP	Nurse Family Partnerships
NFPA	National Fire Protection Association
NFPRHA	National Family Planning & Reproductive Health Association
NG	S.C. National Guard
NHTSA	National Highway Traffic Safety Administration
NICHQ	National Institute for Children's Health Quality
NICU	Neonatal Intensive Care Unit
NIMS	National Incident Management System
NNSAHC	National Network of State Adolescent Health Coordinators
NOAA	National Oceanic and Atmospheric Administration
NPCR	National Program of Cancer Registries
NPI	National Provider Identifier
NQF	National Quality Forum
NRC	U.S. Nuclear Regulatory Commission
NREMT	National Registry of Emergency Medical Technicians
NSCH	National Survey of Children's Health
NTCA	National Tuberculosis Control Association

NVDRS	National Violence Deaths Reporting System
NWA	National WIC Association
OAS	Organization of Agreement States
OCRM	DHEC Office of Ocean & Coastal Resource Management
OGC	Office of General Counsel
OMH	Office of Minority Health
OPA	Office of Population Affairs
ORS	S.C. Office of Regulatory Staff
P&A	Protection and Advocacy for People with Disabilities
PAFCAF	Palmetto Association for Children and Families
PAMR	Pregnancy Associated Mortality Review Committee
PCMH	Patient Centered Medical Home
PDSA	Plan, Do, Study, Act
PEBA	S.C. Public Employee Benefit Authority
PFP	Pay for Performance
PHAB	Public Health Accreditation Board
PHHSBG	Preventive Health - Health Services Block Grant
PHI	Protected Health Information
PHP	Public Health Preparedness
PHSIS	Public Health Statistics and Information Services
PIER	Public Information, Education and Relations
PIOHQI	Perinatal and Infant Oral Health Quality Improvement
PMP	Prescription Monitoring Program
PPOR	Perinatal Periods of Risk
PQRS	Physician Quality Reporting System
PRAMS	Pregnancy Risk Assessment Monitoring System
PREP	Personal Responsibility Education Program
PRT	S.C. Department of Parks, Recreation and Tourism
PSAD	Facilities to Treat Individuals for Psychoactive Substance Abuse or Dependence
PSC	Public Service Commission of S.C.
PSD	Prevention of Significant Deterioration
QTIP	Quality through Technology and Innovation in Pediatrics
RCC	Regional Coordination Centers
RCRA	Hazardous Waste
RD	Renal Dialysis
RFA	S.C. Office of Revenue and Fiscal Affairs
RFR	Request for Review
RIA	Rural Infrastructure Authority
RTF	Residential Treatment Facilities for Children and Adolescents
RWHAP	Ryan White HIV/AIDS Program
SAASH	State Alliance for Adolescent Sexual Health
SAC	SUPERB Advisory Committee
SAHMA	Southeastern Affordable Housing Management Association
SAMS	Secure Access Management Services
SAMSHA	U.S. Substance Abuse and Mental Health Services Administration
SASS	State Alliance for Safe Students
SBIRT	Screening, Brief Intervention, Referral and Treatment
S.C. DHHS	S.C. Department of Health and Human Services
SC MMO	S.C. Materials Management Office
SC OH	S.C. Oral Health
SCAAFP	S.C. Chapter of American Academy of Family Physicians
SCAND	S.C. Academy of Nutrition and Dietetics
SCASN	S.C. Association of School Nurses

SCAV	S.C. Association of Veterinarians
SCBOI	S.C. Birth Outcomes Initiative
SCCA	S.C. Coroner's Association
SCCADVASA	S.C. Coalition Against Domestic Violence & Sexual Assault
SCDA	S.C. Department of Agriculture
SCDE	S.C. Department of Education
SCDOT	S.C. Department of Transportation
SCDRO	S.C. Disaster Recovery Office
SCFAC	State Child Fatality Advisory Committee
SCHA	S.C. Hospital Association
SCHID	Severe Combined Immunodeficiency Disorder
SCHIEX	S.C. Health Information Exchange
SCMA	S.C. Medical Association
SCNF	S.C. Nurses Foundation
SCORH	S.C. Office of Rural Health
SCPA	S.C. Perinatal Association
SCPhA	S.C. Pharmacy Association
SCPHA	S.C. Public Health Association
SCPHCA	S.C. Primary Health Care Association
SCRIPTS	South Carolina Reporting & Identification Prescription Tracking System
SCRLA	South Carolina Restaurant and Lodging Association
SCRWA	S.C. Rural Water Association
SCSA	S.C. Sheriff's Association
SCTE	Council of State and Territorial Epidemiologist
SCTFC	S.C. Tobacco Free Collaborative
SCVDRS	SC Violent Death Reporting System
SDPP	School Based Dental Prevention Program
SEOC	State Emergency Operations Center
SESARM	Southeastern States Air Resource Managers
SHOUT	Sincere Home Owners United Together
SHP	State Health Plan
SLED	S.C. Law Enforcement Division
SNAP	Supplemental Nutrition Assistance Program
SNC	School Nurse Consultant
SNTC	Southeast National Tuberculosis Center
SOHP	South Carolina State Oral Health Plan
SOS	Share Our Strength
SPA	S.C. State Ports Authority
SQG	Small Quantity Generator
SSA	State Survey Agency
SSDI	State Systems Development Initiative
STD	Sexually transmitted diseases
SUPERB	State Underground Petroleum Environmental Response Bank
SWAC	S.C. Solid Waste Advisory Council
SWANA	Solid Waste Association of North America
TB	Tuberculosis
TMDL	Total Maximum Daily Load
TNI	The NELAC Institute
TOPS	Take Off Pounds Sensibly
UCEDD	University Center for Excellence in Developmental Disability Research
USACE	U.S. Army Corps of Engineers
USC	University of South Carolina
USDA	U.S. Department of Agriculture

USDHHS	U.S. Department of Health and Human Services
USDOT	U.S. Department of Transportation
USFWS	U.S. Fish and Wildlife Service
USGS	U.S. Geological Survey
UST	Underground Storage Tank
VFC	Vaccines for Children Program
WIC	Women, Infants and Children Nutrition Program
WISEWOMAN	Well Integrated Screening and Evaluation for Women Across the Nation
WTC	State Waste Tire Committee

C. FEEDBACK (OPTIONAL)

After completing the Program Evaluation, please provide feedback to the Committee by answering the following questions:

36. What other questions may provide the Committee and public information about the agency that will allow them to understand how the agency operates, budgets, and performs?
37. What is/are the best way(s), in the agency's opinion for the Committee to be able to compare the specific results the agency obtained with the money it spent? The Committee is asking how the agency could determine the amounts spent and the exact results obtained and be confident these numbers aligned.
38. What changes to the report questions, format, etc. would the agency recommend?
39. What benefits does the agency see in the public having access to the information in the report?
40. What are two-three things the agency could do differently next time (or it could advise other agencies to do) to complete the report in less time and at a lower cost to the agency?
41. Please provide any other comments or suggestions the agency would like to provide.

Exhibit 1

DHEC Internal Audit Policy
establishing the Office of Internal Audits

March 12, 2012

S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
MANUAL OF POLICIES ADOPTED BY THE BOARD

Chapter 3: Office of Internal Audits

3. Policies Adopted by the Board:

3-1. Establishment of the Office of Internal Audits

I. Authority and Responsibility

It is the intent of the Board of Health and Environmental Control to provide and support an internal audit office as an independent appraisal function to examine and evaluate agency activities as a service to management and the DHEC Board. The Office of Internal Audits reports administratively to the General Counsel and functionally to the Agency's Administrative/Audit Committee whose membership consists of designated members of the Board; the Commissioner; the General Counsel; and the Director, Office of Internal Audits. In carrying out their responsibilities, members of the Office of Internal Audits will have full, free, and unrestricted access to all agency activities, records, property and personnel.

The Office of Internal Audits is a staff function and as such does not have responsibility or authority over activities audited; therefore, any review or recommendation by Internal Audits will not in any way relieve the supervisor of the assigned responsibilities inherent with his or her position.

II. Objective and Scope

The primary objective of internal auditing is to assist all members of management and the Board in the effective discharge of their responsibilities. To this end, the Office of Internal Audits will furnish analyses, appraisals, recommendations, counsel, and pertinent information concerning activities reviewed.

The attainment of this overall objective would include, but not be limited to, activities such as:

1. The review of Deputy Areas, Bureaus, Divisions, Regions, and other organizational units within the agency at appropriate intervals to determine whether they are efficiently and effectively carrying out their functions in a manner that is consistent with both agency objectives and high standards of administrative practice.
2. Determination of the adequacy and effectiveness of the agency's systems of internal accounting operating controls.
3. Review of the reliability and integrity of financial information and the means used to identify, measure, classify and report such information.

4. Review of established systems to ensure compliance with those policies, plans, procedures, laws, and regulations, which could have a significant impact on operations and reports. To suggest policy when necessary.
5. Review of the means of safeguarding assets and, as appropriate, verification of the existence of such assets.
6. Appraisals of the economy and efficiency with which resources are employed, identifying opportunities to improve operating performance, and recommending solutions to problems where appropriate.
7. Coordination of audit efforts with those of the State Auditor's Office and other external auditors and reporting the progress being made to resolve audit exceptions.
8. Participation in the planning, design, development, implementation, and operation of computer-based systems to the extent necessary to determine whether: a) adequate controls are incorporated in the systems, b) thorough system-testing is performed at appropriate stages, c) system documentation is complete and accurate, and d) the needs of user organizations are met.

III. Audit Reporting and Implementation of Recommendations

The results of the formal examinations and reviews made by the Office of Internal Audits and recommendations that they may make will be discussed with the director of the unit audited and with that unit's management personnel responsible for the area audited in advance of the formal release of the report. The purpose of these discussions is to obtain agreement on the facts and to ensure the accuracy of the audit report.

Audit Reports will be addressed to the General Counsel with copies to the Board Members, Commissioner and appropriate staff. A summary of each report will be sent to all areas of the agency that would benefit from or be impacted by the findings and recommendations.

If the audit uncovers potential fraudulent and/or illegal activities then the audit results will be discussed with the Commissioner and Deputy Commissioner. The director of the audited unit may be included in these discussions at the discretion of the Commissioner or Deputy Commissioner. The Office of Internal Audits will consult with DHEC's Office of General Counsel and, in certain instances, the Office of Personnel Services on all potential fraudulent and/or illegal activities before the draft report is issued for comment. The Office of Internal Audits will also consult with the Commissioner before the draft report is issued for comment.

Within a period of twenty (20) working days after the Office of Internal Audits has issued the draft report to the director of the audited unit, that unit director will prepare a written response to the Office of Internal Audits stating his/her degree of concurrence with the findings and recommendations in the report. If the director does not concur with the audit findings and recommendations, the director will set forth clearly his/her position including his/her alternative to dispose satisfactorily of any problems reported. The response to the Office of Internal Audits must be written in the following

format: (1) recommendation that management is responding to; (2) management's response to that recommendation including the degree of concurrence; (3) in cases of nonconcurrence, management's alternative solution to satisfactorily dispose of the problem; (4) the planned corrective action to address the finding; (5) the expected implementation date of the corrective action; and (6) the job title of the person responsible for implementation.

If management of the audited unit needs more than twenty (20) working days to respond to the report, management must request an extension in writing to the Director, Office of Internal Audits. This request must explain the reason that the extension is needed and the date the director of the audited unit proposes to submit the response to the Office of Internal Audits. A request for extension must be submitted in time to allow the Director of Internal Audits to respond to the request before the original deadline.

Management of the various DHEC units are not mandated to adopt all recommendations made in a report in precisely the manner set forth by the Office of Internal Audits. Management has the responsibility for correcting unsatisfactory conditions and has been given authority to decide how it should be done. Accordingly, in the absence of considerations of such importance as to require approval of the Commissioner, or Deputy Commissioners, the director will be free to accept, to accept with modifications, or to reject any recommendations made by the Office of Internal Audits. Respective management is expected to adequately resolve any problems brought to their attention by the Office of Internal Audits in a manner that is efficient and incorporates the use of good internal controls. Management is responsible for seeing that their corrective action on reported deficient conditions is taken within thirty (30) working days from the issue date of the final report. Extensions may be granted for recommendation implementation if Management and the Director, Office of Internal Audits agree, when the draft report is discussed, that the identified problems are too complex to resolve within thirty (30) working days. The status of recommendations will be reported semi-annually to DHEC's Executive Management Team.

Approval from the Commissioner, or appropriate Deputy Commissioner must be obtained prior to any unit implementing a specific recommendation made in an internal audit report that would require the transfer of a department employee from one division to another or a significant organizational change. Any organizational change, which has cross agency or deputy implications, shall be discussed with the Commissioner in conjunction with the appropriate Deputy Commissioner before any change is implemented.

Copies of all final internal audit reports and summaries will be provided to all members of the DHEC Board. The Director, Office of Internal Audits, will present all internal audit reports to the Agency's Administrative/Audit Committee three times per year. At that time, the Committee will be apprised of the status of audit recommendations. A summary of the audits to be presented and discussed will be sent to the Agency's Administrative/Audit Committee two weeks prior to the meetings. The Committee will contact the Director, Office of Internal Audits when additional information on an audit report is needed.

After the established time period for the unit director to take corrective action on previously reported conditions, the Office of Internal Audits will review management's actions for satisfactory disposition of audit findings. If any of the findings have not been resolved after the designated time

period, management will be responsible for notifying the Office of Internal Audits when the findings have been resolved. The Office of Internal Audits considers a recommendation closed when a corrective action that resolves the finding presented in the audit report is implemented and when documentation to support the closed recommendation is provided to the Office of Internal Audits. All internal audit recommendations that have been outstanding for more than one year require a reason as to why the recommendations are outstanding to be presented to the Agency's Administrative/Audit Committee.

IV. Communication with the Agency's Administrative/Audit Committee

In accordance with the Statements on Internal Auditing Standards issued by the Institute of Internal Auditors, the Office of Internal Audits will have the following communication with the Agency's Administrative/Audit Committee:

- The Director, Office of Internal Audits will regularly attend and participate in those meetings of the Agency's Administrative/Audit Committee which relate to its oversight responsibilities for auditing, financial reporting, organizational governance and control.
- The Director, Office of Internal Audits will recommend changes to the committee whenever the purpose, authority, and responsibility, as defined in this policy statement, are not adequate to enable the internal auditing department to accomplish its objectives.
- The annual audit plan will be approved by the General Counsel and presented to the Executive Management Team and the Agency's Administrative/Audit Committee. The annual audit plan will be designed to expend effort in proportion to the risk and legal obligations involved and will include a risk assessment value and estimate of the item required for each audit.
- The Director, Office of Internal Audits will communicate an audit scope limitation along with its potential effect, to the Agency's Administrative/Audit Committee.
- The Director, Office of Internal Audits will communicate open internal audit recommendations and the status of the corrective actions to the Agency's Administrative/Audit Committee.
- External auditors may be required by their professional standards to ensure that certain matters are communicated to the Agency's Administrative/Audit Committee. The Director, Office of Internal Audits, will communicate with the external auditor regarding these matters so as to have an understanding of the issues.

Adopted by the South Carolina Board of Health and Environmental Control

Allen Amsler, Chairman

3-12-2012

Date

Exhibit 2

DHEC Internal Audits

2005 - 2016

Audit Title	Topic/Areas Covered	Date
1 Agency Petty Cash and Change Fund Accounts (Audit)	COS/HS - Ensured that: 1) petty cash accounts had been properly approved; and 2) a random sample of petty cash accounts were balanced, properly documented, and maintained using adequate internal controls.	08/03/04
2 Agency Travel Policy and Procedures (Audit)	All DHEC Areas - Tested DHEC employee's compliance with the DHEC Travel Policy Clarification and all other relevant Travel Policies and Procedures; and determined if the current Travel Policies and Procedures were adequate. Additionally: 1) verified that proper internal controls were in place to ensure that DHEC Form 103s filed by employees were properly authorized, adequately supported, timely, and correctly paid; 2) determined if travel reimbursement amounts claimed were reasonable; and 3) determined if employees tested were assigned one headquarters and had not claimed commuting mileage.	12/06/04
3 Local Bank Account (Audit)	Health Services - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	12/10/04
4 Indirect Costs & Assessment Rates (Audit)	HS/COS/EQC - The primary objective of this audit is to evaluate the methodology and calculations of the indirect cost rate and different assessment rates used in the Agency. Also reviewed a sample of transactions to ensure that the rates had been applied appropriately.	01/04/05

	Audit Title	Topic/Areas Covered	Date
5	Recreational Waters (Audit)	EQC - Verified that the Recreational Waters Program was effectively and efficiently completing its program objectives of ensuring that: 1) all new and modified public recreational water facilities in South Carolina were designed and constructed in accordance with approved standards; and 2) recreational water facilities were properly operated and maintained through inspection and monitoring.	01/11/05
6	SC Midlands EMS (Audit)	Health Services - Determined whether State and Federal awards were used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. Additionally; evaluated whether: (1) adequate internal controls were in place and functioning, (2) appropriate procedures were in place to document the accounting activities, and (3) effective program-area subrecipient monitoring was being conducted and documented in compliance with State, Federal, and Agency directives.	06/22/05
7	Public Health Preparedness and Response for Bioterrorism Grants (Audit)	Office Of Public Health Preparedness - Determined the Agency's adherence to grant requirements and contract procedures regarding the expenditure of funds and the required deliverables for the HRSA Bioterrorism Hospital Preparedness Grant. Evaluated the internal controls in place to effectively monitor contract compliance and to prevent binding the Agency to unauthorized legal obligations.	11/02/05
8	Audit of HIPAA Compliance (Audit)	All DHEC Areas - Determined the Agency's adherence to HIPAA requirements and Agency procedures regarding PHI.	02/10/06
9	Audit of Supply Inventory (Audit)	Bureau Business Management - Ensured effective and efficient management of the Agency's supplies. Additionally: 1) reviewed the effectiveness of the Division of Supply and Inventory Management, 2) performed an inventory count to ensure the accuracy of inventory on hand, and 3) determined whether concerns from previous fiscal year-end inventory counts had been implemented.	03/01/06
10	Investigation of Aiken Regional Medical Center (Investigation)	Office Of Public Health Preparedness - Determined how much of the Health Resources and Services Administration (HRSA) Bioterrorism Hospital Preparedness Program funds were spent by ARMC and the amount of HRSA funds that were owed by ARMC to S.C. Department of Health and Environmental Control (DHEC). Evaluated whether: 1) the HRSA funds were used by ARMC for authorized purposes in compliance with laws, regulations, and the provisions of the contract; 2) adequate internal controls were in place and functioning; and 3) appropriate budgeting and request for reimbursement procedures were in place.	05/19/06

	Audit Title	Topic/Areas Covered	Date
11	County Health Department Local Bank Accounts - Region 4 (Audit)	Health Services (Region 4) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures exist for these funds; 3) ensured that proper accounting procedures are being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	09/27/06
12	Audit Report of Public Health Preparedness and Response for Bioterrorism Grant - Invoice Review (Audit)	Office Of Public Health Preparedness - Determined the Agency's adherence to grant requirements and contract procedures regarding the expenditure of funds and the required deliverables for the HRSA Bioterrorism Hospital Preparedness Grant. In addition, we evaluated the internal controls in place to effectively monitor contract compliance and to prevent binding the Agency to unauthorized legal obligations.	01/08/07
13	Health Services Contracts (Audit)	Health Services - Determined Health Services (HS) adherence to Agency contract procedures and ensured compliance with federal, state, and program regulations. Also, evaluated the internal controls in place to effectively monitor contract compliance and to prevent binding the Agency to an unauthorized legal obligation.	03/08/07
14	Audit Report of Agency Change Fund Accounts (Audit)	COS - Audit ensured that: 1) petty cash and change fund accounts had been properly approved; and 2) a random sample of petty cash and change fund accounts were balanced, properly documented, and maintained using adequate internal controls.	03/14/07
15	Software Asset Management for the Bureau of Air Quality (Audit)	EQC - Bureau of Air Quality - Determined if DHEC employees were aware of and complying with the DHEC Software Management Standard. Other objectives for the offices sampled were to: 1) verify that adequate documentation of software licensing was being retained, compared periodically to an inventory listing of software, and corrective action taken when unlicensed software is discovered; 2) determined that proper approvals were obtained for software purchases; 3) verified that proper procedures were being followed related to security over software media, IRC password confidentiality, and the removal of all files and software from surplus computers; and 4) determined if major software from various vendors such as Microsoft, Lotus, Corel, Novell, and SAS was adequately licensed.	05/25/07

	Audit Title	Topic/Areas Covered	Date
16	Audit of County Health Department Local Bank Accounts for Region 8 (Audit)	Health Services (Region 8) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	06/19/07
17	Investigation of the Richland County Environmental Health Office Reg. 3 (Special Request)	Health Services - Investigated some irregularities that had been reported related to a cashier that collected fees in the Richland County Environmental Health Office. The irregularities were uncovered when a client contacted the Environmental Health Office to inquire as to why an inspection had not been completed.	09/19/07
18	Investigation of McCormick Health Department - Reg. 1 (Special Request)	Health Services - Investigated an irregularity that had been reported related to a cashier that collected fees in the McCormick County Environmental Health Office. The irregularity was uncovered when the Bureau of Financial Management notified the management of Region 1 that a deposit had not been made.	09/26/07
19	Audit of the State Fuel Cards (Audit)	Bureau Business Management - Determined the: 1) adequacy of DHEC's policies and procedures to ensure compliance with regulations and requirements related to the State fuel cards; 2) compliance with DHEC policies and procedures by DHEC staff; and 3) adequacy of internal controls to prevent misuse of the State fuel cards.	01/08/08
20	Audit of County Health Department Local Bank Account - Region 3 (Audit)	Health Services (Region 3) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	02/05/08

	Audit Title	Topic/Areas Covered	Date
21	Investigation of Florence County Vital Records Office (Investigation)	HS/PHSIS - Determined the extent of the irregularities in the Florence County Vital Records Office and presented recommendations to prevent the situation from recurring in the future. Additionally, (1) calculated an estimate of the total loss due to any irregularities found, (2) determined what internal controls the Florence County Vital Records Office had in place and what weaknesses in internal controls had occurred, (3) determined if proper vital record procedures were being used related to Birth Certificate Short Forms (Birth Cards) and certified copies of Death Certificates, and (4) determined if all Birth Cards used during that period and certified copies of Death Certificates were accounted for properly.	02/07/08
22	Chesterfield Hospital - HRSA Contracts (Audit)	Office Of Public Health Preparedness - Determined whether Federal awards were used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. Evaluated whether: (1) adequate internal controls were in place and functioning, and (2) appropriate procedures were in place to document the accounting activities, and (3) effective program-area subrecipient monitoring was being conducted and documented in compliance with Federal and Agency directives.	05/08/08
23	Audit of County Health Department Local Bank Accounts - Region 6 (Audit)	Health Services (Region 6) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	06/12/08
24	Audit of Laptop Inventory (Audit)	All DHEC Areas - Determined whether: (1) the data on laptops in the Asset Accounting System were accurate and complete, (2) whether laptops were securely stored; and (3) appropriate Agency procedures were being followed related to laptops, such as sign-out procedures for shared assets.	06/30/08

	Audit Title	Topic/Areas Covered	Date
25	County Health Department Local Bank Accounts - Region 2 (Audit)	Health Services (Region 2) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	04/02/09
26	WIC Services Division Petty Cash Fund (Audit)	Health Services - Ensured that: 1) petty cash and change fund accounts had been properly approved; and 2) a random sample of petty cash accounts were balanced, properly documented, and maintained using adequate internal controls.	06/02/09
27	McLeod Regional Medical Center - Florence - Hospital Preparedness Contract (Audit)	Office Of Public Health Preparedness - Determined whether Federal awards were used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. Evaluated whether: (1) adequate internal controls were in place and functioning, and (2) appropriate procedures were in place to document the accounting activities, and (3) effective program-area subrecipient monitoring was being conducted and documented in compliance with Federal and Agency directives.	06/10/09
28	Audit of County Health Department Local Bank Accounts - Region 7 (Audit)	Health Services (Region 7) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	07/16/09
29	Audit of Children's Rehabilitative Services (Audit)	Health Services - Determined the: 1) adequacy of DHEC's policies and procedures to ensure compliance with regulations and requirements related to CRS; 2) compliance with DHEC CRS policies and procedures by DHEC staff; and 3) adequacy of internal controls to prevent misuse of funds provided for the operation of the services.	08/03/09

	Audit Title	Topic/Areas Covered	Date
30	Audit of Personnel Cost Accounting System - Bureau of Land & Waste Management (Audit)	EQC - Determined: 1) the accuracy of PCAS documentation for a sample of DHEC employees, 2) the adequacy of internal controls to ensure accuracy, and 3) whether PCAS policies and procedures were followed.	11/16/09
31	Audit of County Health Department Local Bank Accounts - Region 1 (Audit)	Health Services (Region 1) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	11/17/09
32	Audit of Personnel Cost Accounting System - Public Health Region 5 (Audit)	Health Services - Determined: 1) the accuracy of PCAS documentation for a sample of DHEC employees, 2) the adequacy of internal controls to ensure accuracy, and 3) whether PCAS policies and procedures were followed.	11/23/09
33	Audit of Jasper County Board of Disabilities and Special Needs Contract (Audit)	Health Services - Determined whether Federal awards were used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. Evaluated whether: (1) adequate internal controls were in place and functioning, (2) appropriate procedures were in place to document the accounting activities, (3) effective program-area subrecipient monitoring was being conducted and documented in compliance with Federal and Agency directives, and (4) patient confidentiality controls were in place and functioning properly.	02/24/10
34	Springs Memorial Hospital - Hospital Preparedness Program Contract	Office Of Public Health Preparedness - Determined whether Federal awards were used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. Evaluated whether: (1) adequate internal controls were in place and functioning, and (2) appropriate procedures were in place to document the accounting activities, and (3) effective program-area subrecipient monitoring was being conducted and documented in compliance with Federal and Agency directives.	05/21/10

Audit Title	Topic/Areas Covered	Date
35 Audit of County Health Department Local Bank Accounts for Region 5 (Audit)	Health Services (Region 5)- Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	08/13/10
36 Audit of Medicaid Nursing Home Permit Program (Audit)	Health Services - Determined compliance with the law regarding the allocation and monitoring of patient days, 2) to make sure the process put in place to allocate the days was legal and reasonable, and 3) to ensure that DHEC was following reporting or other interaction requirements between DHEC and DHHS concerning violations of the law or regulations.	08/17/10
37 Region 2 Local Bank Accounts Review (Review)	Public Health Region 2 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	03/04/11
38 Region 7 Local Bank Accounts Review (Review)	Public Health Region 7 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	04/01/11

	Audit Title	Topic/Areas Covered	Date
39	Audit of County Health Department Local Bank Account for Public Health Region 3 (Audit)	Public Health Region 3 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	05/23/11
40	Audit of County Health Department Local Bank Account for Public Health Region 8 (Audit)	Public Health Region 8 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	05/24/11
41	Procurement Card Follow-up (Audit)	BBM, EQC and Public Health - Evaluated management controls over the administration of the procurement cards since the last audit was completed. Additionally, determined whether: 1) adequate internal controls were put in place to reasonably prevent misuse of procurement cards; 2) adequate mechanisms were in place to monitor the usage of procurement cards; and 3) adequate internal controls were in place for issuing and deactivating the procurement cards.	07/21/11

Audit Title	Topic/Areas Covered	Date
42 Region 5 Local Bank Account Review (Review)	Public Health Region 5 - Review was to ensure that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local appropriation funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Appropriation Accounts had been implemented.	11/17/11
43 Region 4 Local Bank Account Review (Review)	Public Health Region 4 - Review was to ensure that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local appropriation funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Appropriation Accounts had been implemented.	12/20/11
44 Region 8 Local Bank Account Review (Review)	Public Health Region 8 - Review was to ensure that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local appropriation funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Appropriation Accounts had been implemented.	02/25/12

	Audit Title	Topic/Areas Covered	Date
45	Spartanburg County Local Bank Account Review (Review)	Public Health Region 2 - Review was to ensure that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local appropriation funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Appropriation Accounts had been implemented.	02/29/12
46	County Health Department Local Bank Accounts - Public Health Region 6 (Audit)	Public Health Region 6 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	03/28/12
47	Review of the American Recovery and Reinvestment Act of 2009 (ARRA) Fund Reporting (Audit)	Bureau of Financial Management Health Services Operations - Determined whether ARRA Fund reports were properly completed in compliance with laws, regulations, policies and procedures. Also, evaluated whether: (1) appropriate procedures were in place to document the reporting of ARRA funds, (2) internal controls were in place and functioning properly, and (3) proper controls were in place to safeguard assets and identify any irregularities if they occurred.	05/22/12
48	HopeHealth - Florence HIV Contractor Audit (Audit)	Health Services - Determine whether Federal funds were used for authorized purposes in compliance with the laws, regulations, policies and procedures and the provisions of contract and grant agreements. Also, evaluated whether: (1) appropriate procedures were in place to document the accounting transactions, (2) internal controls were in place and functioning properly, and (3) proper controls were in place to safeguard assets and identify any irregularities if they occurred.	06/19/12

Audit Title	Topic/Areas Covered	Date
49 County Health Department Local Bank Accounts - Region 1 (Audit)	Public Health Region 1 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	06/28/12
50 Review of Prescription Monitoring Program (Review)	Bureau of Drug Control- Ensured that internal controls were in place to safeguard the information collected in the PMP computer system. Additionally: 1) ensured access to the PMP computer system was properly granted; 2) ensured that those with access to the PMP system were accessing the system appropriately; and 3) policies and procedures were in place for PMP and being followed.	07/26/12
51 Audit of DHEC Travel Expenditures (Audit)	Bureau of Financial Management -Tested DHEC employee's compliance with the DHEC Travel policies and procedures and evaluated the adequacy of the policies and procedures and other components of the internal control system, and determined the reasonableness of the travel expenditures being claimed.	12/18/12
52 County Health Department Local Bank Accounts - Region 2 (Audit)	Public Health Region 2 - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	02/21/13

Audit Title	Topic/Areas Covered	Date
53 Conway Medical Center	Office Of Public Health Preparedness - Determined whether Federal awards were used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. Evaluated whether: (1) adequate internal controls were in place and functioning, (2) appropriate procedures were in place to document the accounting activities, and (3) effective program-area subrecipient monitoring was being conducted and documented in compliance with Federal and Agency directives.	03/11/13
54 Review of the Midlands Public Health Region Local Bank Accounts	Public Health - Midlands - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Also 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local appropriation funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Appropriation Accounts had been implemented.	04/29/13
55 Health Regulations Contracts	Health Regulations - Determined Health Regulation's adherence to Agency contract procedures to ensure compliance with federal, state, and program regulations. In addition, evaluated the internal controls in place to effectively monitor contract compliance and to prevent binding the Agency to an unauthorized legal obligation.	06/03/13
56 Clean Drinking Water State Revolving Funds Review	Bureau of Water - Ensure that the program area was in compliance with state and federal requirements for the management of the funds. Identified ways to draw down the uncommitted fund balance in the Clean Water State Revolving Fund while still maintaining a reserve to keep the fund going to perpetuity.	06/07/13
57 DHEC Contracting Process	EQC and Public Health - Evaluated and determined if there was a more efficient way to streamline the contracting process throughout the Agency. Determined 1) the adequacy of DHEC's contracting process to ensure compliance with program, state, and federal regulations, 2) the adequacy of internal controls to prevent binding the Agency to an unauthorized legal obligations, and 3) existence of internal controls to identify all federal pass-through entities for subrecipient monitoring. Also, followed-up on recommendations from the previous DHEC Contracting Process Audit.	12/10/13

Audit Title	Topic/Areas Covered	Date
58 Careteam HIV Contractor Audit	Public Health - Determined whether Federal funds were used for authorized purposes in compliance with applicable laws, regulations, policies and procedures and the provisions of contract and grant agreements. Evaluated whether: (1) appropriate procedures were in place to ensure that Federal funds expended during the reporting period were accurately recorded and accounted for, and (2) a system of internal controls was in place to safeguard assets and prevent or detect any irregularities should they occur.	10/24/14
59 Best Chance Network	Public Health - Determined the: 1) adequacy of DHEC's policies and procedures to ensure compliance with regulations and requirements as they relate to the BCN application process, authorization process, and contract compliance; 2) compliance with DHEC BCN policies and procedures by DHEC staff; and 3) adequacy of internal controls to prevent misuse of funds provided for the operation of the services.	11/25/14
1 ACCESS	Public Health - Determined whether Federal funds were used for authorized purposes in compliance with applicable laws, regulations, policies and procedures and the provisions of contract and grant agreements. Also, evaluated whether: (1) appropriate procedures were in place to ensure that Federal funds expended during the reporting period were accurately recorded and accounted for, and (2) a system of internal controls were in place to safeguard assets and prevent or detect any irregularities should they occur.	02/02/15
2 Aid Upstate HIV Contractor Audit	Public Health - Determined whether Federal funds were used for authorized purposes in compliance with applicable laws, regulations, policies and procedures and the provisions of contract and grant agreements. Evaluated whether: (1) appropriate procedures were in place to ensure that Federal funds expended during the reporting period were accurately recorded and accounted for, and (2) a system of internal controls was in place to safeguard assets and prevent or detect any irregularities should they occur.	05/19/15

Audit Title	Topic/Areas Covered	Date
3 Audit of County Health Department Local Bank Accounts for Region 5 (Audit)	Health Services (Region 5) - Ensured that internal controls were in place to safeguard county government funds and other funds allocated to, or under the direct control of, county health departments. Additionally: 1) identified whether the DHEC County Health Departments were in compliance with requirements established by county governments and by DHEC for expenditure of the local bank account funds; 2) ensured that appropriate purchasing procedures existed for these funds; 3) ensured that proper accounting procedures were being used, and 4) determined whether recommendations from the previous audits of County Health Department Local Bank Accounts had been implemented.	01/31/07

Exhibit 3

DHEC External Audits

2011 - 2016

DHEC 2011-2016 External Audit Report Listing

Exhibit 3

Audit Title	Audit Conducted By	Area of DHEC Audited	Date
SC Public Water System Supervision (PWSS) Program	EPA - Region 4	Bureau of Public Water	Stamped 6/7/13
FY15 Determination of SC's Nonpoint Source Mgmt Program and Clean Water Section 319 Grants	EPA - Region 4	Bureau of Public Water	Stamped 6/24/16
FY11 Program Evaluation Report for Clean Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 1/3/13
FY11 Program Evaluation Report for Drinking Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 1/3/13
FY12 Program Evaluation Report for Clean Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 8/29/13
FY12 Program Evaluation Report for Drinking Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 8/29/13
FY13 Program Evaluation Report for Clean Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 7/14/14
FY13 Program Evaluation Report for Drinking Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 7/14/14
FY14 Program Evaluation Report for Clean Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	December 2014
FY14 Program Evaluation Report for Drinking Water State Revolving Fund	EPA - Region 4	Bureau of Public Water	Stamped 2/16/16
2011 Tech System Audit and Instrument Performance Audit at National Air Toxics Trend Station (NATTS) Chesterfield site near Florence	RTI International	Bureau of Air	6/20/2011
2011 Technical Systems Audit of laboratory activities related to samples from Chesterfield site	RTI International	Bureau of Air	6/20/2011
2012 Technical Systems Audit of SC DHEC Air Quality ambient air monitoring program	EPA - Region 4	Bureau of Air	4/9/2012
2012 DHEC's response to EPA Region 4's Technical Systems Audit of SC DHEC Air Quality ambient air monitoring program	DHEC Response	Bureau of Air	3/5/2013
2013 Tech System Audit and Instrument Performance Audit at National Air Toxics Trend Station (NATTS) Chesterfield site near Florence	Battelle - Business of Innovation	Bureau of Air	9/6/2013
2013 Technical Systems Audit of laboratory activities related to samples from Chesterfield site	Battelle - Business of Innovation	Bureau of Air	9/6/2013
2015 Technical Systems Audit of SC DHEC ambient air monitoring program	EPA - Region 4	Bureau of Air	Stamped 11/10/15
2015 DHEC's response to EPA Region 4's Technical Systems Audit of SC DHEC ambient air monitoring program	DHEC Response	Bureau of Air	2/9/2016
2016 EPA Title V Review	EPA - Region 4	Bureau of Air	Stamped 8/18/16
EPA Region 4 State Review Framework evaluation of enforcement and compliance program	EPA - Region 4	Overall Audit of Environmental Affairs	Stamped 11/21/14
2011 Triennial State Program Evaluation of SC Grade "A" Milk & Dairy Program	US DHHS (FDA)	Dairy	2/25/2011
2014 Triennial State Program Evaluation of SC Grade "A" Milk & Dairy Program	US DHHS (FDA)	Dairy	1/15/2014

DHEC 2011-2016 External Audit Report Listing

Exhibit 3

2011 Homeland Security Exercise After Action Report - HB Robinson Steam Plant Exercise	US Homeland Security Radiological Emergency Preparedness	Emergency Preparedness	11/15/2011
2011 Homeland Security Exercise After Action Report - V.C. Summer Nuclear Station	US Homeland Security Radiological Emergency Preparedness	Emergency Preparedness	9/28/2011
2012 FEMA After Action Report - Vogtle Electric Generating Plant	FEMA	Emergency Preparedness	7/10/2012
2012 FEMA After Action Report - Catawba Nuclear Station	FEMA	Emergency Preparedness	1/31/2013
2012 FEMA After Action Report - Oconee Nuclear Station	FEMA	Emergency Preparedness	1/14/2013
2013 Homeland Security Exercise FEMA Improvement Plan - H.B. Robinson	FEMA	Emergency Preparedness	7/26/2013
2013 FEMA After Action Report - V.C. Summer Nuclear Station	FEMA	Emergency Preparedness	4/4/2014
2013 FEMA After Action Report - HB Robinson Steam Plant Exercise	FEMA	Emergency Preparedness	10/8/2013
2013 Homeland Security Exercise FEMA Improvement Plan - V.C. Summer Nuclear Station	FEMA	Emergency Preparedness	1/15/2014
2014 FEMA After Action Report - Catawba Nuclear Station	FEMA	Emergency Preparedness	5/21/2014
2014 FEMA After Action Report - Oconee Nuclear Station	FEMA	Emergency Preparedness	12/3/2014
2014 FEMA After Action Report - Vogtle Electric Generating Plant	FEMA	Emergency Preparedness	10/1/2014
2015 FEMA After Action Report - V.C. Summer Nuclear Station	FEMA	Emergency Preparedness	1/15/2016
2015 FEMA After Action Report - HB Robinson Steam Plant Exercise	FEMA	Emergency Preparedness	1/11/2016
Cancer Prevention - Best Chance Network	US DHHS (CDC)	Community Health & Chronic Disease	7/17/2015
Cancer Division - WiseWoman Program	US DHHS (CDC)	Community Health & Chronic Disease	10/1/2014
Cancer Prevention & Control (Breast & Cervical Cancer)	US DHHS (CDC)	Community Health & Chronic Disease	12/17/2014
Diabetes Section 1305 grant	US DHHS (CDC)	Community Health & Chronic Disease	no date
Diabetes Section 1422 grant	US DHHS (CDC)	Community Health & Chronic Disease	Site visit 9/15/15
Diabetes SC DPCP	US DHHS (CDC)	Community Health & Chronic Disease	11/24/2012
Diabetes	US DHHS (CDC)	Community Health & Chronic Disease	Site visit 9/15/15
Healthy Aging	US DHHS (CDC)	Community Health & Chronic Disease	Site Visit 11/6/13
Tobacco	US DHHS (CDC)	Community Health & Chronic Disease	6/16/2014
2014 First Sound Legislative Update	SC DHHS	Childrens Health	Revised 11/14
2015 First Sound Legislative Update	SC DHHS	Childrens Health	Revised 11/15
SC DHHS Completed Review Cover Letter (Revised)	SC DHHS	Childrens Health	7/13/2010
Composite Tally, Review of Findings, Corrective Action Plan	SC DHHS	Childrens Health	6/23/2010
SC DHEC Corrective Action Plan Cover Letter	SC DHHS	Childrens Health	8/25/2010
SC DHEC Corrective Action Plan	SC DHHS	Childrens Health	No date
2012 EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	11/26/2012

DHEC 2011-2016 External Audit Report Listing

Exhibit 3

2012 DHEC Response to EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	1/31/2013
2012 EPA Response to DHEC Response to EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	3/19/2013
2012 EPA Response to DHEC Response to EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	5/14/2013
2012 DHEC Response #2 to EPA Response to DHEC Response to EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	4/19/2013
2015 EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	11/10/2015
2015 DHEC Response to EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	2/9/2016
2015 EPA Response to DHEC Response to EPA Region 4 State Analytical & Radiological Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	6/30/2016
2015 ARES Laboratory Certification Letter	EPA - Region 4	ARES Lab	6/30/2016
2013 EPA Region 4 Radiochemsitry Environmental Services laboratory in Columbia	EPA - Region 4	ARES Lab	3/10/2014
2011 FDA Milk State Lab evaluation	EPA - Region 4	ARES Lab	7/21/2011
2014 FDA Milk State Lab evaluation	EPA - Region 4	ARES Lab	10/14/2014
2014 DHEC Response to FDA Milk Audit	EPA - Region 4	ARES Lab	12/15/2014
2014 FDA email response #2 to DHEC Response_ FDA Milk Audit	EPA - Region 4	ARES Lab	6/18/2015
2014 DHEC Response #2 to FDA Milk Audit	EPA - Region 4	ARES Lab	3/5/2015
2012 SC LLR Consultation report for Hazards in Workplace	SC LLR	ARES Lab	8/23/2012
2012 DHEC Response to SC LLR Consultation report for Hazards in Workplace	SC LLR	ARES Lab	9/16/2012
2012 DHEC Response #2 to SC LLR Consultation report for Hazards in Workplace	SC LLR	ARES Lab	10/22/2012
2013 DHHS (FDA) report on the Manufactured Food Regulatory Program Standards (MFRPS)	US DHHS (FDA)	Manufactured Food	6/5/2013
2015 DHHS (FDA) report on the Manufactured Food Regulatory Program Standards (MFRPS)	US DHHS (FDA)	Manufactured Food	8/17/2015
2013 National Pollutant Discharge Elimination System (NPDES) Overview Evaluation of DHEC Florence Field Office	EPA - Region 4	NPDES	Stamped 8/14/13
2016 National Pollutant Discharge Elimination System (NPDES) Overview Evaluation of DHEC Aiken Field Office	EPA - Region 4	NPDES	Stamped 05/05/16

DHEC 2011-2016 External Audit Report Listing

Exhibit 3

2014 National Pollutant Discharge Elimination System (NPDES) Overview Evaluation of DHEC Charleston Field Office	EPA - Region 4	NPDES	Stamped 10/9/14
2013 National Pollutant Discharge Elimination System (NPDES) Overview Evaluation of DHEC Greenwood Field Office	EPA - Region 4	NPDES	1/7/2013
2010 - 2015 FDA Shellfish Program Reviews	FDA	Shellfish	Various
2012 Beaufort Shellfish Lab Evaluation	FDA	Shellfish	7/24/2012
2012 Beaufort Shellfish Lab Evaluation Follow up response	FDA	Shellfish	7/25/2012
2012 Charleston Shellfish Lab Evaluation	FDA	Shellfish	5/9/2012
2012 Charleston Shellfish Lab Evaluation Follow up response	FDA	Shellfish	6/12/2012
2015 Beaufort Shellfish Lab Evaluation	FDA	Shellfish	5/20/2015
2015 Beaufort Shellfish Lab Evaluation Follow up response	FDA	Shellfish	8/6/2015
2015 Charleston Shellfish Lab Evaluation	FDA	Shellfish	6/5/2015
2015 Charleston Shellfish Lab Evaluation Follow up response	FDA	Shellfish	6/22/2015
2016 Charleston Shellfish Lab Evaluation Follow up response #2	FDA	Shellfish	8/21/2015
FY2011 Brownfields Revolving Loan Fund Audit	Susan M. Colditz, CPA, LLC	Brownfield Revolving Loan Fund	6/30/2011
FY2012 Brownfields Revolving Loan Fund Audit	Susan M. Colditz, CPA, LLC	Brownfield Revolving Loan Fund	6/30/2012
FY2013 Brownfields Revolving Loan Fund Audit	Susan M. Colditz, CPA, LLC	Brownfield Revolving Loan Fund	6/30/2013
FY2014 Brownfields Revolving Loan Fund Audit	Susan M. Colditz, CPA, LLC	Brownfield Revolving Loan Fund	6/30/2014
FY2014 Pinwood Waste Site Trustee Audit (2004-2013)	Elliott Davis Decosimo	Waste Management	6/28/2016
Integrated Materials Performance Evaluation Program (IMPEP) Review	US Nuclear Regulatory Commission	IMPEP Review	9/7/2012
2013 SC Immunization Program Site Visit	US DHHS (CDC)	Immunization Program	5/3/2013
2013 CARES SC Immunization Program Site Visit	US DHHS (CDC)	Immunization Program	5/24/2013
2014 SC Immunization Program Site Visit	US DHHS (CDC)	Immunization Program	7/7/2014
2015 SC Immunization Program Site Visit	US DHHS (CDC)	Immunization Program	9/1/2015
2015 SC Immunization Program Site Visit Response Tracker	US DHHS (CDC)	Immunization Program	No date
2011 SC Women, Infants, Children (WIC) Review	USDA (FNS)	WIC	No date
2014 SC Women, Infants, Children (WIC) Review	USDA (FNS)	WIC	No date
2011 Aiken Lab Certification Audit	DHEC	Aiken Lab	9/20/11
2011 Aiken Lab Certification Audit - Response	DHEC	Aiken Lab	10/12/11
2013Aiken Lab Certification Audit	DHEC	Aiken Lab	11/1/13
2013 Aiken Lab Certification Audit - Response	DHEC	Aiken Lab	1/13/14
2015 Aiken Lab Certification Audit	DHEC	Aiken Lab	10/12/15
2015 Aiken Lab Certification Audit - Response	DHEC	Aiken Lab	11/9/15
2013 LabCert Anderson Audit	DHEC	Anderson Lab	3/4/13

DHEC 2011-2016 External Audit Report Listing

Exhibit 3

2013 LabCert Anderson Audit Response	DHEC	Anderson Lab	4/5/13
2014 LabCert Anderson Audit	DHEC	Anderson Lab	12/22/14
2014 LabCert Anderson Audit Response	DHEC	Anderson Lab	11/17/14
2012 QA Office of Beaufort Lab Audit	DHEC	Beaufort Lab	3/5/12
2012 QA Office of Beaufort Lab Audit - Response	DHEC	Beaufort Lab	3/7/12
2013 LabCert Office of Beaufort Lab Audit	DHEC	Beaufort Lab	1/10/14
2013 LabCert Office of Beaufort Lab Audit - Response	DHEC	Beaufort Lab	1/27/14
2016 EPA Beaufort Lab Audit	EPA	Beaufort Lab	6/2/16
2012 LabCert Charleston Audit	DHEC	Charleston Lab	2/16/12
2012 LabCert Charleston Audit Response	DHEC	Charleston Lab	3/13/12
2013 LabCert Charleston Audit	DHEC	Charleston Lab	4/15/14
2013 LabCert Charleston Audit Response	DHEC	Charleston Lab	5/22/14
2016 EPA Charleston Lab Certification Audit	EPA	Charleston Lab	6/2/16
2012 Columbia Lab Certification Audit	DHEC	Columbia Lab	3/2/12
2012 Columbia Lab Certification Audit - Response	DHEC	Columbia Lab	3/27/12
2014 Columbia Lab Certification Audit	DHEC	Columbia Lab	11/24/14
2014 Columbia Lab Certification Audit - Response	DHEC	Columbia Lab	11/24/14
2011 LabCert Florence Audit	DHEC	Florence Lab	8/17/11
2011 LabCert Florence Audit Response	DHEC	Florence Lab	9/16/11
2013 LabCert Florence Audit	DHEC	Florence Lab	9/9/13
2013 LabCert Florence Audit Response	DHEC	Florence Lab	10/7/13
2016 LabCert Florence Audit	DHEC	Florence Lab	7/5/16
2011 LabCert Greenville Lab Audit	DHEC	Greenville Lab	4/1/11
2011 LabCert Greenville Lab Audit Response	DHEC	Greenville Lab	4/28/11
2012 EPA Greenville Lab Audit	EPA	Greenville Lab	2/15/13
2012 EPA Greenville Lab Audit EPA Final Response	EPA	Greenville Lab	6/6/13
2012 EPA Greenville Lab Audit Reponse	EPA	Greenville Lab	4/11/13
2012 EPA Greenville Lab Audit Reponse Attachments	EPA	Greenville Lab	4/11/13
2012 LabCert Greenville Lab Audit	DHEC	Greenville Lab	11/30/12
2012 LabCert Greenville Lab Audit Response	DHEC	Greenville Lab	1/8/13
2014 LabCert Greenville Lab Audit	DHEC	Greenville Lab	1/22/15
2014 LabCert Greenville Lab Audit Response	DHEC	Greenville Lab	11/18/14
R2GEPA audit replyfinal	EPA	Greenville Lab	6/6/13
R2GEPA Lab Audit Response att	EPA	Greenville Lab	No date

DHEC 2011-2016 External Audit Report Listing

Exhibit 3

R2GEPA audit	EPA	Greenville Lab	2/11/13
R2Glab Response	EPA	Greenville Lab	4/11/13
2013 LabCert Greenwood Lab Audit	DHEC	Greenwood Lab	3/5/13
2013 LabCert Greenwood Lab Audit Response	DHEC	Greenwood Lab	4/4/13
2014 LabCert Greenwood Lab Audit	DHEC	Greenwood Lab	1/8/15
2014 LabCert Greenwood Lab Audit Response	DHEC	Greenwood Lab	2/6/15
2011 LabCert Lancaster Lab Audit	DHEC	Lancaster Lab	5/9/11
2012 LabCert Lancaster Lab Audit	DHEC	Lancaster Lab	4/4/12
2012 LabCert Lancaster Lab Audit Response	DHEC	Lancaster Lab	5/4/12
2013 LabCert Lancaster Lab Audit	DHEC	Lancaster Lab	6/18/13
2013 LabCert Lancaster Lab Audit Response	DHEC	Lancaster Lab	7/11/13
2015 LabCert Lancaster Lab Audit	DHEC	Lancaster Lab	7/28/15
2015 LabCert Lancaster Lab Audit Rspnse	DHEC	Lancaster Lab	8/20/15
2011 LabCert Myrtle Beach Lab Audit	DHEC	Myrtle Beach Lab	3/4/11
2011 LabCert Myrtle Beach Lab Audit Response	DHEC	Myrtle Beach Lab	3/31/11
2013 LabCert Myrtle Beach Lab Audit	DHEC	Myrtle Beach Lab	1/15/14
2013 LabCert Myrtle Beach Lab Audit Response	DHEC	Myrtle Beach Lab	2/18/14
2012 LabCert Orangeburg Lab Audit	DHEC	Orangeburg Lab	8/7/12
2014 LabCert Organeburg Lab Audit	DHEC	Orangeburg Lab	10/3/14
2013 LabCert Spartanburg Lab Audit	DHEC	Spartanburg Lab	3/1/13
2013 LabCert Spartanburg Lab Audit Reponse	DHEC	Spartanburg Lab	4/14/13
2014 LabCert Spartanburg Lab Audit	DHEC	Spartanburg Lab	12/1/14
2014 LabCert Spartanburg Lab Audit Reponse	DHEC	Spartanburg Lab	1/9/15
2011 LabCert Sumter Lab Audit	DHEC	Sumter Lab	2/11/11
2011 LabCert Sumter Lab Audit Response	DHEC	Sumter Lab	2/16/11
2013 LabCert Sumter Lab Audit	DHEC	Sumter Lab	8/20/13
2013 LabCert Sumter Lab Audit Reponse	DHEC	Sumter Lab	9/18/13
2016 LabCert Sumter Lab Audit	DHEC	Sumter Lab	5/25/16
2015 Latent Tuberculosis Infection (LTBI) Site Visit	US DHHS (CDC)	Tuberculosis Division	9/30/2015
2011 SC TB Control Program Site Visit	US DHHS (CDC)	Tuberculosis Division	12/15/2011

Exhibit 4

Peer Review –

Conducted by the SC State Internal Auditors Association

May 2016



South Carolina State Internal Auditors Association
P.O. Box 11912 Columbia, South Carolina 29211
(803) 216-1099 scsiaa@scsiaa.net

May 13, 2016

Mr. Joel N. Griggs, CIA, CFE
Audit Director - Office of Internal Audit
SC Department of Health and Environmental Control (DHEC)
2600 Bull Street
Columbia, SC 29201-1708

Re: SCSIAA Peer Review of DHEC's Office of Internal Audit

Joel:

At your request and on behalf of the SCSIAA, our independent team of SC state government internal auditors has completed a quality assurance review of your office and our report is attached. Please review it and let me know if you have any questions. Also, please note that no response is required.

A summary of the questionnaire responses and an electronic copy of all review workpapers will be provided separately and as soon as practical.

Thank you.

John E. Page, CIA, CISA
SCSIAA Peer Review Committee
c/o SC PEBA 202 Arbor Lake Drive
Columbia, SC 29223

Cc: Ms. Hershula Davis, SC DOE
Ms. Shawunda Baker, SC PEBA

Quality Assurance Review Report

Of the

South Carolina Department of Health and Environmental Control (SC DHEC)

Office of Internal Audit (OIA)

May 13, 2016

Performed by:

John E. Page, CIA, CISA - Director of Internal Audit, SC Public Employee Benefit Authority

Hershula D. Davis, MBA - Senior Auditor, SC Department of Education

Shawunda Baker – Internal Auditor, SC Public Employee Benefit Authority

INTRODUCTION

Generally Accepted Government Auditing Standards (GAGAS) require audit organizations that follow these standards to have an appropriate internal quality control system in place and undergo an external quality control review. The internal quality control system established by the audit organization should provide reasonable assurance that it has adopted applicable auditing standards and is following adequate audit policies and procedures. The nature and extent of an organization's internal quality control system depend on a number of factors, such as its size, the degree of operating autonomy allowed its personnel, the nature of its work, its organizational structure, and appropriate cost-benefit considerations. Thus, the system established by individual organizations will vary, as will the extent of their documentation. An external quality control review is required at least once every three years by an organization not affiliated with the organization being reviewed. The external quality control review should determine whether the organization's internal quality control system is in place and operating effectively to provide reasonable assurance that established policies and procedures and applicable-auditing standards are being followed.

This report presents the results of the quality review conducted during the months of March, April, and May of 2016 by John Page, Director of Internal Audit – SC PEBA, Hershula Davis, Senior Auditor – SC DOE, and Shawunda Baker, Internal Auditor – SC PEBA.

REVIEW OBJECTIVES

The primary objective of the review was to determine if SC DHEC's Office of Internal Audit has complied with *GAGAS* and the 2011 revision of the Government Auditing Standards issued by the United States Government Accountability Office (GAO). A secondary objective was to foster the sharing of ideas, experiences, and approaches with other internal audit professionals, in order to provide additional recommendations for improving the internal audit function.

REVIEW SCOPE

The scope of the review was restricted to the Office of Internal Audit's 2015 Policies and Procedures Manual, the OIA annual audit plans for fiscal years 2013, 2014, and 2015; and the results of the following OIA audit projects that were completed between July 1, 2013 and June 30, 2015:

- (1) CareTeam HIV Contractor Audit
- (2) Contracting Process Follow-Up Audit
- (3) Health Regulation Contracts Audit
- (4) Local Bank Accounts Audit for Region Two
- (5) Access Network STD-HIV Contractor Audit

The scope of the review did not include the petty cash reviews performed by the administrative assistant of the Office of Internal Audit.

METHODOLOGY

The peer review team met and planned the review with the director and staff of the Office of Internal Audit at their offices on Hinton Street in Columbia, SC on March 22, 2016. Quality assessment questionnaires

developed by the SC State Internal Auditors Association were distributed to members of DHEC's board of directors, general counsel, audit director, audit manager, and audit staff. These were returned directly to the review team and summarized on May 3, 2016. Several post-audit surveys returned to the OIA by managers of audited areas were also reviewed by the peer review team. Finally, a comparison of the OIA Policies and Procedures Manual, audit workpapers, reports, supervision, and training to the GAO Government Auditing Standards was completed on May 6, 2016.

OBSERVATIONS

A summary of the ratings and comments received by the peer review team from the quality assessment questionnaires will be provided to the audit director under separate cover.

DHEC's OIA Policies and Procedures Manual was current, comprehensive, very well organized, and written to comply with Government Auditing Standards (GAS). The OIA audit team collectively possessed adequate professional competence for their audit tasks and the auditors documented their independence prior to each audit (GAS 3.02–3.31, 3.69–3.81). Audit risk was properly assessed prior to each project (GAS 6.05) and the OIA auditors prepared a detailed set of written work papers for each audit that supported the nature, timing, extent, and results of the audit procedures performed, the sources of evidence obtained, significant auditor's judgments, and conclusions reached (GAS 6.79–6.88).

Each report was issued in a timely manner and included the audit objectives, scope, methodology, and (when applicable) fully supported findings, recommendations for improvement, responses from management, and notes regarding audit follow-up (GAS A7.02, 7.08–7.43). The audit manager and/or the audit director documented the review of each set of audit workpapers and report (GAS 6.53–6.55).

CONCLUSIONS

In the opinion of the peer review team, the system of quality control in effect for the review period ending June 30, 2015 has been suitably designed and complied with to provide the Office of Internal Audit with reasonable assurance of performing and reporting in applicable professional standards in all material respects. Audit organizations can receive a peer review rating of pass, pass with deficiencies noted, or fail. The DHEC Office of Internal Audit has received a rating of pass.

ACKNOWLEDGMENTS

The review team wishes to thank Office of Internal Audit personnel for their cooperation and assistance throughout this review. The audit director and the entire audit staff are well versed in auditing standards and have a good foundation for full compliance going forward.