

Legislative Oversight Committee
South Carolina House of Representatives
Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811



Notification of the Healthcare and Regulatory Subcommittee Study

Department of Health and Environmental Control

[September 29, 2017](#)

In accordance with Standard Practice 12.5, notice is hereby provided that the Healthcare and Regulatory Subcommittee oversight study of the Department of Health and Environmental Control is available for consideration by the full committee.

Honorable Phyllis J. Henderson
Healthcare and Regulatory Subcommittee Chair

cc: The Honorable William K. "Bill" Bowers
The Honorable MaryGail K. Douglas
The Honorable Bill Taylor

Legislative Oversight Committee

Study of the Department of Health and Environmental Control *September 29, 2017*



FULL COMMITTEE OPTIONS STANDARD PRACTICE 13	FULL COMMITTEE ACTION(S)	DATE(S) OF FULL COMMITTEE ACTION(S)
(1) Refer the study and investigation back to the subcommittee or an ad hoc committee for further evaluation; (2) Approve the subcommittee's study; or (3) further evaluate the agency as a full committee, utilizing any of the available tools of legislative oversight available		

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AGENCY SNAPSHOT

Department of Health and Environmental Control

HISTORY
Formed from separate entities dating back to 1848, the Department of Health and Environmental Control is formed in 1973 to comprehensively address the state's public health needs.

4 Central Office Locations
59 Health Department Locations
17 Environmental Affairs Locations

Service Locations

Agency Mission

To improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.

3,492,440
Authorized
Positions

\$812,609,798 .00

Fiscal Year 2015-16 Resources

Challenges

Obsolete and outdated information technology systems reduce performance and security (e.g. DHEC data center and network).

Inadequate space, degraded facilities, and outdated structures affect morale and reduce operational efficiency and productivity.

Noncompetitive compensation and condition of facilities impact talent recruitment and retention.

Highlights

Successful event responses reduce adverse impacts on public and environmental health (e.g. October 2015 flood, food handler Hepatitis A outbreak, and tuberculosis outbreak).

Permit and license time reduction result in better service to businesses (e.g. reducing Certificate of Need average decision time from 118 to 40 days).

High-quality work to protect public and environmental health gains national prominence for emergency medical services (EMS) breakthroughs, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Brownsfield cleanup, Environmental justice, Underground Storage Tank Program, Central Cancer Registry, Radiochemistry Lab, Defense Installation Restoration Program, Best Chance Network, and Food Protection.

Figure 1. Snapshot of agency's history, highlights, challenges, and Fiscal Year 2016-17 resources.¹

EXECUTIVE SUMMARY

Purpose of Oversight Study

As stated in SC Code §2-2-20(B), “[t]he **purpose of these oversight studies** and investigations is to **determine if agency laws and programs** within the subject matter jurisdiction of a standing committee: (1) **are being implemented** and carried out **in accordance with the intent of the General Assembly; and** (2) **should be continued, curtailed, or eliminated.**” In making these determinations the **Subcommittee** evaluates (1) the application, administration, execution, and effectiveness of the agency’s laws and programs, (2) the organization and operation of the agency, and (3) any conditions or circumstances that may indicate the necessity or desirability of enacting new or additional legislation pertaining to the agency.²

Study Process

The House Legislative Oversight Committee’s (Committee) process for studying the Department of Health and Environmental Control (agency, department, or DHEC) **includes actions by the full Committee; Healthcare and Regulatory Subcommittee (Subcommittee); the agency; and the public.** Key dates and actions from January 28, 2016, to July 19, 2017, are listed below in Figure 2.

Legislative Oversight Committee’s Actions

- January 28, 2016 - Schedules the agency for study.
- February 4, 2016 - Informs agency it has been selected for study.
- May 1-31, 2016 - Solicits input from the public about the agency in the form of an **online public survey**.

Healthcare and Regulatory Subcommittee’s Actions

- April 27, 2016 - Holds **entry meeting** with the agency, to discuss study procedural issues.
- January 24, 2017 - Holds **Meeting #1**, a **public input meeting**, and receives an overview of the agency.
- February 9, 2017 - Holds **Meeting #2** to discuss the agency’s mission; vision; strategic plan; performance; improvements; development of new budgeting techniques; regulatory authority; and Savannah River Site.
- February 23, 2017 - Holds **Meeting #3** to receive an overview of the agency's history and programs.
- March 23, 2017 - Holds **Meeting #4** to address questions relating to strategic planning; environmental issues; and health issues.
- April 20, 2017 - Holds **Meeting #5** to discuss the agency's strategic planning, performance measures, and partners relating to Goal 1 (Health Services) and Goal 2 (Environmental Affairs)

- May 9, 2017 - Holds **Meeting #6** to discuss the agency's strategic planning, performance measures, and partners relating to Goal 3 (Health Regulations) and Goal 4 (Operations).
- June 20, 2017 - Holds **Meeting #7** to discuss the agency's recommendations for statutory changes.
- July 19, 2017 - Holds **Meeting #8**, a work session, to address recommendations.

Department of Health and Environmental Control's Actions

- March 2015 - Submits its **Annual Restructuring and Seven-Year Plan Report**.
- January 12, 2016 - Submits its **2016 Annual Restructuring Report**.
- August 24, 2016 - Submits its **Program Evaluation Report**.
- January 2017 - Meets with constituents that provide input at the January 24, 2017, Subcommittee meeting.

Public's Actions

- May 1, 2016 - May 31, 2016 - Provides input about agency via **online public survey**.
- January 24, 2017 - Provides **testimony** to Subcommittee.
- Ongoing - Public may submit written comments on the Committee's webpage on the General Assembly's website (www.scstatehouse.gov).

Figure 2. Summary of key dates and actions of the study process, January 28, 2016, - July 19, 2017.

Recommendations

The Subcommittee has **47 recommendations arising** from its study of the agency, 42 to curtail or revise programs and five to eliminate programs. These recommendations fall into four categories: (1) general (i.e., agency-wide), (2) environmental, (3) health regulations, and (4) health services; recommendation topics are included in Table 1.³

Table 1. List of recommendation topics by agency program division.⁴

Program Division	Topics
	Curtail (Revise)
Agency wide	<ul style="list-style-type: none"> • Email Notice of Decisions
Environmental Affairs	<ul style="list-style-type: none"> • Solid Waste Policy and Management Act • Hazardous Waste Management Act (5)
Health Regulations	<ul style="list-style-type: none"> • Certificate and Need (2) • Hearing Aids (6) • Body Piercing • Tattooing • Emergency Medical Services Act (2)
Health Services	<ul style="list-style-type: none"> • Vital Statistics (5) • Contagious and Infectious Diseases (8) • Emergency Health Powers Act

	<ul style="list-style-type: none"> • Tuberculosis (3) • Community Oral Health Coordinator • Dental Practices Act • Care of the Newly Born • SC Health Care Professional Compliance Act • Infants and Toddlers with Disabilities Act
Eliminate	
Agency wide	<ul style="list-style-type: none"> • District Advisory Boards of Health • Catawba Health District
Environmental Affairs	<ul style="list-style-type: none"> • Hazardous Waste Management Research Fund • Coastal Zone Appellate Panel
Health Services	<ul style="list-style-type: none"> • Contagious and Infectious Diseases • Osteoporosis Prevention and Treatment Act

Table Note: A number in parentheses indicates the number of recommendations relating to a topic, if more than one.

There are no **recommendations relating to continuing agency programs.**

In its Program Evaluation Report, the Department of Health and Environmental Control proposes **three agency wide recommendations**. The Subcommittee adopts one of these recommendations as a statutory revision. It proposes clarifying that notice of department decisions or staff decisions may be sent by email or other appropriate means.⁵

In its Program Evaluation Report, the Department of Health and Environmental Control proposes 14 **recommendations regarding the environmental affairs division**; the Subcommittee adopts six of these as statutory revisions, five in total and one with an exception.⁶ Table 2 summarizes the environmental recommendations.

Table 2. Summary of environmental affairs division recommendations.⁷

Subcommittee Recommendation Number	Summary
2 (Exception)	Solid Waste Policy and Management Act SC Code §44-96-110 et seq., establishes standards for the management of solid waste, and authorizes the department to regulate and permit solid waste management facilities. Also it establishes goals for the State in waste reduction and recycling, and requires local and state solid waste management planning. This recommendation proposes changes pertaining to construction and demolition debris, zoning, and permittee demonstration of need. (2.3)*
3	Hazardous Waste Management Act SC Code §44-56-140(E) requires DHEC 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. This recommendation proposes to delete this requirement. (2.5)*

4	Hazardous Waste Management Act SC Code §44-56-59 includes 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. This recommendation proposes deleting preferences for in state hazardous waste generators and restrictions on out of state hazardous waste, which have been determined to be unconstitutional by a federal court. (3.1)*
5	Hazardous Waste Management Act SC Code §44-56-60(a)(1), (2), and (3) 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. This recommendation proposes deleting preferences for in state hazardous waste generators and restrictions on out of state hazardous waste, which have been determined to be unconstitutional by a federal court. (3.2)*
6	Hazardous Waste Management Act SC Code §44-56-130 (4),(5), and (6) make 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 the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). This recommendation proposes deleting these sections, which have been determined to be unconstitutional by a federal court. (3.3)*
7	Hazardous Waste Management Act SC Code §44-56-205 provides that all hazardous waste treatment and disposal facilities shall give preference to in-state hazardous waste generators. This recommendation proposes deleting this section, which has been determined to be unconstitutional by a federal court. (3.4)*

Table Note: A number in parentheses with an asterisk symbol beside it indicates the number of the recommendation in the agency's materials the Subcommittee utilizes during the study process.

In its Program Evaluation Report, the Department of Health and Environmental Control proposes 16 **health regulation division recommendations**; the Subcommittee adopts 11 of these as statutory revisions, six with no exceptions and five with a request for additional information. The Subcommittee adopts one additional recommendation.⁸ Table 3 summarizes the health regulation recommendations.

Table 3. Summary of health regulation division recommendations.⁹

Subcommittee Recommendation Number	Summary
8	Certification of Need and Health Facility Licensure Act SC Code §44-7-110 et seq., requires a certificate of need (CON) in certain circumstances and requires licensure for certain types of health care facilities. Section 44-7-170 delineates institutions and transactions exempt from these licensure provisions and certain institutions and transactions exempt from only the CON provisions. This recommendation proposes modification to §44-7-170(B)(6) to clarify that kidney disease centers are exempt only from the CON provisions, but these centers are still subject to the licensure provisions. (1.4)*
9	Certification of Need and Health Facility Licensure Act SC Code §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. This recommendation proposes revisions allowing greater ability to publish information online and modifications clarifying disclosure requirements and prohibitions. (2.15)*
10	Hearing Aids SC Code §40-25-10 et seq., authorizes DHEC 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. This recommendation proposes to modify §40-25-20(2) to delete the requirement for this commission to formulate the examination. (1.5)*
11	Hearing Aids SC Code §40-25-30 lists the powers of DHEC related to the Practice of Specializing in Hearing Aids. Subsection 40-25-30(6) authorizes DHEC to suspend or revoke a license or require that a refund be made. This recommendation proposes to authorize DHEC to issue a monetary penalty. (1.6)*
12	Hearing Aids SC Code §40-25-150(C)-(D) require the Commission of Hearing Aid Specialists to monitor continuing education compliance. The recommendation proposes to replace the commission with DHEC in §40-25-150(C) and (D), so as to authorize DHEC, rather than this commission, to perform these duties. (2.19)*
13	Hearing Aids This recommendation proposes to modify §40-25-110 to authorize the department to charge a fee for the examination of persons seeking to specialize in hearing aids to subsidize the cost of administering the examination. (2.20)*
14	Hearing Aids SC Code §40-25-30(2) allows DHEC to administer a qualifying examination to applicants for licensure. This recommendation proposes to modify this duty to include the authority to facilitate the administration of the qualifying examinations (i.e., allow usage of vendors for testing). (2.21)*

15	Hearing Aids The Subcommittee recommends DHEC and the Department of Labor, Licensing, and Regulation jointly make a recommendation about which agency the Practice of Specializing in Hearing Aids Act best fits within.
16	Body Piercing SC Code §44-32-10 et seq., requires the department to establish sterilization, sanitation, and safety standards for persons engaged in the business of body piercing, issue permits to facilities to engage in body piercing, and charge annual permitting fees. This recommendation proposes to authorize DHEC 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. In addition, the recommendation proposes 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). (1.7)*
17	Tattooing SC Code §44-34-10 et seq., requires DHEC 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 recommendation proposes adding language to §44-34-80 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 only a licensee of the facility. (1.8)*
18	Emergency Medical Services Act SC Code §44-61-10 et seq., authorizes DHEC to develop standards for emergency medical services (EMS) in the state; license, certify, and permit ambulance services, emergency medical technicians, and ambulance vehicles in the state; and take certain enforcement actions. Section 44-61-160 establishes an Investigative Review Committee and provides for its composition. This recommendation proposes modifying the definition of “Investigative Review Committee” to indicate that DHEC <i>may</i> convene the committee regarding an official investigation that may warrant suspension or revocation of a license or certification. The recommendation further proposes modifying 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. (2.16)*
19	Emergency Medical Services Act This recommendation proposes adding new statutory provisions authorizing DHEC to become a member of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) with other states. (2.17)*

Table Note: A number in parentheses with an asterisk symbol beside it indicates the number of the recommendation in the agency’s materials the Subcommittee utilizes during the study process.

In its Program Evaluation Report, the Department of Health and Environmental Control proposes 25 **health services division recommendations**; the Subcommittee adopts 22 these recommendations as statutory revisions.¹⁰ Table 4 summarizes these health services recommendations.

Table 4. Summary of health services division recommendations.¹¹

Subcommittee Recommendation Number	Summary
20	Vital Statistics SC Code §44-63-10 through 180 empowers DHEC to establish a bureau of vital statistics and to provide a system for the registration and certification of births, deaths, marriages, and divorces. To remain consistent with the national model, the recommendation proposes clarifying terminology, recognize the transition to an electronic system, remove obsolete references, clarify treatment of sealed records and paternity acknowledgements, and reflect changes to DHEC's organization. (1.3)*
21	Vital Statistics SC Code §44-63-74 provides for the electronic filing and transmission of death certificates, including the authority to assess penalties for noncompliance. This recommendation proposes allowing DHEC discretion in assessing civil penalties, including the amount, and adding civil enforcement powers in cases other than late filing of death certificates. (2.11)*
22	Vital Statistics SC Code §44-63-100(A) provides for the registration of birth through petition for delayed certificate of birth established by court order. This recommendation proposes removing the provision allowing to petition for delayed birth certificate to be filed outside of South Carolina (i.e., state of petitioner's residence). (2.12)*
23	Vital Statistics SC Code §44-63-163, §44-63-165, and §63-17-10 relate to paternity determinations. This recommendation proposes removing references to an administrative determination of paternity or acknowledgement of paternity pursuant to §63-17-10. It also proposes to clarify whether paternity determinations by courts outside of South Carolina may be accepted as sufficient, and if pre-birth orders in surrogacy cases are effective to determine parentage for purposes of birth registration. (2.13)*
24	Vital Statistics SC Code §44-63-150 provides for the correction of mistakes in birth or death certificates. Section 62-1-302 provides the subject matters over which the probate courts have exclusive jurisdiction. Section 63-3-530 provides the subject matters over which the family courts have exclusive jurisdiction. This recommendation proposes allowing parents to make changes to adult children's birth certificates only when the child is legally incompetent, clarifying that the family court has jurisdiction over amendments to birth certificates that may not be considered corrections, and giving the probate court express jurisdiction over corrections to death certificates. (2.14)*
25	Contagious and Infectious Diseases SC Code §44-29-10(A) addresses physician reporting of contagious or infectious diseases. The recommendation proposes removing the requirement that physicians report to the county health department and replacing it with an instruction that the reporting be provided to DHEC. (1.13)*

26	Contagious and Infectious Diseases SC Code §44-29-70 requires certain healthcare professionals to report cases of sexually transmitted diseases to health authorities. This recommendation proposes adding the term “sexually transmitted infection” to both the title and body of the section. (1.14)*
27	Contagious and Infectious Diseases SC Code §49-29-80 requires laboratories to report positive tests for sexually transmitted disease to DHEC and local boards of health. This recommendation proposes adding the term “sexually transmitted infection” to both the title and body of the section and removing the reference to local boards of health. (1.15)*
28	Contagious and Infectious Diseases SC Code §44-29-90 addresses the examination, treatment and isolation of persons infected with venereal disease. This recommendation proposes replacing the term “venereal disease” with “sexually transmitted disease and sexually transmitted infection” and adding the term “sexually transmitted infection” to each phrase where “sexually transmitted disease” is used alone. (1.16)*
29	Contagious and Infectious Diseases SC Code §44-29-100 addresses the examination, treatment, and isolation of prisoners for sexually transmitted diseases. This recommendation proposes removing the requirement that prisoners remain incarcerated after their terms expire for treatment. Also, it proposes adding the term “sexually transmitted infection” to each phrase where “sexually transmitted disease” is used alone. (1.17)*
30	Contagious and Infectious Diseases SC Code §44-29-136 addresses court orders for disclosure of records for law enforcement purposes. This recommendation proposes adding the term “sexually transmitted infection” to each phrase where “sexually transmitted disease” is used alone. (1.18)*
31	Contagious and Infectious Diseases SC Code §44-29-140 addresses penalties related to venereal disease. This recommendation proposes replacing the term “venereal disease” with “sexually transmitted disease and sexually transmitted infection.” (1.19)*
32	Contagious and Infectious Diseases SC Code §44-29-135(f) requires DHEC notify public schools when a student in kindergarten through fifth grade has Acquired Immune Deficiency Syndrome (AIDS) or is infected with Human Immunodeficiency Virus (HIV). This recommendation proposes repealing the section. (1.20)*
33	Emergency Health Powers Act SC Code §44-4-130(R) provides a definition of “qualifying health condition” which supports the definition of a “public health emergency” in §44-4-130(P). This recommendation proposes expanding the definition of a “qualifying health condition” 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.” (2.22)*
34	Tuberculosis Camps SC Code §44-7-610 through 780 relate to county, township or municipal hospitals or tuberculosis camps. This recommendation proposes deleting any reference to tuberculosis camps in these sections as DHEC no longer treats or controls tuberculosis disease using tuberculosis camps. (1.10)*
35	Reports of Records of Tuberculosis Cases SC Code §44-31-10 requiring certain medical providers and entities to report cases of tuberculosis to DHEC has not been updated since 1970. This recommendation proposes updating the language to reflect current medical recommendations and reporting practices. (1.23)*
36	Reports and Records of Tuberculosis Cases SC Code §44-31-105 authorizes DHEC to issue and enforce emergency orders for the control and treatment of tuberculosis. This recommendation proposes clarifying that a petition is filed in the probate court in the county in which the person is being detained in the event that the individual has not requested a hearing and the 20-day detainment is nearing an end. (2.26)*
37	Community Oral Health Coordinator SC Code §44-8-10 through 60 provide for the creation and implementation of a targeted community program for dental health education, screening, and treatment referral. This recommendation proposes expanding the provision of services facilitated by the community oral health coordinator to persons of any age in underserved and vulnerable populations in designated counties. (1.11)*
38	Dental Practices Act of 2003 SC Code §40-15-110 (E) requires DHEC to target dental services in a public health setting to under-served populations. This recommendation proposes moving §40-15-110 (E) to Title 44 (Health) where the majority of DHEC’s health-related responsibilities are located. In addition, to ensure that these services are being properly implemented, this recommendation also proposes adding to Title 44 a 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. (1.12)*
39	Care of the Newly Born SC Code §44-37-30 addresses neonatal testing of children. This recommendation proposes removing the requirement for indefinite storage of the sample. (1.21)*

40	SC Health Care Professional Compliance Act SC Code §44-30-10 through 90 provide for the creation of expert review panels to determine if health care worker who is either HIV or HBV (hep-b) positive can receive recommendations for participating in certain invasive procedures in the health care setting. This recommendation proposes including current CDC (Centers for Disease Control) or equivalent guidelines, allowing DHEC to appoint at least one or approve an existing expert review panel if needed, and requiring enforcement, and providing an enforcement mechanism for the requirement that educational institutions to provide current training in infection control practices for health care professionals participating in the institutions' education programs. (2.23)*
41	Infants and Toddlers with Disabilities Act SC Code §44-7-2510 through 2610 grant the Governor discretion to designate the lead agency for the implementation of the Infants and Toddlers with Disabilities Act (i.e., BabyNet). As the lead agency is subject to change (e.g., DHEC, First Steps to School Readiness, and the Department of Health and Human Services have all served as lead agency), DHEC recommends moving these provisions from Title 44 (Health) to Title 63, the South Carolina Children's Code. (5.2)*

Table Note: A number in parentheses with an asterisk symbol beside it indicates the number of the recommendation in the agency's materials the Subcommittee utilizes during the study process.

Eliminate

In its Program Evaluation Report, the Department of Health and Environmental Control proposes seven **recommendations for eliminating programs**; the Subcommittee adopts six.¹² Table 5 summarizes the recommendations to eliminate programs.

Table 5. Summary of recommendations to eliminate programs.¹³

Subcommittee Recommendation Number	Summary
42	Contagious and Infectious Diseases SC Code §44-29-195 relates to head lice, school children, and vouchers for treatment products. This recommendation proposes removing the requirement that DHEC make products available for treatment of pediculosis (i.e., head lice infestation). (4.2)*
43	District Advisory Boards of Health - SC Code §44-1-130 establishes health districts and district advisory boards. This recommendation proposes eliminating reference to "district advisory boards of health," as they no longer exist, and changing all mention of "districts" to "regions," to reflect current terminology. (1.2)*
44	Catawba Health District - SC Code §44-3-110 through 140 establish and organize the "Catawba Health District," which includes Chester, Lancaster and York Counties. This recommendation proposes deleting this section as the district no longer exists. (1.9)*

45	Hazardous Waste Management Research Fund SC Code §44-56-810 through 840 creates the Hazardous Waste Management Research Fund, funded by fees from the Pinewood Site in Sumter County. This recommendation proposes to delete this section as the Pinewood Site in Sumter County no longer collects fees since its closure in 2000. (2.6)*
46	Coastal Zone Management Appellate Panel SC Code §48-39-40 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. This recommendation proposes eliminating the panel as there is now a uniform procedure for contested cases and appeals. (2.9)*
47	Osteoporosis Prevention and Treatment Education Act SC Code §44-125-10 through 40 establish an Osteoporosis Education Fund and an Osteoporosis Prevention and Treatment Education Program to promote public awareness, prevention, and treatment of osteoporosis. This recommendation proposes repealing these sections as the fund has not been established and no funds have been allocated to carry out this purpose. (4.3)*

Table Note: A number in parentheses with an asterisk symbol beside it indicates the number of the recommendation in the agency's materials the Subcommittee utilizes during the study process.

Internal Changes Implemented by Agency Related to Study Process

During the study of DHEC the agency implements several improvements directly related to its participation in the study process. Those improvements are listed below.

- While prior to the Healthcare and Regulatory Subcommittee's study DHEC staff begin evaluating agency programs and legal mandates to determine if there are gaps, the study helps expedite and prioritize the review.

The program evaluation report template allows DHEC staff to assess programs using the same metrics, which provides for greater consistency across the agency.¹⁴

Additional Information

The Department of Health and Environmental Control makes 11 **recommendations that the Subcommittee receives for information purposes only**. Table 20 summarizes these recommendations.

Notably, the Subcommittee rejects the agency's recommendation for the General Assembly to repeal statutes relating to (SC Code §59-111-150 through 580) the South Carolina Medical and Dental Loan Fund, which assists loan recipients with the costs of medical and dental education in return for commitments to practice in underserved areas. In making this recommendation, agency representatives note funds have not been allocated to carry out this purpose for many years.¹⁵

AGENCY OVERVIEW

History

The Department of Health and Environmental Control has provided the Committee with an overview of the agency's history.¹⁶ In addition, Committee staff has confirmed the accuracy of any assertion of legislative action.

In 1848, the South Carolina Medical Association is constituted as a corporate body by the General Assembly.¹⁷ It is formed from the Medical Society of South Carolina to give physicians a platform to engage in health advocacy.¹⁸

In 1878, the General Assembly creates the State Board of Health, which is composed of the South Carolina Medical Association, the Attorney General, and the Comptroller General.¹⁹ The State Board of Health serves as the exclusive advisor to the state in matters of public health and is tasked with preventing disease and supervising quarantine matters.²⁰ The same year the General Assembly establishes a nine-member Executive Committee of the State Board of Health, which is composed of the Attorney General, Comptroller General, and seven men nominated by the South Carolina Medical Association. The Executive Committee has wide-ranging authority (e.g., act in the intervals between meetings of the State Board of Health; divide the state into health districts; appoint local health boards in districts that do not already have one; and regulate all health boards; and collect public health statistics).²¹ Additionally, the Executive Committee has broad regulatory powers (e.g., sanitation of steamboats, jails, passenger cars, schools, hotels, restaurants, hot dog stands, nursing homes, meat markets, canneries, swimming pools, and fairs; production or processing of milk and seafood; and control of insects, industrial plants, water used in air humidifiers, persons quarantined due to disease; and sewage and garbage disposal.)²²

In 1950, the General Assembly establishes a ten-member Water Pollution Control Authority and tasks it with abating, controlling, and preventing the pollution of South Carolina's waters.²³ The authority begins as a division of the State Board of Health and two decades later becomes an independent agency in 1971.²⁴

In 1973, the Reorganization Commission issues a reorganization plan recommending consolidation of state public health. The same year General Assembly creates the Department of Health and Environmental Control by consolidating the State Board of Health, the Executive Committee of the State Board of Health, and the Water Pollution Control Authority.²⁵ All of the functions, powers, duties records, property, personnel, and unexpended appropriations of the consolidated agencies are devolved to the Department of Health and Environmental Control.²⁶ A Board of Health and Environmental Control, which is appointed by the Governor with the advice and consent of the Senate, supervises the agency.²⁷ This supervising entity selects an agency head, which is initially referred to a commissioner, and after 1993 is referred to as a director.²⁸

Purpose, Mission, and Vision

The purpose of the agency is reflected in the enabling legislation of the separate health and environmental entities consolidated to form DHEC. The 1878 enabling legislation of the Board of Health tasks it with being the “sole advisor of the State in all questions involving the protection of the public health within its limits.”²⁹ The 1950 enabling legislation of the Water Pollution Control Authority declares the following as the public policy of the state of South Carolina:

that reasonable standards of purity of the waters of the State consistent with public health and public enjoyment thereof, propagation and protection of fish, shellfish, wildlife, operation of existing industries and the future industrial development of the State with a reasonable balance of consideration of the public welfare be maintained, and to that end require the use of reasonable methods to prevent and control the pollution of waters of the State of South Carolina.³⁰

In 1973, the General Assembly consolidates these purposes under one agency, the Department of Health and Environmental Control.³¹ DHEC’s mission is “to improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.”³² Its vision is “healthy people living in healthy communities.”³³

Agency Organization

Governing Body

DHEC is governed by the South Carolina Board of Health and Environmental Control (Board). The Board consists of eight members appointed by the Governor, with the advice and consent of the Senate, from each congressional district with a chairman from the state at large. Vacancies must be filled in the manner of the original appointment for the remainder of the unexpired term. In making these appointments, race, gender, and other demographic factors are considered to ensure nondiscrimination, inclusion, and representation to the greatest extent possible of all segments of the population of the State.

Table 6. Current Board of Health and Environmental Control members.³⁴

Position	Members	Appointment Date	Term Expiration Date
1st Congressional District	VACANT		
2nd Congressional District	Robert Kenyon Wells	6/3/2016	6/30/2017
3rd Congressional District	Charles M. Joye II	6/3/2016	6/30/2019
4th Congressional District	Lemia Clarence Batts Jr.	6/3/2016	6/30/2017
5th Congressional District	Ann B. Kirol	6/3/2016	6/30/2017
6th Congressional District	David W. Gillespie	6/3/2016	6/30/2019
7th Congressional District	VACANT		
At-Large, Chairman	Allen Amsler	6/3/2016	6/30/2017

Table Note: Board of Health and Environmental Control members are appointed by the Governor with the advice and consent of the Senate.

The Board's duties include, but are not limited to the following:

- Selecting a director, in consultation with the Governor, and with the advice and consent of the Senate;
- Conducting administrative reviews to render final agency determinations in matters involving the issuance, denial, renewal, or revocation of permits, licenses, or other actions of the department;
- Providing for the administrative organization of the department;
- Promulgating regulations; and
- Investigating causes of and prescribing preventative measures to suppress communicable or epidemic diseases.³⁵

Agency's Organization Units

Every agency has some type of organization and hierarchy as reflected in the agency's organizational chart. Within the organization are separate units. An agency may refer to these units as departments, divisions, functional areas, cost centers, etc. Each unit is responsible for contributing to the agency's ability to provide services and products.

During the study process the agency is asked about its organization and major operating programs.³⁶ DHEC has three major organizational units referred to as divisions, which are described in Table 7. The organization of the agency is shown in Figure 3.

Table 7. Department of Health and Environmental Control divisions: name, area, and purpose.³⁷

DIVISION NAME	AREA AND PURPOSE
Environmental Affairs	<p>Area: Consists of five bureaus: Air Quality; Environmental Health Services; Land and Waste Management; Water; and the Office of Ocean and Coastal Resource Management.</p> <p>Purpose: Environmental Affairs Administration includes support for bureaus and customers in areas of permitting, community engagement, and toxicology resources.</p>
Health Services	<p>Area: Includes four areas: Maternal and Child Health; Community Health and Chronic Disease Prevention; Disease Control; Client Services; and Public Health Statistics and Information Services.</p> <p>Purpose: Health Services works with the four health regions, the federal Centers for Disease Control and Prevention, and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.</p>
Health Regulations	<p>Area: Includes six areas: Health Facilities Licensing and Certification; Certificate of Need; Emergency Medical Services and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.</p> <p>Purpose: These areas support the primary purpose of working with health facilities and services to protect the public's health by assuring provision of safe, quality care.</p>

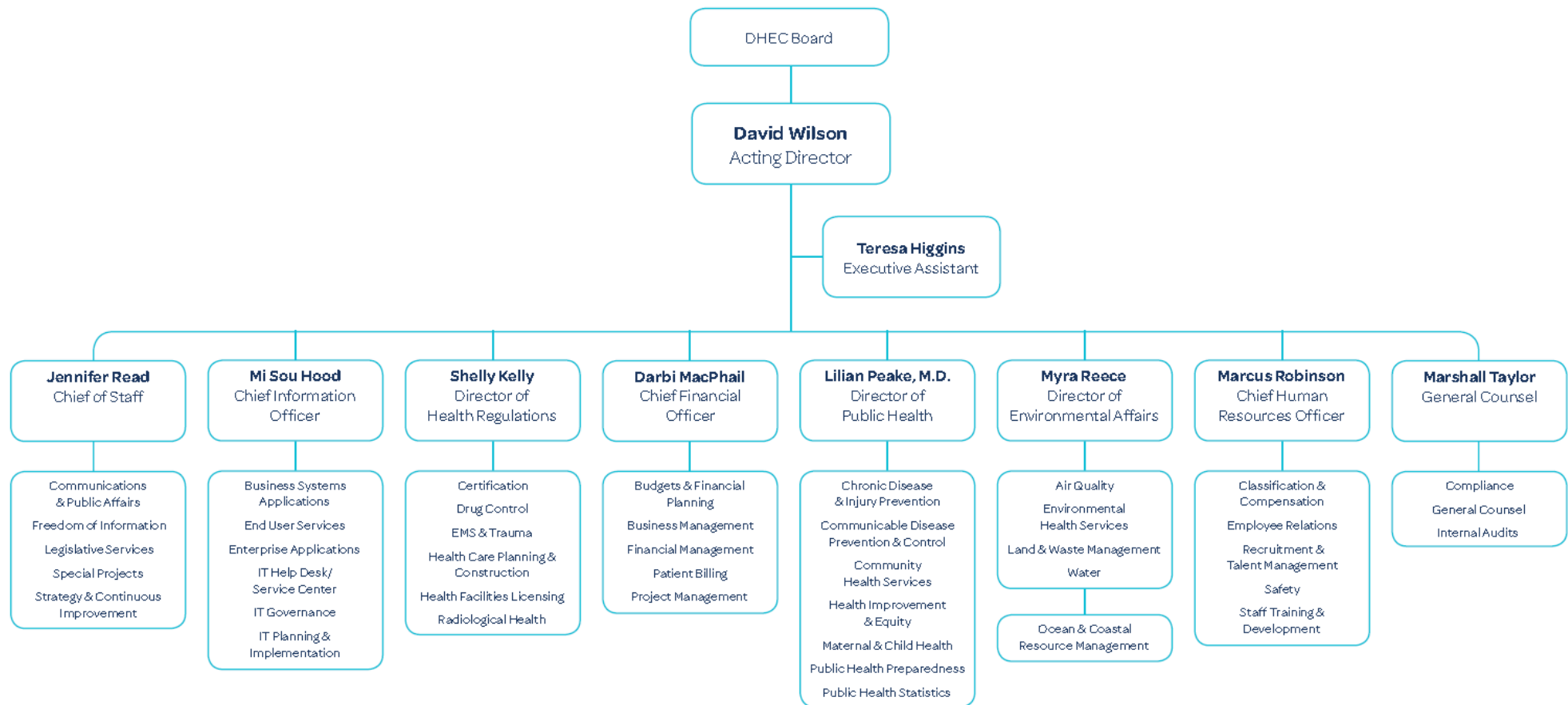


Figure 3. Agency organizational chart, current as of August 5, 2017.³⁸

Internal Audit

In its Program Evaluation Report, DHEC describes the agency's internal audit function, which is summarized below.

DHEC has had an internal audit function for at least 20 years. The most recent Internal Audit Policy of the Board establishing the Office of Internal Audits (OIA) is dated March 12, 2012. The Director of Internal Audit reports administratively to general counsel and functionally to the audit committee of the DHEC Board. In addition to a director, the internal audit staff consists of an audit manager, auditor IV, and administrative support.³⁹

Beginning in December 2016, the OIA makes substantial changes in the way it determines what subject matters will be audited and included in the audit plan. In June 2017, DHEC's first audit universe is developed. It is based on information obtained from the agency's executive leadership team, knowledge acquired by the OIA from past audit projects, and from the agency's Enterprise Risk Management (ERM) process. A risk assessment is conducted by OIA for each of the potential audit projects that are included in the audit universe and is scored based on various risk factors to determine a risk ranking of highest to lowest. The OIA prepares a five-year audit plan for fiscal years 2018-2022 for DHEC, based on the highest risk ranked audit projects from the audit universe. The plan has been approved by the director and the audit committee.

Between 2006 and 2016, the OIA staff completes 65 audits across the agency - health, environmental, and administrative. The most recent peer review of the internal audit function is conducted in 2016.⁴⁰

Products, Services, and Customers

The Department of Health and Environmental Control is **the sole advisor of the State in all questions involving the protection of the public health within its limits.**⁴¹ To fulfill this purpose, DHEC provides a variety of products and services.

In 2015-2016, the General Assembly and Governor's Office begin requesting an agency provide information on the services and products it provides as part of the combined Accountability Report and Annual Restructuring Report. The Department of Health and Environmental Control lists a variety of services it provides relating to environmental affairs, health services, health regulations, and administration in the 2015-2016 Accountability Report. Table 8 includes a sample of the products and services the agency provides.⁴²

*Table 8. Sample of products and services the agency provides.*⁴³

Program Name	Product or Service	Customer
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
Water Quality Improvement - Underground Storage Tanks -	Reviews applications according to regulation and issuing permit, certification, registration and license decisions	Local Governments
Health Care Standards - Radiological Monitoring -	Licenses, registers, and permits radiation sources	General Public - People with potential for unnecessary exposure from radiation
Family Health - Maternal/Infant Health - Childhood Lead Poisoning Prevention	Provides 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

Other Agencies with Similar Goals

During the study of an agency, the **Committee asks the agency if there are any other agencies serving similar customers or providing similar products or services.** In the Program Evaluation Report and during the study of an agency, the Committee asks how the agencies work together to effectively and efficiently achieve both agencies' goals. DHEC lists the following agencies as having similar goals.

- Clemson Extension Service
- Clemson Public Service/Livestock Poultry Health
- Rural Infrastructure Authority (RIA)
- South Carolina Department of Agriculture (SCDA)
- South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)
- South Carolina Department of Disabilities and Special Needs (DDSN)
- South Carolina Department of Health and Human Services (DHHS)
- South Carolina Department of Labor, Licensing and Regulation (LLR)
- South Carolina Department of Mental Health (DMH)
- South Carolina Department of Natural Resources (DNR)
- South Carolina Department of Social Services
- South Carolina Emergency Management Division (EMD)
- South Carolina Lieutenant Governor's Office on Aging
- South Carolina Sea Grant Consortium
- State College/University Laboratories
- State Law Enforcement Division (SLED) Laboratories⁴⁴

Table 9 is an example of the agency's analysis of how it works with two agencies, the Department of Labor, Licensing and Regulation and the Department of Natural Resources, to effectively and efficiently achieve both agencies' goals.

Table 9. Sample of agencies with goals similar to DHEC.⁴⁵

DHEC and LLR both promote public safety (Construction and Fire and Life Safety)	
Similarities	Both agencies promote public safety through the application of adopted building codes.
Differences	DHEC public safety focuses exclusively on health care facilities. LLR public safety includes all types of facilities.
Opportunities for Efficiency	Continue and expand the practice of depending upon local jurisdiction inspections of outpatient facilities such as dialysis clinics.
Opportunities for Effectiveness	Cooperate on education and outreach activities for the health care community.
DHEC and DNR both oversee coastal and marine resources.	
Similarities	Both agencies administer and enforce laws related to marine and natural coastal resources.
Differences	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. Also DHEC 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.
Opportunities for Efficiency	Maintain lines of communication between the agencies and continue to seek opportunities to share resources and data.
Opportunities for Effectiveness	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.

Available Resources

During the study process, the **Committee asks the agency about its available resources**. Table 10 provides historical data about available human resources, and Table 11 provides historical data about the agency's available financial resources.

Table 10. Agency's human resources: historical data for the past five years.⁴⁶

	Jul-12	Jul-13	Jul-14	Jul-15	Jul-16
Authorized State	1,164.960	1,164.060	1,150.080	1,150.080	1,172.980
Actual State	1,112.481	1,135.033	1,137.304	1,155.560	1,150.522
Filled State	1,010.189	955.885	981.963	1,008.869	1,024.510
Authorized Federal	1,410.670	1,367.600	1,355.020	1,317.440	1,313.100
Actual Federal	1,484.481	1,414.669	1,408.628	1,383.538	1,387.163
Filled Federal	1,327.743	1,203.644	1,201.167	1,174.088	1,187.832
Authorized Other	1,163.400	1,114.370	1,089.430	1,018.920	1,006.360
Actual Other	1,102.428	1,065.677	1,048.842	981.904	968.515
Filled Other	951.743	901.871	838.756	844.443	789.008
Total Authorized	3,739.030	3,646.030	3,594.530	3,486.440	3,492.440
Total Actual	3,699.390	3,615.379	3,594.774	3,521.002	3,506.200
Total Filled	3,289.675	3,061.400	3,021.886	3,027.400	3,001.350

Table Note: The numbers are as of July 1 of each year. The Authorized Total FTE is as of July 1 of the fiscal year, as stated in the Appropriations Act. The Actual Total FTE is the sum of Filled FTE and Vacant FTE, and is based on what the agency has entered in SCEIS and is as of June 30. If Actual is less than Authorized, it may be because during the course of the year, the Executive Budget Office has authorized interim FTE positions. If Actual is less than Authorized, it may be because the agency has not setup all of the authorized positions in the South Carolina Enterprise Information System (SCEIS) yet. Filled FTEs are positions that are filled in SCEIS (i.e., a position in which someone is actually working).

Table 11. Agency's financial resources: historical data for the past five fiscal years.⁴⁷

	2012-13	2013-14	2014-15	2015-16	2016-17
Recurring					
General	\$96,430,583	\$98,746,114	\$ 102,329,927	\$ 108,008,710	\$ 122,547,832
	BB: \$88,923,197 IP: \$2,924,787 BPI: \$2,718,255 AHA: \$64,344	BB: \$94,566,239 IP: \$3,500,769 BPI: \$614,762 AHA: \$64,344	BB: \$98,746,114 IP: \$1,734,141 BPI: \$1,849,672	BB: \$102,329,927 IP: \$4,531,000 BPI: \$376,255	BB: \$107,237,182 IP: \$12,679,638 BPI: \$2,631,012
Other	\$200,899,732	\$200,745,660	\$200,899,732	\$200,899,732	\$200,899,732
Federal	\$ 279,140,200	\$285,976,928	\$286,140,200	\$286,140,200	\$286,140,200
Total Recurring	\$576,470,515	\$585,468,702	\$589,369,859	\$595,048,642	\$609,587,764
Non Recurring					
Non Recurring	\$953,680	\$5,050,000	\$8,550,700	\$3,196,529	\$11,250,000
	Proviso 90.20	Proviso 118.17	Proviso 118.16: \$6,550,700 CRF: \$2,000,000	Proviso 118.14: \$2,425,0101 EB: \$771,528	Proviso 118.6
Carry Forward					
Carry Forward*	From 2011-12, available to spend in 2012-13: \$122,942,637	From 2012-13, available to spend in 2013-14: \$139,627,160	From 2013-14, available to spend in 2014-15: \$156,306,255	From 2014-15, available to spend in 2015-16: \$174,042,308	From 2014-15, available to spend in 2016-17: \$191,772,034
	State: \$6,729,481 Federal: \$116,213,156	State: \$5,358,764 Federal: \$134,268,396	State: \$7,442,879 Federal: \$148,863,376	State: \$11,059,191 Federal: \$162,983,117	State: \$8,088,511 Federal: \$183,683,523
TOTAL agency controls	\$700,366,832	\$730,145,862	\$754,226,814	\$772,287,479	\$812,609,798

Table Note: These amounts do not include Aid to Subdivisions funds.

Abbreviations Key: BB = Beginning Base; IP = Incremental Part 1A; BPI = BPI, Health/Retirement Allocation, Trans; AHA = Allocations Held in Arrears; O = Other Funds; TBA=Transfers Between Agencies; CPSA=Capitol Projects State Appropriation; EB=Employee Bonuses; and CRF: Capital Reserve Fund.

Strategic Resource Allocation and Performance

Annually, each agency submits a strategic plan.⁴⁸ Of interest to the oversight process is how an agency's human and financial resources are allocated to the goals and objectives in the agency's strategic plan. Tables 12, 13, 14, 15, and 16 illustrate the agency's allocation of its financial and human resources among its goals and strategies in fiscal years 2015-2016 and 2016-2017. Similar information, at the objective level, is available in agency's Program Evaluation Report. Also of interest during the study process is how the agency measures its performance in implementing the goals, strategies, and objectives of its strategic plan. Tables 13.1, 14.1, 15.1, and 16.1 show DHEC's performance in measures associated with the strategic plan.

Table 12. Agency's total resource allocations in fiscal years 2015-16 and 2016-17.⁴⁹

	Number of physical employees working on the goal or strategy in 2015-16	Number of employee equivalents working the goal and strategy in 2015-16	Amount spent on each goal and strategy in 2015 - 2016	Number of physical employees working on the goal or strategy in 2016-17	Number of employee equivalents working the goal and strategy in 2016-17	Amount budgeted to each goal and strategy in 2016 - 2017
Total	3,827.5	3,640.22	\$504,392,648	3,855.5	3,668.22	\$691,614,811

Table 13. Agency's resource allocations to Goal 1 (improve and protect the health and quality of life for all) in fiscal years 2015-16 and 2016-17.⁵⁰

Strategic Plan Part	Number of physical employees working on the goal or strategy in 2015-16	Number of employee equivalents working the goal and strategy in 2015-16	Amount spent on each goal and strategy in 2015 - 2016	Number of physical employees working on the goal or strategy in 2016-17	Number of employee equivalents working the goal and strategy in 2016-17	Amount budgeted to each goal and strategy in 2016 - 2017
Goal 1 - Improve and protect the health and quality of life for all.	2,219.13	2,035.32	\$341,648,113	2,223.13	2,039.32	\$447,686,301
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	\$143,419,004	285.23	223.70	\$196,523,701

Strategic Plan Part	Number of physical employees working on the goal or strategy in 2015-16	Number of employee equivalents working the goal and strategy in 2015-16	Amount spent on each goal and strategy in 2015 - 2016	Number of physical employees working on the goal or strategy in 2016-17	Number of employee equivalents working the goal and strategy in 2016-17	Amount budgeted to each goal and strategy in 2016 - 2017
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	\$22,915,988	62.77	62.77	\$32,382,548
Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.	288.40	288.40	\$85,417,533	292.40	292.40	\$90,032,076
Strategy 1.4—Provide select public health services equitably across the state.	1,426.27	1,306.44	\$74,235,028	1,426.27	1,306.44	\$107,094,992
Strategy 1.5 — Obtain and maintain vital statistics.	111.46	109.01	\$7,297,915	111.46	109.01	\$13,290,339
Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.	45.00	45.00	\$8,362,645	45.00	45.00	\$8,362,645

Table 13.1 Performance measures associated with Goal 1.⁵¹

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Meet or exceed the American Academy of Pediatrics benchmark of 95% infants screened for hearing loss by one month old.	1.1.1	95.00%	97.10%	95%	January - December (Calendar Year)
% of Medicaid-eligible children 2 years of age who had one or more capillary or venous blood testing for lead poisoning.	1.1.1	NA	NA	60%	January - December (Calendar Year)
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.	1.1.2	50,000	NA	50,000	February-January (Grant Year)
By the end of FY 2017, increase the total number of clients served by 4%, ensuring that low-income clients comprise at least 97% of total clients served.	1.1.2, 1.4.2	Total Clients served: 90,745 Total Low Income Clients: 88,093	Baseline: 87255 Total Clients Served	First report will be available in August 2017	July - June (Fiscal Year)
By the end of FY 2017, make available a broad range of contraception and increase the contraceptive reliability rate from 79% to 82%.	1.1.2, 1.4.2	79%	Baseline 76%	First report will be available in August 2017	July - June (Fiscal Year)
Increase the number of exclusive breastfeeding infants by 5% from 7,712 breastfeeding infants.	1.1.3	7,712	7,314	7,712	October-September (Federal Fiscal Year)

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Improve the Participant Centered Education skills utilized by the Competent Professional Authority-includes physicians, registered dietitians, registered nurses and nutritionists) during the certification and nutrition education process.	1.1.3, 1.4.1	130,646	105,840	130,646	Oct-Sep (Federal Fiscal Year)
Number of policies, programs, or organizations that Bureau of Maternal and Child Health staff contribute data analysis or evaluation results to inform.	1.1.4	NA	NA	7	July - June (Fiscal Year)
By August 2017, increase the number of school aged children receiving at least one dental sealant on permanent molars to 9,784.	1.1.5	9593	NA	9784	September-August
The number of people participating in National Diabetes Prevention Programs.	1.2.1, 1.4.4	450	409	530	September 29 - September 30 and July 1 - June 30
Number of partner organizations with 3 or more Healthy Aging implementation sites (across all interventions).	1.2.1 , 1.2.2	26	NA	29	July - June (Fiscal Year) calculated quarterly
Number of children and adults participating in Supplemental Nutrition Education Programs.	1.2.1	29,000	NA	19,000	October - September
The number of high quality Child Passenger Safety educational presentations provided.	1.2.2	50	To date (67); grant year ends September 30	50	October - September
Number of National Highway, Transportation and Safety Administration	1.2.2	18	To date (17); grant year ends September 30	18	October - September

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
(NHTSA) Certified Child Passenger Safety Technician Classes conducted.					
Proportion of women at least 50 years old or older who have received mammograms through the Best Chance Network.	1.2.3	75%	NA	75%	July-June (Fiscal year) calculated semi-annually
Percent of WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) patients who participate in evidence-based cardiovascular health coaching and lifestyle services.	1.2.3	80%	69%	80%	July-June (Fiscal year) calculated monthly
At least 95% of annual newly diagnosed cancer cases in SC collected and reported to CDC and the National Association of Central Cancer Registries (NAACCR) by deadline December. 1.	1.2.4, 1.5.3, 1.5.6	95%	97.20%	95%	January - December (Calendar Year)
South Carolina Behavioral Risk Factor Surveillance System number of survey completions.	1.2.4, 1.5.4, 1.5.6	2500	11699	NA	January - December (Calendar Year)
The proportion of school districts implementing model tobacco-free policies.	1.2.5	77%	77%	81%	April-March
The number of residents living in multi-unit housing facilities that are protected from secondhand smoke in living areas, common areas, and lobbies.	1.2.5	19,428	18,428	Increase by 1,000	April-March
Number of DHEC staff qualified as bilingual workers, interpreters or readers.	1.2.6	NA	NA	10% increase	January - December (Calendar Year)

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Proportion of women screened in the Best Chance Network Program who are minorities.	1.2.6	60%	NA	60%	July-June (Fiscal year) calculated semi-annually
Percent of violent death records obtained for data abstraction purposes from SC Coroner Offices for incidents meeting ICD-10 Coding Standards (i.e., a medical classification list by the World Health Organization); expectation.	1.2.7	75% (CY2014 Data Year)	88.13%	75% (CY2015 Data Year)	January - December (Calendar Year)
Percent of violent death records obtained for data abstraction purposes from SC Law Enforcement Offices for incidents meeting ICD-10 Coding Standards; expectation.	1.2.7	70% (CY2014 Data Year)	75.71%	70% (CY2015 Data Year)	January - December (Calendar Year)
Make summary data available with regards to reports by healthcare providers of diseases and conditions on the DHEC List of Reportable Conditions.	1.3.1	Publish 2016 Annual Report on Reportable Conditions by October 31, 2017	In progress	Publish 2017 Annual Report on Reportable Conditions by October 31, 2018	October 31
Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	1.3.2	80%	NA	80%	January - December (Calendar Year)
All immunization providers will be mandated to report administered immunization into the Immunization Registry by January 1, 2017.	1.3.3, 1.4.7	100%	NA	100%	3-year phase in period ends Dec. 2016. Required for all providers 1/1/17
Identify and report persons with HIV. At least 85% of the expected number of cases diagnosed will be reported to the HIV/AIDS	1.3.4	85%	99%	85%	January - December (Calendar Year)

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Surveillance program within twelve months of diagnosis year.					
Conduct STD and HIV testing, treatment and partner service investigations.	1.4.3	80%	NA	80%	January - December (Calendar Year)
Number of SC Health + Planning Toolkit trainings offered.	1.4.4	6	8	NA	July 1 - June 30
Percent of salmonellosis cases with exposure history.	1.4.5	74%	85% (1291/1521)	85%	August-July (Grant Year)
For TB patients with positive acid-fast bacilli (AFB) sputum-smear results, increase the proportion who have contacts elicited.	1.4.6	100%	NA	100%	Calendar Year
Meet Vital Statistics Cooperative Program deliverables for closeout of statistical files for birth records.	1.5.1	2016 data due March 1, 2017	NA	2017 data due March 1, 2018	March 1
Meet Vital Statistics Cooperative Program deliverables for closeout of statistical files for death records.	1.5.1	2016 data due May 1, 2017	NA	2017 data due May 1, 2018	May 1
100% of applications for certified copies of vital events that are received through the mail are receipted within 5 business days.	1.5.2	100%	99.90%	100%	Each Fiscal Year
Less than 3% of new cancer cases are identified only through death certificates (standard from National Program of Cancer Registries).	1.5.3, 1.5.6	<3%	2.30%	<3%	January - December (Calendar Year)

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
South Carolina Pregnancy Risk Assessment Monitoring System survey response rate.	1.5.4, 1.5.6	60%	NA	60%	January - December (Calendar Year)
Publish the Annual report on Reportable Conditions by October 31 of each year.	1.5.4	Publish 2016 Annual Reportable Conditions by October 31, 2017	NA	Publish 2017 Annual Report on Reportable Conditions by October 31, 2018	October 31
Publish 2016 interim report for Healthcare-Associated Infection (HAI) by October 15, 2016; and publish HAI Annual report by April 15, 2017.	1.5.5	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	April 15
Review of internal review board requests are completed within 30 days of submission.	1.5.7	100.00%	72.00%	100%	Each Calendar year
Increase health care coalition membership by 10% in each Public Health Region.	1.6.1	10%	NA	10% increase	September 30
Facilitate discussions between DHEC, the American Red Cross, and local facilities to identify potential Special Medical Needs (SMN) shelter locations in three counties currently without any SMN shelter.	1.6.1, 1.6.3	3	NA	Discussions in 3 counties	September 30
Submit all required grant reports on time.	1.6.2	100%	NA	100%	September 30
Increase number of Closed Points of Distribution (POD) by 25%.	1.6.3	25% Statewide	NA	14 new PODs	September 30
Ensure all coalition members are afforded opportunity to participate in at least one exercise annually.	1.6.3, 1.6.4	100%	NA	1 exercise per Region	September 30

Table 14. Agency's resource allocations to Goal 2 (protect, enhance, and sustain environmental and coastal resources) in fiscal years 2015-16 and 2016-17.⁵²

Strategic Plan Part	Number of physical employees working on the goal or strategy in 2015-16	Number of employee equivalents working the goal and strategy in 2015-16	Amount spent on each goal and strategy in 2015 - 2016	Number of physical employees working on the goal or strategy in 2016-17	Number of employee equivalents working the goal and strategy in 2016-17	Amount budgeted to each goal and strategy in 2016 - 2017
Goal 2 - Protect, enhance, and sustain environmental and coastal resources.	1,180.82	1,139.52	\$120,165,616	1,204.82	1,163.52	\$185,082,367
Strategy 2.1 – Implement and enforce strategies to protect and promote air quality.	136.62	132.62	\$9,523,102	152.62	148.62	\$11,834,847
Strategy 2.2 - Implement and enforce strategies to protect individuals from potential environmental and foodborne hazards.	558.97	532.32	\$37,036,700	558.97	532.32	\$41,232,169
Strategy 2.3 – Implement and enforce strategies to protect against hazards associated with waste-related activities and mining.	203.93	202.87	\$46,372,486	203.93	202.87	\$96,034,461
Strategy 2.4— Implement and enforce strategies to protect and promote water quality.	241.80	233.61	\$22,638,524	249.80	241.61	\$28,356,569
Strategy 2.5 – Implement and enforce strategies to preserve sensitive and fragile areas while promoting responsible development in the eight SC coastal counties.	39.50	38.10	\$4,594,804	39.50	38.10	\$7,624,321

Table 14.1 Performance measures associated with Goal 2.⁵³

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Maintain or decrease average number of permit process days.	2.1.1, 2.1.5, 2.2.1, 2.3.1, 2.4.1, 2.5.1	139	100	139	Federal Fiscal Year 2015 - Federal Fiscal Year 2016
Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.	2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.4	100%	100%	100%	October 31
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.	2.1.5	15%	15%	15%	September 30
Improve compliance with R.61-25 Retail Food Establishments by the use of Downgrading and Civil Penalties.	2.2.1, 2.2.2, 2.2.3	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	January - December (Calendar Year)
The number of compliance monitoring activities 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	2.3.2	Meet or exceed Benchmark of National GPRA Goals for control of human exposure, contaminated groundwater migration, and remedy selection	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-	Federal Fiscal Year

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
migration of contaminated groundwater; and (3) selection and construction of remedies to clean up contaminated sites.		No target for CMAs		wide remedies constructed No benchmark for CMAs	
The number of teachers educated annually on environmental and recycling curriculum; and amount of municipal solid waste recycled annually.	2.3.3	Not applicable. Goal was set to be met by 2020	1,101,190 tons of municipal solid waste recycled. Number of teacher trained: 1,004. Number of students reached: 44,163 = Total 45,167	In 2011, the state set a goal to recycle 40 percent of its municipal solid waste by 2020	Recycling data is based on the fiscal year; number of teachers educated is compiled annually
Underground Storage Tank Release Cleanup Progress (release closures per federal fiscal year or FFY).	2.3.4	150 releases proposed to be closed during the FFY	To be calculated 9/30/2016	125 releases proposed to be closed during the FFY	Federal Fiscal Year
Number of acres made "ready for Brownfields reuse."	2.3.4	There are no targets driving this measure This is a measure demonstrating effective use of federal Brownfields funding.	To be calculated 9/30/2016	There are no targets driving this measure This is a measure demonstrating effective use of federal Brownfields funding	Federal Fiscal Year

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Percent of surface waters meeting numeric standards (fishable, swimmable).	2.4.1, 2.4.2, 2.4.3, 2.4.5, 2.2.4	75%	61.80%	75%	Bi-Annual - Calculated every 5 years
Percent of population served by community public water systems that are in compliance with all health based standards.	2.4.1, 2.4.2	95%	95%	95%	Calendar Year
Percent of high hazard and significant hazard regulated dams receiving appropriate inspection.	2.4.4	High Hazard once every 2 years and Significant Hazard once every 3 years	100% All High and Significant dams were inspected after the flooding in October 2015	High Hazard once every 2 years and Significant Hazard once every 3 years	Calendar Year
Reduce the amount of marine debris in coastal waters and within the beach/dune system by increasing participation in the Adopt a Beach program.	2.5.2	Maintain 700-1000 volunteer hours	1,148 volunteer hours; 2,029 pounds of debris removed	Maintain 1000+ volunteer hours	July - June (Fiscal Year)
Strengthen interactions with local governments through improved technical assistance and beachfront management planning to reduce community vulnerability to coastal hazards.	2.5.3, 2.5.4	Provide technical assistance to at least one beachfront community on Local Comprehensive Beach Management Plan (LCBMP) revision	1 LCBMP revised with technical assistance from Office of Coastal Resource Management (OCRM)	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	July - June (Fiscal Year)

Table 15. Agency's resource allocations to Goal 3 (improve the quality, safety, and administration of health care, treatment, and services in South Carolina) in fiscal years 2015-16 and 2016-17.⁵⁴

Strategic Plan Part	Number of physical employees working on the goal or strategy in 2015-16	Number of employee equivalents working the goal and strategy in 2015-16	Amount spent on each goal and strategy in 2015 - 2016	Number of physical employees working on the goal or strategy in 2016-17	Number of employee equivalents working the goal and strategy in 2016-17	Amount budgeted to each goal and strategy in 2016 - 2017
Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	218.65	216.20	\$18,816,233	218.65	216.20	\$25,970,782
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.	77.80	77.80	\$4,029,890	77.80	77.80	\$5,662,632
Strategy 3.2 – Certify that providers and suppliers meet minimum federal health and safety requirements and Clinical Laboratory Improvement Amendments regulatory standards.	61.25	60.68	\$4,086,848	61.25	60.68	\$6,344,449
Strategy 3.3 – Implement and enforce standards for emergency medical services.	16.87	16.87	\$4,187,845	16.87	16.87	\$5,377,949
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	\$2,068,351	11.55	9.67	\$2,321,950
Strategy 3.5 – Protect the public by ensuring accountability of controlled substances.	25.83	25.83	\$2,451,376	25.83	25.83	\$3,774,767
Strategy 3.6 – Protect the public from unnecessary exposure from radiation.	25.35	25.35	\$1,991,923	25.35	25.35	\$2,489,035

Table 15.1 Performance measures associated with Goal 3.⁵⁵

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Issue all health facilities and services licenses and permits within 15 calendar days of receipt of completed licensing packet.	3.1.1	Agency did not use performance measure (PM) during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Conduct all routine inspections of health facilities and services within the timeframe prescribed by law or regulation.	3.1.2	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Conduct all initial investigations of health facilities and services within the appropriate timeframe corresponding to the severity of the complaint, i.e., 24-48 hours, 30 days, 60 days, or 90 days.	3.1.3	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Perform and document design reviews and construction inspections of health facilities within 15 calendar days of the date requested.	3.1.4	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Meet the performance standards for the frequency, quality, and enforcement for nursing homes and other health care facilities.	3.2.1	100%	15 of 18 standards met.	100%	October - September (Federal Fiscal Year)
Meet the performance standards for the frequency, quality, and enforcement for CLIA laboratories.	3.2.1	100%	7 of 7 standards met.	100%	October - September (Federal Fiscal Year)

Process and approve 95% of all complete emergency medical technician (EMT) and athletic trainer credential applications within 10 days of receipt.	3.3.1	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
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.	3.3.2	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Guidelines and transport protocols for trauma patients reviewed and published for public comment by March 1, 2017.	3.3.3	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
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.	3.3.4	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
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.	3.3.5	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Revise the State Health Plan every 2 years.	3.4.1	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Improve the turnaround time for all Certificate of Need decisions by 10% each year.	3.4.2	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)

Issue registrations within 10 business days of receiving completed applications.	3.5.1	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Increase the number of practitioners and registrants inspected by 10% each year.	3.5.2	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Increase the usage and participation in South Carolina Reporting and Identification Prescription Training System (SCRIPTS) by 5% each year.	3.5.3	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Issue registration and licensing actions for facilities that use x-ray equipment, radioactive materials, and tanning beds within 30 calendar days of reviewing complete applications.	3.6.1	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Conduct all inspections of facilities that use x-ray equipment, radioactive materials, and tanning beds within the timeframe prescribed by law or regulation.	3.6.2	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)
Conduct all investigations of incidents and allegations related to facilities that use x-ray equipment, radioactive materials, and tanning beds within the appropriate timeframe corresponding to the severity of the complaint.	3.6.3	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)

Table 16. Agency's resource allocations to 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) in fiscal years 2015-16 and 2016-17.⁵⁶

Strategic Plan Part	Number of physical employees working on the goal or strategy in 2015-16	Number of employee equivalents working the goal and strategy in 2015-16	Amount spent on each goal and strategy in 2015 - 2016	Number of physical employees working on the goal or strategy in 2016-17	Number of employee equivalents working the goal and strategy in 2016-17	Amount budgeted to each goal and strategy in 2016 - 2017
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.	253.90	249.18	\$23,762,686	253.90	249.18	\$32,875,361
Strategy 4.1 – Modernize the Agency’s IT infrastructure and allow for the automation of many Agency functions.	75.00	75.00	\$9,902,256	75.00	75.00	\$16,409,077
Strategy 4.2 – Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.	68.50	67.64	\$8,678,531	68.50	67.64	\$8,592,162
Strategy 4.3 – Foster a culture of continuous improvement and operational excellence.	0	0	\$5,181,899	110.40	106.54	\$7,874,122

Table 16.1. Performance measures associated with Goal 4.⁵⁷

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
By June 30, 2019, transition all outdated mainframe applications to modern platforms.	4.1.1	Agency did not use performance measure (PM) during this year	Agency did not use PM during this year	100%	June 30
Fully implement ePermitting solution by June 30, 2020.	4.1.2	Contract awarded	Contract awarded and gap analysis process began	Core system development complete and user acceptance testing complete	June 30

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Deploy statewide Electronic Health Record system by June 30, 2018.	4.1.3	Agency did not use PM during this year	Agency did not use PM during this year	Contract awarded and gap analysis complete	June 30
Relocate DHEC data center to SC Division of Technology facility.	4.1.4	Agency did not use PM during this year	Agency did not use PM during this year	100%	June 30
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.	4.2.1	<p>Conduct an Employee Engagement Survey</p> <p>Development of a Succession Plan for critical roles</p> <p>Implementation of a Quarterly Agency New Hire Orientation</p> <p>Conduct Quarter Agency Leadership Meetings</p> <p>Implement Agency Enterprise Human Resources software to streamline the employee performance management, succession planning,</p>	<p>Conducted an Employee Engagement Survey</p> <p>The Agency has identified critical roles and is in the beginning stages of developing a Succession Plan for those critical roles</p> <p>The Agency has been conducting quarterly Agency New Hire Orientations</p> <p>The Agency has been conducting Quarter Agency Leadership Meetings</p> <p>The Agency is currently evaluating vendors for the Enterprise Human Resources software to</p>	<p>Conduct an Employee Engagement Survey</p> <p>Finalize a Succession Plan for critical roles</p> <p>Continue to conduct quarterly Agency New Hire Orientations</p> <p>Continue to conduct Quarter Agency Leadership Meetings</p> <p>Select a vendor and implement the Enterprise Human Resources software</p> <p>Utilize the HR Enterprise software</p>	June 30

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
		recruiting, and onboarding processes Revise the Employee Performance Management Process Develop an Agency recruiting strategy	streamline the employee performance management, succession planning, recruiting, and onboarding processes The Employee Performance Management Process has been revised The Agency is developing a recruiting strategy for critical roles	to conduct the Employee Performance Management Process Finalize the Agency's recruiting strategy for critical roles	
Establish a safety office and determine policies and procedures for this office by June 30, 2017.	4.2.2	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	June 30

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	4.2.3	<p>Identify eight participants for the Certified Public Manager (CPM) program</p> <p>Identify twenty four participants for the Leadership Excellence and Achievement (LEAP) program</p> <p>All supervisors/managers in the agency trained.</p>	<p>Eight participants identified for and enrolled in the CPM process</p> <p>Twenty four employees are enrolled in the LEAP program</p> <p>Training scheduled for supervisors/managers</p>	<p>All eight Certified Manager Program (CPM) participants moving successfully through the process</p> <p>All 24 LEAP participants graduated successfully from the program</p> <p>Training staff will deliver a basic series of courses for new managers on a regular basis</p> <p>New managers will complete basic supervisory courses with 12 months of assuming supervisory roles</p> <p>Training staff will deliver an intermediate series of courses for managers with more than 2 years</p>	June 30

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
				<p>managing experience</p> <p>Experienced managers will complete at least 6 non-program specific hours of continuing education courses each year</p> <p>Non-managers will complete at least 3 non-program specific hours of continuing education courses each year</p>	

Performance Measure	Associated Objective(s)	Target Value	Actual Value	Future Target Value	Time Applicable
Establish the Office of Strategy and Continuous Improvement with standardized and fully implemented policies and procedures by June 30, 2017.	4.3.1	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.	Formal continuous improvement policies and procedures implemented. Standardized DHEC policies and practices evaluation tool developed.	June 30
Establish a Project Management Office (PMO) with standardized and fully implemented policies, procedures, and artifacts by June 30, 2017.	4.3.2	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.	Formal PMO policies and procedures implemented. Standardized project artifacts developed.	June 30

STUDY PROCESS

Agency Selection

DHEC is an agency subject to legislative oversight.⁵⁸ During the 121st General Assembly, the Committee prioritizes the agency for study by the Healthcare Subcommittee on January 26, 2016.⁵⁹ When the Committee reorganizes for the 122nd General Assembly, the Subcommittee is renamed the Healthcare and Regulatory Subcommittee.⁶⁰

As the Committee encourages **collaboration in its legislative oversight process**, the Speaker, standing committee chairs in the House, members of the House, Clerk of the Senate, and Governor are also notified about the agency study.

Subcommittee Membership

The **Healthcare and Regulatory Subcommittee of the House Oversight Committee is studying the agency**.⁶¹ The study begins during the 121st General Assembly and continues during the 122nd General Assembly. During the 121st General Assembly, the Honorable Nathan Ballentine serves as chair, and during the 122nd General Assembly, the Honorable Phyllis J. Henderson serves as chair.⁶² Subcommittee Members and their time of service on the Subcommittee are listed below:

- The Honorable Nathan Ballentine (121st General Assembly);
- The Honorable William “Bill” Bowers (122nd General Assembly);
- The Honorable MaryGail K. Douglas (122nd General Assembly);
- The Honorable Phyllis J. Henderson (122nd General Assembly);
- The Honorable Mia McLeod (121st General Assembly);
- The Honorable Walton J. McLeod (121st General Assembly); and
- The Honorable Bill Taylor (121st General Assembly and 122nd General Assembly).⁶³

Agency Reports to Legislative Oversight Committee

During the legislative oversight process, the **Committee asks the agency to conduct a self-analysis** by requiring it to complete and submit annual Restructuring Reports, a Seven-Year Plan for cost savings and increased efficiencies, and a Program Evaluation Report. Each report is posted on the Committee’s website.

Restructuring Report

The Annual Restructuring Report fulfills the requirement in SC Code §1-30-10(G)(1) that annually each agency report to the General Assembly “detailed and comprehensive recommendations for the purposes of merging or eliminating duplicative or unnecessary divisions, programs, or personnel within each department to provide a more efficient administration of government services.”⁶⁴ The report, at a minimum, includes information in the following areas - history, mission and vision, laws strategic plan, human and financial resources, performance measures, and restructuring recommendations.

The Department of Health and Environmental Control submits its Annual Restructuring Reports on March 11, 2015, and January 12, 2016.⁶⁵ The agency's 2015-2016 Annual Accountability Report to the Governor and General Assembly serves as its 2017 Restructuring Report.⁶⁶

Seven-Year Plan for Cost Savings and Increased Efficiencies

SC Code §1-30-10 requires agencies to submit "a seven year plan that provides initiatives and/or planned actions that implement cost savings and increased efficiencies of services and responsibilities within the projected seven-year period."⁶⁷ The Department of Health and Environmental Control submits its plan on January 12, 2015.⁶⁸

Program Evaluation Report

When an agency is selected for study, the Committee may acquire evidence or information by any lawful means, including, but not limited to, "requiring the agency to prepare and submit to the investigating committee a program evaluation report by a date specified by the investigating committee."⁶⁹ SC Code §2-2-60 outlines what an investigating committee's request for a program evaluation report must contain. Also it provides a list of information an investigating committee may request. The Committee sends guidelines for the Department of Health and Environmental Control's Program Evaluation Report (PER) on May 16, 2016.⁷⁰ The department submits the report on August 24, 2016.⁷¹

Information from the Public

Public input is a cornerstone of the House Legislative Oversight Committee's process.⁷² There are a variety of opportunities for public input during the legislative oversight process. Members of the public have an opportunity to participate anonymously in a public survey, provide comments anonymously via a link on the Committee's website, and appear in person before the Subcommittee.⁷³

Public Survey

From May 1, 2016, to May 31, 2016, the Committee posts an **online survey to solicit comments from the public about the Department of Health and Environmental Control** and four other agencies.⁷⁴ Communication about this survey is sent to all House members to forward to their constituents. In an effort to communicate it throughout the state, it is also sent to media statewide via a press release.⁷⁵

There are 1,025 responses to the survey, with at least one response coming from 41 of South Carolina's 46 counties.⁷⁶ These comments are not considered testimony.⁷⁷ As the survey notes, "input and observations from those citizens who [chose] to provide responses are very important . . . because they may help direct the Committee to potential areas for improvement with these agencies."⁷⁸ The **public is informed they could continue to submit written comments about agencies online** after the public survey closed.⁷⁹

848 participants choose to provide opinions about the agency, and a majority were positive.⁸⁰ 578 (81% of those responding to the question) have a positive or very positive opinion of the agency. Of those expressing an opinion, 44.2% think the agency operates better than other state agencies, while 12.3% think it operates worse. 34.4% said it is about the same.⁸¹ Notably, 642 (90% of those that responded to the question) participants respond that their opinions are influenced by either personal or business experience with the agency.⁸²

Written comments about the agency are provided by 257 survey participants; often, those comments address more than one topic. Some of the topics addressed in the written comments are listed in Table 19.⁸³ The complete verbatim comments can be found online.⁸⁴ Responses to online surveys posted on the Committee's webpage are provided verbatim as they were received by the Committee. They are not the comments or expression of the House Legislative Oversight Committee, any of its Subcommittees, or the House of Representatives.

Table 17. Some topics addressed by survey participants in written comments about the agency.⁸⁵

Topic	Number of Comments
Management	72
Salaries	65
Staffing/Retention	52
Morale	47
Customer Service	40
Funding/Resources	26
Training	13
Internal Processes	12

Table Note: In most categories there were both positive and negative comments.

In addition to the comments in the table, a small number of respondents include comments about public health, HIV/STD division, performance, large agency size, vital records, water, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Also, at least 30 respondents share suggestions for improvement.⁸⁶

Public Input via Committee Website

Throughout the course of the study, people are able to submit comments anonymously on the Committee's website. Those comments are posted to the website verbatim.⁸⁷ One person submits a comment about the agency regarding DHEC's success and another submits a comment about Aiken County water withdrawals.⁸⁸ It is not the comment or expression of the House Legislative Oversight Committee, any of its Subcommittees, or the House of Representatives.

Public Input via In-Person Testimony

The Committee offers the opportunity for the public to appear and provide sworn testimony. A meeting dedicated to public input is held on January 24, 2017.⁸⁹ Further detail on the testimony the Committee receives is in the meetings section of this report.

Meetings Regarding the Agency

The Committee meets with, or about, the agency on two occasions and the Subcommittee meets with the agency on five occasions. All meetings are open to the public and stream live online; also, the videos are archived and the minutes are available online. A timeline of meetings is set forth in Figure 2.

121st General Assembly (2015-2016)

January 2016

During the **January 28, 2016**, meeting, the Committee selects the agency for study.⁹⁰ See Appendix A for the meeting packet and letter notifying agency of its selection for study.

April 2016

During the **April 27, 2016**, meeting, the Subcommittee Chair states the meeting's purpose is for the Subcommittee to ensure DHEC has a clear understanding of the oversight process and to ensure the agency notifies its employees about the study and the opportunity to participate in the Committee's public survey. The agency director provides an overview of DHEC and answers Members' questions on the following topics: agency surveys regarding employees and the water aquifer.⁹¹ See Appendix B for the meeting packet.

122nd General Assembly

January 2017

During the **January 24, 2017**, meeting, the agency director provides an overview of DHEC to the Subcommittee. Members ask questions about various topics, including, agency successes, agency improvements, and home health care services. The agency director answers these questions. The Subcommittee Chair proceeds to the public hearing portion of the meeting. Testimony is provided by numerous citizens on issues, including but not limited to, surface water withdrawal; agency's regulatory authority; and agency's partnerships.⁹² After the meeting, the agency meets with constituents that provide input. See Appendix C for the meeting packet, agency overview handout, and agency responses to questions raised by Subcommittee Members and the public during the meeting.

February 2017

The Subcommittee holds the **February 9, 2017**, meeting to learn about the agency's mission, vision, and strategic plan. The agency director summarizes the actions the department has taken in response to testimony given at the public hearing and introduces the members of the agency's leadership team present.⁹³ Additionally, the agency director gives a presentation about the "state of the agency" addressing such topics as: the agency's need to move its Columbia headquarters into new facilities; improvements over the past few years; Savannah River Site; and the development of new budgeting techniques. Members ask questions about the public's satisfaction with the agency's services; opinions of the agency's employees about its performance; and the agency's requests for legal changes to some of its regulatory authority.⁹⁴ See Appendix D for the meeting packet and agency presentation.

The Subcommittee holds is **February 23, 2017**, meeting to receive an overview of the agency's history and programs from the agency director. This overview addresses: agency history; major program areas; misconceptions about the agency; and continuous improvements at DHEC. Members ask questions about the following: restricted revenue; food inspections at festivals, fairs, and farmers markets; inspection authority of hotels and motels; lab equipment; septic tank issues; and the Savannah River Site.

The agency director responds to these questions.⁹⁵ See Appendix E for the meeting packet, agency presentation, and meeting related correspondence.

March 2017

The Subcommittee holds its **March 23, 2017** meeting to ask questions about the following topics:

- Agency's strategic plan;
- Savannah River Site;
- Carolina Water Services;
- Agency's coastal management program;
- Rural water systems;
- Disease control response efforts;
- Obesity;
- Prescription Drug Monitoring Program;
- State Fire Marshall;
- Public Health Laboratory;
- Certificate of Need Program;
- Food regulations - festival and food trucks ; and
- Hotel and motel inspections.⁹⁶

See appendix F for the meeting packet.

April 2017

The Subcommittee holds its **April 20, 2017**, meeting to learn about DHEC's performance measures in the context of Goals 1 (health services) and 2 (environmental affairs) of the agency's strategic plan. The agency director provides a presentation about performance in these two areas.

Additionally, the agency director responds to questions asked by Members on a variety of topics: challenges to accomplishing the agency's goals in health services; HIV infection and death rate; teen pregnancy rate; agency partnerships with faith communities; storm water and water infrastructure; adopt-a-stream program; and clean air.⁹⁷ See Appendix G for the meeting packet and meeting related correspondence.

May 2017

The Subcommittee holds its **May 9, 2017**, meeting to continue the discussion of DHEC's strategic plan starting with Goal 3 (health regulations and operations). The agency director responds to questions asked by Members on various topics, including: complaints; Freedom of Information Act; and Mercury Awards (i.e., advertising awards).⁹⁸ See Appendix H for the meeting packet.

June 2017

The Subcommittee holds its **June 20, 2017**, meeting to discuss the agency's recommendations for statutory changes. The agency head presents the agency's analysis of the gaps between what the law requires and the agency's current practices. She then provides context for the agency's recommendations for statutory changes and highlight recommendations in the following areas:

- Rabies Control Act;
- Solid Waste Policy and Management Act;
- Hearing Aids;
- Emergency Health Powers Act;
- Narcotics and Controlled Substances Act;
- SC Prescription Monitoring Act;
- Vital Statistics; and
- Contagious and Infectious Diseases.⁹⁹

See Appendix I for the meeting packet and meeting related correspondence.

July 2017

On **July 19, 2017**, the Subcommittee meets to discuss and analyze information relating to the agency's statutory recommendations. Agency representatives are not required or requested to attend this work session; however, agency staff are present and respond to Members' questions about the recommendations. The Subcommittee adopts 47 recommendations, receives 11 for information purposes only, and rejects one agency recommendation. Detailed information about the recommendations is found in the Recommendations section of this report.¹⁰⁰ See Appendix J for the meeting packet.

Study Process Completion

Pursuant to Committee Standard Practice 12.4, **Subcommittee members may provide a separate written statement for inclusion with the Subcommittee's Study.** After receipt of any written statements from Subcommittee members, the Subcommittee Chair, pursuant to Committee Standard Practice 12.5, shall notify the Committee Chair in writing that a Subcommittee Study is available for consideration by the full Committee.

Once the Committee Chair receives written notice from the Subcommittee chair, the Committee chair shall, pursuant to Committee Standard Practice 13.1, include the Subcommittee Study on the agenda for a full committee meeting. During a full Committee meeting at which the Subcommittee Study is discussed, the Committee may vote, pursuant to Committee Standard Practice 13.2, to (1) refer the study and investigation back to the Subcommittee for further evaluation; (2) approve the Subcommittee's study; or (3) further evaluate the agency as a full Committee, utilizing any of the resources of legislative oversight available.

When the Committee approves a study, **any member of the Committee may provide a written statement for inclusion with the study.** The study, and written statements, are published online and the agency, as well as all House Standing Committees, receive a copy. The Committee shall offer at least one briefing to members of the House about the contents of the final oversight study approved by the Committee.¹⁰¹ The Committee Chair may provide briefings to the public about the final oversight study.¹⁰²

To support the Committee's ongoing oversight by maintaining current information about the Department of Health and Environmental Control, the agency receives an annual Request for Information.

RECOMMENDATIONS

The following **recommendations include areas identified for potential improvement by the Subcommittee.** The **Subcommittee recognizes these recommendations will not satisfy everyone nor address every issue or potential area of improvement at the agency.** These recommendations are based on the agency's self-analysis requested by the full Committee, discussion with the agency during multiple meetings with the Subcommittee, and analysis of the information obtained by the Subcommittee. This information, including, but not limited to the Program Evaluation Report, Accountability Report, Restructuring Report and videos of meetings with the agency can all be found on the Committee's website.

The Subcommittee has **47 recommendations arising from its study of the agency**, 41 to curtail or revise programs and six to eliminate programs. These recommendations fall into four categories: (1) general, (2) environmental, (3) health regulations, and (4) public health. Tables one through five summarize the recommendations.

Continue

The Subcommittee does not make any recommendations relating to continuing agency programs.

Curtail (i.e. Revise)

The Subcommittee recommends **41 revisions to laws relating to the agency.** The laws, and any specific revisions recommended, along with the basis for the recommendation, are listed below.

General (i.e., Agency Wide) Recommendations

1. The Subcommittee recommends the General Assembly consider allowing email notice of department decisions and staff decisions, for which a department decision is not required by mail. SC Code §44-1-60 requires notice of department decisions to 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.

To improve efficiency and in acknowledgement of the general prevalence of email, recommendation 1 proposes the addition of email as an option to provide notice.

Environmental Affairs Division Recommendations

Solid Waste Policy Management Act

2. The Subcommittee recommends the General Assembly consider amending SC Code §44-96-10 et seq., (Solid Waste Policy and Management Act) as follows:
 - (a) Require a facility that processes construction and demolition debris to be registered with DHEC and obtain a solid waste processing permit, exempting facilities that accept material that has been sorted by type and recycle at least 75% of each material type;

- (b) Clarify that Demonstration of Need is only required for facility types identified in the regulation; and
- (c) Remove the requirement that DHEC perform a review of local zoning and land-use ordinances prior to issuing a solid waste management facility permit, adding a requirement that the facility provide proof of compliance.¹⁰³

SC Code §44-96-10 et seq., (i.e., the Solid Waste Policy and Management Act) has not been substantially revised since its approval by the General Assembly over 25 years ago.¹⁰⁴ During the study process, DHEC proposes four major changes to improve efficiencies with these provisions; the Subcommittee adopts and recommends three of those changes.

Recommendation 2(a) addresses the claiming of permitting exemptions by “sham recyclers” of construction and demolition debris that accept mixed materials and meet the 75% recycling by weight requirement by processing concrete. Other debris is allowed to accumulate. According to DHEC, these accumulations pose risk to human health and the environment.

Recommendation 2(b) narrows the type of facility required to demonstrate need to those specified in regulation.

Recommendation 2(c) shifts the responsibility for review of compliance with local zoning from DHEC to the permit applicant. Officials from the South Carolina Municipal Association are in agreement with recommendation 2(c) if proof of compliance includes some official acknowledgement of compliance from the affected local government.

Hazardous Waste Management Act

3. The Subcommittee recommends the General Assembly consider deleting the requirement that within 24 hours of a hazardous waste DHEC notify the governing body of the concerned municipality or county of a violation, by amending SC Code §44-56-140(E). SC Code §44-56-140(E) requires DHEC to report any violations of the Hazardous Waste Management Act to the governing body of the local government where the violation occurred within 24 hours. During the study, agency representatives inform the Subcommittee agency practice does not conform to this requirement. The agency’s current practice is when a violation presents an imminent or substantial endangerment or triggers an emergency response action, DHEC notifies and works with local officials.¹⁰⁵

4. The Subcommittee recommends the General Assembly eliminate preferences for in-state hazardous waste generators and restrictions on out of state hazardous waste, by amending SC Code §44-56-59, as it violates the Commerce Clause of the United States Constitution.¹⁰⁶

5. The Subcommittee recommends the General Assembly eliminate preferences for in-state hazardous waste generators and restrictions on out of state hazardous waste, by amending SC Code §44-56-60(a)(1),(2), and (3), as they violate the Commerce Clause of the United States Constitution.¹⁰⁷

6. The Subcommittee recommends that the General Assembly consider not requiring owners or operators of hazardous waste treatment, storage, or disposal facilities to reject waste from states that have not entered into an agreement under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), by deleting SC Code §44-56-130 (4), (5), and (6), because they violate the Commerce Clause of the United States Constitution.¹⁰⁸

7. The Subcommittee recommends that the General Assembly consider not requiring hazardous waste facilities to give preference to in-state generators, by deleting SC Code §44-56-205, as it violates the Commerce Clause of the United States Constitution.¹⁰⁹

Recommendations 4-7 propose revisions to remove statutes that federal court decisions have ruled an unconstitutional violation of the Commerce Clause of the United States Constitution.¹¹⁰ While these statutes remain in the code of laws, they have all been struck down as a result of litigation challenging laws, regulations, and executive orders attempting to limit the flow of out-of-state hazardous waste into South Carolina. These statutes are not enforced by the agency.

Health Regulation Division Recommendations

Certificate of Need and Health Facility Licensure Act

8. The Subcommittee recommends the General Assembly consider clarifying that kidney disease centers are exempt only from the certificate of need provisions and remain subject to the licensure provisions by amending SC Code §44-7-170 (B)(6). SC Code §44-7-110 et seq., require a certificate of need (CON) in certain circumstances and separately require licensure for certain types of health care facilities.

Recommendation 8 proposes modification to §44-7-170(B)(6) to clarify that kidney disease centers are exempt only from the CON provisions and remain subject to licensure provisions. During the study process, agency representatives note the wording of this statute was changed pursuant to 2010 Act No. 278. The agency seeks clarification on this issues because, although 2010 Act No. 278 modified the language of §44-7-170, it did not change the language in §44-7-260(A)(8) requiring licensure for end-stage renal dialysis units. DHEC currently regulates and licenses these facilities. This recommendation seeks to remove any ambiguity as to the authority of DHEC to license kidney disease centers.

9. The Subcommittee recommends the General Assembly consider clarifying disclosure requirements and prohibitions related to information obtained during licensing processes and allowing greater ability to publish information on the internet, by amending SC Code §44-7-310 through 315.

SC Code §44-7-310 and 315 place requirements and prohibitions on disclosure of information obtained by DHEC in the course of performing its licensure duties under the Certificate of Need and Health Facility Licensure Act. This recommendation proposes revisions to allow greater ability to publish information online and to clarify disclosure requirements and prohibitions. During the course of the study, agency representatives note these two provisions in law could be read to conflict with each other as to disclosure requirements.

Practice of Specializing in Hearing Act

10. The Subcommittee recommends the General Assembly consider removing formulation of examinations from the Commission of Hearing Aid Specialists' responsibilities, by amending SC Code §40-25-20(2).

11. The Subcommittee recommends the General Assembly consider allowing DHEC to issue a monetary penalty for violation of the Practice of Specializing in Hearing Aids Act, by amending SC Code §40-25-30.

12. The Subcommittee recommends the General Assembly consider allowing DHEC to assume the duties of

the Commission of Hearing Aid Specialists related to monitoring continuing education compliance by modifying SC Code §40-25-150 (C) and (D).

13. The Subcommittee recommends the General Assembly consider allowing DHEC to charge a fee for the examination of persons seeking to specialize in hearing aids, by modifying SC Code §40-25-110.

14. The Subcommittee recommends that the General Assembly consider allowing DHEC to facilitate administration of qualifying exams, by modifying SC Code §40-25-30(2).

15. The Subcommittee recommends DHEC and the Department of Labor, Licensing, and Regulation (LLR) jointly make a recommendation as to which agency the administration of the Practice of Specializing in Hearing Aids Act best fits within.

SC Code §40-25-10 et seq., authorizes DHEC, with advice from the Commission of Hearing Aid Specialists, 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. During testimony about these recommendations, Members ask how this particular role differs from the licensure role of the Department of Labor, Licensing, and Regulation (LLR) with many professions.¹¹¹ Therefore, recommendation 15 requests DHEC and LLR collaborate to make a recommendation about which agency the Practice of Specializing in Hearing Aids Act best fits within.

The Subcommittee adopts recommendations 10 -14 in an effort to modernize the code of laws and without regard for which agency administers the licensure requirements.

Recommendation 10 proposes to delete the statutory requirement for the Commission of Hearing Aid Specialists to formulate examinations, which leaves discretion to either formulate the exam or procure an outside source to administer the exam. Section 40-25-20(2) requires the commission to prepare the examinations. In past meetings with DHEC, the commissioners have indicated they do not have the time or resources to prepare the examination.

Recommendation 11 proposes allowing DHEC to issue a monetary penalty for violations of the Practice of Hearing Aid Specialist Act. Subsection 40-25-30(6) authorizes DHEC to suspend or revoke a license or require that a refund be made. However, there are no provisions in law authorizing DHEC to issue a monetary penalty for violations.

Recommendation 12 proposes to revising §40-25-150(C) and (D) to require licensees to submit proof of compliance with continuing educational requirements to DHEC and authorize the agency to approve or disapprove training activities and training providers. These are all functions of Commission of Hearing Aid Specialists under current law.

Recommendation 13 proposes to modify §40-25-110 to authorize the agency 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. SC Code §40-25-30(2) allows DHEC to administer a qualifying examination to applicants for licensure.

Recommendation 14 proposes modifying this duty to include the authority to facilitate the administration of the qualifying examinations. The agency does not currently administer examinations to any other

licensed entities. This modification allows for the examinations to be given by testing vendors.

Body Piercing

16. The Subcommittee recommends the General Assembly consider allowing DHEC to impose monetary penalties against licensed body piercing facilities and any other persons or entities that violate Title 44 Chapter 32 (Body Piercing) or related regulations, by amending SC Code §44-32-80. SC Code §44-32-10 et seq., direct the agency to establish sterilization, sanitation, and safety standards for persons engaged in the business of body piercing, issue permits to facilities to engage in body piercing, and charge annual permitting fees. Also, the statutes contains requirements relating to body piercing technicians and prohibitions regarding body piercing of minors. Current law authorizes DHEC to suspend or revoke licenses, or refuse to renew licenses, for body piercing facilities.

Recommendation 16 proposes authorizing DHEC to assess a monetary penalty as a method of enforcement, in addition to the existing options (e.g., revoking, suspending, refusing to issue or renew a permit, or placing a body piercing facility on probation). Further, the recommendation proposes authorizing imposition of a monetary penalty on to any person who violates the act or regulation, (e.g., a person or entity that performs body piercing without a license). This requirement is similar to statutory provisions in other acts, including the State Certification of Need and Health Facility Licensure Act, SC Code §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.

Tattooing

17. The Subcommittee recommends the General Assembly consider authorizing DHEC to impose a monetary penalty against licensed tattoo facilities and any person who violates Title 44 Chapter 34 (Tattooing) or related regulations, by amending SC Code §44-34-80. SC Code §44-34-10 et seq., requires DHEC 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 statute outlines requirements relating to tattoo artists and certain prohibitions regarding the tattooing of minors, and makes certain acts criminal in nature. Current law authorizes DHEC to suspend or revoke licenses, refuse to renew licenses, or impose monetary penalties against tattoo facilities for certain violations.

Recommendation 17 proposes 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.

Emergency Medical Services Act

18. The Subcommittee recommends the General Assembly consider giving DHEC discretion in convening the Investigative Review Committee that considers revocation of emergency medical services (EMS) licenses and certifications, by amending SC Code §44-61-160 (C), and amending SC Code §44-61-20(16) to reflect that appointment to the Committee is made by the Chief of the Bureau of EMS and Trauma.

19. The Subcommittee recommends the General Assembly consider authorizing DHEC to join the Emergency Medical Services Compact.

Recommendations 18 and 19 both relate to the Emergency Medical Services Act. SC Code §44-61-10 et

seq., authorize DHEC to develop standards for emergency medical services in the state; license, certify, and permit ambulance services, emergency medical technicians, and ambulance vehicles in the state; and take certain enforcement actions. Section 44-61-160 establishes an Investigative Review Committee and provides for its composition.

Recommendation 18 proposes to modify the definition of “Investigative Review Committee” to indicate that DHEC may convene this committee regarding an official investigation that may warrant suspension or revocation of a license or certification, but the agency is not required to convene this committee in every circumstance. This modification seeks efficiency in matters where there is clear evidence supporting the department’s recommended action. According to DHEC staff, this change does not negatively impact the person’s right to request a review of the agency’s decision to the DHEC Board, or right to appeal. Also, recommendation 18 proposes to 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.

Recommendation 19 proposes authorizing DHEC to become a member of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) with other states to help meet the demand for EMS personnel. According to agency officials, medical professionals at other levels (e.g., registered nurse, respiratory therapist, and medical doctors) have interstate compacts allowing for cross-border practice when the licensee meets South Carolina standards for licensure. There is a need for EMTs and paramedics in South Carolina. According to a survey conducted in 2015, there are eight jobs across the state for every one paramedic that graduates. Since 2014, 23 additional EMS agencies have opened adding to the demand for applicants. Becoming a compact state facilitates the day-to-day movement of EMS personnel across state boundaries and allows South Carolina to recognize and accept the EMS credentials from another compact state.

Health Services Division Recommendations

Vital Statistics

20. The Subcommittee recommends the General Assembly consider modernizing vital statistics statutes by clarifying terminology, recognizing the transition to an electronic system, removing obsolete references, clarifying treatment of sealed records and paternity acknowledgements, and reflecting changes to DHEC’s organization, by amending SC Code §44-63-10 through 180. SC Code §44-63-10 through 180 empowers DHEC to establish a bureau of vital statistics and to provide a system for the registration and certification of births, deaths, marriages, and divorces.

Recommendation 20 proposes to clarify terminology, recognize the transition to an electronic system, remove obsolete references, clarify treatment of sealed records and paternity acknowledgements, and reflect changes to DHEC’s organization. The recommended changes relate to the agency’s desire to remain consistent with the national model. According to an agency official, more people call the agency about vital statistics, than any other issue.¹¹²

21. The Subcommittee recommends the General Assembly consider allowing DHEC discretion in assessing civil penalties related to the late filing of death certificates, and giving DHEC civil enforcement powers in all aspects of Section 44-63-74. SC Code §44-63-74 provides for the electronic filing and transmission of death certificates, including the authority to assess penalties for noncompliance.

Recommendation 21 proposes allowing DHEC discretion in assessing civil penalties, including the amount. Current administrative penalties for violations include \$250 (first violation or warning letter), \$500 (second violation), and \$750 (third or subsequent violation). Also, the recommendation proposes allowing civil enforcement powers in cases other than late filing of death certificates. According to agency staff, the ability to issue orders and assess civil penalties may facilitate enforcement of registration requirements and discretion in setting amounts may prevent accumulation of excessive penalties.

22. The Subcommittee recommends the General Assembly consider disallowing a person to petition for Delayed Certificate of Birth Established by Court outside of South Carolina, and requiring that DHEC must be a party to the action, by amending SC Code §44-63-100(A). SC Code §44-63-100 provides for the registration of birth through petition for delayed certificate of birth established by court order.

Recommendation 22 proposes removing the provision allowing a petition for delayed birth certificate to be filed outside of South Carolina (i.e., the state of the petitioner's residence). Further, this recommendation proposes clarifying that DHEC is a party to the action.

23. The Subcommittee recommends the General Assembly consider deleting reference to an administrative determination of paternity pursuant to SC Code §63-17-10 in SC Code §44-63-163 (birth certificates - administrative determination of paternity) and in SC Code §44-63-165 (birth certificates - acknowledgement of paternity), clarifying whether paternity determinations by courts outside of South Carolina may be accepted, and clarifying if pre-birth orders in surrogacy cases are effective to determine parentage for the purposes of birth registration. SC Code §44-63-163, §44-63-165, and §63-17-10 relate to paternity. Sections 44-63-163 and 165 relate to birth certificates, and §63-17-10 relates to paternity determinations.

Recommendation 23 proposes removing references to an administrative determination of paternity (§44-63-163) and an acknowledgement of paternity (§44-63-165) pursuant to §63-17-10, as agency representatives note this section does not provide for either of those things.

24. The Subcommittee recommends the General Assembly consider clarifying the following provisions relating to vital statistics:

- (a) Clarify parents can only make changes to an adult child's birth certificates when the child is legally incompetent;
- (b) Clarify the family court has jurisdiction over amendments to birth certificates;
- (c) Clarify the probate court has express jurisdiction over corrections to death certificates; and
- (d) Clarify whether an out-of-state court order can serve as the basis for a correction or amendment to a birth certificates or death certificates.

SC Code §44-63-150 provides for the correction of mistakes in birth or death certificates. Section 62-1-302 provides the subject matters over which the probate courts have exclusive jurisdiction. Section 63-3-530 provides the subject matters over which the family courts have exclusive jurisdiction.

Recommendation 24(a) proposes allowing parents to make changes to adult children's birth certificates only when the adult child is legally incompetent.

Recommendation 24(b) proposes clarifying the family court has jurisdiction over amendments to birth certificates that may not be considered corrections (e.g., name changes or addition of a father's name

after paternity findings).

Recommendation 24(c) proposes granting the probate court express jurisdiction over corrections to death certificates. During the study process, agency representatives note no court has this express authority which leads to confusion and uncertainty within the bench, the bar, and the agency.¹¹³

Recommendation 24(d) proposes clarifying whether an out-of-state court order can serve as the basis for a correction or amendment to birth certificates or death certificates, which are South Carolina records.

Contagious and Infectious Diseases

25. The Subcommittee recommends the General Assembly consider removing the requirement that physicians report contagious or infectious diseases to the county health department, and replacing it with a requirement that the report be made to DHEC, by amending SC Code §44-29-10(A). SC Code §44-29-10(A) addresses physician reporting of contagious or infectious diseases.

Recommendation 25 proposes removing the requirement that physicians report to county health department, and replacing it with an instruction that the reporting be submitted to DHEC.

26. The Subcommittee recommends the General Assembly consider adding the term “sexually transmitted infection” to SC Code §44-29-70. SC Code §44-29-70 requires certain healthcare professionals to report cases of sexually transmitted diseases to health authorities.

Recommendation 26 proposes adding the term “sexually transmitted infection” to the title and body of the section. This term is more inclusive and is consistent with current nomenclature.

27. The Subcommittee recommends the General Assembly consider adding the term “sexually transmitted infection” and remove reference to local boards of health, by amending SC Code §49-29-80. SC Code §49-29-80 requires laboratories to report positive tests for sexually transmitted disease to DHEC and local boards of health.

Recommendation proposes 27 adding the term “sexually transmitted infection” to the title and body of the section and removing the reference to local boards of health.

28. The Subcommittee recommends the General Assembly consider replacing “venereal disease” with “sexually transmitted disease and sexually transmitted infection,” and adding “sexually transmitted infection” where “sexually transmitted disease” appears alone, by amending SC Code §44-29-90. SC Code §44-29-90 addresses the examination, treatment and isolation of persons infected with venereal disease.

Recommendation 28 proposes to replace the term “venereal disease” with “sexually transmitted disease and sexually transmitted infection” and adding the term “sexually transmitted infection” to each phrase where “STD” is used alone.

29. The Subcommittee recommends the General Assembly consider removing the requirement that prisoners “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 SC Code §44-29-90 until, in the judgment of the local health officer, the prisoner may be medically discharged,” and adding the term “sexually transmitted infection” where “sexually transmitted disease” appears alone. SC Code §44-29-100

addresses the examination, treatment, and isolation of prisoners for sexually transmitted diseases.

Recommendation 29 proposes removing the requirement that prisoners remain in prison after their terms expire for treatment. This is not the current practice. Also, the recommendations proposes adding the term “sexually transmitted infection” to each phrase where “sexually transmitted disease” is used alone.

30. The Subcommittee recommends the General Assembly consider adding the term “sexually transmitted infection” where “sexually transmitted disease” appears alone in SC Code §4-29-136. SC Code §44-29-136 addresses court orders for disclosure of records for law enforcement purposes.

Recommendation 30 proposes adding the term “sexually transmitted infection” to each phrase where “sexually transmitted disease” is used alone. This is consistent with current nomenclature.

31. The Subcommittee recommends the General Assembly consider amending SC Code §44-29-140 to replace “venereal disease” with “sexually transmitted disease and sexually transmitted infection.” SC Code §44-29-140 addresses penalties related to venereal disease.

Recommendation 31 proposes replacing the term “venereal disease” with “sexually transmitted disease and sexually transmitted infection.”

32. The Subcommittee recommends the General Assembly consider removing the requirement that DHEC notify certain schools when a student has Acquired Immune Deficiency Syndrome (AIDS) or is infected with Human Immunodeficiency Virus (HIV), by repealing SC Code §44-29-135(f). SC Code §44-29-135(f) requires DHEC to notify public schools when a student in kindergarten through fifth grade has Acquired Immune Deficiency Syndrome (AIDS) or is infected with Human Immunodeficiency Virus (HIV).

Recommendation 32 proposes repeal of the section. According to DHEC staff, “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.”¹¹⁴

Emergency Health Powers Act

33. The Subcommittee recommends the General Assembly consider expanding the definition of “qualifying health condition” to include the following:

- (a) a nuclear attack or accident;
- (b) a chemical attack or release;
- (c) a man-made disaster widely affecting public health or the environment; and
- (d) an act of terrorism or bioterrorism affecting public health or the environment.

SC Code §44-4-130(R) provides a definition of “qualifying health condition,” which supports the definition of a “public health emergency” in §44-4-130(P). The Governor’s authority to declare a “public health emergency” pursuant to SC Code §1-3-430 is based on these definitions.

Recommendation 33 proposes to expand the definition of a “qualifying health condition” 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.”

Tuberculosis

34. The Subcommittee recommends the General Assembly consider deleting any reference to tuberculosis camps is SC Code §44-7-610 through 780. SC Code §44-7-610 through 780 relate to 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.

Recommendation 34 proposes 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.

35. The Subcommittee recommends the General Assembly consider amending SC Code §44-31-10 to reflect current tuberculosis medical recommendations and reporting practices. SC Code §44-31-10, which requires certain medical providers and entities to report cases of tuberculosis to DHEC, has not been updated since 1970.

Recommendation 35 proposes to update the language to reflect current medical recommendations and reporting practices for notification to DHEC of tuberculosis cases.

36. The Subcommittee recommends the General Assembly consider clarifying that a petition must be filed in the probate court in the county in which the person is being detained under SC Code §44-31-105, in the event that the individual has not requested a hearing and the thirty day detainment is nearing an end. SC Code §44-31-105 provides DHEC the authority to issue and enforce emergency orders for the control and treatment of tuberculosis.

Recommendation 36 proposes clarifying that a petition be filed in the probate court in the county in which the person is being detained in the event that the individual has not requested a hearing and the 30-day detainment is nearing an end. Currently, the statute requires that the probate court enforce all provisions of the emergency order, but it only provides a venue when an individual has requested a hearing.

Community Oral Health Coordinator

37. The Subcommittee recommends the General Assembly consider allowing for provision of services to persons of any age in underserved and vulnerable populations in the designated counties, by amending SC Code §44-8-10 through 60. SC Code §44-8-10 through 60 provide for the creation and implementation of a targeted community program for dental health education, screening, and treatment referral. 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.

Recommendation 37 proposes expanding 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. According to DHEC staff, this proposed expansion aligns with those of the Dental Practice Act (SC Code §40-15-110), as well as provides centralized oversight of the community oral health coordinator activities by DHEC.

Dental Practices Act of 2003

38. The Subcommittee recommends the General Assembly consider moving SC Code §40-15-110 (E) to Title 44. SC Code §40-15-110 (E) requires DHEC to target dental services in a public health setting to under-served populations.

Recommendation 38 proposes moving §40-15-110 (E) to Title 44 (Health) where the majority of DHEC's health-related responsibilities are located. To ensure that these services are being properly implemented, this recommendation also proposes adding to Title 44 a requirement that any dental provider operating in a public health setting must submit specific data to DHEC and use agency surveillance tools for the implementation of public health core functions. This affords DHEC broader oversight of providers and may help ensure that the needs of under-served populations are being met.

Care of the Newly Born

39. The Subcommittee recommends the General Assembly consider removing the requirement for indefinite retention of blood samples collected to detect metabolic errors and hemoglobinopathies in newborns, by amending SC Code §44-37-30 . SC Code §44-37-30 addresses neonatal testing of children for metabolic errors and hemoglobinopathies. This section requires samples be stored unless the parent or child, after he reaches the age of 18, directs DHEC to do something different. According to agency staff, 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.

The 2017-2018 General Appropriations Act includes proviso 34.37 allowing DHEC to suspend activity related to the storage requirement when funding is not available. Recommendation 39 proposes codifying the proviso by removing the requirement for indefinite storage of the sample.

Health Care Professional Compliance Act

40. The Subcommittee recommends the General Assembly consider redefining "CDC Recommendation" to include current Centers for Disease Control (CDC) or equivalent guidelines, making the requirement that DHEC appoint or approve an existing expert review panel optional, and adding an enforcement mechanism targeted to educational institutions that provide training in preparation for licensure but that do not provide annual certification to DHEC. SC Code §44-30-10 through 90 provide for the creation of expert review panels to determine if health care worker who is either HIV or HBV (hep-b) positive can receive recommendations for participating in certain invasive procedures in the health care setting.

Recommendation 40 proposes including current CDC or equivalent guidelines, allowing DHEC to appoint at least one or approve an existing expert review panel if needed, and providing an enforcement mechanism for the requirement that educational institutions provide current training in infection control practices for health care professionals participating in the institutions' education programs.

Infants and Toddlers with Disabilities Act

41. The Subcommittee recommends the General Assembly consider moving SC Code sections related to the implementation of the Infants and Toddlers with Disabilities Act (BabyNet) to the South Carolina Children's Code (Title 63). SC Code §44-7-2510 through 2610 provide the Governor with discretion to

designate the lead agency for the implementation of the Infants and Toddlers with Disabilities Act. This is commonly known as BabyNet, and the lead agency is subject to change (e.g., DHEC, First Steps to School Readiness, and the Department of Health and Human Services all have been lead agency). In order to reflect that the lead agency could be in any subject area but that this section will always apply to services for children, recommendation 41 proposes to move this section out of Title 44 (Health) to Title 63, the South Carolina Children's Code.

Eliminate

The **Subcommittee recommends eliminating six programs**. The laws, and any specific revisions recommended, along with the basis for the recommendation, are listed below.

42. The Subcommittee recommends the General Assembly consider removing the requirement that DHEC make available lice treatment products to certain families, by repealing SC Code §44-29-195 (B). SC Code 44-29-195 relates to head lice, school children, and vouchers for treatment products. This section requires that DHEC make available to families with children in public school, who receive Medicaid or free/reduced lunch, products or vouchers for products for the treatment of pediculosis. Recommendation 42 proposes removing the requirement that DHEC make products available for treatment of pediculosis (i.e., head lice infestation). According to agency staff, this is not currently funded and the agency has not received any requests for this service.¹¹⁵

43. The Subcommittee recommends the General Assembly consider eliminating reference to "District Advisory Boards of Health," and change all mention of "Districts" to "Regions." SC Code §44-1-130 establishes Health Districts and District Advisory Boards. This statute is not consistent with current agency practice. The District Advisory Boards of Health no longer exist, and the agency's geographical subdivisions are now referred to as regions.

44. The Subcommittee recommends that the General Assembly consider eliminating the Catawba Health District. SC Code §44-3-110 through 140 establish and organize the Catawba Health District, serving Chester, Lancaster, and York Counties. This statute is not consistent with current agency practice as the Catawba Health District no longer exists. The counties within the former Catawba Health District are now served by the Midlands Regional Office for Public Health.

45. The Subcommittee recommends that the General Assembly consider eliminating the Hazardous Waste Management Research Fund. SC Code §44-56-810 through 840 creates the Hazardous Waste Management Research Fund, funded by Pinewood Site fees. Recommendation 45 proposes deleting this section as Pinewood Site in Sumter County no longer collects fees since its closure in 2000.

46. The Subcommittee recommends that the General Assembly consider eliminating the Coastal Zone Management Appellate Panel. SC Code §48-39-40 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. To improve efficiency and be consistent with current law and practice, recommendation 46 proposes deleting this section. It conflicts with SC Code §44-1-60, which creates 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." Notably, there has been an annual proviso to suspend this panel.

47. The Subcommittee recommends that the General Assembly consider discontinuing the Osteoporosis Education Fund and the Osteoporosis Prevention and Treatment Education Program. SC Code §44-125-10 through 40 establishes an Osteoporosis Education Fund and an Osteoporosis Prevention and Treatment Education Program to promote public awareness, prevention, and treatment of osteoporosis. This recommendation proposes repeal of these sections as the fund has not been established and funds have not been allocated to carry out the stated purpose.

INTERNAL CHANGES IMPLEMENTED BY AGENCY RELATED TO STUDY PROCESS

During the study of DHEC the agency implements several improvements directly related to its participation in the study process. Those improvements are listed below.

- While prior to the Healthcare and Regulatory Subcommittee’s study DHEC staff begin evaluating agency programs and legal mandates to determine if there are gaps, the study helps expedite and prioritize the review.

The program evaluation report template allows DHEC staff to assess programs using the same metrics, which provides for greater consistency across the agency.¹¹⁶

ADDITIONAL INFORMATION

The Department of Health and Environmental Control makes 11 recommendations that the Subcommittee receives and provides here for information purposes only.

Table 18. Agency recommendations received for information purposes only.¹¹⁷

Agency Recommendation Number	Impacted SC Code Sections	Summary
1.1	47-5-10 through 47-5-210	Rabies Control Act The agency recommends updating statutes to be consistent with national veterinary practice and to clarify definitions and roles of implementing entities.
2.4	44-96-170	Solid Waste Policy and Management Act The agency recommends changes to address the distribution of the waste tire fee, methods for encouraging a more robust waste tire recycling industry, and language to aid in the ceasing, prevention, or diminishment of illegal dumping and accumulation of waste tires.
2.2	49-11-110 et seq.	Dam and Reservoir Safety Act While this recommendation is part of the agency’s Program Evaluation Report, these provisions are also in H.3218, which passed the House of Representatives and is pending in the Senate Agriculture and Natural Resources Committee.

2.7	44-56-160, 163, 164, 165, 170, 175, 180, 190, 510	Hazardous Waste Management Act The agency recommends addressing provisions related to the assessment and use of fees generated by the disposal of hazardous waste at the former Pinewood Site, which has not accepted hazardous waste for disposal since closing in 2000. Funds created to receive the monies generated by the Pinewood fees are 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); the agency recommends that these fees be kept.
2.8	48-20-10 et seq.	SC Mining Act The agency recommends updating the SC Mining Act, last revised two decades ago, to keep pace with industry standards, practices, and developments. Within the next three years, DHEC intends to begin the stakeholder process to update these provisions that impact several state and federal agencies.
2.10	46-45-80	Agricultural Facility Setback Requirements The agency proposes a bright-line setback and that such a setback be established at a sufficient distance to protect of public health. While this recommendation is made in the PER, it is considered in the development of H.3929 (2017-2018) which passes the House and is referred to the Senate Agriculture and Natural Resources Committee.
2.24	44-53-110 et seq.	Narcotics and Controlled Substances Act The agency proposes improving drug inspections and creating efficiencies in the scheduling of controlled substances.
2.25	44-53-1610 et seq.	SC Prescription Monitoring Act The “South Carolina Prescription Monitoring Act” 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. Notably, a portion of the initial recommendation is included in the prescription monitoring program legislation enacted by the General Assembly in May 2017.
1.22	44-89-60 et seq.	Midwives The agency proposes consideration of whether DHEC is the appropriate agency to license lay midwives. Additionally, the agency recommends clarifying the requirements for licensing lay-midwives.
2.18	13-7-10 et seq.	Atomic Energy and Radiation Control Act The agency requests authorization to retain additional funds collected through annual registration fees to help fund the staff who perform the inspections and other associated duties related to tanning equipment. Further, the agency requests the authority to conduct routine inspections to help ensure public safety.

5.1	44-7-80 et seq.	Medicaid Nursing Home Permits Act The agency proposes to eliminate the directive to allocate Medicaid nursing home permit days, act on applications and issue permits for Medicaid nursing home patient days, and enforce penalties for noncompliance. The agency's rationale is this directive 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), SC Code Sections 44-7-110, et seq., and the Medicaid Nursing Home Permits Act.
-----	-----------------	---

Notably, the Subcommittee rejects the agency's recommendation for the General Assembly to repeal statutes relating to (SC Code §59-111-150 through 580) the South Carolina Medical and Dental Loan Fund, which assists loan recipients with the costs of medical and dental education in return for commitments to practice in underserved areas. In making this recommendation, agency representatives note the South Carolina Medical and Dental Loan Fund has not received funding for many years.¹¹⁸

SELECTED AGENCY INFORMATION

Department of Health and Environmental Control. "Program Evaluation Report, 2016."

http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Program%20Evaluation%20Report%208_24_16.PDF (accessed May 30, 2017).

Department of Health and Environmental Control. "Restructuring and Seven-Year Plan Report, 2015."

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2015AgencyRestructuringandSevenYearPlanReports/2015%20Department%20of%20Health%20and%20Environmental%20Control.pdf> (accessed May 30, 2017).

Department of Health and Environmental Control. "Agency Accountability Report, 2015-16."

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Reports%20&%20Audits%20-%20Reports%20and%20Reviews/Accountability%20Report%20-%202015-2016.pdf> (accessed May 30, 2017).

Department of Health and Environmental Control. "Annual Request for Information, 2017."

[http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Response%20to%20RFI%20\(PDF\)%2012.1.16.pdf](http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Response%20to%20RFI%20(PDF)%2012.1.16.pdf) (accessed May 30, 2017).

SC House of Representatives, Legislative Oversight Committee. "May 2016 Survey Results."

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SurveysforAllAgencies/Results%20of%20Survey%20of%20Dept.%20of%20Agric.;%20DHEC;%20CJA;%20Archives%20and%20History;%20and%20RSIC.PDF> (accessed May 30, 2017).

APPENDICES

Appendix A. January 28, 2016 Meeting Information

Appendix Includes:

- Meeting Packet
 - Agenda
 - December 15, 2015 Minutes
 - Letters to Committee Regarding Agency Study Priority
 - 2015 Update
 - January 6, 2016 Memorandum from State Inspector General Patrick J. Maley Regarding Executive Branch
- Oversight letter to DHEC notifying agency of its selection for study

**South Carolina
House of Representatives**



Legislative Oversight Committee

Thursday, January 28, 2016

Room - 521 Blatt Building (Ways and Means Committee Room)

9:00 a.m.

Pursuant to Committee Rule 4.9, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of minutes from December 15, 2015 meeting**
- II. Discussion of scheduled agency oversight studies, including, but not limited to, priority of agencies and an update on status of studies**
- III. Committee administrative matters**
- IV. Adjournment**

LEGISLATIVE OVERSIGHT COMMITTEE

MINUTES FROM DECEMBER 15, 2015 MEETING

First Vice-Chair:
Laurie Slade Funderburk

Nathan Ballentine
Gary E. Clary
Kirkman Finlay III
Joseph H. Jefferson Jr.
Walton J. McLeod
Joshua Putnam
Samuel Rivers Jr.
Tommy M. Stringer
Bill Taylor

Legislative Oversight Committee



William K. (Bill) Bowers
Raye Felder
Phyllis J. Henderson
Mia S. McLeod
Ralph W. Norman
Robert L. Ridgeway III
James E. Smith, Jr.
Edward R. Tallon Sr.
Robert Q. Williams

South Carolina House of Representatives

Jennifer L. Dobson
Research Director

Cathy A. Greer
Administration Coordinator

Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811
Room 228 Blatt Building

Charles L. Appleby IV
Legal Counsel

Legislative Oversight Committee Meeting
December 15, 2015
10:00 a.m.
Room 516 - Blatt Building

ARCHIVED VIDEO

- I. You may access archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and click on "Committee Postings and Reports," then under House Standing Committees click on "Legislative Oversight". Lastly, click on "Video Archives" for a listing of archived videos for the Legislative Oversight Committee.

MINUTES

- II. House Rule 4.5 requires the standing committees of the House to prepare and make available for public inspection, in compliance with Section 30-4-90, the minutes of full committee meetings. House Rule 4.5 further provides that such minutes need not be verbatim accounts of such meetings.
- III. The House Legislative Oversight Committee (Committee) was called to order by Chairman Wm. Weston J. Newton on Tuesday, December 15, 2015, in Room 516 of the Blatt Building, Columbia, South Carolina.
- IV. Chairman Newton submitted proposed minutes from the Committee's previous meeting, November 9, 2015. Representative Ballentine moved to approve the minutes. A roll call vote was held.

Rep. Ballentine's Motion to Approve the Minutes from the Committee's Meeting on November 9, 2015:	Yea	Nay	Not Voting
Nathan Ballentine	✓		
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III	✓		
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam	✓		
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

- V. The next order of business was a discussion of scheduled agency oversight studies agencies, including but not limited to, an update on status of studies.

The following Chairpersons provided a procedural update on their respective subcommittees or ad hoc committee, and answered questions asked of them by other members of the Committee: the Representatives Phyllis Henderson, James Smith, Kirkman Finlay, and Nathan Ballentine.

Representative Henderson explained that the Economic Development, Transportation, Natural Resources, and Regulatory Subcommittee had held six meetings with Department of Transportation, reviewed the operations of the Chief Internal Auditor, and reviewed the agency's use of "C Funds." She explained that the Subcommittee's review of the agency had been put "on hold" until the Legislative Audit Council completes its audit of the DOT, something Representative Henderson said that she expected to be completed in March of 2016. Representative Henderson expressed that the Subcommittee will begin its study of the State Transportation Infrastructure Bank in the early part of 2016. She noted that the Legislative Audit Council is also currently performing an audit of the STIB. Representative Henderson answered questions asked of her by other members of the Committee.

Representative Smith explained that the Education and Cultural Subcommittee had reviewed the spending of First Steps to School Readiness relative to the number of families or children served by the agency, and that the Subcommittee intended to continue to review the agency's finances and governance. The Subcommittee had started preliminary meetings with the School for the Deaf and the Blind, but was waiting to complete its study of First Steps before it got further into its study of the

School for the Deaf and Blind. Representative Smith also answered questions asked of him by other members of the Committee.

Representative Ballentine explained that the Healthcare Subcommittee had three meetings with the Department of Social Services and had already adopted recommendations from the agency that the Subcommittee planned to present to the Committee at a future date. He stated that the Subcommittee was awaiting further information from the agency. The Subcommittee had only had one meeting with the Commission for the Blind at that point. Representative Ballentine also answered questions asked of him by other members of the Committee.

Representative Finlay explained that the Law Enforcement and Criminal Justice Subcommittee had met with the Department of Juvenile Justice on three occasions. The last meeting revealed that the DJJ had not reported data in the way required by the Subcommittee; therefore, the Subcommittee was unable to draw informed conclusions about the agency and its performance. In the same meeting, it came to light that the DJJ had made arbitrary decisions relating to the how the agency categorized its spending. That meeting was adjourned in order for the Subcommittee and Committee staff to be able to draft more precise questions. The Subcommittee had held an introductory Department of Public Safety meeting. Representative Finlay explained that the Subcommittee intended to spend more time studying the DJJ in 2016. Representative Finlay also answered questions asked of him by other members of the Committee.

Representative Clary explained that the ad hoc Committee had met with several state agencies and intended to bring its study to a conclusion soon. Representative Clary also answered questions asked of him by other members of the Committee.

Representative Putnam explained that the Executive Subcommittee had met with the Comptroller General's Office on several occasions, and he laid out to the Committee the Subcommittee's recommendations relating to the agency. Representative Putnam also answered questions asked of him by other members of the Committee.

Chairman Newton answered questions asked of him related to the process by which the Committee could make recommendations to the General Assembly.

- VII. Chairman Newton moved that the Committee approve the Executive Subcommittee's study of the Comptroller General's Office. A roll call vote was held, and the motion was passed.

Rep. Newton's Motion to Approve the Executive Subcommittee's Study of the Comptroller General's Office:	Yea	Nay	Not Voting
Nathan Ballentine	✓		
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III	✓		
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam	✓		
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

- VIII. Chairman Newton presented a suggested list of five agencies for the Committee to begin to study in the coming year. The suggested list was as follows: the Office of the Secretary of State (Executive Subcommittee), the Commission on Higher Education (Education and Cultural Subcommittee), the Department of Health and Environmental Control (Healthcare Subcommittee), the Department of Agriculture (Economic Development, Transportation, Natural Resources, and Regulatory Subcommittee), and the Law Enforcement Training Council (Law Enforcement and Criminal Justice Subcommittee).

Representative Funderburk moved that the Committee replace the Secretary of State's Office with the Retirement System Investment Commission in the Chairman's suggested list. The motion was later tabled, so a roll call vote was not held.

Representative Rivers moved that the Committee replace the Commission on Higher Education with the Department of Education in the Chairman's suggested list. The motion was later tabled, so a roll call vote was not held.

Representative Smith moved that the Committee replace the Commission on Higher Education with the Patriot's Point Authority in the Chairman's suggested list. The motion was later tabled, so a roll call vote was not held.

Representative Felder moved that the Committee adopt the recommended agencies, but without naming an agency for the Education and Cultural Subcommittee to study until such time as the Committee has an opportunity to discuss the matter with Representative Rita Allison. The motion was later tabled, so a roll call vote was not held.

Representative Finlay moved that the Law Enforcement and Criminal Justice Subcommittee not be assigned a recommended agency for study at that time. The motion was later tabled, so a roll call vote was not held.

Representative Henderson moved that the Committee include the Department on Employment and Workforce be added to the list in lieu of the Department of Education. The motion was later tabled, so a roll call vote was not held.

Representative Williams moved that the Commission on Human Affairs be added to the study list. The motion was later tabled, so a roll call vote was not held.

Representative Tallon moved that the Committee table all motions previously made. A roll call vote was held, and the motion was passed.

Rep. Tallon's Motion to Table all Previously Made Motions so that the Committee Could Vote on Agencies by Each Respective Subcommittees:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III			✓
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

Representative Funderburk moved that the Executive Subcommittee study the Retirement System Investment Commission. A roll call vote was held, and the motion was passed.

Rep. Funderburk's Motion that the Executive Subcommittee Study the Retirement System Investment Commission:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III			✓
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

Representative Walton McLeod moved that the Education and Cultural Subcommittee study the Patriot's Point Authority. A roll call vote was held, and the motion was passed.

Rep. Walton McLeod's Motion that the Education and Cultural Subcommittee Study the Patriot's Point Authority:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder		✓	
Kirkman Finlay, III			✓
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.		✓	
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

Representative Rivers moved to table Representative Walton McLeod's motion. A roll call vote was held, and the motion did not pass.

Rep. Rivers' Motion to Table Representative Walton McLeod's Motion:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers		✓	
Gary E. Clary		✓	
Raye Felder		✓	
Kirkman Finlay, III			✓
Laurie Slade Funderburk		✓	
Phyllis Henderson		✓	
Joseph H. Jefferson, Jr.		✓	
Mia S. McLeod			✓
Walton J. McLeod		✓	
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III		✓	
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon		✓	
Bill Taylor	✓		
Robert Q. Williams		✓	
Wm. Weston J. Newton		✓	

Representative Henderson moved that the Healthcare Subcommittee study the Department of Health and Environmental Control. A roll call vote was held, and the motion was passed.

Rep. Henderson's Motion that the Healthcare Subcommittee Study the Department of Health and Environmental Control:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III			✓
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

Representative Henderson moved that the Economic Development, Transportation, Natural Resources, and Regulatory Subcommittee study the Department of Employment and Workforce. A roll call vote was held, and the motion was passed.

Rep. Henderson's Motion that the Economic Development, Transportation, Natural Resources, and Regulatory Subcommittee Study the Department of Employment and Workforce:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III			✓
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton			✓

Representative Tallon moved that the Law Enforcement and Criminal Justice Subcommittee study the Law Enforcement Training Council. A roll call vote was held, and the motion was passed.

Rep. Tallon's Motion that the Law Enforcement and Criminal Justice Subcommittee Study the Law Enforcement Training Council:	Yea	Nay	Not Voting
Nathan Ballentine			✓
William K. "Bill" Bowers	✓		
Gary E. Clary	✓		
Raye Felder	✓		
Kirkman Finlay, III			✓
Laurie Slade Funderburk	✓		
Phyllis Henderson	✓		
Joseph H. Jefferson, Jr.	✓		
Mia S. McLeod	✓		
Walton J. McLeod	✓		
Ralph W. Norman			✓
Joshua A. Putnam			✓
Robert L. Ridgeway, III	✓		
Samuel Rivers, Jr.	✓		
James E. Smith, Jr.			✓
Tommy M. Stringer			✓
Edward R. "Eddie" Tallon	✓		
Bill Taylor	✓		
Robert Q. Williams	✓		
Wm. Weston J. Newton	✓		

IX. There being no further business, the meeting was adjourned.

LEGISLATIVE OVERSIGHT COMMITTEE

LETTERS TO COMMITTEE REGARDING AGENCY STUDY PRIORITY

Robert L. Ridgeway III
District No. 64 – Clarendon &
Sumter Counties

Committee:

Medical, Military, Public
& Municipal Affairs
Legislative Oversight



House of Representatives
State of South Carolina

422-A Blatt Building
Columbia, SC 29201

Tel. (803) 212-6929

RobertRidgeway@schouse.gov

January 12, 2016

The Honorable Wm. Weston J. Newton
Chairman, Legislative Oversight Committee
228 Blatt Building
Columbia, SC 29201

Dear Chairman Newton:

I understand that the Legislative Oversight Subcommittee for Economic Development, Transportation, Natural Resources and Regulatory is scheduled to review the Department of Employment and Workforce.

I also understand there is a possibility that following this we will be reviewing the Department of Agriculture. I am asking consideration to place the State Accident Fund on the list for review soon thereafter; perhaps following the Department of Agriculture or if the committee decides not to review the Department of Agriculture soon, to consider the State Accident Fund ahead of it.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Ridgeway III". The signature is stylized with large, flowing loops.

Robert L. Ridgeway III

RLR/dkh/2016jan12-1

The House of Representatives

STATE OF SOUTH CAROLINA

STATE HOUSE

P.O. BOX 11867

Columbia 29211

(803) 734-2997



JAMES E. SMITH, JR.

DISTRICT 72

RICHLAND COUNTY

JUDICIARY COMMITTEE

1ST VICE CHAIR

LEGISLATIVE OVERSIGHT
COMMITTEE

EDUCATION AND CULTURAL
AFFAIRS SUBCOMMITTEE
CHAIRMAN

HOME ADDRESS
POST OFFICE BOX 50333
COLUMBIA, SC 29250
(803) 933-9800
James@JamesSmith.com
@RepJamesSmith

January 22, 2016

HAND DELIVERED

The Honorable Wm. Weston J. Newton, Chairman
House Legislative Oversight Committee
1105 Pendleton St.
Room 228
Columbia, South Carolina 29201

Dear Chairman Newton:

I would like to request that the full committee consider adjusting the 2016 study schedule to review the South Carolina Department of Archives and History, instead of the Patriots Point Development Authority.

Sincerely,

A handwritten signature in blue ink, appearing to read "James E. Smith, Jr.", written over a horizontal line.

James E. Smith, Jr.
Education and Cultural Subcommittee Chair

LEGISLATIVE OVERSIGHT COMMITTEE

2015 UPDATE - ONLINE SUMMARY

Online Resources

GENERAL INFORMATION

- Mission and Vision of the Committee
- Brochure & Video about the Committee's process

MEETINGS

- Notification, opportunity to request for committee meetings with agencies
- Live Stream of current meetings & Videos of past meetings
- Minutes and Handouts from past meetings

AGENCY INFORMATION

- Public Input, opportunity to provide on 65 agencies in an anonymous format
- Reports, including Restructuring and Seven-Year Plan report for 65 agencies and Inspector General reports relevant to agencies under study
- Details, on individual agency pages including, but not limited to, agency history, employees, past audits or reviews, programs, budgets, etc. (currently building)

Oversight Process

Step 1

- (A) Full LOC - Determines Priority of an Agency Study and Investigation; Sets a Time Frame for Completion; Written Notification Provided to Agency
- (B) Subcommittee or Ad Hoc Committee Assigned to Study - May schedule a meeting with the Agency to discuss preliminary matters

Step 2

- (A) Subcommittee or Ad Hoc Committee - May continue to have meetings with the agency to obtain information
- (B) Staff - Reviews and summarizes agency submissions (Restructuring Report; Program Evaluation Report; etc.) and information learned during meetings

- (C) Staff - Drafts Staff Study; Agency has 10 days to respond; after 10 days Staff Study is provided to Subcommittee or Ad Hoc Committee and all House Standing Committees

Step 3

- (A) Subcommittee or Ad Hoc Committee - Reviews Staff Study and any agency response, then determine other tools of legislative oversight, if any, to utilize, which include: (i) Requesting LAC Involvement (Study of Program Evaluation Study or Perform its Own Audit); (ii) Deposing Witnesses; (iii) Issuing Subpoenas; (iv) Holding a Public Hearing
- (B) Subcommittee or Ad Hoc Committee - Draft and approve a Subcommittee Study for consideration by the full LOC

Step 4

- (A) Full LOC - Receives subcommittee study and takes one of three options: (a) refers study and investigation back to Subcommittee or Ad Hoc Committee; (b) approves Subcommittee or Ad Hoc Committee Study as the final LOC study; (c) performs further investigation itself, then approves a final LOC study.
- (B) Full LOC - Once final LOC study is approved, a briefing is provided to the Members of the House, then the public
- (C) Any House Member - May file legislation to implement any recommendations in LOC study

Identified Agencies and Other Studies

Scheduled Studies - 217 Potential Agencies to Study: (A) 10 under study; (B) 55 confirmed to study; (C) 152 may review (Committee's interpretation of whether entity meets statutory definition of agency pending).

Other Studies - 1 Other Study currently under way on agencies relationship with, funding of and other activities related to Planned Parenthood and other abortion providers in S.C.

Agency Study Schedule

1. Comptroller General's Office (Step 4) - Rep. Joshua Putnam, Chair
2. Department of Transportation (Step 3) - Rep. Phyllis J. Henderson, Chair
3. First Steps to School Readiness (Step 3) - Rep. James E. Smith Jr., Chair
4. Department of Social Services (Step 3) - Rep. Nathan Ballantine, Chair
5. Department of Juvenile Justice (Step 3) - Rep. Kirkman Finlay III, Chair
6. State Transportation Infrastructure Bank (Step 2) - Rep. Phyllis J. Henderson, Chair
7. School for the Deaf and Blind (Step 2) - Rep. James E. Smith Jr., Chair
8. Commission for the Blind (Step 2) - Rep. Nathan Ballantine, Chair
9. Department of Public Safety (Step 2) - Rep. Kirkman Finlay III, Chair
10. Treasurer's Office (Step 2) - Rep. Joshua Putnam, Chair

LEGISLATIVE OVERSIGHT COMMITTEE

MEETINGS TO DATE

23 subcommittee meetings
6 full committee meetings
3 ad hoc committee meetings

STATUS OF STUDIES

65 agencies confirmed to study every 7 years
5 agencies in Step 2 of the oversight process
4 agencies in Step 3 of the oversight process
1 agency in Step 4 of the oversight process

PUBLIC INVOLVEMENT

2 surveys to provide public input on agencies
1 webinar explaining oversight process
1 brochure explaining oversight process

2014 2015

October	December	January	February	March	April
30: House Rules & Procedures Ad Hoc Committee creating adops proposal to establish a new Legislative Oversight Committee	2: Adoption of House Rules creating House Legislative Oversight Committee	7: Full committee meeting to adopt rules and discuss review schedule	5: Full committee meeting to hear from some of the entities that may assist the Committee with legislative oversight initial approval of Standard Practices	2: Restructuring and Seven-Year Plan Report guidelines provided to agencies	1: Statewide Media release about webinar and email to House Members seeking collaboration in legislative oversight process
15: First meeting of House Legislative Oversight Committee	13: Publication in House Journal of review schedule	10: Notification Letter sent to first five agencies under study	9: Letter to Speaker and Committee Chairs seeking collaboration in legislative oversight process	17: Subcommittee entry meeting with DSS	14: Full committee meeting - five agencies added to begin to study in 2015; Amendment of Standard Practices to further provide for agency submission of reports
65 Agencies Will Review, 152 May Review, 117 Questionable	17: Subcommittee entry meeting with DOT and Letter to Governor Seeking Input on Legislative Oversight	11: Amendment of Standard Practices to provide an extension for agency submission of reports	10: Request for Legislative Audit Council to do a comprehensive audit of DOT	31: Deadline for agency submission of Restructuring and Seven-Year Plan Reports, unless extension granted	15: Notification letters sent to the five additional agencies added (i.e. second five agencies)
			16: Webinar with Speaker to inform the public about the committee's process for legislative oversight and ways for the public to participate	25: House Members notified about staff study of Comproller General's Office online	22: Letter to Speaker and Committee Chairs seeking collaboration on additional agencies; Letter to Senate Clerk providing notification of agencies under review
				1: House Members notified about online survey available entire month seeking constituents' input on first five agencies under study; Staff study provided to DOT and First Steps	28: Subcommittee entry meeting with State Transportation Infrastructure Board and discussion of scope of study of DOT
				15: DOT response to staff study received	29: Subcommittee entry meeting with Department of Public Safety and Discussion of scope of study with DJJ
				30: 1010 responses to the survey	
				16: First Steps about the second provided to DSS	
				21: Notification to House Members about staff study of DOT online	
				23: Survey sent to agencies to obtain feedback about process	
				6: Responses to survey about oversight process received from agencies (38)	
				20: House Members notified about staff study of DOT online	
				3: Subcommittee meeting with DOT	
				4: House members notified about staff study of DSS online	
				12: Publication in House Journal of review schedule: Deadline for annual Restructuring Report from agencies	

2015 Continued

2016

May	June	July	August	September	October	November	December	January
1: House Members notified about online survey available during month seeking constituents' input on first five agencies under study	2: Subcommittee tour of the Treasurer's Office; Subcommittee meeting with DOT to discuss its budget	24: Subcommittee entry meeting with Comproller General's Office; Subcommittee entry meeting with First Steps	4: Staff Study provided to Comproller General's Office	1: House Members notified about online survey available entire month seeking constituents' input on first five agencies under study; Staff study provided to DOT and First Steps	30: 1010 responses to the survey	4: Subcommittee meeting with DOT; DSS response to staff study received	1: Ad hoc committee meeting	15: Full committee meeting
7: Subcommittee entry meeting with Treasurer's Office and discussion of scope of study with Comproller General's Office; Subcommittee entry meeting with Commission for Blind and discussion of scope of study with DSS	22: Deadline for Program Evaluation Reports from first five agencies under study, unless granted an extension	27: Deadlines for Program Evaluation Reports from second five agencies under study, unless granted	11: Subcommittee meeting with DOT to discuss the Office of the Chief Internal Auditor, Act 114 of 2007 criteria, and the STIP adopted	15: Subcommittee meeting with House Members notified about staff study of DOT and First Steps	21: Notification to House Members about staff study of DOT online	6: Responses to survey about oversight process received from agencies (38)	3: Subcommittee meeting with DOT	12: Publication in House Journal of review schedule: Deadline for annual Restructuring Report from agencies
31: 1,788 responses received	25: Program Evaluation Report Guidelines sent to second five agencies under study, unless granted	18: Comproller General's Office response to staff study received	26: Full committee meeting adopted motion for unscheduled study (other study #1)	10: Subcommittee meeting with House Members notified about staff study of DOT and First Steps	28: Subcommittee meeting with Comproller General's Office	9: Full Committee meeting with DSS	4: House members notified about staff study of DSS online	
12: Subcommittee entry meeting with School for Deaf and	30: Subcommittee entry meeting with the public survey of the first five agencies under study, with at least one response from each of the 46 counties; agency employees information	18: Comproller General's Office response to staff study received	11: House Members notified about other study #1	29: Ad hoc committee meeting	30: Staff Study provided to DJJ	12: Ad hoc committee meeting	11: Subcommittee meeting with First Steps	

First five agencies under study: Comptroller General's Office, Department of Transportation, First Steps to School Readiness, Department of Social Services, and Department of Juvenile Justice

Second five agencies under study: State Transportation Infrastructure Bank; School for the Deaf and Blind; Commission for the Blind Department of Public Safety; and Treasurer's Office

LEGISLATIVE OVERSIGHT COMMITTEE

STUDY STEPS



Subcommittee Study Steps - Overview

Current as of January 7, 2015



Purpose

The stated **purpose of legislative oversight** is to **determine if agency laws and programs** are being implemented and carried out in accordance with the intent of the South Carolina General Assembly and whether or not they **should be continued, curtailed, or eliminated**.

Vision

The committee's vision is "[f]or South Carolina agencies to become, and continuously remain, the **most effective state agencies in the country** through processes which eliminate waste and efficiently deploy resources thereby creating greater confidence in state government."

Required Considerations

State law requires the Subcommittees consider the following during oversight studies: (1) the application, administration, execution, and effectiveness of **laws and programs**; (2) the **organization and operation of agencies**; and (3) any conditions or circumstances that may indicate the **necessity or desirability of enacting new or additional legislation**.

Practical Considerations

- Performing uniform analysis of agencies promotes consistency, efficiency and effectiveness.
- Focusing on how an agency utilizes its current funding and employee authorizations (i.e. it's resources) may help ensure the agency is deploying its resources efficiently.

Complete Agency Oversight Process - Summary

Annual Update/Feedback

- **Purpose:** Information is collected from agencies through the Annual Restructuring Report (ARR) to obtain information from agencies not yet under study and through Requests for Information to agencies the Committee has already studied during the seven year cycle, to provide a feedback loop on recommendations made at the end of each study. **ALSO ADD PURPOSE FROM STATUTE RELATED TO THE ARR**
- **Manner of Obtaining Information:** Annual Restructuring Report and Requests for Information
- **Information Obtained:** Each agency provides the following to the Committee, General Assembly and public in the agency's ARR as a way to keep everyone updated on its strategic plan, spending and performance:
 - Updated list of laws applicable to the agency, strategic plan with explanation of how those laws are satisfied, who is responsible for accomplishing each goal and objective in the strategic plan and yearly results of performance measures related to each objective in the strategic plan, and how much the agency budgeted and spent toward each objective in the strategic plan.
- **Where Information is Published:** Online for the General Assembly, public and anyone to view.
- The public, agency employees, or others may submit comments to the Committee for the Committee to utilize during its in depth study of the agency once every seven years via a link on the Committee's website.

Seven Year Study (See Subcommittee Study Steps on next page)

- Performed on the agency once every seven years. A Subcommittee of the Committee takes the lead on each agency study.



Subcommittee Study Steps - Overview

Current as of January 7, 2015



Subcommittee Study Steps - Summary

After receiving the Staff Study, and agency response to the Staff Study if one is provided, the Subcommittee may utilize the following steps to accomplish the legislative purpose of the Committee and work toward achieving the Committee's ultimate vision.

In conjunction with any of the meetings below, the Subcommittee may...

- vote on recommendations the Subcommittee has;
- utilize other investigation tools available such as depositions, Requests for Information, etc.; and
- discuss agency recommendations from the agency's ARR.

Purpose: The stated purpose of legislative oversight is to determine if agency laws and programs are being implemented and carried out in accordance with the intent of the South Carolina General Assembly and whether or not they should be continued, curtailed, or eliminated.

Step 1 - Agency Background

Purpose: Determine *if the intent of the General Assembly is being implemented* (to put into effect according to or by means of a definite plan or procedure) in the agency's mission, vision and strategic plan.

- Meeting 1 – **History, Legal Responsibilities and Strategic Plan**
- Meeting 2 – Analyze **relationships** with other entities which the Agency utilizes to accomplish the Objectives in its Strategic Plan; responses to public surveys, other input submitted online and **public comments** during the meeting. (This informs the Subcommittee of certain aspects in different objectives to be particularly mindful of)
- Meeting 3 – **Resources** available (Employees and Funds) and how the agency allocates the resources to accomplish the Objectives in its Strategic Plan

Step 2 - Agency Performance

Purpose: Determine *if the intent of the General Assembly is being carried out* (to effect or accomplish; complete) by the agency through its performance. Determine *if laws should be continued, curtailed or eliminated*.

- Meeting 4 – Agency **Performance** (Efficiency and Outcome Metrics) on each Objective and Programs utilized to accomplish the Objectives; **Agency Recommendations (Internal and Law changes)** to Improve Efficiency and Outcomes
 - After meeting 1, 2, and 3, the Subcommittee will know where to focus when looking at performance. At the end of this meeting Subcommittee will have list of programs to curtail or eliminate

Step 3 - Subcommittee Recommendations

Purpose: Determine *if programs should be continued, curtailed or eliminated*.

- Meeting 5 – **Program** analysis; voting on any new Subcommittee recommendations and approval of final contents that staff will draft into the Subcommittee Study that will be sent to the Full Committee
- (Optional) Meeting 6 - Continued discussion of Subcommittee Study Report, if requested by a Subcommittee member after receiving the drafted Subcommittee Study Report.

LEGISLATIVE OVERSIGHT COMMITTEE

**JAN. 6, 2016 MEMORANDUM FROM STATE
INSPECTOR PATRICK J. MALEY
REGARDING EXECUTIVE BRANCH**



State of South Carolina
Office of the Inspector General

Memorandum

Date: January 6, 2016

To: Honorable Nikki R. Haley, Governor
Honorable Hugh K. Leatherman, Senate Pro Tempore
Honorable James H. "Jay" Lucas, Speaker of the House of Representatives
Honorable Richard Eckstrom, Comptroller General
Honorable Curtis M. Loftis, State Treasurer

From: State Inspector General Patrick J. Maley

Re: The State Inspector General's Observations of the Executive Branch

Enclosed with this memo is a document titled, "The State Inspector General's (SIG) Observations of the Executive Branch (EB) of State Government."

After three years of looking "under the hood" in the EB starting with a staff of two investigators/auditors and increasing to five for the past two years, the SIG has a sufficient body of work and experience to discuss fraud, waste, and abuse in the EB. The enclosed document sets forth the SIG's observations of the EB's positive attributes and opportunities to improve.

The enclosed document contains State-wide issues that may be relevant to Executive and Legislative oversight for both consideration and context in carrying out their leadership roles over the complex EB of State Government. The enclosed document is a high level summary, which also contains an Internet link to a second more expansive document for those interested in a deeper level of detail. I would gladly provide, if interested, personal briefings using agency specific examples and investigative results to clarify and support the SIG's observations. For your information, SIG waste/effectiveness investigations and lessons learned are contained on its webpage (oig.sc.gov).

Thanks in advance for taking the time to review this data, which hopefully will stimulate discussion and potential ways forward to improve State Government. Again, I welcome the opportunity to meet with anyone or group with an interest in further dialogue about the SIG's observations of the EB.

cc: Chairman W. Brian White, House Ways & Means Committee
Chairman Wm. Weston J. Newton, House Oversight Committee

The SIG's Observations of the **Executive Branch** of State Government

After three years of looking “under the hood” in the Executive Branch (EB) starting with a staff of two investigators/auditors and increasing to five for the past two years, the SIG has a sufficient body of work and experience to discuss fraud, waste, and abuse in the EB. As a reminder of the SIG’s unique mission, it was well described by John Ward, the father of the first state Office of the Inspector General Office in Massachusetts (1981), “**The basic concept behind the IG is that any institution, corporation, university, let alone the institution of government, must build into itself a mechanism for self-criticism and self-correction...the IG covers the vast middle ground between the ability to review all state transactions to a limited degree without the power to investigate [i.e., the Auditor], and the power to investigate allegations of fraud on a case-by-case basis [i.e., the Attorney General].**”

Below identifies the EB’s positive attributes and opportunities to improve; a more robust explanation of below items can be found at link: <http://oig.sc.gov/Documents/ExpandedSIGObservations.pdf>.

Positive Attributes of the EB

1. EB employees conducting fraud/embezzlement against the state is a low risk with relatively a low loss in dollars.
2. The Statewide Procurement System (SPS) has a low risk of fraud.
3. The Statewide personnel system to address misconduct appears to be adequate.
4. EB corruption requires a bit more explanation in this summary given the public’s perception of government corruption, at all levels, and the public debate pertaining to the adequacy of State ethics laws.
 - EB **criminal** corruption risk is low, which may be contrary to a general public perception. Criminal corruption is essentially kickbacks, bribes, or the “old school” bag of cash involving a “quid pro quo” transaction.
 - Corrupting influence, also known as undue influence, in the EB is an entirely different issue, which, absent unusual circumstances, is essentially **non-criminal** due to a lack of a quid pro quo. Corrupting influence has no “meeting of the minds” of a “quid pro quo” transaction, but it is understood future reciprocating is not unimportant, which is often termed the “good old boy network” or the newer term of “gift economy.” In the EB, corrupting influence does not appear systemic. However, it is exceedingly difficult, if not impossible absent some unique evidence, to disentangle inappropriate “undue corrupt influence” from special interests or self-interest with appropriate influence from constituents, special interests, core beliefs, or other meritorious organizational criteria.
 - Addressing this difficult arena of corrupt influence starts with a clear understanding of the problem -- the days of “bags of cash” for a specific favor are essentially over -- wrongdoing government employees can monetize/benefit from this corrupt influence in a variety of other indirect methods, which, ironically, are also likely quite legal if separated from any connection to a quid pro quo transaction. The citizenry and the State’s best defense against corrupting influence is through increased ethical standards emphasizing boundaries and transparency [i.e., disclosure of real/apparent conflicts; no gifts; robust financial disclosures; and duty to report].

- Most important is establishing a clear demarcation where expected political and decision making input ends and the increased risk of undue influence begins. This requires formal disclosure or complete avoidance of issues having even the “appearance” of a conflict of interest or causing a reasonable member of the public to perceive a state employee as violating the public’s trust. In today’s era of the public’s diminishing trust in government, a rigorous “appearance” standard is required to improve public confidence in government. It protects from both perceived violations of the public’s trust which can do as much damage as actual violations, as well as shrinks the operating space where the risk of undue influence is heightened. Governor Haley’s recent model Code of Conduct adopted by her Cabinet agencies is a good start, but these standards need to be required by all EB agencies.

Opportunities to Improve

1. The State lacks an adequate agency Performance Management System to ensure agencies are operating using fundamental business practices using strategic objectives, tactical strategies, and results aligned with stated objectives, which creates a high risk of waste in state government. A renewed emphasis in a statewide agency Performance Management System represents the single best opportunity to address waste in State government.
2. The State lacks adequate requirements for agencies to conduct contract/grant monitoring, which has resulted in a high risk for waste in state government.
3. The State extensively uses the Commission form of oversight for state agencies which suffers from a lack of uniform expectations, which can result in some Commissions not assuming full ownership or possessing executive skills to carry out their fiduciary duty to ensure agency effectiveness. Citizens with subject matter expertise serving as Commissioners to provide oversight to government certainly has obvious and intuitive benefits, but it also increases the risk of potential conflicts of interest, both real and perceived, when subject matter expert Commissioners also have business interests potentially regulated or impacted by agency decisions.
4. State agency internal audit functions should shift focus away from traditional low risk compliance and financial audits and follow the private sector trend towards improving operational performance through improving risk management, control, and governance processes. Agency enterprise-wide risk assessments, a basic internal audit function, are not systematically conducted, which misses the opportunity to create internal and oversight visibility/accountability to address opportunities to improve.
5. The State has no systemic leadership development program, nor do agencies utilize standard leadership/climate surveys as a tool for feedback to assess opportunities to improve.

Potential EB Agency Trends Observed

- Preventative controls to prevent waste in State operated benefit programs have opportunities to improve.
- Regulatory controls have a tendency in both protocols and management inclination to under-address non-compliance in a serious and time-sensitive manner.

- EB agencies are inordinately risk adverse to any form of “bad news.” This is normal for any organization, but it seems State agencies just have a higher propensity to strive for a no waves, “get along, go along” attitude which just adds to the gravity of the status quo.
- Potential opportunity exists to maximize procurement contracts through both the level of competition and the use of negotiations.
- Outsourcing through contracts or grants, often to non-profits, seems to be viewed as automatically preferential to adding State employees, which is not accurate given the State’s high risk in its ability to contract/grant manage. Agencies have a tendency to view their job is essentially complete upon approving a contract/grant, when in fact outsourcing requires heightened skills in contract/grant monitoring and engaged risk based oversight to ensure value received by the State.

Chairman Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Nathan Ballentine
Gary E. Clary
Kirkman Finlay III
Joseph H. Jefferson Jr.
Walton J. McLeod
Joshua Putnam
Samuel Rivers Jr.
Tommy M. Stringer
Bill Taylor*



South Carolina House of Representatives

*William K. (Bill) Bowers
Raye Felder
Phyllis J. Henderson
Mia S. McLeod
Ralph W. Norman
Robert L. Ridgeway III
James E. Smith Jr.
Edward R. Tallon Sr.
Robert Q. Williams*

*Jennifer L. Dobson
Research Director*

*Cathy A. Greer
Administration Coordinator*

**Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811
Room 228 Blatt Building**

*Charles L. Appleby IV
Legal Counsel*

*Carmen J. McCutcheon
Research Analyst*

February 4, 2016

Director Catherine E. Heigel
South Carolina Department of Health and Environmental Control
2600 Bull St.
Columbia, South Carolina 29201

RE: Legislative Oversight Study of the South Carolina Department of Health and Environmental Control

Dear Director Heigel:

In conducting these Studies, it is the Legislative Oversight Committee's goal to partner with the agency to help it identify areas in which it can continue to improve upon the positive results it has generated for the people of South Carolina.

In the near future, the Healthcare Subcommittee will schedule a meeting with your agency to discuss preliminary matters relating to the Study of the South Carolina Department of Health and Environmental Control. During this preliminary meeting, Representative Nathan Ballentine will explain the Committee's expectations. In addition, the agency will have an opportunity provide a brief overview of its programs and ask questions.

The Committee wants to ensure the agency has as much information as possible and ample opportunity to review materials prior to the meeting. Therefore, enclosed is a flow chart with an overview of the process the Committee intends to follow, copy of the Committee's Rules and copy of the Committee's Standard Practices (please note these may be modified). Also, below is a brief summary of the expectations.

The Committee expects an agency to inform its staff that the agency is undergoing the legislative oversight study process as well as the purpose of the study. The Committee expects an agency to appoint a liaison to assist the Committee with all activities. The Committee expects an agency to respond to its requests in a concise, complete and timely manner. The Committee expects an agency to be candid with it and to promptly discuss with the Committee any concerns or questions the agency may have related to the legislative oversight study process, including any concerns the agency may have that the Committee has drawn an incorrect conclusion.

Page Two
Director Heigel

I hope the information above and enclosed is helpful to you and your agency in understanding the process the Committee intends to following in conducting the Study. Please do not hesitate to contact me, Representative Ballentine, or Committee staff, if you have any questions or concerns about the Study.

Sincerely,

Signature Redacted

Wm. Weston J. Newton
Chairman, House Legislative Oversight Committee

Enclosures

cc: Representative Nathan Ballentine

Appendix B. April 27, 2016 Meeting Information

Appendix Includes:

- Meeting Packet
 - Agenda
 - March 17, 2016 Minutes
 - DHEC Overview

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE SUBCOMMITTEE

Chairman Nathan Ballentine

The Honorable Mia S. McLeod

The Honorable Walton J. McLeod

The Honorable Bill Taylor

Wednesday, April 27, 2016

9:30 a.m.

Room 108 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AMENDED AGENDA

- I. Approval of Minutes from the March 17, 2016 Subcommittee Meeting**
- II. Discussion of Study of the Department of Health and Environmental Control, including but not limited to the public survey and agency's program evaluation report**
- III. Adjournment**

**LEGISLATIVE OVERSIGHT COMMITTEE
HEALTHCARE SUBCOMMITTEE**

MINUTES FROM MARCH 17, 2016 MEETING

First Vice-Chair:
Laurie Slade Funderburk

Legislative Oversight Committee

Nathan Ballentine
Gary E. Clary
Kirkman Finlay III
Joseph H. Jefferson Jr.
Walton J. McLeod
Joshua Putnam
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Jennifer L. Dobson
Research Director

Cathy A. Greer
Administration Coordinator

Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811

Charles L. Appleby IV
Legal Counsel

Carmen McCutcheon
Research Analyst

Room 228 Blatt Building

Healthcare Subcommittee Meeting

March 17, 2016

1:00 p.m.

Room 409 - Blatt Building

Archived Video Available

- I. You may access archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and click on "Citizens' Interests," then click on "House Legislative Oversight Committee Postings and Reports." Lastly, click on "Video Archives" for a listing of archived videos for the Legislative Oversight Committee.

Minutes

- I. House Rule 4.5 requires the standing committees of the House to prepare and make available for public inspection, in compliance with Section 30-4-90, the minutes of full committee meetings. House Rule 4.5 further provides that such minutes need not be verbatim accounts of such meetings. It is the practice of the House Legislative Oversight Committee to provide minutes, which are not verbatim accounts of such meetings, for its Subcommittee meetings.
- II. The Healthcare Subcommittee (Subcommittee) meeting was called to order at 1:00 p.m. by Subcommittee Chairman Nathan Ballentine on Thursday, March 17, 2016, in Room 409 of the Blatt Building, Columbia, South Carolina. The following Subcommittee Members were present when the meeting was called to order: Chairman Ballentine, Representative Mia McLeod, Representative Bill Taylor, and Representative Walton J. McLeod.
- III. Representative Walt McLeod moved to approve the Subcommittee minutes from its meeting on February 11, 2016. A roll call vote was held, and the minutes were approved unanimously.

Rep. Walt McLeod's motion to approve the Subcommittee minutes from February 11, 2016:	Yea	Nay	Not Voting
Rep. Ballentine	✓		
Rep. Mia McLeod	✓		
Rep. Walton McLeod	✓		
Rep. Taylor	✓		

Discussion of the Commission for the Blind

- I. Chairman Ballentine swore in both of those present from the Commission for the Blind (Commission) who were present to testify on behalf of the agency. The representatives were: Elaine Robertson (Special Projects Coordinator) and Kyle Walker (Consumer Services Director).

Committee staff provided a brief summary of the Commission's progress through the oversight process.

Chairman Ballentine explained that the format of the meetings had been revised due to the insight gained by the Subcommittee from its first year of existence, and that the format had already been explained to the agency by Committee staff.

Chairman Ballentine also said that the purpose of the meeting was to discuss the history, mission, and strategic plan of the Commission, and he gave some specific topics that the Subcommittee could focus on.

- II. Committee staff provided a brief summary of the Commission's history and mission.

Chairman Ballentine asked for suggestions of ways in which the General Assembly could assist the Commission in filling the vacancies on its Board of Commissioners (Board) that have been unfilled for years. Mr. Walker testified that the Commission had nominated people to fill the positions, but that he was unaware of the status of those nominations. He testified that the Commission was eager to fill the positions.

Representative Taylor asked for a summary of the nomination process for Board members. Mr. Walker testified that he was not certain of the specifics of the nomination process for Board members, but that he would provide more information on the process to the Subcommittee in writing.

Representative Walt McLeod if there was a statutory requirement that the Chairman of the Board be visually impaired. Mr. Walker answered in the negative.

- III. Ms. Robertson and Mr. Walker provided an overview of the agency's strategic plan and the considerations that went into the development of the plan.

Representative Taylor asked if the Commission had consulted with its consumers for their advice during the development of the new strategic plan. Ms. Robertson testified that the Commission did not consult its clients in the development of the new plan.

Representative Taylor asked for more information on the needs assessment that was mentioned in the presentation of the strategic plan. Mr. Walker testified that the Federal Rehabilitation Act required state agencies to perform needs assessments and provide more details about the needs assessment process the Commission performs.

Representative Taylor asked for an estimate of the number of people employed at the Commission. Ms. Robertson testified that about 129 people worked at the agency, and that the employees are spread across eight regional campuses and a central state office.

Representative Taylor asked for an estimate of the number of consumers the Commission had on a typical day. Ms. Robertson testified that the Commission had about 1,400 consumers on any typical day.

Representative Taylor asked for an estimate of the number of consumers with which the Commission had direct contact with on a typical day. Mr. Walker testified that he would provide that information to the Subcommittee in written form due to the difficulty in estimating the figure.

Representative Walt McLeod asked if the Commission had any sort of mutually supportive relationship with the School for the Deaf and Blind (School). Mr. Walker answered that the Commission had an officer stationed at the School and that one of its senior managers was seated on the School's Board of Commissioners.

Representative Walt McLeod asked if a graduate of the School would become a consumer of the Commission. Mr. Walker testified that the Commission frequently tried to establish relationships with students at the School before they graduated so as to maintain the connection into adulthood.

Representative Mia McLeod asked if consumers who were sheltered in childhood due to visual impairment but developed more independency due to Commission services receive some sort of transition service. Ms. Robertson testified that the Commission employed counselors to identify the points at which consumers reached the appropriate level of independency, after which points they would be given vocational training and other services. Mr. Walker testified that the Commission tested independency skills among its consumers by having them perform tests in a simulated apartment.

Representative Taylor asked for the amount of federal money the Commission receives. Mr. Kyle testified that the Commission receives about 80% of its funding from the federal government and 20% from the state.

Chairman Ballentine thanked Mr. Kyle and Ms. Robertson for attending the meeting, and expressed his wish for Commissioner Kirby to attend the next meeting. He also asked for the Commission to submit more information to the Subcommittee related to the vacant positions on the Board.

VI. There being no further business, the meeting was adjourned.

**LEGISLATIVE OVERSIGHT COMMITTEE
HEALTHCARE SUBCOMMITTEE**

INFORMATION PROVIDED BY DHEC

Major Program Areas

Environmental Affairs

DHEC Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

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:

- 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
- Conducting compliance assistance and assurance through routine monitoring, review of operational and emissions reports and periodic inspections

Bureau of Environmental Health Services (BEHS)

Supports DHEC's air, land and water programs through regional offices and a central laboratory. BEHS is also responsible for emergency response activities. The services they provide include:

- Inspecting permitted facilities and issuing food and septic tank permits
- Responding to foodborne outbreak investigations
- Responding to citizen complaints about any actual or potential release of pollutants into the air, land or water
- Responding to chemical and oil spills, fish kills and open burning of items such as tires, plastic, copper wire and asbestos covered material

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:

- 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 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 and brownfield sites

Bureau of Water (BOW)

Helps ensure that South Carolina's waters are drinkable, swimmable and fishable through regulatory and voluntary programs to control point and nonpoint sources of pollution. BOW provides a variety of services including:

- Permitting wastewater discharges from industrial and domestic sources and as well as on-site wastewater systems (septic tanks)
- Issuing stormwater permits through the National Pollutant Discharge Elimination System for construction sites, municipal systems and industrial sites
- Developing state water quality standards, issuing the bi-annual list of the state's polluted 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

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:

- Implementing the Coastal Zone Management Program to manage wetland alterations, stormwater and land disturbance activities, certify all federal and state permits and direct federal actions and all alterations of tidally influenced critical area lands, waters and beaches
- Preserving sensitive natural, historic and cultural resources through regulatory oversight and guidance
- Providing technical expertise to resolve complex coastal management issues
- Encouraging low impact and alternative development to preserve water quality and environmental integrity

Health Services

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. Health Services works with the four health regions, the Centers for Disease Control and Prevention, and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

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.

Community Health and Chronic Disease Prevention (CHCDP)

Houses community-oriented prevention services and works with the CDC, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles. CHCDP is comprised of five divisions: Health Equity, Promotion and Wellness; Injury and Violence Prevention; Cancer Prevention and Control; Chronic Disease Epidemiology; and Tobacco Prevention and Control.

Disease Control

Works to prevent and control communicable diseases and illnesses in South Carolina. Disease Control is comprised of three divisions: Acute Disease Epidemiology (DADE), STD/HIV, and Immunizations.

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, the Office of Public Health Nursing and Home Health Services.

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.

Health Regulations

DHEC 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 Facilities Licensing and Certification

Licensing and certification of health care facilities is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health care facilities. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality health care.

Certificate of Need (CON)

Authorizes the implementation or expansion of health care facilities and services in South Carolina. A certificate of need 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.

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.

Radiological Health

Energy emitted from a source is generally referred to as radiation. Radiation exists in the natural environment (e.g., heat and light from the sun), as well as being generated by man-made devices (e.g., X-rays). The Radiological Health program 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.

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.

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.

Appendix C. January 24, 2017 Meeting Information

Appendix Includes

- Meeting Packet
 - Agenda
 - August 25, 2016 Minutes
 - General Overview of DHEC
 - Agency Structure and Major Programs
 - History, Legal Duties, and Strategic Plan
 - Strategic Resource Allocation
 - Public Input
- DHEC Overview Handout
- Agency Response to LOC and Public Questions

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Tuesday, January 24, 2017

3:00 p.m.

Room 110 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

REVISED AGENDA

- I. Approval of Minutes from the August 25, 2016 Subcommittee Meeting**
- II. Discussion of study of the Department of Health and Environmental Control, including but not limited to a brief overview of the agency**
- III. Opportunity for Public Testimony about the Department of Health and Environmental Control**

Individuals can sign up to testify by calling the House Legislative Oversight Committee at 803-212-6810, emailing the Committee at hcommlegov@schouse.gov, or signing up in person a few minutes prior to the meeting. S.C. Code of Laws Section 2-2-70 provides that all testimony given to the investigating committee must be under oath.

An ongoing opportunity for public input is available on the Committee's website, which allows individuals to provide comments to the House Legislative Oversight Committee anonymously.

- IV. Adjournment**

Chairman Wm. Weston J. Newton

First Vice-Chair:
Laurie Slade Funderburk

Legislative Oversight Committee

Nathan Ballentine
Gary E. Clary
Kirkman Finlay III
Joseph H. Jefferson Jr.
Walton J. McLeod
Joshua Putnam
Samuel Rivers Jr.
Tommy M. Stringer
Bill Taylor

South Carolina House of Representatives

William K. (Bill) Bowers
Raye Felder
Phyllis J. Henderson
Mia S. McLeod
Ralph W. Norman
Robert L. Ridgeway III
James E. Smith, Jr.
Edward R. Tallon Sr.
Robert Q. Williams

Jennifer L. Dobson
Research Director

Cathy A. Greer
Administration Coordinator

Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811

Room 228 Blatt Building

Charles L. Appleby IV
Legal Counsel

Carmen J. McCutcheon
Auditor/Research Analyst

Healthcare Subcommittee

April 27, 2016

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The Healthcare Subcommittee meeting was called to order by Chairman Nathan Ballentine on Wednesday, April 27, 2016, in Room 108 of the Blatt Building. The following members of the Subcommittee were present: Chairman Ballentine, Representative Walton J. McLeod, and Representative Bill Taylor. Representative Taylor offered an opening prayer.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.

- II. Representative Taylor moved to approve the minutes from the Subcommittee's previous meeting on March 17, 2016. A roll call vote was held, and the motion was passed.

Rep. Taylor's motion to approve the minutes from March 17, 2016:	Yea	Nay	Not Voting
Rep. Mia McLeod			✓
Rep. Walton McLeod	✓		
Rep. Bill Taylor	✓		
Rep. Nathan Ballentine	✓		

Discussion of the Department of Health and Environmental Control

- I. Chairman Ballentine administered the oath to Catherine Heigel, Director of the Department of Health and Environmental Control.
- II. Committee staff provided an overview of the oversight process as it related to DHEC, and highlighted that the meeting was the Subcommittee's first meeting with DHEC.
- III. Chairman Ballentine stated that the meeting's purpose was for the Subcommittee to ensure that DHEC has a clear understanding of the oversight process and to ensure that the agency will share information about the process and notify its employees of the Committee's public survey.
- IV. Director Heigel provided an overview of DHEC to the Subcommittee.

Representative Taylor asked if Director Heigel had conducted an agency-wide survey of DHEC employees at all levels in order to benchmark employee attitudes for comparison with future surveys. Director Heigel testified that she had not conducted that sort of survey when she was first installed as Director, but that DHEC had conducted a similar survey since that time.

Representative Taylor asked if the similar survey had been conducted internally or externally. Director Heigel testified that the survey was conducted internally under the supervision of an external consulting firm.

Representative W. McLeod urged Director Heigel to act without hesitation in public health crises by using all of the powers delegated to DHEC by the state. He also noted the necessity of DHEC's communicable diseases program, citing the importance of the germ theory.

Representative Taylor asked for the expected date on which the results of a DHEC study of the water aquifer would be available to the public. Director Heigel said that she would have DHEC staff provide that information to the Subcommittee after the conclusion of the meeting.

- V. There being no further business, the meeting was adjourned.

GENERAL OVERVIEW OF DHEC

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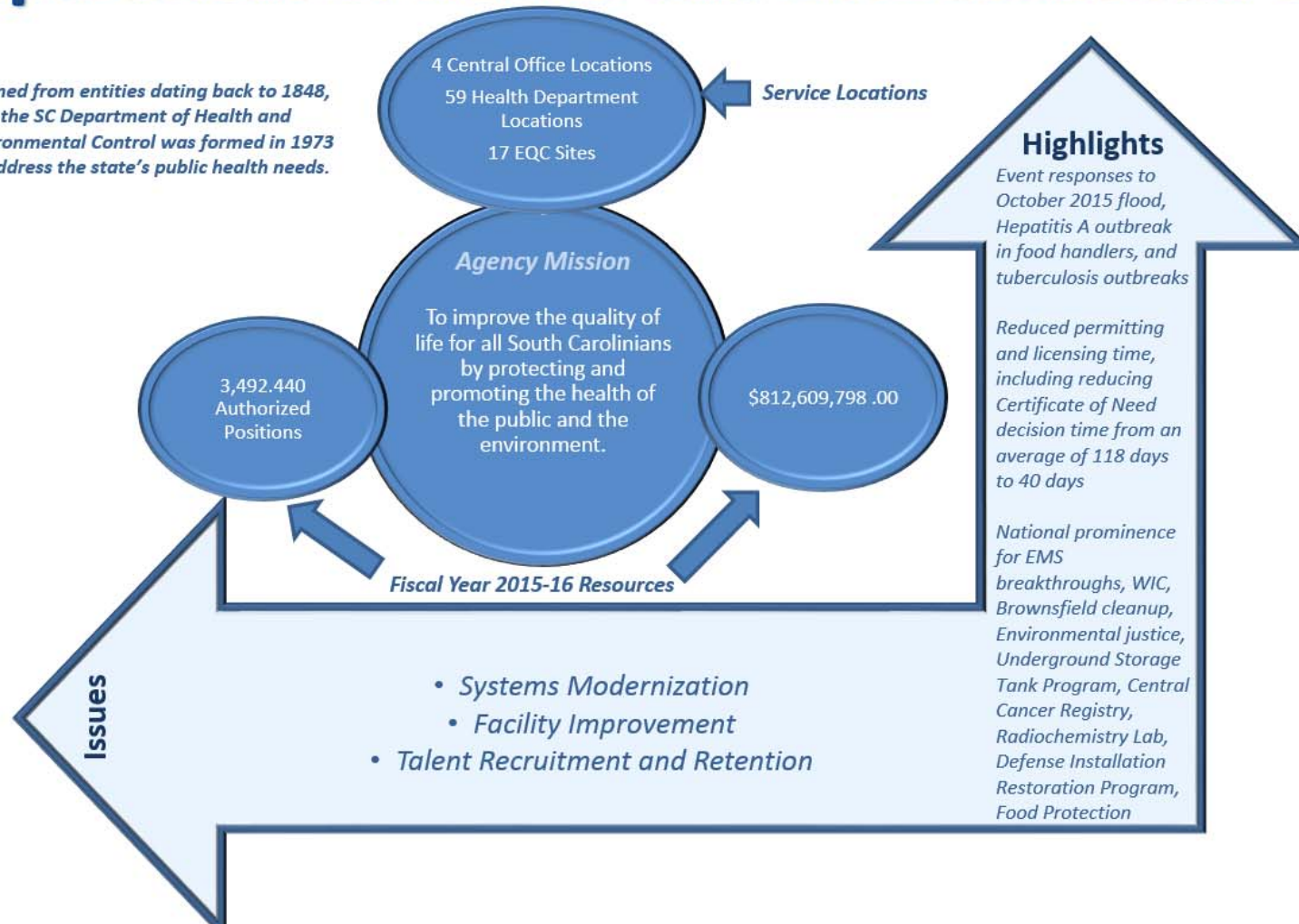
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S.C. Department of Health and Environmental Control

Formed from entities dating back to 1848, the SC Department of Health and Environmental Control was formed in 1973 to address the state's public health needs.

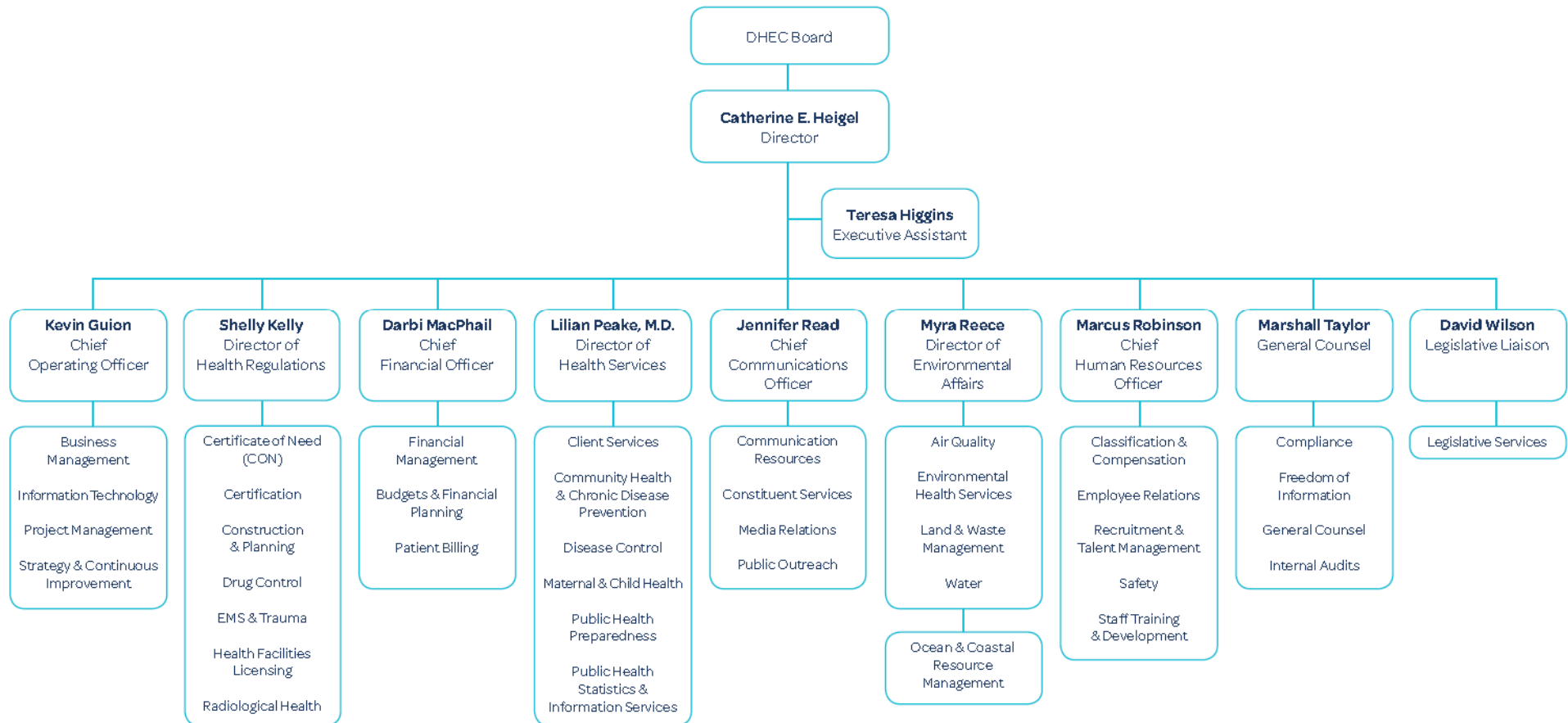


AGENCY STRUCTURE AND MAJOR PROGRAMS



Organizational Chart

December 9, 2016



HEALTH SERVICES

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.

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.

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.

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.

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.

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.

HEALTH REGULATION

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.

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.

Health Facilities 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.

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.

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.

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.

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.

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.

ENVIRONMENTAL AFFAIRS

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.

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:

- 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.

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:

- 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.

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:

- 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. 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:

- 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.

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:

- 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.

HISTORY, LEGAL DUTIES, AND STRATEGIC PLAN

History

The South Carolina Medical Association was constituted as a corporate body by the General Assembly in December of 1848.¹ It was formed from the Medical Society of South Carolina in order to give physicians a platform from which to engage in health advocacy, and had several dozen members at the time of its founding.²

The State Board of Health was created by the General Assembly in 1878, after a series of yellow fever outbreaks killed 20,000 Americans. It was composed of the South Carolina Medical Association, the Attorney General, and the Comptroller General, and their successors in office.³ The State Board of Health was established to be the exclusive advisor to the state in matters of public health.⁴ The State Board of Health was tasked with preventing disease and supervising the state's quarantine system.⁵ A physician worked part-time to administer the agency's \$2,000 budget.

The General Assembly also established the Executive Committee of the State Board of Health in 1878. The Executive Committee was a nine-man committee composed of the Attorney General, Comptroller General, and seven men nominated by the South Carolina Medical Association, that was authorized to act in the intervals between meetings of the State Board of Health.⁶ The Executive Committee was authorized to divide the state into health districts, appoint local health boards in districts that did not already have one of their own, and regulate all health boards throughout the state;⁷ it was also given the authority to collect statistics throughout the state related to public health.⁸ The Executive Committee had broad regulatory powers; for example, it could regulate:⁹

- The sanitation of steamboats, jails, passenger cars, schools, hotels. Restaurants, hot dog stands, nursing homes, meat markets, canneries, swimming pools, and fairs;
- The production or processing of milk and seafood; and
- The control of insects, industrial plants, water used in air humidifiers, persons quarantined due to disease, and sewage and garbage disposal.

Fish kills and polluted streams prompted the General Assembly established the Water Pollution Control Authority in 1950, and tasked it with abating, controlling, and preventing the pollution of South Carolina's waters.¹⁰ The Authority was originally a division of the State Board of Health, but became an independent agency in 1971.¹¹ The Authority was a ten-member body composed of the following members:¹²

1. One member who represented the Cotton Manufacturers' Association of South Carolina;
2. One member who represented the Pulp and Paper Industry;
3. One member who represented the South Carolina Wildlife Federation;

4. One member of the Municipal Association of South Carolina;
5. One member who was a farmer
6. Two members who represented who represented the Department of Labor;
7. Two members of the Executive Committee of the State Board of Health; and
8. The State Health Officer.

The Reorganization Commission issued a reorganization plan in April of 1973 in which it recommended that the state agencies related to public health be consolidated. The General Assembly responded positively to the Reorganization Commission's plans, and created the Department of Health and Environmental Control in 1973.¹³ The General Assembly consolidated the State Board of Health, the Executive Committee of the State Board of Health, and the Pollution Control Authority, in order to form the Department of Health and Environmental Control.¹⁴ The Department of Health and Environmental Control assumed all of the functions, powers, duties records, property, personnel, and unexpended appropriations of the consolidated agencies.¹⁵

In 1978, the General Assembly added hazardous waste management to DHEC's responsibilities and in 1993, the General Assembly 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.

The Department of Health and Environmental Control originally fell under the supervision of the Board of Health and Environmental Control, which consisted of members appointed by the Governor upon the advice and consent of the Senate.¹⁶ The Board of Health and Environmental Control was directed to select a Commissioner for the Department of Health and Environmental Control, to have authority and perform duties as directed by the Board.¹⁷ The Commissioner was renamed the Director of the Department of Health and Environmental Control in 1993.¹⁸

Agency Director Timeline

- 1974-1977: Kenneth Aycock, 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

Legal Duties

Governing Body

DHEC is governed by the South Carolina Board of Health and Environmental Control (Board). The Board consists of eight members appointed by the Governor, upon the advice and consent of the Senate. There must be one member from each congressional district, and a Chairman from the state at large. Vacancies must be filled in the manner of the original appointment for the remainder of the unexpired term. 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. The State Superintendent of Education and the Executive Officer of the Department of Health and Environmental Control are ex officio members of the board.¹⁹

Table 3. Current Board Members²⁰

Position	Current Members	Appointed By	Appointed Date	Expiration Date
1st Congressional District	Vacant	Vacant	N/A	N/A
2nd Congressional District	Wells, Robert Kenyon	Governor Nikki R. Haley	6/3/2016	6/30/2017
3rd Congressional District	Joye, Charles M. II	Governor Nikki R. Haley	6/3/2016	6/30/2019
4th Congressional District	Batts, Lemia Clarence Jr.	Governor Nikki R. Haley	6/3/2016	6/30/2017
5th Congressional District	Kirol, Ann B.	Governor Nikki R. Haley	6/3/2016	6/30/2017
6th Congressional District	Gillespie, David W.	Governor Nikki R. Haley	6/3/2016	6/30/2019
7th Congressional District	Hewitt, William Lee III	Governor Nikki R. Haley	3/13/2014	7/31/2016
At-Large, Chairman	Amsler, Allen	Governor Nikki R. Haley	6/3/2016	6/30/2017

The Board's duties include, but are not limited to the following:

- Selecting a director, in consultation with the Governor, and with the advice and consent of the Senate²¹
- Conducting administrative reviews to render final agency determinations in matters involving the issuance, denial, renewal, or revocation of permits, licenses, or other actions of the Department²²
- Providing for the administrative organization of the Department
- Promulgating regulations²³
- Investigating causes of and prescribing preventative measures to suppress communicable or epidemic diseases²⁴

Department

The Department's legal duties related to public health primarily reside in sections throughout Chapter 1 of Title 44 of the SC Code of Laws.

*The Department of Health and Environmental Control is invested with all the rights and charged with all the duties pertaining to organizations of like character and is the sole advisor of the State in all questions involving the protection of the public health within its limits.*²⁵

The Department's legal duties related to environmental protection are primarily in sections throughout Chapter 1 of Title 48 of the SC Code of Laws.

*It is declared to be the public policy of the State to maintain reasonable standards of purity of the air and water resources of the State, consistent with the public health, safety and welfare of its citizens, maximum employment, the industrial development of the State, the propagation and protection of terrestrial and marine flora and fauna, and the protection of physical property and other resources. It is further declared that to secure these purposes and the enforcement of the provisions of this chapter, the Department of Health and Environmental Control shall have authority to abate, control and prevent pollution.*²⁶

The Department's duties include, but are not limited to:

- Optionally establishing health districts and district advisory boards²⁷
- Promulgating and enforcing rules and regulations for public health²⁸
- Promulgating regulations to implement the Pollution Control Act²⁹
- Providing permits for certain activities which may impact the environment³⁰

Strategic Plan

Mission

The mission of the Department is "to improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment."³¹

Vision

The vision of the Department is "healthy people living in healthy communities."³²

Goals³³

Goal 1 - Improve and protect the health and quality of life for all.

- Public Benefit/Intended Outcome: Public health quality of life for all are improved and protected.
- Responsible Person: Lisa Davis, Director of Health Services (Responsible for less than 3 years)
 - Office Address: 2600 Bull Street Columbia, SC 29201
 - Department or Division Summary: 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.

Goal 2 - Protect, enhance, and sustain environmental and coastal resources.

- Public Benefit/Intended Outcome: Public health and the environment are protected.
- Responsible Person: Myra Reece, Director of Environmental Affairs (Responsible for less than 3 years)
 - Office Address: 2600 Bull Street Columbia, SC 29201
 - Department or Division Summary: Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.

- Public Benefit/Intended Outcome: Improved quality, safety, and administration of health care, treatment, and services in South Carolina.
- Responsible Person: Shelly Kelly, Director of Health Regulation (Responsible for less than 3 years)
 - Office Address: 2600 Bull Street Columbia, SC 29201
 - 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.

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.

- Public Benefit/Intended Outcome: 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.
- Responsible Person: Kevin Guion, Chief Operations Officer (Responsible for less than 3 years)
 - Office Address: 301 Gervais Street Columbia, SC 29201

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.

STRATEGIC RESOURCE ALLOCATION³⁴

The agency's goals, which should be in line with the agency's mission and assist it in accomplishing its vision, are presented below. The goals are in order from largest to smallest, based on the percentage of total money the agency spent and budgeted toward accomplishment of each. The data in this table **highlight how the agency is investing the money it receives from the people of the state and nation.**

Mission: The mission of the Department of Health and Environmental Control is "to improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment."

Vision: The vision of the Department of Health and Environmental Control is "healthy people living in healthy communities."

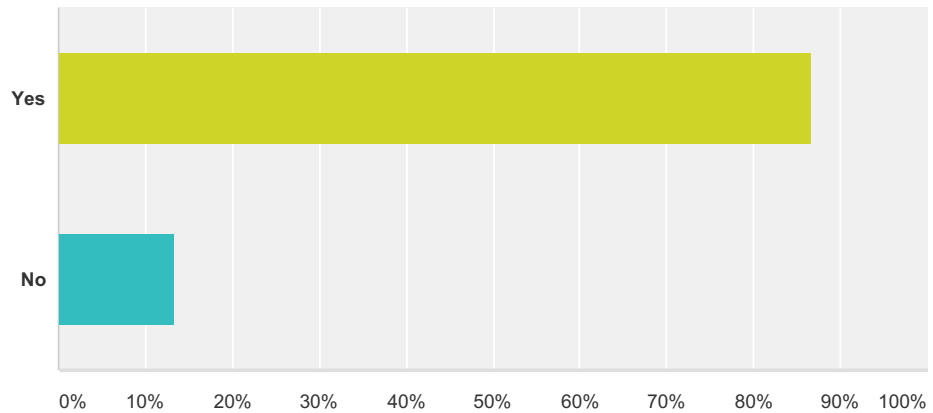
Goal	Description	% of total	2015-16	
			Amount Spent	Employee Equivalents
Goal 1	Improve and protect the health and quality of life for all.	67.73%	\$341,648,113	2035.32
Goal 2	Protect, enhance, and sustain environmental and coastal resources.	23.82%	\$120,165,616	1139.52
Goal 4	Develop our people, strengthen our processes, and invest in our technology to support a high performance organization and a culture of continuous improvement.	4.71%	\$23,762,686	249.18
Goal 3	Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.	3.73%	\$18,816,233	216.2
TOTAL			\$36,105,015	3640.22

PUBLIC INPUT

The following pages were the results of the Committee's May 2016 public survey that included questions about DHEC.

Q6 Would you like to provide input about the Department of Health and Environmental Control?

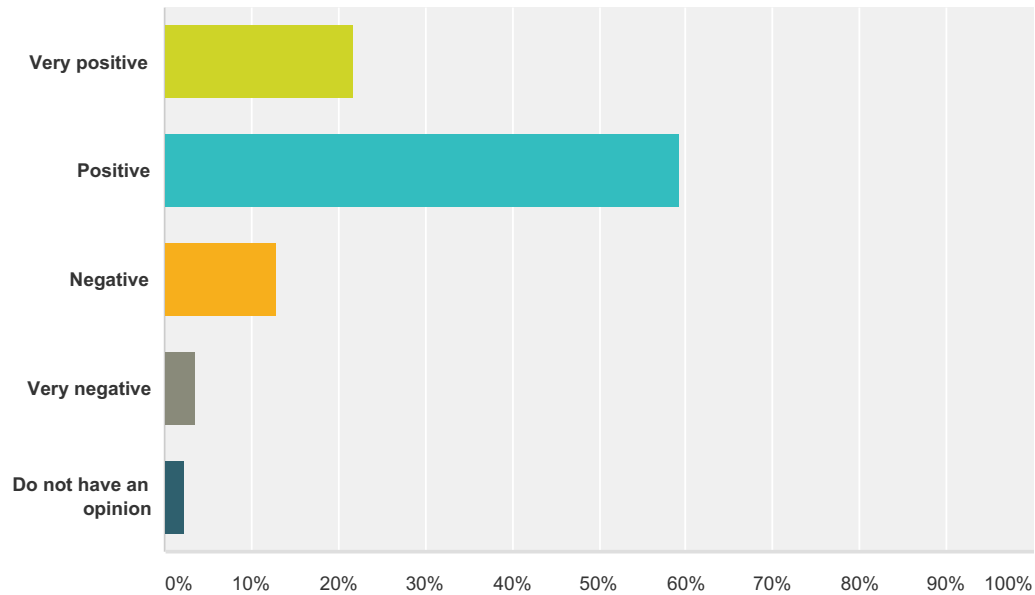
Answered: 978 Skipped: 47



Answer Choices	Responses	
Yes	86.71%	848
No	13.29%	130
Total		978

Q7 Overall, what is your opinion of the Department of Health and Environmental Control?

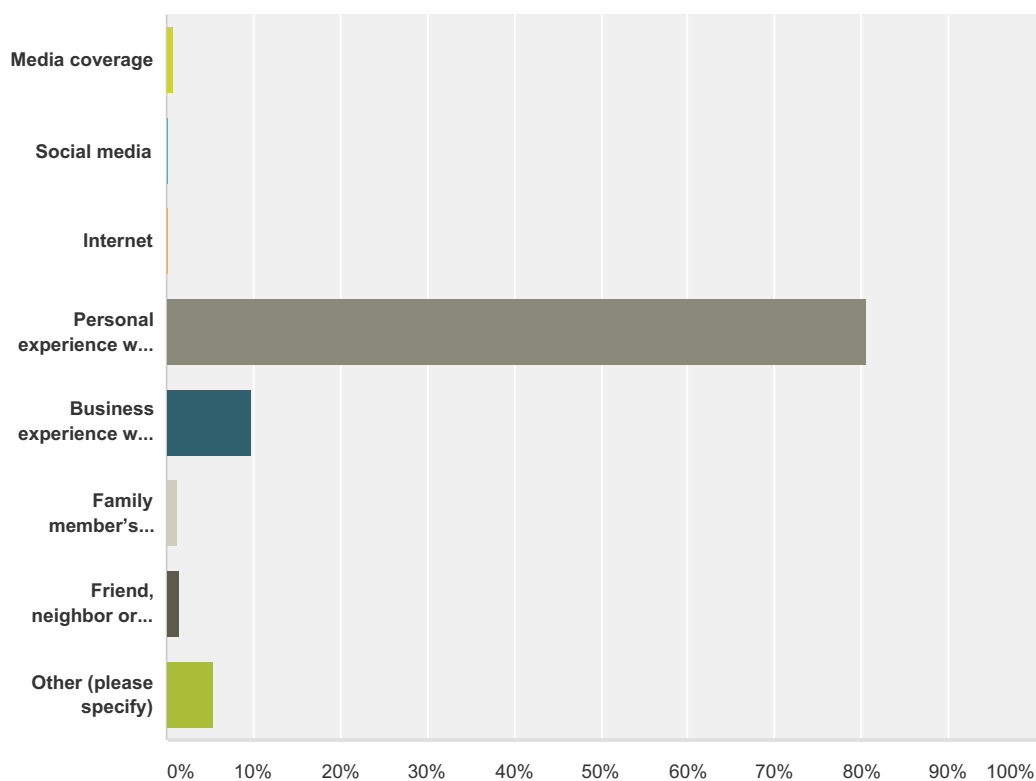
Answered: 713 Skipped: 312



Answer Choices	Responses	
Very positive	21.74%	155
Positive	59.33%	423
Negative	12.90%	92
Very negative	3.65%	26
Do not have an opinion	2.38%	17
Total		713

Q8 Which of the following has most influenced your opinion of the Department of Health and Environmental Control?

Answered: 710 Skipped: 315



Answer Choices	Responses
Media coverage	0.85% 6
Social media	0.14% 1
Internet	0.28% 2
Personal experience with the agency	80.56% 572
Business experience with the agency	9.86% 70
Family member's experience with the agency	1.27% 9
Friend, neighbor or colleague's experience with the agency	1.55% 11
Other (please specify)	5.49% 39
Total	710

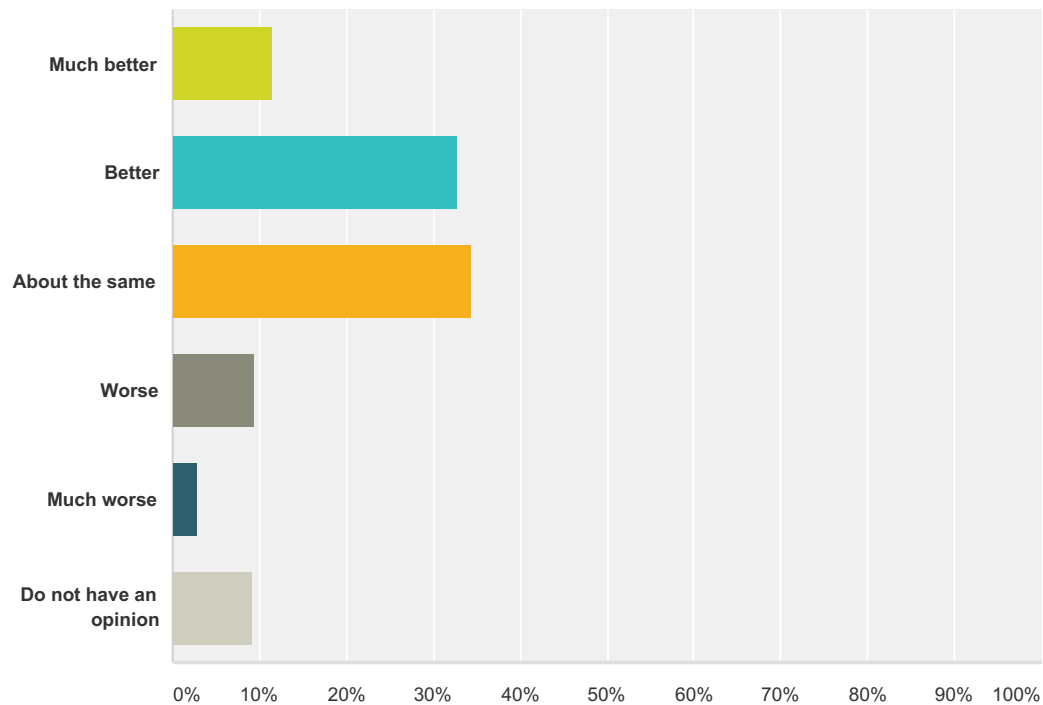
#	Other (please specify)	Date
1	Employee Employee with Department	5/25/2016 8:54 AM
2	Employee Employee	5/25/2016 8:26 AM
3	Employee Employment with the agency.	5/20/2016 4:12 PM

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4	Division of WIC Services	5/20/2016 12:43 PM
5	Employee working with DHEC	5/19/2016 5:39 PM
6	Employee I am employed here.	5/18/2016 3:53 PM
7	Employee Employee	5/18/2016 9:13 AM
8	Employee employee	5/18/2016 9:11 AM
9	Employee Employee for 47 years.	5/17/2016 11:04 AM
10	Employee Employee	5/17/2016 10:06 AM
11	Employee Employee of agency	5/17/2016 9:27 AM
12	Employee employment	5/17/2016 8:09 AM
13	Employee employee	5/16/2016 10:16 PM
14	Employee employee	5/16/2016 4:12 PM
15	Employee employee	5/16/2016 1:26 PM
16	Employee employment duties	5/16/2016 12:18 PM
17	Employee I work for DHEC	5/16/2016 11:51 AM
18	Employee empolymment	5/16/2016 11:50 AM
19	Employee work their	5/16/2016 9:55 AM
20	Employee Working here, having a small part in all of the good the Agency does	5/16/2016 9:52 AM
21	Employee employee	5/16/2016 9:36 AM
22	Employee Work experience	5/16/2016 9:32 AM
23	Employee Agency Employee	5/16/2016 9:03 AM
24	Employee Working for the agency	5/16/2016 8:43 AM
25	Employee 20 years of working at the Agency	5/16/2016 8:29 AM
26	Employee Work for SCDHEC	5/16/2016 8:27 AM
27	Employee Employee's opinion about the work environment	5/16/2016 8:27 AM
28	Employee Current employee	5/16/2016 8:22 AM
29	Employee as a part time employee	5/16/2016 7:43 AM
30	Employee I am an employee.	5/16/2016 7:39 AM
31	Employee Employmewnt with the agency	5/13/2016 9:01 PM
32	Personal experience, based on the Preventative Health side of the Agency.	5/13/2016 6:09 PM
33	Everything that is done form this agency is very important to the state of South Carolina. I have been able to work with every program area in DHEC and find that it's one agency that really needs to stay on the cutting edge of technology to keep all of her citizens safe.	5/13/2016 5:07 PM
34	Employee Employee	5/13/2016 5:02 PM
35	Employee Employment with the agency	5/13/2016 4:54 PM
36	Employee Employee	5/13/2016 4:45 PM
37	Employee employee	5/13/2016 4:44 PM
38	Mission to protect public health and environment	5/13/2016 4:42 PM
39	All Choices above	5/2/2016 1:12 PM

Q9 How do you think the Department of Health and Environmental Control functions on an overall basis in comparison to other state agencies in South Carolina?

Answered: 710 Skipped: 315



Answer Choices	Responses	
Much better	11.41%	81
Better	32.82%	233
About the same	34.37%	244
Worse	9.30%	66
Much worse	2.96%	21
Do not have an opinion	9.15%	65
Total		710

Q10 Please list any comments, concerns, or suggestions you may have about the Department of Health and Environmental Control. Your response will be quoted verbatim and published online.

Answered: 257 Skipped: 768

#	Responses	Date
1	Human Resources Most of the interview panels at the Bureau of Laboratories are not diverse.	5/31/2016 3:03 PM
2	Human Resources Training The agency seems to recruit and hire persons with little or no training and skills for the job in which they are assigned.	5/31/2016 1:57 PM
3	Cust. Serv/ Comm Management oppressive management style at the regional management level has a negative impact on client services to South Carolina residents	5/29/2016 2:30 PM
4	Morale Salaries Staffing/Retention What is offered to employees to retain them, such as competitive pay, incentives, and appreciation.	5/27/2016 3:09 PM
5	Positive knowledgeable and efficient staff; pleasant experience	5/27/2016 8:47 AM
6	Internal Processes Morale Performance Employees' hands are tied up in the process that it takes a long time to get anything accomplished.	5/26/2016 2:57 PM
7	Internal Processes Performance Increasing workload; not organized/prepared with changes	5/26/2016 10:38 AM
8	Management Morale Salaries unfair to employees and pay stinks to put up with such crap from upper management	5/26/2016 10:13 AM
9	Management I wish the new Director would do something about the "good ol'e boy" system.	5/26/2016 9:39 AM
10	Management Morale BOL management is disinterested at best and incompetent at worst. Management is slow to make decisions and uses incomplete and incorrect information. There is a serious lack of communication. DHEC upper management would do well to talk with employees below the division director level and find out the obstacles we face daily just trying to do our jobs. Employees should be able to give input into management evaluations. I have been with BOL over 20 years and morale and confidence in management is the worst I have even experienced. Cookouts and other "morale boosting activities" are not a substitute for competent, involved management. On a positive note, Ms. Heigel seems to be better than Ms. Templeton and it appears she has hired upper management that is actually qualified for their jobs. Thank you for this opportunity, though I do not expect anything to come of this survey and nothing will be done to address employee concerns.	5/26/2016 8:14 AM
11	Funding/Resources Salaries 2600 Bull Street building needs work - dirty especially in the stair wells and restrooms. Pay equity (not on par with other agencies, and some parts of the agency are paid more than others).	5/25/2016 3:09 PM
12	Legislature Management Staffing/Retention The new Director is an asset to the agency unlike the previous. Main concern is the revolving door of employees. In my area alone we have 18 engineers compared to 30 to 40 8 years ago and have lost over 20 in 8 years and 2 last week. Lack of support from the legislature to improve employee retention.	5/25/2016 8:54 AM
13	Staffing/Retention Maintaining an experienced Staff. We have gone from 30 to 40 engineers to 20 and now 18 since 2 left lat Friday. The Department is on a much better path than it was 3 years ago. The department should be allowed to do their job without intervention from the outside and should have the support from the legislature to improve the department.	5/25/2016 8:26 AM
14	Management Agency appears to have become "top heavy" while clinics/service areas are short-handed - especially administrative staff.	5/25/2016 8:15 AM
15	Funding/Resources Salaries DHEC needs to update equipment, especially computer systems. Some buildings, those over 20 years old, need to be evaluated for safety and security. Employee salaries need to be competitive with other like services.	5/23/2016 4:11 PM
16	Salaries Staffing/Retention Turn over is high and positions are difficult to fill due to extremely low salaries as compared to private industry, non-profits, other states, and other agencies within South Carolina.	5/23/2016 12:35 PM

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17	Internal Processes Split Agency/Too Big DHEC has so many environmental programs and regulations. Often times the programs overlap resulting in unjustified burdens on the regulated community. The DHEC staff has to be extremely knowledgeable of all programs so that the right hand knows what the other hand is doing, not only to prevent over regulation, but also the instances where no action is taken with the assumption that another program will intercede. While it only takes days to learn a regulation, it takes years to develop the technical expertise and understanding to be multi-media (air, land, and water) savvy. The DHEC employees that have multi-media experience need to be paid more for the knowledge that helps the agency be more efficient and can be applied with many more sectors of industry.	5/23/2016 10:52 AM
18	Cust. Serv/ Comm Funding/Resources Answer to # 5 is based on we all have constraints due to budget, short staffed and underpaid. All goes back to the budget. As far as serving the public, The current employees working for all agencies are doing the best job we can with as little as we can. I know for sure the DHEC staff do an awesome job with the public!!!!	5/23/2016 10:38 AM
19	Cust. Serv/ Comm Sugg. for Improvement DHEC employees should know what records they have and don't have...they repeatedly refer customers to other agencies to obtain records that these other agencies (i.e. SCDAH) don't have or that they (DHEC) can provide	5/23/2016 10:21 AM
20	Cust. Serv/ Comm Morale Salaries I feel the agency is no longer concerned with client care, but with the numbers. Productivity and percentages, fewer staff means shorter time with clients and its all about how many of them can you see in a day? And the employees on the front lines are less important each day. Over worked and way underpaid.	5/23/2016 9:19 AM
21	Cust. Serv/ Comm Salaries Staffing/Retention 1. Communication within the agency is poor at best. 2. Turnover within the water lab at the Hayne Building is frequent. New employees come in to get trained and then leave for better paying jobs or to work in a better environment. Increasing chemist pay may help retain employees.	5/23/2016 8:47 AM
22	Positive Professional staff, particularly nurses, are very dedicated.	5/23/2016 7:49 AM
23	Cust. Serv/ Comm Staffing/Retention Vital Records The state office of vital records is severely understaffed and poorly supervised. The frustration that causes customers creates an unsettled environment. There are eight customer service windows with only 3 or 4 workers to wait on a room full of people.	5/22/2016 9:37 PM
24	Positive DHEC has a lot of opportunities to mobilize the community to live healthier lives!	5/20/2016 5:01 PM
25	Management Positive Overall, DHEC is a great organization. My only concern is that at times I am not sure as to whom I need to answer to in my department because my immediate supervisor has three assistants and I feel the need to answer to all four of them. I do think having so many people in leadership roles in one department is unnecessary and may cost the agency too much money.	5/20/2016 3:56 PM
26	Cust. Serv/ Comm Management Sugg. for Improvement There is little to no local DHEC representation in most counties since offices were consolidated under the previous director. In order to apply for permits, request inspections, report dog bites, etc., we now have to make long distance phone calls or travel 50-100 miles to the "central" office. This is both expensive and time consuming. Even then it may take several days after "scheduling" for results. The Beaufort office is a joke, upper management appears arrogant, hateful and spiteful with little regard for the public or the employees there. Hopefully this is not indicative of all "central offices". DHEC should seriously consider putting offices back in the individual counties. We the public deserve more for our tax dollars than an out of date bloated bureaucracy.	5/20/2016 3:22 PM
27	Positive I enjoy reading the DHEC Dashboard, the agency's employee information portal. The Dashboard is designed to make it easier to stay connected to the latest updates from the DHEC blog, news releases, events, employee spotlights, worksite wellness programs. Keeping South Carolina up-to-date with Healthy Living and the Control of our Environment.	5/20/2016 12:43 PM
28	Cust. Serv/ Comm Management Positive The front line staff has always worked diligently to provide services to the citizens. The leadership (from the top to regional management) in recent years has made it difficult as the front line staff has felt abused. The treatment and attitude toward the worker bees of the agency has greatly improved with Director Catherine Heigel.	5/20/2016 12:42 PM
29	Internal Processes Legislature The Department will change their decision if you get your legislatures involved. The decision should not be political - it should be based on laws and regulations	5/20/2016 11:57 AM
30	Positive We are working to improve how we do business but not there yet	5/20/2016 11:46 AM
31	Positive DHEC protects our food and our environment.	5/19/2016 5:04 PM
32	Positive Great agency doing great work for the citizens of SC!!	5/19/2016 4:41 PM
33	Management Morale Staffing/Retention reward and retain the folks who actually do the work, not the self serving incompetent management that is only concerned with justifying their position	5/19/2016 4:30 PM

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34	Salaries state employees need comparable pay to other states.	5/19/2016 4:27 PM
35	Management Staffing/Retention DHEC needs to consider the reasons there is such high turnover among staff throughout the agency. Inexperience managers and leaderships expecting individuals to do more with less will drive away the good people needed to run the agency.	5/19/2016 3:02 PM
36	Human Resources Salaries Salary disparities between African Americans and Caucasians	5/19/2016 1:43 PM
37	Public Health It is concerning that the agency has moved so far away from serving as a safety-net provider, and from developing or working in partnership with other organizations to provide public health programs. As the state's public health agency, DHEC has lost its focus on public health and that puts us all at jeopardy.	5/19/2016 1:18 PM
38	Morale Positive I am honored to be a DHEC employee and privileged to work for an agency that protects our individual citizens and the environment.	5/19/2016 11:11 AM
39	Funding/Resources It's programs should be better funded, especially the nursing and health departments. This agency should not have to constantly beg for adequate funding.	5/19/2016 10:40 AM
40	Split Agency/Too Big The new regions are too large geographically	5/19/2016 12:00 AM
41	Sugg. for Improvement Really feel that there should be electronic records in the clinic areas.	5/18/2016 3:43 PM
42	Management Morale Salaries the agency have very low moral for their employees, agency do not value their employees refuse to fight to make sure employees receive yearly raises, would not match our retirement plan, the insurance premiums are very high versus private companies, the agency in Columbia have better pay than the surrounding agencies within DHeC, management need to be more concerning about employees and have some type of experience for their position, very high employment turn overs. there's no compensation for employees 20 plus years, have to wear many hats for your programs with getting better pay.	5/18/2016 1:43 PM
43	Morale Salaries Staffing/Retention 1. DHEC does not value the employees, NO raises , NO incentives new people are hired instead of the loyal ones promoted, New people are brought into the agency making the salary the old ones make You show no seniority between the two . The young people are leaving because the salary can't even pay there student loans. The state of SC DHEC pays less than other agencies and our supervisor, seem not to be able to give us a raise. I feel the agency has some very loyal employees and should recognize them because they are the keepers	5/18/2016 1:15 PM
44	Postive I have concerns about the public's perception of DHEC employees. DHEC employees are hard working and dedicated people.	5/18/2016 1:12 PM
45	Funding/Resources Salaries Sugg. for Improvement The Agency's buildings are in need of maintenance: cleaning the out side of the buildings of dirt, wasp nests, etc. The roofs of some of the buildings are leaking, with possible mold present. Laboratory staff salaries are lower and not competitive with other states or private laboratories. Suggest increasing the laboratory staff salaries to better recruit and maintain staff.	5/18/2016 12:18 PM
46	Cust. Serv/ Comm Staffing/Retention To provide the best customer service; the department is lacking a full staff,	5/18/2016 10:55 AM
47	Postive Staffing/Retention The staff at DHEC cares about the duties that they perform to protect public health and the environment, they educate industry and the public as well as enforcing regulations.	5/18/2016 10:22 AM
48	Salaries Employees are underpaid for the responsibilities in the jobs they do.	5/18/2016 10:18 AM
49	Staffing/Retention Staff are concerned about the public's well-being overall; but must operate within regulatory boundaries.	5/18/2016 9:36 AM
50	Cust. Serv/ Comm Management Postive Excellent leadership produces excellent customer service!	5/18/2016 9:13 AM
51	Salaries need better ways to compensate hard working employees	5/18/2016 9:11 AM
52	Training I think its employees should have more training	5/18/2016 8:44 AM
53	Staffing/Retention Training Need better opportunities for financial advancement/ raises/ promotions based on experience and education; need to promote greater employee incentives and reward to recruit/ retain quality staff; needs to promote wellness programs, work-from-home opportunities, and training/ educational development to compete with corporate employers	5/17/2016 5:56 PM
54	Sugg. for Improvement Need inspectors in every county like it used to be	5/17/2016 5:48 PM
55	Funding/Resources Sugg. for Improvement Needs neater, more professional offices- does not promote a good image; needs more public outreach/ promotion of DHEC services; needs greater frequency of restaurant inspections	5/17/2016 5:44 PM
56	Salaries As always we work hard for very little pay 26.5 yrs ,pay does not reflect my yrs. of service.	5/17/2016 5:00 PM

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57	Cust. Serv/ Comm Morale Salaries Front line employees are the most vital to this agency no matter what program they work for. The "Hierarchy" of this agency does not seem to recognize this. When someone can be hired in at the same salary or higher as someone who has been working here for many many years in that same position with a wealth of experience, something is wrong with that. No matter how much we voice our opinions about that and other concerns it seems as though no one is listening or even concerned. We are always short staffed because of a constant high turn over with staff and that's anyone from Nurses to Admin and everybody in between. Is anyone up there concerned? It seems as though "Public Health Services" is a thing of the past. I suggest we get back to the business of serving clients with a lot less paper, electronic records, and incentives for deserving employees.	5/17/2016 4:34 PM
58	Cust. Serv/ Comm Postive DHEC has improved in its customer service.	5/17/2016 3:54 PM
59	Morale Salaries They seem to not care about there lower level employees. They do not get raises and there complaints seem to fall on death ears. Employees seem to be overworked due to lack of staff because staff are leaving because of moral.	5/17/2016 3:53 PM
60	Postive Valuable resource for our state. DHEC helps protect the citizens of South Carolina.	5/17/2016 2:30 PM
61	Salaries Training New employees that you train makes a larger salary than you.	5/17/2016 1:03 PM
62	Certificate of Need Salaries WIC 1. As a citizen, I am concerned about the Certificate of Need process. What do other states do? 2. I am an hourly employee, and wondered whether a small raise is in my future, since I have been at the same rate for at least 10 years. I believe that hourly employees are very cost effective for the state, since we receive no benefits. 3. I am a WIC employee, and I believe that the WIC department is very well run, and that we are continuously improving the service that we are giving our clients.	5/17/2016 12:44 PM
63	Management Postive The agency was functioning well, both internally and externally, before Catherine Templeton took over the agency. Templeton basically destroyed the morale of the agency by her firings, her stern leadership, no one could speak against her and basically no communication from her office. During Templeton's tenure, the Information Technology Department basically took on the same manage style, causing people to leave and "NO" communication. Thank goodness, for Catherine Heigel. She had/has a tremendous job of rebuilding the agency, internally again. She's doing a great job. Communicating, filling vacancies with knowledgeable staff, showing a strong concern about the employees. Now, we don't find out about what's happening in the agency thru the news media, like we did with Templeton. The agency is becoming strong again.	5/17/2016 11:04 AM
64	n/a	5/17/2016 10:06 AM
65	Management Morale Salaries Sugg. for Improvement Morale has been low for years. Employee performance evaluations are not completed by managers yearly so you never know how you perform in your job. No pay raises; which is possibly has a correlation to receiving no evaluation. Managers receive pay raises consistently. Little to no opportunities for advancement. Approval processes are not consistent and are changed on the fly; takes extremely long time for decisions to be made. Would like to see more diversity in the agency especially in management roles.	5/17/2016 10:01 AM
66	Postive Is truly community focused.	5/17/2016 9:38 AM
67	Management Morale Staffing/Retention Sugg. for Improvement I find Director Heigel to be a breath of fresh air after the previous director. She is trying to improve service delivery & support ideas to improve employee morale. However, internal communication remains a challenge at all levels within DHEC. I feel that I am often not included in decisions made that directly impact my staff/direct reports. It creates a level of frustration and a feeling that your opinion does not matter or that your voice is not important. Staff report feeling as if they are being dictated to rather than being given an opportunity to participate in the decision making process. I would love to see more opportunity for employee participation in decision making at all levels.	5/17/2016 9:27 AM
68	Management Be firm and stern about being "One DHEC"	5/17/2016 9:19 AM
69	Funding/Resources Management Morale Sugg. for Improvement Like the new director. Seems to really care about staff and fixing the agency. Morale is much better/less fear. Employees getting more info on what's going on at the agency from leadership with new director/better communication to employees. Not learning about things going on at work for the first time in the newspaper/TV anymore. Like most of the changes that have been made, especially the dashboard and employee appreciation efforts. Only suggestion is need to focus more on fixing IT because it has gotten really slow. Takes a long time to get a new computer/repairs done, internet is slow and tech support seems overwhelmed.	5/17/2016 9:19 AM
70	Cust. Serv/ Comm Postive Salaries I don't think the public is totally aware of the many different aspects of the Department of Health and Environmental Control, and it's impact on the general public. The staff are very caring people who are genuinely concerned about the health and well-being of the citizens of South Carolina. Many times the employees are not compensated, or recognized for their work or efforts, and are taken for granted.	5/17/2016 8:48 AM

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71	Management Staffing/Retention DHEC has been plague with numerous problems across the board. The unfair hiring practices, management and staffing problems are just a few issues that have been noticed internal and externally. Perhaps, by fixing its internal problems to build a strong foundation can have a positive impact on the community's image of the agency.	5/17/2016 8:15 AM
72	Cust. Serv/ Comm Public awareness to educate communities about the services they can expect from DHEC.	5/17/2016 8:09 AM
73	Management Sugg. for Improvement DHEC IS AN AGENCY THAT REACTS TO PROBLEMS RATHER THAN USES SOUND PROACTIVE STEPS TO AVOID THINGS HAPPENING IN THE FIRST PLACE. MANAGEMENT MAKES DECISIONS WITHOUT INVOLVING STAFF THAT IT AFFECTS---ASK FOR INPUT FROM THE PEOPLE THAT ACTUALLY DO THE WORK!!!! STOP GIVING RAISES BASED ON CLICKS RATHER THAN PERFORMANCE. ONE OF THE BIGGEST MOTIVATORS, FOR MOST PEOPLE, IS MORE MONEY NOT A MUFFIN!!!! DHEC STOP WASTING TAX PAYERS MONEY BY ELIMINATING PROGRAMS THAT BLEED MONEY EVERY YEAR. LAST BUT NOT LEAST, START LETTING EMPLOYEES EVALUATE OR CRITIQUE THEIR SUPERIORS AND USE THAT AS A TOOL TO ADD TO THEIR EVALUATION EVERY YEAR-----THEY EVALUATE US WHY CAN'T WE EVALUATE THEM!!!!	5/17/2016 4:55 AM
74	Management Sound management structure lacking.	5/17/2016 2:58 AM
75	Postive Salaries An agency of dedicated public servants who work extremely hard (very little pay) to protect all of our communities across the state.	5/16/2016 10:16 PM
76	Funding/Resources Management DHEC has one responsibility: to protect the health of South Carolinians. The mission cannot be accomplished by separating the agency. The new leadership needs to be given the opportunity and resources to improve the agency.	5/16/2016 5:32 PM
77	Funding/Resources Staffing/Retention Need more professional and clean, presentable, uniform facilities to promote a positive image; Need more public outreach and promotion of DHEC services and goals; Need more staff to ensure adequate inspections of food facilities (at least once per year)	5/16/2016 4:46 PM
78	Staffing/Retention Sugg. for Improvement Training In my opinion, all the traveling for training, and covering for other sites..... that if we did training on line or by live tv and had extra people from closer sites to cover that we could save a lot of money.	5/16/2016 4:12 PM
79	Morale Postive Salaries Great employees, they are hard working and take their work seriously. They show concern about the health of the people of South Carolina and the Environment for our state. They are ALL under paid for what they do for us.State employees in this Agency deserve better pay.	5/16/2016 4:03 PM
80	Morale Postive I feel with the new administration our voices are being heard and changes are being implemented.	5/16/2016 3:54 PM
81	Management They have forgotten their mission statement.	5/16/2016 3:24 PM
82	Salaries Comments: Better salary adjustments reflective of staff with secondary degree(s), credentials and experience.	5/16/2016 3:09 PM
83	Internal Processes needs more from enforcement	5/16/2016 3:02 PM
84	Cust. Serv/ Comm Funding/Resources The air quality in the SC DHEC buildings is unsafe to its employees and others. This should be corrected in the current buildings or other, safer work areas should be made available asap. Also, there should be additional amenities provided to the public in the lobby area of the first floor (such as a snack machine and water fountain) so that members of the public are not allowed unattended in areas where ID cards are necessary for entry (any place beyond the lobby and the Vital Records office).	5/16/2016 2:52 PM
85	Funding/Resources The air quality in the SC DHEC buildings is unsafe to its employees.	5/16/2016 2:47 PM
86	Management Ms Temleton managed to take an agency that, while not perfect, strove to protect public health and assist the citizens of South Carolina and turn it into a beauricratic black hole most people expect government agencies to be.	5/16/2016 2:36 PM
87	Management Ms Temleton managed to take an agency that, while not perfect, strove to protect public health and assist the citizens of South Carolina and turn it into a beauricratic black hole most people expect government agencies to be.	5/16/2016 2:35 PM
88	Morale Salaries Staffing/Retention Technical staff should be appreciated for the expertise they bring to the table and compensated appropriately.	5/16/2016 2:30 PM
89	Funding/Resources Sugg. for Improvement At the Bureau of Labs some of the departments are working with out-dated instruments and have been told there is no money to upgrade. If we could get better equipment, I believe it would save the Agency money in the long run. We waste money on equipment that we have bought and have done the validation on and it sits because no one checks the results to get the instruments up and running. We are also wasting money on Specimen Gate, which is a new computer program for Newborn Screening. We have been paying money on it for a couple of years and are still not up and running.	5/16/2016 2:25 PM

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90	Funding/Resources The demand for more advanced technology is well over due.	5/16/2016 2:16 PM
91	Staffing/Retention Offer more ways to advance in career paths and then compensate appropriately. Also, support maternity leave without having to use all/some of one's annual/sick leave. Try to retain employees versus a constant revolving door of new employees.	5/16/2016 1:56 PM
92	Split Agency/Too Big DHEC is effective as it is now and should not be broken apart or placed under the control of another agency.	5/16/2016 1:53 PM
93	Cust. Serv/ Comm Sugg. for Improvement Although I believe good customer service provided to our clients is a great thing, I think though it would be better if the internal clients ie we the employees were treated with more incentive to work better and serve our clients better.	5/16/2016 1:52 PM
94	Postive People are doing a lot of good with very little.	5/16/2016 1:49 PM
95	Funding/Resources Morale Salaries Split Agency/Too Big I feel that the agency has become to large to be handled under one umbrella. I feel the Dept of Health and the Dept of Environmental need to be two separate agencies so that all needs and concerns can be met. The needs of certain parts of the agency are not being met because there always seems to be other more pressing issues to be dealt with. Employee compensation is very low in comparison to other state governments. Some employees are required to work on weekends, holidays, and in inclement conditions with any additional compensation. Equipment is very old and when new equipment arrives it sits for years because management takes forever to complete clearance for its usage. Employee morale is low and a lot of quality employees are being lost because they no longer have the patience to wait out their concerns dealt with.	5/16/2016 1:49 PM
96	Management The housecleaning that has happened in the last few years has gotten rid of a lot of dead wood but having a new administration every year has done nothing to fix serious problems with recruiting and retaining a good workforce.	5/16/2016 1:48 PM
97	Management Morale Treatment of employees, managers who cannot solve problems or are unwilling to solve problems. Leadership above frontline does not support employees and do not care about quality care of clients.	5/16/2016 1:47 PM
98	Morale Salaries Staffing/Retention I think that if we had better wages we would have more loyal employees willing to stay longer.	5/16/2016 1:46 PM
99	none	5/16/2016 1:37 PM
100	Management Everyone in Supervisory positions always make changes and not realize how this effects everyone.	5/16/2016 1:33 PM
101	Postive A professional Agency of qualified employees that strives to achieve consistency and proper scientific evaluations for the the citizens and business community in SC. given the enacted regulations buy the legislature.	5/16/2016 1:26 PM
102	Salaries No pay raises when requested (10 years), many turnovers, and no morale	5/16/2016 1:25 PM
103	Management Morale The epitome of a bureaucracy-driven "top-down" governance, which is commendably effective at inhibiting agency efficiency and deterring employee initiative.	5/16/2016 1:14 PM
104	Management too many chiefs not enough indians	5/16/2016 1:00 PM
105	Management Morale Postive In the 3 years I have been employed with the agency, great changes were highly noticeable once the new Director of the Agency was appointed. She came in and immediately began addressing issues and concerns employees had. Our new Director has shed a positive light on the Agency, which helped boost a once diminishing morale. She not only cares about the concerns of employees, but also the concerns of the citizens and stakeholders.	5/16/2016 12:43 PM
106	Staffing/Retention Sugg. for Improvement DHEC should begin to be more creative with their employment opportunities for staff with regards to creating part time positions to keep young professionals and more veteran, skilled employees longer when they can't work full time.	5/16/2016 12:18 PM
107	Funding/Resources most of the interiors for DHEC look like rats and roaches live there.	5/16/2016 12:11 PM
108	Management Morale Postive DHEC is a much better place to work now. Director Heigel is a great leader and has a very good executive management team. Good leadership makes all the difference when it comes to managing and leading employees. Employees are now allowed to perform their job duties with ease and accountability. Everyone will not always be satisfied, but the agency is moving in a good direction.	5/16/2016 12:06 PM
109	Cust. Serv/ Comm Management I think the patients best interest has been forgotten and the agencies budget/ management whoas have taken priority. If it were not for the public, we would not be needed as an agency.	5/16/2016 12:00 PM
110	I tried to write some comments here but it kept saying invalid format.	5/16/2016 11:56 AM
111	Postive DHEC is trying to move forward as an agency in pioneering the best solutions for protecting public health and the environment in a modern world	5/16/2016 11:46 AM

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112	Management Morale Poor Leadership and "Good Ole' Boy" Network still in full effect.	5/16/2016 11:18 AM
113	Salaries sc employees are not paid salaries that are comparable to georgia and north carolina	5/16/2016 11:16 AM
114	Management Morale Staffing/Retention At the DHEC BOL, I have witnessed favoritism and conflicts of interest during the hiring and promoting process. In upper management, there is little if no diversity. People who are in certain "groups" and positions will determine the extent of someone else's promotion, pay raise or career depending on their personal feelings. Because of these actions, very good, highly qualified techs are held back or even quit. There are great techs here, but the moral is very low because the of the current situation and because the future here looks bleak.	5/16/2016 11:14 AM
115	Management Positive DHEC is moving in the right direction. The leadership is implementing great plans to advance the agency and its employees.	5/16/2016 11:03 AM
116	Positive No agency in state government has the potential to impact the lives of the citizens of SC more than DHEC. Despite the wide array of services provided, DHEC is an efficiently run agency. The linkage between the health of our environment and our citizens is inseparable. DHEC staff are dedicated, highly qualified professionals who care about the people they serve.	5/16/2016 10:51 AM
117	Cust. Serv/ Comm Management DHEC needs better management that really know how the clinics operate and who are willing to help clinic staff give better customer service to our clients.	5/16/2016 10:49 AM
118	Morale Staffing/Retention Staff seem to lack desire to excel	5/16/2016 10:38 AM
119	Funding/Resources Internal Processes Morale DHEC and most other state agencies would be vastly improved by providing them funding to be able pay for enhancements and improvements to methodology, staff morale, and helping the public know exactly what is happening inside said agencies.	5/16/2016 10:32 AM
120	Positive I am extremely proud to be an employee of the Department of health and Environmental Control. We work very hard to sure the safety of our environment. We work as a team to achieve our goals.	5/16/2016 10:30 AM
121	Funding/Resources Positive Often, DHEC is the target of negative media attention, but in my experience, DHEC has dedicated and knowledgeable staff. The environmental part of the agency really struggles with a lack of funding and adequate staff to perform necessary duties. Outdated technology exacerbates the problem of slow turnaround and poor communication.	5/16/2016 10:12 AM
122	Cust. Serv/ Comm Improve customer service	5/16/2016 10:05 AM
123	Management Staffing/Retention Management on the regional level could be better as they still operate on the premise of friends helping friends and not about education and experience. Employees who are friends of management, have received promotions that were not other wise posted for others to apply and received raises when no one else received a raise which makes it difficult for moral around the agency. Turn over in employees is high and no changes are being done to address this. It is still who you know. Management establishes guidelines with out input from front line workers, which causes some RNs to not have lunch due to the over scheduled pts.	5/16/2016 10:02 AM
124	Cust. Serv/ Comm The programs that they offer need to be promoted more so that the community knows what great programs they have to offer.	5/16/2016 10:01 AM
125	Funding/Resources Management There are a great deal of resources-both financial and employee talent-misused and ultimately lost due to lack of leadership in supervisory and managerial positions. While the new strategic goals for this agency are well-defined, they are not making it "down the ladder" to support employees on the "front lines" be more effective in their service to the state. Our facilities, technologies, and policy procedures are grossly outdated, making it nearly impossible to stay competitive and effective in the services we provide.	5/16/2016 10:01 AM
126	Staffing/Retention Sugg. for Improvement Training The state is wasting alot of time and money not holding webinar trainings for the employees	5/16/2016 10:00 AM
127	Public Health Sugg. for Improvement All health departments need to have extended hours a couple days a week.	5/16/2016 9:54 AM
128	Morale There's lack of morale in the workplace and recognition of staff.	5/16/2016 9:54 AM
129	Positive SCDHEC is a great place to work because the Agency supports so many different programs, there is always something new to learn.	5/16/2016 9:52 AM
130	Funding/Resources Salaries Better compensation and work environment with proper up to date equipment.	5/16/2016 9:39 AM
131	Cust. Serv/ Comm Management Salaries Lack of communication between CO and Regional Staff is a serious issue. Staff who actually perform the work on a daily basis are not given the opportunity to share their ideas/input. There is not a cohesive "team" feel but an "us vs. them" mentality. Salaries are inferior to the private sector as well as other state agencies, particularly for seasoned staff. Morale is low/turn-over is high.	5/16/2016 9:29 AM
132	Salaries State employee wages are lower than national and regional averages.	5/16/2016 9:28 AM

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133	Management Little to no leadership for over 2 years.	5/16/2016 9:27 AM
134	Cust. Serv/ Comm Public, legislature, other agencies,... don't understand DHEC's legal authorities. They assume DHEC can do anything that relates to their perception of their health or their environment.	5/16/2016 9:25 AM
135	Management Morale The employees work hard and try to do their jobs. They are not appreciated by the governor, legislature and much of the public. Appointing someone like Templeton, who thought any one with a DHEC badge could perform any task that DHEC had to, shows the ignorance or the lack of respect of our leadership.	5/16/2016 9:24 AM
136	Sugg. for Improvement Need to have more tech savvy (ie: electronic medical records)	5/16/2016 9:20 AM
137	Salaries Pay grade is not what it should be for employees	5/16/2016 9:18 AM
138	Postive I think the DHEC has established a standard of care throughout the community and state.	5/16/2016 9:18 AM
139	Cust. Serv/ Comm I feel that this dept. needs to become more visible to the communities, and lead the way in promoting excellent healthcare for all SC communities.	5/16/2016 9:17 AM
140	Cust. Serv/ Comm WIC DHEC should definitely promote its services to citizens. Some services are well known (ie: WIC, Food Inspections (thanks to TV)) other services not as much.	5/16/2016 9:12 AM
141	Management There are a lot of individuals that are knowledgeable, but not in the positions that suit their knowledge. I wish more people were put in positions that showed their full capabilities.	5/16/2016 9:07 AM
142	Public Health Sugg. for Improvement I suggest that the agency will reconsider doing TB skin testing again. We stopped about 5-6 years ago and to this day we get numerous calls from he public wanting to come for a test. It would generate funds for the agency and would certainly make it less complicated for the public to have access to this service.I know change takes place from time to time but something that has been instrumental for long time is not there anymore takes a bit getting use to.	5/16/2016 9:06 AM
143	Management Morale Salaries Management little understands the mission and inner workings of the agency. Employees are underappreciated and underpaid. Promotions are seldom based upon experience and/or ability, but upon who has connections/friendships.	5/16/2016 9:05 AM
144	Salaries Very disappointed in the lack of any pay raise based on experience	5/16/2016 9:00 AM
145	Management Morale The overall moral of this agency is mediocre at best because of the lack of integrity of the upper management, lack of trust of upper management by the average worker, and a severely low disconnect of upper managements value of individual employees concerning: salaries, diversity, & representation in management and upper-management levels. Upper management (in the bureau I'm employed in has basically taken the "If you don't like it, leave, but we appreciate you, not" approach.	5/16/2016 9:00 AM
146	Salaries The agency in charge of protecting the air we breathe and the water we drink should not be on the bottom of the list of state employee salaries. It is bad enough that SC state employees are in the bottom 25% of the southeast salaries, but this agency should not be in the bottom 25% of the SC salaries.	5/16/2016 8:59 AM
147	Salaries Increase salaries	5/16/2016 8:57 AM
148	Management WIC Too many people have a title of Supervisor that is not necessary. There are many upper management positions in the WIC program that could really be consolidated.	5/16/2016 8:57 AM
149	Cust. Serv/ Comm The public is not served well because there is no representation fromt he agency in most counties since they were all centralized to 6 locations. The citiozens of this state should not have to drive in some cases 50 miles to talk to a DHEC person face to face.	5/16/2016 8:54 AM
150	Postive The Department of Health and Environmental Control regulates so much that people in SC are not even aware of. They do a great job of performing inspections, investigating complaints, and providing good customer service towards the public. No agency is perfect. However, DHEC has a lot of employees with heart who are passionate about what they do and they desire to serve the public well.	5/16/2016 8:53 AM
151	Cust. Serv/ Comm Postive Employees are open, friendly and easy to work with.	5/16/2016 8:51 AM
152	Salaries Staffing/Retention DHEC has done a terrible job of retaining experienced professionals. The comparative low pay for employees even against other state agencies is a deterrent to career minded staff.	5/16/2016 8:51 AM
153	Management Staffing/Retention There seems to be no common sense behind regional and central office management's decisions in relation to the preventive health clinics. Management seems more interested in self-promotion and making a name for themselves than valuing other staff. Customer service and teamwork are preached, however, front line staff are usually the last to be consulted and the first to be reprimanded. The turn-over of staff statewide should be an alarming wake up call that the agency is run by fools. I believe Director Heigel wants to make DHEC a better place, and given the time and resources she could accomplish that.	5/16/2016 8:51 AM

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154	Cust. Serv/ Comm Funding/Resources Run down facilities - disconnect between the health and environmental side, as far as research and science initiatives	5/16/2016 8:50 AM
155	Management It would be nice if DHEC management included some medical doctors.	5/16/2016 8:50 AM
156	Funding/Resources Positive DHEC is a great organization; filled great people who work very hard and try there best everyday to make South Carolina a better place. The only draw back I see is that often times they seem to lack some of the resources they may need to most effectively perform their wonderful jobs. But overall amazing interpersonal relationships between dhec and the public is a normal sight in this agency. Great Agency full of Great People, only draw back is an overall lack of resources (and probably compensation) for these outstanding individuals.	5/16/2016 8:50 AM
157	Positive I enjoy working at DHEC and feel like we provide an important contribution to the welfare of the state.	5/16/2016 8:48 AM
158	Public Health Staffing/Retention The department of health needs more front line staff admin	5/16/2016 8:47 AM
159	Morale Salaries Staffing/Retention Understaffed, no back up on analysis', underpaid, no room for advancement	5/16/2016 8:46 AM
160	Management Staffing/Retention New Administration is not much different then Templeton administration. Our HR dept continues to be weak. Jobs continue to be created to support those above who cannot do their job. Please take a loll at the leadership at the state lab as well as other Divisions	5/16/2016 8:39 AM
161	Management Salaries Staffing/Retention There has been a massive departure of experience and knowledge from the agency in the past several years. Pay increases based on merit should be provided to retain current technical staff. Way too many "assistant" management positions. More emphasis should be placed on maintaining an adequate level of technical staff.	5/16/2016 8:39 AM
162	Cust. Serv/ Comm Internal Processes Management Positive I think DHEC is a great state agency to work for, we have our faults like all other state agencies but it still enjoy coming to work everyday. However, I would like to see information and directives from upper management be communicated better to all staff and follow up if necessary. It has gotten extremely better but there still seems to be a disconnect.	5/16/2016 8:38 AM
163	Staffing/Retention The Department is understaffed.	5/16/2016 8:37 AM
164	Positive In my experience as far as dealing with any agency in the state the Department of Health and Environmental Control has been the best experience by far. Very professional and caring overall.	5/16/2016 8:34 AM
165	Public Health Sugg. for Improvement I really wish that we were still doing TB testing because for such a long time we were the staple for testing and then it was taken out of the health dept but we get 100's of calls from the public wanting to come and get a TB skin test and I have to tell them we no longer have that service. it would certainly generate revenue for the agency if were still doing them.	5/16/2016 8:34 AM
166	Funding/Resources Money has always been an issue for resources. The availability of resources(vehicles, equipment, etc.) were better 5-10 year ago then they are now. When EQC was placed with the Health Department, resources for EQC have been merged with Environmental Health and due to the lack of understanding of the Environmental side, it does not get priority as it once did. Also, the IT resources are lacking since Footprints came about and EQC no longer has it's own IT personnel.	5/16/2016 8:34 AM
167	Salaries Why does DHEC pay it's front line staff so little as compared to other agencies?	5/16/2016 8:33 AM
168	Management Some African American managers and employees show preference to other African Americans	5/16/2016 8:33 AM
169	Management Salaries Staffing/Retention Excessive red-taping; I believe the agency and the public are disconnected; The lack of pay increases is also an issue. You can work for this agency for many years and because there is very little to no increases you have new hires that make the same or even more than someone who has been here with 3 or more years, prior experience, and master and/or PhD degrees. Leadership and their subordinates are disconnected. This agency can be great; however, more than surface changes need to take place. We are under-paid, no tuition assistance, no loan repayment, no pay raises, over-worked at times; some of us have several jobs pinned on us due to high turnover. I hope there is some revamping quick before we lose more great people.	5/16/2016 8:33 AM
170	Positive Public Health DHEC is vital in serving the diversified population in our communities. Clients are seen in the Health Dept. when they can't afford patient care from a private source.	5/16/2016 8:30 AM
171	Funding/Resources Staffing/Retention Training DHEC's staff are here to help the people of SC. The legislature needs to provide the resources for a well trained and educated staff	5/16/2016 8:29 AM
172	Cust. Serv/ Comm Salaries Staffing/Retention Not enough staffing, frequent staff turnover, poor staff retention, low salary for employees; all of which affect employees being able to provide excellent service to the public.	5/16/2016 8:29 AM
173	Funding/Resources Positive I feel like this agency plays a vital role in the health of our state, the environment, and it's citizens. More resources should be allocated to it's cause.	5/16/2016 8:28 AM
174	Morale Salaries DHEC need to show their employee's they are cared about by providing a less stressful work environment. There should also be pay increases biased on fair employee work ethic.	5/16/2016 8:27 AM

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175	Cust. Serv/ Comm Internal Processes Salaries Surveillance and clinical need to be able to communicate openly. There needs to be more control at each individual site. We need a raise.	5/16/2016 8:26 AM
176	Sugg. for Improvement Water DHEC needs to place a greater emphasis on developing, funding, and staffing a comprehensive groundwater/surface water management program.	5/16/2016 8:22 AM
177	Management Morale Positive DHEC has been through many changes over the last few years. I can honestly say the morale continues to improve each day among staff, and that we have the right leadership in place to improve public perception.	5/16/2016 8:21 AM
178	Funding/Resources Provide adequate funding for the agency.	5/16/2016 8:16 AM
179	Management Positive I appreciate the new hierarchy trying to help improve the situation at the Agency.	5/16/2016 8:14 AM
180	Sugg. for Improvement The agency needs updates in its IT infrastructure. More funding should be provided for server capacity and functionality of DHEC applications and programs.	5/16/2016 8:09 AM
181	Positive I think it is a very good agency that does not get credit where credit is due.	5/16/2016 8:08 AM
182	Positive Salaries Staffing/Retention Overall I absolutely love my job. I have very good management to work with. Would like to see more done on employee retention and salaries.	5/16/2016 8:08 AM
183	Positive Every citizen has contact with Environmental Health from Birth to Death. When you are born they handle birth cert., turn water on the morning, DHEC makes sure it is safe, sewer is controlled by DHEC, the food you buy to cook or already prepared is inspected by DHEC, when you die, your death cert. is handled. Without DHEC SC would not be a great place to live.	5/16/2016 8:07 AM
184	Salaries Staffing/Retention In the Bureau that I work, many current employees are reaching retirement age. I am concerned that their knowledge will not be adequately passed onto the next workforce in place. I am especially concerned that efforts to retain current employees, mostly due to insufficient pay compensation, will seriously hamper this agency's ability to conduct superior work.	5/16/2016 8:02 AM
185	Management Positive The DHEC Director has been a wonderful addition to our TEAM. Catherine has addressed concerns and made all feel employees feel like a valued TEAM member. I love coming to work every day because the people that work at DHEC are my extended family.	5/16/2016 7:47 AM
186	Salaries Employees are paid less than other agencies	5/16/2016 7:46 AM
187	Public Health missed opportunity for positive public health actions	5/16/2016 7:43 AM
188	Salaries Staffing/Retention Training As an employee of DHEC, I see first hand that we are in a constant state of interviewing, hiring and training of personnel. I think with the pay scale and lack of merit based pay raises individuals accept a job with DHEC but then move on to a better paying job when they have the opportunity. Too much time and too much money is invested in hiring and training people only to have them leave after a short while.	5/16/2016 7:39 AM
189	Cust. Serv/ Comm DHEC needs to continue with the ongoing efforts of internal and external communications.	5/16/2016 7:38 AM
190	HIV/STD Division Positive Training From my experience of working with another state Department of Health, the SC HIV/STD division is more in tune with the training needs of grantees and offer an array of trainings. I would have former coworkers from another state come to the trainings offered by the SC HIV/STD Division.	5/16/2016 7:38 AM
191	Salaries Staffing/Retention It is hard to keep good employees within DHEC because the pay is not acceptable for highly productive individuals. Furthermore, the agency keeps employees who do not move the agency forward through their poor work ethic.	5/16/2016 7:18 AM
192	Salaries The salary for the average employee is very low. Only certain employees have get raises and have a good income.	5/16/2016 7:08 AM
193	Morale Positive Very good agency to work for.	5/16/2016 6:59 AM
194	Management Staffing/Retention Environmental Affairs side has no accountability for supervisors and managers, causing good employees to leave	5/16/2016 6:29 AM
195	Positive The current Agency administration is very professional and dedicated to the mission of the Agency.	5/16/2016 6:21 AM
196	Salaries Staffing/Retention It is difficult to staff this agency adequately when the salaries paid are not competitive, especially with administrative staff.	5/15/2016 10:46 PM
197	Cust. Serv/ Comm Cannot get service in my county. Must go to another county for service.	5/15/2016 9:18 PM
198	Salaries Pay raises for admins.	5/15/2016 6:06 PM
199	Internal Processes Split Agency/Too Big Does anyone know who does what at DHEC?	5/15/2016 3:24 PM
200	Staffing/Retention high employee turnover rate	5/15/2016 12:50 PM

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201	Management Si effort to heal the wounds created by the past administration: public opinion of staff intelligence, dedication and commitment. when an agency	5/15/2016 12:30 PM
202	Management Staffing/Retention Sugg. for Improvement Training Would like SC government, in general to start being more proactive. It not only saves money in the long run but it will increase the efficiency of operations and the Government's image to the public. DHEC has become increasingly better since the new Director has taken position. However, there are still areas that need improvement, specifically investing in employees - training and involvement in decision making for standard operating procedures, etc., increased salary to attract and keep higher quality employees, IT capabilities - reduction in redundancy, etc.. I would also like to see more outreach and community involvement from all departments within DHEC - workshops, information sessions, etc. for the public, industry, etc.	5/14/2016 7:27 PM
203	Management Morale Treats employees poorly, poor management	5/14/2016 7:12 PM
204	Performance So much money has been spent in the STI area yet our state's ranking has worsen year after year, particularly among African American population. Why?	5/14/2016 6:28 PM
205	Management Salaries The bosses get all the raises and bonuses. What about the front line employees?	5/14/2016 4:47 PM
206	Cust. Serv/ Comm Internal Processes Split Agency/Too Big It seems that DHEC never knows what thwy actually do or who in their department actually does it. Thw website is horrible and information is hard to find.	5/14/2016 2:05 PM
207	Cust. Serv/ Comm More so than any other agency I've dealt with, their customer service is leaps and bounds better than I've experienced elsewhere.	5/14/2016 12:03 PM
208	Management Morale Staffing/Retention It appears that DHEC doesn't mind overworking their employees. Add more work without extra pay and when positions are vacated they are not filled. Also if they are filled, they are filled by individuals that do not have the experience or knowledge to lead.	5/14/2016 10:29 AM
209	Management Since Catherine Heigel became director of the agency there has been a marked change in the work place atmosphere. She was an excellent choice to lead the agency.	5/14/2016 8:44 AM
210	Staffing/Retention Loss of experienced, knowledgeable staff to retirement and during restructuring has left some areas dependent on new hires in key positions. Currently, it appears that the agency will continue to have difficulty retaining these new hires for the long term.	5/14/2016 7:47 AM
211	Morale They do not take care of their employees only the employees in higher positions they forget about taking care of the lower paid employees	5/14/2016 7:31 AM
212	Morale Too much nepotism and too much hiring of buddies. No one has a chance to grow.	5/14/2016 3:15 AM
213	Morale Too much nepotism and too much hiring of buddies. No one has a chance to grow.	5/14/2016 3:13 AM
214	Sugg. for Improvement The agency's extremely vague absentee/unscheduled leave policy allows for advantage to be taken of the system. Large amounts of unscheduled leave is a major contributor of the agency struggling to meet community demands in the health departments. Please consider changing the policy to more closely mirror hospital absentee policies.	5/13/2016 10:01 PM
215	Postive DHEC functions well as a hybrid organizatonwith environmental and health "sides" collaborating on issues such as response to children w ith elevated blood lead levels. Such collaboration would be much more difficult between deparated health and environmental agencies.	5/13/2016 9:01 PM
216	Split Agency/Too Big DHEC is responsible for too many programs.	5/13/2016 8:21 PM
217	Salaries Staffing/Retention Sugg. for Improvement Training It is so difficult to hire and retain good employees as the pay is so low in comparison to the private sector. Training for new hires in Preventative Health needs great improvement as well.	5/13/2016 6:09 PM
218	Management The restructure and previous leadership of DHEC has caused much damage and trauma to the agency. It has affected staff morale, services and public perception of this agency	5/13/2016 5:37 PM
219	Cust. Serv/ Comm They have a long history of customer service.	5/13/2016 5:30 PM
220	Morale Staffing/Retention They do not value their staff. Promotions are not given equitably.	5/13/2016 5:29 PM
221	Salaries There is a serious pay disparity between agency employees and private business employees with similar education, experience and backgrounds.	5/13/2016 5:26 PM
222	Cust. Serv/ Comm Morale DHEC has the responsible of surveying nursing homes. The surveyors are not being done timely. The department lacks professionalism or common respect for the facilities. Staff morale is at an all time low due to poor management. Worst of all racism is tolerated.	5/13/2016 5:24 PM

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223	Management Salaries Sugg. for Improvement Implement manager evaluations from their employees to spot trouble managers. Do a serious evaluation of salaries for the talent DHEC employ from the doctors and nurse practitioners to the scientist biologist and computer scientist.	5/13/2016 5:07 PM
224	Management Positive The agency's new leadership, strategic plan, and focus on its people is having a profound impact on the agency's performance for the public. Heading in the right direction!	5/13/2016 5:06 PM
225	Sugg. for Improvement Adm. Support Staff should have privilege of AWS	5/13/2016 5:03 PM
226	Internal Processes Management I think managers should be reviewed by their staff. I think management should be flattened, with more rights and responsibilities given to front-line managers.	5/13/2016 5:03 PM
227	Salaries Training I know that most people think state employees are overpaid. For the vast majority of cases, it's just not true. Please look into pay equity between state employees and private industry, state employees across state agencies, and job classifications within DHEC. Some of our most technical and difficult to train people are not compensated appropriately.	5/13/2016 5:03 PM
228	Internal Processes Management Programs do not appear to communicate with each other. Staff who work in all program areas are sometimes caught in the middle be cause the processes passed down to staff contradicts	5/13/2016 5:02 PM
229	Morale Salaries The employees are passionate, hardworking , dedicated, educated but aren't appreciated in regards to the pay they receive.	5/13/2016 5:01 PM
230	Split Agency/Too Big It should be two separate agency's. One for Health and one for Environment. Almost all other states have two agency's. We should pick and choose the best practices and systems from those states to copy.	5/13/2016 4:59 PM
231	Cust. Serv/ Comm Staffing/Retention POOR CUSTOMER SERVICE BECAUSE OF SHORT STAFF	5/13/2016 4:57 PM
232	Salaries Sugg. for Improvement It is so many hats under DHEC. The pay is different in each one. Some make more than others. It would be great to just do a time card instead of PCAS.	5/13/2016 4:54 PM
233	Morale This Agency is not concerned about the welfare of its employees. We are placed in buildings with poor infrastructure, bad air quality, mold and unsafe conditions.	5/13/2016 4:54 PM
234	Positive The Agency's new strategic vision provides ample opportunity for significant improvements.	5/13/2016 4:54 PM
235	Morale I find it exceedingly difficult to do my job with regulations littered with more loopholes than words. I am proud of my job and our mission at DHEC but to be honest I feel many times that I am left short of being able to complete important tasks because the regulations are lacking.	5/13/2016 4:53 PM
236	Staffing/Retention There is so much turnover that it is concerning the agency has employees who know and can adequately perform the technical nature of their jobs	5/13/2016 4:50 PM
237	Salaries Staffing/Retention Employee Retention and Salaries need to be evaluated	5/13/2016 4:49 PM
238	Positive The Department of Health and Environmental Control serves a vital function to the state of South Carolina. Employees are competent and care about what they do in providing quality services to residents of South Carolina.	5/13/2016 4:49 PM
239	Split Agency/Too Big Sugg. for Improvement It may serve the public better for the agent to be split. One agency focusing on Health. One agency focusing on Environmental. As is the standard for 48 other states.	5/13/2016 4:49 PM
240	Positive DHEC plays an active role in promoting and protecting the health of the community. It is impressive that they answer the call of duty in environmental emergencies and during disease outbreaks.	5/13/2016 4:46 PM
241	Salaries While salaries don't need to be on par with those in the regulated community, they should at least be competitive if we are to maintain a competent workforce.	5/13/2016 4:46 PM
242	Cust. Serv/ Comm Positive I think that we provide excellent customer service and care to the public.	5/13/2016 4:46 PM
243	Management We have a great captain at the helm.	5/13/2016 4:45 PM
244	Salaries There are vast salary disparities between DHEC and other State Agencies. Staff members in the Public Health Division haven't had merit pay increases for over eight years, which is NOT the case in other state agencies. We have tremendous, dedicated staff who work tirelessly to serve the public health, and it is unfair that they don't have the same salaries or merit pay incentives as their counterparts in other DHEC divisions or sister state agencies.	5/13/2016 4:45 PM
245	Management Positive The agency has always had a laudable mission and vision, and day-to-day functions benefit a huge number of people living in SC. The agency has wanted for strong leadership for a long time, and it looks like the tide might finally be turning with Catherine Heigel at the helm.	5/13/2016 4:44 PM
246	Staffing/Retention consistently understaffed	5/13/2016 4:43 PM
247	Human Resources Sugg. for Improvement Human Resources needs a complete overhaul	5/13/2016 4:43 PM
248	N/A	5/13/2016 4:42 PM

May 2016 - Provide Input to the South Carolina House of Representatives' Legislative Oversight Committee

249	Salaries Sugg. for Improvement Need to limit amount of educational materials printed. Staff would benefit via merit raises. Travel system needs updating.	5/13/2016 4:42 PM
250	Morale Salaries Micromanaged and underpaid	5/13/2016 4:42 PM
251	Funding/Resources Postive Highly professional and well intertwined organization albeit strapped for resources	5/13/2016 4:42 PM
252	Postive They do a very good job.	5/13/2016 4:42 PM
253	Management Staffing/Retention I retired from DHEC six years ago this month. what concerns me most is how an abundance of valuable experience was lost during Mrs. Templeton's tenure.	5/10/2016 5:31 PM
254	Cust. Serv/ Comm Inspectors that are out to make a name for themselves at the expense of public utilities	5/10/2016 12:54 PM
255	Cust. Serv/ Comm Training There is great need for more training for those who work with the public.	5/2/2016 8:56 PM
256	Management Too top heavy, not enough worker bees to enforce regulations	5/2/2016 11:34 AM
257	Morale Employees should be able to express suggestions without feeling they will be retaliated against.	5/2/2016 10:52 AM

¹ Act 3052 of 1848, Section IV.

² South Carolina Medical Association Voice of One. Power of Many. (n.d.). Retrieved July 26, 2016, from <https://www.scmedical.org/content/history>

³ Act 610 of 1878.

⁴ Act 610 of 1878, Section III.

⁵ Act 610 of 1878, Sections VI and VIII.

⁶ Act 610 of 1878, Section IV.

⁷ Act 610 of 1878, Section V.

⁸ Act 610 of 1878, Section IX.

⁹ 1952 Code of Laws § 32-8.

¹⁰ Act 873 of 1950.

¹¹ Mullin, D. (2016, July 27). Info on the State Board of Health [E-mail to Taylor Smith].

¹² Act 873 of 1950, Section II.

¹³ Act 390 of 1973.

¹⁴ Act 390 of 1973.

¹⁵ Act 390 of 1973, Section V.

¹⁶ Act 390 of 1973, Section I.

¹⁷ Act 390 of 1973, Section III.

¹⁸ Act 181 of 1993, Section MXXXI.

¹⁹ SC Code of Laws, sec 59-47-10.

²⁰ SC Secretary of State, under "Search South Carolina State Boards and Commissions." http://search.scsos.com/boards_commissions/default.aspx (accessed October 10, 2016).

²¹ 44-1-40

²² 44-1-50

²³ 44-1-70

²⁴ 44-1-80

²⁵ 44-1-110

²⁶ 48-1-20

²⁷ 44-1-130

²⁸ 44-1-140

²⁹ 48-1-30

³⁰ 48-1-90

³¹ Department of Health and Environmental Control, *Program Evaluation Report*, Mission, Vision & Goals Chart.

³² Ibid.

³³ Information in this section is compiled from DHEC's *Program Evaluation Report*, Mission, Vision & Goals Chart.

³⁴ Information in this section is compiled from DHEC's 2016 Program Evaluation Report and 2015-2016 Annual Accountability Report

About

The S.C. Department of Health and Environmental Control (DHEC) is the state's public health and environmental protection agency. With more than **3,400 employees** working in **80 locations** statewide, our vision is healthy people living in healthy communities.

The agency is organized into four separate divisions: (1) **Health Services**, which operates the agency's public health and state laboratory functions; (2) **Health Regulation**, which oversees the licensing of healthcare facilities and EMS providers; (3) **Environmental Affairs**, which issues and enforces environmental permits and operates the Ocean and Coastal Resource Management program; and (4) **Operations**, which provides procurement, strategic planning, project management, facilities oversight, and information technology support for the agency.

Agency Director

Catherine Heigel has served as Director of DHEC since April 2015.



A S.C. native, Heigel has more than 20 years of combined legal, regulatory, and executive management experience. Before joining DHEC, she served as General Counsel and Corporate Strategies Officer for Elliott Davis Decosimo, LLC. Prior to her role at Elliott Davis Decosimo, LLC, Heigel spent 11 years with Duke Energy, leaving the company as President of its South Carolina Operations. Additionally, Heigel served as Executive Vice President, General Counsel and Corporate Secretary at the American Transmission Company.

Heigel earned her bachelor's degree from the University of South Carolina and her law degree from The Ohio State University School of Law. Heigel also has completed the Advanced Management Program at the University of Pennsylvania's Wharton School and the State Health Official Leadership Program at Harvard University's Kennedy School of Government.

Contact Info:
(803) 898-DHEC (3432)
info@dhec.sc.gov

DHEC by the Numbers

DHEC performs countless important functions impacting nearly every citizen of our state. Here's a snapshot of what "business as usual" looks like:

In a year, our **Health Services** teams:

- Log more than **777,000 clinical client encounters** at our health departments.
- Investigate more than **363 acute disease outbreaks** and **55,000 disease reports**.

Environmental Affairs annually:

- Manages over **30,000 active permits**, including asbestos projects, private wells, septic tanks, industrial storm water general permits, infectious waste generators, mines, and more.
- Conducts **over 90,000 inspections**, covering programs as diverse as recreational waters and underground storage tanks to air quality.
- **Investigates more than 46,000 complaints**, ranging from rabies exposures to open burning and emergency response spills.

Our **Health Regulation** team:

- Conducts over **8,020 inspections**, including facility, construction, registrants of controlled substances, EMS agencies, ambulances, and X-Ray machines.
- DHEC's legal responsibilities currently touch on **more than 360 state and federal statutes and regulations, and state provisos**.

Budget



Total	\$606,956,752
Federal	\$286,140,200
Other	\$175,589,511
State	\$119,916,820
Restricted	\$25,310,221

Agency Goals and Strategic Plan

3 Aspirational Goals

1. To be recognized as a leading public health and environmental protection agency in the nation.
2. To be a model of operational excellence in state government.
3. To be the preferred public sector employer in public health and environmental protection in the Southeast.

Under the leadership of a new executive management team, DHEC in 2015 updated its strategic plan for the first time in more than 10 years. This 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.

Read more at www.scdhec.gov/strategicplan.

Emerging Issues

Employee Retirement

Like many state agencies, DHEC is bracing for the upcoming wave of employee retirements and the loss of institutional knowledge. More than a third of DHEC's workforce is nearing retirement. Meanwhile, 42% of employees have been with the agency less than five years. This presents the challenge of succession planning and knowledge transfer.

Facilities

The agency's facilities are degrading, functionally obsolete, present safety concerns, and do not meet the needs of our staff and customers. To mitigate these concerns, DHEC will need to pursue redevelopment of our current facilities or consider alternative facilities for our central office, state laboratory, and some 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 and 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.

Event Response

Hurricane Matthew and October 2015 Flood

From pre-storm evacuation support to post-storm damage assessments and clean-up, our team was fully engaged for Hurricane Matthew in October 2016.

- DHEC and the U.S. Army Corps of Engineers **assessed the condition of 469 dams** in areas impacted by the storm.
- We opened and staffed **9 Special Medical Need Shelters** housing **130 shelterees**.
- Our Health Regulation team **worked with 114 inpatient health care facilities**, including four hospitals, to evacuate from the medical evacuation zones, and **over 1,700 patients** were transported to other facilities.

Collectively, DHEC staff expended more than **55,000 work hours** on the 2015 flood response and recovery. The agency was able to mobilize, identify problems and develop solutions, while still providing day-to-day services.

Wildfires 2016

We served as a leading source of information concerning wildfire smoke safety across the state in November 2016, by providing interviews and dependable forecasting and material assistance to first responders.

- DHEC provided a mobile communications trailer to the Table Rock Wesleyan Camp command post in Pickens starting on November 13, 2016.
- Our medical staff increased public awareness regarding health hazards associated with smoke in affected areas.
- Bureau of Air Quality staff provided daily air quality forecasts.
- Our website had **374,466 views** for this topic in a two-week period.

Hepatitis A Outbreak in Food Handlers

In September 2015, DHEC was notified by a hospital lab of positive test results for Hepatitis A in employees of two Upstate restaurants. The outbreak was successfully managed and no patron of the restaurants developed Hepatitis A.

- Health Services staff administered **4,975 Hepatitis A vaccinations**.
- Environmental Affairs staff conducted restaurant inspections.
- Our response effort included **277 staff** from across the state.

To: Healthcare and Regulatory Subcommittee of Legislative Oversight Committee

From: David Baize, Chief, Bureau of Water

Date: February 22, 2017

RE: Legislative Oversight Study of the Department of Health and Environment Control,
Department responses to written questions submitted during public testimony

LOC Question and Response

Mr. Busbee asked the LOC to review implementation of the definition of “safe yield” in the *Surface Water Withdrawal, Permitting and Reporting Act* and the Department’s regulatory implementation of this definition.

The Department follows the directives adopted by the SC General Assembly outlined in the Act, and the regulation promulgated in accordance with the Act, in issuing permits and registrations for withdrawal of surface water.

49-4-20(25) of the Act defines “safe yield” as: “the amount of water available for withdrawal from a particular surface water source in excess of the minimum instream flow or minimum water level for that surface water source. Safe yield is determined by comparing the natural and artificial replenishment of the surface water to the existing or planned consumptive and nonconsumptive uses.”

This definition is general and is not directly implementable without further detail since there is no formula or mathematical process outlined in the Act to calculate safe yield.

Regulation 61-119 was promulgated with robust stakeholder involvement, and the definition of “Safe Yield” was specifically a point of much discussion. R.61-119.E.3.C.3.ii.(A) states: “The safe yield at the point of withdrawal will be evaluated as follows. For withdrawals in a stream segment not influenced by a licensed or otherwise flow controlled impoundment, the safe yield is calculated as the difference between the mean annual daily flow and twenty (20) percent of mean annual daily flow at the withdrawal point, taking into consideration natural and artificial replenishment of the surface water and affected downstream withdrawals.”

The Department’s procedure adheres to the regulatory definition. The average annual daily flow for the proposed withdrawal point is calculated minus the 20% average annual flow. That number is then adjusted, if necessary, to account for any upstream withdrawals, inflows, and needed water for downstream water users to calculate the final “safe yield.”

Any changes to the regulatory mandated calculation of safe yield would require a statute or regulation amendment.

Written Questions Submitted by Mr. Busbee

1. Who in SC State Government coined the phrase "Safe Yield"?

No one in state government coined this term. There was a very large and robust stakeholder process to develop the statute. Safe yield is a calculation typically applied to a reservoir, but the stakeholders adopted this term and it was subsequently applied to flowing surface water.

The term "safe yield," in the case of flowing surface water, may more easily thought of as "legally available water." The term legally available water is being used by the consulting firm CDM Smith in the surface water basin models currently being developed. This is appropriate as the amount of water that is available for withdrawal is the key phrase in the statutory definition of "safe yield."

2. According to the definition in the SC Surface Water Law, what is supposed to be protected or safe under the safe yield formula? 49-4-2 in particular definitions 14 and 25.

Definition 14 is the minimum instream flow, or the amount of water not available for permitting/withdrawal. Definition 25 is safe yield, which is the amount of water legally available for permitting/withdrawal.

3. Why does DHEC's regulations (R.61-119) define "Safe Yield" similarly to the Law in B.29 but differently in E.3.a.ii(A) it is calculated as "the difference between the mean annual daily flow and 20% of mean annual daily flow at the withdrawal point, or simply 80% of the mean annual flow?"

Regulation 61-119.B.29 mirrors the definition in the Act. This definition is general and is not directly implementable without a formula or mathematical process. This formula is provided in 61-119.E.3.a.ii.(A).

4. Did any hydrologist/experts with DHEC review the "safe yield" as it is defined in regulations E.3.a.ii.(A)? What are their names and credentials?

Yes, several Department staff, all with decades of experience in working with water resources and stream flow statistics, participated in the stakeholder process to develop the regulation. Larry Turner, now retired, had over 30 years' experience with the

department, and was experienced in surface water modeling and stream flow statistics. David Baize, now Chief of the Bureau of Water, has 28 years of experience with the Department working in various programs on groundwater and surface water issues, has a B.S. and M.S degree, and is a registered Professional Geologist in two states. Chuck Gorman has over 30 years experience in the environmental field working both as a consultant and with the Department. In 2006, he began working on water resource issues with the Department. He is a Professional Geologist and currently serves as chair of the SC Board of Registration for Professional Geologists.

5. Do you know of any experts outside of DHEC that reviewed the law and the regulations at the time of their promulgation? Who were they? What are their credentials? What were their opinions of safe yield as defined in the regulation?

Stakeholders participating in development of the regulation included representatives from: Greenville Water System, Spartanburg Water System, Coastal Conservation League, Beaufort Jasper Water and Sewer Authority, International Paper, Chamber Tech Committee, Farm Bureau, SCDNR, Duke Energy, Industry Council, American Rivers, Southern Environmental Law Center, and SCE&G. Among this group were representatives with experience in water resources management, stream flow hydrology, and surface water modeling. The current regulatory definition of 'safe yield' represents the general consensus from the participants involved in the stakeholder process.

6. Why did DHEC do away with the 20-30-40 plan for minimum instream flows?

DHEC did not do away with these minimum instream flows and they are included in the regulation Section B.18 and E.3.i.A. These minimum instream flows are implemented as prescribed in the Act and Regulation. Note that, per the Act, minimum instream flows do not apply to existing water users that were issued initial or "grandfathered" permits, or to agricultural registrations.

7. Why is DHEC not considering the needs of downstream users and minimum in stream flows when issuing agricultural registrations and permits?

Downstream uses are considered in development of a safe yield calculation. Please see the more detailed explanation above. The Act does not provide for minimum instream flows to be applied to agricultural registrations.

8. Is there a documented procedure explaining how minimum in-stream flows would be detected?

Since detection and monitoring methods at any specific location would be highly fact and circumstance specific, there is no written procedure. When minimum instream flow requirements apply to a surface water withdrawal permit, a specific process to monitor instream flows will be developed to fit the location of each withdrawal.

9. Has any science been done in DHEC to determine the safety of “safe yield?” If so, who? What are their rationales and assumptions? What were the uncertainties and risk involved in the science? Can we get a copy?

During the four years of stakeholder discussion at the legislature and subsequent discussions during regulation development, no report was produced on this topic. The final Act and Regulation reflect these discussions among stakeholders with expertise in water resources and stream flow statistics.

10. What data was used in determining the safe yield formula described in regulation E.3.a.ii(A) which has become the basis for issuing surface water registrations and permits? Can we get a copy of the data?

There were several examples of stream hydrographs used for discussion by the stakeholder group. Based on these discussions, the calculation that was developed establishes the amount of water that can be withdrawn based on the average of stream flow minus the 20% minimum in-stream flow value.

11. Under the current safe yield formula that is being used to issue surface water registrations and permits, is it legal for an agricultural entity to completely take the entire flow of the river if it is within the registered amount?

Per the Act and Regulation, the amount requested for an agricultural withdrawal that is ultimately registered must be within the safe yield at that withdrawal point. An agricultural withdrawer may withdraw its registered amount and is not subject to minimum instream flows. However, the State Drought Response Act supersedes a permit or registration and can direct adjustments during low stream flow conditions during the highest stage of drought declaration.

12. Under DHEC’s regulations can one agricultural entity own the entire safe yield of a river or stream?

No entity can own the safe yield as a permit or registration does not establish a permanent allocation of water, but is subject to terms and conditions in the Act. Note the safe yield available for withdrawal is at the withdrawal point, and not the entire river or stream.

13. Is DHEC aware that the safe yield amounts calculated under their regulations are greater than the actual flows of the major river systems in SC for seven months of the year based on 70 years of data of average monthly flow from DNR and USGS?

The Department is not familiar with the specific data being referenced. However, the amount of water available in any river, at any given time, is based on many factors, including the specific location of the withdrawal in question. The direction provided under the regulation is that the amount of water legally available for withdrawal is based on average stream flows, minus the 20% minimum instream flow, and being further adjusted as necessary to account for downstream user needs. All flowing streams are going to experience low stream flows, typically during dry summer months. Therefore, flows will be less than the average amount during certain times of the year.

14. What effects does no water have on fish and biological functions of a river or stream? What effects does no water have on downstream users?

Sufficient water quantity and quality is a necessity for the long term survival of aquatic life in the waters of the state. As discussed above, downstream uses are considered when calculating the water that may be available for new users located upstream of an existing user. DHEC and DNR are currently developing models of our major surface water basins to better understand the availability of our surface water resources. Using these models to develop basin plans is an important step in developing sound science to guide management of our valuable water resources.

Appendix D. February 9, 2017 Meeting Information

Appendix Includes

- Meeting Packet
 - Agenda
 - January 24, 2017 Minutes
 - Information about DHEC
 - History
 - Governing Body
 - Agency Structure and Major Programs
 - Strategic Plan and Intended Public Benefit
 - Customers and Potential Impacts
 - Successes
 - Challenges
 - Emerging Issues
- DHEC Presentation

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Thursday, February 9, 2017

2:30 p.m.

Room 108 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

REVISED AGENDA

- I. Approval of Minutes from the January 24, 2017 Subcommittee Meeting**
- II. Discussion of study of the Department of Health and Environmental Control, including but not limited to agency history, strategic plan, products, and services**
- III. Adjournment**



Healthcare and Regulatory Subcommittee January 24, 2017

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The Healthcare & Regulatory Subcommittee meeting was called to order by Chairwoman Phyllis Henderson on Tuesday January 24, 2017 in Room 110 of the Blatt Building. The following members of the Subcommittee were present: Chairwoman Henderson, Representative MaryGail Douglas, Representative Bill Taylor and Representative William "Bill" Bowers.

Minutes

House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.

- I. Representative Taylor moved to approve the minutes from the Subcommittee's previous meeting on August 25, 2016. A roll call vote was held, and the motion was passed.

Rep. Taylor's motion to approve the minutes from August 25, 2016:	Yea	Nay	Not Voting
Rep. William "Bill" Bowers			✓
Rep. MaryGail Douglas			✓
Rep. Bill Taylor	✓		
Chairwoman Henderson			✓

Discussion of the Department of Health and Environmental Control

- I. Chairwoman Henderson administered the oath to Catherine Heigel, Director of the Department of Health and Environmental Control.
- II. Committee staff highlighted that the meeting was the Subcommittee's first meeting with DHEC.
- III. Director Heigel provided an overview of DHEC to the Subcommittee.

Representative Taylor asked Director Heigel that during her eighteen months as Director, if she could highlight three main successes or improvements the agency has seen. Director Heigel testified that the Department has had quite a few successes which the agency breaks down into three basic components: 1) people, 2) process, and 3) technology. Starting with technology, Director Heigel testified that one of the greatest successes the Department has seen in the last year is receiving funding from the General Assembly and from the Governor. Director Heigel stated that the Department is working diligently with the Department of Administration to move all of their data center operations from their existing facility to the State Data Center. The next success that Director Heigel focused on was public health. Director Heigel testified about the decision to seek public health accreditation for the state, hiring Dr. Lillian Peak to lead our health services, and creating an improvement planning process. Director Heigel testified to responding to two natural disasters within the eighteen months of being Director and how the natural disasters have made the Department stronger. She stated that the natural disasters informed the Department where they are performing well and where there is need for improvement, in terms of public health preparedness and response. Director Heigel stated that the Department has to continue to focus and build for competency in three things: 1) problem solving, 2) customer service, and 3) critical thinking.

Representative Douglas asked Director Heigel about DHEC relinquishing direct service of home help nurses and asked for director Heigel to speak to assurances that are in place that will help local communities to understand that proper care is given to those in a home help setting and whether there is an evaluation in

place to determine whether this decision by DHEC has been beneficial or not. Director Heigel testified that she asked the Department to step back and look at their options of whether they could sell or privatize the business. She stated that the agency could not be a provider of last resort because the agency did not have any state or federal funds. It was no longer financially viable for the agency to operate the business, therefore, the private sector took over. In terms of continuing the agency's role with the business that they used to operate, the agency does not have any such role today. That business was transferred a year ago.

IV. Chairwoman Henderson then proceeded to start the public hearing portion of the meeting. Chairwoman Henderson said that all testimony would have to be given under oath. Each person was sworn in individually.

Doug Busbee, On behalf of the residents of the Edisto Basin 27:41

Mr. Busbee represented the residents of the Edisto Basin and testified about the amount of water that could be legally withdrawn from every river and stream in South Carolina, which he referred to as the "Safe Yield." He stated that the "Safe Yield" was in fact not safe and that records show that there was not enough water to supply this "Safe Yield" amount. Mr. Busbee further testified about the surface water law and asked DHEC to review the law.

Hugo Krispyn, Resident of Seivern, South Carolina 37:42

Mr. Krispyn is from Seivern and is a property owner on the North Fork of the Edisto. Mr. Krispyn testified about the issues surrounding the existing surface water withdrawal law and implementation of that specific law by DHEC. Mr. Krispyn stated that he is deeply concerned that the laws do not adequately protect the public's interests regarding the surface water. He asks whether the existing set of DHEC regulations regarding surface water withdrawal and the scheme set forth for agricultural registrations for surface water withdrawals adequately fulfill the protective function the law exists to provide. He calls upon the Subcommittee to examine the question of whether the agency should take additional and necessary action to ensure the public interest in having healthy and sustainable rivers is protected.

Tom Effinger, Director of Environmental Services, SCANA/SCE&G 40:45

Mr. Effinger testified about how SCE&G's use of natural resources to provide safe, affordable, reliable, and environmentally responsible electricity to South Carolinians receives constant regulatory oversight and permitting activity from

DHEC as a steward of the State's natural resources. Mr. Effinger further testified that DHEC fulfills its role in a collaborative way that values and respects the input of all stakeholders.

Ray Mansur, Resident of Windsor, South Carolina 47:35

Mr. Mansur and his wife retired to Windsor from California in 2006. Mr. Mansur testified that he is concerned about whether our water resources are sufficient to meet the new demand of the new farms. Mr. Mansur asks the Legislature to realize that the new farms are withdrawing large quantities of water, therefore, a group of Windsor homeowners believe that a Capacity Use is necessary.

Babs Warner, Vice President for Legal Services & Corporate Secretary at Santee Cooper 52:31

Santee Cooper is South Carolina's state-owned public power and utility company that works extensively with DHEC. Ms. Warner testified that DHEC's goal is good customer service as well as full participation. She said that DHEC has engaged in strategic planning and process improvement to better meet expectations. Ms. Warner stated that DHEC performed exceptionally well during Hurricane Matthew, which hit South Carolina in October 2016. Ms. Warner testified that DHEC was fully staffed and responsive to Santee Cooper at all times, in constant communication, and provided Santee Cooper with updates.

Peter DeLorme, Resident of Windsor, South Carolina 55:55

Mr. DeLorme is testifying on behalf of the citizens of Windsor, South Carolina. Mr. DeLorme testified about the significant decline in 2016 in the water levels in the Aiken State Park wells. He testified about one farm in the area which used the equivalent of twenty thousand persons worth of water in one year.

Grace Vance, Resident of Windsor, South Carolina 58:06

Ms. Vance is a resident of Windsor and testified that there is a major definition loophole of the term "agriculture" that adversely affects the current drinking water pollution regulations. She testified that under the current definition of "agriculture," industrial commercial crop farms, consisting of thousands of acres, can apply any herbicide, any pesticide, or any manure fertilizer without any permit or any prior notice to adjoining properties. Ms. Vance asks what will happen if there is storm water runoff from these fields into the water in Windsor?

Nilda Burke, Resident of Windsor, South Carolina 1:02:39

Ms. Burke testified that DHEC's mission is to protect the health and environment for all citizens of South Carolina. She testified that Windsor is being adversely affected by issues such as runoff, groundwater depletion, wells going dry during the summer season, and pollution from the fertilizers being blown by the wind. Ms. Burke asks the Legislature to give DHEC jurisdiction and funding to protect the residents of Windsor from groundwater and surface water withdrawals.

Nancy Tomlinson, Resident of Williston, South Carolina *1:04:34*

Ms. Tomlinson is a small farmer and lives on the border between Windsor and Williston. Ms. Tomlinson testified that she is concerned with the agri-business farms moving into the area. Ms. Tomlinson presented photographs of the wetlands, erosion, and chicken manure washed into the streams in Williston. She testified that the runoff could have been prevented and that the wetlands in the State need to be protected.

Lee Pearson, Associate Dean of the Arnold School of Public Health *1:08:38*

Mr. Pearson testified that DHEC provides a unique benefit to our State as well as to the School of Public Health. He said that there is a common synergy between the School of Public Health and DHEC. He testified about the importance of the area of workforce and how the School of Public Health is charged with generating future public health professionals. Mr. Pearson testified about how DHEC and the School of Public Health work together to provide real world experiences for the students. Mr. Pearson further testified that the School of Public Health works collaboratively with DHEC performing research on a range of topics and views this collaboration with the agency as a vital partnership to make each other stronger.

Joe Palmer, On behalf of South Carolina Firefighter's Association *1:13:27*

Mr. Palmer testified that the Firefighter's Association is enjoying its partnership with DHEC and said that the agency's ability to communicate and work with them is greater than what the Association has experienced in many years. Mr. Palmer testified that DHEC pioneered the development of an emergency medical responder community for the fire department. Mr. Palmer further testified about DHEC's allocation for a budget proviso for \$500,000 to meet the needs of the emergency response community for the treatment of post-traumatic stress disorder issues in EMT as well as in fire services. Mr. Palmer said that DHEC has served as a partner in the development and dissemination of treatment and material for the State in trying to treat and prevent tragic occurrences. Mr. Palmer

concluded that DHEC has shown itself as a partner and that the Firefighter's Association looks forward to continue working with the agency.

Megan Hicks, Executive Director of the South Carolina Tobacco-Free Collaborative 1:16:58

Ms. Hicks testified about DHEC as a partner in efforts to address the State's number one cause of preventable death and disease, tobacco use. Ms. Hicks said that thanks to DHEC's support, the Collaborative has seen declines in both adult and youth smoking rates and more residents are protected from the harms of second-hand smoke exposure. Ms. Hicks testified that continued investment in DHEC is vital to the residents of South Carolina's health. She strongly encourages the State to increase investment in DHEC and its prevention efforts so that the community may see greater strides towards a healthier State.

Joe Jones, American Council of Engineering Companies of South Carolina 1:18:40

Mr. Jones testified that the American Council of Engineering Companies of South Carolina realize the important role that DHEC plays in protecting the environment of the State through its oversight responsibilities. He said that an increased communication between the Council and DHEC would benefit the State.

John Durst, President of the South Carolina Restaurant and Lodging Association 1:21:33

Mr. Durst testified that the Association enjoys their partnership with DHEC and believes that it is the best public-private partnership that he has had the privilege of being a part of. He said that DHEC has worked alongside the Association consistently and testified to the professionalism of the agency, the agency's ability to communicate, and their ability to have a vision and follow through with their goals.

Gerald Rowe, Resident of Aiken, South Carolina 1:25:18

Mr. Rowe testified that he lives across from one of the mega farms in the area and said that a majority of these farms are run by people from other states who do not bring any benefit to South Carolina. Mr. Rowe testified that he is worried about the wells becoming more polluted from the pesticides and is also concerned about the mega farms pumping more water than is necessary.

Carolyn Barrett, Resident of Aiken, South Carolina 1:28:31

Ms. Barrett represented a group of seventy-two concerned East Aiken County residents. The group is called Save Windsor, SC. Ms. Barrett testified about air, dust, and noise pollution in Aiken. She said that Aiken is suffering from poor air quality from the dust and use of fertilizers. She testified that there is an extreme need for buffer regulation and enforceable regulations for agriculture. She testified that the environmental noise is beyond normal sounds and that the best way to reduce the noise is to reduce the sound close to the source and use barriers and enclosures. She asked for the Legislature to look into having some regulations to help the community of Aiken, who are suffering from air and noise pollution.

Bruce Berret, Resident of Aiken, South Carolina 1:31:10

Mr. Berret is a farmer in Aiken County. He testified about his concern of the use of herbicides and pesticides. He testified that he put in a dirt road to comply with DHEC's regulations and his engineering bill was \$16,978.00. He testified that he would appreciate it if the Legislature and the agency would listen to the residents of Aiken.

Charles Wingard, Resident of Lexington County, South Carolina 1:33:49

Mr. Wingard is a vegetable farmer in Lexington County. Mr. Wingard testified that he has worked alongside DHEC for many years and believes that DHEC does a good job in serving and protecting the citizens, businesses, and the environment of South Carolina. He testified that he has immense respect for the agency and said that he has an open dialogue with the agency and communicates with DHEC when there is an issue that the two disagree on and work together to reach a conclusion.

V. Representative Taylor moved that the Subcommittee include a statement that there was an opportunity for public testimony and that the testimony it received from the public be included in the report. A roll call vote was held, and the motion was passed.

Rep. Taylor's motion to include the testimony the Subcommittee received from the public:	Yea	Nay	Not Voting
Rep. William "Bill" Bowers	✓		
Rep. MaryGail Douglas	✓		
Rep. Bill Taylor	✓		
Chairwoman Henderson	✓		

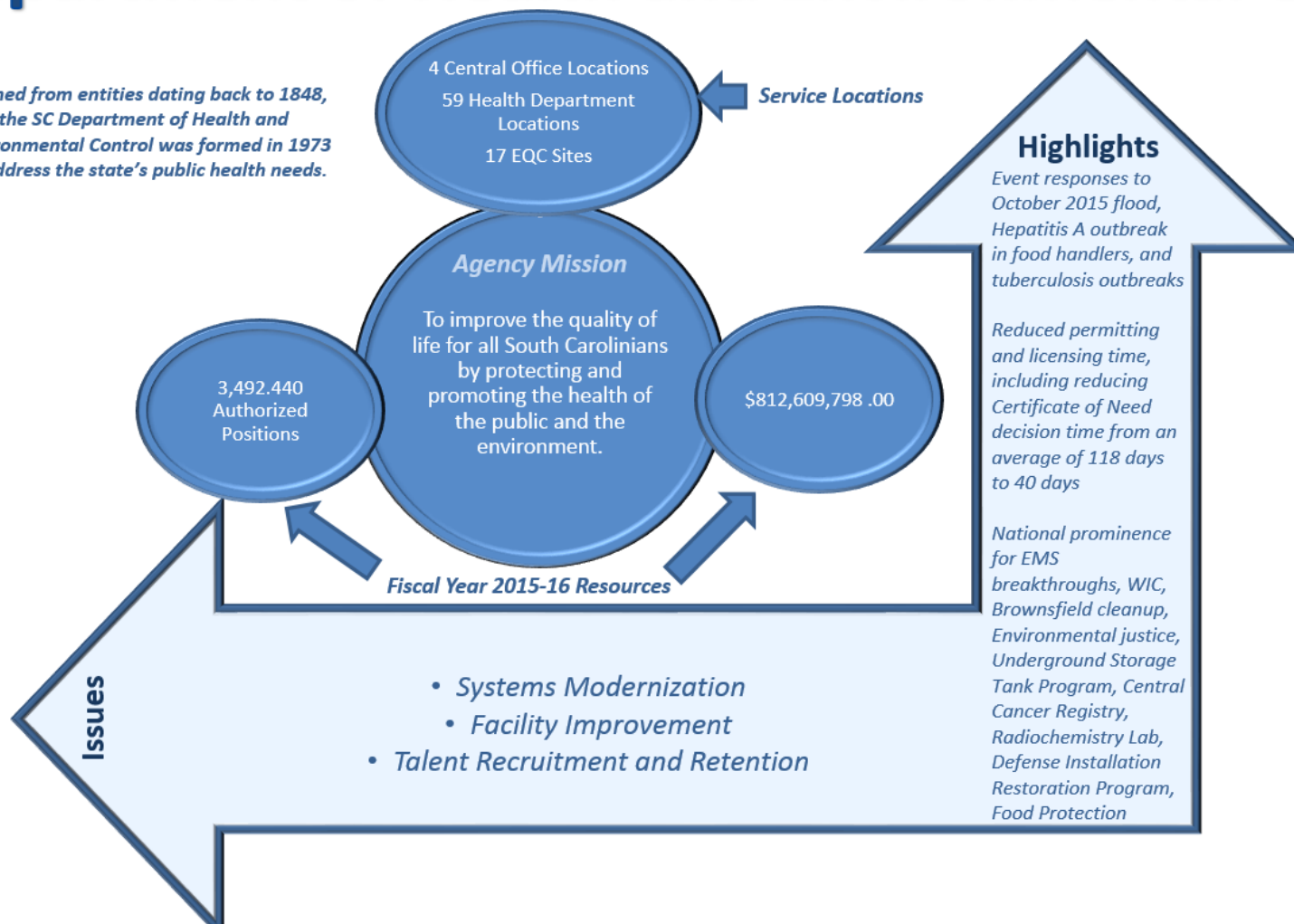
VI. There being no further business, the meeting was adjourned.

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S.C. Department of Health and Environmental Control

Formed from entities dating back to 1848, the SC Department of Health and Environmental Control was formed in 1973 to address the state's public health needs.



HISTORY

The South Carolina Medical Association was constituted as a corporate body by the General Assembly in December of 1848. It was formed from the Medical Society of South Carolina in order to give physicians a platform from which to engage in health advocacy, and had several dozen members at the time of its founding.

The State Board of Health was created by the General Assembly in 1878, after a series of yellow fever outbreaks killed 20,000 Americans. It was composed of the South Carolina Medical Association, the Attorney General, and the Comptroller General, and their successors in office. The State Board of Health was established to be the exclusive advisor to the state in matters of public health. The State Board of Health was tasked with preventing disease and supervising the state's quarantine system. A physician worked part-time to administer the agency's \$2,000 budget.

The General Assembly also established the Executive Committee of the State Board of Health in 1878. The Executive Committee was a nine-man committee composed of the Attorney General, Comptroller General, and seven men nominated by the South Carolina Medical Association, that was authorized to act in the intervals between meetings of the State Board of Health. The Executive Committee was authorized to divide the state into health districts, appoint local health boards in districts that did not already have one of their own, and regulate all health boards throughout the state; it was also given the authority to collect statistics throughout the state related to public health. The Executive Committee had broad regulatory powers; for example, it could regulate:

- The sanitation of steamboats, jails, passenger cars, schools, hotels. Restaurants, hot dog stands, nursing homes, meat markets, canneries, swimming pools, and fairs;
- The production or processing of milk and seafood; and
- The control of insects, industrial plants, water used in air humidifiers, persons quarantined due to disease, and sewage and garbage disposal.

Fish kills and polluted streams prompted the General Assembly established the Water Pollution Control Authority in 1950, and tasked it with abating, controlling, and preventing the pollution of South Carolina's waters. The Authority was originally a division of the State Board of Health, but became an independent agency in 1971. The Authority was a ten-member body composed of the following members:

1. One member who represented the Cotton Manufacturers' Association of South Carolina;
2. One member who represented the Pulp and Paper Industry;
3. One member who represented the South Carolina Wildlife Federation;
4. One member of the Municipal Association of South Carolina;
5. One member who was a farmer
6. Two members who represented who represented the Department of Labor;
7. Two members of the Executive Committee of the State Board of Health; and

8. The State Health Officer.

The Reorganization Commission issued a reorganization plan in April of 1973 in which it recommended that the state agencies related to public health be consolidated. The General Assembly responded positively to the Reorganization Commission's plans, and created the Department of Health and Environmental Control in 1973. The General Assembly consolidated the State Board of Health, the Executive Committee of the State Board of Health, and the Pollution Control Authority, in order to form the Department of Health and Environmental Control. The Department of Health and Environmental Control assumed all of the functions, powers, duties records, property, personnel, and unexpended appropriations of the consolidated agencies.

In 1978, the General Assembly added hazardous waste management to DHEC's responsibilities and in 1993, the General Assembly 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.

The Department of Health and Environmental Control originally fell under the supervision of the Board of Health and Environmental Control, which consisted of members appointed by the Governor upon the advice and consent of the Senate. The Board of Health and Environmental Control was directed to select a Commissioner for the Department of Health and Environmental Control, to have authority and perform duties as directed by the Board. The Commissioner was renamed the Director of the Department of Health and Environmental Control in 1993.

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

GOVERNING BODY

DHEC is governed by the South Carolina Board of Health and Environmental Control (Board). The Board consists of eight members appointed by the Governor, upon the advice and consent of the Senate. There must be one member from each congressional district, and a Chairman from the state at large.

Vacancies must be filled in the manner of the original appointment for the remainder of the unexpired term. 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. The State Superintendent of Education and the Executive Officer of the Department of Health and Environmental Control are ex officio members of the board.ⁱ

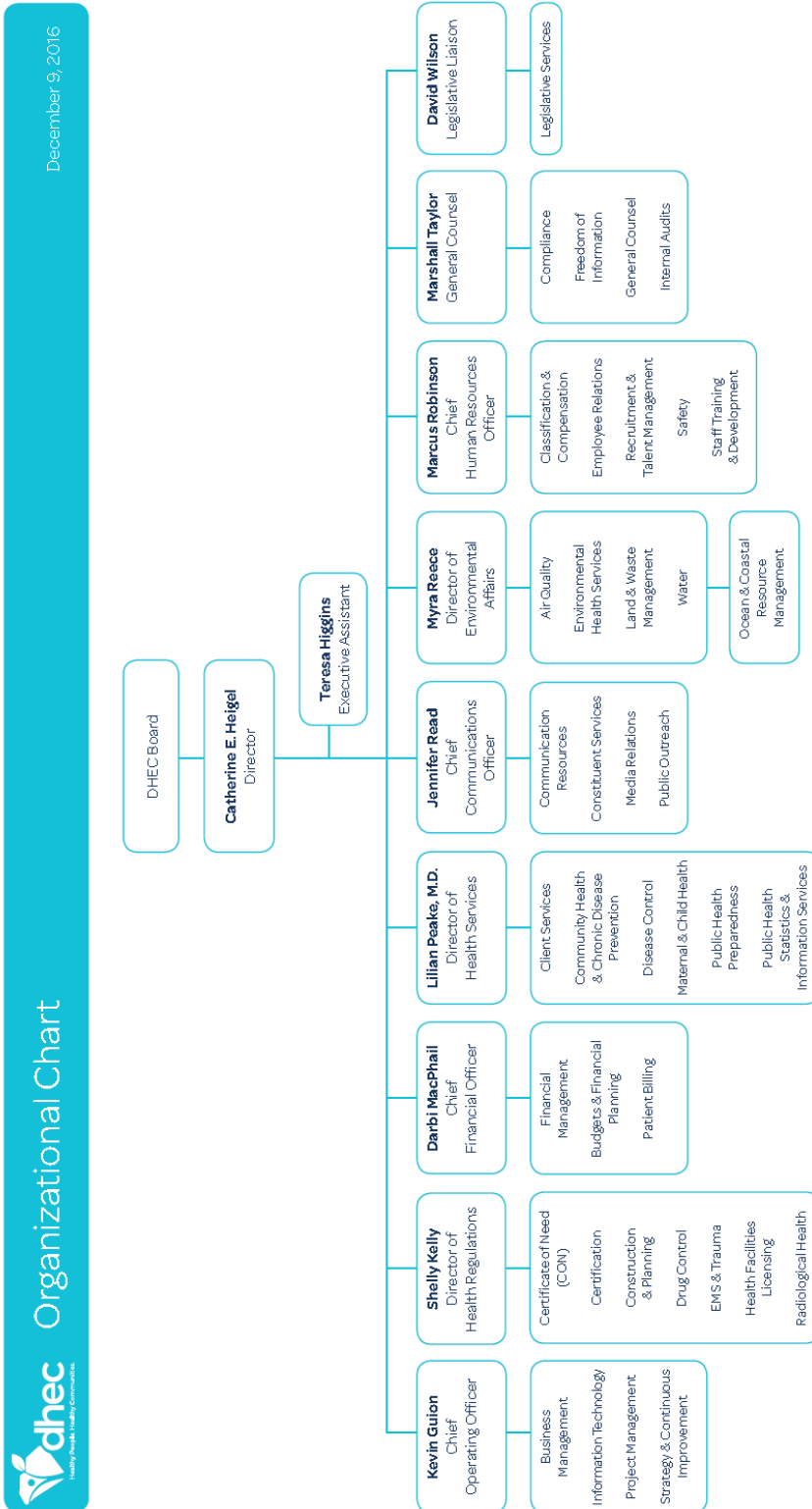
Table 3. Current Board Membersⁱⁱ

Position	Current Members	Appointed By	Appointed Date	Expiration Date
1st Congressional District	Vacant	Vacant	N/A	N/A
2nd Congressional District	Wells, Robert Kenyon	Governor Nikki R. Haley	6/3/2016	6/30/2017
3rd Congressional District	Joye, Charles M. II	Governor Nikki R. Haley	6/3/2016	6/30/2019
4th Congressional District	Batts, Lemia Clarence Jr.	Governor Nikki R. Haley	6/3/2016	6/30/2017
5th Congressional District	Kirol, Ann B.	Governor Nikki R. Haley	6/3/2016	6/30/2017
6th Congressional District	Gillespie, David W.	Governor Nikki R. Haley	6/3/2016	6/30/2019
7th Congressional District	Hewitt, William Lee III	Governor Nikki R. Haley	3/13/2014	7/31/2016
At-Large, Chairman	Amsler, Allen	Governor Nikki R. Haley	6/3/2016	6/30/2017

The Board's duties include, but are not limited to the following:

- Selecting a director, in consultation with the Governor, and with the advice and consent of the Senateⁱⁱⁱ
- Conducting administrative reviews to render final agency determinations in matters involving the issuance, denial, renewal, or revocation of permits, licenses, or other actions of the Department^{iv}
- Providing for the administrative organization of the Department
- Promulgating regulations^v
- Investigating causes of and prescribing preventative measures to suppress communicable or epidemic diseases^{vi}

AGENCY STRUCTURE AND MAJOR PROGRAMS



HEALTH SERVICES

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.

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.

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.

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.

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.

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.

HEALTH REGULATION

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.

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.

Health Facilities 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.

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.

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.

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.

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.

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.

ENVIRONMENTAL AFFAIRS

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.

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:

- 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.

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:

- 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.

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:

- 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.

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:

- 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.

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:

- 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.

STRATEGIC PLAN AND INTENDED PUBLIC BENEFIT

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.	1. Increase the proportion of women who receive oral health care 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.

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 1.2.4 — 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.
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.

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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.							
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.

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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.
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.

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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.
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.

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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.
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.

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 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.
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.							

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 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.
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.

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:
		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.

CUSTOMERS AND POTENTIAL IMPACTS

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 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.
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.
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	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.
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.
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.	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	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 - 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.	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 - 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.	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 - 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.	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	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 - 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.	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.
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.	Reviewing applications according to regulation and issuing permit, certification, registration and license decisions	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	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	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 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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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.
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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.

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	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 issuing permit, certification, registration and license decisions	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	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	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	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 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.
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	General Public	All sectors of the public.	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.
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.
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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.

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
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.
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	General Public	All sectors of the public.	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	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	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.
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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.
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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.

Customers and Potential Impacts (2015-16)

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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, remediated into corrective action, replaced 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	
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

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	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: 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
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.

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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 efficiency 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.
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 convene 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 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 convene 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.

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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	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	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)	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 - 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.
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.

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 - 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 A Healthier State; 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 A Healthier State.
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 A Healthier State; 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 A Healthier State.
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. This could result in higher rates of tobacco use among both youth and adults.	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.

Customers and Potential Impacts (2015-16)

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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.
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.	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 quit and the benefits of quitting for 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.

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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)	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 - 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.
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, stoke, 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, dis-jointed 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 (i.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.

Customers and Potential Impacts (2015-16)

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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.
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 WellSAT 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 WellSat 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.

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 - 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.
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	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.

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 - 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.
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 BCHCDP'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.

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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)	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 - 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; 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.
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.

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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.
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.

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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 to reduce 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

SUCSESSES

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 BCRLE, 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.

CHALLENGES

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.

EMERGING ISSUES

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.

ⁱ SC Code of Laws, sec 59-47-10.

ⁱⁱ SC Secretary of State, under "Search South Carolina State Boards and Commissions."
http://search.scsos.com/boards_commissions/default.aspx (accessed October 10, 2016).

ⁱⁱⁱ 44-1-40

^{iv} 44-1-50

^v 44-1-70

^{vi} 44-1-80



Legislative Oversight Committee

February 9, 2017



Vision:

Healthy people living in healthy communities.

Mission:

To improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.

DHEC by the Numbers

DHEC Team

- Currently **over 3,300 employees strong**
- Operating 99 locations in **46 counties** across the state

Legal Responsibilities

- DHEC legal responsibilities currently touch on **more than 360** state and federal statutes and regulations, and state provisos.

Day-to-Day Operations

Snapshot of what "business as usual" looks like for DHEC in an average year:

- **777,781** clinical client encounters
- **363** acute disease outbreak investigations
- **55,254** reports of acute diseases reviewed
- **593** patients followed for tuberculosis infection or disease
- **Over 30,000** active environmental permits
- **Over 90,000** environmental inspections
- **46,188** environmental health complaints investigated
- **8,020** Health Regulation inspections

Special Operations

Hurricane Matthew

- DHEC and the U.S. Army Corps of Engineers **assessed** the condition of **469 dams** in areas impacted by the storm.
 - **25 dams** were found to have **breached** (20 regulated, 5 un-regulated).
 - **21 Emergency Orders** were issued to owners of regulated dams.
 - **115 Directive Letters** were issued to owners of regulated dams.
- **27 Boil Water Advisories** were issued.
- **9 Special Medical Needs Shelters** opened for a total of **130** shelterees.
- **114 inpatient health care facilities**, including four hospitals, **evacuated** from the medical evacuation zones; over **1,700 patients** were transported.

DHEC in Transformation

People

Process

Technology

*** Modernizing what we do and how we do it to better serve South Carolina.**

Transformational Change

Last 18 months

- **Developed first agency strategic plan since 2005**
- **Privatized the agency's home health business**
 - Continuing care for the agency's clients
 - Preserving employment for more than 100 agency employees
 - Netting \$17.5 million in proceeds
- **Created a Project Management Office**
- **Established an agency operating budget**
- **Created an employee intranet website**

Transformational Change

Last 18 months (continued)

- **Initiated major investments in information systems and technology**
 - Data center move
 - Electronic health records
 - E-permitting
 - HRIS system
 - Network upgrades
- **Rebranded the agency with a new logo and tag line**
- **Implemented a high potential leadership development program**

Transformational Change

Last 18 months (continued)

- **Established a new dam safety program**
- **Created an Office of Rural Water to assist small water systems**
- **Adopted use of drones to enhance regulatory oversight**
- **Initiated the public health accreditation process**
- **Instituted key governance processes**
 - Policy Review Committee
 - Safety Committee

Transformational Change

Last 18 months (continued)

- **Cleared CON backlog**
 - Rendered decisions on 212 applications since Aug. 2015
- **Increased drug control inspections by 67%**
 - 2,851 inspections in FY16 vs. 1,704 inspections in FY15
- **Grew our prescription monitoring program by 84%**
 - 14,940 registered users in June 2016 vs. 8,139 users in June 2015
- **Reduced environmental permit processing times**
 - 100 days for most common permits in 2015 vs. 120 days in 2014
- **Reached a settlement agreement with DOE on SRS**

Transformational Change

On the Horizon

- Website redesign and new content management system
- Implementation of SC Adopt-a-Stream program
- Health improvement plan

Building a Culture of Continuous Improvement

Our Three Aspirations

- 1) To be recognized as a **leading public health and environmental protection agency** in the nation.
- 2) To be a **model of operational excellence** in state government.
- 3) To be the **preferred public sector employer in public health and environmental protection** in the Southeast.

Addressing Challenges

Emerging Issues

- **Facilities**

- Degrading, functionally obsolete, present safety concerns, and do not meet the needs of our staff and customers.
- Will need to pursue redevelopment of our current facilities or consider alternative facilities for central office, state laboratory and some of our regional offices.
- Continue to partner with Dept. of Administration to address.

- **Employee Retention and Succession Planning**

- More than 1/3 of workforce is nearing retirement.
- 42% of employees have been with the agency less than 5 years.

Requested Statutory Changes

Priorities

- **SC Prescription Monitoring Act**
 - Add Schedule V drugs like 35 other states have done.
 - Add civil fines of up to \$2,500 per occurrence of violations.
 - Add penalties for individuals who improperly access PMP.
 - Clarify the “good faith” provision.

Requested Statutory Changes

Priorities

- **Solid Waste Policy and Management Act**

- Worked collaboratively with more than 220 permittees, 61 county officials, 54 local governments, and 76 interested parties.
- Consensus recommend 4 changes to the Act:
 - Establish a Solid Waste Emergency Fund.
 - Require a facility that accepts construction and demolition debris to register with DHEC and obtain a solid waste processing permit.
 - Require facilities seeking a permit to provide proof to DHEC of compliance with local zoning and land-use ordinances with their permit application.
 - Clarify that “need” be demonstrated as required by existing regulation only.



Contact Us

info@dhec.sc.gov
(803) 898-DHEC (3432)



Stay Connected



Appendix E. February 23, 2017 Meeting Information

Appendix Includes:

- Meeting Packet
 - Agenda
 - February 9, 2017 Minutes
 - Information about DHEC
 - History
 - Governing Body
 - Agency Structure and Major Programs
 - Strategic Plan and Intended Public Benefit
 - Customers and Potential Impacts
 - Successes
 - Challenges
 - Emerging Issues
 - Public Input about DDSN
- DHEC Presentation
- Meeting Follow Up Letter from Oversight Committee to DHEC
- DHEC Response to Follow Up Letter

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Thursday, February 23, 2017

9:00 a.m.

Room 317 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes from the February 9, 2017 Subcommittee Meeting**
- II. Discussion of study of the Department of Health and Environmental Control, including but not limited to agency history and programs**
- III. Adjournment**

Healthcare and Regulatory Subcommittee

Thursday, February 9, 2017

Blatt Building Room 108

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Chair Phyllis J. Henderson on Thursday, February 9, 2017, in Room 108 of the Blatt Building. Representatives MaryGail Douglas and Bill Taylor were present; Representative William K. Bowers was not.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings.
- II. Representative Taylor moved to approve the minutes from the Subcommittee's meeting on January 24, 2017. A roll call vote was held, and the motion passed.

Representative Taylor's motion to approve the January 24, 2017 minutes	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers				✓
MaryGail Douglas	✓			
Bill Taylor	✓			
Phyllis Henderson	✓			

Discussion of the Department of Health and Environmental Control

- I. Chair Henderson spoke briefly about introductory matters and the Subcommittee's progress in its study of the Department of Health and Environmental Control.
- II. Director Heigel summarized the actions that the Department had taken in response to testimony given at the public hearing.
- III. Director Heigel introduced the members of the agency's leadership team present, including Lilian Peake, M.D. (Director of Health Services), Kevin Guion (Chief Operating Officer), Shelly Kelly (Director of Health Regulation), Shelly Kelly (Director of Health Regulation), Myra Reece (Director of Environmental Affairs), Marcus Robinson (Chief Human Resources Officer), and David Wilson (Senior Director of Legislative Affairs). Director Heigel then gave a presentation to the Subcommittee about the state of the agency. Some of the topics she addressed were:
 - a. The agency's need to move its Columbia headquarters into new facilities;
 - b. The improvements at the agency over the past few years;
 - c. The agency's handling of the Savannah River Site; and
 - d. The agency's development of new budgeting techniques.
- IV. The Subcommittee members asked questions of Director Heigel about topics such as:
 - a. The public's satisfaction with the agency's services;
 - b. The opinions of the agency's employees about its performance; and
 - c. The agency's requests for legal changes to some of its regulatory authority.

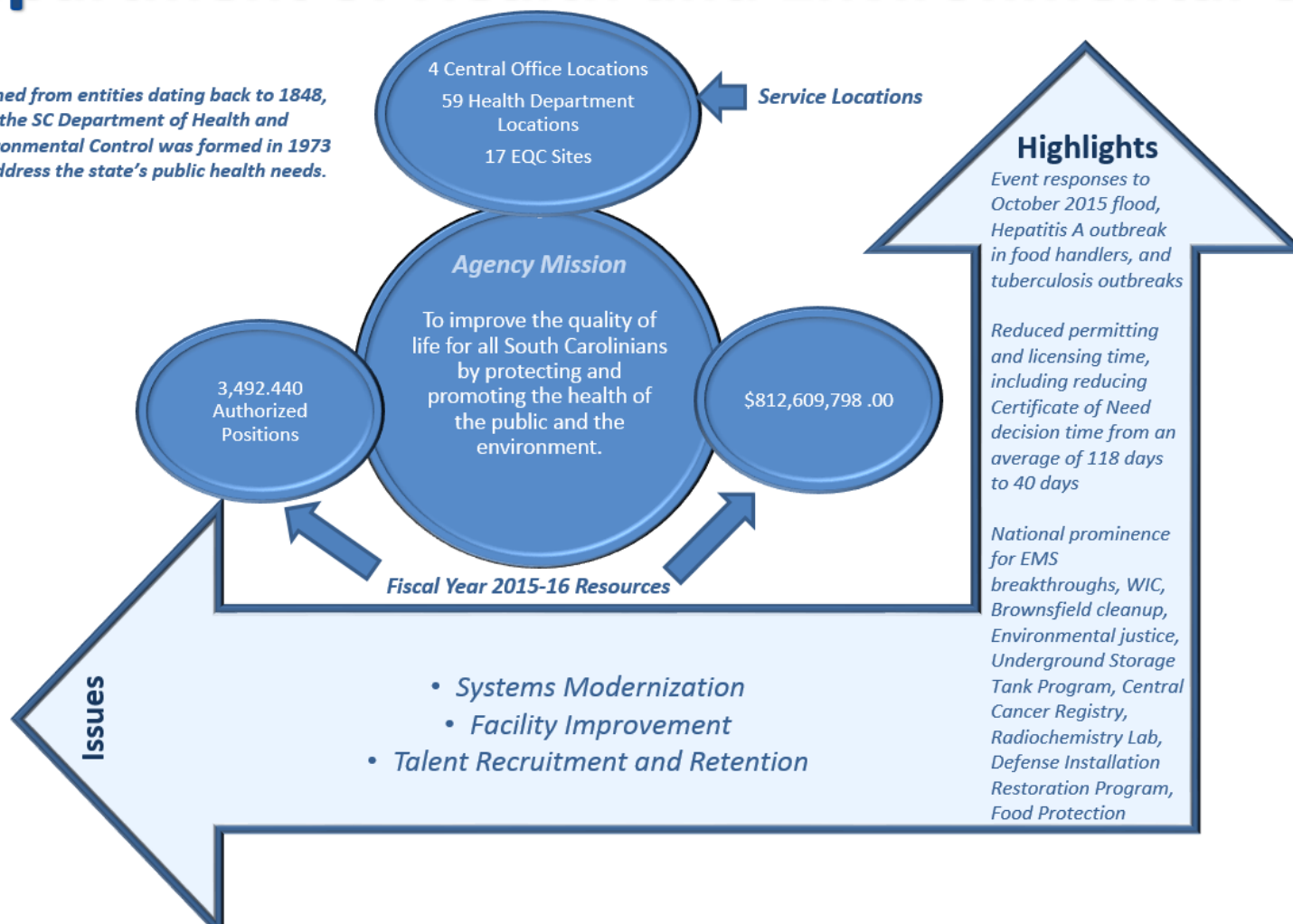
- V. Chair Henderson said that, in the interest of time, the Subcommittee would send further questions or topics of concern to Director Heigel in writing after the conclusion of the meeting so that Director Heigel could address them at a future meeting.
- VI. The meeting was adjourned.

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S.C. Department of Health and Environmental Control

Formed from entities dating back to 1848, the SC Department of Health and Environmental Control was formed in 1973 to address the state's public health needs.



HISTORY

The South Carolina Medical Association was constituted as a corporate body by the General Assembly in December of 1848. It was formed from the Medical Society of South Carolina in order to give physicians a platform from which to engage in health advocacy, and had several dozen members at the time of its founding.

The State Board of Health was created by the General Assembly in 1878, after a series of yellow fever outbreaks killed 20,000 Americans. It was composed of the South Carolina Medical Association, the Attorney General, and the Comptroller General, and their successors in office. The State Board of Health was established to be the exclusive advisor to the state in matters of public health. The State Board of Health was tasked with preventing disease and supervising the state's quarantine system. A physician worked part-time to administer the agency's \$2,000 budget.

The General Assembly also established the Executive Committee of the State Board of Health in 1878. The Executive Committee was a nine-man committee composed of the Attorney General, Comptroller General, and seven men nominated by the South Carolina Medical Association, that was authorized to act in the intervals between meetings of the State Board of Health. The Executive Committee was authorized to divide the state into health districts, appoint local health boards in districts that did not already have one of their own, and regulate all health boards throughout the state; it was also given the authority to collect statistics throughout the state related to public health. The Executive Committee had broad regulatory powers; for example, it could regulate:

- The sanitation of steamboats, jails, passenger cars, schools, hotels. Restaurants, hot dog stands, nursing homes, meat markets, canneries, swimming pools, and fairs;
- The production or processing of milk and seafood; and
- The control of insects, industrial plants, water used in air humidifiers, persons quarantined due to disease, and sewage and garbage disposal.

Fish kills and polluted streams prompted the General Assembly established the Water Pollution Control Authority in 1950, and tasked it with abating, controlling, and preventing the pollution of South Carolina's waters. The Authority was originally a division of the State Board of Health, but became an independent agency in 1971. The Authority was a ten-member body composed of the following members:

1. One member who represented the Cotton Manufacturers' Association of South Carolina;
2. One member who represented the Pulp and Paper Industry;
3. One member who represented the South Carolina Wildlife Federation;
4. One member of the Municipal Association of South Carolina;
5. One member who was a farmer
6. Two members who represented who represented the Department of Labor;
7. Two members of the Executive Committee of the State Board of Health; and

8. The State Health Officer.

The Reorganization Commission issued a reorganization plan in April of 1973 in which it recommended that the state agencies related to public health be consolidated. The General Assembly responded positively to the Reorganization Commission's plans, and created the Department of Health and Environmental Control in 1973. The General Assembly consolidated the State Board of Health, the Executive Committee of the State Board of Health, and the Pollution Control Authority, in order to form the Department of Health and Environmental Control. The Department of Health and Environmental Control assumed all of the functions, powers, duties records, property, personnel, and unexpended appropriations of the consolidated agencies.

In 1978, the General Assembly added hazardous waste management to DHEC's responsibilities and in 1993, the General Assembly 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.

The Department of Health and Environmental Control originally fell under the supervision of the Board of Health and Environmental Control, which consisted of members appointed by the Governor upon the advice and consent of the Senate. The Board of Health and Environmental Control was directed to select a Commissioner for the Department of Health and Environmental Control, to have authority and perform duties as directed by the Board. The Commissioner was renamed the Director of the Department of Health and Environmental Control in 1993.

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

GOVERNING BODY

DHEC is governed by the South Carolina Board of Health and Environmental Control (Board). The Board consists of eight members appointed by the Governor, upon the advice and consent of the Senate. There must be one member from each congressional district, and a Chairman from the state at large.

Vacancies must be filled in the manner of the original appointment for the remainder of the unexpired term. 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. The State Superintendent of Education and the Executive Officer of the Department of Health and Environmental Control are ex officio members of the board.ⁱ

Table 3. Current Board Membersⁱⁱ

Position	Current Members	Appointed By	Appointed Date	Expiration Date
1st Congressional District	Vacant	Vacant	N/A	N/A
2nd Congressional District	Wells, Robert Kenyon	Governor Nikki R. Haley	6/3/2016	6/30/2017
3rd Congressional District	Joye, Charles M. II	Governor Nikki R. Haley	6/3/2016	6/30/2019
4th Congressional District	Batts, Lemia Clarence Jr.	Governor Nikki R. Haley	6/3/2016	6/30/2017
5th Congressional District	Kirol, Ann B.	Governor Nikki R. Haley	6/3/2016	6/30/2017
6th Congressional District	Gillespie, David W.	Governor Nikki R. Haley	6/3/2016	6/30/2019
7th Congressional District	Hewitt, William Lee III	Governor Nikki R. Haley	3/13/2014	7/31/2016
At-Large, Chairman	Amsler, Allen	Governor Nikki R. Haley	6/3/2016	6/30/2017

The Board's duties include, but are not limited to the following:

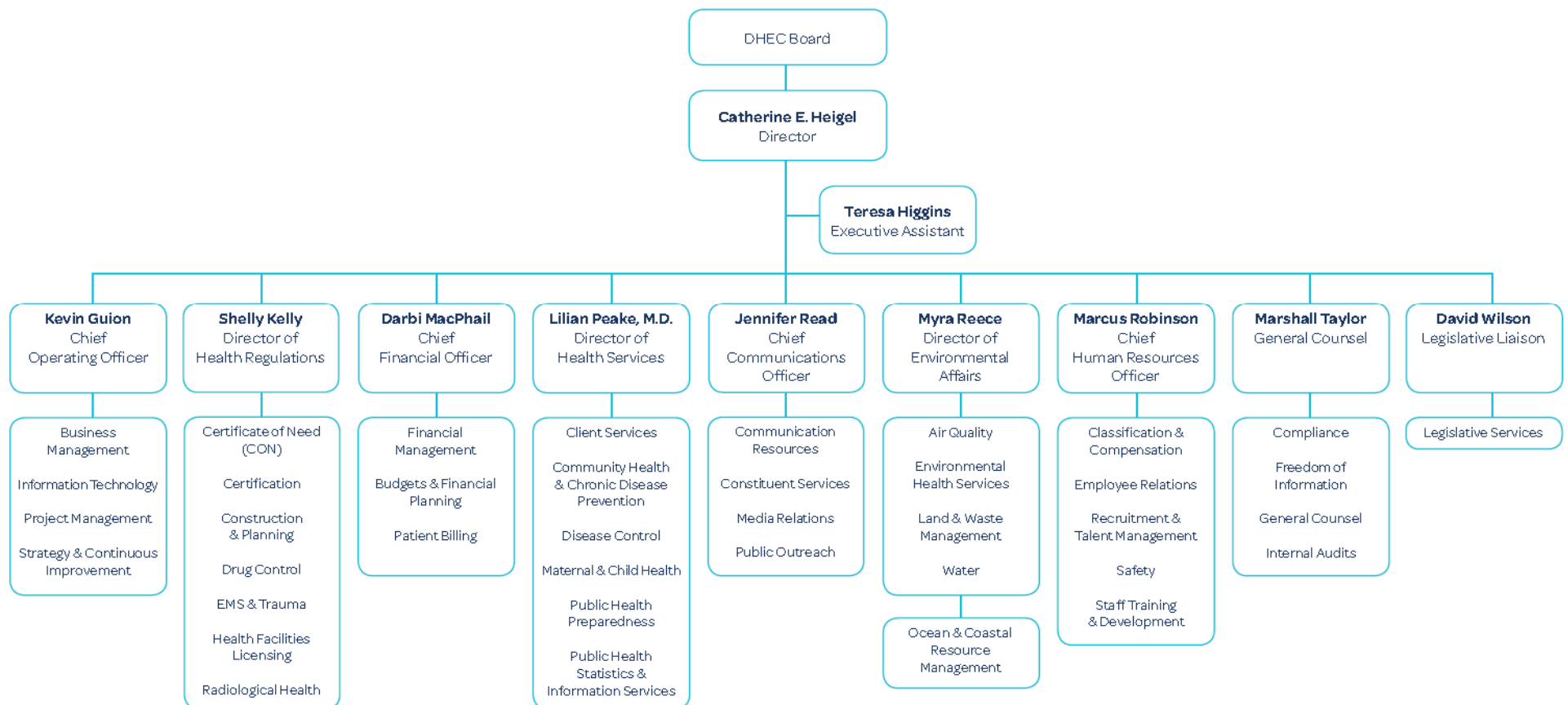
- Selecting a director, in consultation with the Governor, and with the advice and consent of the Senateⁱⁱⁱ
- Conducting administrative reviews to render final agency determinations in matters involving the issuance, denial, renewal, or revocation of permits, licenses, or other actions of the Department^{iv}
- Providing for the administrative organization of the Department
- Promulgating regulations^v
- Investigating causes of and prescribing preventative measures to suppress communicable or epidemic diseases^{vi}

AGENCY STRUCTURE AND MAJOR PROGRAMS



Organizational Chart

December 9, 2016



HEALTH SERVICES

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.

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.

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.

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.

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.

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.

HEALTH REGULATION

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.

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.

Health Facilities 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.

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.

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.

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.

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.

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.

ENVIRONMENTAL AFFAIRS

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.

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:

- 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.

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:

- 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.

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:

- 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.

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:

- 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.

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:

- 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.

STRATEGIC PLAN AND INTENDED PUBLIC BENEFIT

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.	1. Increase the proportion of women who receive oral health care 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.

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 1.2.4 — 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.
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.

Public Benefit and Staff Responsibility (2015-16)

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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.							
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.

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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.
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.

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 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.
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.

Public Benefit and Staff Responsibility (2015-16)

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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.
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.

Public Benefit and Staff Responsibility (2015-16)

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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.
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.							

Public Benefit and Staff Responsibility (2015-16)

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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.
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.

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		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.

CUSTOMERS AND POTENTIAL IMPACTS

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.
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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.
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Customers and Potential Impacts (2015-16)

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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	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 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 - 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.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Judicial Branch		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 - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	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 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.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	General Public	All sectors of the public.	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.
Water Quality Improvement - Environmental Health -	BEHS supports DHEC's air, land, and water programs through regional offices and a central laboratory.	Conducting compliance assistance and assessment, followed by enforcement if appropriate	Industry	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	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.	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	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	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.
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.
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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	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.

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.	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.
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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.	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.
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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.	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.
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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.
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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	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.
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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	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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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.

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
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.
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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.
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.

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.	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, remediated into corrective action, replaced 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	
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

Customers and Potential Impacts (2015-16)

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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: 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
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.

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 - 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 efficiency 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.
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 convene 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 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 convene 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)	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 - 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	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	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)	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 - 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.
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.

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 - 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 A Healthier State; 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 A Healthier State.
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 A Healthier State; 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 A Healthier State.
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.

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 - 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.
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.	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 quit and the benefits of quitting for 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.

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 - 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.
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, stoke, 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, dis-jointed 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 (i.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.

Customers and Potential Impacts (2015-16)

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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.
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 WellSAT 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 WellSat 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.

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 - 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.
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	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.

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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.
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 BCHCDP'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.

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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; 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.
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.

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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)	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 - 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.
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.

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
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 to reduce 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

SUCCESSES

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 BCRLE, 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.

CHALLENGES

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.

EMERGING ISSUES

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.

ⁱ SC Code of Laws, sec 59-47-10.

ⁱⁱ SC Secretary of State, under "Search South Carolina State Boards and Commissions."
http://search.scsos.com/boards_commissions/default.aspx (accessed October 10, 2016).

ⁱⁱⁱ 44-1-40

^{iv} 44-1-50

^v 44-1-70

^{vi} 44-1-80

From: DOUGLAS W MCPHERSON <dcmcperson@bellsouth.net>
Sent: Thursday, February 16, 2017 9:31 PM
To: House Committee on Legislative Oversight
Subject: Greenville News Article

DDSN hires state inspector general, who probed agency providers

Tim Smith, tcsmith@greenvillenews.com 5:57 p.m. ET Feb. 16, 2017



(Photo: TIM SMITH)

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COLUMBIA - The state's disabilities agency announced Thursday that it has hired the state's chief watchdog.

State Inspector General Patrick Maley will begin a new job at the state Department of Disabilities and Special Needs next week, the agency's director announced Thursday at the agency's regular monthly board meeting.

His hiring comes five months after Maley delivered a report about DDSN's biggest private provider, SC Mentor, recommending that the agency change the way it audits private providers after finding that DDSN had frozen admissions to Mentor three times but Mentor had continued problems, including more arrests of staff than its peers.

"He will be a major asset," DDSN Executive Director Beverly Buscemi told the DDSN Commission. Maley will become program manager for the agency, a new position, and will be paid an annual salary of \$106,000, Buscemi told *The Greenville News* afterward.

"Basically, I thought he would be a huge asset for the agency and basically asked how he could be beneficial to us, and he was interested, having done reviews of us previously and so it just fell into place," she said.

Buscemi said the position was created independent of Maley about three weeks ago. She said she had reached out to him previous to that to see if he would be interested in working for DDSN.

His hiring comes just as both chambers in the Legislature are beginning oversight committee examinations of DDSN and as another Senate panel continues to look at the idea of placing DDSN in the governor's cabinet or restructuring the DDSN system.

The agency oversees the care of tens of thousands of those with intellectual disabilities, autism, brain or spinal cord injuries through a network of intermediate care facilities, county disabilities agencies and private providers.

Maley, a veteran FBI agent who was hired as South Carolina's inspector general by former Gov. Nikki Haley, had worked in that job since 2012. He earned \$117,829 annually, according to the state's salary database.

He could not be reached for comment Thursday.

His hiring raised eyebrows immediately, in part because he had done reviews of the agency.

Former DDSN Commissioner Debra McPherson, a disabilities advocate, said she found his hiring "suspicious" because of the two reviews he conducted.

"It appeared he was not as strong as I expected him to be in those audits," she said.

DDSN Commissioner Vicki Thompson, who has been a vocal critic of the agency at times, approved of Maley's hiring, saying she believes he is "outcome oriented."

"I think he has the skills to help us achieve better outcomes," she said.

Thompson said she didn't look at his hiring as unusual given that she expected some personnel changes as the result of Gov. Henry McMaster starting his tenure last month when Haley left to become United Nations ambassador.

John Crangle, who until recently was the longtime state director of the government watchdog group Common Cause, said on the face of it, he doesn't see anything improper about Maley's hiring.

"They might feel like they have some problems and they need to clean up their act and that he is a well-qualified guy to come in and re-establish some credibility," he said.

Maley delivered two reports to DDSN as inspector general. The most recent, presented to the DDSN board in September, concerned problems with Mentor.

His presentation came two months after a report about Mentor in *The News*.

The News reported in July that documents, interviews and recordings obtained by the newspaper showed that Mentor had a troubling record of resident deaths, staff arrests, lawsuits and allegations of abuse and neglect. The provider had a contract with DDSN valued at almost \$20 million to provide care for those with intellectual disabilities in residential settings.

Maley told the board that of 170 incidents at Mentor involving abuse, neglect or exploitation allegations over a nearly three year period, 60 percent involved staff performance or facility issues and not crimes. Maley said he did not find systemic abuse at Mentor.

But of the 40 percent of incidents that were criminal in nature, five incidents resulted in six staff arrests, he said, which he found more troubling.

Maley said then while it would be easy to use some of the data to portray Mentor as a bad provider, that would not be accurate.

"The data clearly shows Mentor has satisfactory facilities with an appropriate business model to provide care for consumers," he said in the report. "However, its weaknesses seemed to be in the consumer training and development areas."

Maley told the commissioners that rather than continue to focus on minimal contract compliance, the agency should be examining outcomes and use random audits.

"My review is saying your audit techniques are not measuring quality of care," he said. "You're measuring compliance."

Quality assurance reviews of Mentor over the past eight years, Maley reported, showed an average score 16 percent less than its peers. He said providers should be judged more on outcomes involving the care of consumers than of paperwork indicators.

Maley also delivered a report in 2015 concerning the misapplication and accounting of housing assistance payments by DDSN providers. Maley's review of three years of data found that providers had overcharged disabled consumers about \$1.8 million in room and board charges. Maley found that many of the providers had used an averaging methodology to apply federal housing subsidies instead of calculating individual circumstances.

Buscemi said the program manager will help coordinate DDSN programs, analyze programs and conduct strategic planning for the agency.

She said while the two of them had conversations about his working for DDSN before the position was created, the agency followed state hiring rules in filling the job. She said Maley applied for the position and was interviewed.

"We were fortunate that he applied," she said.

Maley served 30 years in the FBI before retiring as the Special Agent in Charge of the Birmingham, Ala., field office, according to his official biography on the inspector general website.

During his career, he served multiple assignments in the FBI's Inspection Division, including as the chief inspector for operations and audits. Prior to the FBI, he worked for an international accounting firm and is a licensed Certified Public Accountant, Certified Internal Auditor, and Certified Fraud Examiner.

In his job as inspector general, Maley oversaw a staff of six investigators and was used by Haley to make recommendations when the state's tax agency was attacked by hackers. His office produced more than three dozen reports while he was there

From: DOUGLAS W MCPHERSON <dcmcperson@bellsouth.net>
Sent: Friday, February 17, 2017 10:08 PM
To: House Committee on Legislative Oversight
Subject: Greenville News Article

Critical incidents, abuse up in latest DDSN report but substantiated cases down

Tim Smith, tcsmith@greenvillenews.com Published 3:11 p.m. ET Feb. 17, 2017 | Updated 6 hours ago



(Photo: TIM SMITH)

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COLUMBIA - The numbers of critical incidents and allegations of abuse, neglect and exploitation continue to climb in the state's disabilities system, but the number of substantiated cases, those involving arrests, are down, according to the latest report by the state's disabilities agency.

The report was presented Thursday to the state Department of Disabilities and Special Needs Commission, which agreed to redefine critical incidents to remove some events that the staff and board members feel are more routine and expected.

Overall, critical incidents for the last half of 2016 totaled 1,070, a figure on pace to surpass the previous fiscal year total of 1,950.

Abuse, neglect and exploitation allegations also are on pace to surpass the previous year, with 342 reported, compared to 627 for the entire previous year.

But only one of the 342 allegations has been substantiated thus far, compared to seven for the previous year. DDSN points to the number of substantiated cases as a more accurate indicator of safety in DDSN facilities, though until recently it did not require providers to contact law enforcement to follow up on investigations and their outcomes.

The state Department of Disabilities and Special Needs, which cares for thousands of those with intellectual disabilities, autism, and injuries of the brain or spinal cord, provided the figures as part of its quarterly reporting of the DDSN system, which includes its regional facilities, private providers and county disabilities agencies.

The agency defines substantiated abuse and neglect as those allegations in which an arrest is made or the allegation is founded by the state Department of Social Services or the state Attorney General's Office. The agency is now requiring staff to follow up with law enforcement in the case of allegations that are investigated to see if an arrest was eventually made or whether DSS eventually substantiated the allegations.

The agency does not investigate such allegations itself but relies on law enforcement or DSS. But DDSN does require providers to conduct a review in such cases for policy and procedural issues and employees can be disciplined as a result of that review, which is independent of any criminal probe. The data show that there were 104 disciplinary actions taken during the last half of 2016, including 56 terminations for misconduct or policy violations. For the most recent fiscal year, there were 191 disciplinary actions and 106 firings, according to the data.

Of the 104 disciplinary actions, all but 13 were in residential facilities and day programs. The rest were in DDSN's regional centers.

The vast majority of the abuse, neglect and exploitation allegations concerned physical abuse, with a small number of psychological abuse or neglect allegations.

DDSN defines critical incidents as "an unusual, unfavorable occurrence that is not consistent with routine operations; has harmful or otherwise negative effects involving people with disabilities, employees, or property; and occurs during the direct provision of DDSN service."

They can include medical problems, hospitalizations, accidents, injuries, acts of aggression or law enforcement involvement.

Statewide, according to DDSN, about 15-20 percent of the agency's service population will have a critical incident of some type during the year.

DDSN officials have noted that many critical incidents don't involve wrongdoing on anyone's part and some reflect duplicate data because a single incident can be reported in multiple categories.

Officials asked the board Thursday to exclude the reporting of some events as critical incidents that are more operational, as well as medical incidents that are routine and predictable.

"Part of what we're trying to do is more accurately reflect really what your average person might think of as a critical incident as opposed to a lawn mower got stolen or somebody had cancer and because of the course of their medical condition had to go in the hospital," said DDSN Executive Director Beverly Buscemi.

According to the report for the last half of 2016, the most critical incidents reported in community settings were for major medical events, at 193, followed by hospitalizations for more than three days at 153, acts of aggression at 119, and falls at 93. Other types of incidents include law enforcement involvement at 63, injuries at 87, suicide threats at 34 and motor vehicle incidents at 33. There were 27 incidents of theft reported and 21 incidents of "elopement," or wandering or running away from a facility.

DDSN Commissioner Vicki Thompson of Seneca said the agency should be able to progress once "it captures important data."

She said she approves of removing the items the board took out of reporting requirements Thursday but also wants the agency to focus on problem areas and on providers who are doing a good job handling incidents so they can help train providers having more problems.

"There are always going to be critical incidents and there are always going to be things that go wrong," she said. "But we cannot say things are going to happen and not do anything about it. We have to be diligent about our continuing efforts to improve. We're not where we need to be. We're just now looking at how we can collect and gather data, which is an important beginning but we've been looking at this a couple of years now."

The agency also reported 51 deaths for the last half of 2016, compared to 89 for the past fiscal year ending in June. The causes of the deaths were not available in the quarterly report.

The State Law Enforcement Division's Vulnerable Adult Unit investigates all deaths of people in DDSN care.



Legislative Oversight Committee

February 23, 2017



History

Timeline

- **1878 – Lawmakers created the first State Board of Health** after a series of yellow fever outbreaks killed 20,000 Americans.
 - **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** to the State Board of Health **and the environmental arm was renamed the Pollution Control Authority.**
- **1970 – The Pollution Control Authority was split off from the State Board of Health** into a separate organization.
- **July 1, 1973 – The State Board of Health and the Pollution Control Authority were reunited to form DHEC.**

History

Timeline (continued)

- **July 1, 1973 – The State Board of Health and the Pollution Control Authority were reunited to form DHEC.**
 - **1978 – Legislators added hazardous waste management** to DHEC's responsibilities.
 - **1993 – Legislators transferred three state agencies to DHEC:**
 - **South Carolina Coastal Council,**
 - **Water Resources Commission,** and
 - Part of the **State Land Resources Conservation Commission.**

Overview of Major Program Areas

Environmental Affairs

- **FY16 Expenditures: \$120,167,552** (24% of total)
 - Federal: \$23,577,231
 - Other: \$27,631,734
 - Restricted: \$31,147,574
 - State: \$37,811,014
- **Approximate FTEs: 1,027**

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Air Quality (FY16 – \$9,523,102)**

- Develops and implements strategies to maintain the quality of South Carolina's air.

This includes activities such as:

- reviewing permit applications and issuing air quality construction and operating permits;
 - modeling, technical assistance, and daily ozone forecasts;
 - implementing federal and state air toxics programs;
 - conducting compliance assistance and assurance;
 - implementing the state's asbestos program; and
 - educating South Carolinians on air quality issues.

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Environmental Health Services (FY16 – \$37,036,700)**
 - Manages and implements DHEC's onsite wastewater, rabies prevention, food protection, dairy and manufactured food, laboratory certification, and oil, chemical, and nuclear emergency response programs. It also supports our air, land, and water programs through regional offices and a central laboratory. This includes:
 - inspecting permitted facilities;
 - conducting ambient monitoring of air and water;
 - providing compliance assistance;
 - issuing food and septic tank permits;
 - responding to foodborne outbreak investigations;

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Environmental Health Services (FY16 – \$37,036,700)**
 - Bureau activities (continued):
 - monitoring shellfish harvesting areas;
 - investigating animal bites;
 - responding to citizen complaints about actual or potential release of pollutants into the air, land or water;
 - providing validated data for environmental decision-making; and
 - providing response to chemical and oil spills, fish kills, and radiological emergencies.

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Land & Waste Management (FY16 – \$46,374,421)**
 - Coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. This includes:
 - providing technical assistance for the proper management of solid and hazardous waste;
 - issuing permits for solid waste and mining activities as well as underground storage tanks;
 - promoting waste reduction and recycling through technical assistance and education awareness programs; and
 - overseeing the investigation, remediation, and cleanup of contamination from Superfund, dry-cleaning, above-ground storage tanks, and brownfield sites.

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Water (FY16 – \$22,638,524)**
 - Helps ensure that South Carolina's waters are drinkable, swimmable, and fishable through regulatory and voluntary programs to control point and nonpoint sources of pollution. This includes:
 - permitting wastewater discharges from industrial and domestic sources;
 - implementing the state revolving fund program;
 - issuing stormwater permits for construction sites, municipal systems, and industrial sites;
 - developing state water quality standards and corrective action plans for polluted waters;

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Water (FY16 – \$22,638,524)**
 - Bureau activities (continued):
 - issuing water quality certifications for certain discharge activities;
 - implementing private well regulations;
 - issuing water quantity withdrawal permits and implementing groundwater protection programs; and
 - conducting water quality monitoring and modeling.

Overview of Major Program Areas

Environmental Affairs – 5 Bureaus

- **Ocean & Coastal Resource Management (FY16 – \$4,594,805)**
 - Preserves sensitive and fragile areas while promoting responsible development in the eight coastal counties of South Carolina.
 - Implements the SC Coastal Zone Management Program to protect tidally influenced critical area lands, waters, and beaches through direct permitting of beachfront activities and wetland alterations, and certification of all federal and state permits.
 - Provides coastal data and information to the public for enhanced decision-making; and offer technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.

Overview of Major Program Areas

Health Services

- **FY16 Expenditures: \$341,654,752** (68% of total)
 - Federal: \$175,854,685
 - Other: \$104,026,752
 - Restricted: \$6,612,215
 - State: \$55,161,101
- **Approximate FTEs: 1,818**

Overview of Major Program Areas

Health Services – 5 Bureaus, 1 State Laboratory, & 4 Regions

- **Community Health & Chronic Disease Prevention (FY16 – \$27,517,192)**
 - Houses community-oriented prevention services and works with the CDC, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.
 - CHCDP is comprised of five divisions: Health Equity, Promotion, and Wellness; Injury and Violence Prevention; Cancer Prevention and Control; Chronic Disease Epidemiology; and Tobacco Prevention and Control.

Overview of Major Program Areas

Health Services – 5 Bureaus, 1 State Laboratory, & 4 Regions

- **Disease Control (FY16 – \$80,050,379)**
 - Works to prevent and control communicable diseases and illnesses in SC.
 - Disease Control is comprised of three divisions: Acute Disease Epidemiology (DADE), STD/HIV, and Immunizations.
- **Maternal and Child Health (FY16 – \$166,630,026)**
 - 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.

Overview of Major Program Areas

Health Services – 5 Bureaus, 1 State Laboratory, & 4 Regions

- **Public Health Preparedness (FY16 – \$8,779,666)**
 - Works with DHEC staff and community partners to prepare for public health emergencies. Prepares all hazards plans, policies and procedures, and conducts training and exercises to support DHEC's preparedness. Also works with communities to prevent and respond to public health emergencies.
- **Public Health Statistics & Information Services (FY16 – \$9,837,277)**
 - 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.

Overview of Major Program Areas

Health Services – 5 Bureaus, 1 State Laboratory, & 4 Regions

- **Laboratory (FY16 – \$14,778,883)**
 - The Bureau of Laboratories (BOL) provides clinical laboratory diagnostic testing for the State of South Carolina.
 - BOL also performs analytical services for the assessment and surveillance of infectious/communicable diseases, foodborne outbreaks, and exposure testing associated with suspected biological and chemical terrorism.
 - The bureau is comprised of 10 specialty laboratories and six support sections.
 - The **annual workload for FY16** was approximately **217,132 specimens** and **1,033,220 laboratory reports**.

Overview of Major Program Areas

Health Services – 5 Bureaus, 1 State Laboratory, & 4 Regions

- **Client Services (FY16 – \$34,061,330)**
 - Responsible for assuring the implementation of public health services across SC.
 - DHEC **offers public health services at 75 locations**, which includes **58 local health departments** (remaining sites offer only WIC services).
 - Client Services is comprised of:
 - four public health regions (Lowcountry, Midlands, Pee Dee, Upstate);
 - the Primary Care Office; and
 - the Office of Public Health Nursing.

Overview of Major Program Areas

Health Regulations

- **FY16 Expenditures: \$18,806,235** (4% of total)
 - Federal: \$4,423,177
 - Other: \$5,422,659
 - Restricted: \$0
 - State: \$8,960,399
- **Approximate FTEs: 202**

Overview of Major Program Areas

Health Regulations – 6 Bureaus

- **Certificate of Need (CON) (FY16 – \$1,424,216)**
 - Authorizes the implementation or expansion of health care facilities and services in South Carolina. A certificate of need 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.
- **Construction, Fire & Life Safety (part of Bureau of HFLC's budget)**
 - 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.

Overview of Major Program Areas

Health Regulations – 6 Bureaus

- **Drug Control (FY16 – \$2,451,376)**
 - 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.
- **Emergency Medical Service (EMS) & Trauma (FY16 – \$4,177,846)**
 - 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.

Overview of Major Program Areas

Health Regulations – 6 Bureaus

- **Health Facilities Licensing & Certification (FY16 – \$8,760,874)**
 - Licensing and certification of health care facilities is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health care facilities. Rules and regulations are developed to ensure that South Carolinians receive safe, high-quality health care.
- **Radiological Health (FY16 – \$1,991,923)**
 - Energy emitted from a source is generally referred to as radiation. Radiation exists in the natural environment (e.g., heat and light from the sun), as well as being generated by man-made devices (e.g., X-rays). The program 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.

Overview of Major Program Areas

Administration

- **FY16 Expenditures: \$23,762,435** (4% of total)
- **Approximate FTEs: 239**
 - Includes: Director's Office, Business Management, Communications & Outreach, Financial Management, Human Resources, IT, Legal, Legislative Affairs, Operations, and Project Management

What We Don't Do

With a Broad Scope Comes Common Misconceptions...

- **Bed Bugs**
- **Indoor Air Quality**
- **Mosquito Control**

Continuous Improvement

Identifying Duplications or Redundancies in Service

- **Lead Inspections for Adoptive and Foster Homes**
 - Transferred to the Office of State Fire Marshall, which was already performing fire safety inspections as part of this process.
 - Streamlined inspection process and reduced the number of state agencies involved to improve customer service.
- **Hemophilia**
 - Exploring transfer of this function to SCDHHS, similar to how many other states approach.



Contact Us

Catherine E. Heigel, Director

info@dhec.sc.gov

(803) 898-DHEC (3432)



Stay Connected





March 3, 2017

Ms. Catherine Heigel, Director
Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

RE: Legislative Oversight Study of the Department of Health and Environmental Control

Dear Director Heigel:

On behalf of the Healthcare and Regulatory Subcommittee, we thank you and your staff for sharing your time and knowledge with the Subcommittee during our February 23, 2017, meeting.

At the end of this meeting, Subcommittee Members went over several topics of interest for potential discussion at our next meeting. In an effort to assist the agency with preparation for our meeting on Thursday, March 23, listed below and on the next page please find an overview of these topics of interest.

Strategic Planning

Topics of interest:

- leadership development for employees with high potential;
- efforts to address employees with low performance on the job;
- employee morale; and
- other states' exemplary strategic models.

Environmental Issues

Topics of interest:

- agency's relationship and authority to regulate activities at the federal Savannah River Plant;
- discharges into the Saluda River by Carolina Water;
- coastal resource management;
- rural water office; and
- septic tank permitting.

Public Health Issues

Topics of interest:

- agency's response to public health threats and communication to the public about these threats;
- agency's efforts to address obesity and diabetes;
- agency's relationship with the Department of Health and Human Services with regards to maternal and child health issues;
- prescription drug monitoring;
- agency's relationship with the State Fire Marshal; and
- agency's efforts to update lab equipment.

I hope the information above is helpful to the agency in preparation for the next meeting.

Sincerely,

Signature Redacted

Phyllis Henderson
Subcommittee Chair

cc: The Honorable William K. Bowers
The Honorable Bill Taylor
The Honorable MaryGail Douglas



Healthy People. Healthy Communities

Catherine E. Heigel, Director

Dear Chairman Henderson,

In response to your letter, dated March 3, 2017, that identified areas of interest of the members of the Healthcare and Regulatory Subcommittee, please find enclosed summary information for your review in advance of our next meeting.

The following subject matter areas are addressed:

Strategic Planning

- Leadership Development
- Efforts to Address Employee Performance
- Employee Engagement and Morale

Environmental Issues

- Regulation and Oversight of the Savannah River Site
- Carolina Water Services – Friarsgate and I-20 facilities
- Coastal Resource Management
- Office of Rural Water
- Onsite Waste Water (Septic Tank) Program

Health Issues

- Disease Control Response Efforts and Public Awareness
- Obesity Prevention Efforts
- Diabetes Prevention Efforts
- Maternal and Child Health Efforts and Collaborations with DHHS (Medicaid)
- Prescription Drug Monitoring Program
- Bureau of EMS Relationship with State Fire Marshal
- Public Health Laboratory and Equipment

Miscellaneous

- Environmental Affairs Laboratory and Equipment
- Certificate of Need (CON) Program
- Budget (Other/Restricted/Federal Revenues)
- Hotel and Motel Inspections
- Food Safety – Retail Food Establishment Inspections and Mobile Food Units

I hope that you find this information useful in your preparation. As always, if you have any questions or concerns, please let me know. I look forward to continuing our conversation about the work of our Department.

Sincerely,
Signature Redacted
Catherine E. Heigel

Catherine E. Heigel

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Leadership Development

Overview:

In July 2016, DHEC convened a 12-month leadership training program for a cohort of high-potential agency employees. The Leadership Excellence Achievement Program (LEAP) is designed to identify and develop future leaders to improve retention and foster a culture of operational excellence.

LEAP emphasizes the agency's core values and focuses on creativity and innovation, change management, and financial management. Participants receive a challenging and rewarding experience supported by three developmental tactics: on-the-job experiences and assignments; coaching and mentoring; and formal classroom training. LEAP is also a part of DHEC's succession planning efforts. The agency believes that investing in high-potential employees and giving them the opportunity to enhance their management and leadership competencies will ensure a future workforce that is capable of leading the agency.

By the Numbers:

Each LEAP cohort consists of approximately 25 employees across different functional areas and geographic regions within the agency.

LEAP participants will meet the following requirements:

- Demonstrated potential for assuming positions of greater responsibility and authority
- Possess effective communication skills
- Work well with others
- Go above and beyond normal work duties and hours to complete projects
- Minimum of one year experience at DHEC and successfully completed the probationary period

Partners:

DHEC has partnered with the Association of State and Territorial Health Officials (ASTHO) and the De Beaumont Foundation to fund the LEAP program. Along with five other states, the agency is participating in a learning collaborative designed to foster partnership and improve workforce development practices in state and local health agencies.

Status Update and Next Steps:

The Class of 2017 cohort will graduate in August 2017, and the next cohort (Class of 2018) will convene in September 2017.

LEAP 2016-2017 Program Schedule

Months	Topic	Speaker	Notes & Locations
6/16/2016	Welcome Reception and Orientation	Dir. Heigel, Marcus Robinson, Dr. Linda Salane, Training Team	Archives and History
7/13/2016	360 Edge, Herman Brain Dominance, Leadership	Nathan Strong, Dr. Linda Salane	Phillips Market Center
8/16/2016 & 8/17/2016	Interpersonal/(MBTI)	Katrina Spigner, Donna Rowe, Mark Morris	Saluda Shoals (1.5 days)
9/21/2016	Group Dynamics/ Quality Improvement	Nathan Strong, Jeremy VanderKnyff	Project Introduction; Harbison State Forest Log Cabin
10/19/2016	Change Management	Charles Weathers	Saluda Shoals
11/16/2016	Creativity	Linda Salane	Phillips Market Center
December 2016	Project Planning and Meeting with Liaisons		Project Month
1/18/2017	Public Speaking/Verbal Communication	Sharon Givens	Saluda Shoals- River Center
2/15/2017	Collaboration	Karen Sprayberry, Cynthia Peurifoy, Myra Reece, Donna Rowe	Saluda Shoals- River Center
3/15/2017	Mid-Point Project Presentation (.5) ASHTO/Budget(.5)	Darbi McPhail, ASTHO Site Visit, Jeremy Vanderknyff	Saluda Shoals- River Center
4/12/2017	Conflict Management	Diane Frea	Saluda Shoals- River
5/17/2017	Ethical Decision (.5) Preparation of Projects and Preliminary Reviews (.5)	Robin Rosenthal	Saluda Shoals- River Center
6/12/2017	Final Project Presentation & Final (.5) 11am-2pm	Jeremy Vanderknyff, Executive Leadership Team, Dir. Heigel	Saluda Shoals- River Center
7/12/2017	Resiliency	Ronald Harvey	Saluda Shoals- River Center
8/2/2017	Graduation	Dir. Heigel	Archives and History

Efforts to Address Employee Performance

Overview:

The agency seeks to empower employees to achieve agency goals and objectives through regular meetings, feedback and performance evaluations. Over the past year, the agency has made significant changes to its employee evaluation system to ensure that employees are regularly assessed, provided feedback, rated on their performance, and provided corrective supports, if needed.

Improving Performance Management:

1. In 2015, it was discovered that only approximately **37.5 percent of agency employees** received an Employee Performance Development Plan (EPDP) over the prior three years.
2. The EPDP completion rate has been so low, it's been impossible to identify the bottom 20 percent of performers.
3. The EPDP process has been revised and renamed **the Employee Performance Management System (EPMS)** and the complicated numerical system has been reduced to a 3-tiered rating system:
 - **Exceeds expectations** – consistently above the Performance Expectations and success criteria for the job throughout the rating period.
 - **Meets expectations** – meets the Performance Expectations and success criteria for the job.
 - **Does not meet expectations** – fails to meet the Performance Expectations and success criteria of the job.
4. EPMS features three stages of evaluations that are focused on how the employee is performing relative to the agency's core values and individual performance goals:
 - Planning Stage
 - Mid-year Review
 - Final Evaluation
5. **The EPMS process has been presented to employees as a foundation for a successful work environment** and also as a tool of professional growth and development.
6. **Human Resources Information Software (HRIS) is being implemented** to support performance management and will eventually include onboarding, recruiting, and succession planning. The electronic process, which is scheduled to be up and running in April 2017, will allow for a user-friendly, efficient process in which to conduct employees' evaluations.
7. With the new HRIS and EPMS tools, agency leadership will be able to query and sort employees not meeting expectations overall (or by any single rating measure) and develop performance improvement plans accordingly, by July 1, 2018.

Employee Engagement and Morale

Overview:

As part of change management efforts, DHEC places high importance on gauging and addressing employee morale. In June 2016, an Employee Engagement Survey was conducted as a way to measure how employees feel about their daily work and DHEC as an employer. The Office of Human Resources used the findings to establish goals for improving engagement and morale.

By the Numbers:

Approximately **60 percent of the agency's workforce** participated in the survey.

Five areas of engagement were assessed:

1. Organizational engagement and strategic alignment
2. Relationship management
3. Career development
4. Work environment
5. Internal communication

Top suggestions by employees to boost morale and make DHEC a better place to work included:

- Offer market competitive salaries and address internal salary disparities
- Establish a formal career development program that provides opportunities for professional growth and training
- Strengthen working relationships between coworkers and managers
- Recognize and value employees for high performance
- Improve the condition of DHEC facilities and ensure employees have access to adequate resources to perform job duties

Status Update and Next Steps:

DHEC has implemented the following improvements to address employee morale across the areas assessed in the survey:

Agency Initiatives in Progress	Areas of Engagement Addressed
The Leadership Excellence Achievement Program (LEAP) was launched in 2016 to identify and enhance high-potential future leaders across the agency. The first cohort will graduate in August 2017.	<ul style="list-style-type: none">• Relationship Management• Career Development• Organizational Engagement
IT Service Desk Self-Service Account Unlock – New feature that provides better, faster service. Unlock your own account simply and quickly without having to contact the Service Desk.	<ul style="list-style-type: none">• Work Environment & Culture
Salary – For current employees the agency is working to identify opportunities for advancement and competitive salary increases. DHEC has also worked with the Department of	<ul style="list-style-type: none">• Work Environment & Culture• Career Development

Agency Initiatives in Progress

Administration to obtain increased hiring salary ranges for some key healthcare positions like pharmacists, nurse practitioners, and epidemiologists.

Director's Town Hall Meetings – Director Heigel and various members of the Executive Leadership Team conduct regular town hall meetings in each region and across functional areas to meet employees, become more familiar with the work they do, and hear employees' concerns and suggestions.

Director's Award – The Director's Award was established in 2016 and is the agency's highest recognition presented to employees or teams who exemplify DHEC's core values. The Director's Award is given annually.

DHEC Career Fair – The event was held on March 7 at the Columbia Metropolitan Convention Center to help fill over 90 vacancies, including environmental health managers, nurses, nutritionists, IT, and administrative positions. Current employees were also invited to attend and express interest in other open positions across the agency. It is estimated that more than 1,000 people attended.

Talent Management System – The system will be implemented over the next year and includes an: 1) Employee Performance Management module to provide goal management, ongoing feedback and coaching, and performance assessments; and 2) Succession planning module that will identify, develop, and help retain top talent for the agency.

Worksite Wellness Program – The program is devoted to the health and wellness of employees. Examples of Wellness initiatives include:

- Employee fitness challenges (Bike Challenge, Billion Step Challenge, etc.)
- Annual Biometric Wellness Screenings offered to employees
- "Gold Star" recognition from SC Hospital Association for achieving the highest standard of tobacco-free excellence at work and service sites
- Breastfeeding friendly worksites with identified lactation rooms at most locations
- Additional notable initiatives: walking meetings, recreational sports leagues, employee discount for gym memberships, and Wednesday Walkers groups

Areas of Engagement Addressed

- *Relationship Management*
- *Internal Communications*
- *Work Environment & Culture*
- *Relationship Management*
- *Career Development*
- *Organizational Engagement*
- *Organizational Engagement*
- *Career Development*
- *Relationship Management*
- *Work Environment & Culture*
- *Relationship Management*

Regulation and Oversight of the Savannah River Site

DHEC's Role:

The Savannah River Site (SRS) is a U.S. Department of Energy (DOE) facility in Aiken, Allendale, and Barnwell counties. SRS focuses on cleanup, like many DOE sites around the nation, and is unique in that it is part of DOE's ongoing mission. DHEC regulates SRS through the issuance and enforcement of state air, water, and waste permits that govern environmental management to current standards. DHEC regularly inspects SRS for compliance with permits and regulations. In addition, DHEC oversees cleanup of contaminated areas at SRS and independent environmental monitoring on and around SRS.

By the Numbers:

SRS receives one of the largest site budgets in the DOE complex, usually only exceeded by Hanford in the State of Washington. Under DHEC's oversight of the SRS cleanup:

- **Eight high-level waste tanks** have been closed,
- **94 percent of legacy transuranic waste** has been disposed, and
- **80 percent of contaminated sites** at SRS have a cleanup decision in place.

The 2017 DOE federal budget request for SRS is **\$1.4 billion**.

Partners:

DHEC oversees cleanup of soil and groundwater at SRS in partnership with the U.S. Environmental Protection Agency (EPA). Many SRS permits have been issued by DHEC under EPA authorization. The U.S. Nuclear Regulatory Commission (NRC) monitors some high-level waste activities in coordination with DHEC. DHEC has partnered with the SC Nuclear Advisory Council on SRS high-level waste goals and objectives. In addition, DHEC serves as an ex-officio representative on the SRS Citizens Advisory Board, a forum for community feedback related to SRS. The agency also participates in national forums, such as the National Governors Association Federal Facilities Task Force, and serves on the DOE Environmental Management Advisory Board.

Background:

As a result of the Cold War and pre-regulated activity, SRS accumulated significant environmental liabilities, including 35 million gallons of highly radioactive and toxic liquid waste in aging underground storage tanks, 12,000 cubic meters of legacy transuranic waste, and over 500 areas of contamination. DHEC focuses on cleanup of the legacy waste and contaminated areas.

SRS is not only a cleanup site; it has an ongoing DOE mission. SRS is home to H Canyon, a one of a kind nuclear material processing facility. SRS also currently maintains tritium supplies and hosts the Savannah River National Laboratory.

SRS has accumulated a large amount of plutonium and spent fuel from around the nation and world in support of national nonproliferation goals. These types of materials are not generally regulated by DHEC. SRS has been constructing the Mixed Oxide Fuel Fabrication (MOX) Facility to process the

plutonium into fuel for use in commercial reactors. The plutonium disposition is addressed in federal law.

Hazardous Waste Cleanup

DHEC also oversees cleanup of contaminated areas at SRS, including soil, groundwater, and surface waters. This cleanup is largely conducted by the authority of a Hazardous Waste Permit and pursuant to a Federal Facility Agreement (FFA). The FFA is a tri-party agreement between SRS, DHEC, and EPA, and establishes a team approach to remediation. The team approach fosters collaborative and efficient real time decision-making to ensure that the requirements of all the parties are integrated into comprehensive cleanup decisions. This team approach has resulted in protective cleanup decisions at **80 percent of the over 500 contaminated areas at SRS**, and incorporated innovation; for example, making cleanup decisions on multiple contaminated areas at once to gain efficiencies of scale, and has finished several large projects (T and M Areas) ahead of schedule at significant cost savings.

Additionally, the in-situ stabilization of the P and R Reactor Buildings and Disassembly Basins was completed in 2011 and 2010, respectively, **making them the first successful closure of plutonium production reactor buildings for national defense within the DOE complex nationwide**. Cleanup of the site will continue into the 2060's under a schedule set through the FFA.

Tank Closure and Risk Reduction

DHEC also focuses on legacy waste disposition. DHEC has utilized flexibility in regulations to facilitate disposition of over 94 percent of legacy transuranic waste. Much of this waste has been disposed in the Waste Isolation Pilot Plant (WIPP) in New Mexico, leaving approximately 600 cubic meters remaining at SRS for ultimate shipment and disposal.

One of the biggest remaining legacy waste challenges at SRS is the 35 million gallons of highly radioactive and toxic liquid waste in aging tanks. Although DHEC has collaboratively contributed to great past success in waste treatment and tank closure, **this waste remains the single largest environmental threat in SC.** It is critical that the waste be treated and the tanks closed in a timely manner for risk reduction.

DHEC has several regulatory mechanisms that require treatment and closure on a schedule in accordance with DHEC-approved plans. DHEC has worked with DOE to develop plans that reduce risk and minimize radioactive residuals in SC. DHEC has permitted several large and pilot-scale treatment facilities for this liquid waste, some of which are the only operational facilities of their kind in the nation. Since 1996, a treatment facility has operated to treat the sludge portion of this waste to a glass form. The treated glass waste form is intended to be disposed of in a federal repository once one is approved. A large Salt Waste Processing Facility (SWPF) has recently been constructed under a permit with startup scheduled for December 2018. The existing treatment facilities have enabled closure of eight liquid waste tanks at SRS, under DHEC-approved closure plans with input from the public, EPA and the NRC. A Dispute Resolution Agreement, signed in 2016, commits DOE to additional and accelerated treatment capacities.

Waste storage continues in 43 tanks; 16 of these tanks, without adequate secondary containment, are under a DHEC closure schedule. The startup of treatment in the SWPF is designed to reduce tank

volumes more quickly; however, DOE still projects waste treatment and tank closure into the 2030s. Sufficient federal funding is imperative to reduce this legacy risk and meet regulatory schedules.

Continued Surveillance and Oversight

Due to the unique nature of activities at SRS, DHEC's emergency preparedness personnel maintain the capability to assess radiological incidents and communicate regularly with SRS to be aware of current issues. DHEC also conducts independent environmental surveillance and oversight that performs radiological and non-radiological monitoring on and around SRS for air, soil, water, fish, game, vegetation, milk, sediments, and drinking water. To date, DHEC monitoring results have been consistent with SRS generated data.

DHEC remains committed to SRS oversight and preparedness, with a focus on reduction of risk to human health and the environment.

Saluda River – Carolina Water System – Friarsgate Facility

DHEC's Role:

Pursuant to the Pollution Control Act and the federal Clean Water Act, DHEC regulates discharges of treated wastewater to rivers.

By the Numbers:

Carolina Water Service (CWS), Inc., owns and is responsible for the proper operation and maintenance of the wastewater treatment facility located off of Irmo Drive, serving residents of the Friarsgate Subdivision, in Lexington County. The CWS/Friarsgate wastewater treatment facility serves about 3,800 customers (primarily residential). The facility has a discharge permit allowing 1,200,000 gallons per day to the Saluda River at Saluda Shoals Park.

Partners:

DHEC's permitting is required to concur with the regional wastewater plan developed by the Central Midlands Council of Governments and approved by the federal EPA. This "master plan" for wastewater discharges identifies this CWS facility as needing to connect to a regional sewer system – and thereby eliminate the discharges to the Saluda River (along with other facilities).

Background:

The Friarsgate discharge became a public health issue in the summer of 2016 when it had operational problems that led to improperly treated wastewater being discharged for a period of time. DHEC staff issued a swim advisory, conducted numerous inspections, and oversaw interim corrective measures to return the facility to proper operating status. **DHEC subsequently issued a consent order with a civil penalty of \$78,940 and directed the facility to make further improvements.** This facility, unlike the I-20 facility, does not have a regional sewer system proximate that has the capacity to take the flow and thereby eliminate the discharge to the Saluda River.

Status Update and Next Steps:

The CWS/Friarsgate situation has been resolved, although DHEC continues to monitor needed long-term improvements as specified in the consent order. **The order requires, amongst a host of other remediation actions, a Corrective Action Plan to be submitted in March 2017,** which will contain a plan for further required short and long-term improvements.

Saluda River – Carolina Water Systems – I-20 Facility

DHEC's Role:

Pursuant to the Pollution Control Act and the federal Clean Water Act, DHEC regulates discharges of treated wastewater to rivers.

By the Numbers:

Carolina Water Service (CWS), Inc., owns and is responsible for the proper operation and maintenance of the wastewater treatment facility (WWTF) located in the Laurel Meadows area of Lexington County. This WWTF serves about 2,200 customers (primarily residential) and has a discharge permit to the Saluda River allowing up to 800,000 gallons per day. The discharge is located near the I-20 Bridge.

Partners:

DHEC's permitting is required to concur with the regional wastewater plan developed by the Central Midlands Council of Governments and approved by the federal EPA. This "master plan" for wastewater discharges identifies this CWS facility as needing to connect to a regional sewer system -- and thereby eliminate the discharge to the Saluda River (along with other facilities).

Background:

This facility is in proximity of a regional sewer line owned by the Town of Lexington that was built, in part, to take the wastewater flow out of the Saluda River and move it to a regional treatment plant. Recently, **DHEC denied renewal of the CWS discharge permit and issued administrative orders to CWS and the Town of Lexington to require the CWS flow to be connected to Lexington's sewer system** -- which would eliminate the discharge to the Saluda River. The permit decision and orders were appealed by CWS and the Town, and are being reviewed by the SC Administrative Law Court. The Congaree Riverkeeper has also intervened as a party in the permit denial contested case. CWS is also defending a federal law suit from the Congaree RiverKeeper about the same topic. DHEC is not a party to this latter suit.

Status Update and Next Steps:

On August 1, 2016, DHEC denied renewal of the National Pollutant Discharge Elimination System (NPDES) permit for the CWS I-20 Wastewater Treatment Plant in Lexington County. Additionally, DHEC issued administrative orders directing the Town of Lexington and CWS to develop a coordinated transition plan to safely shut down the facility and eliminate wastewater discharge into the Saluda River. The orders gave the Town of Lexington and CWS 60 days to submit a coordinated plan to DHEC detailing how CWS will interconnect the wastewater discharge from the I-20 plant to Lexington's sewer system. Within 12 months, CWS must complete the tie into the Lexington sewer system, shut down the I-20 facility, and eliminate discharge into the Saluda River.

The CWS/I-20 and Town of Lexington situation has been appealed and is currently being addressed as a contested case at the Administrative Law Court. The outcome of this case will set the stage for the next steps. In the meantime, the provisions of the DHEC orders are stayed pending disposition of the appeals.

Coastal Resource Management

DHEC's Role:

The Office of Ocean and Coastal Resource Management (OCRM) implements the state's Coastal Management Program under authorities established through the federal Coastal Zone Management Act (16 US Code Chapter 33) and the SC Coastal Tidelands and Wetlands Act (SC Code Ann. §48-39-10 *et seq.*)

The mission of the SC Coastal Management Program (SCCMP) is to protect and enhance the state's coastal resources by preserving sensitive and fragile areas while promoting responsible development in the eight coastal counties of the state. SCCMP is implemented through:

- Direct permitting of beachfront activities and wetland alterations within defined Critical Areas (coastal waters, tidelands, beaches, and beach/dune systems),
- Certification of federal and state permits in the 8 counties of the SC Coastal Zone, and
- Technical, planning, and financial assistance to local governments and the public to resolve coastal resource issues.

By the Numbers:

Coastal SC provides resources for a vast range of competing interests vital to the state's economy. SC has **2,344 miles** of beachfront and estuarine coastline. Additionally, over **1.2 million people** live in the **eight coastal counties**. OCRM balances the needs of diverse stakeholders through implementation of the SCCMP. During the 2016 Fiscal Year:

- Coastal Zone Consistency staff issued **211 federal and 1,696 state consistency determinations**;
- Wetland Permitting and Certification staff took action on over **1,800 Critical Area requests**, including major and minor permits, permits issued jointly with the U.S. Army Corps of Engineers, Critical Area line delineations, and maintenance and repair notifications; and
- Compliance and Enforcement staff performed over **750 compliance inspections and 139 incident investigations**.

Partners:

- Coastal Counties and Municipalities
- Three regional Councils of Government
- SC Marine Association
- National Estuarine Research Reserves (ACE Basin and North Inlet/Winyah Bay)
- Coastal States Organization
- **Partnering state agencies:** SC Department of Natural Resources (DNR), SC Energy Office, SC Emergency Management Division (EMD), SC State Ports Authority, SC Department of Archives and History (DAH), SC Parks, Recreation and Tourism (PRT), and SC Sea Grant Consortium
- **Partnering federal agencies:** National Oceanic and Atmospheric Administration Office for Coastal Management, Bureau of Ocean Energy Management, U.S. Army Corps of Engineers, U.S. Coast Guard, U.S. Geological Survey, U.S. Environmental Protection Agency, and U.S. Fish and Wildlife Service

Office of Rural Water

DHEC's Role:

State regulations require DHEC to implement the Clean Water Act and Safe Drinking Water Act programs. The agency has historically found that small, rural water and wastewater systems have struggled the most to comply with these regulations. The Office of Rural Water was established to facilitate collaboration between internal and external resources to assist these rural systems in complying with regulations. The Office is currently working on these issues:

- Lead in Drinking Water
- Water System Partnerships
- Technical Assistance (TA)
- Funding Opportunities for Rural Communities
- Environmental Justice (EJ)
- Community Engagement

Additionally, the Office of Rural Water helps guide local municipalities to ways to identify funds to meet their needs. These funds are often available for upgrades or consolidation.

By the Numbers:

One prominent example of the disparity in regulatory compliance has recently been seen with the Lead and Copper Rule (LCR). Of the 695 water systems sampled for lead in tap water from 2011 through 2015:

- **667 water systems (or 96 percent)** did not report a lead exceedance (greater than .015 mg/L).
- **No large public water systems** (serving more than 50,000 customers) exceeded the EPA's lead action level.
- **28 water systems (or 4 percent)** had a sampling round that exceeded the U.S. Environmental Protection Agency's lead action level of greater than 15 parts per billion. Those public water systems were mostly smaller providers.
- Half, 14, of the systems that had an action level exceedance served 102 customers or less.

Partners:

SC Rural Water Association (SCRWA); Southeast Rural Community Assistance Project; various financial aid groups/entities; and various councils of governments, counties, and municipalities.

Background:

The Office of Rural Water was created in May 2016. Early efforts focused on a special study regarding the status of lead in drinking water in SC. The Office also reviewed existing Bureau of Water (BOW) programs and internal/external resources to determine areas where the agency could be more proactive with rural communities. It was determined that water system partnerships and wastewater technical assistance would be areas of focus for the Office.

Onsite Waste Water (Septic Tank) Program

DHEC's Role:

The Onsite Waste Water (OSWW) program evaluates individual sites for the suitability of an onsite wastewater treatment system, issues permits to construct these systems, and performs final inspections of installed systems to determine if they have been constructed according to the issued permit. OSWW reviews applications and as-built plans prepared by professional soil classifiers and engineers for specialized septic systems. In addition, OSWW investigates complaints regarding septic system malfunctions and certifies and regulates septic system installers, pumpers, and product manufacturers.

This authority is granted to DHEC under SC Code Section 44-1-140 and the OSWW regulations: R.61-55, R.61-56, R.61-56.1, and R.62-56.2.

By the Numbers:

- Since January 1, 2005, our OSWW team has permitted **more than 166,000** onsite wastewater systems.
- In 2016, DHEC received **11,403 applications** and issued **9,576 permits**.
- The average statewide timeframe from activation date, the date the site is prepared, to construction permit issuance was **12.26 calendar days**.
- Currently there are **69 onsite wastewater staff**.

Partners:

DHEC partners with developers, homebuilders, engineers, soil scientists, and septic tank contractors to ensure that onsite wastewater disposal systems do not pollute the state's ground or surface waters.

Background:

Onsite Wastewater Systems, Regulation 61-56, was originally promulgated pursuant to 1976 SC Code Section 44-1-140 and last amended on May 27, 2016. This Regulation governs the methods of disposition of sewage and prescribes design, construction, and installation standards for onsite wastewater systems (septic tank systems). The May 2016 amendment clarified specific requirements through refined definitions and improved uniformity and consistency of applications for installation of onsite wastewater systems by using updated, uniform, and consistent information sources. It also provided clarity regarding the use of a professional engineer to submit an application for a conventional system. Additional regulations related to the onsite wastewater program are:

- R.61-55 – Septic Tank Site Evaluation Fees – **fee of \$150** to evaluate a site of an individual sewage disposal system
- R.61-56.1 – License to Construct or Clean Onsite Sewage Treatment and Disposal Systems and Self-Contained Toilets
- R.61-56.2 – Licensing of Onsite Wastewater Systems Master Contractors

Process:

As part of the OSWW permitting process, the applicant is required to submit an application to the agency. The application identifies the steps to prepare and activate the site and the specific information required to evaluate the site's suitability for an onsite wastewater system. Applicant also pays a \$150 site evaluation fee.

Once notification is received that the property is ready for an evaluation, an OSWW team member will visit the site to determine if the land is suitable for a septic system. The team looks at:

- Soil type (only certain types of soils work well for septic systems)
- Soil samples (borings) are taken to classify the soil by its characteristics: color and texture. This evaluation determines if the soils are suitable for an onsite wastewater system. Many years ago a "Perc Test" was used.
- Slope of the lot to see if a system will work and how the system must be built
- Information provided in the application:
 - Calculate the specific system size requirements based on the number of bedrooms in the proposed house plan
 - Review the location of both public and private wells on or near the site, property lines, surface waters, buildings, drainage ditches, planned house footprint, driveway, outbuildings, etc.
 - Measurement of distances to determine if there is enough room to install the septic tank, drain field, and repair area

If the site is suitable for a conventional or alternative OSWW system, a construction permit is issued to the applicant. If the soils are not suitable and DHEC cannot issue a permit for a conventional or alternative system, the applicant is provided options. These options could include fewer bedrooms, a different site on the property, the need for additional property, or hiring a licensed Professional Engineer and Professional Soil Classifier to design an "engineered" or specialized system.

Once the OSWW system is installed, the installer contacts DHEC and a final inspection of the system is conducted. The installer calls by 10:00 a.m. the day before the final inspection is needed so DHEC staff can get it on the schedule. If the system was installed in accordance with the construction permit, an operating permit is issued.

The OSWW program continuously evaluates processes and procedures to ensure **continuous improvement**.

In addition, the agency is currently conducting an internal review of statute, regulations, and procedures to determine any further efficiencies can be identified or if regulatory changes are needed.

To meet customer needs and evaluate sites as quickly as possible, the agency shifts staff resources to areas with high demand to issue permits within its goal of 20 business days of activation. In areas where the agency has activated sites but they have not been evaluated within 10 business days, DHEC staff will contact the applicant to give them a target date for their site evaluation.

Disease Control Response Efforts and Public Awareness

DHEC's Role:

The Division of Acute Disease Epidemiology (DADE) is responsible for surveillance and control of reportable communicable diseases that may pose a public health threat. This is accomplished in part by close collaboration between DHEC's medical consultants and epidemiologists working in the central office and the regions and healthcare providers, laboratories, and facilities that are required to report conditions to the agency.

- SC Law (44-29-10) requires reporting of specified contagious and infectious diseases and conditions to DHEC. A comprehensive list of these diseases and instructions of how and where to report can be found on DHEC's website at: <http://www.scdhec.gov/Library/CR-009025.pdf>.
- Regulation (61-20) establishes that DHEC shall investigate a known or suspected Case of a Reportable Condition within the state and within the designated time frame for the condition in accordance with Centers for Disease Control and Prevention (CDC) or agency protocols.

By the Numbers:

In 2016, DADE:

- Investigated nearly **12,000** probable and confirmed cases of reportable communicable diseases; and
- Regional and central office disease control staff conducted almost **250** disease outbreak investigations.

These numbers do not reflect the thousands of additional reports that required preliminary investigation to be ruled out as probable or confirmed case reports.

Reporting and Response:

Healthcare providers, laboratories, and facilities are required to report conditions within specified timeframes depending on the urgency of the needed public health response. These times are, immediately by phone, within 24 hours, or within three days.

DHEC's medical epidemiologists and medical consultants are on call in each of the four public health regions and DADE, and are reachable by an answering service to respond to reports 24/7.

Regional and central office disease control staff conduct coordinated efforts to respond to communicable disease threats by:

- Conducting investigations to identify the source of infections;
- Implementing control measures to interrupt transmission by assuring that individuals who are infectious are treated, isolated, or excluded from group settings, as appropriate;
- Assuring preventive treatment or vaccination of contacts when indicated;
- Eliminating point sources of infection like contaminated food products; and

- Notifying individuals and populations that are identified contacts or potentially at risk of exposure of recommended measures to prevent or reduce the risk of infection.

These investigation and control activities follow recommended CDC guidelines and public health best practices. To comply with federal grant performance measures, DADE monitors our response time to reported outbreaks.

Over the past several years, DHEC has met the expectation to initiate response activities within one hour of the outbreak being reported to the agency over 90 percent of the time. Outbreak reports are created for each to monitor compliance with best practices.

Improvements are continually made through revisions in guidance, policies or procedures, and ongoing training for response staff.

Partners:

An effective disease surveillance system is essential for detecting communicable diseases and implementing prevention and control measures. Regional epidemiology staff make annual visits to hospitals and larger outpatient practices to provide education about reporting requirements and to encourage timely reporting of conditions. DADE distributes guidance statewide to healthcare providers, laboratories, and facilities. If delays in reporting occur, DHEC medical consultants and epidemiologists follow up with partners to offer education about disease surveillance and assist in eliminating barriers to prevent future missed reporting opportunities.

DHEC Assures Public Awareness of Disease Threats:

When disease cases, clusters, or outbreaks are identified, DHEC disease control staff respond by providing **Health Alerts and Advisories** with guidance for healthcare providers about signs and symptoms of illness, medical evaluation, diagnostic testing, and personal protective equipment.

Resources about environmental cleaning and other control measures are distributed to healthcare facilities, restaurants, school and child care settings, and any setting where reported conditions occur.

DHEC routinely directs notifications to at-risk populations to prevent and control disease. When reportable disease cases or clusters occur in **school or childcare settings**, DHEC regional staff communicate directly with school officials and routinely send parent letters to assure awareness about the disease, and provide recommendations for prevention and control measures.

DHEC works closely with local and state media outlets whenever education for the general public is needed about disease threats and prevention and control measures. DHEC provides updates about evolving events along with accompanying prevention information on our website.

Obesity Prevention Efforts

DHEC receives approximately \$6.9 million from the Centers for Disease Prevention and Control (CDC), the U.S. Department of Agriculture (through the SC Department of Social Services), and \$2.5 million from the Blue Cross Blue Shield of SC Foundation to fight obesity and diabetes in SC.

Obesity

Obesity is a complex, serious, and costly public health issue that affects two out of three SC adults and one out of three children. Obesity is linked to chronic diseases such as diabetes, heart disease, and some types of cancer. The economic cost of obesity in our state is estimated to be \$8.5 billion per year and growing.

DHEC, working with partners at the state and local level, provides content expertise and technical assistance on environmental and systems approaches, education to support healthy eating and active living, and obesity prevention.

DHEC launched the SC Obesity Action Plan (Scale Down) initiative in 2014. The initiative focuses on both long-term and short-term strategies to reduce obesity in our state. The plan promotes comprehensive actions to stimulate changes at the environmental, policy, and systems level.

Community Initiatives:

- **Farm to Institution** - DHEC and partners are working to increase access to fresh produce for South Carolinians. We have partnerships in **15 counties** with **11 food pantries affiliated with three food banks, serving about 6,600 people**, and distributing an estimated **50,522 pounds of produce** monthly. Four small retail stores are participating in the SC Farm to Retail pilot program reaching an estimated **87,790 residents**. Over **194 schools/preschools** have participated in an effort to bring fruits and vegetables to their sites.
- **SC Farmers and Roadside Market App**—A statewide fruit and vegetable outlet inventory was conducted in 2016 with **289 outlets** surveyed. We launched an interactive online map showing the general public where to find fresh fruits and vegetables at farmers markets and roadside stands statewide. Over **21,000 hits** have been made by **12,509 users**.
- **Health + Planning** – Over **1,000 community planners, government, and health representatives** have participated in national, statewide, and local trainings on the SC Health + Planning Toolkit, which provides guidance on integrating healthy eating and active living policy recommendations into planning efforts. Eight communities worked with **Alta Planning + Design**, a firm that works with communities to improve pedestrian planning efforts. The **potential reach is 84,969 residents**.
- **Group Education** – Interactive education opportunities are provided to SNAP/SNAP-eligible participants in urban and rural counties with high rates of overweight/obesity and in high-poverty counties. In 2016, 15 six-week long Cooking Matters courses that teach families how to cook healthy meals on a budget, 31 farmers' market cooking demonstrations were conducted, 32 It's Your Health Take Charge, and nine Taking Charge in the Meadowlands (children) courses were held.

Worksites:

- DHEC collaborates with the SC Hospital Association on the Working Well program, funded by the Duke Endowment and our federal grant funds. Working Well seeks to help employers create a sustainable culture of wellness. DHEC provides support for 25 worksites **reaching 18,533 employees.**
- **Seven worksites and one WISEWOMAN clinic site** participated in the SC Farm to Institution pilot program. WISEWOMAN helps women understand and reduce their risk for heart disease and stroke by providing services to promote heart-healthy lifestyles.

Schools and Child Care:

- **Child Care Centers** - DHEC and DSS ensure training and compliance with nutrition and physical activity standards. ABC Grow Healthy child care centers were **90%+ in compliance** with nutrition and physical activity policy and all mandatory meal service standards. **19 child care centers** received design assistance to support outdoor learning environments.
- **Schools** - 28 school districts, with **estimated student population reach of 253,642**, attended local wellness policy training. In school year 2016-17, 65 of 82 (79%) public school districts, including the State Charter School District, are participating in **FitnessGram**, a web-based system that assesses and reports student fitness information, including body mass index. The **potential student population reach is 641,112 (86%).** Open community use, allowing free community access to schools' outdoor recreational facilities, is an effective and affordable strategy to combat obesity. 12 school districts have now adopted the SC School Boards Association's Open Community Use of School Recreational Areas model policy.

Partners:

- Alliance for a Healthier Generation
- Alta Planning + Design
- BlueCross and BlueShield of SC Foundation
- University of SC, Clemson University, Medical University of SC Boeing Center for Children's Wellness, and Federally Qualified Health Centers
- Eat Smart, Move More SC, John Newman Planning, Inc., and SC Alliance for Health, Physical Education, Recreation, and Dance
- SC Chapter of the American Planning Association
- SC Community Loan Fund
- SC Department of Agriculture, SC Department of Education, SC DSS, and SC Department of Transportation
- SC Hospital Association
- SC School Boards Association
- Head Start programs, schools and school districts, and children's museums and summer camps
- County libraries, worksites, senior centers, recreational and community centers, churches, and housing authorities

Diabetes Prevention Efforts

DHEC receives approximately \$6.9 million from the CDC, the U.S. Department of Agriculture (through the SC Department of Social Services), and \$2.5 million from the Blue Cross Blue Shield of SC Foundation to fight obesity and diabetes in SC.

By the Numbers:

Diabetes is a serious condition which often leads to complications, such as blindness, kidney failure, heart attacks, strokes, and amputations. According to the 2015 SC Behavioral Risk Factor Surveillance System, more than **330,000** adults over the age of 18 have pre-diabetes and more than **448,000** have diabetes.

Background:

The prevalence of diabetes has been on the rise in the last two decades in SC and the United States. There is a direct relationship between diabetes and obesity. Studies have shown that people who lose weight and increase their physical activity can prevent or delay type 2 diabetes, and in some cases, return their blood glucose levels to normal.

DHEC's Role:

DHEC receives funding to implement targeted strategies that have statewide reach and the potential to impact multiple population groups to improve outcomes in diabetes prevention and management. Our initiatives—in collaboration with multiple partners, contractors, and community organizations—are focused on health systems interventions to improve the effective delivery and use of clinical and other preventive services, and community-clinical linkages.

DHEC partnered with the Diabetes Advisory Council of SC (DAC) to develop and launch the 2016 – 2021 Statewide Comprehensive Diabetes Prevention Plan with over **150 stakeholders**. DAC has an active involvement of **38 unique organizations** from across the state with approximately **80 individuals** representing those organizations.

- DHEC has provided technical assistance to implement the **National Diabetes Prevention Program (NDPP) in diverse settings** to including medical practices, worksites, free clinics, senior centers, and faith-based settings, which has assisted with recruiting, retention, and positive lifestyle changes among participants at risk for type 2 diabetes. Total weight loss for all participants in a NDPP supported by DHEC through week 16 of the program is **1,925.8 pounds**. This is from a combined group weight of 36,112 pounds, which is **5.3 percent**, exceeding the CDC's 5 percent threshold of minimum weight loss to qualify for program recognition.
- DHEC's partnership with the SC Pharmacy Association has enabled **70 pharmacists** to be trained in the hypertension adherence program. In **one year**, the hypertension adherence coaching program enrolled **95 patients** with a **54 percent completion rate**.
- One practice site reported **93 percent of their patients** identified with diabetes went without hospital visits after implementing health systems quality improvement strategies.

- DHEC provided support to increase the number of American Association of Diabetes Educators accredited Diabetes Self-Management Education Programs within Federally Qualified Health Centers from a baseline of **four to nine**.

DHEC is dedicated to implementing quality improvement across health systems and building community clinical linkages through a variety of initiatives to:

- Improve health systems that support the delivery of high-quality care for patients with or at risk for diabetes and obesity.
- Increase community-clinical linkages to support prevention and self-management and control of diabetes, hypertension, and obesity.
- Improve medication adherence for adults with diabetes and/or hypertension.
- Increase self-monitoring of hypertension tied to clinical support.
- Increase use of accredited/recognized diabetes self-management education and lifestyle prevention programs.
- Improve prevention and control of hypertension, diabetes, overweight, and obesity.
- Build support for healthy lifestyles, particularly for those at high risk, to support diabetes prevention efforts.

Partners:

- Carolinas-Georgia-Florida Chapter - American Society of Hypertension
- Care Coordination Institute
- Carolina's Center for Medical Excellence
- Diabetes Advisory Council of SC
- Diabetes Initiative of SC
- Eat Smart Move More of SC
- Federally Qualified Health Centers
- Health Systems and Medical Practices
- SC Pharmacy Association and Retail Pharmacies
- SC Primary Health Care Association
- SC Medical Association
- SC Office of Rural Health
- University of SC

Next Steps:

- Medicare will begin reimbursing for the NDPP in 2018. DHEC will continue to work with DAC to identify employers and other large group insurers in SC to cover the program.
- Explore the opportunity for state agencies, like DHEC to implement the NDPP.
- Continue to provide education opportunities for healthcare providers and health systems that are focused on building provider knowledge and skills on current clinical practice guidelines, team-based care, and innovative clinical tools for use in primary care practices.
- Work with communities and healthcare providers to establish at least one NDPP per county.

Maternal and Child Health Efforts and Collaborations with DHHS (Medicaid)

Maternal and Child Health Collaborative Efforts:

- **A total of 59 sites across SC provide preventive health services**, including family planning as well as testing and treatment for sexually transmitted infections. Many of these services are reimbursed by Medicaid.
- **Maternal and Child Health (MCH) programs that bill Medicaid are: Nurse-Family Partnership (NFP) under the new Pay for Success project; Postpartum Newborn Home Visits (PPNBHV); and Family Planning.**
- **Each DHEC region has an NFP site that provides intensive case management to Medicaid-eligible first-time moms.** PPNBHV are voluntary home assessments completed on high-risk moms and babies referred to DHEC. The visit includes a physical assessment of mom and baby, as well as an assessment of the home environment.
- **DHEC is an active participant in the Department of Health and Human Services' (DHHS) SC Birth Outcomes Initiative (BOI).** BOI seeks to improve the health of newborns in SC.
- **DHEC's Children with Special Health Care Needs Program (CSHCN) is contracted with DHHS to operate the Orthodontia, Hemophilia, and Hearing Services Programs for Medicaid fee for service recipients.** CSHCN also has contracts with some Medicaid MCOs for these services.
- **The Universal Newborn Hearing Screening and Intervention Act, 44-37-40, requires DHEC and DHHS to "establish procedures for providing reimbursement for expenses incurred by entities providing newborn hearing screenings under this section."** When this was enacted, DHHS incorporated the fee for the screening into the costs approved for the delivery and DHEC established contracts with the hospitals to fund the screenings for patients without a payment source. When BabyNet (the State's Part C Early Intervention Program) transfers formally from First Steps to DHHS, DHEC anticipates continuing its partnership for sharing newborn hearing screening data between the two entities.
- **The DHEC Public Health Dental Prevention Program** contracts with private dental providers to deliver preventive services in public health settings as defined in the SC Dental Practice Act. For those services provided for Medicaid-eligible children, the individual providers are reimbursed by Medicaid.
- **Perinatal regionalization is a system of care that helps to ensure that all women with high-risk pregnancies can receive care at a hospital with the neonatal intensive care unit technology, staffing, and experience to provide the best chance for a good birth outcome. Through a contractual agreement, DHHS provides nearly \$290,000 annually to support DHEC's perinatal regionalization program.** Additionally, DHHS has maintained policies that support the functioning of this important system, including allowing hospitals and physicians who provide care for mothers and infants prior to transferring them to a Regional Perinatal Center to be reimbursed for the care that was provided.
- **WIC is currently working with the SC Revenue and Fiscal Affairs Office to develop a data sharing agreement that will allow for the direct linking of WIC and Medicaid data.** This will help both DHEC and DHHS with forecasting areas of need and program evaluation efforts.
- **Children's Health partners with Environmental Health for lead home assessments for children with elevated lead levels.** DHEC can bill for home assessment for children identified with elevated blood lead levels.

- **DHHS is an active member of DHEC's Pediatric Advisory Committee (PAC).** The PAC meets quarterly and uses this venue to discuss emerging pediatric concerns and how potential policy could impact providers, as well as the families that they serve.
- **Infant Mortality reduction activities** include participation in the national Collaborative Improvement and Innovation and Network (CoIIN) process. CoIIN was created by HRSA and is led by the National Institute for Child Health Quality (NICHQ). The CoIIN initiative in SC is focusing on Safe Sleep and the Social Determinants of Health. The SC stakeholders in CoIIN are Children's Trust, Healthy Start, DHHS, Family Solutions of the Low Country, and DHEC. Currently, 31 U.S. states and eight territories are involved in NICHQ's initiative. The collaborative "action period" is expected to end in December 2017, and will likely be renewed to last for another 18 months as it has for the last several "action periods". The planned outcome for SC is to acquire knowledge about Safe Sleep work via the Safe Sleep CoIIN webinars and conference calls.

Community Health and Chronic Disease Prevention Collaborative Efforts:

- **Worked with DHHS in the implementation of the Nutritional Counseling Program for children up to 21 years and adults with obesity on Medicaid.** The program includes an initial screening, five additional face to face behavioral counseling visits/encounters with a physician, physician assistant, and/or a nurse practitioner, an initial dietitian visit for nutritional counseling, and five follow up visits with a dietitian.
- **DHHS is an active member of the SCAledown coalition.** Specific objectives for DHHS are to create a State Plan Amendment (SPA) regarding reimbursement for a lifestyle change program such as the National Diabetes Prevention Program (NDPP).
- **DHHS is an active member of the Diabetes Action Council.** The committee is sponsoring the round tables for National Diabetes Prevention Program lifestyle change coaches to gather feedback on their experience with the program.
- **DHHS and DHEC collaborate on CDC's 6/18 initiative,** a partnership between state Medicaid programs and public health agencies, to accelerate evidence into action by focusing on the six common and costly health conditions and the 18 proven interventions known to effectively address them among health care purchasers, payers, and providers. The initiative is working towards Medicaid expanding access to evidence-based tobacco cessation treatments, removing barriers that impede access to covered cessation treatments (such as cost sharing and prior authorization), and promoting increased utilization of the covered treatment benefit by tobacco users in Medicaid programs.
- **DHEC provides provider training and Quitline services for DHHS for their Medicaid SBIRT initiative** (Screening, Brief Intervention, and Referral to Treatment), which is an evidence-based approach to the screening, identification, intervention, and treatment of substance abuse, domestic violence, depression, and smoking for pregnant women. SC Medicaid providers are reimbursed when they screen all pregnant women for these high-risk behaviors, as well as when they conduct a brief intervention and make referrals to the appropriate treatment entity, such as the SC Tobacco Quitline for tobacco use treatment.

Public Health Statistics and Information Services (PHSIS) Collaborative Efforts:

- **Vital Statistics provides a daily electronic listing of decedents** shared securely for the purpose of marking Medicaid recipients deceased, as well as for **DHHS estate recovery program.** This helps to reduce benefit fraud.

- Through BOI, **data collected on birth certificates are linked with Medicaid claims data and hospital billing data.** This linked data set is used to provide quarterly reports to hospitals related to BOI initiatives.
- Environmental Public Health Tracking Program in the Division of Surveillance houses the children's blood lead database for the agency. **A newly signed MOU (signed 12/8/16) is in place with DHHS for linkage by RFA of children's blood lead test records with Medicaid billing records** for a Medicaid indicator, and for records missing race/ethnicity in children's blood lead records.
- **SC Central Cancer Registry - Meaningful-Use (MU) Activities:** DHHS provides guidance with – reviewing DHEC program agency templates related to MU letters and various others forms of correspondence sent to eligible providers. DHHS has advised the DHEC program areas with recommendations and suggestions for the new DHEC MU web site to provide a more informative and concise approach to communicating to eligible providers. DHHS offers guidance and advice by reviewing any documentation or processes that the DHEC program areas are considering to increase eligible provider participation. DHEC and DHHS participate on monthly conference calls along with representatives from SCHIEx to collaborate and network on topics related to MU. Occasionally, there is also representation on these conference calls from CMS and Office of the National Coordinator (ONC) to provide guidance to the various DHEC program areas to move past barriers and to help with the best approaches to streamline current processes for tracking and communicating.

Client Services Collaborative Efforts:

- **DHEC bills DHHS for preventive health services provided at our health clinics** including postpartum newborn home visits and NFP services provided to Medicaid recipients.
- **DHEC is working with Medicaid on the development of a shorter (two-page) family planning Medicaid application.**
- **In State Fiscal Year 2016, DHEC provided the following number of encounters to Medicaid clients across SC:**
 - **49,840** immunization visits
 - **60,592** Preventive Health (includes those with pending Medicaid status)
 - **62,202** WIC visits
 - **Total: 272,634**

Prescription Drug Monitoring Program

DHEC's Role:

The SC Prescription Monitoring Act (PMA) authorizes DHEC to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II-IV controlled substances. The SC Reporting & Identification Prescription Tracking System (SCRIPTS) collects information on Schedule II-IV Controlled Substances dispensed on a daily basis. SCRIPTS identifies and stops diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances. This data is used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

By the Numbers:

Practitioners that prescribe controlled substances, pharmacists, and their delegates may register for access to the SC Prescription Monitoring Program (PMP). Access allows them to search a patient's controlled substance prescription history. The number of registered user accounts and their patient prescription history searches has grown significantly over the past year:

- 8,139 PMP registered users as of June 30, 2015
- 14,940 PMP registered users as of June 30, 2016
- 1,031,185 PMP patient queries for FY 2015
- 2,227,530 PMP patient queries for FY 2016

Background:

In April 2016, SC DHHS began requiring prescribers to check the PMP before prescribing certain controlled substance prescriptions. Registrations in January and February 2016 averaged around 300 per month, March and April 2016 averaged over 2,500 per month, this accounted for an 84% increase in PMP user accounts between June 2015 and June 2016. Increases in registrations were mirrored by increases in patient PMP queries by health care professionals. As PMP searches increase, the number of patients that have received multiple prescriptions from multiple prescribers, often referred to as "doctor shoppers," have decreased. For example, during the second quarter of 2016, 253 patients received schedule II controlled substances from at least five different prescribers and five different dispensers. During the fourth quarter of 2016, the number of patients meeting the same criteria dropped to 201. Utilizing the same criteria and comparing the data over a six month period, results demonstrate a decrease from 1,450 patients in the first half of 2016 to 1,133 patients during the second half of the same year.

Status update and Next Steps:

In an effort to increase utilization of the PMP, steps have been taken to facilitate access to SCRIPTS. Recent changes to the PMA have allowed authorized delegates to assist prescribers and pharmacists with patient PMP searches. Several healthcare facilities in the state have integrated the PMP data directly into their electronic health record system. The integration of SCRIPTS dispensing information into the clinical workflow of practitioners has increased accessibility and utilization. These improvements, coupled with an increase in education, has led to a surge in overall PMP utilization.

Bureau of EMS Relationship with State Fire Marshal

DHEC's Role:

The Bureau of Emergency Medical Services (EMS) provides credentialed EMS personnel, licensed EMS agencies (transport and first responders), and oversight and certification of all EMS educational programs and curriculum.

By the Numbers:

In 2016, the Bureau of EMS:

- Credentialed **1,394 EMS personnel**;
- Performed **141 agency inspections**; and
- Conducted **over 610 ambulance and first responder vehicle inspections**.

Specifically for the Office of the State Fire Marshal, the agency credentialed the SC State Fire Academy as an EMT teaching institution and re-certified the SC Urban Search and Rescue (USAR) Team as an Advanced Life Support (ALS) First Responder agency.

Partners:

The agency occasionally partners with the SC Firefighters Association on projects involving first responders, such as sponsoring and judging the EMT competition at the annual firefighter's conference.

Background:

Although, the Bureau of EMS does not currently have any ongoing projects with the Office of the State Fire Marshal, the office will continue to provide support to the SC State Fire Marshal as requested. The SC Fire Academy requires recertification as a training institution in 2017, and the USAR team in February 2019.

Status update and Next Steps:

In addition to the Bureau of EMS's work with the State Fire Marshal, **the agency recently worked with the SC Department of Social Services (DSS) and the Office of the State Fire Marshal to determine a more cost effective and efficient process for conducting lead risk assessments for foster care and adoptive homes.**

Previously, the process for conducting lead risk assessment for foster care and adoptive homes was often challenging given the multiple agencies involved. To streamline the process, the agency and DSS worked with the Office of the State Fire Marshal to transfer the inspections previously performed by DHEC. The transfer took place in July 2016.

The new process decreases the number of agencies involved and potentially the number of inspection visits necessary to license this critical service to the state. The agency's hope and goal is that it will make the process more effective and efficient for all stakeholders.

Public Health Laboratory and Equipment

DHEC's Role:

The Bureau of Laboratories (BOL) provides clinical laboratory diagnostic testing for the state. BOL also performs analytical services for the assessment and surveillance of infectious and communicable diseases, foodborne outbreaks, and exposure testing associated with suspected biological and chemical terrorism.

Laws/Regulations: SC Code, Sections 44-1-140, 44-1-180, 44-29-15, 44-29-120, 44-33-10, 44-37-30. Public Law 100-578, Regulation 42-CFR493, HSQ-176

By the Numbers:

The annual workload for fiscal year 2016 was approximately **217,132** specimens and approximately **1,033,220** laboratory reports (tests). BOL is comprised of 10 specialty laboratories and six support sections.

Background:

The current DHEC state laboratory, built in 1978, kept pace with the demands of current good laboratory practice and testing systems. The Association of Public Health Laboratories (APHL) visited the laboratory in March 2016 and provided positive feedback about the management and operation of the laboratory. However, APHL stressed that "a modern laboratory facility is necessary to support modern technology and current safety practices." The electrical, communication utilities (*e.g.*, network capacity/bandwidth) and climate control HVAC are not able to keep up with modern instrumentations' heat load and data generation. Workflow streamlining to increase efficiency is not possible with the layout of the current laboratory.

DHEC's BOL includes specialized testing such as Biosafety Level 3 laboratories, which must be utilized in case of certain biological organisms (bioterrorism detection), analytical (chemical terrorism detection), environmental testing (air quality, food, milk, and water safety), genetic testing, microbiology, newborn screening, radiological laboratory, rabies, and tuberculosis.

Several laboratories are operating with instrumentation that is approaching or has exceeded the accepted life cycle.

- The gas chromatography mass spectrometers in the **chemical terrorism detection unit** are no longer operational and need to be replaced. These systems are essential in monitoring volatile organic compounds that are a hazard to human health.
- In **newborn screening**, the tandem mass spectrometers have reached the normal life cycle for updated replacement. These tandem mass spectrometers serve a crucial role in detecting amino acid disorders and metabolic disorders.
- We have a **flow analysis system for enzyme monitoring** that requires day-long maintenance and is subject to random failure.

In addition, we need to expand the molecular (genetic) capabilities to stay current with technology and laboratory testing. The overarching need is for updated laboratory equipment and greater surge capacity.

A state-of-the-art laboratory space with updated laboratory equipment will accomplish several goals:

- Enable DHEC to meet its mission with the highest level of service; and
- Increase capacity to better meet public demand for services.

In addition, a new space will become a landmark facility to retain and attract specialized staff. Such a public health laboratory program will position DHEC to adequately protect the residents of SC.

Partners:

There are opportunities to source funding on an ad-hoc basis to replace outdated equipment and upgrade essential elements. We partner with the CDC through an Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement. In addition, the Laboratory Response Network (LRN) established by CDC supports the chemical and bioterrorism sections of the laboratory. DHEC is also a member of the Association of Public Health Laboratories, which provides a network of other laboratories with whom we can discuss emerging pertinent issues and apply best practices.

Status Update and Next Steps:

Effective April 1, 2017, we are increasing the fees to \$127 per specimen for newborn screening. Fee increases are essential to keeping costs in line with revenue while ensuring efficient and cost effective operations. These fee increases allow for planned instrumentation preventive maintenance and upgrades for the newborn screening program.

There is a need for a laboratory space that would allow for an adequate number of units to expand testing capacity and capabilities using the recommended technology. Any new DHEC lab facility would be designed with emphasis on advanced technology in a modern laboratory space with a focus on safety. Updated instrumentation would be utilized to address and tackle new and emerging chemical, biological, and environmental threats to public health. These concerns require modernization to utilize technological advancements for detection of health and environmentally related toxins and infectious agents. Current testing platforms enable monitoring and discovery of emerging environmental contaminants, mutated or novel infectious diseases, and multi-drug resistant organisms. Such a laboratory—equipped with updated instrumentation—would be in a superior position to address emerging infectious diseases to include Zika, Ebola, West Nile Virus, Dengue Fever, and drinking water contaminants.

Furthermore, there is a need for testing personnel to be trained on cutting edge techniques in a safe environment. Addressing personnel vacancies with qualified staff is essential to continuously providing high-quality service.

Environmental Affairs Laboratory and Equipment

DHEC's Role:

The Bureau of Environmental Health Services environmental laboratories generate data used by agency program areas in making decisions related to public health and environmental protection. The environmental laboratory analyzes various types of environmental samples, manages the ambient air monitoring network, and manages environmental monitoring data. The lab also maintains a mobile radiological laboratory in the event of a radiological emergency. DHEC has approximately 75 scientists and support staff who specialize in the fields of chemistry, microbiology, radiochemistry, electronics, and data processing. The laboratory performs microbiological and chemical analysis of drinking water, wastewater, streams, lakes, ocean water, soil, fish, milk, and other dairy products.

Laws/Regulations: SC Code, Sections 44-1-140, 44-56-10, 48-1-10 and the following state regulations: R.61-58, R.61-68, R.61-79, R.61-33, R.61-71, R.61-107, R.61-9, R.61-58, R.61-51, R. 61-50, and R.61-47; federal Safe Drinking Water Act and Clean Water Act and federal regulations: 40 CFR Parts 122, 136, 141, and 142.

By the Numbers:

In 2016, the water laboratory performed **164,122 analyses** on **23,614 samples**. During this same time period, the ambient air network's **34 monitoring stations** located across the state collected:

- Over **400,000 hourly measurements** for criteria pollutants and precursors;
- Over **4,000 samples** for criteria pollutants; and
- More than **25,000 measurements** in **1,200 air toxics samples**.

Water Laboratory:

The water laboratory is operating with instrumentation that is approaching or has exceeded the accepted useful life. In addition, the replacement of the outdated Laboratory Information Management System (LIMS) has become a necessity in order to trace, record, and report environmental data and meet federal laboratory certification requirements. The agency is at risk of:

- Loss of laboratory certification due to outdated equipment that will not meet regulatory requirements as stated in the Code of Federal Regulations (CFR)
- Sudden fatal, not repairable instrument failure which will incapacitate sample analysis for routine and potential emergency response needs
- Instrumentation and equipment that will not be supported by vendors through service contracts due to age

In addition, where there are limited parts for replacement due to the age of the equipment, more costly service contracts may be needed.

Air Laboratory:

Great strides have been made in updating the aging air monitoring network. The agency has purchased ozone monitors and has funding to update particulate matter monitors. As DHEC moves closer to its ultimate goal of remote access, data loggers will be required in order to be fully functional with cell modem technology. This will be beneficial to support functions related to troubleshooting and data acquisition, and help the agency do more functions remotely.

The aging building has humidity and condensation issues. The make-up air in some of the fume hoods is introducing outside temperature air and humidity into the laboratory. Humidity impacts the data results, causing lab errors and the potential loss of data if a holding time is exceeded, creating a need for additional sample collection, and a delay in reporting results.

Partners:

The environmental laboratories work closely with the EPA, FDA, and other states in the southeast. These partnerships provide a network of other laboratories with whom we can discuss issues and apply best practices.

Status Update and Next Steps:

We continue to seek funding sources to update the laboratory and monitoring equipment and replace the LIMS program.

Certificate of Need (CON) Program

DHEC's Role:

DHEC is designated as the sole state agency for control and administration of the granting of Certificates of Need (CON). The CON program receives, reviews, and decides applications related to certain new or expanded health care facilities and services, as well as applications related to Certificates of Public Advantage. The program also manages the permitting process for the SC Medicaid Nursing Home Permit Program.

By the Numbers:

The CON program has significantly increased throughput of applications and decisions since the re-start of the program in 2014. Since August 13, 2015, when the most recent SC Health Plan was enacted:

- **272** CON applications received
- **212** decisions rendered (208 approvals, 4 denials)
- **50** applications still under consideration
- **7** applications withdrawn
- **3** applications re-filed

Background:

In support of the CON Act and DHEC's role as described above, the SC Health Plan is currently being updated. This update, required no less than every two years, allows staff to revise, the public to review, the State Health Planning Committee to amend, and the DHEC Board to approve important changes to need calculations for health facilities and services.

Status update and Next Steps:

The 2017-2018 draft plan is substantially streamlined compared to the current plan. Superfluous narrative and unnecessary references have been removed in order to better focus the Health Plan on the actual needs for and inventories of health facilities and services. Content relating to cardiovascular care, ambulatory surgery facilities, and psychiatric services are receiving the bulk of the agency's attention during the update process. These updates stem directly from customer feedback regarding which issues are of most consequence to the health of SC's citizens.

SC Health Planning Committee Meetings

- March 6, 2017
- April 14, 2017
- April 21, 2017 (Possible)
- April 28, 2017

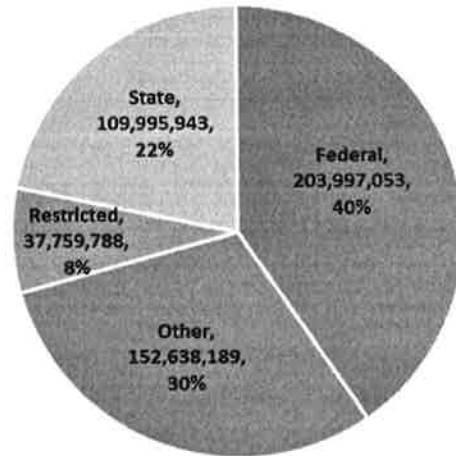
Draft Plan Public Comment Period March 8 – April 7, 2017

Projected DHEC Board Approval May 11, 2017

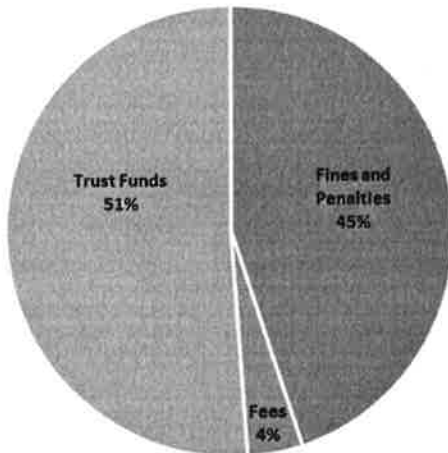
DHEC Expenditure Overview (Other/Restricted/Federal Revenues)

- DHEC is funded through state, federal, other and restricted funds.
- Restricted funds (**\$37,759,788**) consist of special deposits, primarily trust funds. They **can retain their own interest earnings** based on law, proviso, court order or other mandate.
- Other funds (**\$152,638,189**) also include fees, fines, non-federal grants or contracts, and other miscellaneous revenue accounts.

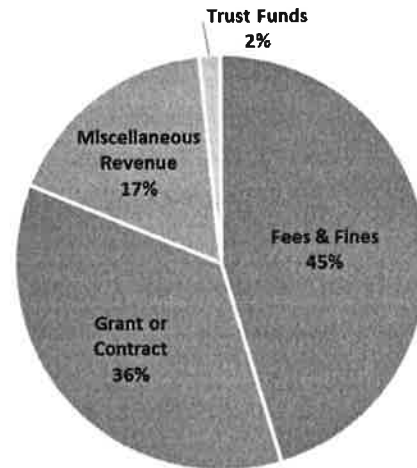
DHEC Funds - SFY16 Expenditures



DHEC Restricted Funds - SFY16 Expenditures



DHEC Other Funds - SFY16 Expenditures



The total combined expenditures for restricted and other funds were \$190,397,977 for State Fiscal Year (SFY16). This represents **38% of DHEC's total expenditures**. The top five sources of other and restricted funds are shown in the chart below:

Source	SFY16 Expended	% Total
WIC/ADAP Rebates	\$ 46,938,273	25%
Medical Services	\$ 37,477,674	20%
Trust Funds	\$ 21,778,879	11%
UST	\$ 16,987,154	9%
Other Fees & Fines	\$ 37,089,489	19%
All Other	\$ 30,126,508	16%
Total Other & Restricted	\$ 190,397,977	100%

Food Safety – Retail Food Establishment Inspections

DHEC's Role:

To safeguard public health and provide consumers with food that is safe, unadulterated, and honestly presented, DHEC's food protection program:

- Permits new retail food establishments
- Inspects retail food establishments statewide for uniformity and consistency in applying regulations
- Conducts surveillance and response for foodborne illness outbreaks

These standards are outlined in the SC Retail Food Establishment Regulation 61-25.

By the Numbers:

In 2016, **85 DHEC inspectors conducted 39,504 food safety-related inspections of 19,168 permitted facilities; DHEC's Division of Acute Disease Epidemiology responded to 917 foodborne illness complaints, investigated 4 foodborne illness outbreaks, and responded to 4,725 general food service complaints.**

Partners:

Food safety at retail food establishments is a **shared responsibility of the food industry and DHEC** to ensure that food provided to the consumer is safe and does not contribute to the transmission of foodborne disease. Other partners include the FDA, CDC, and SC Restaurant and Lodging Association.

Background:

DHEC regulation 61-25 is **based on the FDA Food Code** and establishes practical, science-based requirements for mitigating risk factors that are known to cause or contribute to foodborne illness outbreaks associated with retail foodservice establishments.

Epidemiological outbreak data **repeatedly identify five major risk factors** related to employee behaviors and preparation practices in retail food establishments as contributing to foodborne illness:

1. Improper holding temperatures
2. Inadequate cooking
3. Contaminated equipment
4. Food from unsafe sources
5. Poor personal hygiene

DHEC inspection protocols include:

- Conduct an initial walk through to become familiar with the layout of the facility (prep area, cook and serve areas, walk-in-coolers, dishwashing areas, storage, etc.) and the activities that are currently occurring

- Focus the inspection on preparations or activities that may not be present at a later time; prioritize getting a final cooking or reheating temperature
- Require corrective actions for all critical risk factor violations identified during the inspection to reinforce their importance
- Provide helpful information to the person in charge related to their operation, such as the fact sheets on specific topics related to the regulatory requirements and information available on the DHEC website

Outreach and Education:

Outreach and education to the public and the regulated community is a key component in the prevention and control of foodborne illness risk factors.

DHEC Food Safety Website Provides (www.scdhec.gov/foodsafety)

- Access to regulatory information, including the regulation, applications, examples of applications, forms to assist with various regulatory requirements like variances and special process requests
- Signage that can be printed and posted related to: handwashing, ways to prevent outbreaks, and links to FDA guidance posters
- Guidance and tools to plan, construct, and equip a retail food establishment, employee health, and personal hygiene handbook
- Consumer advisories, emergency action plan, information to water-related emergencies, etc.
- Links to training information, like no bare-hand contact, proper temperatures, shellfish, permit exemptions, mobile food establishments, temporary food service establishments, etc.
- Inspection tools, like a marking guide that describes what we are looking for related to the regulatory citation, a citation and violation index, and copy of the inspection report used
- Links to related websites
- Fact sheets, signage, and several of the training resources are multi-lingual
- Easy to use food safety complaint form

Food Grades (www.scdhec.gov/foodgrades)

Developed in-house by the agency in 2016, "Food Grades" is an online data base system that allows for the full inspection report to be viewed using a map search designed for mobile phone use or a more detailed web search engine.

Ongoing Training to the Regulated Community

In June 2014, the SC Retail Food Establishment regulation was revised based on the most current scientific information as provided in FDA's Food Code. DHEC partnered with the SC Restaurant and Lodging Association to conduct public outreach forums in the development and implementation of the regulation that is still ongoing today. Meetings across the state have been held annually to update and provide training to the regulated community. In the early spring of 2017, we will begin the next round of statewide sessions for the regulated community.

Food Safety – Mobile Food Units

DHEC's Role:

Under SC Code 44-1-140 and regulation 61-25, mobile food units are subject to the same regulatory requirements as retail food establishments. DHEC is charged with the inspection and permitting of these facilities. DHEC also conducts surveillance and response for foodborne illness outbreaks.

What are Mobile Food Units?

Mobile food units are a type of retail food establishment that are gaining popularity across the country. A mobile food establishment is defined by state regulation as consisting of a commissary and mobile food unit(s) or mobile food pushcart(s). Mobile food units are subject to the same regulatory requirements as any other retail food establishment.

By the Numbers:

DHEC has **over 500 mobile food unit** permits statewide. In 2016, DHEC conducted **946 inspections** of mobile food units.

Partners:

DHEC partners with the SC Restaurant and Lodging Association to conduct public outreach and education.

Background:

DHEC has regulated mobile food units since 1967. When the SC Retail Food Establishment Regulation was last revised in June of 2014, some of the requirements for mobile food units were changed to reflect the new business models associated with mobile unit operations.

Under the previous regulation, mobile food units were not permitted separately and were allowed to operate only as an extension of a retail food establishment. The updated regulation allows for mobile food units to be independently permitted, while maintaining certain requirements important for public health protection. These requirements include a permitted commissary to provide an approved public water supply; the disposal site for sewage, and any other preparation or clean up services needed, depending on the scope of the unit. This change has allowed mobile food unit operators to rent space in commercial shared use kitchens instead of having to own a commissary.

Status update and Next Steps:

DHEC provides educational outreach to mobile food units and other retail food establishments to keep them informed of state requirements. As the mobile food unit industry continues to grow and develop, DHEC will seek to adapt to new business model needs while keeping the necessary public health protection requirements. The ongoing dialog with operators will provide input for the next revision of the regulation process, which will begin later this year.

Hotel and Motel Inspections

DHEC's Role:

DHEC has no role in regulating or inspecting hotels or motels unless they hold a retail food establishment permit, in which case we would inspect that portion of the facility.

Statutory Authority:

SC Code 44-1-140 states that DHEC may make, adopt, promulgate, and enforce reasonable rules and regulations from time to time requiring and providing for the sanitation of hotels. In 1944, pursuant to this authority, the first regulation for hotel and motel sanitation was enacted; however, that regulation was repealed in 2005.

Partners:

DHEC communicates and collaborates with the SC Restaurant and Lodging Association on any issues related to hotel and motel sanitation.

Background:

The Hotel and Motel Sanitation Regulation was repealed in 2005; the reason stated in the State Register notice was because the requirements were obsolete. In addition, this notice stated that the hotel and motel industry had become largely self-regulating, the business was very customer driven and competition dictated that facilities be maintained and operated properly.

Status update:

Since the repeal of the regulation, no public health issues have emerged that would warrant promulgating a new regulation for hotel and motel sanitation. Although the question of bedbugs has come up in association with hotel and motel sanitation, there have been no outbreaks of disease where bedbugs have been shown to be the vector (carrier) of the disease.

No other agency has regulations or oversight of hotel and motel sanitation. The Department of Consumer Affairs has some oversight of business practices and the office of the State Fire Marshal has fire safety jurisdiction.

Appendix F. March 23, 2017 Meeting Information

Appendix Includes:

- Meeting Packet
 - Agenda
 - February 23, 2017 Minutes
 - Study Update
 - March 3, 2017 Letter to DHEC

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Thursday, March 23, 2017

2:00 p.m.

Room 427 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes from the February 23, 2017 Subcommittee Meeting**
- II. Discussion of study of the Department of Health and Environmental Control, including but not limited to agency strategic plan, resources, and governmental partners**
- III. Adjournment**

Healthcare and Regulatory Subcommittee

Thursday, February 23, 2017

Blatt Building Room 317

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Chair Phyllis J. Henderson on Thursday, February 23rd, 2017, in Room 317 of the Blatt Building. All members of the Subcommittee were present.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings.
- II. Representative Douglas moved to approve the minutes from the Subcommittee's meeting on February 9th, 2017. A roll call vote was held, and the motion passed.

Representative Taylor's motion to approve the January 24, 2017 minutes	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers	✓			
MaryGail Douglas	✓			
Bill Taylor	✓			
Phyllis Henderson	✓			

Discussion of the Department of Health and Environmental Control

- I. Chair Henderson provided an update about the Subcommittee's study of the Department of Health and Environmental Control.
- II. Director Heigel provided an overview of DHEC. This overview included the following topics:
 - a. The history of DHEC;
 - b. An overview of major program areas;
 - c. Misconceptions about DHEC; and
 - d. Continuous improvements at DHEC.
- III. The Subcommittee members asked questions of Director Heigel about topics, such as:
 - a. Restricted revenue;
 - b. Food inspections at festivals, fairs, and farmers markets;
 - c. Inspection authority of hotels and motels;
 - d. Updated needs for lab equipment;
 - e. Septic tank issues; and
 - f. The Savannah River Plant.
- IV. In the interest of time, the Subcommittee provided questions or topics of interest to Director Heigel so that she could address them at a future meeting.
- V. The meeting was adjourned.

Study Update - Department of Health and Environmental Control

- March 2015 - Agency submits its Annual Restructuring and Seven-Year Plan Report, which is available online.
- January 12, 2016 - Agency submits its **2016 Annual Restructuring Report**, which is available online.
- January 28, 2016 - **Full committee votes to make the Department of Health and Environmental Control the next agency for the Healthcare and Regulatory Subcommittee to study.** Video of the meeting is available online
- April 27, 2016 - Subcommittee has its **entry meeting** with the agency.
- May 1-31, 2016 - Committee solicits input from the public about the agency in the form of an **online public survey**. The results of the public survey are available online.
- August 24, 2016 - Agency submits its **Program Evaluation Report**, which is available online.
- January 24, 2017 - **Subcommittee Meeting #1** with agency to receive an overview of the agency as well as public input. After the meeting, the agency meets with constituents that provided input at the meeting; also, agency responses are posted online.
- February 9, 2017 - **Subcommittee Meeting #2** with the agency to receive a presentation regarding the mission, vision and strategic plan of the agency. Additional topics addressed and asked about include improvements at the agency over the past few years; agency's handling of the Savannah River Site; agency's development of new budgeting techniques; opinions of agency employees about agency's performance; and agency's requests for legal changes to some of its regulatory authority.
- February 23, 2017 - **Subcommittee Meeting #3** with the agency to receive an overview of the agency's history and programs. Topics of interest for potential discussion at the next meeting were shared with the agency; topics of interest include: strategic planning; environmental issues; and public health issues.
- Ongoing - Public may submit written comments on the Oversight Committee's webpage on the General Assembly's website (www.scstatehouse.gov)



March 3, 2017

Ms. Catherine Heigel, Director
Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

RE: Legislative Oversight Study of the Department of Health and Environmental Control

Dear Director Heigel:

On behalf of the Healthcare and Regulatory Subcommittee, we thank you and your staff for sharing your time and knowledge with the Subcommittee during our February 23, 2017, meeting.

At the end of this meeting, Subcommittee Members went over several topics of interest for potential discussion at our next meeting. In an effort to assist the agency with preparation for our meeting on Thursday, March 23, listed below and on the next page please find an overview of these topics of interest.

Strategic Planning

Topics of interest:

- leadership development for employees with high potential;
- efforts to address employees with low performance on the job;
- employee morale; and
- other states' exemplary strategic models.

Environmental Issues

Topics of interest:

- agency's relationship and authority to regulate activities at the federal Savannah River Plant;
- discharges into the Saluda River by Carolina Water;
- coastal resource management;
- rural water office; and
- septic tank permitting.

Public Health Issues

Topics of interest:

- agency's response to public health threats and communication to the public about these threats;
- agency's efforts to address obesity and diabetes;
- agency's relationship with the Department of Health and Human Services with regards to maternal and child health issues;
- prescription drug monitoring;
- agency's relationship with the State Fire Marshal; and
- agency's efforts to update lab equipment.

I hope the information above is helpful to the agency in preparation for the next meeting.

Sincerely,

A handwritten signature in cursive script, reading "Phyllis Henderson".

Phyllis Henderson
Subcommittee Chair

cc: The Honorable William K. Bowers
The Honorable Bill Taylor
The Honorable MaryGail Douglas

Appendix G. April 20, 2017 Meeting Information

Appendix Includes:

- Meeting Packet
 - Agenda
 - March 23, 2017 Minutes
 - Study Update
 - Employees Available
 - Daily Operations Programs
 - Employee Allocation by General Appropriations Act Program (2015-2016)
 - Programs and Objectives (2015-2016)
 - Employee Allocation by Objective (2015 - 2016)
 - Strategic Spending (2015-2016)
 - Employee Allocation by General Appropriations Act Program (2016-2017)
 - Programs and Objectives (2016-2017)
 - Employee Allocation by Objective (2016-2017)
 - Strategic Budgeting (2016-2017)
 - DHEC Partners
 - Goal Comparison to other Agencies
- Meeting Follow Up Letter from Oversight Committee to DHEC
- DHEC Response to Follow Up Letter

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Thursday, April 20, 2017

9:00 a.m.

Room 321 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes from the March 23, 2017 Subcommittee Meeting**
- II. Discussion of study of the Department of Health and Environmental Control, including but not limited to agency strategic plan, resources, and governmental partners**
- III. Adjournment**



Healthcare and Regulatory Subcommittee Meeting

Thursday, March 23, 2017 at 2:00 pm

Blatt Building Room 427

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Representative Phyllis Henderson on Thursday, March 23, 2017, in Room 427 of the Blatt Building. All members of the Committee were present for all or a portion of the meeting. Also, Representative Micah Caskey, IV, attended the meeting.
- II. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. Representative MaryGail Douglas moved to approve the minutes from the Committee's meeting on February 23, 2017. A roll call vote was held, and the motion passed.

Representative Douglas's motion to approve the minutes from the February 23, 2017, meeting:	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers				✓
MaryGail Douglas	✓			
Phyllis Henderson	✓			
Bill Taylor	✓			

I. Representative Henderson noted Director Catherine Heigel remained under oath. Director Heigel answered questions asked by the Subcommittee members on a variety of topics:

- a) Agency's strategic plan (03:31 in the archived video);
- b) Savannah River Site (30:30 in the archived video);
- c) Carolina Water Services (40:41 in the archived video);
- d) Agency's coastal management program (54:00 in the archived video);
- e) Rural water systems (55:46 in archived video);
- f) Disease control response efforts (1:07:30 in archived video);
- g) Obesity (1:13:00 in archived video);
- h) Prescription Drug Monitoring Program ((1: 26:03 in archived video);
- i) State Fire Marshall (1:30:10 in archived video);
- j) Public Health Laboratory (1:33:23 in archived video);
- k) Certificate of Need Program (1:39:36 in archived video);
- l) Food regulations - festival and food trucks (1:49:00 in archived video); and
- m) Hotel and motel inspections (1:59:20 in archived video).

II. The meeting was adjourned.

Study Update - Department of Health and Environmental Control

- March 2015 - Agency submits its Annual Restructuring and Seven-Year Plan Report, which is available online.
- January 12, 2016 - Agency submits its **2016 Annual Restructuring Report**, which is available online.
- January 28, 2016 - **Full committee votes to make the Department of Health and Environmental Control the next agency for the Healthcare and Regulatory Subcommittee to study.** Video of the meeting is available online
- April 27, 2016 - Subcommittee has its **entry meeting** with the agency.
- May 1-31, 2016 - Committee solicits input from the public about the agency in the form of an **online public survey**. The results of the public survey are available online.
- August 24, 2016 - Agency submits its **Program Evaluation Report**, which is available online.
- January 24, 2017 - **Subcommittee Meeting #1** with agency to receive an overview of the agency as well as public input. After the meeting, the agency meets with constituents that provided input at the meeting; also, agency responses are posted online.
- February 9, 2017 - **Subcommittee Meeting #2** with the agency to receive a presentation regarding the mission, vision and strategic plan of the agency. Additional topics addressed and asked about include improvements at the agency over the past few years; agency's handling of the Savannah River Site; agency's development of new budgeting techniques; opinions of agency employees about agency's performance; and agency's requests for legal changes to some of its regulatory authority.
- February 23, 2017 - **Subcommittee Meeting #3** with the agency to receive an overview of the agency's history and programs. Topics of interest for potential discussion at the next meeting were shared with the agency; topics of interest include: strategic planning; environmental issues; and public health issues.
- March 23, 2017 - **Subcommittee Meeting #4** with the agency to address subcommittee member questions relating to the following topics: strategic planning; environmental issues; and health issues.
- Ongoing - Public may submit written comments on the Oversight Committee's webpage on the General Assembly's website (www.scstatehouse.gov)

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

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>

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>Radiological 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>

Both	Environmental Affairs, continued	<p>Bureau of Land & Waste Management (BLWM)</p> <p>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)</p> <p>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)</p> <p>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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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

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	-	-

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) List <u>ONLY ONE</u> strategic objective per row.	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

				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
				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			
				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
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
				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
				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
				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
				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
				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
				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			
				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
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
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
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
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	

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

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

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

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

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

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 <u>budgeted to receive</u> in this fiscal year:	\$523,556,529	\$107,261,738	\$286,170,200	\$110,244,728	\$19,879,863
Amount <u>actually received</u> 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

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

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

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

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

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

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

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

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

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:					

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>				

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:

- 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.
- 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.
- 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

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	-	-

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 ONLY ONE 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

				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

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

				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

				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

				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

				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

				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

				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

				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

				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

				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

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

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

Employee Benefits	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.					

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

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

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

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

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

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

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

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	

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	

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	

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	

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

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

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	

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	

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

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	

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								

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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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 ESMMS's Let's Go Advisory Committee and holds a position on the ESMMS Board. (Objectives 1.2.2, 1.4.4)

- The Bureau of Community Health and Chronic Disease Prevention programs work with ESMMS 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 trainings 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 PIOHQI. (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 Tidelands 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 (USCG)

- 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.

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.

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

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.



April 4, 2017

Ms. Catherine Heigel, Director
Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

RE: Legislative Oversight Study of the Department of Health and Environmental Control

Dear Director Heigel:

On behalf of the Healthcare and Regulatory Subcommittee, we thank you and your staff for sharing your time and knowledge with the Subcommittee during our March 23, 2017, meeting. We look forward to our next meeting on Thursday, April 20, 2017, to learn more about the agency's strategic plan, resources and governmental partners. Thank you for your service to the citizens of South Carolina and for your continued cooperation with the legislative oversight process.

Sincerely,

[Redacted signature]

Phyllis Henderson
Subcommittee Chair

cc: The Honorable William K. Bowers
The Honorable Bill Taylor
The Honorable MaryGail Douglas



April 25, 2017

Mr. Richard Harris, Director of Records Management Services
S.C. Department of Archives and History
8301 Parklane Road
Columbia, South Carolina 29223

Dear Mr. Harris:

The S.C. Department of Health and Environmental Control (DHEC) utilizes the State Records Center (SRC) for temporary storage of its records. On March 24, I provided Mr. Richie Wiggers, Manager of the State Records Center, copies of a Business Associate Agreement (BAA) and related Memorandum of Agreement (MOA) for review. For convenience, I have also enclosed them in this correspondence.

The federal Health Insurance Portability and Accountability Act (HIPAA) requires written agreements (such as a BAA) for business associates who perform services on behalf of covered entities that involve access by the business associate to protected health information. Because DHEC is a covered entity, in storing our records, the SRC is our business associate under HIPAA. For further information on HIPAA requirements, please refer to 45 C.F.R. Part 164 or to the Office of Civil Rights' website at <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>.

Our relationship with the SRC is important to us. However, the current back-log at SRC has left many of our health departments with no physical space to store records, and others have ceased pulling records to send to the SRC for storage. The four regions each have between 300 and 800 boxes currently awaiting authorization to transport them to the SRC for storage, and our Division of Vital Statistics has over 400 boxes. Our Bureau of Laboratories will exceed its physical storage capacity early this summer.

In addition, staff informed me they are not receiving the box numbers once boxes are sent to the SRC and therefore cannot request the records be returned if needed. This issue apparently dates back to July 2016. Without the box number from the SRC, we have no way to request the records back from temporary storage. Importantly, we have received subpoenas and individual requests for records and are unable to provide the copies due to the fact the records cannot be located at the SRC.

In order to resolve these issues, DHEC offered to arrange a temporary contractor to assist with DHEC records in March 2017. Mr. Wiggers declined the offer of assistance and expressed concern about liability of having DHEC employees or agents on SRC property.

In order for DHEC to remain in compliance with state and federal law and regulation, we must have the BAA in place and have the ability for records to be returned to us on request. Please return the signed BAA and MOU by May 12, 2017, and provide a plan and timeline for resolving the back-log issues. I am happy to discuss additional solutions at your convenience.

Sincerely,

Signature Redacted

Angela Wertz
Compliance Officer

Enclosures

Documents DHEC Retains

Records created or received in the course of agency business are public records, including information maintained in paper or electronic format, and are maintained and disposed of in accordance with the S.C. Public Records Act and agency policies and procedures. DHEC maintains a variety of records, including personnel, administrative, financial, vital statistics, health, licensing, permitting and other types of records.

DHEC Records Retention Policy

In accordance with the S.C. Public Records Act, all records maintained by DHEC are covered by an approved retention schedule, regardless of the storage media used. The SC Department of Archives and History (State Archives) has developed General Retention Schedules that apply to several categories of public records. In addition to the general retention schedules, DHEC's Records Officer works with State Archives to develop Agency Specific Retention Schedules. Per agency policy, no DHEC form or record may be destroyed without a retention schedule that has been approved by the State Archives. Agency records are destroyed or purged only after the retention schedule has been met and approval has been received from the Records Officer and, when required, from State Archives.

DHEC Records Retained at Archives & History

Currently, DHEC's process is to retain the records for as long as DHEC needs them, and then transfer them to the State Records Center (SRC), a division of State Archives, for temporary storage. DHEC also transfers records for permanent retention to State Archives' main office on Parklane Road in Columbia.

State Archives has established processes for the transfer of records to their main office and to the SRC, which DHEC has incorporated into DHEC's agency policy and procedures. The process for the transfer of DHEC records for *permanent* retention to State Archives' main office works well. However, DHEC has concerns with the current backlog for records that aren't permanently retrained and are to be transferred to *temporary* storage at SRC.

State Archives process for the transfer to SRC for temporary storage requires SRC's prior approval of the transfer and obtaining this approval has been an issue. Once the transfer is approved, DHEC transports the records to the SRC.

Current Challenges

DHEC has a backlog of records for temporary storage across the state waiting for SRC's approval so they can be transferred to the SRC. The current backlog at SRC has left many DHEC health departments with no physical space to store records. The four regions have more than 3,400 boxes currently awaiting authorization to transport them to the SRC for storage, and our Division of Vital Statistics has more than 800 boxes waiting for approval. Some DHEC facilities, such as our Bureau of Laboratories, will soon exceed their physical storage capacity.

Another concern is that once the records are transferred to the SRC, there is a long turnaround time for SRC to log the records and provide DHEC with their location in case the records need to be retrieved. Importantly, this impacts DHEC's ability to respond to individual requests or subpoenas, which could lead to DHEC being unable to meet state and federal requirements.

DHEC values the relationship with State Archives and is working with State Archives to resolve the issues with temporary storage. In March 2017, DHEC offered to supply staffing to the SRC for assistance in logging DHEC records, but SRC declined our offer. In April 2017, DHEC sent the attached letter to State Archives outlining our concerns in an attempt to facilitate resolution of the temporary storage issues. DHEC continues to work with State Archives to address our concerns.



May 2, 2017

Ms. Catherine Heigel, Director
Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

RE: Legislative Oversight Study of the Department of Health and Environmental Control

Dear Director Heigel:

On behalf of the Healthcare and Regulatory Subcommittee, we thank you and your staff for sharing your time and knowledge with the Subcommittee during our April 20, 2017, meeting. During our last meeting Subcommittee Members noted they would like additional information on the following:

- teen pregnancy rates;
- legislative recommendations to assist with managed cared Medicaid;
- identification of challenges related to storm water/water infrastructure; and
- identification of participants in the adopt-a-stream program.

Thank you for your service to the citizens of South Carolina and for your continued cooperation with the legislative oversight process. We look forward to our next meeting on Tuesday, May 9, 2017, to learn more about the agency's strategic planning, performance measures, and partners.

Sincerely,

 Signature Redacted

Phyllis Henderson
Subcommittee Chair

cc: The Honorable William K. Bowers
The Honorable MaryGail Douglas
The Honorable Bill Taylor

Teen Pregnancy Rates

Total teen birth rates in the State of South Carolina decreased from a high of 50.9 per 1,000 teen women in 2005 to a low of 26.1 per 1,000 teen women in 2015, a reduction of almost half during this time period (see table below). Near equal reductions in teen births occurred among white teen women and women of minority race; however, disparities persisted in 2015 among minority races, with teen birth rates more than 1.3 times higher than that among their white counterparts.

Managed Care Medicaid

DHEC assists uninsured patients who are infected with HIV and patients with hemophilia to access health insurance through South Carolina's insurance exchange. This was an important measure to help DHEC address increasing costs that exceeded DHEC's funding allocations. Without the SC insurance exchange, those patients would become uninsured and the state would need to cover the full costs of the uninsured patients' medication.

The estimated annual cost to the state for uninsured clients currently insured through the Affordable Care Act (ACA) would be:

- 1,633 ACA patients infected with HIV: \$19,596,000 per year
- eight (8) uninsured patients with hemophilia: \$1,646,819 per year

The state would then have to determine how to best cover these costs.

Challenges Related to Stormwater and Water Infrastructure

DHEC regulates stormwater discharges from new construction activities, including requirements for new development projects to control the rate at which they release water to the environment. In addition, cities and counties in urbanized areas are required to implement stormwater programs to address water quality from discharges to the environment through their storm sewer systems. These programs must include provisions for public education and outreach, detection of illicit discharges into their storm sewer systems, and addressing stormwater runoff from new and re-development.

Regarding stormwater challenges at the local level, the department has not conducted a formal needs assessment survey of local governments. However, as examples, the following needs have been identified by local governments and shared with the department:

- Richland County has identified the need for \$19.5 million to complete more than 100 capital improvement projects for stormwater infrastructure, water quality improvement, and floodplain management activities.
- The City of Columbia recently identified stormwater infrastructure needs in excess of \$93 million.
- A number of local governments have recently requested funding through FEMA's Hazard Mitigation Grant Program to fund 10 projects totaling in excess of \$19 million for stormwater infrastructure and flood mitigation improvements.

In regard to water infrastructure across the state, DHEC's role is to make sure infrastructure is properly designed, constructed and maintained in accordance with the appropriate regulations. For drinking water and wastewater, we also have a role in funding water infrastructure improvements through the Clean Water Act and Safe Drinking Water Act State Revolving Funds.

State regulations require DHEC to implement the Clean Water Act and Safe Drinking Water Act programs. The department has historically found that small, rural water and wastewater systems have struggled the most to comply with these regulations. One reason for this struggle is that a smaller customer base typically results in less income for the system to hire full-time staff to properly maintain the water system infrastructure and conduct routine operations designed to prolong the life of the infrastructure. Additionally, small leaks often go undetected due to a lack of a comprehensive leak detection program, and can also increase expenses for the system. These smaller, rural systems also will likely not have full-time staff actively pursuing available funding to improve water system infrastructure. Finally, municipal water systems often rely on revenue from the water system to fund other town functions, which can result in some towns not maintaining sufficient funds to replace aging infrastructure.

To address these challenges and help small, rural water systems better comply with state and federal regulations, DHEC established the Office of Rural Water in March 2016. The office is currently working on the following issues:

- lead in drinking water;
- water system partnerships;
- technical assistance;
- funding opportunities for rural communities;
- environmental justice (EJ); and
- community engagement.

At the federal level, EPA contractors work with states to estimate the Clean Water capital investment necessary for publicly-owned treatment works (POTWs) to address the water quality objectives of the Clean Water Act. Similarly, EPA contractors work with states to estimate the Drinking Water capital investment necessary for public water systems to address the requirements of the Safe Drinking Water Act and to continue to provide safe drinking water to their customers. Both of these needs survey are based on a 20-year planning horizon. The estimated total Clean Water investment needs for SC are \$566 million, as determined in 2008. *(Note: \$29 million of the aforementioned total is for stormwater management.)* The estimated Drinking Water investment needs for SC are \$1.8 billion based on the needs survey completed in 2016. *(Note: the latest Drinking Water needs survey results have not been officially published by EPA.)*

South Carolina Adopt-a-Stream Program

Citizen monitoring is an effective way to engage the public in the protection and stewardship of our water resources. Recently, DHEC partnered with Clemson University's Center for Watershed Excellence to develop the South Carolina Adopt-a-Stream program to coordinate and engage citizen monitors across the state. In preparation for the launch of this new initiative, we worked with Clemson to develop a new website (www.scadoptastream.org), create a new database, and conduct training webinars for program participants.

Below is a list of groups that have signed on to participate in the new Adopt-a-Stream program. We are actively seeking additional community partners (*e.g.*, we have reached out to the Friends of the Edisto to get involved in the initiative).

Group	Associated Waterbodies
AAAS Stream Stompers	Hollow Creek 1, Hollow Creek 2, South Edisto River (2 sites), Pond Branch
Anderson University	Coxs Creek, Rocky River (2 sites)
Arkwright Fairforest Creek	Fairforest Creek
Army Corps of Engineers @ Thurmond Lake	Clarks Hill Park Rec Area
Button	Big Shoally Creek
Camp Discovery	Hood Branch

Group	Associated Waterbodies
Carolina Blue	Boiling Spring
chseagles	Tibutary to Cudd Creek
Clemson Stream team	Botanical Garden
ClifCon#3	Pacolet River
Crain K&G	Eastatoe River
Creek Chimps	Unnamed Trib to Stevens Creek
Cupboard Creek Farm	Cupboard Creek
CU-SWU Joint AAS Project	Hunnicutt Creek (5 sites), Beaver Dam Creek
Denise and Andy	Stamp Creek
Dent Middle School	Little Jackson Creek/Carys Lake
DHEC SB	Smith Branch
Dillard Creek Duo	Dillard Creek
Enoree River Water Watchers	Enoree River
Fahr	Maple Creek, Unnamed Enoree River Tributary
fbk5	Reedy River
Fox Creek	Fox Creek
Friends of Jocassee	Thompson
GCWA	Cary Lake
GCWA2	Gills Creek/Forest Lake
GHS Citizen Science Club	Reedy River (3 sites), Richland Creek
Gills Creek Watershed Association	Pen Branch, Eightmile Branch
Greenville Tech Barton campus	Reedy River
Kim Brewitt	Fairforest Creek Tributary, Duncan Park Lane Tributary, Lawsons Fork Above Dam
Lake Conestee Nature Park/Reedy River	Reedy River
Lake Cunningham S.C. Team	Cunningham, Clear, Sliding Rock Creek
Lever	South Tyger River
Melissa Storm	Kelsey Creek
NGU STEW: a sustainability club	Meadow Fork Creek
Piedmont Audubon	unnamed (Hillview Stream)
Price	Overland Stream - unnamed
Richland County Stormwater Management	Cumbess Creek
Richland SWCD	CJDS Creek, Little Run at Cooper Family Farms
Ridge Protection Coalition	Little Creek
River Hacks	Saluda River
River Oaks	Saluda River
Rocky Branch Watershed Alliance	Rocky Branch
Rocky Creek Friends	Rocky Creek (2 sites)

Group	Associated Waterbodies
Save Our Saluda	North Saluda River (3 sites), Middle Saluda, South Saluda River, Oil Camp Creek
SC Sierra Club	North Fork Edisto River
SC Water Checkers	Trib to Rocky Creek
Simple Times Farm	Cedar Shoals Creek
Smith Branch Watershed Alliance	Smith Branch
Spartanburg Day School	Lawson Fork Creek
Stream Team	Merritt Creek
SWU Environmental Studies	Twelve Mile River (2 sites), Twelve Mile River/Lake Hartwell, Dongell Creek
Team Moore	Ranson Creek, Unknown waterbody
TeamUF	Richland Creek, Trib to Richland Creek
Tyger 10	Tyger River
Tyger River Foundation	North Tyger River
Upstate Master Naturalist Association	RC Edwards Creek, Pappys Creek
Wade Hampton Water Monitoring Team	Brushy Creek Feeder Stream
Waterloo Water Wizards	Dirty Creek, Burris Creek, Reedy River at Ekom Beach, Rabon Creek at Burris Creek, Lake Greenwood, Cane Creek at Rt 72 bridge, Hidden Lake (Crystal Bay area), Ravin Creek at Neely Ferris bridge, Lick Creek at Neely Ferry bridge
Watershed Ecology Center	Chinquapin Creek, Pollywood Creek, Butterfly Creek, Mud Creek, Holston Creek
WCA Team	Big Ferguson Creek
Wofford College	Lawsons Fork Creek at Glendale Shoals
WOW SC	Indian Creek, Eighteen Mile
Z's place	Fairforest Creek

Complaints Requiring a 24-Hour Response

DHEC's health facilities licensing complaint team triages complaints using a tiered system based on severity. Tier 1 complaints require a response within 24 hours and are the most severe situations where there has been, or likely will be, imminent danger, death, or serious physical harm to persons in the facility. A 24-hour response means that DHEC investigators will go onsite within 24 hours of the next working day to conduct the investigation.

Examples of tier 1 complaints include the following:

- Severe temperature in facility (e.g., HVAC is not working)
- No medications in the facility
- No staff in the facility
- No food in the facility
- No water in the facility
- Serious fire and life safety issues (e.g., smoke damage)
- Sewage problems
- Death of a resident due to non-natural causes such as alleged neglect, abuse, or elopement

In addition to tier 1, there are also tier 2, 3 and 4 complaints. Tier 2 complaints require a response within 30 days and include allegations related to tuberculosis (TB) test and infection control issues, level of care issues, a facility with no administrator, and lack of resident care plan or physical examination. Tier 3 complaints require a response within 60 days and include allegations involving improper resident or patient discharge, staff training issues, vermin, and lack of evacuation plan. Tier 4 complaints are other allegations of noncompliance and are investigated within 90 days.

Below is a summary breakdown of the tier 1 and tier 2 complaint investigations from 2015 to present.

Year	Tier 1 Complaints Investigated	% Investigated within 24 Hours	Tier 1 Complaint Investigations by Facility Type			
			Community Residential Care Facility (CRCF)	Nursing Home	Hospital	Other Types
2015	14	21%	11	1	1	1
2016	9	100%	6	1	1	1
2017	1	100%	1	0	0	0

Year	Tier 2 Complaints Investigated	% Investigated within 30 Days	Tier 2 Complaint Investigations by Facility Type			
			Community Residential Care Facility (CRCF)	Nursing Home	Hospital	Other Types
2015	640	44%	329	131	73	107
2016	757	88%	392	204	51	110
2017	388	91%	163	136	24	65

DHEC's health facilities licensing program has been implementing quality improvement measures to improve compliance with the tiered complaint investigation timeframes. These efforts include the hiring of additional staff and creating a complaint team, including nurses that triage and investigate complaints. Investigators also have been cross-trained to investigate all health facility types. DHEC's complaint team conducts a daily review of the complaint log for incoming complaints to determine the need for expedited investigations and also pulls data reports from the complaint log on a monthly basis to measure progress.

Appendix H. May 9, 2017 Meeting Information

Appendix Includes:

- Meeting Packet
 - Agenda
 - April 20, 2017 Minutes
 - Study Update
 - Strategic Planning - Health Services
 - Overview
 - Strategies, Objectives, and Performance Measures
 - Key State Governmental Partners
 - Strategic Planning - Environmental Affairs
 - Overview
 - Strategies, Objectives, and Performance Measures
 - Key State Governmental Partners
 - Strategic Planning - Health Regulations
 - Overview
 - Strategies, Objectives, and Performance Measures
 - Key State Governmental Partners
 - Strategic Planning - Operations
 - Overview
 - Strategies, Objectives, and Performance Measures
 - Key State Governmental Partners
 - Daily Operations Programs
 - Employee Allocation by General Appropriations Act Program (2015-2016)
 - Programs and Objectives (2015-2016)
 - Employee Allocation by Objective (2015 - 2016)
 - Strategic Spending (2015-2016)
 - Employee Allocation by General Appropriations Act Program (2016-2017)
 - Programs and Objectives (2016-2017)
 - Employee Allocation by Objective (2016-2017)
 - Strategic Budgeting (2016-2017)

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Tuesday, May 9, 2017

9:00 a.m.

Room 108 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes from the April 20, 2017 Subcommittee Meeting**
- II. Discussion of study of the Department of Health and Environmental Control**
- III. Adjournment**



Healthcare and Regulatory Subcommittee Meeting

Thursday, April 20, 2017 at 9:00 am

Blatt Building Room 321

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Representative Phyllis Henderson on Thursday, April 20, 2017, in Room 321 of the Blatt Building. All members of the Committee were present for all or a portion of the meeting.
- II. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. Representative Bill Taylor moved to approve the minutes from the Committee's meeting on March 23, 2017. A roll call vote was held, and the motion passed.

Representative Taylor's motion to approve the minutes from the March 23, 2017, meeting:	Yea	Nay	Not Voting: Present	Not Voting: Absent
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William K. Bowers				✓
MaryGail Douglas				✓
Phyllis Henderson	✓			
Bill Taylor	✓			

Meeting

- I. Representative Henderson noted that the purpose of the meeting was to discuss DHEC's performance measures in the context of its strategic plan. Representative Henderson reminded Director Catherine Heigel that she remained under oath. Director Heigel provided a presentation to the Subcommittee covering issues in the following major areas:
 - Health Services (3:06)*
 - Environmental Affairs (26:09)

- II. Director Heigel responded to questions asked by the Subcommittee members on a variety of topics:
 - Challenges to accomplishing the agency's goals in health services (17:00)
 - HIV infection and death rate (20:51)
 - Teen pregnancy rate (23:30)
 - Agency partnerships with faith communities (23:57)
 - Storm water and water infrastructure (41:52)
 - Adopt-a-stream program (45:47)
 - Clean air (49:29)

- III. The meeting was adjourned.

* Time in the video archived on www.scstatehouse.gov.

Study Update - Department of Health and Environmental Control

- March 2015 - Agency submits its Annual Restructuring and Seven-Year Plan Report, which is available online.
- January 12, 2016 - Agency submits its **2016 Annual Restructuring Report**, which is available online.
- January 28, 2016 - **Full committee votes to make the Department of Health and Environmental Control the next agency for the Healthcare and Regulatory Subcommittee to study.** Video of the meeting is available online
- April 27, 2016 - Subcommittee has its **entry meeting** with the agency.
- May 1-31, 2016 - Committee solicits input from the public about the agency in the form of an **online public survey**. The results of the public survey are available online.
- August 24, 2016 - Agency submits its **Program Evaluation Report**, which is available online.
- January 24, 2017 - **Subcommittee Meeting #1** with agency to receive an overview of the agency as well as public input. After the meeting, the agency meets with constituents that provided input at the meeting; also, agency responses are posted online.
- February 9, 2017 - **Subcommittee Meeting #2** with the agency to receive a presentation regarding the mission, vision and strategic plan of the agency. Additional topics addressed and asked about include improvements at the agency over the past few years; agency's handling of the Savannah River Site; agency's development of new budgeting techniques; opinions of agency employees about agency's performance; and agency's requests for legal changes to some of its regulatory authority.
- February 23, 2017 - **Subcommittee Meeting #3** with the agency to receive an overview of the agency's history and programs. Topics of interest for potential discussion at the next meeting were shared with the agency; topics of interest include: strategic planning; environmental issues; and public health issues.
- March 23, 2017 - **Subcommittee Meeting #4** with the agency to address subcommittee member questions relating to the following topics: strategic planning; environmental issues; and health issues.
- April 20, 2017 - **Subcommittee Meeting #5** with the agency to discuss the agency's strategic planning, performance measures, and partners (Goal 1 Health Services and Goal 2 Environmental Affairs.)
- Ongoing - Public may submit written comments on the Oversight Committee's webpage on the General Assembly's website (www.scstatehouse.gov)

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Health Services

Overview of Health Services Resources:

- **FY16 Expenditures: \$341,654,752 (68% of total)**
 - Federal: \$175,854,685
 - Other: \$104,026,752
 - Restricted: \$6,612,215
 - State: \$55,161,101
- **Approximate FTEs: 1,818**

Strategic Plan and Performance Measures:

Goal 1 — Improve and protect the health and quality of life for all.

- **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.
 - **Performance Measure #1 –** Meet or exceed the American Academy of Pediatrics (AAP) benchmark of 95% infants screened for hearing loss by one month old.
 - **Performance Measure #2 –** Percentage of Medicaid-eligible children 2 years of age who had one or more capillary or venous blood testing for lead poisoning
 - **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.
 - **Performance Measure #3 –** 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.

- **Performance Measure #4** – By the end of FY 2017, increase the total number of clients served by 4%, ensuring that low-income clients comprise at least 97% of total clients served.
 - **Performance Measure #5** – By the end of FY 2017, make available a broad range of contraception and increase the contraceptive reliability rate from 79% to 82%.
- **Objective 1.1.3** — Provide supplemental foods and nutrition education through health assessment and referral, nutrition and breastfeeding education in the WIC program.
 - **Performance Measure #6** – Increase the number of exclusive breastfeeding infants by 5% from 7,712 breastfeeding infants.
 - **Performance Measure #7** – 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.
- **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.
 - **Performance Measure #8** – Number of policies, programs, or organizations that Bureau of Maternal and Child Health staff contribute data analysis or evaluation results to inform.
- **Objective 1.1.5**—Increase appropriate oral health services for women, infants, children and high risk populations including those with special health care needs.
 - **Performance Measure #9** – By August 2017, increase the number of school aged children receiving at least one dental sealant on permanent molars to 9,784.
- **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.
 - **Performance Measure #10** – The number of people participating in National Diabetes Prevention Programs.
 - **Performance Measure #11** – Number of partner organizations with 3 or more Healthy Aging implementation sites (across all interventions).
 - **Performance Measure #12** – Number of children and adults participating in Supplemental Nutrition Education Programs.
- **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.
 - **Performance Measure #11** – Number of partner organizations with 3 or more Healthy Aging implementation sites (across all interventions).
 - **Performance Measure #13** – The number of high quality Child Passenger Safety (CPS) educational presentations provided.
 - **Performance Measure #14** – Number of National Highway, Transportation and Safety Administration (NHTSA) Certified Child Passenger Safety (CPS) Technician Classes conducted.
 - **Performance Measure #23** – Percent of violent death records obtained for data abstraction purposes from SC Coroner Offices for incidents meeting ICD-10 Coding Standards; expectation.
 - **Performance Measure #24** – Percent of violent death records obtained for data abstraction purposes from SC Law Enforcement Offices for incidents meeting ICD-10 Coding Standards; expectation.
- **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.

- **Performance Measure #15** – Proportion of women at least 50 years old or older who have received mammograms through the Best Chance Network.
- **Performance Measure #16** – 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)
- **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.
 - **Performance Measure #17** – At least 95% of annual newly diagnosed cancer cases in SC collected and reported to CDC and NAACCR by deadline Dec. 1.
 - **Performance Measure #18** – South Carolina Behavioral Risk Factor Surveillance System (BRFSS) number of survey completions
- **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.
 - **Performance Measure #19** – The proportion of school districts implementing model tobacco-free policies.
 - **Performance Measure #20** – The number of residents living in multi-unit housing facilities that are protected from secondhand smoke in living areas, common areas, and lobbies.
- **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.
 - **Performance Measure #21** – Number of DHEC staff qualified as bilingual workers, interpreters or readers.
 - **Performance Measure #22** – Proportion of women screened in the Best Chance Network (BCN) Program who are minorities

- **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.**
 - **Performance Measure #25 — Make summary data available with regards to reports by healthcare providers of diseases and conditions on the DHEC List of Reportable Conditions.**
 - **Objective 1.3.2 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.**
 - **Performance Measure #26 — Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.**
 - **Objective 1.3.3 — Reduce vaccine preventable diseases and increase immunization rates.**
 - **Performance Measure #27 — All immunization providers will be mandated to report administered immunization into the Immunization Registry by January 1, 2017.**
 - **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.**
 - **Performance Measure #28 — 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.**
- **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.**
 - **Performance Measure #7 — 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.**

- **Objective 1.4.2** — Provide family planning information, pregnancy testing, counseling and birth control services.
 - **Performance Measure #4** – By the end of FY 2017, increase the total number of clients served by 4%, ensuring that low-income clients comprise at least 97% of total clients served.
 - **Performance Measure #5** – By the end of FY 2017, make available a broad range of contraception and increase the contraceptive reliability rate from 79% to 82%.
- **Objective 1.4.3** — Conduct STD and HIV testing, treatment and partner service investigations.
 - **Performance Measure #29** – Conduct STD and HIV testing, treatment and partner service investigations.
- **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.
 - **Performance Measure #10** – The number of people participating in National Diabetes Prevention Programs.
 - **Performance Measure #30** – Number of SC Health + Planning Toolkit trainings offered.
- **Objective 1.4.5** — Conduct investigations of reportable illnesses to prevent outbreaks of contagious disease.
 - **Performance Measure #31** – Percent of salmonellosis cases with exposure history.
- **Objective 1.4.6** — Perform contact investigation, treatment and case management for tuberculosis clients.
 - **Performance Measure #32** – For TB patients with positive AFB sputum-smear results, increase the proportion who have contacts elicited.
- **Objective 1.4.7** — Provide child and adult vaccines through health departments and community-based clinics.

- **Performance Measure #27** – All immunization providers will be mandated to report administered immunization into the Immunization Registry by January 1, 2017.
- **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.
 - **Performance Measure #33** – Meet Vital Statistics Cooperative Program (VSCP) deliverables for closeout of statistical files for birth records.
 - **Performance Measure #34** - Meet VSCP deliverables for closeout of statistical files for death records.
 - **Objective 1.5.2** — Issue birth, death, marriage and divorce records to the public in a timely manner.
 - **Performance Measure #35** – 100% of applications for certified copies of vital events that are received through the mail are receipted within 5 business days.
 - **Objective 1.5.3** – Collect, maintain, analyze and disseminate data on cancer incidence.
 - **Performance Measure #17** – At least 95% of annual newly diagnosed cancer cases in SC collected and reported to CDC and NAACCR by deadline Dec. 1.
 - **Performance Measure #36** – Less than 3% of new cancer cases are identified only through death certificates (standard from National Program of Cancer Registries (NPCR)).
 - **Objective 1.5.4** — Coordinate collection, analysis and dissemination of public health surveillance data as part of federally funded surveillance programs
 - **Performance Measure #18** – South Carolina Behavioral Risk Factor Surveillance System (BRFSS) number of survey completions
 - **Performance Measure #37** – South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) survey response rate

- **Performance Measure #38** – Publish the Annual report on Reportable Conditions by October 31 of each year.
- **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.
 - **Performance Measure #39** – Publish 2016 interim report for HAI by October 15, 2016; and publish HAI Annual report by April 15, 2017.
- **Objective 1.5.6** – Provide high quality public health statistics and data to academic researchers.
 - **Performance Measure #17** – At least 95% of annual newly diagnosed cancer cases in SC collected and reported to CDC and NAACCR by deadline Dec. 1.
 - **Performance Measure #18** – South Carolina Behavioral Risk Factor Surveillance System (BRFSS) number of survey completions
 - **Performance Measure #36** – Less than 3% of new cancer cases are identified only through death certificates (standard from National Program of Cancer Registries (NPCR)).
 - **Performance Measure #37** – South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) survey response rate
- **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.
 - **Performance Measure #40** – Review of IRB requests are completed within 30 days of submission
- **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.
 - **Performance Measure #41** – Increase health care coalition membership by 10% in each Public Health Region

- **Performance Measure #42** – Facilitate discussions between DHEC, the American Red Cross, and local facilities to identify potential SMNS locations in three counties currently without any SMN shelter.
- **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.
 - **Performance Measure #43** – Submit all required grant reports on time
- **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.
 - **Performance Measure #42** – Facilitate discussions between DHEC, the American Red Cross, and local facilities to identify potential SMNS locations in three counties currently without any SMN shelter.
 - **Performance Measure #44** – Increase number of Closed Points of Distribution (POD) by 25%
 - **Performance Measure #45** – Ensure all coalition members are afforded opportunity to participate in at least one exercise annually.
- **Objective 1.6.4** – Coordinate agency participation in responses to emergency events and in state and regional training exercises.
 - **Performance Measure #45** – Ensure all coalition members are afforded opportunity to participate in at least one exercise annually.

Health Services

Key State Governmental Partners:

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. 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. Department of Health and Human Services (SCDHHS)

- 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 SCDHHS-Medicaid. (Objective 1.2.3)
- SCDHHS 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 SCDHHS to mark individuals receiving Medicaid benefits as deceased and to support SCDHHS estate recovery program. (Objective 1.5.5)

S.C. Department of Mental Health (DMH)

- 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)
- 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)

S.C. Department of Social Services (DSS)

- DHEC investigates foodborne illness outbreaks. (Objective 2.2.2)
- 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 trainings 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 patterns 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)

Environmental Affairs

Overview of Environmental Affairs Resources:

- **FY16 Expenditures: \$120,167,552 (24% of total)**
 - Federal: \$23,577,231
 - Other: \$27,631,734
 - Restricted: \$31,147,574
 - State: \$37,811,014
- **Approximate FTEs: 1,027**

Strategic Plan and Performance Measures:

Goal 2 - Protect, enhance, and sustain environmental and coastal resources.

- **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.**
 - **Performance Measure #46 – Maintain or decrease average number of permit process days.**
 - **Performance Measure #47 – Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.**
 - **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.**
 - **Performance Measure #47 – Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.**
 - **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.**
 - **Performance Measure #47 – Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.**

- **Objective 2.1.4** – Collect and analyze air samples, evaluate ambient air quality, and issue daily ozone forecasts.
 - **Performance Measure #47** – Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.
- **Objective 2.1.5** – Provide for licensure and performance standards related to asbestos.
 - **Performance Measure #48** – 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)
- **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.
 - **Performance Measure #46** – Maintain or decrease average number of permit process days.
 - **Performance Measure #49** – Improve compliance with R.61-25 Retail Food Establishments by the use of Downgrading and Civil Penalties.
 - **Objective 2.2.2** – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.
 - **Performance Measure #49** – Improve compliance with R.61-25 Retail Food Establishments by the use of Downgrading and Civil Penalties.
 - **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.
 - **Performance Measure #49** – Improve compliance with R.61-25 Retail Food Establishments by the use of Downgrading and Civil Penalties.
 - **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.

- **Performance Measure #54** – Percent of surface waters meeting numeric standards (fishable, swimmable)
- **Performance Measure #47** – Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.
- **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.
 - **Performance Measure #46** – Maintain or decrease average number of permit process days.
 - **Objective 2.3.2** – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement for land and waste programs.
 - **Performance Measure #50** – 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.
 - **Objective 2.3.3** – Promote waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public.
 - **Performance Measure #51** – The number of teachers educated annually on environmental and recycling curriculum; and amount of municipal solid waste recycled annually.
 - **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.
 - **Performance Measure #52** – Underground Storage Tank (UST) Release Cleanup Progress (release closures per federal fiscal year or FFY)

- **Performance Measure #53** – Number of acres made "ready for Brownfields reuse"
- **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.
 - **Performance Measure #46** – Maintain or decrease average number of permit process days.
 - **Performance Measure #54** – Percent of surface waters meeting numeric standards (fishable, swimmable)
 - **Performance Measure #55** – Percent of population served by community public water systems that are in compliance with all health based standards
 - **Objective 2.4.2** – Conduct compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.
 - **Performance Measure #54** – Percent of surface waters meeting numeric standards (fishable, swimmable)
 - **Performance Measure #55** – Percent of population served by community public water systems that are in compliance with all health based standards
 - **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
 - **Performance Measure #54** – Percent of surface waters meeting numeric standards (fishable, swimmable)
 - **Objective 2.4.4** – Provide input and assistance on regulatory and compliance issues to owners and operators of more than 2,300 dams statewide.
 - **Performance Measure #55** – Percent of high hazard and significant hazard regulated dams receiving appropriate inspection

- **Objective 2.4.5** – Collect and evaluate ambient water and beach quality.
 - **Performance Measure #54** – Percent of surface waters meeting numeric standards (fishable, swimmable)
- **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.
 - **Performance Measure #46** – Maintain or decrease average number of permit process days.
 - **Objective 2.5.2** – Preserve sensitive natural, historic, and cultural resources through regulatory oversight and planning assistance.
 - **Performance Measure #57** – Reduce the amount of marine debris in coastal waters and within the beach/dune system by increasing participation in the Adopt a Beach program
 - **Objective 2.5.3** – Provide technical, planning, and financial assistance to local governments to resolve complex natural resource management issues.
 - **Performance Measure #58** – Strengthen interactions with local governments through improved technical assistance and beachfront management planning to reduce community vulnerability to coastal hazards
 - **Objective 2.5.4** – Develop tools and informational products to enhance coordination among state coastal resource managers, municipal officials and coastal stakeholders.
 - **Performance Measure #58** – Strengthen interactions with local governments through improved technical assistance and beachfront management planning to reduce community vulnerability to coastal hazards

Environmental Affairs

Key State Governmental Partners:

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 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)

Health Regulations

Overview of Health Regulations Resources:

- **FY16 Expenditures: \$18,806,235 (4% of total)**
 - Federal: \$4,423,177
 - Other: \$5,422,659
 - Restricted: \$0
 - State: \$8,960,399
- **Approximate FTEs: 202**

Strategic Plan and Performance Measures:

Goal 3 – Improve the quality, safety, and administration of health care, treatment, and services in South Carolina.

- **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.**
 - **Performance Measure #59 – Issue all health facilities and services licenses and permits within 15 calendar days of receipt of completed licensing packet.**
 - **Objective 3.1.2 – Conduct inspections to verify compliance of health facilities and services.**
 - **Performance Measure #60 – Conduct all routine inspections of health facilities and services within the timeframe prescribed by law or regulation.**
 - **Objective 3.1.3 – Conduct investigations of health facilities and services for alleged violations and noncompliance.**
 - **Performance Measure #61 – Conduct all initial investigations of health facilities and services within the appropriate timeframe corresponding to the severity of the complaint, i.e., 24-48 hours, 30 days, 60 days, or 90 days.**

- **Objective 3.1.4** – Review facility designs and conduct construction inspections of health care facilities.
 - **Performance Measure #62** – Perform and document design reviews and construction inspections of health facilities within 15 calendar days of the date requested.
- **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.
 - **Performance Measure #63** – Meet the performance standards for the frequency, quality, and enforcement for nursing homes and other health care facilities.
 - **Performance Measure #64** – Meet the performance standards for the frequency, quality, and enforcement for CLIA laboratories.
- **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.
 - **Performance Measure #65** – Process and approve 95% of all complete emergency medical technician (EMT) and athletic trainer credential applications within 10 days of receipt.
 - **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.
 - **Performance Measure #66** – 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.

- **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.
 - **Performance Measure #67** – Guidelines and transport protocols for trauma patients reviewed and published for public comment by March 1, 2017.
- **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.
 - **Performance Measure #68** – 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.
- **Objective 3.3.5** – Implement the EMS for Children Pediatric Facility Recognition Program to improve access to quality care for children.
 - **Performance Measure #69** – 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.
- **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.
 - **Performance Measure #70** – Revise the State Health Plan every 2 years.
 - **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.
 - **Performance Measure #71** – Improve the turnaround time for all Certificate of Need (CON) decisions by 10% each year.
- **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.
 - **Performance Measure #72** – Issue registrations within 10 business days of receiving completed applications.
- **Objective 3.5.2** – Conduct inspections and audits to ensure accountability of controlled substances.
 - **Performance Measure #73** – Increase the number of practitioners and registrants inspected by 10% each year.
- **Objective 3.5.3** – Decrease potential for drug diversion through administration of the State’s prescription drug monitoring program, administrative actions, and criminal investigations.
 - **Performance Measure #74** – Increase the usage and participation in SCRIPTS by 5% each year.
- **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.
 - **Performance Measure #75** – Issue registration and licensing actions for facilities that use x-ray equipment, radioactive materials, and tanning beds within 30 calendar days of reviewing complete applications.
 - **Objective 3.6.2** – Conduct inspections to verify compliance, protect public health, and provide safety from unnecessary exposure from ionizing and nonionizing radiation.
 - **Performance Measure #76** – Conduct all inspections of facilities that use x-ray equipment, radioactive materials, and tanning beds within the timeframe prescribed by law or regulation.
 - **Objective 3.6.3** – Conduct investigations of facilities for alleged violations and non-compliance.
 - **Performance Measure #77** – Conduct all investigations of incidents and allegations related to facilities that use x-ray equipment, radioactive materials, and tanning beds within the appropriate timeframe corresponding to the severity of the complaint.

Health Regulations

Key State Governmental Partners:

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

- 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)

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)

Operations

Overview of Operations Resources:

- **FY16 Expenditures: \$23,762,435 (4% of total)**
- **Approximate FTEs: 239**

Strategic Plan and Performance Measures:

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.

- **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.**
 - **Performance Measure #78 – By June 30, 2019, transition all outdated mainframe applications to modern platforms.**
 - **Objective 4.1.2 – Improve customer and partner experience through enhanced online services, including ePermitting.**
 - **Performance Measure #79 – Fully implement ePermitting solution by June 30, 2020.**
 - **Objective 4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers.**
 - **Performance Measure #80 – Deploy statewide Electronic Health Record system by June 30, 2018.**
 - **Objective 4.1.4 – Expand the capacity and increase the reliability of our IT infrastructure.**
 - **Performance Measure #81 – Relocate DHEC data center to DTO facility.**

- **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.
 - **Performance Measure #82** – 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.
 - **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.
 - **Performance Measure #83** – Establish a safety office and determine policies and procedures for this office by June 30, 2017
 - **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.
 - **Performance Measure #84** – Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.
- **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.
 - **Performance Measure #85** – Establish the Office of Strategy and Continuous Improvement with standardized and fully implemented policies and procedures by June 30, 2017.
 - **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.
 - **Performance Measure #86** – Establish a Project Management Office with standardized and fully implemented policies, procedures, and artifacts by June 30, 2017.

Operations

Key State Governmental Partner:

S.C. Department of Administration

- DHEC works with the Division of State Human Resources to implement an electronic Talent Management System to improve its capabilities for performance management and succession planning. (4.1.1, 4.2.1, 4.3.1)
- DHEC works the Division of State Human Resources to administer HR functions (4.2.1, 4.2.3)
- DHEC partners with Department of Administration's SC Enterprise Information System SCEIS for financial transactions and to implement an electronic Talent Management System to improve its capabilities for performance management and succession planning. (4.1.1, 4.2.1, 4.3.1)
- DHEC partners with Department of Administration's Division of Technology Operations to migrate its data center and to implement electronic permitting. (4.1.2, 4.1.4)
- DHEC works with the State Property Services to assist in acquiring appropriate state property (4.2.2)

Agency Name: Department of Health and Environmental Control

Fiscal Year 2015-16
Accountability Report

Agency Code: J040 Section: 034

Performance Measurement Template

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
1	Meet or exceed the American Academy of Pediatrics (AAP) benchmark of 95% infants screened for hearing loss by one month old.	95,00%	97.10%	95%	January - December (Calendar Year)	National benchmark established by the AAP and the Joint Commission on Infant Hearing (JCIH) collected annually be the CDC.	Percentage of infants screened for hearing loss by one month old. Calculated annually	1.1.1
2	% of Medicaid-eligible children 2 years of age who had one or more capillary or venous blood testing for lead poisoning	NA	NA	60%	January - December (Calendar Year)	Healthy People 2020 Benchmark Medicaid Data	Of all Medicaid-eligible children 2 years of age, % that has had one or more blood lead tests	1.1.1
3	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.	50,000	NA	50,000	February-January (Grant Year)	Data submitted by the 15 Rape Crisis Centers to the DHEC Sexual Violence Services Program	Calculated Annually from data submitted by the 15 Rape Crisis Centers	1.1.2
4	By the end of FY 2017, increase the total number of clients served by 4%, ensuring that low-income clients comprise at least 97% of total clients served.	Total Clients served: 90,745 Total Low Income Clients: 88,093	Baseline: 87255 Total Clients Served	First report will be available in August 2017	July - June (Fiscal Year)	Family Planning records	Calculated annually from data submitted by DHEC Clinics	1.1.2, 1.4.2
5	By the end of FY 2017, make available a broad range of contraception and increase the contraceptive reliability rate from 79% to 82%.	79%	Baseline 76%	First report will be available in August 2017	July - June (Fiscal Year)	Family Planning records	Calculated annually from data submitted by DHEC Clinics	1.1.2, 1.4.2
6	Increase the number of exclusive breastfeeding infants by 5% from 7,712 breastfeeding infants.	7,712	7,314	7,712	Oct-Sep (Federal Fiscal Year)	WIC Caseload Data	Percent of WIC infants that are exclusively breastfeeding.	1.1.3
7	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.	130,646	105,840	130,646	Oct-Sep (Federal Fiscal Year)	WIC Management Evaluations	Average score of WIC Certification Observations	1.1.3, 1.4.1
8	Number of policies, programs, or organizations that Bureau of Maternal and Child Health staff contribute data analysis or evaluation results to inform.	NA	NA	7	July - June (Fiscal Year)	MCH Program Records	# of programs, policies, or organizations that were informed by MCH staff data analyses	1.1.4
9	By August 2017, increase the number of school aged children receiving at least one dental sealant on permanent molars to 9,784	9593	NA	9784	September-August	Revenue and Fiscal Affairs	NA	1.1.5
10	The number of people participating in National Diabetes Prevention Programs.	450	409	530	September 29 - September 30 and July 1 - June 30	Centers for Disease Control and Prevention - Diabetes Prevention Recognition Program and internal records	Addition of 4 classes per year at 20 participants per class	1.2.1, 1.4.4
11	Number of partner organizations with 3 or more Healthy Aging implementation sites (across all interventions).	26	NA	29	July - June (Fiscal Year) Calculated Quarterly	SC DHEC Healthy Aging Tracking System	Number of partner organizations offering programs in 3 or more sites	1.2.1, 1.2.2

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
12	Number of children and adults participating in Supplemental Nutrition Education Programs.	29,000	NA	19,000	October - September	Self-reported participant surveys - Data housed in program (EARS - Education and Administrative Reporting System - USDA)	Based on the counties and priorities established by the Department of Social Services	1.2.1
13	The number of high quality Child Passenger Safety (CPS) educational presentations provided.	50	To date (67); grant year ends Sept. 30th	50	October - September	CPS Program documents delivery of presentations in response from individual community requests for education and awareness on child passenger safety; data maintained in the program's annual work file.	The Department of Public Safety (SCDPS) provides guidance on expected number of annual presentations needing to be completed, and the CPS program documents each presentation upon completion.	1.2.2
14	Number of National Highway, Transportation and Safety Administration (NHTSA) Certified Child Passenger Safety (CPS) Technician Classes conducted.	18	To date (17); grant year ends Sept. 30th	18	October - September	CPS Program documents delivery of Certified CPS Technician Classes in response to community and individuals requested for either initial training or recertification training of local technicians; data maintained in the program's annual work file.	The Department of Public Safety (SCDPS) provides guidance on expected number of annual Certified CPS Technician Classes needing to be completed, and the CPS program documents each presentation upon completion.	1.2.2
15	Proportion of women at least 50 years old or older who have received mammograms through the Best Chance Network.	75%	NA	75%	July-June (Fiscal year) calculated semi-annually	Med-It	Proportion of women at least 50 years old or older who have received mammograms through the Best Chance Network	1.2.3
16	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)	80%	69%	80%	July-June (Fiscal year) calculated monthly	Med-It	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)	1.2.3
17	At least 95% of annual newly diagnosed cancer cases in SC collected and reported to CDC and NAACCR by deadline Dec. 1.	95%	97.20%	95%	January - December (Calendar Year)	SC Central Cancer Registry	CDC and NAACCR determine % of expected new cancer cases reported by SCCC for each annual cancer data file submission in December through calculation of statistical algorithm using latest U.S. cancer incidence-to-mortality ratio applied to state mortality rates	1.2.4, 1.5.3, 1.5.6
18	South Carolina Behavioral Risk Factor Surveillance System (BRFSS) number of survey completions	2500	11699	NA	January - December (Calendar Year)	Division of Surveillance, PHSIS	Total number of respondents to SC BRFSS survey identified as a partial complete or complete based on CDC analysis and weighting of data set	1.2.4, 1.5.4, 1.5.6
19	The proportion of school districts implementing model tobacco-free policies.	77%	77%	81%	April-March	Data collected from SC School Boards Association's Policies Online web portal on an ongoing basis	Percentage calculated from number of public school districts with model tobacco-free policies compared to the total number of public school districts in the state	1.2.5
20	The number of residents living in multi-unit housing facilities that are protected from secondhand smoke in living areas, common areas, and lobbies.	19,428	18,428	Increase by 1,000	April-March	Resident data collected from the property manager of the multiunit housing facility	Number of new residents protected under smoke-free policies in their multiunit housing facility added to the current number	1.2.5
21	Number of DHEC staff qualified as bilingual workers, interpreters or readers.	NA	NA	10% increase	January - December (Calendar Year)	Internal records and tracking files, IQP testing results and reading/language proficiency testing results.	Baseline number multiplied by .10 = number needed to satisfy target value	1.2.6

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
22	Proportion of women screened in the Best Chance Network (BCN) Program who are minorities	60%	NA	60%	July-June (Fiscal year) calculated semi-annually	Med-It	Percent of minority women who are screened through the Best Chance Network	1.2.6
23	Percent of violent death records obtained for data abstraction purposes from SC Coroner Offices for incidents meeting ICD-10 Coding Standards; expectation.	75% (CY2014 Data Year)	88.13%	75% (CY2015 Data Year)	January - December (Calendar Year)	PHSIS and Coroners provide data for the surveillance of violent deaths on an ongoing basis.	The total number of violent death provided from PHSIS indicates the number of homicides and suicides that occur annually.	1.2.7
24	Percent of violent death records obtained for data abstraction purposes from SC Law Enforcement Offices for incidents meeting ICD-10 Coding Standards; expectation.	70% (CY2014 Data Year)	75.71%	70% (CY2015 Data Year)	January - December (Calendar Year)	Law enforcement municipalities provide data for the surveillance of violent deaths on an ongoing basis.	The total number of violent death provided from PHSIS indicates the number of homicides and suicides that occur annually.	1.2.7
25	Make summary data available with regards to reports by healthcare providers of diseases and conditions on the DHEC List of Reportable Conditions.	Publish 2016 Annual Report on Reportable Conditions by October 31, 2017.	In progress	Publish 2017 Annual Report on Reportable Conditions by October 31, 2018.	October 31	SCION - The electronic database for reportable communicable diseases	counts of confirmed reportable conditions	1.3.1
26	Prevent the occurrence and spread of HIV, AIDS, STDs and Viral Hepatitis.	80%	NA	80%	January - December (Calendar Year)	eHARS for HIV; STD MIS for STDs; SCION for viral hepatitis; EvalWeb	counts of confirmed reportable conditions	1.3.2
27	All immunization providers will be mandated to report administered immunization into the Immunization Registry by January 1, 2017.	100%	NA	100%	3-year phase in period ends Dec. 2016. Required for all providers 1/1/17	The Immunization Information Registry	Periodic data checks beginning 1/1/2017 to ensure all providers are consistently reporting administer immunizations.	1.3.3, 1.4.7
28	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.	85%	99%	85%	January - December (Calendar Year)	Data is available in eHARS (Enhance HIV/AIDS Reporting System)	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.	1.3.4
29	Conduct STD and HIV testing, treatment and partner service investigations.	80%	NA	80%	January - December (Calendar Year)	STD MIS Partner Services Program	NA	1.4.3
30	Number of SC Health + Planning Toolkit trainings offered.	6	8	NA	July 1 - June 30	SC Health + Planning Advisory Committee Quarterly Reports, Division of Nutrition, Physical Activity & Obesity.	Number of SC Health + Planning Toolkit trainings offered.	1.4.4
31	Percent of salmonellosis cases with exposure history.	74%	85% (1291/1521)	85%	Grant year-August through July	SCION	Percent of laboratory identified Salmonella cases that have an exposure history completed	1.4.5
32	For TB patients with positive AFB sputum-smear results, increase the proportion who have contacts elicited.	100%	NA	100%	Calendar Year	National Tuberculosis Indicators Project (NTIP); two year lag for finalized numbers, e.g. 2014 available in 2016	Percent of those with positive AFB sputum-smear results with contacts elicited during investigation divided by total number in cohort.	1.4.6
33	Meet Vital Statistics Cooperative Program (VSCP) deliverables for closeout of statistical files for birth records.	2016 data due March 1, 2017	NA	2017 data due March 1, 2018	March 1	Vital Statistics	All birth records submitted by VSCP specified deadline.	1.5.1
34	Meet Vital Statistics Cooperative Program (VSCP) deliverables for closeout of statistical files for death records.	2016 data due May 1, 2017	NA	2017 data due May 1, 2018	May 1	Vital Statistics	All death records submitted by VSCP specified deadline.	1.5.1
35	100% of applications for certified copies of vital events that are received through the mail are receipted within 5 business days	100%	99.90%	100%	Each Fiscal Year	Vital Statistics	Percent of applications for certified copies of vital events that are received through the mail are receipted within 5 business days	1.5.2

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
36	Less than 3% of new cancer cases are identified only through death certificates (standard from National Program of Cancer Registries (NPCR)).	<3%	2.30%	<3%	January - December (Calendar Year)	SC Central Cancer Registry and Vital Statistics	After follow-back to clinical source is completed on all annual non-matched cancer deaths (to cancer cases in the SCCCR database), calculate the % of deaths remaining that have no other source identified except death certificate	1.5.3, 1.5.6
37	South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) survey response rate	60%	NA	60%	January - December (Calendar Year)	Division of Surveillance, PHSIS	Percent of respondents completing the survey based on sample of mothers drawn from SC births.	1.5.4, 1.5.6
38	Publish the Annual report on Reportable Conditions by October 31 of each year.	Publish 2016 Annual Reportable Conditions by October 31, 2017	NA	Publish 2017 Annual Report on Reportable Conditions by October 31, 2018.	October 31	SCION	counts of confirmed reportable conditions	1.5.4
39	Publish 2016 interim report for HAI by October 15, 2016; and publish HAI Annual report by April 15, 2017.	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 HAI by April 15, 2018.	April 15	Reports of required Healthcare Associated Infections from healthcare facilities into NHSN	Counts of confirmed reportable conditions	1.5.5
40	Review of IRB requests are completed within 30 days of submission	100.00%	72.00%	100%	Each Calendar year	DHEC IRB Request Log	Percent of review of IRB requests that are completed within 30 days of submission	1.5.7
41	Increase health care coalition membership by 10% in each Public Health Region	10%	NA	10% increase	September-30	HPP Grant	Average of coalition members at beginning of fiscal year versus at end of fiscal year.	1.6.1
42	Facilitate discussions between DHEC, the American Red Cross, and local facilities to identify potential SMNS locations in three counties currently without any SMN shelter.	3	NA	discussions in 3 counties	September-30	HPP Grant	Memorandum of Agreement with new facilities	1.6.1, 1.6.3
43	Submit all required grant reports on time	100%	NA	100%	September-30	HPP and PHEP Grants	Percent of all required grant reports submitted on time	1.6.2
44	Increase number of Closed Points of Distribution (POD) by 25%	25% Statewide	NA	14 new PODs	September-30	HPP Grant	Memo-andum of Agreement with new facilities	1.6.3
45	Ensure all coalition members are afforded opportunity to participate in at least one exercise annually.	100%	NA	1 exercise per Region	September-30	HPP Grant	Exercise AAR's and sign in sheets	1.6.3, 1.6.4
46	Maintain or decrease average number of permit process days.	139	100	139	Federal Fiscal Year 2015 - Federal Fiscal Year 2016	Environmental Facility Information System (EFIS)	Average number of days that most permits were issued for most common environmental permits	2.1.1, 2.1.5, 2.2.1, 2.3.1, 2.4.1, 2.5.1
47	Meet ozone standard at 100% of ozone monitoring sites and maintain ozone standard by 2018.	100%	100%	100%	October 31	EPA Air Quality System Database (AQS)	Annual fourth-highest daily maximum 8-hour concentration, averaged over 3 years	2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.4
48	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)	15%	15%	15%	September 30	EFIS Database	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)	2.1.5
49	Improve compliance with R.61-25 Retail Food Establishments by the use of Downgrading and Civil Penalties.	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	January - December (Calendar Year)	StetonePermitting	Percent of downgrades of Retail Food Establishments compared to previous years	2.2.1, 2.2.2, 2.2.3

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
50	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.	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.	Federal fiscal year	RCRA Info which is the federal Hazardous Waste Management database	The percentage of the facilities on the GPRA list that achieve those milestones	2.3.2
51	The number of teachers educated annually on environmental and recycling curriculum; and amount of municipal solid waste recycled annually.	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	In 2011, the state set a goal to recycle 40 percent of its municipal solid waste by 2020.	Recycling data is based on the fiscal year; number of teachers educated is compiled annually	Recycling information comes from counties and businesses and is stored in RETRAC, a waste and recycling data management system.	Recycling data is tracked in tons and compared to the total amount of waste disposed.	2.3.3
52	Underground Storage Tank (UST) Release Cleanup Progress (release closures per federal fiscal year or FFY)	150 releases proposed to be closed during the FFY	To be calculated 9/30/2016	125 releases proposed to be closed during the FFY	Federal Fiscal Year	Internal - EFIS database	Cumulative total number of release closures	2.3.4
53	Number of acres made "ready for Brownfields reuse"	There are no targets driving this measure. This is a measure demonstrating effective use of federal Brownfields funding.	To be calculated 9/30/2016	There are no targets driving this measure. This is a measure demonstrating effective use of federal Brownfields funding.	Federal Fiscal Year	Internal - EFIS database	Cumulative total number of acres ready for reuse based on certificates of completion issued during the federal fiscal year.	2.3.4
54	Percent of surface waters meeting numeric standards (fishable, swimmable)	75%	61.80%	75%	Bi-Annual - Calculated every 5 years	Monitoring Data	Utilizing impaired monitoring stations	2.4.1, 2.4.2, 2.4.3, 2.4.5, 2.2.4
55	Percent of population served by community public water systems that are in compliance with all health based standards	95%	95%	95%	Calendar Year	National Database SCDWIS	Compliance/Total Systems	2.4.1, 2.4.2
56	Percent of high hazard and significant hazard regulated dams receiving appropriate inspection	High Hazard once every 2 years and Significant Hazard once every 3 years	100% All High and Significant dams were inspected after the flooding in October 2015	High Hazard once every 2 years and Significant Hazard once every 3 years	Calendar Year	Inspections	Number Inspections/Total Dams in that category	2.4.4
57	Reduce the amount of marine debris in coastal waters and within the beach/dune system by increasing participation in the Adopt a Beach program	Maintain 700-1000 volunteer hours	1,148 volunteer hours; 2,029 pounds of debris removed	Maintain 1000+ volunteer hours	July - June (Fiscal Year)	Online and hard copy forms submitted by volunteers - various (per event/monthly/annually)	# of volunteer hours recorded; amount (lbs) of debris recorded upon removal	2.5.2
58	Strengthen interactions with local governments through improved technical assistance and beachfront management planning to reduce community vulnerability to coastal hazards	Provide technical assistance to at least one beachfront community on LCBMP revision	1 LCBMP revised with technical assistance from OCRM	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	July - June (Fiscal Year)	Internal records of revised documents submitted - annually	# of LCBMPs revised annually	2.5.3, 2.5.4
59	Issue all health facilities and services licenses and permits within 15 calendar days of receipt of completed licensing packet.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of all licenses and permits issued within 15 calendar days of receipt of completed licensing packet.	3.1.1
60	Conduct all routine inspections of health facilities and services within the timeframe prescribed by law or regulation.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of routine inspections completed within timeframe prescribed by law or regulation.	3.1.2

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
61	Conduct all initial investigations of health facilities and services within the appropriate timeframe corresponding to the severity of the complaint, i.e., 24-48 hours, 30 days, 60 days, or 90 days.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of initial investigations conducted within the timeframe corresponding for the severity of the complaint.	3.1.3
62	Perform and document design reviews and construction inspections of health facilities within 15 calendar days of the date requested.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of document design reviews and construction inspections conducted within 15 calendar days of the date requested.	3.1.4
63	Meet the performance standards for the frequency, quality, and enforcement for nursing homes and other health care facilities.	100%	15 of 18 standards met.	100%	October - September (Federal Fiscal Year)	CMS Performance Standards System	Percentage of performance standards met for the frequency, quality, and enforcement for nursing homes and other health care facilities.	3.2.1
64	Meet the performance standards for the frequency, quality, and enforcement for CLIA laboratories.	100%	7 of 7 standards met.	100%	October - September (Federal Fiscal Year)	CMS Performance Standards System	Percentage of performance standards met for the frequency, quality, and enforcement for CLIA laboratories.	3.2.1
65	Process and approve 95% of all complete emergency medical technician (EMT) and athletic trainer credential applications within 10 days of receipt.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of EMT and athletic credential applications approved within 10 days of receipt.	3.3.1
66	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.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Total number of EMT level and paramedic level personnel trained and certified in this State by in-state training institutions.	3.3.2
67	Guidelines and transport protocols for trauma patients reviewed and published for public comment by March 1, 2017.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	American College of Surgeons 2014 Guidelines and CDC Trauma Triage Guidelines	Publication of guidelines and transport protocols for trauma patients for public comment on or before March 1, 2017.	3.3.3
68	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.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Approved stroke consensus metrics and a nationally recognized data set platform with confidentiality standards	Percentage of completed implementation of a statewide stroke registry.	3.3.4
69	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.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Benchmark set by Health Resources and Services Administration	Percentage of completed implementation of the Pediatric Facility Recognition Program.	3.3.5
70	Revise the State Health Plan every 2 years.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	State Health Planning Committee	Percentage of State Health Plans revised every 2 years.	3.4.1
71	Improve the turnaround time for all Certificate of Need (CON) decisions by 10% each year.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Turnaround time on all CON decisions.	3.4.2
72	Issue registrations within 10 business days of receiving completed applications.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Manual Application Receipt Tracking System	Percentage of registrations issued within 10 days of receiving completed applications.	3.5.1
73	Increase the number of practitioners and registrants inspected by 10% each year.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Total number of inspections performed annually.	3.5.2
74	Increase the usage and participation in SCRIPTS by 5% each year.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	SCRIPTS	Total usage and participation in SCRIPTS.	3.5.3

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
75	Issue registration and licensing actions for facilities that use x-ray equipment, radioactive materials, and tanning beds within 30 calendar days of reviewing complete applications.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of registrations and licensing actions issued within 30 calendar days of reviewing complete applications.	3.6.1
76	Conduct all inspections of facilities that use x-ray equipment, radioactive materials, and tanning beds within the timeframe prescribed by law or regulation.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of inspections conducted within the timeframe prescribed by law or regulation.	3.6.2
77	Conduct all investigations of incidents and allegations related to facilities that use x-ray equipment, radioactive materials, and tanning beds within the appropriate timeframe corresponding to the severity of the complaint.	Agency did not use PM during this year	Agency did not use PM during this year	100%	July - June (Fiscal Year)	Electronic Document Management System	Percentage of investigations conducted within the timeframe corresponding to the severity of the complaint.	3.6.3
78	By June 30, 2019, transition all outdated mainframe applications to modern platforms.	Agency did not use PM during this year	Agency did not use PM during this year	100%	June 30	Internal inventory report of applications provided as needed	Number of mainframe applications divided by number transitioned	4.1.1
79	Fully implement ePermitting solution by June 30, 2020	Contract awarded	Contract awarded and gap analysis process began	Core system development complete and user acceptance testing complete	June 30	ePermitting project plan	N/A	4.1.2
80	Deploy statewide Electronic Health Record system by June 30, 2018	Agency did not use PM during this year	Agency did not use PM during this year	Contract awarded and gap analysis complete	June 30	EHR project plan	N/A	4.1.3
81	Relocate DHEC data center to DTO facility.	Agency did not use PM during this year	Agency did not use PM during this year	100%	June 30	Project plan & reporting provided by discovery tools; provided upon completion of each milestone (waves) and as needed	Number of servers moved to DTO divided by number of servers remaining in DHEC data center	4.1.4

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
82	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.	<ol style="list-style-type: none"> 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. Revise the Employee Performance Management Process. 7. Develop an Agency recruiting strategy. 	<ol style="list-style-type: none"> 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 Performance Management Process has been revised. 7. The Agency is developing a recruiting strategy for critical roles. 	<ol style="list-style-type: none"> 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. 	June 30	<ol style="list-style-type: none"> 1. Employee Engagement Survey. 2. SCEIS data and Information from Succession Planning Committee. 3. SCEIS data and information from hiring authorities. 4. List of Leaders 5. Procurement Authorized State Vendor List. 6. Employee Performance Management Forms. 7. Recruiting Strategy for Critical Roles. 	<ol style="list-style-type: none"> 1. Number of responses to survey. 2. N/A 3. Number of new hires. 4. N/A 5. Presentation of best options. 6. Number of Employee Performance Management Processes completed. 7. N/A 	4.2.1
83	Establish a safety office and determine policies and procedures for this office by June 30, 2017	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.	June 30	Safety policy and procedure manual.	N/A	4.2.2

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
84	Provide new internal and external continuing education opportunities for our teammates to develop and learn new skills and enhance their contributions to the Agency.	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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 	<p>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.</p> <p>New managers will complete basic supervisory courses with 12 months of assuming supervisory roles.</p> <p>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.</p> <p>Non-managers will complete at least 3 non-program specific hours of continuing education courses each year.</p>	June 30	<ol style="list-style-type: none"> 1. CPM Graduation Rate - Available Annually 2. LEAP Graduation Rates - Available Annually 3. Percent of managers completing continuing education requirements - Available Annually 	<ol style="list-style-type: none"> 1. Number of CPM participants who graduate/ total DHEC CPM Participants 2. Number of LEAP participants who graduate/ total LEAP Participants 3. Number of managers completing continuing education requirements/ Number of total managers 	4.2.3
85	Establish the Office of Strategy and Continuous Improvement with standardized and fully implemented policies and procedures by June 30, 2017	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.	Formal continuous improvement policies and procedures implemented. Standardized DHEC policies and practices evaluation tool developed.	June 30	Continuous Improvement policy/procedure manual and policies and practices evaluation tool.	N/A	4.3.1
86	Establish a Project Management Office with standardized and fully implemented policies, procedures, and artifacts by June 30, 2017	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.	Formal PMO policies and procedures implemented. Standardized project artifacts developed.	June 30	PMO policy/procedure manual and project portfolio.	N/A	4.3.2

Agency Name:	Department of Health and Environmental Control
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Agency Code:	J040	Section:	034
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Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
319 Grantees	Local Government, Higher Education Institute, Non-Governmental Organization	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.	2.4.3
40 by 2020 Partnership (Sonoco Recycling, Pratt Industries, SC Department of Commerce, Palmetto Pride, and the SC Beverage Association)	Professional 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.	2.3.3
Advisory Committees	Non-Governmental Organization	Advise and make recommendations to the department about formulation and implementation of a comprehensive cancer prevention and control.	1.2.3
Agencies on Aging	Non-Governmental Organization	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.	1.2.1, 1.4.4
Alcohol Drug Rehabilitation Facilities	Non-Governmental Organization	Conduct SNAP-Ed programs for adults served by the agencies at rehabilitation facilities.	1.2.1, 1.4.4
Alere Wellbeing/Optum	Private Business Organization	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.	1.2.5
Alliance for a Healthier Generation	Non-Governmental Organization	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.	1.4.4
Alliance for a Healthier South Carolina	Non-Governmental Organization	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.	1.2.6
Alta Planning + Design	Private Business Organization	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.	1.4.4
American Cancer Society – Cancer Action Network (ACS-CAN)	Non-Governmental Organization	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.	1.2.5
American College of Radiology	Professional Association	Assists with regulatory guidance pertaining to mammography and safe radiation practices.	3.6.1, 3.6.2, 3.6.3
American College of Radiology	Professional Association	Bridges federal, state and local entities.	3.6.1, 3.6.2, 3.6.3
American College of Radiology	Professional Association	Serves patients and society by empowering members to advance the practice, science and professions of radiological care.	3.6.2
American Heart Association (AHA)	Non-Governmental Organization	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.	1.2.1, 1.2.5
American Heart Association (AHA)	Non-Governmental Organization	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.	1.2.5
American Heart Association (AHA)	Non-Governmental Organization	Serves on Stroke Advisory Council and provides guidance and direction to the program.	3.3.4

American Heart Association (AHA)	Non-Governmental Organization		Advocates for funding to support the Stroke Act and program.	3.3.4
American Lung Association (ALA)	Non-Governmental Organization		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.	1.2.5
American Red Cross	Non-Governmental Organization		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.	1.6.1, 1.6.2
Arthritis Foundation	Non-Governmental Organization		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.	1.2.1
Ascension Corporation	Private Business Organization		Contracts with the Department to complete Medicare Certification surveys of skilled nursing facilities to meet CMS State Agency Performance Standards.	3.2.1
Association for Professionals in Infection Control and Epidemiology (APIC) Palmetto	Professional Association		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.	1.3.1, 1.5.4
Association of Clean Water Administrators (ACWA)	Professional Association		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.	2.4.1, 2.4.2, 2.4.3, 2.4.5
Association of Food and Drug Officials (AFDO)	Professional Association		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.	2.2.2
Association of Maternal and Child Health Programs (AMCHP)	Professional Association		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.	1.1.1
Association of State and Territorial Dental Directors (ASTDD)	Professional Association		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.	1.1.5
Association of State and Territorial Health Officials (ASTHO)	Professional Association		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.	1.2.1
Association of State and Territorial Solid Waste Management Officials (ASTSWMO)	Professional Association		DHEC participates in ASTSWMO task forces and subcommittees that focus on particular program elements, including, but not limited to, hazardous waste, Superfund, and UST.	2.3.2, 2.3.4
Association of State Dam Safety Officials (ASDSO)	Professional Association		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.	2.4.4
Association of State Drinking Water Administrators (ASDWA)	Professional Association		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.	2.4.1, 2.4.2

Association of State Wetland Managers (ASWM)	Professional Association	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.	2.4.1
Atlantic Compact Commission (ACC)	Professional Association	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.	2.3.2
Audiologists	Private Business Organization	Provide hearing screening and/or diagnostic testing and recommendations for hearing systems for children with hearing impairments.	1.1.1
Audiologists	Private Business Organization	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.	1.1.1
Baby & Me Tobacco Free	Non-Governmental Organization	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.	1.1.3, 1.2.5
Baby & Me Tobacco Free	Non-Governmental Organization	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.	1.1.3, 1.2.5
Beaufort Jasper Hampton Comprehensive Health Services, Inc.	Non-Governmental Organization	Provide WIC services in the Lowcountry Public Health Region.	1.1.3
Beaufort Jasper Hampton Comprehensive Health Services, Inc.	Non-Governmental Organization	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.	1.1.5
Beverage and Food Group Communications (BFG)	Private Business Organization	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.	1.2.5
BlueCross BlueShield Foundation of S.C.	Private Business Organization	DHEC receives funding from the Foundation to coordinate the implementation of the S.C. FitnessGram System.	1.4.4
BlueCross BlueShield S.C.	Private Business Organization	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]	1.2.3
Bureau of Ocean and Energy Management (BOEM)	Federal Government	DHEC reviews applications submitted to BOEM for activities conducted outside of State waters which may result in reasonably foreseeable coastal effects.	2.5.1, 2.5.2
Businesses	Private Business Organization	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.	1.4.4
Camp Burnt Gin – Children with Special Health Care Needs	State Government	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	1.1.5
Cancer Centers	Private Business Organization	DHEC provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services.	1.2.5
Care Coordination Institute (CCI)	Non-Governmental Organization	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.	1.2.1
Carolina Recycling Association (CRA)	Professional Association	DHEC works cooperatively with the CRA to offer training, education and networking opportunities designed to promote waste reduction and recycling.	2.3.3

Carolinas Center for Medical Excellence (CCME)	Non-Governmental Organization		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 <i>Clostridium difficile</i> 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.	1.3.1, 1.5.4
Carolinas Integrated Sciences and Assessments (CISA)	Professional Association		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.	2.5.2, 2.5.3, 2.5.4
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.1.5
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.2.1, 1.2.2, 1.4.4
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.2.1, 1.2.4, 1.2.6, 1.4.4
Centers for Disease Control and Prevention (CDC)	Federal Government		Manage funding they provide to administer the cooperative agreement to reduce the burden of arthritis.	1.2.1, 1.4.4
Centers for Disease Control and Prevention (CDC)	Federal Government		CDC provides funding to DHEC for implementation of nutrition and physical activity best practices in child care, schools, communities, and worksites.	1.2.1, 1.4.4
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.2.3
Centers for Disease Control and Prevention (CDC)	Federal Government		CDC provides grant funding and technical assistance to address tobacco use in SC.	1.2.5
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.2.7
Centers for Disease Control and Prevention (CDC)	Federal Government		CDC provides grants to support efforts to address Zika in S.C. [2016-2017]	1.3.1
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.3.1
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.3.1, 1.4.5
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.3.4
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.3.4
Centers for Disease Control and Prevention (CDC)	Federal Government		The CDC's DTBE partially funds the S.C. State Tuberculosis Control Program.	1.4.6

Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.5.3, 1.5.5, 1.5.6
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	1.5.4, 1.5.5
Centers for Disease Control and Prevention (CDC)	Federal Government		Foodborne outbreak data is submitted to CDC.	2.2.3
Centers for Disease Control and Prevention (CDC)	Federal Government		CDC provides technical assistance in support of monitoring and assessing threats to the general population from a chemical/radiological release.	2.2.3
Centers for Disease Control and Prevention (CDC)	Federal Government		DHEC notifies the CDC of rabies cases.	2.2.3
Centers for Disease Control and Prevention (CDC)	Federal Government		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.	3.5.3
Charleston Resilience Network (CRN)	Professional Association		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.	2.5.2, 2.5.3, 2.5.4
Children's Trust of S.C.	Non-Governmental Organization		DHEC Division of Children's Health partners with Children's Trust to provide training on Adverse Childhood Experiences (ACEs)	1.1.1
Children's Trust of S.C.	Non-Governmental Organization		DHEC staff work with Children's Trust to educate the public about safer sleeping practices for infants.	1.1.4
Children's Trust of S.C.	Non-Governmental Organization		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.	1.1.5
Children's Trust of S.C.	Non-Governmental Organization		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.	1.2.2
Children's Trust of S.C.	Non-Governmental Organization		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.	1.5.4
Children's Trust of S.C.	Non-Governmental Organization		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.	1.5.4, 1.5.5, 1.5.6
ChildSmiles Dental, Inc.	Private Business Organization		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.	1.1.5
City of Charleston	Local Government		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.	2.5.1, 2.5.2, 2.5.3, 2.5.4
Classy Smiles, Inc.	Non-Governmental Organization		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.	1.1.5
Clemson University	Higher Education Institute		Collaborate on the delivery of SNAP initiatives and share resources. Meet periodically to share resources/ideas and participate in joint trainings with DSS.	1.2.1, 1.4.4

Clemson University	Higher Education Institute	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	1.4.4
Clemson University	Higher Education Institute	DHEC works with South Carolina Meat and Poultry related to meat products in South Carolina.	2.2.2
Clemson University	Higher Education Institute	The Clemson Division of Regulatory Services provides technical assistance and expertise on agricultural property damage on pesticide application concerns.	2.2.3
Clemson University	Higher Education Institute	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.	2.3.1
Clemson University Department of Pesticide Regulation	Higher Education Institute	DHEC and the Clemson University Department of Pesticide Regulation cooperate regarding mosquito surveys and control measures.	1.6.1, 1.6.4
Clemson University Livestock and Poultry Health (CULPH)	Higher Education Institute	DHEC and CULPH work together to incorporate radiation protection principles into planning for protecting animals and agricultural products.	1.6.1
Clemson University Livestock and Poultry Health (CULPH)	Higher Education Institute	DHEC and CULPH coordinate enhanced surveillance of novel avian influenza virus in wild birds, poultry flocks and poultry workers.	1.6.1
Clemson University Livestock and Poultry Health (CULPH)	Higher Education Institute	DHEC and CULPH exercise emergency response plans involving fixed nuclear facilities.	1.6.4
Clemson University Livestock and Poultry Health (CULPH)	Higher Education Institute	DHEC works with CULPH related to the Necropsy Rabies program and during emergencies related to agricultural animals.	2.2.2, 2.2.3
Clinical Efforts Against Secondhand Smoke Exposure (CEASE) National Program/Massachusetts General Hospital	Non-Governmental Organization	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.	1.2.5
Coastal Carolina University	Higher Education Institute	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.	2.3.3
Coastal Counties and Municipalities	Local Government	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.	2.5.1, 2.5.2, 2.5.3, 2.5.4
Coastal States Organization (CSO)	Professional Association	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.	2.5.2, 2.5.3, 2.5.4
Colleges & Universities	Higher Education Institute	Provide training and technical assistance to implement programs; provide up-to-date, culturally appropriate health education information and data.	1.2.1
Colleges & Universities	Higher Education Institute	Collaborate to identify and address quality care issues and access gaps. Assist in identifying approaches to provide coverage and program planning.	1.2.3
Colleges & Universities	Higher Education Institute	Provide approved data to academic researchers upon request to facilitate public health research.	1.5.6
Columbia Marionette Theater	Non-Governmental Organization	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.	1.1.5
Community Based Organizations	Non-Governmental Organization	Provide training and technical assistance to implement programs; provide up to date, culturally appropriate health education information and data.	1.2.1
Community Based Organizations	Non-Governmental Organization	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.	1.3.2

Community Based Organizations	Non-Governmental Organization		Referrals are made to HIV care centers for ongoing HIV follow up care.	1.4.3
Community Centers	Non-Governmental Organization		SNAP programs are conducted for children and adults served by the agencies and facilities are used for programs free of charge.	1.2.1, 1.4.4
Conference for Food Protection	Professional Association		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.	2.2.4
Conference of Radiation Control Program Directors (CRCPD)	Professional Association		DHEC partners with CRCPD to promote consistency in addressing and resolving radiation protection issues.	2.3.2
Conference of Radiation Control Program Directors (CRCPD)	Non-Governmental Organization		Offers training and understanding in all radiological areas.	3.6.1, 3.6.2
Conference of Radiation Control Program Directors (CRCPD)	Non-Governmental Organization		Provides guidance to State Radiological Health Programs.	3.6.1, 3.6.2, 3.6.3
Conference of Radiation Control Program Directors (CRCPD)	Non-Governmental Organization		Mission of dedication to Radiation Safety.	3.6.1, 3.6.2, 3.6.3
Conference of Radiation Control Program Directors (CRCPD)	Non-Governmental Organization		Encompasses state and federal programs.	3.6.1, 3.6.2, 3.6.3
Conference of Radiation Control Program Directors (CRCPD)	Non-Governmental Organization		Promotes uniformity of radiation control laws and regulations.	3.6.2
Congregate Meals Sites	Local government		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 <i>Walk with Ease Program</i> to senior groups.	1.2.1, 1.4.4
Contractors and Consultants	Individual and Professional Association		DHEC works with contractors and consultants on permit applications and other regulatory proposals to meet environmental requirements.	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
Contractors and Consultants	Individual and Professional Association		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.	2.3.2
Council of Governments (COGs)	State Government		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.	1.4.4
Council of Governments (COGs)	Local Government		DHEC coordinates with COGs on Air Quality Coalitions.	2.1.3
Council of Governments (COGs)	Local Government		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.	2.4.1
Counties and/or Municipal Governments	Local government		Provide training and technical assistance to implement programs; provide up to date, culturally appropriate health education information and data.	1.2.1
Counties and/or Municipal Governments	Local government		Community teams are currently engaged and in process of assisting counties in developing their Community Health Improvement Plan.	1.2.1
Counties and/or Municipal Governments	Local government		The agency provides accurate, timely, and useful health information on methods to protect the public from exposure to secondhand smoke.	1.2.5
Counties and/or Municipal Governments	Local Government		DHEC works with these partners to provide technical assistance and grant funding to promote recycling.	2.3.3
County and Municipal Public Works Departments	Local government		DHEC provides advice and regulatory guidance to county and municipal public works departments during emergency responses.	1.6.4

County Emergency Management Agencies	Local government	DHEC exercises regularly and participates in SEOC operations with county emergency management agencies.	1.6.1, 1.6.4
Dam Owners	Individual and Non-Governmental Organization	DHEC provides assistance and regulatory guidance to dam owners on an ongoing basis and during emergency responses.	1.6.4, 2.4.4
Daycare Facilities – Licensed and Unlicensed	Private Business Organization	Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.4.5
Daycare Facilities – Licensed and Unlicensed	Private Business Organization	Provide education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission.	1.4.5
Delta Dental of Missouri and South Carolina	Non-Governmental Organization	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.	1.1.5
DentaQuest	Private Business Organization	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.	1.1.5
Diabetes Advisory Council of S.C. (DAC)	Non-Governmental Organization	DHEC works with the DAC to ensure that people with prediabetes achieve optimal health and delay or prevent the onset of type 2 diabetes.	1.2.1
Diabetes Initiative of S.C. (DSC)	Higher Education Institute	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.	1.2.1
Don't Waste Food SC/Food Recovery Stakeholders	Professional Association and Non-Governmental Organization	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.	2.3.3
Donate Life	Non-Governmental Organization	Collaborate with S.C. Cancer Division Comprehensive Cancer Control Program to identify and disseminate information regarding organ donorship.	1.2.3
Dr. Francis Rushton	Individual	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]	1.1.1
Dr. Francis Rushton	Individual	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]	1.1.5
Eat Smart Move More S.C. (ESMMSC)	Non-Governmental Organization	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.	1.2.1

Eat Smart Move More S.C. (ESMMSC)	Non-Governmental Organization		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.	1.2.2, 1.4.4
Eat Smart Move More S.C. (ESMMSC)	Non-Governmental Organization		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.	1.2.4
Eau Claire Cooperative Health Centers, Inc.	Non-Governmental Organization		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.	1.1.5
Educational Institutions	Local government		Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.4.5
Educational Institutions	Local government		Provide education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission.	1.4.5
Educational Institutions	Higher Education Institute and K-12 Education Institute		DHEC works with these partners to provide technical assistance and grant funding to promote recycling.	2.3.3
EdVenture Children's Museum	Non-Governmental Organization		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.	1.1.5
Electronics Recycling Coordination Clearinghouse (ERCC)	Professional Association		ERCC provides DHEC with an opportunity to interact with other states on issues related to the recycling and proper management of electronic scrap.	2.3.3
Elementary Schools	K-12		Elementary school children in K-5 th 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.	1.2.1, 1.4.4
Elementary Schools	K-12		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.	1.2.7
Facilities Possessing Hazardous and Regulated Materials	Private Business Organization		DHEC provides advice and regulatory guidance to facilities possessing hazardous and regulated materials during emergency responses.	1.6.4
Faith Based Organizations/Communities	Non-Governmental Organization		Provide training and technical assistance to implement programs; provide up to date, culturally appropriate health education information and data.	1.2.1
Faith Based Organizations/Communities	Non-Governmental Organization		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.	1.2.1
Faith Based Organizations/Communities	Non-Governmental Organization		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.	1.2.1
Faith Based Organizations/Communities	Non-Governmental Organization		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.	1.4.4

Family Connection of S.C.	Non-Governmental Organization		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.	1.1.1
Family Solutions of the Low Country (Low Country Healthy Start)	Non-Governmental Organization		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.	1.1.1
Federal Emergency Management Agency (FEMA)	Federal Government		DHEC meets frequently with FEMA representatives under the aegis of SCEMD emergency planning and participates with FEMA during exercises and emergency response.	1.6.1
Federal Emergency Management Agency (FEMA)	Federal Government		FEMA provides guidance for and coordination of emergency operations following a major disaster, manmade or natural, to include Fixed Nuclear Facilities.	2.2.3
Federal Emergency Management Agency (FEMA)	Federal Government		FEMA offers the state a federal grant focused on dam safety.	2.4.4
Federal Government	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. Ob	1.2.3, 1.4.4
Federal Government	Federal Government		DHEC Vital Statistics provides verifications of birth, death, marriage and divorce to federal agencies.	1.5.5
Federal Prison (Edgefield)	Federal Government		Provide training & technical assistance to implement programs; provide up to date, culturally appropriate health education information and data.	1.2.1
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		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.	1.2.1
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		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.	1.2.1, 1.2.6
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		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.	1.2.1, 1.2.6
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		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.	1.2.1, 1.4.4
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		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.	1.2.3
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		DHEC provides education and training to support implementation of a provider referral system to connect their tobacco using patients with effective tobacco treatment services.	1.2.5
Federally-Qualified Health Centers (FHQC)	Non-Governmental Organization		Referrals are made to HIV care centers for ongoing HIV follow up care.	1.4.3
Fixed Nuclear Facility Operators	Private Business Organization		DHEC exercises regularly and participates in SEOC operations with Fixed Nuclear Facility operators.	1.6.1, 1.6.4
Florida State Department of Health Bureau of Laboratories (FDOHBL)	State Government		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.	2.2.4
Food Banks, Food Pantries, Food Access Groups	Non-Governmental Organization		Adults receive the It's Your Health Take Charge that promotes healthy eating and active lifestyles to reduce or prevent chronic diseases.	1.2.1, 1.4.4

Free Medical Clinics/Labs	Non-Governmental Organization		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.	1.2.3
Free Medical Clinics/Labs	Non-Governmental Organization		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.	1.2.5
Georgia Department of Health, HIV Surveillance Program	State Government		DHEC participates in routine data exchange to improve data quality and completeness of the HIV Surveillance System in both states.	1.3.4
Georgia Department of Public Health Women, Infants and Children (WIC) Nutrition Program	State Government		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.	1.1.4
Greenville Health System (GHS)	Private Business Organization		Developing partnership with GHS to create an Adolescent Teen Center in Greenville County.	1.4.2
Greenville Health System (GHS)	Private Business Organization		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.	1.6.2
Greenville Health System (GHS)	Non-Governmental Organization		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.	3.5.3
Greenwood Genetic Center	Non-Governmental Organization		Provides genetic testing and counseling to families.	1.1.1
Greenwood Genetic Center	Non-Governmental Organization		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.	1.1.1
Greenwood Genetic Center	Non-Governmental Organization		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.	1.1.4
Greenwood Genetic Center	Non-Governmental Organization		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.	1.1.4
Head Start Centers and Preschool Programs	Federal Government		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.	1.2.1, 1.4.4
Health Management Solutions (HMS)	Private Business Organization		Collaborates with the Department to identify program improvements and secure resources to enhance quality and performance.	3.2.1
Health Promotion Specialists	Private Business Organization		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.	1.1.5
Health Resources and Services Administration (HRSA)	Federal Government		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.	1.1.1, 1.1.4, 1.1.5
Healthcare and Regulatory Attorneys	Individuals		These partners submit Certificate of Need (CON) applications to the Department for review and coordinates communication between the Department and regulated community when reviewer questions arise.	3.4.2
Healthcare Consultants	Individuals		Coordinates public comments from multiple stakeholders to provide to the Department during Plan review periods.	3.4.1
Healthcare Consultants	Individuals		This partner disseminates regulatory information to members of the regulated community to assist in the application process.	3.4.2
Healthcare Consultants	Individuals		Acts as an intermediary between the Department and the regulated community to coordinate sharing of information.	3.4.2
Healthcare Executives	Individuals		This partner provides public comment on State Health Plan recommendations and updates.	3.4.1
Healthcare Planners	Individuals		This partner provide public comment on State Health Plan recommendations and updates.	3.4.1

Healthcare Planners	Individuals		Responds to Department requests for information regarding market trends, analyses, or to provide expert opinion to CON staff.	3.4.1
Healthcare Planners	Individuals		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.	3.4.1, 3.4.2
Healthcare Professional Volunteers	Individuals		DHEC maintains a registry of health care volunteers for deployment during emergency response.	1.6.3
Healthcare Providers	Private Business Organization		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.	1.2.3
Healthcare Providers	Private Business Organization		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.	1.2.5
Healthcare Providers	Private Business Organization		Reduces vaccine preventable diseases and increase immunization rates to reduce the burden of diseases in the community.	1.3.1
Healthcare Providers	Individuals		This partner provides public comments on State Health Plan recommendations and updates.	3.4.1
Help Me Grow	Non-Governmental Organization		Partner to help build reach of Help Me Grow services in the following counties: Berkeley, Charleston, Dorchester, Florence, Greenville, and Pickens [2015-2016]	1.1.1
Hold Out the Life Line	Non-Governmental Organization		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.	1.2.5
Hospital Systems (MUSC, Palmetto Health, Greenville Health System)	Non-Governmental Organization		Provide multi-disciplinary clinics for children with craniofacial disorders.	1.1.1
Hospital-Based Community Programs	Non-Governmental Organization		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.	1.2.1, 1.4.4
Hospitals	Non-Governmental Organization		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.	1.1.1
Hospitals	Non-Governmental Organization		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.	1.1.1
Hospitals	Non-Governmental Organization		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.	1.1.1
Hospitals	Private Business Organization		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.	1.2.3
Hospitals	Private Business Organization		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.	1.2.5
Hospitals	Private Business Organization		Detects and responds to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.3.1
Hospitals	Private Business Organization		Certifications, nutrition education, breastfeeding peer counseling services and referral to registered dietitian for high risk participants are conducted in selected hospitals throughout the state.	1.4.1
Hospitals	Private Business Organization		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.	1.4.1
Hospitals	Private Business Organization		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.	1.4.2
Hospitals	Private Business Organization		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.	1.4.4
Hospitals	Private Business Organization		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.	1.4.6

Hospitals	Private Business Organization		MOAs with local hospitals for x-ray and interpretation of x-ray to assist with diagnosis and treatment.	1.4.6
Hospitals	Private Business Organization		DHEC Vital Statistics provides training and regulatory guidance for birth, death, induced termination of pregnancy and fetal death registration.	1.5.1
Hospitals	Private Business Organization		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.	1.5.3, 1.5.4
Hospitals	Private Business Organization		DHEC works with the health care community to ensure that required emergency plans are current and monitors emergency preparation and post-event recovery.	1.6.1, 1.6.4
Hospitals	Private Business Organization		DHEC provides advice and regulatory guidance to hospitals during emergency responses.	1.6.4
Hotels/Resort Facilities	Private Business Organization		These partners detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.3.1
Housing Authority Communities	Local government		SNAP-Ed programs are conducted for children, teenagers and adults served by the agencies and facilities are used for programs free of charge.	1.2.1, 1.4.4
International Code Council (ICC)	Non-Governmental Organization		Monitor and participate in code and standard development and professional development opportunities.	3.1.4
International Food Protection Training Institute (IFPTI)	Professional Association		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.	2.2.2
Interstate Mining Compact Commission (IMCC)	Professional Association		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.	2.3.1, 2.3.2
Interstate Shellfish Conference (ISSC)	Professional Association		DHEC is a voting member of the ISSC. This organization works with FDA to develop criteria for the national shellfish sanitation program. (2.4.3, 2.4.5
Laboratories	Private Business Organization		Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.3.1
Laboratories	Private Business Organization		Ensures that HIV/AIDS laboratory tests are performed timely and accurately. Provide STS with HIV/AIDS lab results per requirements listed on Reportable Conditions.	1.3.4
Laboratories	Private Business Organization		Ensures suspect and confirmed cases of TB are reported and referred to the Agency for clinical evaluation and management.	1.4.6
Land Conservation Organizations	Non-Governmental Organization		DHEC participates with various land conservation organizations as funds are available to help restore, enhance, and preserve/conserv sensitive natural, historic and cultural resources.	2.5.2, 2.5.3, 2.5.4
Lexington Medical Center	Non-Governmental Organization		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.	3.5.3
Little River Medical Center	Non-Governmental Organization		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.	1.1.5
Local Coalitions	Non-Governmental Organization		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.	1.2.3
Local Law Enforcement (County and Municipal)	Local government		DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations.	1.5.5
Local Law Enforcement (County and Municipal)	Local Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3

March of Dimes	Non-Governmental Organization		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.	1.2.5
Marcus Lattimore Foundation	Non-Governmental Organization		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.	1.1.5
Mary Black Foundation	Non-Governmental Organization		Contract to support teen pregnancy efforts in Spartanburg County.	1.4.2
Medical and Social Services Provider Stakeholders	Private Business Organization		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.	1.3.2
Medical Practices	Private Business Organization		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.	1.2.4
Medical University of South Carolina (MUSC)	Higher Education Institute		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.	1.6.2
Medical University of South Carolina (MUSC)	Higher Education Institute		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.	3.5.3
Midwifery Advisory Council	Professional Association		DHEC Vital Statistics provides consultation and regulatory guidance for birth registration to midwives.	1.5.1
Midwifery Advisory Council	State Government		Consult with for advice and guidance on health and safety issues.	3.1.1, 3.1.2, 3.1.3
Mining Association of South Carolina (MASC)	Professional Association		The MASC, in which DHEC participates, provides a forum for interacting with, and educating the regulated community regarding mining and reclamation activities.	2.3.1, 2.3.2
Multi-Unit Housing Companies, Managers and Residents	Private Business Organization		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.	1.2.5
Multi-Unit Housing Companies, Managers and Residents	Private Business Organization		Community teams conduct smoke-free presentations and training to multi-unit housing managers and residents.	1.2.5
Municipal Separate Storm Sewer Systems (MS4s)	Local Government		DHEC authorizes MS4s to conduct stormwater construction application review within their jurisdiction.	2.4.1, 2.4.2
MUSC Boeing Center for Children's Wellness	Higher Education Institute		DHEC works collaboratively with the MUSC Boeing Center for Children's Wellness to provide assistance to Bamberg School Districts One and Two.	1.4.4
MUSC Hollings Cancer Center	State Government		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.	1.2.5
MUSC James B. Edwards College of Dental Medicine	Higher Education Institute		Supports evaluation of performance on the CDC state dental prevention grant and the State Oral Health Plan along with the SC OH Advisory Council.	1.1.5
MUSC James B. Edwards College of Dental Medicine			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.	1.1.5
N.C. Department of Health and Human Services Nutrition Services Branch	State Government		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.	1.1.4
N.C. State University	Higher Education Institute		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.	1.4.4
National Association of Chronic Disease Directors (NACDD)	Professional Association		Chronic Disease programs receive targeted technical assistance and program staff support NACDD program quality improvement work.	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)	Professional Association		DHEC partners with the NASLR to promote the proper restoration of mined areas.	2.3.2
National Association of State Public Health Veterinarians	Professional Association		DHEC assists with a compendium used to make recommendations for animal protection.	2.2.2
National Conference for Interstate Milk Shipment (NCIMS)	Professional Association		DHEC works with NCIMS on routine inspections, monitoring, and enforcement for the dairy industry	2.2.2
National Fire Protection Association (NFPA)	Professional Association		Monitors and participates in code and standard development and professional development opportunities.	3.1.4
National Oceanic and Atmospheric Administration (NOAA)	Federal Government		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.	2.5.1, 2.5.2
National Tuberculosis Control Association (NTCA)	Non-Governmental Organization		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]	1.4.6
New Morning Foundation	Non-Governmental Organization		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.	1.2.6
Non-profit entities providing Abstinence Education programming	Professional Association		Partner with non-profit entities that are awarded State and Federal funds for abstinence education programming through a competitive grant application process.	1.1.2
Non-profit entities providing Abstinence Education programming	Non-Governmental Organization		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.	1.2.5
Nurse-Family Partnership (NFP)	Private Business Organization		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.	1.4.7
Nurse-Family Partnership (NFP)	Private Business Organization		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.	1.4.7
Nurse-Family Partnership (NFP)	Private Business Organization		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	1.4.7
Nurse-Family Partnership (NFP)	Private Business Organization		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.	1.4.7
Nursing Homes and Residential Care Facilities	Private Business Organization		Detect and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.3.1, 1.4.5
Nursing Homes and Residential Care Facilities	Private Business Organization		DHEC works with the health care community to ensure that required emergency plans are current.	1.6.1
Nursing Homes and Residential Care Facilities	Private Business Organization		DHEC provides advice and regulatory guidance to nursing homes and residential care facilities during emergency responses.	1.6.4
Office of Rural Health	State Government		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.	1.3.1
Office of the State Archeologist	State Government		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.	2.2.3
Organization of Agreement States (OAS)	Professional Association		DHEC partners with OAS to promote and foster uniformity of radiation laws and regulations and to promote cooperative interaction with the NRC.	2.3.2
Organization of Agreement States (OAS)	Professional Association		Provides a mechanism for the Agreement States to work with each other and with the NRC on regulatory issues associated with their respective agreements.	3.6.1, 3.6.2, 3.6.3
Orthodontists	Private Business Organization		Provides orthodontic services to children with moderate-to-severe malocclusions and craniofacial abnormalities.	1.1.1

Other States	State Government		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.	1.5.3, 1.5.4, 1.5.6
Other States	State Government		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.	1.5.5, 1.5.6
Other States	State Government		DHEC coordinates with neighboring states on permitting actions and ambient air monitoring.	2.1.1, 2.1.3, 2.1.4
Oxbow Encounter CHART	Private Business Organization		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.	1.2.1
Palmetto Health Hematology and Oncology Department	Non-Governmental Organization		Partners to provide in-kind resources for the blood disorders session at the program's residential summer program.	1.1.1
Palmetto Health Medical Center	Non-Governmental Organization		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.	3.5.3
Palmetto Health System	Private Business Organization		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.	1.6.2
Palmetto Healthy Start	Non-Governmental Organization		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.	1.1.1
Palmetto Poison Center	Non-Governmental Organization		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.	1.3.1
Palmetto Pride	Non-Governmental Organization		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.	2.3.3
Parks and Recreation Departments	Local government		Provide training and technical assistance to implement programs, provide up-to-date, culturally appropriate health education information and data.	1.2.1
Parks and Recreation Departments	Local government		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]	1.2.1, 1.4.4
Parks and Recreation Departments	Local government		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	1.2.1, 1.4.4
Parks and Recreation Departments	Local government		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.	1.4.4
PASOs	Non-Governmental Organization		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 <i>Promotores</i> 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]	1.1.1
PASOs	Non-Governmental Organization		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.	1.1.3

PASOs	Non-Governmental Organization		Partners to monitor trends in participation of the Hispanic and Latino population of the state.	1.1.4
PASOs	Non-Governmental Organization		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.	1.1.5
PASOs	Non-Governmental Organization		SNAP programs will be delivered and conducted for Latino children, teens and adults served by this organization. [2016-2017]	1.2.1, 1.4.4
PASOs	Non-Governmental Organization		DHEC's DIVP and its CPS Program collaborates with PASOs to educate parents and caregivers in the proper use of child safety restraints.	1.2.2
PASOs	Non-Governmental Organization		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]	1.2.6
PASOs	Non-Governmental Organization		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.	1.4.2
Patient Organizations	Non-Governmental Organization		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.	1.2.5
Physicians	Private Business Organization		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.	1.5.1
Places of Worship	Non-Governmental Organization		Detects and responds to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.4.5
Places of Worship	Non-Governmental Organization		Provides education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission.	1.4.5
Protection and Advocacy for People with Disabilities	Professional Association		Coordinates sharing information if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
Public and Private Water and Sewer Operators	Private Business Organization		DHEC provides advice and regulatory guidance to public and private water and sewer operators during emergency responses.	1.6.4
Public Partnerships	Non-Governmental Organization		Work to ensure BCN, WISEWOMAN services are accessible in the community and that information, education and training is available, implemented and disseminated.	1.2.3
Public Service Commission of S.C. (PSC)	State Government		The PSC approves compensation for the Barnwell disposal site operator to cover the costs of operating the site that DHEC licenses.	2.3.2
Rape Crisis Centers	Non-Governmental Organization		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.	1.1.2
Rape Crisis Centers	Non-Governmental Organization		The PHHSBG from CDC supports these state-wide efforts to address sexual violence prevention.	1.2.7
Regional and National Associations	Professional Association		DHEC works with other states and local air programs on areas of common interest through regional and national air organizations.	2.1.1, 2.1.2, 2.1.3, 2.1.4
Regional Health Care Coalitions	Non-Governmental Organization		DHEC works with the health care coalitions to develop and maintain emergency response planning.	1.6.1, 1.6.2
Restaurants	Private Business Organization		Detects and responds to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.4.5
Restaurants	Private Business Organization		Provides education, recommendations, training and guidance, as appropriate, to enhance reporting of sentinel events and also to hinder further disease transmission.	1.4.5
Richland County First Steps	Non-Governmental Organization		DOH is represented on county Health Advisory Board and provides training and resources on an ongoing basis.	1.1.5

Rural Infrastructure Authority (RIA)	State Government		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.	2.4.1
S.C. Academy of Nutrition and Dietetics (SCAND)	Professional Association		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.	1.2.1, 1.4.4
S.C. Aging Network	Non-Governmental Organization		Provide training and technical assistance to implement programs, provide up-to-date, culturally appropriate health education information and data.	1.2.1
S.C. Alliance for Health, Physical Education, Recreation, and Dance	Non-Governmental Organization		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.	1.4.4
S.C. Alliance of YMCA	Non-Governmental Organization		Partner with S.C. WISEWOMAN program to provide cardiovascular and lifestyle change programs to eligible participants. [2016-2017]	1.2.3
S.C. Asthma Alliance	Non-Governmental Organization		Provides asthma evaluation and epidemiological support to alliance in support of their missions and objectives.	1.2.4, 1.5.4
S.C. Athletic Trainers Association	Professional Association		Provides guidance on Athletic Trainer Regulation.	3.3.1
S.C. Athletic Trainers Association	Professional Association		Supports Department with funding for athletic trainer certification employee and meeting support with funding from fees collected for credentialing.	3.3.1
S.C. Attorney General's Office	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Beginnings	Non-Governmental Organization		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.	1.1.1
S.C. Birth Outcomes Initiative (SCBOI)	Non-Governmental Organization		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.	1.2.5
S.C. Birth Outcomes Initiative (SCBOI)	Non-Governmental Organization		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.	1.4.2, 1.5.5
S.C. Board of Dentistry	State Government		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.	3.5.1
S.C. Board of Dentistry	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Board of Medical Examiners	State Government		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.	3.5.1
S.C. Board of Medical Examiners	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Board of Nursing	State Government		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.	3.5.1
S.C. Board of Nursing	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Board of Optometry	State Government		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.	3.5.1
S.C. Board of Optometry	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Board of Pharmacy	State Government		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.	3.5.1

S.C. Board of Pharmacy	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Board of Podiatry Examiners	State Government		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.	3.5.1
S.C. Board of Podiatry Examiners	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Board of Veterinary Medical Examiners	State Government		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.	3.5.1
S.C. Board of Veterinary Medical Examiners	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Building Codes Council	State Government		Coordinates and promotes enforcement of state-adopted codes and standards.	3.1.4
S.C. Building Codes Council	State Government		Promotes a common understanding and uniform enforcement of codes and standards among other authorities having jurisdiction.	3.1.4
S.C. Building Codes Council	State Government		Coordinates participation in joint outreach and educational opportunities.	3.1.4
S.C. Campaign to Prevent Teen Pregnancy (the Campaign)	Non-Governmental Organization		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.	1.2.6
S.C. Campaign to Prevent Teen Pregnancy (the Campaign)	Non-Governmental Organization		Partnership with the Campaign in Dillon, Darlington, Anderson, Orangeburg and Aiken Counties to concentrate efforts on adolescents.	1.4.2
S.C. Campaign to Prevent Teen Pregnancy (the Campaign)	Non-Governmental Organization		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.	1.4.2
S.C. Campaign to Prevent Teen Pregnancy (the Campaign)	Non-Governmental Organization		DHEC Vital Statistics produces teen pregnancy statistics annually for the Campaign.	1.5.5
S.C. Chapter of the American Academy of Pediatrics	Professional Association		Plan and implement the CATCH annual meeting which provides agency updates and partnership outcomes from a variety of child serving agencies. [2015-2016]	1.1.1
S.C. Chapter of the American Academy of Pediatrics	Professional Association		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 PLOHQI Project Advisory Board.	1.1.5
S.C. Coalition Against Domestic Violence & Sexual Assault (SCCADVASA)	Non-Governmental Organization		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.	1.1.2
S.C. Coalition Against Domestic Violence & Sexual Assault (SCCADVASA)	Non-Governmental Organization		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.	1.2.7
S.C. Coalition Against Domestic Violence & Sexual Assault (SCCADVASA)	Non-Governmental Organization		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.	1.4.2
S.C. Commission for the Blind	State Government		DHEC inspects Commission for the Blind retail food establishments.	2.2.2
S.C. Commission of Hearing Aid Specialists	State Government		Coordinate the written and practical examinations for hearing aid specialist applicants for licensure.	3.1.1
S.C. Commission of Hearing Aid Specialists	State Government		Consult with for advice and guidance on health and safety issues.	3.1.1, 3.1.2, 3.1.3

S.C. Coroner's Association (SCCA)	Non-Governmental Organization		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.	1.2.7
S.C. Coroner's Association (SCCA)	Professional Association		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.	1.5.1, 1.5.5
S.C. Coroner's Association (SCCA)	Professional Association		DHEC works regularly with the SCCA to plan for mass fatality management.	1.6.1
S.C. Coroner's Association (SCCA)	Professional Association		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.	1.6.2
S.C. Coroner's Association (SCCA)	Professional Association		DHEC provides advice and regulatory guidance to the coroners regarding mass fatality management during emergency responses.	1.6.4
S.C. Criminal Justice Academy	State Government		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.	3.5.3
S.C. Dental Association (SCDA)	Professional Association		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.	1.1.5
S.C. Dental Screening Associates	Private Business Organization		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.	1.1.5
S.C. Department of Agriculture (SCDA)	State Government		Authorize Farmers' 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.	1.1.3
S.C. Department of Agriculture (SCDA)	State Government		USDA funds state-level SNAP Nutrition Education initiatives and program guidance.	1.2.1
S.C. Department of Agriculture (SCDA)	State Government		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.	1.2.1, 1.4.4
S.C. Department of Agriculture (SCDA)	State Government		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.	1.4.4
S.C. Department of Agriculture (SCDA)	State Government		DHEC and SCDA work together on jurisdictional issues associated with farmers markets, wholesale packaging, and other topics.	2.2.2
S.C. Department of Agriculture (SCDA)	State Government		SCDA coordinates food embargos and provides analytical support for inspection of food products affected by chemical releases.	2.2.3
S.C. Department of Agriculture (SCDA)	State Government		DHEC and SCDA work together to calibrate laboratory balance weights.	2.2.4
S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)	State Government		Coordinate sharing information on the licensure status of health facilities and services.	3.1.1
S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)	State Government		Coordinate sharing information if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)	State Government		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.	3.5.3

S.C. Department of Archives and History	State Government		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.	1.5.5
S.C. Department of Archives and History	State Government		DHEC works with Archives to ensure transportation projects are consistent with the Coastal Tidelands and Wetlands Act.	2.5.2, 2.5.4
S.C. Department of Archives and History (Archives)	State Government		DHEC consults Archives in consideration of any archeological concerns at a potential location of mining or solid waste activity.	2.3.1
S.C. Department of Commerce	State Government		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.	2.5.1, 2.5.2, 2.5.4
S.C. Department of Commerce (Commerce)	State Government		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).	2.3.3
S.C. Department of Corrections	State Government		Operate the DHEC Specialty Care Clinic at Kirkland Correctional Institute by providing physician services and discounted HIV medications through a grant.	1.3.2
S.C. Department of Corrections	State Government		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.	1.4.6
S.C. Department of Corrections	State Government		DHEC inspects milk, dairy, and cafeteria facilities under our jurisdiction.	2.2.2
S.C. Department of Corrections	State Government		DHEC inspects foodborne illness complaints.	2.2.3
S.C. Department of Corrections	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Department of Disabilities and Special Needs	State Government		Coordinate sharing information on the licensure status of health facilities and services.	3.1.1
S.C. Department of Disabilities and Special Needs	State Government		Coordinate sharing information if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
S.C. Department of Education	State Government		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.	1.1.1
S.C. Department of Education	State Government		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.	1.1.5
S.C. Department of Education	State Government		The Agency collaborates with SCDE to implement the Youth Risk Behavior Survey and Youth Tobacco Survey in selected schools across the state.	1.2.5
S.C. Department of Education	State Government		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.	1.4.4
S.C. Department of Education	State Government		Collaborates with the S.C. Cancer Division Comprehensive Cancer Program to identify ways to increase access to comprehensive high quality care.	1.4.4
S.C. Department of Education	State Government		DHEC investigates foodborne illness outbreaks associated with SCDE facilities.	2.2.2
S.C. Department of Education (SCDE)	State Government		DHEC conducts summer feeding inspections under contract for SCDE.	2.2.2
S.C. Department of Health and Human Services	State Government		Provides funding for hemophilia factor, orthodontia and hearing services.	1.1.1
S.C. Department of Health and Human Services	State Government		Provides funding for newborn hearing screening and follow up services for Medicaid covered infants.	1.1.1
S.C. Department of Health and Human Services	State Government		Collaborates with DHEC on enhancing birth outcomes for the Medicaid population.	1.1.4
S.C. Department of Health and Human Services	State Government		Provides funding for to support a portion of the contracts between DHEC and the Regional Perinatal Center hospitals.	1.1.4
S.C. Department of Health and Human Services	State Government		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.	1.1.5
S.C. Department of Health and Human Services	State Government		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.	1.2.3

S.C. Department of Health and Human Services	State Government	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.	1.2.5
S.C. Department of Health and Human Services	State Government	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.	1.2.5
S.C. Department of Health and Human Services	State Government	Provides funding for reproductive health and follow up services for Medicaid eligible clients.	1.4.2
S.C. Department of Health and Human Services	State Government	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.	1.5.5
S.C. Department of Health and Human Services	State Government	Coordinate sharing information on the licensure status of health facilities and services.	3.1.1
S.C. Department of Health and Human Services	State Government	Coordinate sharing information if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
S.C. Department of Health and Human Services (S.C. DHHS)	State Government	Worked collaboratively with the Prescription Monitoring Program to improve the state's ability to identify and stop diversion of prescription drugs.	3.5.3
S.C. Department of Justice	State Government	Operates a Specialty Care Clinic for HIV patients at Kirkland Correctional Facility.	1.3.2
S.C. Department of Labor, Licensing and Regulation	State Government	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.	1.5.1
S.C. Department of Labor, Licensing and Regulation	State Government	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.	1.5.4, 1.5.5
S.C. Department of Labor, Licensing and Regulation	State Government	DHEC consults with the health professional licensing boards regarding health care volunteers, standards of practice, and health care delivery during emergencies.	1.6.1
S.C. Department of Labor, Licensing and Regulation	State Government	DHEC assists LLR with a contact summary for all state licensed veterinarians for rabies.	2.2.2
S.C. Department of Labor, Licensing and Regulation	State Government	DHEC works with LLR on workplace complaints.	2.2.2
S.C. Department of Labor, Licensing and Regulation	State Government	Coordinates sharing information if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
S.C. Department of Labor, Licensing and Regulation	State Government	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.	3.5.1
S.C. Department of Labor, Licensing and Regulation	State Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Department of Labor, Licensing and Regulation (LLR)	State Government	LLR- Panel for Dietetics licenses dietitians in S.C. assuring consumers receive credible nutrition information and counseling from appropriately licensed professionals.	1.2.1
S.C. Department of Mental Health	State Government	DHEC provides accurate, timely, and useful health information and resources to support the implementation of tobacco-free worksites among the DMH.	1.2.5
S.C. Department of Mental Health	State Government	DHEC and DMH work together to incorporate mental health into ESF-8 Health and Medical needs during emergency planning and emergency response.	1.6.1, 1.6.4
S.C. Department of Mental Health	State Government	Coordinates sharing information on the licensure status of health facilities and services.	3.1.1
S.C. Department of Mental Health	State Government	Coordinates sharing information if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
S.C. Department of Mental Health	State Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Department of Mental Health (DMH)	State Government	Collaborates with DHEC Division of Children's Health to increase availability of trained therapists to work with young children and their families.	1.1.1
S.C. Department of Motor Vehicles (DMV)	State Government	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.	1.5.5
S.C. Department of Natural Resources	State Government	DHEC Vital Statistics provide a matching service to DNR for individuals with hunting/fishing licenses to remove deceased individuals from their mailing list.	1.5.5
S.C. Department of Natural Resources	State Government	DNR provides law enforcement personnel to support field operations.	2.2.3
S.C. Department of Natural Resources	State Government	DNR provides wildlife and fisheries technical expertise in determining environmental impact of a chemical/oil release.	2.2.3

S.C. Department of Natural Resources	State Government	DHEC partners with DNR regarding surface water impact of mining and solid waste activities to flora and fauna.	2.3.1
S.C. Department of Natural Resources	State Government	DHEC and DNR work together on surface water quantity modeling. DNR has a role in providing technical comments for several DHEC water programs.	2.4.1, 2.4.3
S.C. Department of Natural Resources	State Government	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.	2.5.1, 2.5.2, 2.5.3, 2.5.4
S.C. Department of Natural Resources (DNR)	State Government	DNR provides boats and personnel to clear lakes/water bodies following a chemical/oil release.	2.2.3
S.C. Department of Parks, Recreation and Tourism	State Government	DHEC works with PRT to ensure their projects and efforts on state managed parklands are consistent with the Coastal Tidelands and Wetlands Act.	2.5.1, 2.5.2, 2.5.3, 2.5.4
S.C. Department of Parks, Recreation and Tourism (PRT)	State Government	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.	2.3.3
S.C. Department of Probation, Pardon and Parole	State Government	DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of investigations.	1.5.5
S.C. Department of Probation, Pardon and Parole	State Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Department of Public Safety	State Government	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.	1.2.2
S.C. Department of Public Safety	State Government	DPS provides support and emergency transportation of environment samples if necessary.	2.2.3
S.C. Department of Public Safety	State Government	DPS provides law enforcement assistance in the shadowing of spent nuclear fuel shipments into and through the state.	2.2.3
S.C. Department of Public Safety (DPS)	State Government	DPS provides law enforcement resources to control traffic during an emergency.	2.2.3
S.C. Department of Revenue	State Government	DHEC assists DOR with SC Business One Stop.	2.2.2
S.C. Department of Revenue	State Government	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.	2.3.4
S.C. Department of Revenue (DOR)	State Government	DHEC works with DOR on liquor license issues.	2.2.2
S.C. Department of Social Services	State Government	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.	1.1.3
S.C. Department of Social Services	State Government	Data Sharing Agreement – Agreement with DHEC/WIC and DSS to exchange information regarding potential clients.	1.1.4
S.C. Department of Social Services	State Government	DSS contracts with DHEC/Office of Professional and Community Nutrition Services to provide SNAP Nutrition Education Programs in eighteen (18) counties.	1.2.1
S.C. Department of Social Services	State Government	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.	1.2.2
S.C. Department of Social Services	State Government	DHEC's Division of Injury and Violence Prevention (DIVP) and its Child Passenger Safety (CPS) Program patterns with DOT to provide school transportation safety assessment in coordination with Safe Routes to School.	1.2.2
S.C. Department of Social Services	State Government	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).	1.2.7
S.C. Department of Social Services	State Government	DHEC works with DSS regarding outbreaks involving child care facilities.	1.3.1
S.C. Department of Social Services	State Government	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.	1.4.4

S.C. Department of Social Services	State Government	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.	1.4.4
S.C. Department of Social Services	State Government	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.	1.5.2, 1.5.5
S.C. Department of Social Services	State Government	DHEC Vital Statistics shares data on deaths occurring in the state to allow DSS to mark individuals receiving SNAP benefits as deceased.	1.5.5
S.C. Department of Social Services	State Government	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.	1.6.1, 1.6.4
S.C. Department of Social Services	State Government	DHEC investigates foodborne illness outbreaks.	2.2.2
S.C. Department of Social Services	State Government	Coordinate sharing information on the licensure status of health facilities and services.	3.1.1
S.C. Department of Social Services (DSS)	State Government	DHEC conducts lead evaluations for environmental factors for potential foster homes.	2.2.2
S.C. Department of Transportation	State Government	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.	1.4.4
S.C. Department of Transportation	State Government	DOT provides highway barricades and support to close highways/roads during an emergency and cleanup operations.	2.2.3
S.C. Department of Transportation	State Government	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. {	2.4.4
S.C. Department of Transportation	State Government	DHEC works with SC DOT to ensure transportation projects are consistent with the Coastal Tidelands and Wetlands Act.	2.5.1, 2.5.2, 2.5.4
S.C. Department of Transportation (DOT)	State Government	DOT provides technical support and information to DHEC on safe roads to travel during an emergency.	2.2.3
S.C. Disaster Recovery Office (SCDRO)	State Government	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.	1.6.1
S.C. Election Commission	State Government	DHEC Vital Statistics shares data on deaths occurring in the state to allow SCEC to mark individuals on the voter registration list as deceased.	1.5.5
S.C. Emergency Management Division	State Government	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.	1.6.3
S.C. Emergency Management Division	State Government	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.	1.6.4
S.C. Emergency Management Division	State Government	EMD coordinates emergency operations by the state with local resources.	2.2.3
S.C. Emergency Management Division	State Government	DHEC works with SC EMD to identify opportunities for pre-hazard mitigation strategy development and disaster recovery planning and implementation.	2.5.1, 2.5.2, 2.5.4
S.C. Emergency Management Division (EMD)	State Government	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.	1.6.1
S.C. Emergency Medical Services (EMS) Advisory Council	State Government	Provides guidance and recommendations as statutorily outlined to the Department on issues related to training and certification of all levels of EMT.	3.3.1, 3.3.2

S.C. Emergency Medical Services Advisory Council	State Government	Advocates for trauma center expansion and provide advice and counseling on trauma-related regulations and statute.	3.3.3
S.C. EMS Association	Professional Association	Provides public comment on training and certification of all levels of EMT.	3.3.1, 3.3.2
S.C. EMS Association	Professional Association	Provides feedback from association members on processes and procedures of the Department	3.3.1, 3.3.2
S.C. EMS Association	Professional Association	Advocates for trauma center expansion and provide advice and counseling on trauma related regulations and statute.	3.3.3
S.C. EMS Educator's Association	Professional Association	Provides feedback from association members on processes and procedures of the Department.	3.3.2
S.C. EMS Educator's Association	Professional Association	Provides public comment on training and certification of all levels of EMT.	3.3.2
S.C. EMS for Children Advisory Council	State Government	Provides advice and recommendations to the Department EMS for Children program to reduce morbidity and mortality among S.C. pre-hospital pediatric patients.	3.3.5
S.C. EMS Regional Offices	Non-Governmental Organization	Participates in every advisory council for the Department.	3.3.1, 3.3.2
S.C. EMS Regional Offices	Non-Governmental Organization	Provides public comment and guidance on training and certification of all levels of EMT.	3.3.1, 3.3.2
S.C. EMS Regional Offices	Non-Governmental Organization	Provides training to EMTs and paramedics and receives funding from the Department through the General Assembly to provide training.	3.3.2
S.C. Firefighters Association	Professional Association	Provides public comment on training and certification of all levels of EMT.	3.3.1, 3.3.2
S.C. Firefighters Association	Professional Association	Provides feedback from association members on processes and procedures of the Department.	3.3.1, 3.3.2
S.C. First Steps	State Government	DHEC is required by statute to have a member on each county's First Steps Board.	1.1.1
S.C. First Steps	State Government	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.	1.1.1
S.C. First Steps	State Government	BabyNet accepts referrals from the S.C. Birth Defects Program for infants born with birth defects that qualify them for BabyNet services.	1.1.4
S.C. First Steps	State Government	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.	1.1.5
S.C. Forestry Commission	State Government	DHEC works with the Forestry Commission to develop strategies for controlled burns.	2.1.3, 2.4
S.C. Forestry Commission	State Government	The Forestry Commission provides technical support and earth moving equipment to include fire suppression equipment during an emergency.	2.2.3
S.C. Forestry Commission	State Government	The Forestry Commission supports emergency operations through assumption and practice of Incident Command System operations.	2.2.3
S.C. Forestry Commission	State Government	DHEC implements the statewide forestry Best Management Practices education and inspection program administered by the Forestry Commission using federal grant funds.	2.4.2, 2.4.3
S.C. Funeral Directors Association	Professional Association	DHEC Vital Records coordinates routinely with the funeral directors on the issuance of death certificates.	1.5.1
S.C. Funeral Directors Association	Professional Association	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.	1.5.1, 1.5.2
S.C. Funeral Directors Association	Professional Association	DHEC works regularly with the S.C. Funeral Directors Association to plan for mass fatality management.	1.6.1
S.C. Funeral Directors Association	Professional Association	DHEC provides advice and regulatory guidance to the S.C. Funeral Directors Association regarding mass fatality management during emergency responses.	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.	1.1.1
S.C. Head Start Collaboration Office	State Government	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.	1.1.5

S.C. Hospital Association	Non-Governmental Organization		Collaborates with the S.C. Cancer Division Comprehensive Cancer Program to identify ways to increase access to comprehensive high quality care.	1.2.3
S.C. Hospital Association	Non-Governmental Organization		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.	1.2.5
S.C. Hospital Association	Non-Governmental Organization		Collaborates and partners for subject matter expertise and support to their membership to enhance disease surveillance and response activities.	1.3.1
S.C. Hospital Association	Non-Governmental Organization		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.	1.3.1, 1.5.4
S.C. Hospital Association	Non-Governmental Organization		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.	1.4.4
S.C. Hospital Association	Non-Governmental Organization		DHEC consults frequently with the SCHA regarding planning, grant administration, and emergency response by SCHA member hospitals.	1.6.1
S.C. Hospital Association	Non-Governmental Organization		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.	1.6.2
S.C. Hospital Association	Professional Association		Provides feedback from association members on processes and procedures of the Department.	3.3.1, 3.3.2
S.C. Hospital Association	Professional Association		Provides public comment on training and certification of all levels of EMT.	3.3.1, 3.3.2
S.C. Hospital Association	Professional Association		Advocates for trauma center expansion and provide advice and counseling on trauma related regulations and statute.	3.3.3
S.C. Hospital Association	Professional Association		Provides advice and recommendation to the Department EMS for Children program to reduce morbidity and mortality among S.C. pre-hospital pediatric patients.	3.3.5
S.C. Hospital Association (SCHA)	Non-Governmental Organization		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.	1.1.1
S.C. Inspector General	State Government		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.	3.5.3
S.C. Institute of Archeology and Anthropology	State Government		DHEC works with the Institute of Archeology and Anthropology to ensure projects are consistent with the Coastal Tidelands and Wetlands Act.	2.5.2, 2.5.4
S.C. Institute of Medicine and Public Health	Non-Governmental Organization		DHEC's DIVP supports S.C. Institute of Medicine and Public Health around Elderly Falls and serves on associated work groups.	1.2.7
S.C. Institute of Medicine and Public Health	Non-Governmental Organization		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.	1.4.4
S.C. Institute of Medicine and Public Health	Non-Governmental Organization		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.	1.4.4
S.C. Law Enforcement Division	State Government		DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations.	1.5.5
S.C. Law Enforcement Division	State Government		DHEC refers intentional contamination to SLED for investigation/prosecution.	2.2.2
S.C. Law Enforcement Division	State Government		SLED provides law enforcement support to emergency operations.	2.2.3
S.C. Law Enforcement Division	State Government		SLED coordinates and supports responses to bomb and terrorism threats.	2.2.3

S.C. Law Enforcement Division	State Government	Works with DHEC's DIVP to coordinate the sharing of information obtained from child death cases investigated by SLED and reviewed by the SCFAC.	3.1.3
S.C. Law Enforcement Division	State Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Law Enforcement Division (SLED)	State Government	DHEC Vital Statistics coordinates with SLED regarding the sharing of child fatality information to support the SCFAC.	1.5.5
S.C. Lieutenant Governor's Office on Aging	State Government	Collaborates to implement grants to address the burden of arthritis through partnerships with Area Agencies on Aging and Councils on Aging.	1.2.1
S.C. Lieutenant Governor's Office on Aging	State Government	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.	1.2.1, 1.4.4
S.C. Lieutenant Governor's Office on Aging	State Government	Coordinate sharing information with the State Long Term Care Ombudsman's Office on the licensure status of health facilities and services.	3.1.1
S.C. Lieutenant Governor's Office on Aging	State Government	Coordinate sharing information with the State Long Term Care Ombudsman's Office if any concerns arise from inspections and investigations.	3.1.2, 3.1.3
S.C. Magistrates' Offices	State Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Meat and Poultry Inspection Division	State Government	DHEC notifies this state agency regarding investigations involving meat and poultry.	1.3.1
S.C. Medical Association	Professional Association	Collaborates and partners for subject matter expertise and support to their membership to enhance disease surveillance and response activities.	1.3.1
S.C. Medical Control Committee	State Government	Provides medical doctor-level guidance on issues relating to pre-hospital protocols, scope of practice, and new EMS best practices in the state.	3.3.1
S.C. Medical Control Committee	State Government	Conducts medical control workshops twice annually to train new medical control physicians to meet statutory requirements.	3.3.1
S.C. Medical Control Committee	State Government	Sets guidelines for training programs that meet or exceed national standards and best practices.	3.3.2
S.C. Medical Laboratories and Radiologists	Private Business Organization	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.	1.4.4
S.C. Medical Providers	Private Business Organization	Detects and respond to disease occurrences via reports received for routine, urgent and immediately notifiable conditions under public health surveillance.	1.3.1
S.C. Medical Providers	Private Business Organization	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.	1.3.4
S.C. Morticians Association	Professional 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.	1.5.1, 1.5.2
S.C. Morticians Association	Professional Association	DHEC works regularly with the S.C. Morticians Association to plan for mass fatality management.	1.6.1
S.C. Morticians Association	Professional Association	DHEC provides advice and regulatory guidance to the S.C. Morticians Association regarding mass fatality management during emergency responses.	1.6.4
S.C. Municipalities	Local government	Provides training and technical assistance to implement programs. Provides up to date, culturally appropriate health education information and data.	1.2.1
S.C. Municipalities	Local government	The Agency provides accurate, timely, and useful health information on methods to protect the public from exposure to secondhand smoke.	1.2.5
S.C. National Guard (NG)	State Government	The NG provides transportation, law enforcement, and heavy equipment during emergencies.	2.2.3
S.C. National Guard 43rd Weapons of Mass Destruction Civil Support Team (CST)	State Government	The CST provides hazardous material monitoring, identification, and communication support during emergencies.	2.2.3

S.C. Office of Regulatory Staff (ORS)	State Government	DHEC partners with ORS on radioactive waste disposal rates and the Extended Care Fund for the Barnwell Low-Level Radioactive Waste Disposal Site.	2.3.2
S.C. Office of Revenue and Fiscal Affairs	State Government	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]	1.1.4
S.C. Office of Revenue and Fiscal Affairs	State Government	Supports DOH data collection, analysis and reporting through a secure server.	1.1.5
S.C. Office of Revenue and Fiscal Affairs	State Government	DHEC works closely with RFA for the implementation of the dental prevention program by collecting and linking the data from dental providers.	1.1.5
S.C. Office of Revenue and Fiscal Affairs	State Government	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 HAI's that should be publicly reported.	1.3.1, 1.5.4
S.C. Office of Revenue and Fiscal Affairs	State Government	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.	1.5.4, 1.5.5
S.C. Office of Revenue and Fiscal Affairs	State Government	DHEC Vital Statistics shares vital event data with RFA to allow for linkage with other health data for research purposes.	1.5.6
S.C. Office of Revenue and Fiscal Affairs (RFA)	State Government	Health and Demographics Section – provides data linkage and consultation services for data collection and epidemiologic analyses efforts.	1.1.4
S.C. Office of Rural Health	State Government	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]	1.2.3
S.C. Office of State Fire Marshal	State Government	Coordinate and promote enforcement of state-adopted codes and standards.	3.1.4
S.C. Office of State Fire Marshal	State Government	Promote a common understanding and uniform enforcement of codes and standards among other authorities having jurisdiction.	3.1.4
S.C. Office of State Fire Marshal	State Government	Coordinate participation in joint outreach and educational opportunities.	3.1.4
S.C. Pharmacy Association	Non-Governmental Organization	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.	1.2.1
S.C. Pharmacy Association	Professional Association	SCPA partners with DHEC in organizing a statewide training on antimicrobial stewardship in acute care and long term care settings.	1.3.1
S.C. Pharmacy Association	Professional Association	SCPhA maintains the Rx Alert Network to distribute health notifications to pharmaceutical care practice sites. DHEC issues health notifications via Rx Alert.	1.6.1, 1.6.2
S.C. Pharmacy Association (SCPhA)	Professional Association	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.	1.6.2
S.C. Primary Health Care Association	Non-Governmental Organization	Collaborates to include oral health as part of the SCPhA programmatic agenda and to increase dental community participation in public health activities.	1.1.5
S.C. Primary Health Care Association (SCPHCA)	Non-Governmental Organization	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 PIOHQI.	1.1.5
S.C. Public Housing Authorities	Local government	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.	1.2.5
S.C. Public Schools	K-12	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.	1.2.7
S.C. Radiation Quality Standards Association	Professional Association	Develop and/or administer examinations that assess the knowledge and skills underlying the tasks typically required by professional practice in the modality.	3.6.1
S.C. Radiation Quality Standards Association	Professional Association	Adopt and uphold standards for education in the radiation sciences in S.C.	3.6.2

S.C. Radiation Quality Standards Association	Professional Association		Adopt and uphold standards of professional behavior consistent with the level of responsibility required by professional practice.	3.6.2, 3.6.3
S.C. Regional Perinatal Center Hospitals	Private Business Organization		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.	1.1.4
S.C. Renal Advisory Council	State Government		Consult with for advice and guidance on health and safety issues.	3.1.1, 3.1.2, 3.1.3
S.C. Residential Care Committee	State Government		Partner to consult for advice and guidance on health and safety issues.	3.1.1, 3.1.2, 3.1.3
S.C. Restaurant and Lodging Association	Professional 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.	2.3.3
S.C. Rural Water Association	Professional Association		DHEC works with SCRWA to provide technical assistance to public drinking water and wastewater systems in the state.	2.4.1, 2.4.2
S.C. Rural Water Association (SCRWA)	Professional Association		DHEC works with small public water systems on compliance.	2.2.2
S.C. School Districts	K-12		The agency provides accurate, timely, and useful health information and resources to support the implementation of model tobacco-free school district policies.	1.2.5
S.C. School Districts	Local government		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.	1.4.4
S.C. School Districts	Local government		Partnership with schools in the provision of school-located vaccination clinics.	1.4.7
S.C. School for the Deaf for the Deaf and the Blind Early Intervention Program	State Government		Provides early intervention services for infants and children diagnosed with a confirmed hearing loss.	1.1.1
S.C. Sea Grant Consortium	State Government		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.	2.5.2, 2.5.3, 2.5.4
S.C. Sheriff's Association (SCSA)	Non-Governmental Organization		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.	1.2.7
S.C. Sheriff's Offices	Local government		DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations.	1.5.5
S.C. Sheriff's Offices	Local Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.1, 3.5.2, 3.5.3
S.C. Society for Respiratory Care (SCSRC)	Professional Association		SCSRC has worked closely with DHEC through the HIDA Advisory Committee to determine the HAI's that should be publicly reported.	1.3.1, 1.5.4
S.C. Society of Health Systems Pharmacists (SCSHP)	Professional Association		SCSHP partnered with DHEC in organizing a statewide training on antimicrobial stewardship focused on acute care and long term care settings.	1.3.1
S.C. Solicitor's Offices	State Government		DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations.	1.5.5
S.C. Solicitor's Offices	State Government		Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
S.C. Solid Waste Advisory Council (SWAC)	Professional Association		The SWAC advises DHEC on use of Solid Waste Trust Fund and the preparation of the South Carolina Solid Waste Management Plan.	2.3.3

S.C. State Cabinet Agencies	State Government	DHEC provides accurate, timely, and useful health information and resources to support the implementation of tobacco-free worksites among the S.C. cabinet agencies.	1.2.5
S.C. State Geologist	State Government	The State Geologist is consulted by DHEC regarding site suitability and seismic evaluation for mining and solid waste programs.	2.3.1
S.C. State Health Planning Committee	State Government	Discusses, creates, and approves the State Health Plan no less than every two (2) years, as outlined in statute.	3.4.1
S.C. State Ports Authority (SPA)	State Government	The SPA supports emergency response operations that involve hazardous materials entering the state from marine transportation.	2.2.3
S.C. State Ports Authority (SPA)	State Government	DHEC works with SPA to ensure port projects are consistent with the Coastal Tidelands and Wetlands Act.	2.5.2, 2.5.2, 2.5.4
S.C. State University	Higher Education Institute	S.C. State University recruited participants and hosted a 6-week Cooking Matters course. [2015-2015]	1.2.1, 1.4.4
S.C. Stroke Advisory Council	State Government	Provides guidance and direction to the program.	3.3.4
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.	1.2.5
S.C. Trauma Advisory Council	State Government	Provides advice and recommendation to the Department to reduce morbidity and mortality among trauma patients.	3.3.3
S.C. Trauma Advisory Council	State Government	Advocates for trauma center expansion and provide advice and counseling on trauma-related regulations and statute and feedback from member hospitals.	3.3.3
S.C. Wing, Civil Air Patrol	State Government	South Carolina Wing provides air support and technical assistance during an emergency.	2.2.3
S.C. Witness Project	Non-Governmental Organization	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]	1.4.4
S.C. Youth Suicide Prevention Initiative	Non-Governmental Organization	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.	1.2.7, 1.5.5
S.C. Office of Rural Health	State Government	Provides public comment and guidance on training and certification of all levels of EMT, particularly to the needs of the rural communities.	3.3.2
S.C. Office of Rural Health	State Government	Participates on EMS advisory council for the Department.	3.3.2
S.C. Office of Rural Health	State Government	Provides funding for training to EMTs and paramedics in rural areas of the state.	3.3.2
Safe Kids Coalition	Non-Governmental Organization	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.	1.2.7
School Districts in Spartanburg, Cherokee and Union Counties	Local government	Completes yearly BMI studies and reports with schools.	1.4.4
Senior Centers	Non-Governmental Organization	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 <i>Walk with Ease Program</i> to senior groups.	1.2.1, 1.4.4
Senior Housing	Private Business Organization	Provide training & technical assistance to implement programs; provide up-to-date, culturally appropriate health education information and data.	1.2.1
Senior Service Organizations	Non-Governmental Organization	Community Teams provide health education information and presentations on fall prevention, heat/sun and water safety, seatbelt promotion and brain injury awareness.	1.2.2
Share Our Strength (SOS)	Non-Governmental Organization	SOS is the national organizations administering the Cooking Matters programs delivered by the SNAP-Ed Team.	1.2.1, 1.4.4
Sickle Cell Community Based Organizations	Non-Governmental Organization	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.	1.1.1
Solid Waste Association of North America (SWANA)	Professional Association	DHEC participates in SWANA, which provides a forum for interacting with, and educating the waste disposal and recycling communities through trainings, meetings and conferences.	2.3.2, 2.3.3
South East American Indian Council	Non-Governmental Organization	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.	1.4.4

Southeast National Tuberculosis Center (SNTC)	Federal Government		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.	1.4.6
Southeast Recycling Development Council, EPA Region 4	Professional Association		DHEC works with this Council to promote recycling and market development in the region.	2.3.3
Southeast Tuberculosis Controllers Association	Professional 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.	1.4.6
Southeastern Affordable Housing Management Association (SAHMA)	Non-Governmental Organization		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.	1.2.5
Spartanburg Regional Medical Center (SRMC)	Private Business Organization		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.	1.6.2
Specialty Care Providers	Private Business Organization		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.	1.1.1
Specialty Care Providers	Private Business Organization		Ensure that children with special health care needs receive specialty medical care.	1.1.1
State Agencies	State Government		DHEC exercises regularly in SEOC operations with other state agencies.	1.6.1, 1.6.4
State Agencies	State Government		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.	2.3.2
State Agencies	State Government		DHEC works with state agencies to promote waste reduction, recycling, and buying recycled through the Green Government Initiative.	2.3.3
State Alliance for Adolescent Sexual Health (SAASH)	Non-Governmental Organization		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.	1.4.2
State Government	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.	1.2.3, 1.4.4
State Waste Tire Committee (WTC)	Professional Association		The State WTC advises DHEC on the uses of the Waste Tire Grant Fund.	2.3.3
Statewide Health Systems	Private Business Organization		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.	1.2.1
SUPERB Advisory Committee (SAC)	Professional Association		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.	2.3.2
SUPERB Advisory Committee (SAC)	Professional Association		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.	2.3.2
Susan G. Komen Breast Cancer Foundation	Non-Governmental Organization		Work to ensure BCN, WISEWOMAN services are accessible in the community and that information, education and training is available, implemented and disseminated.	1.2.3
Take Off Pounds Sensibly (TOPS) Chapters	Non-Governmental Organization		Partner with S.C. WISEWOMAN program to provide cardiovascular and lifestyle change programs to eligible participants.	1.2.3

Talence Inc.	Private Business Organization		Partner with Talence, 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. Talence, 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]	1.2.1
Text4baby	Non-Governmental Organization		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.	1.1.1
The Diabetes Training and Technical Assistance Center (DTTAC) at Emory University	Higher Education Institute		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.	1.2.1
The Joint Commission	Non-Governmental Organization		Promote a common understanding and uniform enforcement of codes and standards among other authorities having jurisdiction.	3.1.4
The Joint Commission	Non-Governmental Organization		Coordinate participation in joint outreach and educational opportunities.	3.1.4
The NELAC Institute (TNI)	Professional Association		TNI develops and maintains the Proficiency Testing program for environmental laboratories used to satisfy DHEC laboratory certification requirements.	2.2.1
The Perinatal Region Systems of Care Network	Non-Governmental Organization		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. (1.4.2
Trauma Association of SC	Professional Association		Provides advice and recommendation to the Department to reduce morbidity and mortality among trauma patients.	3.3.3
Trauma Association of SC	Professional Association		Advocates for trauma center expansion and provide advice and counseling on trauma-related regulations and statute and feedback from member hospitals.	3.3.3
U.S. Department of Health and Human Services (U.S. DHHS)	Federal Government		DHEC partners closely with Health Resources and Services Administration (HRSA) on funding and service delivery, particularly related to maternal and child health issues.	1.1.4
U.S. Department of Health and Human Services (U.S. DHHS)	Federal Government		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.	1.2.6
U.S. Department of Health and Human Services (U.S. DHHS)	Federal Government		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.	1.6.1
U.S. Department of Health and Human Services (U.S. DHHS)	Federal Government		DHEC administers Public Health Emergency Preparedness, Hospital Preparedness Program, and Ebola Grants to support response and recovery planning and preparation.	1.6.2
U.S. Army Corps of Engineers (USACE)	Federal Government		DHEC partners with USACE regarding wetlands on permit applications and compliance issues regarding wetlands.	2.3.1, 2.3.2, 2.3.4
U.S. Army Corps of Engineers (USACE)	Federal Government		DHEC issues Water Quality Certifications and construction in navigable waters for federal 404 and Section 10 permits issued by USACE.	2.4.1
U.S. Army Corps of Engineers (USACE)	Federal Government		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.	2.5.1, 2.5.2
U.S. Army Corps of Engineers (USACE)	Federal Government		DHEC works with the USACE Silver Jackets Program to conduct research and mapping associated with flooding risk analysis and coastal hazard vulnerability assessment.	2.5.2
U.S. Centers for Medicare and Medicare Services (CMS)	Federal Government		Sets forth the State Agency Performance Standards annually for State Survey Agencies.	3.2.1
U.S. Centers for Medicare and Medicare Services (CMS)	Federal Government		Provides consultative visits by Health Management Solutions (HMS) to work on identifying program improvements and securing resources to enhance quality and performance.	3.2.1
U.S. Centers for Medicare and Medicare Services (CMS)	Federal Government		Contracts with to perform federally mandated Medicare Certification surveys of health care facilities.	3.2.1
U.S. Coast Guard (USCG)	Federal Government		DHEC works with the USCG on efforts including ADV removal operations.	2.5.1, 2.5.2

U.S. Coast Guard (USCG)	Federal Government	The USCG provides technical assistance to DHEC and federal support/ oversight of threats to coastal waters.	2.2.3
U.S. Department of Agriculture (USDA)	Federal Government	Food Safety and Inspection Service - DHEC notifies the USDA regarding investigations involving meat and poultry.	1.3.1
U.S. Department of Agriculture (USDA)	Federal Government	DHEC works with USDA on meat not produced in South Carolina.	2.2.2
U.S. Department of Agriculture (USDA)	Federal Government	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.	2.4.3
U.S. Department of Defense (DoD)	Federal Government	DHEC partners with the DoD services to cleanup contamination and facilitate composting and food recovery at military installations in South Carolina.	2.3.4
U.S. Department of Energy (DOE)	Federal Government	DOE provides technical assistance in monitoring and responses to radiological releases.	2.2.3
U.S. Department of Energy (DOE)	Federal Government	DOE provides field sampling personnel and air/mobile radiation monitoring capabilities.	2.2.3
U.S. Department of Interior (DOI)	Federal Government	DHEC coordinates with the DOI Federal Land Managers on air PSD permits.	2.1.1
U.S. Department of Interior (DOI)	Federal Government	DOI provides technical expertise on threats to animals and fish as a result of a chemical release.	2.2.3
U.S. Department of Transportation (USDOT)	Federal Government	DHEC works with the USDOT to ensure transportation projects are consistent with the Coastal Tidelands and Wetlands Act.	2.5.1, 2.5.2, 2.5.4
U.S. Drug Enforcement Agency (DEA)	Federal Government	Works with DHEC's Bureau of Drug Control in issuing controlled substance registrations to authorized practitioners and health care entities.	3.5.1
U.S. Drug Enforcement Agency (DEA)	Federal Government	Partners with Drug Control to conduct inspections and audits to ensure accountability of controlled substances.	3.5.2
U.S. Drug Enforcement Agency (DEA)	Federal Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
U.S. Environmental Protection Agency (EPA)	Federal Government	DHEC works with EPA to develop air Grant Workplans.	2.1.1, 2.1.2, 2.1.3, 2.1.4
U.S. Environmental Protection Agency (EPA)	Federal Government	DHEC reports permitting, compliance, and emissions data to EPA databases.	2.1.1, 2.1.2, 2.1.4
U.S. Environmental Protection Agency (EPA)	Federal Government	EPA reviews major DHEC draft permit decisions in federally delegated programs as part of federal oversight. EPA provides technical assistance.	2.1.1, 2.3.1, 2.4.1, 2.4.2, 2.4.3, 2.4.5
U.S. Environmental Protection Agency (EPA)	Federal Government	DHEC and EPA work together on some compliance inspections.	2.2.2
U.S. Environmental Protection Agency (EPA)	Federal Government	EPA provides specialized sampling and analytical capabilities for chemical and radiological emergencies.	2.2.3, 2.2.4
U.S. Environmental Protection Agency (EPA)	Federal Government	EPA provides technical assistance and federal oversight of threats to inland waters and lands.	2.2.3, 2.2.4
U.S. Environmental Protection Agency (EPA)	Federal Government	DHEC partners with EPA on compliance assistance and assurance through inspections, and enforcement of hazardous waste facilities in South Carolina.	2.3.2
U.S. Environmental Protection Agency (EPA)	Federal Government	DHEC partners with EPA on assessment of hazardous and toxic waste sites as needed for compliance assistance and remediation.	2.3.2 2.3.4
U.S. Environmental Protection Agency (EPA)	Federal Government	DHEC works with EPA to promote recycling and market development in the region.	2.3.3
U.S. Federal Bureau of Investigation (FBI)	Federal Government	DHEC Vital Statistics provides verifications of birth, death, marriage and divorce for the purpose of criminal investigations.	1.5.5
U.S. Federal Bureau of Investigation (FBI)	Federal Government	Works collaboratively with DHEC's Bureau of Drug Control to enforce the S.C. Controlled Substances Act and decrease the diversion of controlled substances.	3.5.3
U.S. Fish and Wildlife Service (USFWS)	Federal Government	DHEC works with USFWS to ensure the wise management of natural resources in the coastal zone.	2.5.1, 2.5.2
U.S. Food and Drug Administration (FDA)	Federal Government	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.	1.3.1
U.S. Food and Drug Administration (FDA)	Federal Government	FDA audits the Manufactured Food Program.	2.2.2
U.S. Food and Drug Administration (FDA)	Federal Government	DHEC works with FDA on the Food Code and cross jurisdictional issues.	2.2.2
U.S. Food and Drug Administration (FDA)	Federal Government	DHEC works with the FDA on laboratory certification for milk, dairy, and shellfish testing.	2.2.2
U.S. Food and Drug Administration (FDA)	Federal Government	FDA standardizes Retail Food Survey Team Members.	2.2.2
U.S. Food and Drug Administration (FDA)	Federal Government	DHEC works with FDA related to Certified Shellfish Interstate Shippers.	2.2.2
U.S. Food and Drug Administration (FDA)	Federal Government	FDA evaluates the DHEC shellfish sanitation program to ensure consistency with the national shellfish sanitation program.	2.4.3, 2.4.5
U.S. Food and Drug Administration (FDA)	Federal Government	Partner on MQSA.	3.6.1, 3.6.2, 3.6.3
U.S. Food and Drug Administration (FDA)	Federal Government	Ensures Quality Mammography Exams meet both state and federal requirements.	3.6.1, 3.6.2, 3.6.3

U.S. Food and Drug Administration (FDA)	Federal Government	Promotes Quality Patient Care and Imaging.	3.6.2
U.S. Geological Survey (USGS)	Federal Government	DHEC contracts with USGS to update low-flow statistics for streams and rivers statewide.	2.4.1
U.S. Geological Survey (USGS)	Federal Government	DHEC and USGS share groundwater monitoring data.	2.4.1
U.S. Nuclear Regulatory Commission (NRC)	Federal Government	DHEC meets frequently with NRC representatives under the aegis of SCEMD emergency planning and participates with NRC during exercises and emergency response. {	1.6.1
U.S. Nuclear Regulatory Commission (NRC)	Federal Government	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.	2.3.1
U.S. Nuclear Regulatory Commission (NRC)	Federal Government	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.	3.6.1, 3.6.2, 3.6.3
U.S. Nuclear Regulatory Commission (NRC)	Federal Government	Assists the radiation control programs in technical work and development.	3.6.1, 3.6.2, 3.6.3
U.S. Nuclear Regulatory Commission (NRC)	Federal Government	Ensures that the Agreement States promulgate regulations that are compatible with that of the NRC.	3.6.1, 3.6.2, 3.6.3
U.S. Social Security Administration	Federal Government	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.	1.5.1, 1.5.5
U.S. Social Security Administration	Federal Government	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.	1.5.1, 1.5.5
U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)	Federal Government	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.	3.5.3
United Way	Non-Governmental Organization	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.	1.1.1
University Center for Excellence in Developmental Disability Research (UCEDD)	Professional Association	Provide staff capacity training around children with special health care needs issues. [2016-2017]	1.1.1
University of South Carolina (USC)	Higher Education Institute	DSS contracted with USC Center for Nutrition and Health Disparities to evaluate the S.C. SNAP Nutrition education program and services.	1.2.1
University of South Carolina (USC)	Higher Education Institute	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.	1.5.4, 1.5.5
USC – Arnold School of Public Health	Higher Education Institute	Provides research leadership and oversight for the S.C. Muscular Dystrophy Surveillance, Tracking, and Research Network.	1.1.4
USC – Arnold School of Public Health	Higher Education Institute	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]	1.1.5
USC – Arnold School of Public Health	Higher Education Institute	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.	1.1.5
USC – Arnold School of Public Health	Higher Education Institute	Assists DHEC with devising health priorities plan.	1.2.1
USC – Arnold School of Public Health	Higher Education Institute	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.	1.2.5

USC – Arnold School of Public Health	Higher Education Institute		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.	1.4.4
USC – Arnold School of Public Health	Higher Education Institute		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.	1.4.4
USC – Arnold School of Public Health	Higher Education Institute		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.	1.5.4, 1.5.5, 1.5.6
USC School of Medicine	Higher Education Institute		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.	1.1.4
USC School of Medicine Trust D/B/A University Specialty Clinics-Internal Medicine	Higher Education Institute		Medicine Education Trust provides physician services for the DHEC Specialty Care Clinic at Kirkland Correctional Institute. [2016-2017]	1.3.2
USC Specialty/Palmetto Health	Professional Association		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.	1.1.1
UST Convenience Store Owners	Individual		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.	2.3.2
UST Site Rehabilitation Contractors	Private Business Organization		DHEC facilitates certification of site rehabilitation contractors to conduct assessment and cleanup activities at sites with petroleum release.	2.3.4
Wastewater Utilities	Private Business Organization		DHEC requires issuance of wastewater utility receipt approval or a permit prior to DHEC issuance of a wastewater pretreatment construction permit.	2.4.1
Wastewater Utilities	Private Business Organization		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.	2.4.1
Water Utilities	Private Business Organization		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.	2.4.1

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>

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>Radiological 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>

Both	Environmental Affairs, continued	<p>Bureau of Land & Waste Management (BLWM)</p> <p>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)</p> <p>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)</p> <p>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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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

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	-	-

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) List <u>ONLY ONE</u> strategic objective per row.	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

				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
				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			
				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
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
				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
				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
				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
				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
				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
				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 activities	\$2,804,508	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.	\$2,804,508	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
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
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
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
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	

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

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

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

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

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

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 <u>budgeted to receive</u> in this fiscal year:	\$523,556,529	\$107,261,738	\$286,170,200	\$110,244,728	\$19,879,863
Amount <u>actually received</u> 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

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

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

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

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

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

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

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

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

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:					

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>				

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:

- 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.
- 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.
- 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

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	-	-

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 ONLY ONE 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

				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

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

				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

				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

				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

				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

				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

				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

				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

				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

				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

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

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

Employee Benefits	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.					

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

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

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

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

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

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

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

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	

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	

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	

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	

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

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

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	

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	

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

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	

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								

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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Appendix I. June 20, 2017 Meeting Information

Appendix Includes:

- Meeting Packet
 - May 9, 2017 Minutes
 - February 9, 2017; February 23, 2017; March 23, 2017; and April 20, 2017 Revised Minutes
 - DHEC Recommendations for Statutory Changes
 - DHEC 2016-2017 Gap Analysis
- Meeting Follow Up Letter from Oversight Committee to DHEC
- DHEC Response to Follow Up Letter

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

Tuesday, June 20, 2017

2:00 p.m.

Room 110 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes**
- II. Discussion of study of the Department of Health and Environmental Control**
- III. Adjournment**

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Katherine E. (Katie) Arrington
Gary E. Clary
MaryGail K. Douglas
Phyllis J. Henderson
Joseph H. Jefferson Jr.
Mandy Powers Norrell
J. Todd Rutherford
Tommy M. Stringer
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**Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811
Room 228 Blatt Building**

*Charles L. Appleby IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

Healthcare and Regulatory Subcommittee Meeting

**Tuesday, May 09, 2017, at 9:00 am
Blatt Building Room 108**

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Representative Phyllis Henderson on Tuesday, May 9, 2017, in Room 108 of the Blatt Building. All members of the Committee were present for all or a portion of the meeting.
- II. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. Representative MaryGail Douglas moved to approve the minutes from the Committee's meeting on April 20, 2017. A roll call vote was held, and the motion passed.

Representative Douglas's motion to approve the minutes from the April 20, 2017, meeting:	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers	✓			
MaryGail Douglas	✓			
Phyllis Henderson	✓			
Bill Taylor	✓			

Meeting

- I. Representative Henderson noted that the purpose of the meeting was to continue the discussion of DHEC's strategic plan starting with goal three: health regulations and operations. Recovered health services and environmental affairs were discussed at the last meeting.
- II. Representative Henderson reminded Director Catherine Heigel that she remained under oath.
- III. Director Heigel provided a presentation to the Subcommittee covering issues in the following major areas:
 - Health Regulation (04:06)
 - Operations Update (30:25)
- II. Director Heigel responded to questions asked by the Subcommittee members on a variety of topics:
 - Complaints (10:00)
 - FOIA (58:00)
 - Mercury Awards (1:00:00)
- III. The meeting was adjourned.

*Time in the video archived on www.scstatehouse.gov.

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Katherine E. (Katie) Arrington
Gary E. Clary
MaryGail K. Douglas
Phyllis J. Henderson
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Healthcare and Regulatory Subcommittee

**Thursday, February 9, 2017
Blatt Building Room 108**

The minutes have been revised to reflect a change in the header, due to the resignation of a Member.

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Chair Phyllis J. Henderson on Thursday, February 9, 2017, in Room 108 of the Blatt Building. Representatives MaryGail Douglas and Bill Taylor were present; Representative William K. Bowers was not.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings.
- II. Representative Taylor moved to approve the minutes from the Subcommittee's meeting on January 24, 2017. A roll call vote was held, and the motion passed.

Representative Taylor's motion to approve the January 24, 2017 minutes	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers				✓
MaryGail Douglas	✓			
Bill Taylor	✓			
Phyllis Henderson	✓			

Discussion of the Department of Health and Environmental Control

- I. Chair Henderson spoke briefly about introductory matters and the Subcommittee's progress in its study of the Department of Health and Environmental Control.
- II. Director Heigel summarized the actions that the Department had taken in response to testimony given at the public hearing.
- III. Director Heigel introduced the members of the agency's leadership team present, including Lilian Peake, M.D. (Director of Health Services), Kevin Guion (Chief Operating Officer), Shelly Kelly (Director of Health Regulation), Shelly Kelly (Director of Health Regulation), Myra Reece (Director of Environmental Affairs), Marcus Robinson (Chief Human Resources Officer), and David Wilson (Senior Director of Legislative Affairs). Director Heigel then gave a presentation to the Subcommittee about the state of the agency. Some of the topics she addressed were:
 - a. The agency's need to move its Columbia headquarters into new facilities;
 - b. The improvements at the agency over the past few years;
 - c. The agency's handling of the Savannah River Site; and
 - d. The agency's development of new budgeting techniques.
- IV. The Subcommittee members asked questions of Director Heigel about topics such as:
 - a. The public's satisfaction with the agency's services;
 - b. The opinions of the agency's employees about its performance; and
 - c. The agency's requests for legal changes to some of its regulatory authority.
- V. Chair Henderson said that, in the interest of time, the Subcommittee would send further questions or topics of concern to Director Heigel in writing after the conclusion of the meeting so that Director Heigel could address them at a future meeting.

VI. The meeting was adjourned.

*Time in the video archived on www.scstatehouse.gov.

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

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Bill Taylor*

Legislative Oversight Committee



South Carolina House of Representatives

*William K. (Bill) Bowers
Neal Collins
Raye Felder
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*Charles L. Appleby IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

Healthcare and Regulatory Subcommittee

Thursday, February 23, 2017

Blatt Building Room 317

The minutes have been revised to reflect a change in the header, due to the resignation of a Member.

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Chair Phyllis J. Henderson on Thursday, February 23rd, 2017, in Room 317 of the Blatt Building. All members of the Subcommittee were present.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings.
- II. Representative Douglas moved to approve the minutes from the Subcommittee's meeting on February 9th, 2017. A roll call vote was held, and the motion passed.

Representative Taylor's motion to approve the January 24, 2017 minutes	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers	✓			
MaryGail Douglas	✓			
Bill Taylor	✓			
Phyllis Henderson	✓			

Discussion of the Department of Health and Environmental Control

- I. Chair Henderson provided an update about the Subcommittee's study of the Department of Health and Environmental Control.
- II. Director Heigel provided an overview of DHEC. This overview included the following topics:
 - a. The history of DHEC;
 - b. An overview of major program areas;
 - c. Misconceptions about DHEC; and
 - d. Continuous improvements at DHEC.
- III. The Subcommittee members asked questions of Director Heigel about topics, such as:
 - a. Restricted revenue;
 - b. Food inspections at festivals, fairs, and farmers markets;
 - c. Inspection authority of hotels and motels;
 - d. Updated needs for lab equipment;
 - e. Septic tank issues; and
 - f. The Savannah River Plant.
- IV. In the interest of time, the Subcommittee provided questions or topics of interest to Director Heigel so that she could address them at a future meeting.
- V. The meeting was adjourned.

*Time in the video archived on www.scstatehouse.gov.

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

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Gary E. Clary
MaryGail K. Douglas
Phyllis J. Henderson
Joseph H. Jefferson Jr.
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Research Analyst/Auditor*

**Healthcare and Regulatory Subcommittee Meeting
Thursday, March 23, 2017 at 2:00 pm
Blatt Building Room 427**

The minutes have been revised to reflect a change in the header, due to the resignation of a Member.

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Representative Phyllis Henderson on Thursday, March 23, 2017, in Room 427 of the Blatt Building. All members of the Committee were present for all or a portion of the meeting. Also, Representative Micah Caskey, IV, attended the meeting.
- II. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. Representative MaryGail Douglas moved to approve the minutes from the Committee's meeting on February 23, 2017. A roll call vote was held, and the motion passed.

Representative Douglas's motion to approve the minutes from the February 23, 2017, meeting:	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers				✓
MaryGail Douglas	✓			
Phyllis Henderson	✓			
Bill Taylor	✓			

I. Representative Henderson noted Director Catherine Heigel remained under oath. Director Heigel answered questions asked by the Subcommittee members on a variety of topics:

- a) Agency's strategic plan (03:31 in the archived video);
- b) Savannah River Site (30:30 in the archived video);
- c) Carolina Water Services (40:41 in the archived video);
- d) Agency's coastal management program (54:00 in the archived video);
- e) Rural water systems (55:46 in archived video);
- f) Disease control response efforts (1:07:30 in archived video);
- g) Obesity (1:13:00 in archived video);
- h) Prescription Drug Monitoring Program ((1: 26:03 in archived video);
- i) State Fire Marshall (1:30:10 in archived video);
- j) Public Health Laboratory (1:33:23 in archived video);
- k) Certificate of Need Program (1:39:36 in archived video);
- l) Food regulations - festival and food trucks (1:49:00 in archived video); and
- m) Hotel and motel inspections (1:59:20 in archived video).

II. The meeting was adjourned.

*Time in the video archived on www.scstatehouse.gov.

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee



*Katherine E. (Katie) Arrington
Gary E. Clary
MaryGail K. Douglas
Phyllis J. Henderson
Joseph H. Jefferson Jr.
Mandy Powers Norrell
J. Todd Rutherford
Tommy M. Stringer
Bill Taylor*

*William K. (Bill) Bowers
Neal Collins
Raye Felder
William M. "Bill" Hixon
Robert L. Ridgeway III
James E. Smith Jr.
Edward R. Tallon Sr.
Robert Q. Williams*

South Carolina House of Representatives

*Jennifer L. Dobson
Research Director*

*Cathy A. Greer
Administration Coordinator*

**Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811
Room 228 Blatt Building**

*Charles L. Appleby IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

**Healthcare and Regulatory Subcommittee Meeting
Thursday, April 20, 2017 at 9:00 am
Blatt Building Room 321**

The minutes have been revised to reflect a change in the header, due to the resignation of a Member.

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Representative Phyllis Henderson on Thursday, April 20, 2017, in Room 321 of the Blatt Building. All members of the Committee were present for all or a portion of the meeting.
- II. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. Representative Bill Taylor moved to approve the minutes from the Committee's meeting on March 23, 2017. A roll call vote was held, and the motion passed.

Representative Taylor’s motion to approve the minutes from the March 23, 2017, meeting:	Yea	Nay	Not Voting: Present	Not Voting: Absent
William K. Bowers				✓
MaryGail Douglas				✓
Phyllis Henderson	✓			
Bill Taylor	✓			

Meeting

- I. Representative Henderson noted that the purpose of the meeting was to discuss DHEC’s performance measures in the context of its strategic plan. Representative Henderson reminded Director Catherine Heigel that she remained under oath. Director Heigel provided a presentation to the Subcommittee covering issues in the following major areas:
 - Health Services (3:06)*
 - Environmental Affairs (26:09)

- II. Director Heigel responded to questions asked by the Subcommittee members on a variety of topics:
 - Challenges to accomplishing the agency’s goals in health services (17:00)
 - HIV infection and death rate (20:51)
 - Teen pregnancy rate (23:30)
 - Agency partnerships with faith communities (23:57)
 - Storm water and water infrastructure (41:52)
 - Adopt-a-stream program (45:47)
 - Clean air (49:29)

- III. The meeting was adjourned.

* Time in the video archived on www.scstatehouse.gov.

Agency-Wide

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:
Recommended change for consistency with current science, terminology, and/or practices.
- Eliminate any reference to “District Advisory Boards of Health,” as they no longer exist
 - Change all mention of “Districts” to “Regions,” as that is now the terminology used by DHEC
 - DHEC 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
- (d) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency’s gap analysis

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- In light of the upcoming launch of e-permitting systems and the general prevalence and efficiency of electronic mail, DHEC 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) Other Agencies Impacted:
- None

Agency-Wide

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC recommends deleting S.C. Code §§ 44-3-110 through -140
 - These statutory sections are no longer necessary due to the fact that the “Catawba Health District” no longer exists. The counties within the former “Catawba Health District” are now served by the Midlands Regional Office for Public Health
- (d) Other Agencies Impacted:
 - None
- (e) Notes:
 - Identified in the agency’s gap analysis

Environmental Affairs

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. Topics in the Act range from vaccinations, quarantine, examination and destruction of animals, reporting to and the investigation of animal bite cases, recommendations for post exposure prophylaxis, magistrate’s court penalties for failure to comply with the requirements of the Act.

(c) Recommendation and Rationale for Recommendation:

Recommended change for consistency with current science, terminology, and/or practices.

Federal animal welfare requirements have changed and national veterinarian practice standards have been updated to be 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. The Department proposes an extensive rewrite to address and modernize all topics in the Act DHEC implements and enforces the “Rabies Control Act,” which sets forth requirements and authorizes actions to control the spread of rabies in the state. Topics in the Act range from vaccinations, quarantine, examination and destruction of animals, reporting to and the investigation of animal bite cases, recommendations for post exposure prophylaxis, magistrate’s court penalties for failure to comply with the requirements of the Act including the following:

- To remain more current with the best veterinarian scientific practices, including allowing for the use of the most recent Compendium of Animal Rabies Prevention and Control, produced by the National Association of State Public Health Veterinarians, Inc. for establishing quarantine and animal vaccination protocols;
- Allows for a veterinarian with consent of the owner to make vaccination decisions that are in the best interest of a pet that is health compromised;
- Clarify the language to address non-bite exposures that meet the definition of saliva or other potentially infectious material from a rabid animal being introduced into fresh, open cuts or mucous membranes as described in the CDC ACIP (Advisory Committee on Immunization Practices) recommendations;
- Incorporate a monetary penalty to simplify and incentivize compliance with the vaccination requirements of the Act;
- Allow the Department to designate other representatives such as animal control officers and veterinarians to issue quarantines and monitor animals during quarantine. This will prevent duplication of services in those cases where bite exposures are reported to these representatives or the animals are located at these facilities;

Environmental Affairs

- Adds a provision that clarifies the process for pet owners to self-quarantine pets that are current on rabies vaccination when the owner or family member is the exposed person;
- Address the safety of Department employees and Department-designated representatives by requiring restraint of animals when observation or examination is needed and have penalties for failure to restrain an animal;
- Remove unnecessary and outdated requirements related to tags and signage; and
- Re-organize the section related to quarantine, examination and destruction of biting or attacking animals to provide clear directives for each incident.

(d) Other Agencies Impacted:

- South Carolina Department of Natural Resources
- Clemson University Livestock Poultry Health
- Any other state or federal agencies engaged in similar efforts to combat diseases communicable from animal to man.
- Local animal control and law enforcement

(e) Notes:

Stakeholders: Two stakeholder meetings are proposed to be held in Columbia during the months of August and September. One would target animal care organizations and animal care providers, the other would be for law enforcement agencies, county officials and health care providers, including:

- SC Association of Veterinarians
- SC Association of Counties
- Animal Control organizations
- Animal Shelters and Humane organizations
- Law Enforcement agencies
- Health Care providers (Pediatricians/Emergency/Instant care clinics)

Environmental Affairs

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:
In our PER Report, DHEC made recommendations to amend the Dams and Reservoirs Safety Act. The recommendations were provided and considered in development of H.3218 which amends the Dams and Reservoirs Safety Act. H.3218 received third reading in the House on February 2, 2017 and was introduced in the Senate on February 7, 2017. **Therefore, DHEC is removing these recommendations from its comprehensive list of law recommendations to the LOC.**

Environmental Affairs

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 Policy and Management 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

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.

The program is proposing four (4) major changes to the Act in addition to minor edits and clarifications that have been identified since the original promulgation. The 4 major changes are summarized as follows:

Solid Waste Emergency Fund

The S.C. Inspector General identified as a weakness in the solid waste management program the fact that there are currently no funding mechanisms available to the Department to use for emergency actions to address environmental problems caused from the management or mismanagement of solid waste.

- The Department proposes taking 2.5% of the annual receipts from the lead-acid battery fees, the appliance fees, the waste tire fees and the motor oil fee to establish an emergency fund. Deposits would be made until the emergency fund reaches \$1.5 million.
- Based on current revenue projections, about \$195,000 would be diverted to the fund annually, and the account would be fully funded after slightly more than 7 ½ years.
- The 2.5% annual funding rate was proposed by the stakeholder workgroup to minimize the impact on available grant funding for local government recycling programs.
- The proposed change authorizes the Department to recover costs from responsible parties to replenish the fund.

Construction and Demolition Debris

Large nuisance sites have been created by sham recyclers of construction and demolition debris who claim they are exempt from permitting requirements because they are processing what they consider to be recovered material. By accepting mixed material construction and demolition debris, these sham recyclers are able to meet the recovered material processing requirement of recycling 75% by weight by processing mostly concrete while allowing other construction and demolition debris to accumulate. These accumulated materials cause risk to human health and the environment.

Environmental Affairs

The proposed changes to the Solid Waste Policy and Management Act would:

- Require a facility that processes construction and demolition debris to be registered with the Department and obtain a solid waste processing permit.
 - Only construction and demolition debris processing facilities that accept material that has been sorted by material type and recycle at least 75% of each separated material type would be exempt from obtaining a permit.

Zoning

As interpreted by judicial ruling of The Supreme Court of South Carolina, the Department is charged with making zoning determinations with respect to city and county zoning ordinances during the process of issuing solid waste facility permits. Prior to the judicial ruling, the Department allowed local governments to issue letters of consistency in regards to whether facilities seeking a permit would be in compliance with local plans, zoning and land use ordinances. The Supreme Court ruling determined that this delegation of authority was impermissible and that the Department itself must determine if a solid waste facility would be consistent with zoning and land use ordinances of the affected local government.

- The proposed change to the statute removes the requirement that the Department perform a review of local zoning and land-use ordinances prior to issuing a solid waste management facility permit.
- By removing this language, a facility seeking a permit would provide to the department proof of compliance with local land use and zoning ordinances with its permit application.

Demonstration of Need (DON)

The statute currently states that no permit to construct or expand any solid waste management facility may be issued until a demonstration of need (DON) is made. Therefore, DON applies to all permitted solid waste management facilities. In developing the current DON regulation, however, the Department addressed only commercial Class Two solid waste landfills, commercial Class Three solid waste landfills, commercial solid waste incinerators, and commercial solid waste processing facilities that process waste destined for disposal at Class Three solid waste landfills.

- The proposed change would clarify that “Need” be demonstrated as required by regulation only.
- The existing regulation would serve to identify those facilities which must demonstrate need: commercial Class Two solid waste landfills, commercial Class Three solid waste landfills, commercial solid waste incinerators, and commercial solid waste processing facilities that process waste destined for disposal at Class Three solid waste landfills.

(d) Other agencies impacted:

- None

Environmental Affairs

Solid Waste Policy and Management Act, continued

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

Despite the Solid Waste Act and regulations promulgated pursuant to the Act, the illegal dumping and accumulation of waste tires continues to be problematic. Therefore, changes to the Waste Tire statute are needed in order to address these issues.

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.

(d) Other agencies impacted:

- South Carolina Department of Revenue

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 DHEC 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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.

Environmental Affairs

(d) Other Agencies Impacted:

- Local counties and municipalities, however local governments have not been receiving and do not currently receive these reports.

(e) Notes:

- Identified in the agency's gap analysis

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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) Other Agencies Impacted:

- The South Carolina Universities Research and Education 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.

Environmental Affairs

S.C. Hazardous Waste Management Act, continued

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. The Pinewood facility was closed in 2000 and no longer accepts hazardous waste for disposal.

(c) Recommendation and Rationale for Recommendation:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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; and
 - 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.
- Sections 44-56-163, 44-56-164, and 44-56-165 should be deleted as the Funds and funding source are no longer active or available.
- 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.
- 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.
- Section 44-56-180 should be revised to delete the reference to the S.C. Hazardous Waste Management Select Oversight Committee.
- Section 44-56-190 should be deleted because the regulations are consistent with the statute.
- Section 44-56-510 should be deleted because this fee is no longer assessed and collected.

Environmental Affairs

(d) Other Agencies Impacted:

- Town of Pinewood
- 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).

(e) Notes:

- Portions are identified in the agency's gap analysis

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:

Changes due to Recent Court Decisions

Section 44-56-59 should be deleted to conform to a court's ruling.

- 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

Environmental Affairs

S.C. Hazardous Waste Management Act, continued

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:

Changes due to Recent Court Decisions

- 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.
 - These 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

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:

Changes due to Recent Court Decisions

- Delete Sections 44-56-130(4), (5), and (6)
 - 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.

Environmental Affairs

- 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

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:

Changes due to Recent Court Decisions

- Delete Section 44-56-205.
 - 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

Environmental Affairs

S.C. Mining Act

Law Recommendation #2.8

(a) Law:

S.C. Code Ann., Section 48-20-10 et seq., South Carolina Mining Act

(b) Summary of current statutory requirement:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

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.

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.

(d) Other Agencies Impacted:

- South Carolina Department of Natural Resources
- South Carolina State Historic Preservation Office
- South Carolina Department of Transportation
- South Carolina Ports Authority
- United States Army Corps of Engineers
- United States Fish and Wildlife Service
- United States Mine Safety and Health Administration
- United States Natural Resource Conservation Service

Environmental Affairs

Office of Coastal Resource Management (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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Delete the entirety of S.C. Code Ann. § 48-39-40 - 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

Environmental Affairs

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
 - Establish a bright-line setback requirement, rather than a discretionary one, 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).
- (d) Other Agencies Impacted:
 - None

Health Regulation

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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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.
- DHEC currently regulates and licenses these facilities and the recommended clarification will remove any ambiguity with regard to the authority of DHEC to license kidney disease centers.

(d) Other Agencies Impacted:

- None

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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- DHEC 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.
- 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) Other Agencies Impacted:

- None

Health Regulation

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:
This 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:
Recommended change for consistency with current science, terminology, and/or practices.
- Modify Section 40-25-50(2) to delete from the Commission's responsibilities the requirement that it formulate the examination.
 - 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.
- (d) 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:
This 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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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 Department's existing authority to suspend or revoke a license.
- (d) Other Agencies Impacted:
- None

Health Regulation

Hearing Aids, continued

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:
This 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- Modify Sections 40-25-150(C)-(D) to move responsibility for the process of continuing education compliance from the Commission of Hearing Aid Specialists to DHEC.
- (d) 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:
This 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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) Other Agencies Impacted:
- None

Health Regulation

Hearing Aids, continued

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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify Section 40-25-30(2) to provide DHEC with the authority to facilitate the administration of the qualifying examinations.
- DHEC licenses primarily health facilities and services, so it does not administer examinations to any licensed entities except for the hearing aid specialist candidates.
- The Department should be given discretion to facilitate the administration of the examinations to allow examinations to be given directly by testing vendors.

(d) Other Agencies Impacted:

- None

Health Regulation

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:

This 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, revoke, 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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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) Other Agencies Impacted:

- None

Health Regulation

Tattooing

Law Recommendation #1.8

(a) Law:

S.C. Code Sections 44-34-10, *et seq.*, Tattooing

(b) Summary of Current Statutory Requirement:

This 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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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) Other Agencies Impacted:

- None

Health Regulation

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 South Carolina Department of Labor, Licensing and Regulation.

(c) Recommendation and Rationale for Recommendation:

Recommended change for consistency with current science, terminology, and/or practices.

- 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.
- DHEC 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) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation

Health Regulation

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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Change wording of Section 44-61-20(16) 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
- Further modify the definition of “Investigative Review Committee” in Section 44-61-20(16) 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.

(d) 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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial and/or Fee Structure)

- Add new statutory provisions authorizing the Department to become a member of the EMS Compact with other EMS Compact states.
- Becoming a member of the EMS Compact would allow for cross-border practicing when the licensee meets South Carolina standards for licensure, facilitate the day-to-day movement of EMS personnel across state boundaries, and 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) Other Agencies Impacted:

- None

Health Regulation

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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
 - Increase the amount of annual fees DHEC is authorized to retain for use in the administration of the tanning equipment program. This will allow DHEC to fully fund staff to perform all of the job duties associated with the tanning program.

(d) Other Agencies Impacted:

- None

Health Regulation

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

To help improve drug inspections and create efficiencies in the scheduling of controlled substances, DHEC 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 South Carolina 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.

Health Regulation

- 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.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation
- South Carolina Law Enforcement Division
- South Carolina Department of Mental Health
- South Carolina Attorney General's Office

Health Regulation

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

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; and
 - Clarify the term ‘good faith’ as used in this section to be based upon a valid patient-practitioner relationship.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation
- South Carolina Law Enforcement Division
- South Carolina Attorney General’s Office

(e) Notes:

DHEC had recommended amending the violations and penalties section of the Act to include violations for persons who are not authorized to have the prescription monitoring program (PMP) information, so that all persons improperly accessing the PMP database can be subject to penalties for violation of the Act. However, **this recommendation is addressed in the amended PMP law that became effective last month**. Previously, this section of the Act allowed only authorized persons to be prosecuted and there was no basis for penalizing any unauthorized persons.

Health Regulation

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:

Miscellaneous Change

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.
 - Statewide need for new nursing home beds as calculated pursuant to the CON Program is not being met.
 - 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.

(d) Other Agencies Impacted:

- South Carolina Department of Health and Human Services

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:
Recommended change for consistency with current science, terminology and/or practices.
- Updates, revisions, and clarifications are needed to:
 - Clarify terminology;
 - Recognize the transition to an electronic system;
 - Remove obsolete references;
 - Clarify treatment of sealed records and paternity acknowledgments; and
 - Reflect changes to DHEC's organization since the statute was written.
- (d) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency's gap analysis

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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.
 - The 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) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency's gap analysis

Vital Statistics, continued

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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) 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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 DHEC does not need to be a party to the paternity action, even in South Carolina.

Public Health

- Clarify whether pre-birth orders in surrogacy cases are effective to determine parentage for purposes of birth registration.

(d) 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial and/or Fee Structure)

- 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) Other Agencies Impacted:

- None

Public Health

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:
Recommended change for consistency with current science, terminology and/or practices.
 - 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) 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:
Recommended change for consistency with current science, terminology and/or practices.
- 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. The current language requires the Community Oral Health Coordinator to serve only school-aged children in the designated counties.
- (d) 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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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.
 - To ensure that these services are being properly implemented, DHEC recommends adding to Title 44 a 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.
- (d) Other Agencies Impacted:
- South Carolina Department of Labor, Licensing and Regulation

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC recommends that:
 - References to reporting to county health departments be eliminated; and
 - Reporting be made to DHEC by the attending physician within the timeframe and in the form and manner as the Department directs.
- (d) 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:
Recommended change for consistency with current science, terminology, and/or practices.
 - Add the term “sexually transmitted infections” to the title and language of the section, to update the statute with current nomenclature in the field. This language is more inclusive and supports the Department’s duties to investigate and prevent the spread of certain infectious and contagious diseases.
- (d) Other Agencies Impacted:
 - None

Contagious and Infectious Diseases, continued

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:
Recommended change for consistency with current science, terminology, and/or practices.
- DHEC 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) 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:
Recommended change for consistency with current science, terminology, and/or practices.
- Bring the statute up to date with the current nomenclature in the field by:
 - Modifying the statutory title to replace the phrase "venereal disease" with the phrase "sexually transmitted disease and sexually transmitted infection."
 - In the body of the statute, adding the phrase "sexually transmitted infection" in each instance the phrase "STD" is used alone.
- (d) Other Agencies Impacted:
- None

Contagious and Infectious Diseases, continued

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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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.
 - 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) Other Agencies Impacted:
- South Carolina Department of Corrections
 - County Jails
- (e) Notes:
- Identified in the agency’s gap analysis

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:
Recommended change for consistency with current science, terminology, and/or practices.
- DHEC 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.
 - Change the misspelled word “counselling” to “counseling.”
- (d) Other Agencies Impacted:
- None

Contagious and Infectious Diseases, continued

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC 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.
- (d) 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:
Recommended change for consistency with current science, terminology, and/or practices.
 - 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) Other Agencies Impacted:
 - South Carolina Department of Education
 - Individual School Districts

Contagious and Infectious Diseases, continued

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:
Changes due to Insufficient Funding
- 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.
 - These provisions are not currently funded. The Department has not dispensed these products, nor received requests for them, in many years.
- (d) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency's gap analysis

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC recommends removing the requirement for indefinite retention of blood specimens, which is consistent with a long-standing proviso (2016-17 Budget Proviso 34.37). There is no clinical or scientific reason for DHEC to maintain long-term possession of these blood samples, nor does DHEC have the ability or capacity to store them in freezers indefinitely.
- (d) Other Agencies Impacted:
 - Medical facilities and practitioners who perform testing

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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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, including deleting any reference to a "chief administrative officer" as those individuals are no longer involved in disease reporting.
- (d) Other Agencies Impacted:
- None

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- Amend the statute to clarify the county in which a petition must be filed in probate court for an individual being detained. The Department recommends that the petition be filed in the county where the individual is being detained.
- (d) Other Agencies Impacted:
- Probate Courts

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify the "Emergency Health Powers Act," S.C. Code 44-4-100, et. seq. to add the following conditions in the definition of a "Qualifying health condition":
 - A man-made disaster widely affecting public health or the environment;
 - A nuclear attack or accident;
 - A chemical attack or release; and
 - An act of terrorism or bioterrorism affecting public health or the environment.
- This Act 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. These additions are necessary to ensure the State can respond fully to these events.

(d) Other Agencies Impacted:

- South Carolina 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:

The 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify the following sections:
 - § 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; and
 - § 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.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation – Professional licensing boards may be involved in oversight of HBV-infected professionals who perform certain exposure-prone procedures.

(e) Notes:

- Portions are identified in the agency’s gap analysis

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:
Changes due to Insufficient Funding
 - Repeal the statute. The General Assembly has not appropriated funds for many years.
- (d) Other Agencies Impacted:
 - None
- (e) Notes:
 - Identified in the agency’s gap analysis

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:
Changes due to Insufficient Funding
 - 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) Other Agencies Impacted:
 - None
- (e) Notes:
 - Identified in the agency's gap analysis

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:

Miscellaneous Changes

- 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," which is a neutral and intuitive place to house the Act, regardless of which agency is designated the lead agency.

(d) Other Agencies Impacted:

- Leaving the Act intact, but moving it to another location, should not impact any other agency.

DHEC GAP ANALYSIS 2016-2017

Part I: Regulatory Mandates

Division	Program	Name of Act	Does the Act provide for regulation? (Y or N)	Is the provision mandatory or discretionary (M or D)	Has the program promulgated regulations? (Y or N)	If not Implemented, why? 1 - Management Decision; 2 - Lack of Personnel; 3 - Lack of Funding; 4 - Other	If "1" or "4" explain
Public Health	Acute Disease Epi	Health Care Professional Compliance Act	Y	M	N	4	Regs have not been promulgated b/c the Act has not been implemented. However, Health Licensing has promulgated regs for the reporting of accidents & incidents, citing to section 44-30-60.
Public Health	Acute Disease Epi	Health Care Professional Compliance Act	Y	M	N	4	Regs have not been promulgated b/c the Act has not been implemented. However, Health Licensing has promulgated regs for the reporting of accidents & incidents, citing to section 44-30-60.
Health Regulation	Trauma	Stroke System of Care Act of 2011	Y	M	N	3	DHEC's duties pursuant to this article are contingent upon adequate funding. We lacked sufficient funding in prior years to perform all of the duties set forth in this Act, and therefore did not promulgate a regulation. We were provided funding this FY (2017) for one FTE, who was hired in January. We are requesting additional funding (recurring) in next year's budget to further implementation of the Act, including establishment and maintenance of a Stroke Registry. A Notice of Drafting of a proposed Stroke Regulation will be published in the April State Register. Based upon regulatory promulgation timelines, we anticipate presenting the proposed regulation to the Legislature for approval in 2018.
Health Regulation	MMO	Emerson Rose Act	Y	M	N	4	DHEC promulgated amendments to 61-102 in 2015 to include this Act; however, DHEC withdrew the regulation amendment from the General Assembly, due to proposed legislative initiatives. Awaiting revised statutory language before moving forward with regulatory changes.
Health Regulation	FSO	Methadone	Y	M	N	4	Amendments to Reg. 61-93 are needed to address statutory requirements in Sections 44-53-750 and -760 related to autopsies and minors.

Health Regulation	Certificate of Need	State Health Planning and Development Act	Y	M	N	4	DHEC previously promulgated a reg, 61-6, under this Act, but it was repealed in 2012 on the basis that this Act is superseded by the CON and Licensure Act.
Health Regulation	Drug Control	SC Controlled Substance Act; 44-53-710 thru -760	Y	M	N	4	There are no specific regulations promulated under the Act. Drug Control regulations at 61-4 do include sections pertaining to methadone, and Health Licensing regs do include sections pertaining to narcotic treatment centers.
Health Regulation	N/A	SC Controlled Substance Act; 44-53-610 through 660	Y	M	N	4	Marijuana is a Schedule I substance. Consequently, it is unlawful under both state and federal law to manufacture, distribute, dispense, deliver, purchase, or possess marijuana. This Act would require the Director and the Department to possess and distribute marijuana in contravention of those laws, and provides no immunity from criminal prosecution for doing so.
Health Regulation	N/A	SC Controlled Substance Act; 44-53-50	Y	M	N	4	This law is regulated by the EPA.
Environmental Quality Control	Division of Emergency Response/Oil & Chemical Emergency Response	Oil and Gas Exploration, Drilling, Transportation and Production Act	Y	M	N	1	Emergency Response, certification and other requirements are implemented in other provisions of this Act, or under other DHEC and/ or federal provisions, but no specific regulations have been adopted.
Environmental Quality Control	Division of Emergency Response/Terminal Facility Registration Certificate	Oil and Gas Exploration, Drilling, Transportation and Production Act	Y	M	N	1	Emergency Response, certification and other requirements are implemented in other provisions of this Act, or under other DHEC and/ or federal provisions, but no specific regulations have been adopted.
Environmental Quality Control	Multiple	Expedited Review Program	Y	M	N	4	Bureaus (BAQ and BOW) have implemented programmatic expedited review programs, but agency has not promulgated regulations for agency wide expedited review.

DHEC GAP ANALYSIS 2016-2017

Part II: Mandatory Statutes

1. Division	Program	Name of Act	Statutory Citation	Short Description	Mandatory or Discretionary (M or D)	Implemented or N	(Y If not Implemented, why? i-Mgmt. Decision; ii-Lack of Personnel; iii - Lack of Funding; iv - Other	If "i" or "iv" explain
Public Health	Client Services	Establish Catawba Health District	44-3-110 thru -150	There is hereby created the Catawba Health District consisting of Chester, Lancaster and York Counties. The Catawba Health District shall be a subdivision of the Department of Health and Environmental Control and shall be under the direction and control of the Department of Health and Environmental Control. The Director of the Department of Health and Environmental Control shall appoint, after consultation with the District Advisory Council, a district medical director whose duty it shall be to protect the public health in the district.	M	N	iv	Consolidated into four districts (called health regions) in 2013 as a cost savings measure. The Catawba Health District is now part of the Midlands Health Region. Under review.
Public Health	Client Services	Establish Catawba Health District Advisory Council	44-3-120	There is also hereby created the Catawba Health District Advisory Council. Membership of the Advisory Council shall consist of sixteen members and shall be based upon population and community needs of the district. The initial membership shall consist of three members from Chester County, five members from Lancaster County and eight members from York County, who shall be appointed by the Governor upon the recommendation of the legislative delegations of the respective counties. Advisory Council members shall be appointed for terms commencing July 1, 1973.	M	N	iv	Consolidated into four districts (called health regions) in 2013 as a cost savings measure. The Catawba Health District is now part of the Midlands Health Region. The Catawba District Advisory is no longer functioning.
Public Health	Tobacco	SC Youth Smoking Prevention Act	SC Code Sections 44-128-10 through -50	Outlines the provisions of the SC Youth Smoking Prevention Act, funded by the Master Settlement Agreement, including the Youth Smoking Prevention Plan, reporting requirements, funding, and make-up of the Advisory Commission.	M	N	iii	DHEC receives funding from the cigarette tax to support its youth tobacco prevention program. DHEC works with the SC Tobacco-Free Collaborative.
Public Health	Children's Health	Head lice - voucher for treatment products	44-29-195	DHEC 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.	M	N	iii	Families access these medications through their providers or over the-counter. DHEC no longer provides primary care. Demand for these products decreased to the point that the medications were expiring before they could be given away.
Public Health	Research and Planning	Report of infants with diseased eyes	44-37-10	Should one or both eyes of an infant become reddened or inflamed at any time after birth, the midwife, nurse or person having charge of such infant shall report such condition at once to the county health department. Any person who fails to comply with the provisions of this section shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than twenty-five dollars or imprisoned for not more than thirty days.	M	N		This condition is no longer a public health concern because prophylactic treatment is now available and is a standard of care. This condition is not included on the SC List of Reportable Conditions.

Public Health	Research and Planning	Instillation of prophylactic to prevent blindness within one hour after birth	44-37-20	Every doctor, midwife, nurse or other person attending the delivery at birth of a child in this State shall instill, or have instilled, into the eyes of the baby, within one hour after birth, some effective prophylactic approved by the Department of Health and Environmental Control, for prevention of blindness from ophthalmia neonatorum. A record of such administration or instillation shall be reported on the birth certificate, showing the time with respect to the birth and the kind of prophylactic administered.	M	N	i	DHEC does not approve the prophylactic medication. Approvals are handled at an individual level by practitioners who are experts in this area of practice. This practice is consistent with the current standards of care.
Public Health	Oral Health	Community Oral Health Coordinator	44-8-10 - 60	The statute outlines a community dental health program for public school students for which implementation of the provisions of the chapter is contingent upon the appropriation of adequate funding.	M	N	iii	
Public Health	Oral Health	Dentists, Dental Hygienists, and Dental Technicians	40-15-110 (E)	DHEC shall target services in a public health setting to under-served populations. Dental assistants may perform oral screenings utilizing the DHEC approved screening system in school and public health settings under direction of the DHEC public health dental program. Dental assistants employed within or contracted through the public health system may assist in the delivery of public health dental program services as defined in this section. Program activities are performed under the direction of the Department of Health and Environmental Control State Dental Coordinator or the department's designee but do not require that the coordinator be present when services are performed.	M	N	iii	
Public Health	PHSIS	South Carolina FY 2015-2016 State Budget Proviso 34.39 (SCHIDS)		South Carolina Health Integrated Data Services (SCHIDS) program is to be established and disseminate data about prevalence, treatment and cost of disease from SC Health and Human Services (DHHS) Data Warehouse and in particular the Medicaid system. The Revenue and Fiscal Affairs (RFA) office shall provide data needed by the SCHIDS program to fulfill its mission.	M	N	iv	South Carolina Health Integrated Data Services (SCHIDS) program has been established. Program is working with RFA and DHHS to disseminate data about prevalence, treatment and cost of chronic disease in SC. Medicaid data will be added and disseminated by the end of 2017.
Public Health	Vital Records	Domestic Relations - Marriage	20-1-320	Division of Vital Statistics shall print and distribute forms of marriage license and certificate to be used by all probate courts of this State in the issuance of marriage licenses.	M	N	i	Provide electronic form to probate courts rather than printing and distributing forms.
Public Health	Vital Records	Vital Statistics	44-63-30	Establishes Director of DHEC as State Registrar. DHEC shall provide suitable space including fireproof vaults and filing cases for permanent preservation of records.	M	N	iv	Currently do not have adequate space to store sealed files in fireproof vault/filing cases. Options include occupying current server room once servers are transitioned off-site.
Health Services	Vital Records	Vital Statistics	44-63-40	State Registrar must appoint chief administrative office of each county health dept. as the county registrar. County registrar can appoint deputy county registrar to carry out duties of county office. County registrar must appoint subregistrar to issue Burial-Removal-Transit Permit.	M	N	i	Consolidated into four regions with a total of 15 VR offices as cost saving measure. Regional Coordinators and Site Supervisors carry out these duties (defined in position descriptions).
Health Services	Vital Records	Vital Statistics	44-63-70	State registrar shall prescribe forms for certification and recording of vital records and furnish copies to county registrars and appropriate agencies.	M	N	iv	Most forms are now electronic.

Health Services	Vital Records	Vital Statistics	44-63-74	Requirements for electronic filing of death certificates, and administrative penalties for not meeting the electronic filing requirement or for filing a late record.	M	N	iv	Have not yet assessed penalties. Developing procedures with intermediate steps to demonstrate good cause.
Health Services	Vital Records	Vital Statistics	44-63-80	Establishes entitlement for issuance of birth certificates; states will include SC Family Respect pamphlet with all birth records issued. Establishes entitlement for short form birth certificates.	M	N	iv	The SC Family Respect pamphlet is no longer produced. Short form birth certificates are no longer produced because they cannot be used for legal purposes.
Public Health	Acute Disease Epi	Health Care Professional Compliance Act	44-30-10 through 90	DHEC is authorized to ensure and oversee the implementation of Public Law 102-141, Section 633 (Preventing transmission of HIV and Hepatitis B during exposure prone invasive procedures). DHEC shall provide consultation and assistance to licensing boards, as appropriate, to ensure compliance with CDC recommendations (By October 1, 1992, each licensing board shall adopt the CDC recommendations, communicate with its respective health care professionals, institute disciplinary or other action for violations). DHEC shall appoint at least one or approve an existing expert review panel.	M	N	iv	DHEC provides consultation. The State Medical Board no longer has a standing review panel. Reviews are handled at an individual level by practitioners who are experts in this area of practice.
Public Health	TB	Payment for medical care and hospitalization	44-31-520	Patients of the State Park Health Center who are able to pay for medical care and hospitalization shall be required to do so.	M	N	iv	The State Park Health Center is no longer operational.
Public Health	TB	Creation of a Tuberculosis Control Advisory Committee	44-31-610	Creation, membership and duties of Tuberculosis Control Advisory Committee appointed by the Governor.	M	N	iv	As TB prevalence has decreased, public health has become the subject matter expert on control of TB so an advisory committee is not needed. DHEC follows the comprehensive guidance published by the American Thoracic Society, CDC and the Infectious Disease Society of America
Public Health	Acute Disease Epi	Health Care Professional Compliance Act	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.	M	N	iv	DHEC does not have funding to develop a certification system.

Public Health	STD/HIV	Contagious and Infectious Diseases	44-29-100	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.	M	N	iv	With the advancement of medical treatment, isolation of all patients with a sexually transmitted infection is no longer a standard of care.
Public Health	STD/HIV	No discharge from confinement until cured of sexually transmitted disease; subsequent treatment	44-29-110	No persons suffering from the STDs listed in 44-29-60 can be discharged from confinement until they are cured or, if no cure is available, upon DHEC approval. If an individual is released prior to being cured, DHEC shall direct the individual to receive further treatment. Failure of the individual to follow DHEC's directions subjects the individual to the penalties found in 44-29-140.	M	N	iv	With the advancement of medical treatment, isolation of all patients with a sexually transmitted infection is no longer a standard of care.
Public Health	Injury and Violence Prevention	Medical Advisory Board	56-1-221	Medical Advisory Board related to Drivers Licenses - There is created an advisory board composed of 13 members. One member must be selected by the Commissioner of the Department of Health and Environmental Control from his staff, ten members must be appointed by the South Carolina Medical Association, and two members must be appointed by the South Carolina Optometric Association. The member selected by the Commissioner of the Department of Health and Environmental Control must be the administrative officer of the advisory board. To the maximum extent possible, the members of the board appointed must be representative of the disciplines of the medical and optometric community treating the mental or physical disabilities that may affect the safe operation of motor vehicles.	M	N	iii	
Public Health	Acute Disease Epi	Serological blood tests for pregnant women	44-29-120	Testing pregnant women for syphilis, rubella, Rh Factor and hemoglobin - A laboratory approved to conduct certain serological testing must participate in an appropriate proficiency testing program approved by DHEC.	M	N	iv	DHEC does not have this capability. Proficiency testing for labs is covered by the federal CLIA program.
Administration	Information Technology	DHEC: Data Center Migration	Proviso 34.52	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.	M	N	iv	Still in planning phase; no servers/services have been migrated yet

Administration	Administration	Medical and Dental Scholarship Fund	59-111-510 et seq.	DHEC shall 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.	M	N	iii	
Health Regulation	Emergency Medical Services - Children	Children's Emergency Medical Services Act	44-61-330 (A)	Provides the minimum scope of the EMSC program.	M	N	iv	The Department is in the process of implementing the guidelines for voluntary designation of pediatric ERs. SC EMSC utilizes the National Data Oversight instead of a state level oversight.
Health Regulation	Trauma	Stroke System of Care Act of 2011	44-61-670 (A)	Provides for the duties of the Department, in consult with the Stroke System of Care Advisory Council, including establishing the Stroke Registry Task Force, which shall maintain a stroke registry.	M	N	iii	The Department's duties under this Act are contingent upon adequate funding. We have had limited funding up until now. We are currently requesting funds to further implementation. Staff and the Task Force are in the process of implementing the Stroke Registry.
Health Regulation	FSO	Tattooing	44-34-110 (B)	An applicant for license renewal or for a new license at an existing tattoo facility location shall pay a certification fee established by the department in regulation to determine if the exemptions provided for in subsection (A)(3) apply.	M	N	iv	Inherent conflict exists between this section and Section 44-34-110(A)
Health Regulation		Methadone	44-53-740	DHEC shall promulgate regulations necessary to carry out the provisions of this article.	M	N	iv	Regulation 61-93, which includes the regulation of facilities that offer methadone as a treatment option, was adopted pursuant to the Licensing Act, 44-7-110 et seq., and does not address all requirements of this Chapter. The Department is in the process of reviewing the regulation to determine changes that need to be made, to include the requirements of Section 44-53-750 and - 760.
Health Regulation		Methadone	44-53-750	Requires performance of an autopsy upon any person on a methadone program who dies while enrolled in such a program. A report of the autopsy must be filed with DHEC. Requires notification of autopsy requirement prior to admission to a methadone program.	M	N	iv	Regulation 61-93, which includes the regulation of facilities that offer methadone as a treatment option, was adopted pursuant to the Licensing Act, 44-7-110 et seq., and does not address all requirements of this Chapter. The Department is in the process of reviewing the regulation to determine changes that need to be made, to include the requirements of Section 44-53-750.
Health Regulation		Methadone	44-53-760	Requires parental consent prior to admission of a minor to a methadone program, provided that if a court has adjudicated a minor emancipated then that minor may be admitted without parental consent.	M	N	iv	Regulation 61-93, which includes the regulation of facilities that offer methadone as a treatment option, was adopted pursuant to the Licensing Act, 44-7-110 et seq., and does not address all requirements of this Chapter. The Department is in the process of reviewing the regulation to determine changes that need to be made, to include the requirements of Section 44-53-760.
Health Regulation	FSO	Practice of Specializing in Hearing Aids Act	40-25-30(4)	Powers and duties of the Department include: purchasing and maintaining or renting audiometric equipment and other facilities necessary to carry out the examination of applicants.	M	N	iv	The Department has not provided equipment for examinations. The general practice is that the applicant brings their own equipment with them. If requested by an applicant, the Department would have to provide the equipment.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-10	Title of Article.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.

Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-20	Definitions.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-40	Development of state program; collection of statistics and other data regarding health planning and development.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-50	Statewide health coordinating council.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-60	Meetings of Council.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-70	Compensation of Council members.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-90	Cooperation of other state departments with state agency.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-100	Adoption of rules and regulations.	M	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Drug Control	SC Controlled Substance Act	44-53-10	It shall prepare rules and regulations with regard to the proper method of collecting and examining drugs.	M	N	iv	Drug Control does not collect drugs or examine drugs; only for purposes of an evidentiary nature
Health Regulation	Drug Control	SC Controlled Substance Act	44-53-490	Drug Inspectors shall inspect every registrant no less than once every three years	M	N	ii	At the time this act was implemented there were only 1500 registrants. There are over 24,000 registrants today. Based on current staffing / funding we cannot meet this requirement.
Health Regulation	Drug Control	SC Controlled Substance Act	44-53-490	Drug Inspectors shall submit an annual report to the Department and Commision of Alcohol and Drug Abuse specifying the name of the practitioner or the registrant or such exempt persons inspected, the date of inspection and any other violations of this article	M	N	iv	No historical information as to why this has not been done. Violations are typically addressed in an informal, private conference and not subject to disclosure. (Reg. 61-4 Sections 1801-1803). DHEC will begin submitting an annual report to the Director of DAODAS and LLR.

Health Regulation	Drug Control	SC Controlled Substance Act	44-53-710	Gives DHEC exclusive control over methadone pursuant to this article.	M	N	iv	The Drug Control program administers portions of this article, related to the dispensing of methadone. The remaining portions of this article fall under the purview of the Health Licensing program.
Health Regulation	Drug Control	SC Controlled Substance Act	44-53-740	Requires Department to promulgate regulations pursuant to this article.	M	N	iv	Regulation 61-4, Controlled Substances, addresses some of the requirements of this Article, including the Drug Control program's inspection and auditing of drug dispensing. The remaining requirements of this Article fall under the purview of the Health Licensing program.
Health Regulation	N/A	SC Controlled Substance Act	44-53-610 through 660	Controlled Substance Therapeutic Research Program gives DHEC Director authority to distribute marijuana	M	N	iv	Marijuana is a Schedule I substance. Consequently, it is unlawful under both state and federal law to manufacture, distribute, dispense, deliver, purchase, or possess marijuana. This Act would require the Director and the Department to possess and distribute marijuana in contravention of those laws, and provides no immunity from criminal prosecution for doing so.
Health Regulation	N/A	SC Controlled Substance Act	44-53-50	A person may use, sell, manufacture, or distribute for use or sale a cleaning agent that contains greater than zero percent phosphorus by weight but does not exceed eight and seven-tenths percent phosphorus by weight that is a substance excluded from the zero percent phosphorus limitation of this section by regulations adopted by the Department of Health and Environmental Control	M	N	iv	This law is regulated by the EPA.
Environmental Quality Control	Terminal Facility Registration Certificate	Oil and Gas Exploration, Drilling, Transportation and Production Act	48-43-550	DHEC shall from time to time adopt, amend, repeal, and enforce reasonable regulations relating to the cleanup and removal of discharges of pollutants into the waters or onto the coasts.	M	N	i	Emergency Response, certification and other requirements are implemented in other provisions of this Act, or under other DHEC and/ or federal provisions, but no specific regulations have been adopted.
Environmental Quality Control	Air	Pollution Control Act	48-1-200	Any person may appeal an order of the Department within thirty days after filing of the order, to the court of common pleas of the county in which the pollution occurs; the Department must then certify to the court the record in the hearing; upon review, the court shall render judgment and may order or permit further testimony on the merits of the case, in its discretion; appeals from such judgments of the court of common pleas may be taken as in other civil actions.	M	N	iv	This process is superseded by the review process set forth in S.C. Code 44-1-60 and APA
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-60(a)(1)	To accomplish goals in 44-56-59, requires DHEC to annually report on HW technologies for storage and disposal to allow Legislature to determine whether HW landfill capacity should be reduced	M	N	iv	Invalidated as result of federal court challenges. See Environmental Tech. Council v. S.C, 901 F.Supp. 1026
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-60(a)(3)	Sets limits on annual rate of land disposal and places limits on out-of-state waste for land disposal	M	N	iv	Invalidated as result of federal court challenges. See Environmental Tech. Council v. S.C, 901 F.Supp. 1026
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-130 (4) - (6)	Provisions requiring reciprocity for the land disposal of out-of-state HW and requiring interstate or regional agreement to accept out-of-state HW	M	N	iv	Invalidated as result of federal court challenges. See Environmental Tech. Council v. S.C, 901 F.Supp. 1026

Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-140(E)	Required to report violations of Section 140 within 24 hours to the governing body of the county or municipality in which violation occurs.	M	N	iv	Planning to provide county/city management with copies of COs and AOs within 24 hours for hazardous waste violations going forward
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-160 (C), (D)	Directs fees from land disposal facility to Sumter County where commercial HW land disposal facility is located, and to the Pinewood HW Contingency Fund for the Town of Pinewood	M	N		Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-160 (C), (D)	Requires portion of fees from commercial land disposal facility to go county where landfill is located, and a portion of the fees to the Town of Pinewood	M	N	iv	Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-160(F)	Requires fees assessed on disposal at the HW commercial land disposal facility go to various Funds	M	N	iv	Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue for the Funds
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-163	Creates the Pinewood HW Contingency Fund for the Town of Pinewood and creates the Pinewood Development Fund	M	N	iv	Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue for the Funds
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-164	Provides for the composition of the Pinewood Development Authority	M	N	iv	Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue for the Funds
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-165	Requires portion of fees to be used to fund waste minimization activities at DHEC	M	N	iv	Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue for the Funds
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-175	Provides for the crediting of fees from the commercial land disposal facility to the various Funds created under the Act	M	N	iv	Pinewood commercial land disposal facility closed in 2000 and no longer generates revenue for the Funds
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-190	Requires DHEC to revise regulations inconsistent with provisions of 44-56-160 through 190	M	N	iv	Invalidated as result of federal court challenges. See Environmental Tech. Council v. S.C, 901 F.Supp. 1026
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-205	Requires SC facilities to give preference to in-state HW generators for treatment and disposal of HW	M	N	iv	Invalidated as result of federal court challenges. See Environmental Tech. Council v. S.C, 901 F.Supp. 1026

Environmental Quality Control	Brownfields/ Voluntary Cleanup Program	Hazardous Waste Management Act	44-56-760 Article 7; Brownfields/Voluntary Cleanup Program	Program Review; Requires the Department to review the Voluntary Cleanup program beginning in 2010 and report to the General Assembly on the activities of the program and where applicable, make recommendations for any needed changes or improvements.	M	N	iv	While the Responsible Party (RP) contract activity is covered in the annual Report on the HW Contingency Fund (44-56028-180b), the Non Responsible Party (NRP) activity has not been captured. It is proposed that a report will be completed by June 30, 2017 which captures the activities of both the RP and NRP Voluntary Cleanup Programs. Section 44-56-760 does not establish a recurring time-frame to complete or submit this VCP report. However, the goal is to publish this report every 5 years.
Environmental Quality Control	Mining	South Carolina Mining Act	SECTION 48-20-70 PARAGRAPH 10	The Department may not accept an appeal of an operation permit denial more than 30 days after the notice of disapproval has been mailed to the operator as the address shown on his application.	M	N	iv	S.C. Code Section 44-1-60 has superceded these noticing timeframes.
Environmental Quality Control	Mining	South Carolina Mining Act	SECTION 48-20-170	Whenever the department determines the necessity of a bond forfeiture it shall request the Attorney General to initiate forfeiture proceedings against the bond or other security filed. The Department shall give the surety at least 60 days to take corrective action.	M	N	i	DHEC staff and attorneys have been able to procure funds without resort to forfeiture proceedings or referral to the AG's office.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-140. Recycling programs of state government; state procurement policy; report of the Department of Transportation. (C)	The department shall submit an annual report to the Governor and to the General Assembly reviewing all goods purchased by the State and determining what percentage contain recycled materials. The report must review procurement regulations and identify portions that discriminate against products with recycled content and which are recyclable.	M	N	iv	No system available to track purchases which contain recycled content by state agencies, so percentage purchases cannot be reported. The S.C. Solid Waste Management Annual Report compiled and published by DHEC for the General Assembly reports what information is available from state agencies and universities on their recycling programs and practices.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-140. Recycling programs of state government; state procurement policy; report of the Department of Transportation. (E)	DHEC, along with all state agencies, shall procure products and materials with recycled content, and products which are recyclable, where practicable. It is the goal of the General Assembly for state and local governmental agencies to reflect a twenty five percent goal in their procurement policies	M	N	iv	No system available to track purchases which contain recycled content by state agencies, so percentage purchases cannot be reported. The S.C. Solid Waste Management Annual Report compiled and published by DHEC for the General Assembly reports what information is available from state agencies and universities on their recycling programs and practices.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-150. Packaging; plastics. (G)	(G) Not later than five years after this chapter is effective, the department shall make a determination as to the number of beverage containers being sold annually in this State and the percentage that are being recycled. If beverage containers are being recycled at a rate of less than twenty-five percent, the department shall submit a report to the Governor and to the General Assembly making recommendations on incentives, penalties, or both, to increase the recycling rate.	M	N	iv	Data on the number of beverage units sold is considered proprietary information by industry partners, and the Department has been unable to ascertain recycling rates without that information. The S.C. Solid Waste Management Annual Report compiled and published by DHEC for the General Assembly reports recycling rates by commodity (paper, glass, etc.) for the state.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-150. Packaging; plastics. (G)	(G) Seven years after this chapter is effective, the department shall make another determination as he percentage of containers that are being recycled. If the department determines that one or more categories are being recycled at less than thirty-five percent, the department shall submit a report to the Governor and to the General Assembly making recommendations to increase the recycling rate of that category to at least thirty-five percent. The department may, by regulation, establish a program to obtain and verify the information that is necessary to make the determinations and recommendations required by this subsection.	M	N	iv	Data on the number of beverage units sold is considered proprietary information by industry partners, and the Department has been unable to ascertain recycling rates without that information. The S.C. Solid Waste Management Annual Report compiled and published by DHEC for the General Assembly reports recycling rates by commodity (paper, glass, etc.) for the state.

Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-210. Newsprint.(A)	(A) Five years after this chapter is effective, the department shall make a determination as to whether newsprint sold within this State is being recycled at a rate of thirty-five percent or more of the quantity sold within the State. If the department determines that newsprint is being recycled at a rate of less than thirty-five percent, the department shall submit a report to the Governor and to the General Assembly making recommendations on incentives or penalties to increase the recycling percentage of newsprint to at least thirty-five percent within a reasonable period of time.	M	N	iv	Data on the volume of newsprint sold is considered proprietary information by industry partners, and the Department has been unable to ascertain precise recycling rates without that information. The S.C. Solid Waste Management Annual Report compiled and published by DHEC for the General Assembly reports recycling rates by commodity (paper, glass, etc.) for the state.
OCRM	OCRM	Coastal Tidelands and Wetlands Act	48-39-40	Creation of Coastal Zone Mgt Appellate Panel.	M	N	iv	Conflict with existing ALC procedures
OCRM	OCRM	Coastal Tidelands and Wetlands Act	48-39-45	Coastal Zone Mgt Advisory Council	M	N	iv	General Assembly jhas not appointed members.
Environmental Quality Control	Water/Sewer Grants	State Grants for Water and Sewer Authorities, Districts or Systems	6-19-30	The Department shall administer grants for intermission to various water and sewer systems.	M	N	iii	Funding for the grants to be administered under this section has not been provided.
Environmental Quality Control	Water/Sewer Grants	State Grants for Water and Sewer Authorities, Districts or Systems	6-19-40	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.	M	N	iii	Funding for the grants to be administered under this section has not been provided.
Environmental Quality Control	Catawba Indian Sewage Systems	Catawba Indians Claims Settlement Act	27-16-90	Prior to a tribe's comprehensive planning process for reservation expansion, the Department shall consult with the Tribe about the location of future sewage treatment facilities that may serve the expansion areas.	M	N	iv	Circumstances don't require action because tribe has never proposed facilities
Environmental Quality Control	Public Drinking Water	State Safe Drinking Water Act	44-55-120 (C)	Establishment of a Safe Drinking Water Advisory Committee for the pupose of advising and providing an annual review to the Department and the General Assembly on the fee schedule and use of the revenues deposited in the Drinking Water Trust Fund.	M	N	iv	Requires action by the Governor to appoint committee members. We consult with the AWWA Water Utility Council and South Carolina Rural Water Association as needed to obtain advice.
Environmental Quality Control	Waste water/Stormwater/Ag/Water Quality	Pollution Control Act	48-1-50(1)	Authorizes Department to hold public hearings, compel attendance of witnesses, and make findings of fact and determinations and assess penalties prescribed under the statute.	M	N	iv	APA SECTION 1-23-310 determines adjudication
Environmental Quality Control	Waste water/Stormwater/Water Quality/Ag	Pollution Control Act	48-1-170	Requires the Department to make a record of all quasi-judicial decisions and secure prompt publication; specifies required contents of such decisions and chronological numbering; a complete transcript of such hearings shall be made upon request of any person concerned.	M	N	iv	APA SECTION 1-23-310 determines adjudication

Environmental Quality Control	Waste water/Stormwater/Water Quality/Ag	Pollution Control Act	48-1-180	Authorizes the Department, executive director, or any employee or Department agent to administer oaths, examine witnesses, and issue notices or hearings and subpoenas with respect to hearings; witnesses shall receive the same fees and mileage as in civil actions.	M	N	iv	APA SECTION 1-23-310 determines adjudication
Environmental Quality Control	Waste water/Stormwater/Water Quality/Ag	Pollution Control Act	48-1-200	Any person may appeal an order of the Department within thirty days after filing of the order, to the court of common pleas of the county in which the pollution occurs; the Department must then certify to the court the record in the hearing; upon review, the court shall render judgment and may order or permit further testimony on the merits of the case, in its discretion; appeals from such judgments of the court of common pleas may be taken as in other civil actions.	M	N	iv	APA SECTION 1-23-310 determines adjudication
Environmental Quality Control	Stormwater	Stormwater Management and Sediment Reduction Act	§ 48-14-95(B)	Implementing agency may post stop work orders and shall notify the person responsible for land disturbing activity of non-compliance	M	N	iv	Available as additional tool to supplement PCA enforcement, and will be utilized where provision is triggered.
Environmental Quality Control	Dam Safety	Dams and Reservoir Safety Act	§ 49-11-230(B)	If water is to be released during the construction, repair, or removal, the department shall specify the maximum discharge rate allowable to avoid endangering or causing injury to downstream owners.	M	N	iv	Current permits require owner's professional engineer to establish safe water level on dam specific basis rather than specific discharge rate.
Environmental Quality Control	Dam Safety	Dams and Reservoir Safety Act	§ 49-11-260(E)	Disposition of fines	M	N	iv	Special account for dam safety education has never been created but will be created for future penalty collection.
Environmental Quality Control	Groundwater Permitting	Groundwater Use and reporting Act	49-5-60(B)	(B) After notice and public hearing, the department shall coordinate the affected governing bodies and groundwater withdrawers to develop a groundwater management plan to achieve goals and objectives stated in Section 49-5-20. In those areas where the affected governing bodies and withdrawers are unable to develop a plan, the department shall take action to develop the plan. The plan must be approved by the board before the department may issue groundwater withdrawal permits for the area.	M	N	iv	Groundwater management plans currently being developed

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Part III: Discretionary Statutes

1. Division	Program	Name of Act	Statutory Citation	Short Description	Mandatory or Discretionary (M or D)	Implemented (Y or N)	If not Implemented, why? i - Management Decision; ii - Lack of Personnel; iii - Lack of Funding; iv - Other	If "i" or "iv" explain
Public Health	Client Services	Department may divide the state into health districts and establish district advisory boards of health which will consist of representatives from each county in the district	44-1-130	DHEC 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. 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.	D	N	iv	DHEC is organized into four districts, which are named "health regions", as a cost savings measure. DHEC has not established district boards of health for its regions.
Public Health	Home Health	Department may provide home health services	44-1-200	Allows DHEC to deliver home health services.	D	N	iv	Transferred licenses to a private entity in 2015.
Public Health	Healthy Aging	Osteoporosis Prevention and Treatment Education Act	SC Code Sections 44-125-10 through 44-125-40	The Act establishes the Osteoporosis Education Fund in the State Treasury, separate and distinct from the general fund, to be administered by the Department of Health and Environmental Control for the purpose of enhancing awareness and educating the general public about osteoporosis. DHEC, in carrying out its responsibilities under this chapter, and if funds are available and received from the Osteoporosis Education Fund, may: employ staff to implement the program established by Section 44-125-30, provide training for staff, work to improve the capacity of community-based services available to osteoporosis patients, work with others, and identify programs.	D	N	iii	
Public Health	Cancer	Central Cancer Registry Act	SC Code Section 44-35-70	DHEC may, to the extent of and within the available funds which may be provided, acquire laboratories, hospitals, or other property, either real or personal, by gift, purchase, devise or otherwise, as the department considers advisable to afford proper treatment and care to cancer patients in this State and to carry out the intent and purpose of this chapter.	D	N	iii	
Public Health	Children's Health	Early periodic screening, diagnosis, and treatment screening; referral for assistive technology	44-1-260	Clarifies that a provider discovering a potential need during an EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) exam for assistive technology (device or service that can increase, maintain, or improve function for someone with a disability) can refer for an evaluation.	D	N	iv	This statute allows EPSDT providers to refer Medicaid clients for an evaluation. DHEC is no longer an EPSDT provider.
Public Health	STD/HIV	Criminal penalty	44-29-140	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, shall be guilty of a crime.	D	N	iv	State or local law enforcement would be responsible for pursuing criminal charges; DHEC has not issued monetary penalties for violation of orders relating to STD/HIV.

Health Regulation	Trauma	Stroke System of Care Act of 2011	44-61-690	Provides the Department with authority to promulgate regulations. Provides the Department's duties pursuant to the Act are contingent upon adequate funding to cover the Department's operating and administrative costs and upon the promulgation of regulations.	D	N	iv	The Department is analyzing the funds attributed to the Stroke Program and the feasibility of promulgating regulation.
Health Regulation	Emergency Medical Services	Emergency Medical Services Do Not Resuscitate Order Act	44-78-30(B)	Provides that the Department may approve a do not resuscitate bracelet if conditions are met.	D	N	iv	The Department has approved a template for what the bracelet must contain. The process is now at the stage of recognizing and approving a vendor or vendors. Once a vendor or vendors are decided on, the Department will disseminate to the providers what bracelets are acceptable and what they must contain.
Health Regulation	Emergency Medical Services	South Carolina Overdose Prevention Act	44-130-60(B)	Requires first responders comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device and provides that the Department may promulgate regulations implementing this section.	D	N		DHEC has no plans to develop regulations for this program. The program is currently being administered well without the need of regulation. DHEC Bureau of EMS offers training and educational materials. To date approximately 1500 officers have been trained statewide in over 40 police departments.
Health Regulation	Certificate of Need	State Health Planning and Development Act	44-5-80	Charge for cost of reproduction and handling of plans.	D	N	iv	Superceded by State Certification of Need and Health Facility Licensure Act.
Health Regulation	Drug Control	SC Controlled Substance Act	44-53-480 (c)	Department may contract with the Board of Pharmacy to enforce CSA	D	N	iv	DHEC has elected not to contract with the Board of Pharmacy (BOP). BOP inspectors are not certified state law enforcement officers, and controlled substance inspections are not limited to pharmacies.
Health Regulation	Prescription Monitoring	SC Controlled Substance Act	44-53-1670	May promulgate regulations related to PMP	D	N	iv	We are planning on promulgating regulations related to the PMP and evaluating regulatory content. Awaiting outcome of statutory changes prior to doing so, to combine those efforts. The program is currently operational without regulations.
Health Regulation	Drug Control	SC Controlled Substance Act	44-53-350	Controlled substances in Schedules I and II shall be distributed by a registrant to another registrant only pursuant to an order form prescribed by the Department. Compliance with the provisions of Federal law respecting order forms shall be deemed compliance with this section.	D	N	iv	The order form utilized for Schedule I and II is a DEA 222 form. Nothing mandated on the state level other than compliance with the federal standard. DHEC elected not to develop a separate form since the DEA 222 form is used.
Environmental Quality Control	N/A	Health	44-1-140(6)	(6) For the control of disease bearing insects, including impounding waters.	D	N	iii	
Environmental Quality Control	N/A	Health	44-1-140(9)	(9) For regulation of water and air humidifiers	D	N	i	Outdated provision
Environmental Quality Control	N/A	Health	44-1-140(13)	(13) For alteration of safety material glazing standards and defining of additional structural locations as hazardous areas	D	N	i	Outdated provision

Environmental Quality Control	N/A	Health	44-1-140(1)	(1) Sanitation and disinfection of vehicles, convict camps, penitentiaries, jails, schools, other public facilities	D	N	i	Outdated provision
Environmental Quality Control	Air	Pollution Control Act	48-1-190	Upon application of the Department, the court of common pleas has jurisdiction to issue an order requiring the appearance of a person to testify or produce evidence, where the person has refused to obey a notice of hearing or subpoena.	D	N	iv	Need to exercise this authority has not arisen; BAQ relies on review process set forth in S.C. Code 44-1-60 and APA
Environmental Quality Control	Air	Pollution Control Act	48-1-310	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; such programs subject to periodic review by the Department, which shall have the power to invalidate the program if found unsatisfactory.	D	N	iv	No local air pollution control programs presently exist in S.C.
Environmental Quality Control	Air	Idling Restrictions for Commercial Diesel Vehicles	56-35-60	State Treasurer to establish a Diesel Idling Reduction Fund to be used to cover costs associated with a DHEC idling awareness program; DHEC, as funds become available, may develop and operate an idling awareness program that promotes the benefits of idling reductions.	D	N	iii	To date, no fines have been assessed by the Department of Public Safety, and DHEC has not received any funding for idling awareness programs.
Environmental Quality Control	Air	Idling Restrictions for Commercial Diesel Vehicles	56-35-80	Authorizes DHEC to promulgate regulations to administer and enforce the idling law.	D	N	i	Management determined that the statute provided sufficient language to administer and enforce the provisions without the need to create a separate regulation.
Environmental Quality Control	Mining	South Carolina Mining Act	SECTION 48-20-290	The Department may apply for grants.	D	N	iii	Federal grants related to Mining Act requirements are not available.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-60. (B)	The department may establish procedures and promulgate regulations necessary to obtain recycling data. These procedures may include registration, annual reporting and county of generation.	D	N	i	The Department has partnered with the state's leading recyclers (Sonoco and Pratt Industries) to obtain the information necessary for compilation of the S.C. Solid Waste Management Annual Report without promulgation of additional regulatory requirements.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-80 (C)	The department may reduce or modify the statewide goals as they apply to a county or region to account for industrial growth or other good cause shown. However, reduction or modification must not result in a failure to meet the recycling and reduction goals on a statewide basis as established in Section 44-96-50.	D	N	i	No county or regional recycling goals have required reduction for good cause since this program was established.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-210. Newsprint.(A)[con't]	The department may, by regulation, establish a program to obtain and verify the information necessary to make the determination and recommendations required by this section.	D	N	iv	Data on the volume of newsprint sold is considered proprietary information by industry partners, and the Department has been unable to ascertain precise recycling rates without that information. The S.C. Solid Waste Management Annual Report compiled and published by DHEC for the General Assembly reports recycling rates by commodity (paper, glass, etc.) for the state.
Environmental Quality Control	Solid Waste	Solid Waste Policy and Management Act	SECTION 44-96-260 (3)	SECTION 44 96 260. Powers and duties of the department. The Department is authorized to: (3) establish, by regulation, and collect reasonable registration and permit fees to assist in defraying the costs of the department's solid waste regulatory programs.	D	N	i	

Environmental Quality Control	Water/Sewer Grants	State Grants for Water and Sewer Authorities, Districts or Systems	6-19-35	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.	D	N	iii	
Environmental Quality Control	Waste water	Pollution Control Act	48-1-50(25)	Authorizes Department to issue orders prohibiting any political entity from issuing building permits when the entity has been ordered to correct a condition which has caused or is causing pollution; no such order shall be issued until the State is capable of participating in federal, state, and local cost-sharing arrangements for municipal waste treatment facilities as set forth in the Clean Water Restoration Act of 1966.	D	N	iv	No cost sharing agreement in place to implement provision
Environmental Quality Control	Stormwater	Stormwater Management and Sediment Reduction Act	§ 48-14-130	Establishment of Designated Watersheds with additional stormwater quantity and quality requirements.	D	N	iv	Pursuant to storm water regulations, designated watershed process is triggered by request of local governments . At this time, no designated watershed process has been initiated by any local government. This authority remains in place for future use as needed.
Environmental Quality Control	Stormwater	Stormwater Management and Sediment Reduction Act	§ 48-14-140	Authority to assess civil penalties	D	N	iv	Available as additional tool to supplement PCA enforcement in cases as appropriate.
Environmental Quality Control	Stormwater	Stormwater Management and Sediment Reduction Act	§ 48-14-150(A)	Department may seek injunctive relief in circuit court to seek action due to an actual or potential violation.	D	N	iv	Available as additional tool to supplement PCA enforcement in cases as appropriate.
Environmental Quality Control	Hazardous Waste	Hazardous Waste Management Act	44-56-59	Legislative Findings re: existing commercial HW land disposal facility (Pinewood); available capacity; restrictions on importation of HW; in-state HW preference; declaration that landfilling is least desirable alternative	D	N	iv	Invalidated as result of legal challenges to statutory provisions, executive orders and regulations attempting to limit importation of hazardous waste for land disposal in SC

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Part IV: Mandatory and Discretionary Statutes Not Implemented Due to Lack of Funding

1. Division	Program	Name of Act	Statutory Citation	Short Description	Mandatory or Discretionary (M or D)	Implemented or N)	If not Implemented, why? i - Management Decision; ii-Lack of Personnel; iii - Lack of Funding; iv - Other	Additional Notes
Public Health	Healthy Aging	Osteoporosis Prevention and Treatment Education Act	SC Code Sections 44-125-10 through 44-125-40	The Act establishes the Osteoporosis Education Fund in the State Treasury, separate and distinct from the general fund, to be administered by the Department of Health and Environmental Control for the purpose of enhancing awareness and educating the general public about osteoporosis. DHEC, in carrying out its responsibilities under this chapter, and if funds are available and received from the Osteoporosis Education Fund, may: employ staff to implement the program established by Section 44-125-30, provide training for staff, work to improve the capacity of community-based services available to osteoporosis patients, work with others, and identify programs.	D	N	iii	
Public Health	Tobacco	SC Youth Smoking Prevention Act	SC Code Sections 44-128-10 through -50	Outlines the provisions of the SC Youth Smoking Prevention Act, funded by the Master Settlement Agreement, including the Youth Smoking Prevention Plan, reporting requirements, funding, and make-up of the Advisory Commission.	M	N	iii	DHEC receives funding from the cigarette tax to support its youth tobacco prevention program. DHEC works with the SC Tobacco-Free Collaborative.
Public Health	Cancer	Central Cancer Registry Act	SC Code Section 44-35-70	DHEC may, to the extent of and within the available funds which may be provided, acquire laboratories, hospitals, or other property, either real or personal, by gift, purchase, devise or otherwise, as the department considers advisable to afford proper treatment and care to cancer patients in this State and to carry out the intent and purpose of this chapter.	D	N	iii	
Public Health	Children's Health	Head lice - voucher for treatment products	44-29-195	DHEC 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.	M	N	iii	Families access these medications through their providers or over the-counter. DHEC no longer provides primary care. Demand for these products decreased to the point that the medications were expiring before they could be given away.
Public Health	Oral Health	Community Oral Health Coordinator	44-8-10 - 60	The statute outlines a community dental health program for public school students for which implementation of the provisions of the chapter is contingent upon the appropriation of adequate funding.	M	N	iii	

Public Health	Oral Health	Dentists, Dental Hygienists, and Dental Technicians	40-15-110 (E)	DHEC shall target services in a public health setting to under-served populations. Dental assistants may perform oral screenings utilizing the DHEC approved screening system in school and public health settings under direction of the DHEC public health dental program. Dental assistants employed within or contracted through the public health system may assist in the delivery of public health dental program services as defined in this section. Program activities are performed under the direction of the Department of Health and Environmental Control State Dental Coordinator or the department's designee but do not require that the coordinator be present when services are performed.	M	N	iii	
Public Health	Injury and Violence Prevention	Medical Advisory Board	56-1-221	Medical Advisory Board related to Drivers Licenses - There is created an advisory board composed of 13 members. One member must be selected by the Commissioner of the Department of Health and Environmental Control from his staff, ten members must be appointed by the South Carolina Medical Association, and two members must be appointed by the South Carolina Optometric Association. The member selected by the Commissioner of the Department of Health and Environmental Control must be the administrative officer of the advisory board. To the maximum extent possible, the members of the board appointed must be representative of the disciplines of the medical and optometric community treating the mental or physical disabilities that may affect the safe operation of motor vehicles.	M	N	iii	
Administration	Administration	Medical and Dental Scholarship Fund	59-111-510 et seq.	DHEC shall 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.	M	N	iii	
Health Regulation	Trauma	Stroke System of Care Act of 2011	44-61-670 (A)	Provides for the duties of the Department, in consult with the Stroke System of Care Advisory Council, including establishing the Stroke Registry Task Force, which shall maintain a stroke registry.	M	N	iii	The Department's duties under this Act are contingent upon adequate funding. We have had limited funding up until now. We are currently requesting funds to further implementation. Staff and the Task Force are in the process of implementing the Stroke Registry.
Environmental Quality Control	N/A	Health	44-1-140(6)	(6) For the control of disease bearing insects, including impounding waters.	D	N	iii	
Environmental Quality Control	Air	Idling Restrictions for Commercial Diesel Vehicles	56-35-60	State Treasurer to establish a Diesel Idling Reduction Fund to be used to cover costs associated with a DHEC idling awareness program; DHEC, as funds become available, may develop and operate an idling awareness program that promotes the benefits of idling reductions.	D	N	iii	To date, no fines have been assessed by the Department of Public Safety, and DHEC has not received any funding for idling awareness programs.
Environmental Quality Control	Mining	South Carolina Mining Act	SECTION 48-20-290	The Department may apply for grants.	D	N	iii	Federal grants related to Mining Act requirements are not available.

Environmental Quality Control	Water/Sewer Grants	State Grants for Water and Sewer Authorities, Districts or Systems	6-19-30	The Department shall administer grants for intermission to various water and sewer systems.	M	N	iii	Funding for the grants to be administered under this section has not been provided.
Environmental Quality Control	Water/Sewer Grants	State Grants for Water and Sewer Authorities, Districts or Systems	6-19-35	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.	D	N	iii	
Environmental Quality Control	Water/Sewer Grants	State Grants for Water and Sewer Authorities, Districts or Systems	6-19-40	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.	M	N	iii	Funding for the grants to be administered under this section has not been provided.

Chair Wm. Weston J. Newton

*First Vice-Chair:
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South Carolina House of Representatives

*Jennifer L. Dobson
Research Director*

Post Office Box 11867

Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Fax: (803) 212-6811

Room 228 Blatt Building

*Charles L. Appleby IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

*Cathy A. Greer
Administration Coordinator*

June 30, 2017

Ms. Catherine Heigel, Director
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Director Heigel:

On behalf of the Healthcare and Regulatory Subcommittee, thank you and your staff for sharing your time and knowledge with the Subcommittee. During and following the June 20, 2017 meeting, subcommittee members requested the agency respond to the following:

- Please provide a copy of the SC Supreme Court ruling referenced in the zoning portion of the agency Solid Waste Management Act recommendations, as well as the more recent appellate level case[s] referenced during the meeting.
- Please provide a summary of DHEC's oversight of methadone clinics. Are there unexplored oversight options in South Carolina?
- As stakeholder meetings are scheduled for the agency recommendations highlighted during the meeting, please provide subcommittee members notice of any stakeholder meetings.

We look forward to our next meeting on July 19th at 9:00 a.m. in Room 427. The agency is not currently expected to make a presentation. Thank you for all of the information provided throughout this study.

Sincerely,

A handwritten signature in cursive script, appearing to read "Phyllis Henderson".

Phyllis Henderson
Subcommittee Chair

Cc: The Honorable William K. Bowers
The Honorable MaryGail Douglas
The Honorable Bill Taylor

DHEC's Oversight of Methadone Clinics

Background and Federal Oversight

The federal Substance Abuse and Mental Health Services Administration ("SAMSHA") implements federal regulations governing medicinal treatment of opioid dependence and accreditation and certification of opioid treatment programs ("OTPs"). The federal oversight also incorporates state-level regulation of OTPs. Specifically, OTPs must be licensed by the state in which they operate, have controlled substances registrations from the Drug Enforcement Administration (DEA) and as required by state law, and meet any other state-specific requirements.

OTPs provide Medication-Assisted Treatment ("MAT") for individuals diagnosed with an opioid use disorder. Federal law requires patients who receive treatment in an OTP to receive counseling services and social support in addition to prescribed medication. Federal law also limits OTP treatment to agonist medications approved by the Food and Drug Administration (FDA). Currently, methadone, levomethadyl acetate (LAAM), and buprenorphine are the FDA-approved opioid agonist medications for treatment of opioid use disorder under federal regulations. Though methadone is just one of the medications used in MAT, OTPs that use methadone are commonly referred to as "methadone clinics."

DHEC's Role

DHEC is the state agency in South Carolina charged with licensing methadone clinics and issuing their state controlled substances registrations. OTPs are one of six types of substance abuse treatment facilities that are licensed by DHEC, and are referred to as "narcotic treatment programs"¹ ("NTPs") under state law.

Certificate of Need (CON)

DHEC's Certificate of Need ("CON") program administers regulations executing the State Certification of Need and Health Facility Licensure Act ("the Act") set forth in S.C. Code Sections 44-7-110 to 44-7-230. The purpose of the Act is to: promote cost containment, prevent duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public need, and ensure high-quality services are provided in health facilities in this state. S.C. Code Section 44-7-120. While not applicable to all types of health facilities and services, the Act specifies projects requiring a CON in S.C. Code Section 44-7-160. OTPs fall within the types of health care facilities requiring a CON.

DHEC calculates the need for health care facilities and services throughout the state within the State Health Plan ("the Plan") and recently published an updated 2017-2018 edition of the Plan. In the previous

¹The State Certification of Need and Health Facility Licensure Act lists "narcotic treatment programs" in the definition of "health care facility," but does not otherwise define the term in statute. See S.C. Code §44-7-110(10). However, federal regulations use the term "opioid treatment program, or "OTP," and define it to mean "a program or practitioner engaged in opioid treatment of individuals with an opioid agonist treatment medication registered under 21 U.S.C. 823(g)(1)." 42 CFR §8.2. According to DHEC Regulation 61-93, §101.00, a "narcotic treatment program" is, in part, "an outpatient psychoactive substance abuse/dependence program using methadone or other narcotic treatment medication such as LAAM, and offering a range of treatment procedures and services for the rehabilitation of persons dependent on opium, morphine, heroin, or any derivative or synthetic drug of that group." For the purposes of this memo, the terms "opioid treatment program" or "OTP" and "narcotic treatment program" or "NTP" are used interchangeably. The term "methadone clinic" refers to an OTP or NTP where methadone is used in Medication-Assisted Treatment or "MAT".

Plan, the need for an OTP was specified by the applicant; **in the current Plan, the need for a NTP is at least one facility per county, with priority in counties with no programs. In addition, the current Plan provides increased opportunities for expanded health care services for treating addiction**, including the following language on page 53:

Due to the increasing number of opioid deaths in South Carolina, additional facilities are needed for the services to be accessible within thirty (30) minutes' travel time for the majority of state residents. The benefits of improved accessibility will outweigh the adverse effects of the duplication of this existing service.

There are currently two pending CON applications for OTPs in Sumter County and Anderson County. CON application updates are published monthly on the DHEC website:
<http://www.scdhec.gov/Health/docs/CON%20Update.pdf>.

Health Facility and Service Licensure

In addition to administering the state's CON program, DHEC establishes and enforces standards for the licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served. S.C. Code Section 44-7-250. To be licensed by DHEC, OTPs must be in compliance with the applicable provisions of Regulation 61-93, *Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence*, including staffing, client admissions, services, client physical examinations, medication management, and other facility-related requirements. **DHEC conducts routine licensing inspections of OTPs on an annual basis and follow-up inspections and investigations when necessary. There are currently 21 licensed OTPs in 16 counties across the state.**

Controlled Substances Registration

State law provides DHEC with exclusive control over the controlled substance methadone and establishes restrictions for the use of methadone. S.C. Code Ann. Section 44-53-710, *et seq.* **Methadone is restricted to use in treatment, maintenance, or detoxification programs approved by DHEC;** dispensing by hospital for analgesia, pertussis, and detoxification treatment as approved by DHEC; and dispensing by a retail pharmacy for analgesia as provided for by Regulation 61-4, *Controlled Substances*. *Id.* Regulation 61-4 further provides for the specified approved use and dispensing of methadone in accordance with state law.

DHEC also enforces the South Carolina Controlled Substances Act, which requires every person who manufactures, distributes, prescribes, or dispenses any controlled substance to register with DHEC, unless exempted by law. **An OTP is required to obtain a state controlled substances registration from DHEC as a "narcotic treatment program" and the practitioner that is the medical director of the facility is to sign the controlled substances registration application.** The OTP must also obtain a federal controlled substances registration from the DEA.

Controlled substances registrants are required to be in compliance with Regulation 61-4, which establishes requirements necessary to ensure appropriate safety, authority, and accountability with regard to the possession, manufacture, dispensing, administering, use, and distribution of controlled substances. **Registrants are subject to an annual inventory (May 1) and are inspected on a three-year cycle, or more frequently, when necessary.**

Exploring Additional Oversight Options

In response to the increase in opioid addiction across our state and nation, DHEC has been closely examining our role in the oversight of methadone clinics and working with state and federal partners to identify potential additional oversight options to help combat the problem.

Addressing Methadone Diversion

Some of DHEC's concerns about methadone clinics were **addressed in the 2015 Joint Advisory Opinion issued by the State Boards of Medical Examiners, Nursing, and Pharmacy**. The joint opinion states that a methadone clinic should have a pharmacist onsite during hours when methadone is dispensed for either administration onsite or at home and that dispensing occurs any time product selection, which includes dosage selection, occurs. **This opinion addressed regulatory compliance concerns DHEC previously had about a pharmacist often not being present during all dosing hours of a methadone clinic.** However, the 2015 Joint Advisory Opinion does not fully resolve the issue of diversion that DHEC continues to encounter in the state's methadone clinics. DHEC is committed to continuing to work with our state and federal partners to explore additional oversight options to address diversion of opioids in these clinics.

Improving Awareness of and Access to Treatment

During the recent agency regulation review, DHEC determined that Regulation 61-93, which includes NTP (or OTP) licensure, can be better organized to improve awareness and access to treatment at these facilities and programs. DHEC will seek input from the Department of Alcohol and Other Drug Abuse Substances and other stakeholders to explore updating this regulation.

DHEC is also looking at ways to improve access to Medication Assisted Treatment for individuals diagnosed with an opioid use disorder. The use of medication in combination with counseling and behavioral therapies for treatment of opioid abuse can help sustain recovery.

Through the federal Drug Addiction Treatment Act (DATA) of 2000, qualified physicians may treat opioid dependency with approved narcotic medications in settings beyond OTPs, such as methadone clinics. Qualified physicians are permitted to dispense or prescribe approved Schedule III, IV, and V narcotic medications that have a lower risk for abuse, like buprenorphine, beyond traditional treatment program settings.

Initially, DATA-waived physicians (DWP) may treat a maximum of 30 patients at a time. After one year, the DWP may seek approval to treat up to 100 patients at a time. DWP who have had a waiver to treat 100 patients for at least one year can now apply to treat up to 275 patients at a time under new federal regulations.

The federal 2016 Comprehensive Addiction and Recovery Act (CARA) expands access to substance abuse treatment services and overdose reversal medications by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners and physician assistants.

DHEC would like to update Regulation 61-93 to ensure that practitioners are not unduly limited or restrained by our state regulatory requirements when prescribing the approved narcotic medications in authorized settings. In particular, the regulation should be revised to include a section on the administration of opioid medication in a private physician's office where the physician orders separate counseling provided by a licensed counselor, and clarification of when a license is required.



**JOINT ADVISORY OPINION ISSUED BY THE SOUTH CAROLINA
STATE BOARDS OF MEDICAL EXAMINERS, NURSING AND PHARMACY
REGARDING THE PRESENCE OF A PHARMACIST IN A METHADONE CLINIC
DURING DOSING HOURS¹**

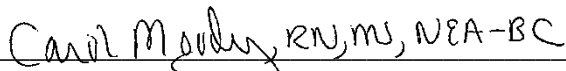
The Healthcare Collaborative Committee met on October 23, 2015, at which time a quorum of designated representatives from the South Carolina State Boards of Medical Examiners, Nursing and Pharmacy was present.

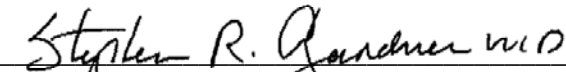
Representatives from the South Carolina Board of Pharmacy staff and the South Carolina Department of Health and Environmental Control's Bureau of Drug Control advised the Healthcare Collaborative Committee of multiple regulatory compliance concerns arising from inspections of methadone clinics around the state.


The compliance challenges identified include, but are not limited to, scope of practice issues for pharmacists and nurses working in the methadone clinic, potential disparities between applicable state and federal laws, verification of a patient's identity, verification and compliance with a valid prescription by a prescriber, concerns about labeling of non-patient specific doses for on-site administration, and the distinction between "administration" and "dispensing" of medication as defined by the South Carolina Pharmacy Practice Act. Testimony established that a pharmacist most often is not present during all dosing hours of a methadone clinic, but that a pharmacist's presence during all dosing hours would resolve most of the concerns identified.

The Healthcare Collaborative Committee recommended that the State Boards of Medical Examiners, Nursing, and Pharmacy adopt a joint advisory opinion clarifying that methadone clinics should have a pharmacist on site during all hours when methadone is dispensed for either administration on site or at home and that dispensing occurs any time product selection, which includes dosage selection, occurs.

Accordingly, it is the joint opinion of the State Boards of Medical Examiners, Nursing and Pharmacy that a methadone clinic should have a pharmacist on site during all hours when methadone is dispensed for either administration on site or at home and that dispensing occurs any time product selection, which includes dosage selection, occurs. The administration or dispensing of methadone without a pharmacist present in the methadone clinic may result in disciplinary action against licensed professionals employed by the methadone clinic.


Carol A. Moody, RN, MS, NEA-BC
President, S.C. Board of Nursing


Stephen R. Gardner, M.D.
President, S.C. State Board of Medical Examiners

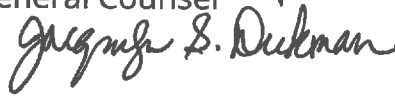

Robert C. Hubbard, RPh
Chair, S.C. Board of Pharmacy

¹ The State Board of Medical Examiners approved this recommendation at its meeting on November 2, 2015. The State Board of Pharmacy approved this recommendation at its meeting on November 18, 2015. The State Board of Nursing approved this recommendation at its meeting on November 19, 2015.

To: LOC Subcommittee

From: Jacquelyn S. Dickman, Deputy General Counsel

Re: Law Recommendation #2.3



Date: June 22, 2017

Attached are the cases which reference the Supreme Court's ruling that, under the current Solid Waste Policy and Management Act, SCDHEC must make the determinations of consistency, regarding, inter alia, local zoning and land-use ordinances.

1. In *Southeast Resource Recovery, Inc. v. S.C. Department of Health and Environmental Control*, 358 S.C. 402, 595 S.E. 2d 468 (2004), the appeal was brought by Southeast Resource Recovery, Inc.
2. In *York County v. S.C. Department of Health and Environmental Control*, 397 SC 217, 723 S.E. 2d 255 (SC App 2012) the appeal was by York County.
3. In *Grand Bees Dev., LLC v. S.C. Dept.*, 2015 WL 3409056 (Ct. App SC 2015) the appeal was by SCDHEC and the County of Charleston.

Southeast Res. Recovery, Inc. v. S.C. Dep't of Health & Env'tl. Control

Supreme Court of South Carolina

March 16, 2004, Heard ; April 19, 2004, Filed

Opinion No. 25806

Reporter

358 S.C. 402 *; 595 S.E.2d 468 **; 2004 S.C. LEXIS 93 ***

Southeast Resource Recovery, Inc., Appellant, v. South Carolina Department of Health and Environmental Control, Involved Citizens of the Helena Community, Rev. Nura Ray Matthews, Chairman, Little Beaver Dam Baptist Church, John L. Hunter, Paul Herbert, Eugene Maybin, Jr., John and Jessie Reeder, Lillie May Washington, William W. Parr, Sr., Eliza M. Parr and Bill Parr, Jr., Respondents.

Subsequent History: [***1]

Rehearing denied by *Southeast Res. Recovery v. SCDHEC*, 2004 S.C. LEXIS 121 (S.C., May 14, 2004)

Prior History: Appeal From Richland County. Thomas W. Cooper, Jr., Circuit Court Judge.

Disposition: REVERSED.

Core Terms

landfill, proposed facility, County's, circuit court, solid waste, requirements, consistency, industries, wetland, solid waste management, industrial waste, revocation, issuance

Case Summary

Procedural Posture

Appellant corporation sought review of a decision of respondent state health department which affirmed an order of an administrative law judge (ALJ) which held that the revocation by a county council of a previously issued letter of consistency precluded issuance of a permit to build and operate a waste landfill. The Richland County Circuit Court (South Carolina) affirmed the ALJ decision, but modified the holdings. The

corporation appealed.

Overview

The local county council initially determined that the proposed landfill was consistent with its solid waste management plan and issued a letter of consistency (LOC) to the corporation. The health department's practice had been to delegate to the counties the authority to determine consistency through the issuance of LOCs. The ALJ concluded that the local county council's later revocation of its LOC precluded the permits. The appellate court found this delegation of authority by the health department was impermissible. *S.C. Code Ann. § 44-96-290(F)* did not give a county veto authority over decisions made by the health department. There was no statutory authority providing that a county's consistency determination was determinative of the ultimate permitting decision. The health department withdrew its initial decision to issue the permit in error because it based its decision solely on the county's withdrawal of the LOC. The facility was not inconsistent with county's solid waste management plan or the health department's regulatory requirements. The permit should have been issued and effective.

Outcome

The judgment was reversed.

LexisNexis® Headnotes

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Disposal Standards

Environmental Law > Solid Wastes > Permits > General Overview

Business & Corporate Compliance > ... > Environmental Law > Land Use & Zoning > Comprehensive & General

Plans

HN1 [↓] Pursuant to S.C. Code Ann. § 44-96-290(F) (2002), an applicant's proposed industrial waste landfill facility must be consistent with local land use ordinances.

Environmental Law > Solid Wastes > Permits > General Overview

HN2 [↓] In environmental permitting cases, the administrative law judge (ALJ) presides as the finder of fact. S.C. Code Ann. § 1-23-600(B) (Supp. 2003). The Board of the South Carolina Department of Health and Environmental Control (Board), on the other hand, sits as a quasi-judicial tribunal in reviewing the final decision of the ALJ. S.C. Code Ann. § 1-23-610(A) (Supp. 2003). As the reviewing tribunal, the Board is not entitled to make findings of fact. The Board's findings are based on the ALJ's findings.

Administrative Law > Judicial Review > Standards of Review > Substantial Evidence

Environmental Law > Solid Wastes > Permits > General Overview

HN3 [↓] On appeal in environmental permitting cases, the administrative law judge's findings must be affirmed if they are supported by substantial evidence in the record.

Administrative Law > Judicial Review > Standards of Review > Substantial Evidence

HN4 [↓] Substantial evidence is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached.

Administrative Law > Judicial Review > Standards of Review > General Overview

Civil Procedure > Appeals > Standards of Review > Clearly Erroneous Review

Environmental Law > Administrative Proceedings & Litigation > Judicial Review

HN5 [↓] A reviewing court may reverse or modify the decision of any agency if substantial rights of the appellant have been prejudiced because the findings or decisions of the agency are: (a) in violation of the constitutional or statutory provisions, (b) in excess of the statutory authority of the agency, (c) made upon unlawful procedure, (d) affected by other error of law, (e) clearly erroneous in view of the reliable probative and substantial evidence on the whole record, or (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion. S.C. Code Ann. § 1-23-610(D) (Supp. 2003).

Environmental Law > Solid Wastes > Disposal Standards

Environmental Law > Solid Wastes > Permits > General Overview

Governments > Local Governments > Licenses

Governments > State & Territorial Governments > Licenses

Business & Corporate Compliance > ... > Real Property Law > Zoning > Ordinances

HN6 [↓] The South Carolina Solid Waste Policy and Management Act, S.C. Code Ann. § 44-96-10, et seq. (2002) (SWPMA), requires a person obtain a permit from the South Carolina Department of Health and Environmental Control (DHEC) before operating a solid waste management facility. S.C. Code Ann. § 44-96-290(A). Permits are issued based upon local need for the requested facility and the consistency of the proposed facility with local ordinances. S.C. Code Ann. § 44-96-290(E). DHEC cannot issue a permit unless the proposed facility is consistent with local zoning, land use, and other applicable ordinances. The SWPMA does not specify procedures for DHEC to follow in making need and consistency determinations.

Environmental Law > Solid Wastes > Permits > General Overview

Governments > Local Governments > Licenses

Business & Corporate Compliance > ... > Real Property Law > Zoning > Ordinances

HN7 [↓] The delegation by the South Carolina Department of Health and Environmental Control (DHEC) to the counties of the authority to determine consistency in environmental permitting cases through the counties' issuance of letters of consistency is

358 S.C. 402, *402; 595 S.E.2d 468, **468; 2004 S.C. LEXIS 93, ***1

impermissible. S.C. Code Ann. § 44-96-290(F) does not give a county veto authority over decisions made by DHEC. There is no statutory authority providing a county's consistency determination is determinative of the ultimate permitting decision. Although S.C. Code Ann. § 44-96-290(F) requires a proposed facility comply with local standards, it does not designate the county as the final arbiter on whether the proposed facility complies with its local zoning, land use, and other ordinances.

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Disposal Standards

Environmental Law > Solid Wastes > Permits > General Overview

HN8 [📄] The South Carolina Solid Waste Policy and Management Act, S.C. Code Ann. § 44-96-10, et seq. (2002), authorizes the South Carolina Department of Health and Environmental Control (DHEC) to issue, deny, revoke, or modify permits, registrations, or orders under such conditions as the department may prescribe for the operation of solid waste management facilities. S.C. Code Ann. § 44-96-260(2) (2002). DHEC, not the county, is charged with ensuring such facilities meet the requirements for permitting.

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Disposal Standards

Environmental Law > Solid Wastes > Permits > General Overview

Governments > Local Governments > Ordinances & Regulations

HN9 [📄] See Newberry County, S.C., Solid Waste Management Plan § 4.1.3.

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Disposal Standards

Environmental Law > Solid Wastes > Permits > General Overview

HN10 [📄] Newberry County, S.C., Solid Waste Management Plan § 4.1.3. refers only to private haulers who are operating in the county under contracts with

different industries. Therefore, this provision has no application to the prohibition of the establishment of an industrial waste landfill.

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Disposal Standards

Environmental Law > Solid Wastes > Permits > General Overview

HN11 [📄] Newberry County, S.C., Solid Waste Management Plan § 10.2 discusses the goals associated with Newberry County's solid waste disposal. Newberry County, S.C., Solid Waste Management Plan § 10.2 states, in relevant part, that one of the goals is to preserve, protect, and enhance the environmental quality of Newberry County.

Counsel: W. Thomas Lavender, Jr., of Nexsen, Pruet, Jacobs, & Pollard, of Columbia, for appellant.

Samuel Leon Finklea, of South Carolina Department of Health and Environmental Control; and Robert Guild, both of Columbia, for respondents.

Judges: TOAL, C.J., MOORE, WALLER, BURNETT and PLEICONES, JJ., concur.

Opinion

[*404] [469] PER CURIAM:** This appeal concerns an industrial solid waste permit sought by Appellant, Southeast Resource Recovery, Inc. (SRRI). Respondent, South Carolina Department of Health and Environmental Control (DHEC), initially issued and later withdrew Solid Waste Landfill Permit No. 362624-1601 (the "permit"), thereby preventing SRRI's construction and operation of an industrial waste landfill in the Helena Community of Newberry County. The Involved Citizens of the Helena Community and others (Citizens), are also respondents in this proceeding.

FACTS

Before SRRI applied for an industrial waste landfill permit, SRRI submitted a written request to the Newberry County Council for a determination the **[***2]** proposed landfill was consistent with the Newberry County Solid Waste Management **[*405]** Plan (the Plan). **HN1** [📄] Pursuant to S.C. Code Ann. § 44-96-

290(F) (2002), ¹ an applicant's proposed facility must be consistent with local land use ordinances. On August 17, 1995, the Newberry County Council determined that the proposed landfill was consistent with the Plan and issued a letter of consistency (LOC) to SRRI.

After receiving the LOC, SRRI began planning its proposed facility. During September and October 1995, SRRI performed a hydrogeologic characterization of the site at DHEC's request. In December 1995, SRRI submitted its permit application to DHEC's Bureau of Solid and Hazardous Waste. In **[**470]** 1996, SRRI conducted a wetlands delineation and in September of that year SRRI received a letter authorizing fill of the wetland. In June 1997, SRRI undertook another wetlands delineation after the **[***3]** U.S. Army Corps of Engineers changed the threshold for issuance of a permit to fill the wetlands. As a result of the 1997 delineation, SRRI decided to eliminate the portion of the landfill that would occupy wetland areas and voluntarily established a 200-foot buffer around the wetland.

During the 1997 legislative session, the General Assembly enacted Act No. 100, 1997 S.C. Acts 487 (Act 100), which prevents a commercial industrial solid waste landfill from being constructed within 1,000 feet of a residence. Act 100 does not define "residence."

Following the enactment of Act 100, Bill and Eliza Parr, named respondents in this action, placed a mobile home on their property, which is adjacent to SRRI's landfill site. SRRI redesigned the landfill to establish the 1,000-foot buffer from the mobile home prior to making a final permit decision.

After conducting a thorough analysis of the facility, DHEC issued the permit on September 5, 1997. DHEC applied the requirements of 25 S.C. Code Ann. Reg. 61-66 (1976) relating to Industrial Waste Landfills. One day prior to DHEC issuing SRRI its permit, a recreational camper was moved onto another area of the Parr property. DHEC did not require **[***4]** SRRI provide a 1,000-foot buffer from the camper.

[*406] Citizens requested a contested case hearing to challenge the issuance of the permit. SRRI also appealed DHEC's requirement that SRRI establish a 1,000-foot buffer to the mobile home. After the conclusion of the hearing, but before the issuance of a written order by the Administrative Law Judge (ALJ), the

Newberry County Council revoked its LOC. In June 1998, DHEC and Citizens filed separate motions requesting the ALJ re-open the record to consider additional evidence on the County's revocation. By order dated January 4, 1999, the ALJ concluded the revocation of the LOC precluded issuance of the permit.

SRRI sought review of the ALJ order and the Board of the South Carolina Department of Health and Environmental Control affirmed the ALJ decision in its order dated June 29, 1999. SRRI petitioned for judicial review of the Board's order. The circuit court upheld the ALJ decision, but modified the holdings. The court concluded (1) Act 100 did not apply to a recreational camper placed on the property and (2) the provision of the Newberry County Solid Waste Management Act relied upon by the ALJ did not support the finding. However, the **[***5]** court concluded Section 10.2 of the Plan supported the ALJ's finding. On appeal, SRRI requests this Court hold the permit be issued and effective.

ISSUES

I. Did the circuit court err in holding that the revocation of the consistency determination compelled denial of the permit?

II. Did the circuit court properly conclude the proposed facility is inconsistent with Newberry County's plan?

ANALYSIS

HN2^(↑) In environmental permitting cases, the ALJ presides as the finder of fact. *S.C. Code Ann. § 1-23-600(B)* (Supp. 2003). The Board, on the other hand, sits as a quasi-judicial tribunal in reviewing the final decision of the ALJ. *S.C. Code Ann. § 1-23-610(A)* (Supp. 2003). As the reviewing tribunal, **[*407]** the Board is not entitled to make findings of fact. *Id.* The Board's findings are based on the ALJ's findings. ²

[*6]** **HN3**^(↑) On appeal, the ALJ's findings must be affirmed if they are supported by substantial evidence in the record. **HN4**^(↑) Substantial evidence is "evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached." *Lark v. Bi-Lo*, 276 S.C. 130, 135, 276 S.E.2d 304, 306 (1981). **HN5**^(↑) A

¹ This section was formerly § 44-96-290(G) and was redesignated as § 44-96-290(F) with the 2000 amendment.

² *Marlboro Park Hosp. v. South Carolina Dep't of Health and Envtl. Control*, 358 S.C. 573, 595 S.E.2d 851, 2004 S.C. App. LEXIS 104, Op. No. 3774 (S.C. Ct. App. filed April 12, 2004) (Shearouse Adv. Sh. No. __ at __).

reviewing court may reverse or [*471] modify the decision of any agency if substantial rights of the appellant have been prejudiced because the findings or decisions of the agency are:

- (a) in violation of the constitutional or statutory provisions;
- (b) in excess of the statutory authority of the agency;
- (c) made upon unlawful procedure;
- (d) affected by other error of law;
- (e) clearly erroneous in view of the reliable probative and substantial evidence on the whole record; or
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

S.C. Code Ann. § 1-23-610(D) (Supp. 2003).

We reverse the decision of the circuit court because substantial rights of SRRI have been prejudiced. The finding of the circuit court the revocation of the consistency [*477] determination compelled denial of the permit is affected by error of law.

I.

HN6 [↑] The South Carolina Solid Waste Policy and Management Act, S.C. Code Ann. § 44-96-10, et seq. (2002) (the SWPMA), requires a person obtain a permit from DHEC before operating a solid waste management facility. S.C. Code Ann. § 44-96-290(A). Permits are issued based upon local need for the requested facility and the consistency of the proposed facility with local ordinances. S.C. Code Ann. § 44-96-290(E). DHEC cannot issue a permit unless the proposed facility is consistent with "local zoning, land use, and other applicable [*408] ordinances." The SWPMA does not specify procedures for DHEC to follow in making need and consistency determinations.

DHEC's practice has been to delegate to the counties the authority to determine consistency through the counties' issuance of LOCs. We conclude HN7 [↑] this delegation of authority is impermissible. S.C. Code Ann. § 44-96-290(F) does not give a county veto authority over decisions made by DHEC. There is no statutory authority providing a county's consistency [*478] determination is determinative of the ultimate permitting decision. Although Section 44-96-290(F) requires a proposed facility comply with local standards, it does not designate the county as the final arbiter on whether the

proposed facility complies with its local zoning, land use, and other ordinances.

In this case, DHEC withdrew its initial decision to issue the permit in error because it based its decision solely on Newberry County's withdrawal of the LOC. HN8 [↑] The SWPMA authorizes DHEC to "issue, deny, revoke or modify permits, registrations, or orders under such conditions as the department may prescribe...for the operation of solid waste management facilities." S.C. Code Ann. § 44-96-260(2) (2002). DHEC, not the county, is charged with ensuring such facilities meet the requirements for permitting.

II.

Under the facts of this case, there is no basis for concluding the proposed landfill is inconsistent with the Newberry County Solid Waste Management Plan. The ALJ relied on Section 4.1.3 of the Plan. Section 4.1.3 of the plan "Industrial Collection" provides:

HN9 [↑] In Newberry County, industries are responsible for their own solid waste collection [*479] and disposal. There are several private haulers operating in the County under separate contracts with different industries. This stream of solid waste is completely outside the operation, direct knowledge or control of Newberry County.

We agree with the circuit court that Section 4.1.3 HN10 [↑] of the Plan refers only to private haulers who are operating in the County under contracts with different industries. Therefore, this [*409] provision has no application to the prohibition of the establishment of an industrial waste landfill.

Instead of relying on Section 4.1.3 of the Plan, the circuit court relied on Section 10.2 in finding the proposed facility inconsistent with the Plan.³ Section 10.2 HN11 [↑] discusses the [*472] goals associated with Newberry County's solid waste disposal. Section 10.2 states, in relevant part, that one of the goals is to "preserve, protect, and enhance the environmental quality of Newberry County." This broad, general statement of goals cannot serve as a basis for concluding the proposed facility is inconsistent with Newberry County's plan. To hold otherwise would invite a reviewing court to conclude, on an arbitrary and

³ Section 10.2 of the Plan appears only once in the Record. In a letter from the Newberry County attorney to the County Administrator, the County's attorney indicated the proposed landfill would violate Section 10.2.

capricious basis, any proposed landfill facility falls [***10] within the ambit of such general language. Therefore, the circuit court erred in relying on Section 10.2 in holding the proposed facility inconsistent with the Plan.

Having determined the facility is not inconsistent with Newberry County's SWPMA, we conclude the permit should be issued and effective. Before issuing the initial permit in September 1997, DHEC experts determined the facility met all regulatory requirements based on a meticulous study of SRRI's proposed facility. DHEC properly applied the requirements of 25 S.C. Code Ann. Reg. 61-66 (1976) relating to Industrial Waste Landfills. A public hearing concerning the proposed facility was conducted in March 1997. DHEC received comments both during and after the hearing. These comments were addressed by DHEC in a document entitled "Responsiveness [***11] Summary." DHEC made specific findings including, but not limited to, groundwater protection, excavation procedures, and the design of disposal cells as related to the SRRI facility. Based on DHEC's thorough analysis of the proposed facility, they concluded, and we agree, the facility is not inconsistent with the County SWPMA or DHEC's regulatory requirements.

Our resolution of this matter makes unnecessary a consideration of the remaining issues presented by SRRI. The permit [*410] complies with Act 100 in that it imposes a 1,000-foot setback from the mobile home.

Because DHEC's revocation of the permit was based solely on Newberry County's withdrawal of its LOC and the proposed facility is not inconsistent with the Newberry County Plan, we reverse and order the permit issued and effective.

REVERSED .

**TOAL, C.J., MOORE, WALLER, BURNETT and
PLEICONES, JJ., concur.**

York County v. S.C. Dep't of Health & Env'tl. Control

Court of Appeals of South Carolina

May 4, 2011, Heard; February 8, 2012, Filed

Opinion No. 4940

Reporter

397 S.C. 217 *; 723 S.E.2d 255 **; 2012 S.C. App. LEXIS 44 ***; 2012 WL 386588

York County, Appellant, v. South Carolina Department of Health and Environmental Control and C&D Management Company, LLC, Respondents.

Subsequent History: Rehearing denied by York County v. SCDHEC, 2012 S.C. App. LEXIS 100 (S.C. Ct. App., Mar. 29, 2012)

Writ of certiorari granted York County v. SCDHEC, 2013 S.C. LEXIS 271 (S.C., Sept. 9, 2013)

Writ of certiorari dismissed York County v. S.C. Dep't of Health & Env'tl. Control, 2014 S.C. LEXIS 139 (S.C., May 14, 2014)

Prior History: [***1] Appeal from the Administrative Law Court. Carolyn C. Matthews, Administrative Law Judge.

Disposition: AFFIRMED.

Core Terms

emergency ordinance, landfill, ordinances, solid waste management, consistency, moratorium, county's, solid waste, determinations, enact, issues, proposed facility, delegating, municipal, requires

Case Summary

Overview

The South Carolina Department of Health and Environmental Control (DHEC) issued an applicant a permit for a landfill in a county. The county argued that the DHEC impermissibly ignored an emergency ordinance, which the county enacted, purporting to

impose a moratorium on the construction of any new landfills. However, the DHEC properly disregarded the emergency ordinance in making its permitting decision because the emergency ordinance was not consistent with state law, in violation of S.C. Code Ann. § 44-96-80(K), and was therefore not applicable under S.C. Code Ann. § 44-96-290(F) (2002).

Outcome

Judgment affirmed.

LexisNexis® Headnotes

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Permits > Disposal

Governments > Local Governments > Duties & Powers

HN1 [★] The South Carolina Solid Waste Policy and Management Act provides that each county must adopt a solid waste management plan. S.C. Code Ann. § 44-96-80 (2002). Before the South Carolina Department of Health and Environmental Control (DHEC) may issue any permit for the construction and operation of a landfill in a particular county, the DHEC must determine that the proposed landfill is consistent with the county's solid waste management plan and other applicable local ordinances. S.C. Code Ann. § 44-96-290(F) (2002).

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Municipal Landfills

Environmental Law > Solid Wastes > Permits > Disposal

HN2 [★] The South Carolina Department of Health and Environmental Control (DHEC) alone has the authority

to make consistency determinations regarding a proposed landfill. The DHEC may not delegate that authority to counties.

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Permits > Disposal

HN3 [↓] There is no statutory authority providing a county's consistency determination is determinative of an ultimate permitting decision. Although *S.C. Code Ann. § 44-96-290(F)* (2002) requires a proposed facility comply with local standards, it does not designate the county as the final arbiter on whether the proposed facility complies with its local zoning, land use, and other ordinances. The South Carolina Department of Health and Environmental Control, not the county, is charged with ensuring solid waste management facilities meet the requirements for permitting.

Environmental Law > Solid Wastes > Disposal Planning

Environmental Law > Solid Wastes > Permits > Disposal

Governments > Local Governments > Ordinances & Regulations

HN4 [↓] *S.C. Code Ann. § 44-96-80(K)* prohibits a county from enacting an ordinance that is inconsistent with state law. It is inconsistent with state law for the South Carolina Department of Health and Environmental Control to follow a county's consistency determination.

Administrative Law > Judicial

Review > Reviewability > Factual Determinations

Administrative Law > Judicial Review > Standards of Review > Clearly Erroneous Standard of Review

Administrative Law > Judicial Review > Standards of Review > Substantial Evidence

HN5 [↓] *S.C. Code Ann. § 1-23-610(B)* (Supp. 2010) provides that an appellate court may reverse a decision of the South Carolina Administrative Law Court (ALC) that is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. A factual decision of the ALC should be upheld if it is supported by substantial evidence in the record.

Counsel: Amy E. Armstrong and James S. Chandler, Jr., both of Pawleys Island, for Appellant.

Susan A. Lake, of Columbia, for Respondent South Carolina Department of Health and Environmental Control.

W. Thomas Lavender, Jr., and Joan W. Hartley, both of Columbia, and Leon C. Harmon, of Greenville, for Respondent C&D Management Company, LLC.

Judges: FEW, C.J. PIEPER, J., concurs. LOCKEMY, J., dissents in a separate opinion.

Opinion by: FEW

Opinion

[*218] [255] FEW, C.J.:** The South Carolina Department of Health and Environmental Control (DHEC) issued C&D Management Company a permit for a construction, demolition, and land-clearing debris landfill in York County. The County challenged that decision before the Administrative Law Court (ALC), which ruled in favor of C&D Management. The County appeals the ALC's judgment, arguing DHEC impermissibly ignored a County ordinance purporting to impose a moratorium on the construction of any new landfills. We affirm.

I. Facts and Procedural History

HN1 [↑] The South Carolina Solid Waste Policy and Management Act provides that each county must adopt a solid waste management plan. *S.C. Code Ann. § 44-96-80* (2002). Before **[***2]** DHEC may issue any permit for the construction and operation of a landfill in a particular county, DHEC must determine that the proposed landfill is consistent with the county's solid **[*219]** waste management plan and other applicable local ordinances. *S.C. Code Ann. § 44-96-290(F)* (2002).

In August 2005, C&D Management submitted an application to DHEC for a permit for the landfill. At that time, York County managed its solid waste using the 1994 Catawba Regional Solid Waste Management Plan (1994 Plan). In September 2005, DHEC issued a letter to C&D Management stating it made a determination that the landfill was consistent with the 1994 Plan.

While DHEC continued to process C&D Management's application over the next year, the County moved

397 S.C. 217, *219; 723 S.E.2d 255, **255; 2012 S.C. App. LEXIS 44, ***2

towards adopting a new solid waste management plan. On January 9, 2007, York County Council passed what it [**256] called an "emergency ordinance," which stated "all proposed landfills and landfill expansions not yet permitted by DHEC are declared inconsistent with the 1994 Plan." The emergency ordinance described the declaration as a "moratorium" that would give the County more time to complete and adopt a new plan.

Initially, DHEC believed the emergency ordinance [***3] prevented it from issuing C&D Management a permit for the landfill. However, DHEC ultimately determined the emergency ordinance did not affect its determination that the proposed landfill was consistent with the 1994 Plan. On February 22, 2007, it issued C&D Management a permit.

The County asked the South Carolina Board of Health and Environmental Control to review DHEC's decision to issue the permit. The Board declined, and the County requested a contested case hearing before the ALC.

The ALC affirmed DHEC's decision to issue the permit. With regard to the emergency ordinance, the ALC determined that under Southeast Resource Recovery, Inc. v. South Carolina Department of Health & Environmental Control, 358 S.C. 402, 595 S.E.2d 468 (2004) (per curiam), DHEC could not defer to the County's declaration of inconsistency, as doing so would amount to an improper delegation of DHEC's exclusive authority over permitting decisions for solid waste management facilities. The ALC therefore concluded DHEC properly disregarded the emergency ordinance in making its permitting decision.

[*220] II. Effect of the Emergency Ordinance

We agree DHEC properly disregarded the emergency ordinance. Our supreme court [***4] has made clear that HN2 [↑] DHEC alone has the authority to make consistency determinations. In Southeast Resource Recovery, the court held DHEC may not delegate that authority to counties. 358 S.C. at 408, 595 S.E.2d at 471. Prior to the court's decision in that case, DHEC's practice was to leave consistency determinations to county governments, which issued their determinations in the form of letters of consistency. Id. The court held the practice was impermissible, stating:

HN3 [↑] There is no statutory authority providing a county's consistency determination is determinative of the ultimate permitting decision. Although Section 44-96-290(F) requires a proposed facility

comply with local standards, it does not designate the county as the final arbiter on whether the proposed facility complies with its local zoning, land use, and other ordinances.

. . . DHEC, not the county, is charged with ensuring [solid waste management] facilities meet the requirements for permitting.

Id.; see also Sandlands C & D, LLC v. Cnty. of Horry, 394 S.C. 451, 463, 716 S.E.2d 280, 286 (2011) (stating "there is no doubt the express language of the [Solid Waste Policy and Management Act] provides for DHEC's exclusive authority [***5] in the area of permitting" (emphasis in original omitted)).


We view the emergency ordinance as an effort by the County to control DHEC's permitting decision. The only effect the emergency ordinance purports to have is to impose a "moratorium" on new and expanded landfills in York County. The section entitled "Scope of Moratorium" states in its entirety: "During the time that the emergency moratorium is in effect, all proposed landfills and landfill expansions not yet permitted by DHEC are declared inconsistent with the 1994 Plan." No other language in the emergency ordinance explains the scope or the effect of the moratorium. Therefore, by its own terms, the emergency ordinance merely makes a blanket determination that all new landfills are inconsistent with the 1994 Plan.

[*221] Looking past the emergency ordinance's "moratorium" label and focusing instead on its content and actual effect, we find no meaningful distinction between the emergency ordinance and the letters of consistency that Southeast Resource Recovery prohibits DHEC from following. In both situations, a county makes a consistency determination regarding a proposed landfill—a power only DHEC may exercise. The only difference [***6] here is that instead of DHEC willingly delegating its authority to local government, as it did in Southeast Resource Recovery, local government has attempted to usurp that authority.


[*257] Because DHEC could not follow the emergency ordinance without delegating its authority in violation of Southeast Resource Recovery, DHEC was required to disregard it.

The County argues it had the authority to enact the emergency ordinance, and because subsection 44-96-290(F) requires DHEC to consider "applicable local ordinances" when it makes a consistency determination, DHEC was required to consider whether the proposed landfill was consistent with the emergency ordinance.

397 S.C. 217, *221; 723 S.E.2d 255, **257; 2012 S.C. App. LEXIS 44, ***6

We disagree. HN4  Subsection 44-96-80(K), on which the County relies for its authority, prohibits a county from enacting an ordinance that is inconsistent with state law. As Southeast Resource Recovery explains, it is inconsistent with state law for DHEC to follow a county's consistency determination. See 358 S.C. at 408, 595 S.E.2d at 471. In this respect, the emergency ordinance is not consistent with state law, and is therefore not "applicable" under subsection 44-96-290(F). DHEC properly disregarded the emergency ordinance.

III. Other [***7] Issues

The remaining issues the County raises relate to factual determinations. As to those issues, we affirm pursuant to Rule 220(b)(1), SCACR, and the following authorities: HN5  S.C. Code Ann. § 1-23-610(B) (Supp. 2010) (providing this court may reverse a decision of the ALC that is "clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record"); Risher v. S.C. Dep't of Health & Envtl. Control, 393 S.C. 198, 204, 712 S.E.2d 428, 431 (2011) (stating a factual decision of the ALC should be upheld if it is supported by substantial evidence in the record).

[*222] The judgment of the Administrative Law Court is

AFFIRMED.

PIEPER, J., concurs.

LOCKEMY, J., dissents in a separate opinion.

Dissent by: LOCKEMY

Dissent

LOCKEMY, J. dissenting: I respectfully dissent. Although I agree with the majority decision to affirm the other issues, I would reverse the ALC's determination that the proposed landfill was consistent with the 1994 Plan, and revoke C&D's permit for the proposed landfill based on the County Council's enactment of the emergency ordinance.

The ALC determined the County Council enacted the emergency ordinance in an attempt to affect DHEC's permitting decision, and therefore, it was [***8] impermissible under Southeast Resource Recovery. The ALC also found, under Simpkins v. City of Gaffney, 315 S.C. 26, 431 S.E.2d 592 (Ct. App. 1993), that the County Council lacked the authority to

enact an ordinance imposing a moratorium on DHEC's permitting authority. According to the ALC, the emergency ordinance was an attempt by the County Council to affect DHEC's permitting decisions, and therefore, it was inconsistent with sections 44-96-260(2) and 44-96-290(A) of the Solid Waste Act, which give DHEC the exclusive authority to issue permits for the construction of solid waste management facilities. I disagree.

I would find the ALC erred in determining the emergency ordinance was inconsistent with the Solid Waste Act. Pursuant to section 44-96-80(K),

[t]he governing body of a county is authorized to enact such ordinances as may be necessary to carry out its responsibilities under this chapter; provided, however, that the governing body of a county may not enact an ordinance inconsistent with the state solid waste management plan, with any provision of this chapter, with any other applicable provision of state law, or with any regulation promulgated by the department providing for [***9] the protection of public health and safety or for protection of the environment.

[*223] S.C. Code Ann. § 44-96-80(K) (2002). While DHEC has the sole authority to issue landfill permits and make consistency determinations, the governing body of each county has the authority, pursuant to section 44-96-80(A), to determine the content of the county's solid waste management plan. In addition, [***258] counties have the authority to enact ordinances to carry out their responsibilities under their plans. Here, the County Council adopted the emergency ordinance to preserve the status quo while it reviewed and modified its solid waste plan. The County began efforts to revise its solid waste management plan in 2003. In August 2006, the County Council gave first reading to Ordinance 207 which authorized the County to withdraw from the 1994 Plan and adopt a new County solid waste management plan. Thereafter, in October 2006, the County Council gave second reading to Ordinance 207. On January 8, 2007, the County Council adopted the emergency ordinance. On January 30, 2007, DHEC notified C&D it was holding C&D's landfill permit in abeyance while it considered the effect and validity of the emergency ordinance. Thereafter, [***10] on February 22, 2007, DHEC determined the emergency ordinance did not amend the 1994 Plan and issued C&D a permit for the proposed landfill. On February 28, 2007, the County Council gave third reading and adopted Ordinance 207 which created a separate York County Solid Waste

Management Plan.

The emergency ordinance stated that "an imminent peril to the public health, safety, welfare and property rights require[d] the adoption of an emergency ordinance and moratorium." The emergency ordinance further provided that its adoption was necessary to give the County sufficient time to study and review issues concerning the impact of unprecedented growth and development, and to evaluate the need for additional waste disposal sites. I would find the County Council acted within its authority under section 44-96-80(K) in enacting the emergency ordinance. See Sandlands, 394 S.C. at 463-64, 716 S.E.2d at 286 (holding neither the Solid Waste Act nor the DON Regulation contain express provisions prohibiting county regulation of the flow of waste) (citing S.C. Code Ann. § 44-96-80 (A), (J), (K); S.C. Code Ann. § 44-96-290(F) (Supp. 2010) ("[N]o permit to construct a new solid waste management facility [***11] or to expand an existing solid [**224] waste management facility within a county or municipality may be issued by the department unless the proposed facility or expansion is consistent with local zoning, land use, and other applicable local ordinances, if any[.]" (emphasis added); S.C. Code Ann. Regs. § 61-107.B.5.c (Supp. 2010) (requiring consistency determinations account for any local ordinances)).

I would also find neither Southeast Resource Recovery nor Simpkins are applicable in this case. In Southeast Resource Recovery, our supreme court found DHEC's practice of delegating to the counties the authority to determine consistency through the counties' issuance of letters of consistency was impermissible. 358 S.C. at 408, 595 S.E.2d at 471. The court determined that although section 44-96-290(F) "requires a proposed facility comply with local standards, it does not designate the county as the final arbiter on whether the proposed facility complies with its local zoning, land use, and other ordinances." Id. Southeast Resource Recovery is not applicable to this case because the emergency ordinance is not a consistency determination. The emergency ordinance was adopted by the County Council [***12] to carry out the County's solid waste plan as authorized by section 44-96-80(K).

I would also find the ALC erred in relying on Simpkins in determining the County Council lacked the authority to impose a moratorium on DHEC's permitting decisions. In Simpkins, this court found a city council did not have the authority to put a moratorium in place by merely passing a motion to that effect. 315 S.C. at 29, 431 S.E.2d at 594. The Simpkins court found neither

sections 5-23-40 and 5-23-50, which grant municipal corporations the authority to provide for the manner in which zoning regulations are established and amended, nor any other statute supplies authority for a municipal corporation to suspend an ordinance by merely passing a motion creating a moratorium. Id. The court noted our supreme court has held municipal ordinances cannot ordinarily be amended or repealed by a mere resolution, and instead, a new ordinance must be passed. Id. Here, unlike in Simpkins, the County Council enacted a new ordinance to modify and amend the 1994 Plan, and did not merely pass a motion that called for a moratorium.

[**259] [**225] Finally, the effect of the majority decision permits an agency of this state to ignore legislation [***13] adopted and duly passed by representatives of the people of a local government. The emergency ordinance was neither a consistency determination nor a motion, but was an ordinance duly adopted by the required *super majority vote* of the County Council members present pursuant to section 4-9-130 of the South Carolina Code of Laws (1986). If there was concern about the legality or constitutionality of the legislation, then a challenge, including injunctive relief, should have been instituted in circuit court. The County Council complied with the long legal process to adopt a new solid waste management plan. It was only after the County was at the precipice of this process that the emergency ordinance was adopted, not as a consistency determination, but to preserve the status quo while the new plan was completed. Indeed, DHEC took no action for three weeks after its adoption and then decided to suspend the permitting process for another three weeks. Six weeks was more than enough time to seek temporary and immediate injunctive relief from a judicial body if there was a question about the effect and validity of the duly adopted legislation. Instead, on the virtual eve of third reading and [***14] with time running out before the effective date of the new solid waste management plan, DHEC chose to issue the permit just ahead of the pending legislation.

Even assuming my colleagues are correct, in hindsight, that "DHEC properly disregarded the emergency ordinance," are we to permit an agency of the executive branch of government to just disregard such laws of a legislative body on its own determination prior to any judicial review? If agencies are permitted to unilaterally decide to ignore county legislation prior to judicial review can they also do so for state legislation they deem improperly passed? Just to say that the emergency ordinance was reviewed by this court and eventually found to be improper overlooks the effect had no appeal

397 S.C. 217, *225; 723 S.E.2d 255, **259; 2012 S.C. App. LEXIS 44, ***14

been taken from the ALC determination. There are many small municipalities in South Carolina that are too financially strained to challenge big state agencies wielding executive, legislative, and judicial power.

Accordingly, I would find the ALC erred in determining the emergency ordinance was inconsistent with the Solid Waste [*226] Act. I would reverse the ALC's determination that the proposed landfill was consistent with the County's solid waste management [***15] plan and revoke C&D's permit for the proposed landfill.

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Neutral

As of: June 21, 2017 7:37 PM Z

Grand Bees Dev., LLC v. S.C. Dep't of Health & Env'tl. Control

Court of Appeals of South Carolina

October 9, 2014, Heard; May 27, 2015, Filed

Unpublished Opinion No. 2015-UP-269

Reporter

2015 S.C. App. Unpub. LEXIS 322 *; 2015 WL 3409056

Grand Bees Development, LLC, Respondent, v. South Carolina Department of Health and Environmental Control and County of Charleston, Appellants.

Notice: THIS OPINION HAS NO PRECEDENTIAL VALUE. IT SHOULD NOT BE CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING EXCEPT AS PROVIDED BY RULE 268(d)(2), SCACR.

Subsequent History: Rehearing denied by *Grand Bees Dev. v. SCDHEC*, 2015 S.C. App. Unpub. LEXIS 535 (S.C. Ct. App., July 17, 2015)

Writ of certiorari denied *Grand Bees Dev. v. S.C. Dep't of Health & Env'tl. Control*, 2016 S.C. LEXIS 132 (S.C., May 19, 2016)

Prior History: [*1] Appellate Case No. 2013-001141. Appeal From The Administrative Law Court. Shirley C. Robinson, Administrative Law Judge.

Disposition: AFFIRMED.

Core Terms

modification, ordinances, landfill, zoning, consistency, requirements, vacated, mound

Counsel: Joseph Dawson, III, Bernard E. Ferrara, Jr., Austin Adams Bruner, Bradley Allen Mitchell, and Johanna Serrano Gardner, all of North Charleston, for Appellant County of Charleston.

Etta R. Linen and Jacquelyn Sue Dickman, both of Columbia, for Appellant South Carolina Department of Health and Environmental Control.

George Trenholm Walker, of Pratt-Thomas Walker, PA, of Charleston, and Jamie A. Khan and Ross A. Appel, both of McCullough Khan, LLC, of Charleston, for

Respondent.

Judges: FEW, C.J., and THOMAS and LOCKEMY, JJ., concur.

Opinion

PER CURIAM: The County of Charleston and the South Carolina Department of Health and Environmental Control (DHEC) appeal the administrative law court's (ALC's) order vacating DHEC's granting of a permit modification for the expansion of the Bee's Ferry Landfill. The County and DHEC argue the ALC erred in finding DHEC failed to properly determine whether the permit modification is consistent with all applicable local ordinances. We affirm.

I. Facts and Procedural History

Grand Bees Development, LLC has owned approximately 311 acres located off [*2] Bees Ferry Road in Charleston since November 15, 2004. The County owns and operates the Bees Ferry Landfill, which is also located on Bees Ferry Road. The Grand Bees property and the landfill share a common boundary.

The Grand Bees property is zoned Planned Unit Development by the City of Charleston and is designated for residential land use. The property is part of a larger development called Bees Landing—also known as Grand Oaks—which was first approved by City Council in 1993. At the time of the hearing before the ALC, Grand Oaks consisted of approximately 1,500 homes in addition to parks, pools, and other infrastructure. The Grand Bees property takes up approximately twenty-six percent of the total land area in Grand Oaks.

The County has operated the landfill at its current

location since approximately 1977 and currently operates under a DHEC permit issued in 1997. The landfill includes several cells; one of the cells consists of construction, demolition, and land-clearing debris and is classified as a "Class II" mound. In November 2007, the County submitted a permit modification for vertical and lateral expansion of the mound. This expansion would increase the height of the mound [*3] from seventy-four feet above mean sea level to one hundred sixty-eight feet above mean sea level and expand the footprint of the mound by 5.5 acres. The expansion would increase the mound's maximum disposal capacity from 2.5 million to 5.4 million cubic yards. DHEC granted the permit modification on January 17, 2008, and Grand Bees learned of the modification during the following fifteen days.

Grand Bees requested a contested case hearing before the ALC to challenge DHEC's decision to grant the permit modification. The ALC held DHEC erred in granting the modification because the County failed to obtain a "special exception" in accordance with its own zoning ordinances and the County of Charleston Zoning and Land Development Regulations (ZLDR). Consequently, the ALC vacated the permit modification and reversed and remanded the matter to DHEC.

After the ALC vacated the permit modification, the County amended its zoning ordinances to eliminate the requirement of a "special exception" as a precondition to expanding the landfill. After the matter was remanded, DHEC reconsidered the 2007 permit application, and the County provided some additional zoning information to supplement the application. [*4] DHEC did not readdress any of its previous consistency determinations, but it did determine compliance with the ZLDR. Kent Coleman—director of DHEC's Division of Mining and Solid Waste Management—testified DHEC also consulted updated aerial photographs.

On April 12, 2011, a DHEC employee sent an internal memorandum stating department staff initiated a review to determine if the expansion is consistent with local zoning. This review included County zoning ordinances, a County zoning map, and a letter from the County's Planning Department. The memorandum explained DHEC determined the proposed expansion was consistent with the County's land-use planning and zoning; however, it did not make reference to any other local ordinances.

DHEC granted the second permit modification authorizing the same expansion as the first permit

modification, and Grand Bees requested a contested case hearing before the ALC. The ALC reversed DHEC's decision and vacated the second permit modification.

II. Law and Analysis

This court may reverse a decision of the ALC if it is affected by an error of law or is "clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record." S.C. Code Ann. § 1-23-610(B) (Supp. [*5] 2014). DHEC may not issue a permit to expand a landfill "unless the proposed facility or expansion is consistent with local zoning, land use, and other applicable local ordinances, if any." S.C. Code Ann. § 44-96-290(F) (2002). Section 10-22 of Ordinance 180 of the Charleston County Code of Ordinances—adopted in 1974—provides minimum standards for the operation of landfills and requires landfills to "[c]onform with the surrounding environment" and "[c]onform with future development of the area."

The ALC found DHEC did not make a proper consistency determination because it failed to consider section 10-22 of the county ordinance. The parties do not dispute that the ordinance is still in force or that DHEC did not consider the ordinance when making its consistency determination. However, the County argues DHEC did not need to consider the ordinance to determine consistency. The County's position is based on the claim that the ZLDR addresses the same substantive requirements as section 10-22 and is more specific; therefore, DHEC's consideration of the ZLDR also constituted a consistency determination regarding section 10-22.

We examined the ZLDR in detail and cannot find provisions similar to the requirements in section 10-22 that a landfill conform to the surrounding environment and future development [*6] in the area. Moreover, in its brief and at oral argument, the County did not identify a provision in the ZLDR imposing the same requirements as section 10-22.¹ Consequently, we find the ALC did

¹ The County and DHEC assert several other arguments that DHEC's failure to make a consistency determination as to section 10-22 should not invalidate the permit modification. We do not agree with any of the arguments, and adopt the reasoning of the ALC as to each argument it addressed. Any additional arguments not addressed by the ALC are not preserved. See Travelscape, LLC v. S.C. Dep't of Revenue, 391 S.C. 89, 109-110, 705 S.E.2d 28, 39 (2011) (holding arguments were unpreserved because the ALC did not

not err in finding DHEC failed to make a proper consistency determination. Because this finding requires that we affirm the ALC's order vacating the permit modification, it is unnecessary for us to consider the other issues raised by the County and DHEC, and the order of the ALC is **AFFIRMED**.

FEW, C.J., and THOMAS and LOCKEMY, JJ., concur.

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Neutral

As of: June 21, 2017 7:38 PM Z

Grand Bees Dev. v. S.C. Dep't of Health & Env'tl. Control

Supreme Court of South Carolina

May 19, 2016, Decided

No Number in Original

Reporter

2016 S.C. LEXIS 132 *

Grand Bees Development v. SCDHEC

Notice: DECISION WITHOUT PUBLISHED OPINION

Prior History: [*1] 2015-UP-269

Grand Bees Dev., LLC v. S.C. Dep't of Health & Env'tl. Control, 2015 S.C. App. Unpub. LEXIS 322 (S.C. Ct. App., May 27, 2015)

Opinion

Petition for Writ of Certiorari Denied.

End of Document

List of Schedule V Controlled Substances

Substance	Narcotic	Common Name	Common Use(s)
<u>Brivaracetam</u>	N	Briviact	Seizures
Codeine preparations <i>(Not more than 200 mg codeine per 100 ml or per 100 gm)</i>	Y	Promethazine with codeine, Cosanyl, Robitussin AC, Cheracol, Cerase, Pediacof	Cough
Difenoxin preparations <i>(Not more than 0.5 mg of difenoxin and not less than 25 mcg of atropine sulfate per dosage unit)</i>	Y	Motofen	Diarrhea
Dihydrocodeine preparations <i>(Not more than 100 mg dihydrocodeine per 100 ml or per 100 gm)</i>	Y	Cophene-S	Cough Nasal congestion
Diphenoxylate preparations <i>(Not more than 2.5 mg of diphenoxylate and not less than 25 mcg of atropine sulfate per dosage unit)</i>	Y	Lomotil	Diarrhea
Ethylmorphine preparations <i>(Not more than 100 mg of ethylmorphine per 100 ml or per 100 gm)</i>	Y		*Not available for medical purposes in the United States
Lacosamide	N	Vimpat	Seizures
Opium preparations <i>(Not more than 100 mg of opium per 100 ml or per 100 gm)</i>	Y	Parepectolin, Kapectolin PG, Kaolin Pectin P.G.	Diarrhea
Pregabalin	N	Lyrica	Fibromyalgia
Pyrovalerone	N	Centroton, Thymergix	Chronic fatigue Appetite suppressant

Appendix J. July 19, 2017 Meeting Information

Appendix Includes:

- Meeting Packet
 - June 20, 2017 Minutes
 - DHEC Recommendations for Statutory Changes

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman Phyllis J. Henderson

The Honorable William K. Bowers

The Honorable MaryGail K. Douglas

The Honorable Bill Taylor

REVISED - (Time and Meeting Room)

Wednesday, June 19, 2017

10:00 a.m.

Room 108 -Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes
- II. Discussion of study of the Department of Health and Environmental Control
- III. Adjournment



Healthcare and Regulatory Subcommittee Meeting
Tuesday, June 20, 2017, at 2:00 pm
Blatt Building Room 110

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The House Legislative Oversight Committee was called to order by Chair Phyllis Henderson on Tuesday, June 20, 2017, in Room 110 of the Blatt Building. All members of the Committee were present for all or a portion of the meeting except, Representative MaryGail Douglas.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.
- II. Representative Taylor moves to approve the revised meeting minutes from February 9, February 23, March 23, and April 20, 2017 meetings to remove scrivener's error from the letter head, which references to former Rep. Norman:

Representative Taylor moves to approve the revised meeting minutes from February 9, February 23, March 23, and April 20, 2017 meetings to remove the scrivener's error from the letter head, which references to former Rep. Norman.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. William K. Bowers	✓			
Rep. MaryGail Douglas			✓	
Rep. Henderson	✓			
Rep. Taylor	✓			

III. Representative Taylor moves to approve the minutes from the May 9, 2017 Subcommittee meeting:

Representative Taylor moves to approve the minutes from the May 9, 2017 Subcommittee meeting.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. William K. Bowers	✓			
Rep. MaryGail Douglas			✓	
Rep. Henderson	✓			
Rep. Taylor	✓			

Meeting

- I. Chair Henderson gives an overview of the study thus far, and reminds agency personnel who were sworn in during prior meetings that they remain under oath anytime they are with the Subcommittee or Committee.
- II. Chair Henderson swears in Jacquelyn S. Dickman, Assistant General Counsel for DHEC.
- III. Chair Henderson explains that Director Heigel will present groups of recommendations that the agency would like to present information on.
- IV. Director Heigel gives a quick overview of the Dam Safety Program and highlights seven of the fifty-eight recommendations. The seven recommendation areas discussed include:
 - a. Rabies Control Act
 - b. Solid Waste Policy and Management Act
 - c. Narcotics and Control Substances Act
 - d. Prescription Monitoring Act
 - e. Vital Statistics
 - f. Contagious and Infectious Disease
 - g. Emergency Health Powers Act
- V. Members ask questions, which Director Heigel and Assistant General Counsel Dickman answer.

VI. The meeting was adjourned.

Agency-Wide

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:
Recommended change for consistency with current science, terminology, and/or practices.
- Eliminate any reference to “District Advisory Boards of Health,” as they no longer exist
 - Change all mention of “Districts” to “Regions,” as that is now the terminology used by DHEC
 - DHEC 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
- (d) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency’s gap analysis

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- In light of the upcoming launch of e-permitting systems and the general prevalence and efficiency of electronic mail, DHEC 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) Other Agencies Impacted:
- None

Agency-Wide

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC recommends deleting S.C. Code §§ 44-3-110 through -140
 - These statutory sections are no longer necessary due to the fact that the “Catawba Health District” no longer exists. The counties within the former “Catawba Health District” are now served by the Midlands Regional Office for Public Health
- (d) Other Agencies Impacted:
 - None
- (e) Notes:
 - Identified in the agency’s gap analysis

Environmental Affairs

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. Topics in the Act range from vaccinations, quarantine, examination and destruction of animals, reporting to and the investigation of animal bite cases, recommendations for post exposure prophylaxis, magistrate’s court penalties for failure to comply with the requirements of the Act.

(c) Recommendation and Rationale for Recommendation:

Recommended change for consistency with current science, terminology, and/or practices.

Federal animal welfare requirements have changed and national veterinarian practice standards have been updated to be 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. The Department proposes an extensive rewrite to address and modernize all topics in the Act DHEC implements and enforces the “Rabies Control Act,” which sets forth requirements and authorizes actions to control the spread of rabies in the state. Topics in the Act range from vaccinations, quarantine, examination and destruction of animals, reporting to and the investigation of animal bite cases, recommendations for post exposure prophylaxis, magistrate’s court penalties for failure to comply with the requirements of the Act including the following:

- To remain more current with the best veterinarian scientific practices, including allowing for the use of the most recent Compendium of Animal Rabies Prevention and Control, produced by the National Association of State Public Health Veterinarians, Inc. for establishing quarantine and animal vaccination protocols;
- Allows for a veterinarian with consent of the owner to make vaccination decisions that are in the best interest of a pet that is health compromised;
- Clarify the language to address non-bite exposures that meet the definition of saliva or other potentially infectious material from a rabid animal being introduced into fresh, open cuts or mucous membranes as described in the CDC ACIP (Advisory Committee on Immunization Practices) recommendations;
- Incorporate a monetary penalty to simplify and incentivize compliance with the vaccination requirements of the Act;
- Allow the Department to designate other representatives such as animal control officers and veterinarians to issue quarantines and monitor animals during quarantine. This will prevent duplication of services in those cases where bite exposures are reported to these representatives or the animals are located at these facilities;

Environmental Affairs

- Adds a provision that clarifies the process for pet owners to self-quarantine pets that are current on rabies vaccination when the owner or family member is the exposed person;
- Address the safety of Department employees and Department-designated representatives by requiring restraint of animals when observation or examination is needed and have penalties for failure to restrain an animal;
- Remove unnecessary and outdated requirements related to tags and signage; and
- Re-organize the section related to quarantine, examination and destruction of biting or attacking animals to provide clear directives for each incident.

(d) Other Agencies Impacted:

- South Carolina Department of Natural Resources
- Clemson University Livestock Poultry Health
- Any other state or federal agencies engaged in similar efforts to combat diseases communicable from animal to man.
- Local animal control and law enforcement

(e) Notes:

Stakeholders: Two stakeholder meetings are proposed to be held in Columbia during the months of August and September. One would target animal care organizations and animal care providers, the other would be for law enforcement agencies, county officials and health care providers, including:

- SC Association of Veterinarians
- SC Association of Counties
- Animal Control organizations
- Animal Shelters and Humane organizations
- Law Enforcement agencies
- Health Care providers (Pediatricians/Emergency/Instant care clinics)

Environmental Affairs

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:

In our PER Report, DHEC made recommendations to amend the Dams and Reservoirs Safety Act. The recommendations were provided and considered in development of H.3218 which amends the Dams and Reservoirs Safety Act. H.3218 received third reading in the House on February 2, 2017 and was introduced in the Senate on February 7, 2017. **Therefore, DHEC is removing these recommendations from its comprehensive list of law recommendations to the LOC.**

Environmental Affairs

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 Policy and Management 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

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.

The program is proposing four (4) major changes to the Act in addition to minor edits and clarifications that have been identified since the original promulgation. The 4 major changes are summarized as follows:

Solid Waste Emergency Fund

The S.C. Inspector General identified as a weakness in the solid waste management program the fact that there are currently no funding mechanisms available to the Department to use for emergency actions to address environmental problems caused from the management or mismanagement of solid waste.

- The Department proposes taking 2.5% of the annual receipts from the lead-acid battery fees, the appliance fees, the waste tire fees and the motor oil fee to establish an emergency fund. Deposits would be made until the emergency fund reaches \$1.5 million.
- Based on current revenue projections, about \$195,000 would be diverted to the fund annually, and the account would be fully funded after slightly more than 7 ½ years.
- The 2.5% annual funding rate was proposed by the stakeholder workgroup to minimize the impact on available grant funding for local government recycling programs.
- The proposed change authorizes the Department to recover costs from responsible parties to replenish the fund.

Construction and Demolition Debris

Large nuisance sites have been created by sham recyclers of construction and demolition debris who claim they are exempt from permitting requirements because they are processing what they consider to be recovered material. By accepting mixed material construction and demolition debris, these sham recyclers are able to meet the recovered material processing requirement of recycling 75% by weight by processing mostly concrete while allowing other construction and demolition debris to accumulate. These accumulated materials cause risk to human health and the environment.

Environmental Affairs

The proposed changes to the Solid Waste Policy and Management Act would:

- Require a facility that processes construction and demolition debris to be registered with the Department and obtain a solid waste processing permit.
 - Only construction and demolition debris processing facilities that accept material that has been sorted by material type and recycle at least 75% of each separated material type would be exempt from obtaining a permit.

Zoning

As interpreted by judicial ruling of The Supreme Court of South Carolina, the Department is charged with making zoning determinations with respect to city and county zoning ordinances during the process of issuing solid waste facility permits. Prior to the judicial ruling, the Department allowed local governments to issue letters of consistency in regards to whether facilities seeking a permit would be in compliance with local plans, zoning and land use ordinances. The Supreme Court ruling determined that this delegation of authority was impermissible and that the Department itself must determine if a solid waste facility would be consistent with zoning and land use ordinances of the affected local government.

- The proposed change to the statute removes the requirement that the Department perform a review of local zoning and land-use ordinances prior to issuing a solid waste management facility permit.
- By removing this language, a facility seeking a permit would provide to the department proof of compliance with local land use and zoning ordinances with its permit application.

Demonstration of Need (DON)

The statute currently states that no permit to construct or expand any solid waste management facility may be issued until a demonstration of need (DON) is made. Therefore, DON applies to all permitted solid waste management facilities. In developing the current DON regulation, however, the Department addressed only commercial Class Two solid waste landfills, commercial Class Three solid waste landfills, commercial solid waste incinerators, and commercial solid waste processing facilities that process waste destined for disposal at Class Three solid waste landfills.

- The proposed change would clarify that “Need” be demonstrated as required by regulation only.
- The existing regulation would serve to identify those facilities which must demonstrate need: commercial Class Two solid waste landfills, commercial Class Three solid waste landfills, commercial solid waste incinerators, and commercial solid waste processing facilities that process waste destined for disposal at Class Three solid waste landfills.

(d) **Other agencies impacted:**

- None

Environmental Affairs

Solid Waste Policy and Management Act, continued

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

Despite the Solid Waste Act and regulations promulgated pursuant to the Act, the illegal dumping and accumulation of waste tires continues to be problematic. Therefore, changes to the Waste Tire statute are needed in order to address these issues.

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.

(d) Other agencies impacted:

- South Carolina Department of Revenue

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 DHEC 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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.

Environmental Affairs

(d) Other Agencies Impacted:

- Local counties and municipalities, however local governments have not been receiving and do not currently receive these reports.

(e) Notes:

- Identified in the agency's gap analysis

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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) Other Agencies Impacted:

- The South Carolina Universities Research and Education 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.

Environmental Affairs

S.C. Hazardous Waste Management Act, continued

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. The Pinewood facility was closed in 2000 and no longer accepts hazardous waste for disposal.

(c) Recommendation and Rationale for Recommendation:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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; and
 - 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.
- Sections 44-56-163, 44-56-164, and 44-56-165 should be deleted as the Funds and funding source are no longer active or available.
- 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.
- 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.
- Section 44-56-180 should be revised to delete the reference to the S.C. Hazardous Waste Management Select Oversight Committee.
- Section 44-56-190 should be deleted because the regulations are consistent with the statute.
- Section 44-56-510 should be deleted because this fee is no longer assessed and collected.

Environmental Affairs

(d) Other Agencies Impacted:

- Town of Pinewood
- 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).

(e) Notes:

- Portions are identified in the agency's gap analysis

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:

Changes due to Recent Court Decisions

Section 44-56-59 should be deleted to conform to a court's ruling.

- 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

Environmental Affairs

S.C. Hazardous Waste Management Act, continued

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:

Changes due to Recent Court Decisions

- 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.
 - These 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

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:

Changes due to Recent Court Decisions

- Delete Sections 44-56-130(4), (5), and (6)
 - 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.

Environmental Affairs

- 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

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:

Changes due to Recent Court Decisions

- Delete Section 44-56-205.
 - 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

Environmental Affairs

S.C. Mining Act

Law Recommendation #2.8

(a) Law:

S.C. Code Ann., Section 48-20-10 et seq., South Carolina Mining Act

(b) Summary of current statutory requirement:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

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.

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.

(d) Other Agencies Impacted:

- South Carolina Department of Natural Resources
- South Carolina State Historic Preservation Office
- South Carolina Department of Transportation
- South Carolina Ports Authority
- United States Army Corps of Engineers
- United States Fish and Wildlife Service
- United States Mine Safety and Health Administration
- United States Natural Resource Conservation Service

Environmental Affairs

Office of Coastal Resource Management (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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Delete the entirety of S.C. Code Ann. § 48-39-40 - 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) Other Agencies Impacted:

- None

(e) Notes:

- Identified in the agency's gap analysis

Environmental Affairs

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
 - Establish a bright-line setback requirement, rather than a discretionary one, 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).
- (d) Other Agencies Impacted:
 - None

Health Regulation

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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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.
 - DHEC currently regulates and licenses these facilities and the recommended clarification will remove any ambiguity with regard to the authority of DHEC to license kidney disease centers.
- (d) Other Agencies Impacted:
- None

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:
This 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- DHEC 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.
 - 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) Other Agencies Impacted:
- None

Health Regulation

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:

This 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:

Recommended change for consistency with current science, terminology, and/or practices.

- Modify Section 40-25-50(2) to delete from the Commission's responsibilities the requirement that it formulate the examination.
- 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.

(d) 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:

This 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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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 Department's existing authority to suspend or revoke a license.

(d) Other Agencies Impacted:

- None

Health Regulation

Hearing Aids, continued

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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify Sections 40-25-150(C)-(D) to move responsibility for the process of continuing education compliance from the Commission of Hearing Aid Specialists to DHEC.

(d) 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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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) Other Agencies Impacted:

- None

Health Regulation

Hearing Aids, continued

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:

This 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify Section 40-25-30(2) to provide DHEC with the authority to facilitate the administration of the qualifying examinations.
- DHEC licenses primarily health facilities and services, so it does not administer examinations to any licensed entities except for the hearing aid specialist candidates.
- The Department should be given discretion to facilitate the administration of the examinations to allow examinations to be given directly by testing vendors.

(d) Other Agencies Impacted:

- None

Health Regulation

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:

This 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, revoke, 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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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) Other Agencies Impacted:

- None

Health Regulation

Tattooing

Law Recommendation #1.8

(a) Law:

S.C. Code Sections 44-34-10, *et seq.*, Tattooing

(b) Summary of Current Statutory Requirement:

This 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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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) Other Agencies Impacted:

- None

Health Regulation

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 South Carolina Department of Labor, Licensing and Regulation.

(c) Recommendation and Rationale for Recommendation:

Recommended change for consistency with current science, terminology, and/or practices.

- 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.
- DHEC 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) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation

Health Regulation

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:
This 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- Change wording of Section 44-61-20(16) 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
 - Further modify the definition of “Investigative Review Committee” in Section 44-61-20(16) 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.
- (d) 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:
This 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial and/or Fee Structure)
- Add new statutory provisions authorizing the Department to become a member of the EMS Compact with other EMS Compact states.
 - Becoming a member of the EMS Compact would allow for cross-border practicing when the licensee meets South Carolina standards for licensure, facilitate the day-to-day movement of EMS personnel across state boundaries, and 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) Other Agencies Impacted:
- None

Health Regulation

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- 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
 - Increase the amount of annual fees DHEC is authorized to retain for use in the administration of the tanning equipment program. This will allow DHEC to fully fund staff to perform all of the job duties associated with the tanning program.

(d) Other Agencies Impacted:

- None

Health Regulation

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

To help improve drug inspections and create efficiencies in the scheduling of controlled substances, DHEC 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 South Carolina 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.

Health Regulation

- 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.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation
- South Carolina Law Enforcement Division
- South Carolina Department of Mental Health
- South Carolina Attorney General's Office

Health Regulation

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

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; and
 - Clarify the term ‘good faith’ as used in this section to be based upon a valid patient-practitioner relationship.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation
- South Carolina Law Enforcement Division
- South Carolina Attorney General’s Office

(e) Notes:

DHEC had recommended amending the violations and penalties section of the Act to include violations for persons who are not authorized to have the prescription monitoring program (PMP) information, so that all persons improperly accessing the PMP database can be subject to penalties for violation of the Act. However, **this recommendation is addressed in the amended PMP law that became effective last month**. Previously, this section of the Act allowed only authorized persons to be prosecuted and there was no basis for penalizing any unauthorized persons.

Health Regulation

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:

Miscellaneous Change

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.
 - Statewide need for new nursing home beds as calculated pursuant to the CON Program is not being met.
 - 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.

(d) Other Agencies Impacted:

- South Carolina Department of Health and Human Services

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:
Recommended change for consistency with current science, terminology and/or practices.
- Updates, revisions, and clarifications are needed to:
 - Clarify terminology;
 - Recognize the transition to an electronic system;
 - Remove obsolete references;
 - Clarify treatment of sealed records and paternity acknowledgments; and
 - Reflect changes to DHEC's organization since the statute was written.
- (d) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency's gap analysis

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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.
 - The 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) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency's gap analysis

Vital Statistics, continued

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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) 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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- 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 DHEC does not need to be a party to the paternity action, even in South Carolina.

Public Health

- Clarify whether pre-birth orders in surrogacy cases are effective to determine parentage for purposes of birth registration.

(d) 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial and/or Fee Structure)

- 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) Other Agencies Impacted:

- None

Public Health

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:
Recommended change for consistency with current science, terminology and/or practices.
 - 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) 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:

Recommended change for consistency with current science, terminology and/or practices.

- 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. The current language requires the Community Oral Health Coordinator to serve only school-aged children in the designated counties.

(d) 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:

Recommended change for consistency with current science, terminology, and/or practices.

- 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.
- To ensure that these services are being properly implemented, DHEC recommends adding to Title 44 a 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.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation

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:
Recommended change for consistency with current science, terminology, and/or practices.
- DHEC recommends that:
 - References to reporting to county health departments be eliminated; and
 - Reporting be made to DHEC by the attending physician within the timeframe and in the form and manner as the Department directs.
- (d) 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:
Recommended change for consistency with current science, terminology, and/or practices.
- Add the term “sexually transmitted infections” to the title and language of the section, to update the statute with current nomenclature in the field. This language is more inclusive and supports the Department’s duties to investigate and prevent the spread of certain infectious and contagious diseases.
- (d) Other Agencies Impacted:
- None

Contagious and Infectious Diseases, continued

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:
Recommended change for consistency with current science, terminology, and/or practices.
- DHEC 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) 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:
Recommended change for consistency with current science, terminology, and/or practices.
- Bring the statute up to date with the current nomenclature in the field by:
 - Modifying the statutory title to replace the phrase "venereal disease" with the phrase "sexually transmitted disease and sexually transmitted infection."
 - In the body of the statute, adding the phrase "sexually transmitted infection" in each instance the phrase "STD" is used alone.
- (d) Other Agencies Impacted:
- None

Contagious and Infectious Diseases, continued

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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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.
 - 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) Other Agencies Impacted:
- South Carolina Department of Corrections
 - County Jails
- (e) Notes:
- Identified in the agency’s gap analysis

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:
Recommended change for consistency with current science, terminology, and/or practices.
- DHEC 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.
 - Change the misspelled word “counselling” to “counseling.”
- (d) Other Agencies Impacted:
- None

Contagious and Infectious Diseases, continued

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC 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.
- (d) 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:
Recommended change for consistency with current science, terminology, and/or practices.
 - 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) Other Agencies Impacted:
 - South Carolina Department of Education
 - Individual School Districts

Contagious and Infectious Diseases, continued

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:
Changes due to Insufficient Funding
- 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.
 - These provisions are not currently funded. The Department has not dispensed these products, nor received requests for them, in many years.
- (d) Other Agencies Impacted:
- None
- (e) Notes:
- Identified in the agency's gap analysis

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:
Recommended change for consistency with current science, terminology, and/or practices.
 - DHEC recommends removing the requirement for indefinite retention of blood specimens, which is consistent with a long-standing proviso (2016-17 Budget Proviso 34.37). There is no clinical or scientific reason for DHEC to maintain long-term possession of these blood samples, nor does DHEC have the ability or capacity to store them in freezers indefinitely.
- (d) Other Agencies Impacted:
 - Medical facilities and practitioners who perform testing

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:
Recommended change for consistency with current science, terminology, and/or practices.
- 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, including deleting any reference to a "chief administrative officer" as those individuals are no longer involved in disease reporting.
- (d) Other Agencies Impacted:
- None

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:
Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)
- Amend the statute to clarify the county in which a petition must be filed in probate court for an individual being detained. The Department recommends that the petition be filed in the county where the individual is being detained.
- (d) Other Agencies Impacted:
- Probate Courts

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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify the "Emergency Health Powers Act," S.C. Code 44-4-100, et. seq. to add the following conditions in the definition of a "Qualifying health condition":
 - A man-made disaster widely affecting public health or the environment;
 - A nuclear attack or accident;
 - A chemical attack or release; and
 - An act of terrorism or bioterrorism affecting public health or the environment.
- This Act 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. These additions are necessary to ensure the State can respond fully to these events.

(d) Other Agencies Impacted:

- South Carolina 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:

The 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:

Changes to Improve Efficiency (Operational, Regulatory, Judicial, and/or Fee Structure)

- Modify the following sections:
 - § 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; and
 - § 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.

(d) Other Agencies Impacted:

- South Carolina Department of Labor, Licensing and Regulation – Professional licensing boards may be involved in oversight of HBV-infected professionals who perform certain exposure-prone procedures.

(e) Notes:

- Portions are identified in the agency’s gap analysis

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:
Changes due to Insufficient Funding
 - Repeal the statute. The General Assembly has not appropriated funds for many years.
- (d) Other Agencies Impacted:
 - None
- (e) Notes:
 - Identified in the agency’s gap analysis

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:
Changes due to Insufficient Funding
 - 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) Other Agencies Impacted:
 - None
- (e) Notes:
 - Identified in the agency's gap analysis

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:

Miscellaneous Changes

- 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," which is a neutral and intuitive place to house the Act, regardless of which agency is designated the lead agency.

(d) Other Agencies Impacted:

- Leaving the Act intact, but moving it to another location, should not impact any other agency.

CONTACT INFORMATION

Committee Contact Information

Physical:

South Carolina House of Representatives
Legislative Oversight Committee
1105 Pendleton Street, Blatt Building Room 228

Mailing:

Post Office Box 11867
Columbia, South Carolina 29211

Telephone: 803-212-6810

Online:

You may visit the South Carolina General Assembly Home Page (<http://www.scstatehouse.gov>) and click on "Citizens' Interest" then click on "House Legislative Oversight Committee Postings and Reports". This will list the information posted online for the committee; click on the information you would like to review. Also, a direct link to committee information is <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php>.

Agency Contact Information

Physical:

Department of Health and Environmental
Control
2600 Bull Street
Columbia, SC 29201

Telephone: 803-898-DHEC (3432)

Online: <http://www.scdhec.gov/>

ENDNOTES

¹ Figure 1 is compiled from information in the Department of Department of Health and Environmental Control (DHEC) study materials available online under “Citizens’ Interest,” under “House Legislative Oversight Committee Postings and Reports,” and then under “Health and Environmental Control, Department of”
<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyPHPFiles/DHEC.php> (accessed May 25, 2017).

² SC Code of Laws, §2-2-20(C).

³ SC House of Representatives, House Legislative Oversight Committee, “July 19, 2017 Meeting Minutes,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Meetings,” (minutes will be posted after approval). Hereinafter, “July 19, 2017 Meeting Minutes.”

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Jennifer Read, Department of Health and Environmental Control Chief of Staff, email message to Carmen JM Simon, Research Analyst/Auditor of House Legislative Oversight Committee, September 1, 2017. Hereinafter, “September 1, 2017 email message.”

¹⁵ July 19, 2017 Meeting Minutes.

¹⁶ SC House of Representatives, House Legislative Oversight Committee, “Agency PER (August 24, 2016),” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Oversight Reports and Studies,”

http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Program%20Evaluation%20Report%208_24_16.PDF (accessed August 31, 2017). Hereinafter, “Agency PER.”

¹⁷ Act 3052 of 1848, Section IV.

¹⁸ South Carolina Medical Association Voice of One. Power of Many. (n.d.). Retrieved July 26, 2016, from <https://www.scmedical.org/content/history>. Notably, there are several dozen members at the time of the State Board of Health’s founding.

¹⁹ Act 610 of 1878.

²⁰ Act 610 of 1878, Sections III, VI and VIII.

²¹ Act 610 of 1878, Section V and IX.

²² 1952 SC Code of Laws §32-8.

²³ Act 873 of 1950. Members of the Water Pollution Control Authority include: One member who represents the Cotton Manufacturers’ Association of South Carolina; one member who represents the Pulp and Paper Industry; one member who represents the South Carolina Wildlife Federation; one member of the Municipal Association of South Carolina; one member who is a farmer; two members who represent who the Department of Labor; two members of the Executive Committee of the State Board of Health; and the State Health Officer.

²⁴ D. Mullin, email message to Taylor Smith, Law Clerk to House Legislative Oversight Committee, July 27, 2016.

²⁵ Act 390 of 1973.

²⁶ Act 390 of 1973, Section V.

²⁷ Act 390 of 1973, Section I.

²⁸ Act 390 of 1973, Section III. Act 181 of 1993, Section MXXXI.

²⁹ Act 610 of 1878, Section II

³⁰ Act 873 of 1950, Sections I and II.

³¹ Act 390 of 1973.

³² Agency PER.

³³ Ibid.

³⁴ SC Secretary of State, under “Search South Carolina State Boards and Commissions.” http://search.scsos.com/boards_commissions/default.aspx (accessed August 28, 2017).

³⁵ SC Code §44-1-40 through §44-1-80.

³⁶ Agency PER.

³⁷ Ibid.

³⁸ SC House of Representatives, House Legislative Oversight Committee, “Organizational Chart (August 5, 2017),” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Organization Chart,” http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Structure&Laws%20-%20Org%20Charts%20&%20Employees/Organizational%20Chart%208_5_17.PDF (Accessed September 1, 2017).

³⁹ The agency’s internal audit staff include: Joel Griggs, CIA, CFE- Director of Internal Audit; Cynthia Rumph, CIA, CGAP - Audit Manager I; Kim Simons-Auditor IV; and Karen Canon - Administrative support.

⁴⁰ Agency PER.

⁴¹ SC Code of Laws §44-1-110.

⁴² SC House of Representatives, House Legislative Oversight Committee, “2015-2016 Agency Accountability Report,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Oversight Reports and Studies,” <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Reports%20&%20Audits%20-%20Reports%20and%20Reviews/Accountability%20Report%20-%202015-2016.pdf> (accessed August 31, 2017). Hereinafter, “2015-2016 Agency Accountability Report.”

⁴³ Ibid.

⁴⁴ Agency PER.

⁴⁵ Ibid.

⁴⁶ Table 10 information is compiled from the following sources: Authorized - Review of General Appropriations Acts from fiscal year 2011-12 through fiscal year 2015-2016 which are available on the General Assembly’s website under “Legislation,” and under “Budget Bills,” <http://www.scstatehouse.gov/budget.php> (last accessed August 31, 2017); Filled - Charts produced through the South Carolina Enterprise Information System by the South Carolina Department of Administration’s Division of State Human Resources.

⁴⁷ Table 11 information is compiled from a review of documents provided during and after an interview of Les Boles at the South Carolina Revenue and Fiscal Affairs Office. Les Boles, interviewed by Charles Appleby, June 2015 and February 2016.

⁴⁸ 2015-16 Agency Accountability Report.

⁴⁹ Agency PER.

⁵⁰ Ibid.

⁵¹ 2015-2016 Agency Accountability Report.

⁵² Agency PER.

⁵³ 2015-2016 Agency Accountability Report.

⁵⁴ Agency PER.

⁵⁵ 2015-2016 Agency Accountability Report.

⁵⁶ Agency PER.

⁵⁷ 2015-2016 Agency Accountability Report.

⁵⁸ SC Code of Laws, §2-2-10(1).

⁵⁹ SC House of Representatives, House Legislative Oversight Committee, “January 28, 2016 Meeting Minutes,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Meetings,” <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/FullCommitteeMinutes/January282016.pdf>. A video of the meeting is available at <http://www.scstatehouse.gov/video/videofeed.php>.

⁶⁰ SC House of representatives, House Legislative Oversight Committee, “Subcommittees -2017,” and “Subcommittees-2016,” both under “Committee Information,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Committee Information,” <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/Subcommittee%20Assignments%20-%202017.pdf> (accessed May 24, 2017) and <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/S1.pdf> (accessed August 31, 2017). Hereinafter, “Subcommittees-2017” and “Subcommittees-2016.”

⁶¹ Subcommittees-2017.

⁶² Subcommittees-2016 and Subcommittees-2017.

⁶³ Ibid.

⁶⁴ SC Code of Laws §1-30-10.

⁶⁵ SC House of Representatives, House Legislative Oversight Committee, “2015 - Agency ARR and Seven-Year Plan (March 11, 2015)” and “2016 - Agency ARR (January 12, 2016),” both under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Oversight Reports and Studies,” <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2015AgencyRestructuringandSevenYearPlanReports/2015%20Department%20of%20Health%20and%20Environmental%20Control.pdf> (accessed May 25, 2017) and <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2016%20ARR/2016%20ARR%20-%20Extension%20-%20DHEC.PDF> (accessed May 25, 2017). Hereinafter, “2015-Agency ARR and Seven-Year Plan” and “2016 - Agency ARR.”

⁶⁶ 2015-16 Agency Accountability Report.

⁶⁷ SC Code of Laws §1-30-10.

⁶⁸ 2016 - Agency ARR.

⁶⁹ SC Code of Laws §2-2-50.

⁷⁰ SC House of Representatives, House Legislative Oversight Committee, “Program Evaluation Report Guidelines (May 16, 2016)” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Oversight Reports and Studies,” [http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2016%20Program%20Evaluation%20Reports%20Guidelines/PER%20Guidelines%20\(May%2016,%202016\)%20-%20DHEC.PDF](http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/2016%20Program%20Evaluation%20Reports%20Guidelines/PER%20Guidelines%20(May%2016,%202016)%20-%20DHEC.PDF) (accessed May 24, 2017).

⁷¹ Agency PER.

⁷² A brochure about the House Legislative Oversight’s Committee process is available online. Also, there are ongoing opportunities to request notification when meetings are scheduled and to provide feedback about state agencies under study that can be found online.

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/Brochure%205.18.17.pdf> (accessed August 10, 2017).

⁷³ SC House of Representatives, House Legislative Oversight Committee.

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php> (accessed July 10, 2017).

⁷⁴ SC House of Representatives, House Legislative Oversight Committee, “Results of Survey of Department of Agriculture; Department of Health and Environmental Control; Law Enforcement Training Council and Criminal Justice Academy; Department of Archives and History; and Retirement System Investment Commission (May 1 - 31, 2016)” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” and under “Public Survey & Public Input via LOC webpage” <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SurveysforAllAgencies/Results%20of%20Survey%20of%20Dept.%20of%20Agric.;%20DHEC;%20CJA;%20Archives%20and%20History;%20and%20RSIC.PDF> (accessed May 24, 2017). Hereinafter, “Results of May 2016 Survey.” The survey is closed. Hereinafter, “Department of Agriculture, Law Enforcement Training Council and Criminal Justice Academy, Department of Archives and History, and Retirement System Investment Commission.”

⁷⁵ SC House of Representatives, House Legislative Oversight Committee, “Press Release announcing Public Survey (April 29, 2016)” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” and under “Public Survey & Public Input via LOC webpage” [http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Press%20Release%20announcing%20Public%20Survey%20\(April%2029,%202016\).pdf](http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Press%20Release%20announcing%20Public%20Survey%20(April%2029,%202016).pdf) (accessed May 25, 2017).

⁷⁶ In addition to DHEC, the public survey solicited input on the Department of Agriculture, Law Enforcement Training Council and Criminal Justice Academy, Department of Archives and History, and Retirement System Investment Commission.

⁷⁷ Standard practice 10.4.

⁷⁸ SC House of Representatives, House Legislative Oversight Committee, “Submit Public Input,” under “Committee Postings and Reports,” under “House Legislative Oversight Committee”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php> (accessed May 24, 2017).

⁷⁹ Ibid.

⁸⁰ Information in this section is compiled from the Results of May 2016 Survey. The survey is closed.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Committee Standard Practice 10.4.2 allows for the redaction of profanity.

⁸⁸ SC House of Representatives, House Legislative Oversight Committee, “Public Input (January 22, 2017)” and “Public Input (January 24, 2017)” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Public Survey & Public Input via LOC webpage,”

http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Public%20Input%201_22_17.PDF (accessed May 30, 2017) and

http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/Public%20Input%201_24_17.PDF (accessed August 31, 2017).

⁸⁹ SC House of Representatives, House Legislative Oversight Committee, “January 24, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/January242017Minutes.pdf> (accessed May 30, 2017). Hereinafter “January 24, 2017 - Meeting Minutes.”

⁹⁰ SC House of Representatives, House Legislative Oversight Committee, “January 28, 2016 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/FullCommitteeMinutes/January282016.pdf> (accessed May 30, 2017).

⁹¹ SC House of Representatives, House Legislative Oversight Committee, “April 27, 2016 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/April272016Minutes.pdf> (accessed August 31, 2017).

⁹² SC House of Representatives, House Legislative Oversight Committee, “January 24, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/January242017Minutes.pdf> (accessed August 31, 2017). Testimony is provided by the following: Mr. Doug Busbee, Mr. Hugo Krispyn, Mr. Tom Effinger, Mr. Ray Mansur, Ms. Babs Warner, Mr. Peter DeLorme, Ms. Grace Vance, Ms. Nilda Burke, Ms. Nancy Tomlinson, Mr. Lee Pearson, Mr. Joe Palmer, Ms. Megan Hicks, Mr. Joe Jones, Mr. John Durst, Mr. Gerald Rowe, Ms. Carolyn Barrett, Mr. Bruce Berret, and Mr. Charles Wingard.

⁹³ Members of the agency’s leadership team present at the meeting include: Dr. Lilian Peake, M.D. (Director of Health Services), Kevin Guion (Chief Operating Officer), Ms. Shelly Kelly (Director of Health Regulation), Ms. Myra Reece (Director of Environmental Affairs), Mr. Marcus Robinson (Chief Human Resources Officer), and Mr. David Wilson (Senior Director of Legislative Affairs).

⁹⁴ SC House of Representatives, House Legislative Oversight Committee, “February 9, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/February092017Minutes.pdf> (accessed August 31, 2017).

⁹⁵ SC House of Representatives, House Legislative Oversight Committee, “February 23, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/February232017Minutes.pdf> (accessed August 31, 2017).

⁹⁶ SC House of Representatives, House Legislative Oversight Committee, “March 23, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/March232017Minutes.pdf> (accessed August 31, 2017).

⁹⁷ SC House of Representatives, House Legislative Oversight Committee, “April 20, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/April202017Minutes.pdf> (accessed August 31, 2017).

⁹⁸ SC House of Representatives, House Legislative Oversight Committee, “May 9, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,”

<http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/May092017Minutes.pdf> (accessed August 31, 2017).

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- ⁹⁹ SC House of Representatives, House Legislative Oversight Committee, “June 20, 2017 - Meeting Minutes” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under the “Health and Environmental Control, Department of,” and under “Meeting Minutes,” <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/SubcommitteeMinutes/HealthcareSub/June%2020,%202017%20-%20Meeting%20Minutes%20DHEC.pdf> (accessed August 31, 2017). Hereinafter, “June 20, 2017 Meeting Minutes.”
- ¹⁰⁰ July 19, 2017 Meeting Minutes.
- ¹⁰¹ Committee Standard Practice 14.1.
- ¹⁰² Committee Standard Practice 14.2.
- ¹⁰³ DHEC Recommendation 2.3 also contains recommendations pertaining to the Solid Waste Emergency Fund. The Subcommittee adopted recommendation 2.3, with the exception of portions pertaining to the Solid Waste Emergency Fund.
- ¹⁰⁴ Act 63 of 1991.
- ¹⁰⁵ SC House of Representatives, House Legislative Oversight Committee, “Agency Law Change Recommendations (Updated June 20, 2017)” under “Committee Postings and Reports,” under “House Legislative Oversight Committee,” under “Health and Environmental Control, Department of,” under “Oversight Reports and Studies,” and under “Agency PER (August 24, 2016),” http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DHEC/DHEC%20Recommended%20Law%20Changes%20Updatd%206_20_17.pdf (accessed August 31, 2017). Hereinafter, “PER-Agency Law Change Recommendations.”
- ¹⁰⁶ United States Constitution Article I §8, cl. 3 (i.e., the Commerce Clause).
- ¹⁰⁷ *Ibid.*
- ¹⁰⁸ *Ibid.*
- ¹⁰⁹ *Ibid.*
- ¹¹⁰ 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).
- ¹¹¹ July 19, 2017 Meeting Minutes.
- ¹¹² June 20, 2017 Meeting Minutes.
- ¹¹³ PER-Agency Law Change Recommendations.
- ¹¹⁴ *Ibid.*
- ¹¹⁵ *Ibid.*
- ¹¹⁶ September 1, 2017, email message.
- ¹¹⁷ July 19, 2017 Meeting Minutes.
- ¹¹⁸ *Ibid.*

PHYLLIS HENDERSON
District No. 21-Greenville County
Post Office Box 27054
Greenville, SC 29616

Committees:

Labor, Commerce and Industry
Legislative Oversight
Joint Legislative Committee to
Screen Candidates for College and
University Boards of Trustees



House of Representatives
State of South Carolina

522-B Blatt Building
Columbia, SC 29201

Tel. (803) 212-6883
Cell (864) 423-3149
phyllishenderson@schouse.gov

Majority Whip

**Statement of Representative Phyllis Henderson for the Subcommittee Study of the
Department of Health and Environmental Control**

RE: Healthcare and Regulatory Subcommittee Study of the Department of Health and
Environmental Control

Recommendations with respect to the Narcotics and Controlled Substances Act and the
South Carolina Prescription Monitoring Act

While I supported the subcommittee recommendation to accept for information only the
agency's recommendations with respect to changes in the Narcotics and Controlled
Substances Act, I agree that many changes need to be made and that those changes need
additional study. I will be meeting with DHEC staff over the next few months to go over
their recommendations in greater detail and work on a bill for prefilming in December.

Likewise, the agency recommended amending the South Carolina Prescription Monitoring Act
by adding Schedule V controlled substances. While I am very supportive of efforts to
control the abuse of prescription drugs in South Carolina, I believe this addition requires
further study before any changes are recommended by this subcommittee.

The Honorable Phyllis J. Henderson
Subcommittee Chair