South Carolina Department of Health and Environmental Control

FY 2006 – 2007 Annual Accountability Report

September 2007

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South Carolina Department of Health
and Environmental Control

Accountability Report Transmittal Form

Agency Name: Department of Health and Environmental Control

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Transmittal Form

Section I — Executive Summary

The Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state. The department is charged with the protection of public health and the environment and carries out its duties pursuant to numerous statutes including, but not limited to the: Emergency Health Powers Act, Pollution Control Act, Safe Drinking Water Act, Hazardous Waste Management Act, Solid Waste Policy and Management Act, Beachfront Management Act, Contagious and Infectious Diseases Act, State Certification of Need and Health Facility Licensure Act, and Vital Statistics Act. The agency is organized to serve the public under four broad areas:

- Environmental Quality Control (EQC),
- Health Services (HS),
- Health Regulations (HR) and
- Ocean and Coastal Resource Management (OCRM).

I.1

Mission
We promote and protect the health of the public and the environment.
Vision
Healthy people living in healthy communities
Values
Customer Service
Excellence in Government
Use of Applied Scientific Knowledge for Decision-Making
Local Solutions to Local Problems
Cultural Competence
Teamwork
Our Employees

The agency performs this mission in a time of change in the health services arena; amid unprecedented state growth that stresses the viability of our environment and the quality of our land, air and water; changing demographics resulting in greater ethnic diversity and an expanding population of retirees; with several years of state and federal budget cuts and with added responsibilities for emergency preparedness, including homeland security and pandemic influenza preparation.

I.2 Major Achievements from the Past Year: The following list briefly describes major achievements from the past year. For additional accomplishments, see the *Healthy People Living in Healthy Communities Report* at: http://www.scdhec.gov.

(A) Emergency Response and Preparation:
Tuberculosis Responses: Forty-eight individuals with South Carolina connections were exposed to Extensively Drug Resistant Tuberculosis (XDR TB) on an airplane. Health department staff responded by screening those individuals who presented to the health departments to self-report exposure. Follow-up screening will be performed later. In addition, a person connected with Clemson University was diagnosed with TB. Contact investigation was conducted in concert with the student health center, focusing on summer and spring classes. Of the 173 contacts identified, 116 have been tested. No cases have been identified. Another individual employed in an upstate chicken processing plant was also diagnosed with TB. A total of 286 contacts were identified from the plant and social settings. No additional cases were identified, but 115 of the employees were TST positive and placed on preventive therapy. The work population is largely foreign-born from countries where TB is endemic. [See III.7.1.24.]

Response to Outbreaks/Epidemiologic Investigations: Outbreak Response Teams in DHEC's regions and central office responded to 93 disease outbreaks in 2006, affecting more than 2,600 individuals. The most common outbreaks were norovirus, chicken pox, pertussis, salmonella and influenza.

Public Health and Hospital Emergency Preparedness Programs: DHEC has established strategic leadership and direction for improving public health emergency preparedness. Specific accomplishments include: updating hurricane response plans, including health care facility evacuation plans; updating and expanding pandemic influenza planning; improving interstate mutual assistance for health and medical services; continued integrated emergency planning efforts with state and local governments and the Catawba Indian nation; improved disease reporting, investigation and outbreak response; increased state public health laboratory testing capabilities; improved rapid communication network for disease reporting (Carolina Health Electronic Surveillance System) and health alerts (REACH-South Carolina Health Alert Network); expanded volunteer coordination efforts, including the South Carolina SERV registry for health professionals; and participation in state and regional Counter-Terrorism Coordinating Council initiatives.

Environmental Emergency Response: The agency's environmental Emergency Response Unit documented 131 hazardous material spills, 583 oil spills and 200 spills classified as other; documented 68 fish kills; participated in 16 chemical/oil/disaster/WMD exercises and documented 1,054 calls into the environmental 24-hour emergency response phone number.

(B) Response to Chronic and Emerging Challenges that Affect Quality of Life:

Mammography Certification: There are currently 113 certified mammography facilities in South Carolina. Recently, the agency became the third state to receive certifying authority from the Food & Drug Administration (FDA) for mammography facilities. Authority as a certifying body enhanced customer service by requiring these facilities to comply with only one set of regulations and interface with only one regulatory body for operations at its facility. In addition, the certifying process became less expensive for facilities, since fees charged by the agency are less than those assessed by the FDA.

Childhood Obesity Prevention: In 2006, DHEC's Bureau of Community Health and Chronic Disease Prevention received a two-year grant from the BlueCross BlueShield of South Carolina Foundation to support the Color Me Healthy (CMH) curriculum. A direct result of this expansion has been increased visibility and acceptance of CMH as a promising intervention tool for the state's preschool children. Approximately 14,300 preschool age children have been touched by CMH specifically from the support of the foundation grant. South Carolina's implementation of CMH has resulted in a feature article on the homepage of the Centers for Disease Control and Prevention Website and in the Blue Cross Blue Shield of South Carolina Foundation's Annual Report. The program also received the Governor and First Lady's Healthy South Carolina Challenge Award in the category of State-wide Education Initiative.

The Hospital Infections Disclosure Act (HIDA): Following the passage of the Hospital Infections Disclosure Act (HIDA), DHEC initiated the following actions necessary to implement the requirements of the act: 1) established the HIDA Advisory Committee; 2) oriented the committee to hospital infections reporting issues; 3) reviewed options for a data system; 4) selected the CDC's National Health Care Safety Network (NHSN) as the data base for reporting; 5) notified acute care hospitals of reporting and training requirements; 6) established a HIDA training subcommittee and provided three NHSN training sessions for hospital staff, in collaboration with the South Carolina Hospital Association and the Palmetto Chapter,

Association of Professionals in Infection Control (APIC); 7) participated in the CDC NHSN User Group conference calls; 8) established a data validation sub-committee to pilot and evaluate the use of data for validation from the state Office of Research and Statistics and the Greenville Hospital Systems; and 9) collaborated with APIC to complete a survey of hospitals on infection control processes and resources.

(C) Environmental and Coastal Protection and Links to Economic Prosperity:

Permit stakeholders' meetings: DHEC held a series of public stakeholder meetings in high growth areas of South Carolina during the summer of 2007. The primary purpose was to listen to the regulated community's comments, concerns and suggestions about the agency's permitting process. In an effort to proactively address coastal growth issues in the Grand Strand area, staff facilitated meetings with a group of stakeholders from the Myrtle Beach development community to discuss development concerns and permitting authorities. DHEC has been developing a strategy to make the permitting process more streamlined, timely and user-friendly, and the stakeholder comments are an important part of the process.

Stormwater permitting: The new South Carolina General Permit for Stormwater Discharges from Large and Small Construction Activities became effective in September 2006. The agency had more than 800 attendees at several large forums conducted to provide information and receive feedback on the new permit. DHEC is also working with local governments to implement the MS4 (Municipal Separate Storm Sewer Systems) program for stormwater. More than 70 MS4 entities within urban areas have been identified across the state. MS4s are required to develop programs to address six minimum measures to help reduce polluted runoff and improve water quality of storm drain discharges.

Expedited Permit Review: In 2006, the Legislature passed a bill that allows DHEC to pilot expedited permitting review programs to permitees who want to apply for permit coverage. The Water Program has developed an expedited permitting process in three areas: stormwater permitting, water and sewer construction permitting, and the approval to place into operation water and sewer construction permits. The Air Quality Program is piloting an expedited permit review program for construction permit applications. Applications that do not request expedited review under these programs are reviewed with the normal regulatory timeframes on a first received, first reviewed basis. The expedited process is totally voluntary and is available to permittees who want to obtain permit coverage under shorter timeframes. The expedited review requires payment of an additional fee, which is used to support additional staffing. A measurement for participating in the program is DHEC receiving a complete and high level of technical quality permit application. If the pilot programs are successful, DHEC will seek changes to agency regulations to offer these programs permanently. [See III.7.1.8.]

Ozone Early Action Compacts: In March of 2004, 45 of the state's 46 counties submitted Early Action Plans identifying steps they would take toward ozone reduction in order to defer being labeled by EPA as having "non-attainment" status. Much emphasis has been placed on reducing emissions that create ground-level ozone. DHEC has now expanded outreach activities to also include particulate matter air pollutants of 2.5 microns or less (PM2.5). Local governments are being asked to be proactive, strengthen local measures and take action. Quality of life and economic development can suffer when an area is in non-attainment for air quality.

Mercury emissions: On March 15, 2005, the EPA finalized the "Standards of Performance for New and Existing Stationary Sources: Electric Utility Steam Generating Units" (the Clean Air Mercury Rule or CAMR). This rule reduces mercury (Hg) emissions from new and existing coal-fired electric utility steam generating units by capping Hg emissions at specified, nation-

wide levels. South Carolina developed an implementation plan for Hg emissions' reductions. This required a state rulemaking action to be followed by submittal to the EPA for review and approval. Throughout this process, staff met with stakeholders from the regulated industries and environmental groups to seek input in formulating this rule. The EPA allocates allowances, each equivalent to one ounce of Hg emissions, to the state, which in turn allocates them to coal-fired utilities. Utilities can trade, sell or bank allowances as needed. South Carolina has made the state's rule more stringent than the federal rule in that it will withhold 25 percent of allowances each year between 2010 and 2017, placing the allowances in a Public Health set-aside. Utilities can only access these allowances under certain circumstances. Unused allowances will be retired in 2024, thereby further reducing mercury emissions from coal-fired utilities in the state.

Wedgefield-Stateburg Water Issue: When it became obvious that the Wedgefield-Stateburg Water District public water system had contaminated wells, the agency stepped in to help citizens, many of whom did not have the financial means to purchase individual filter units for their homes. DHEC purchased filters and staff drove to Atlanta to pick them up to avoid delay, so that these citizens could have safe drinking water until a solution to the well contamination could be found. Staff distributed filters and demonstrated proper installation. Since that time, a second trip to Atlanta has been necessary and staff continues to provide personal assistance to these customers.

(D) Continued Formation of Partnerships:

Air Quality Particulate Matter Issues: Beginning in April of 2006, DHEC initiated discussions with industry stakeholders in Cayce, South Carolina to discuss elevated particulate matter (PM10) concentrations in their area. By working together on voluntary initiatives such as sweeping surrounding streets and using dust suppressants on facility property, DHEC and its stakeholders have been able to control PM10 emissions in a timely fashion. DHEC continues to work with local and statewide industries, governmental agencies and environmental groups to address PM issues. For example, DHEC is collaborating with stakeholders across the state, including Georgetown, to locate suitable sites for new or replacement air quality monitoring stations. Also, DHEC is closely working with stakeholders in Richland, Lexington and Aiken counties, along with adjacent counties in Georgia, to encourage stakeholders to commit to air quality issues, including PM2.5, by implementing early measures to maintain air quality and to avoid a nonattainment designation. Other projects are underway to address this air quality problem and protect public health. [See III.7.1.7.]

Marine Debris Removal Program: The agency continued its matching grant program with municipalities to remove prioritized abandoned vessels by partnering with the city of Georgetown on a $50,000 grant to remove seven vessels in the vicinity of Goat Island. DHEC initiated a marine debris educational campaign comprised of several complementary projects. *Newspapers in Education* is a partnership with South Carolina Sea Grant, the College of Charleston and the Post and Courier Newspaper that designed a state-standard curriculum supplement to be distributed with 250,000 general circulation newspapers as well as to more than 2,000 teachers and 40,000 students. Under funding received from the National Fish and Wildlife Foundation, staff partnered with the South Carolina Aquarium to produce and promote marine debris educational materials, augment a summer outreach program and distribute turtle excluder devices to recreational crabbers. A partnership with the South Carolina Department of Natural Resources expanded monofilament fishing line collection and recycling efforts, and a portion of the funds were used to implement a coast-wide radio public service announcement.

Stormwater Pond Research: To gain a broader understanding of stormwater ponds in state's coastal zone, DHEC partnered with the South Carolina Sea Grant Consortium in a stormwater ponds research initiative. As part of this initiative, staff conducted a baseline water quality study in a large number of ponds at least five years old throughout the coastal counties, and an efficiency study to evaluate pond effectiveness in retaining stormwater and reducing pollutant loadings. Staff will use this information to consider alternative designs for stormwater ponds and identify future research needs to improve coastal water quality.

South Carolina Cancer Alliance: DHEC was instrumental in obtaining coverage for colorectal cancer screening for Medicaid and state health plan recipients. Colorectal cancer screening is now covered by South Carolina Medicaid (45,000 persons aged 50 to 64) and the State Health Plan (95,000 persons aged 50 and above). Coverage for screening began August 2006 for Medicaid and January 2007 for the State Health Plan. DHEC was also involved with many colorectal cancer initiatives last year. A workgroup was formed through the South Carolina Cancer Alliance to specifically address colorectal cancer.

Power to End Stroke Initiative: The agency partnered with the American Heart Association and American Stroke Association to teach the signs and symptoms of stroke to more than 2,000 African-Americans state-wide by implementing the Power to End Stroke initiative in the state.

National Health Disparities Network: DHEC provided leadership in coordinating the establishment of the South Carolina Network for the Elimination of Health Disparities (SCN EHD), a statewide collaborative entity committed to strengthening the state's capacity to reduce and ultimately eliminate disparities in health. Initial member organizations include Claflin University; Clemson University; Medical University of South Carolina; DHEC; South Carolina State University; University of South Carolina and Voorhees College. A Memorandum of Agreement was established to foster a mutually beneficial partnership, build collaboration among the partners, and strengthen capabilities statewide to eliminate health disparities. Activities will include: creating an action plan to build on the recommendations of the State Health Improvement Plan for the Elimination of Health Disparities (SHIP-EHD); serving as the state's Health Advisory Council; advising the DHEC Commissioner on health disparities issues; identifying best and promising practices; establishing inter-institutional graduate degree and certification programs that focus on health disparities; creating a statewide health disparities research and dissemination agenda; and leveraging funding opportunities to address health disparities.

I.3 Key Strategic Goals*:* Perhaps the most important goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2005-2010 Strategic Plan has five long-term goals, 21 strategic goals and 88 objectives. View the Strategic Plan at http://www.scdhec.gov.

LONG TERM GOALS
1. Increase support to and involvement by communities in developing healthy and environmentally sound communities.
2. Improve the quality and years of healthy life for all.
3. Eliminate health disparities.
4. Protect, enhance and sustain environmental and coastal resources.
5. Improve organizational capacity and quality.

I.4 Opportunities and Barriers:

Response to Emergencies: Preparation for and recovery from natural and man-made disasters require staff resources, time and equipment to maintain a high level of readiness to protect and respond to citizens' needs. Public health workers and programs are a critical resource for meeting present and future threats. Nurses are needed to staff shelters and many agency staff are involved in response and recovery efforts. Homeland security and preparedness for pandemic influenza are national priorities. While federal funds for public health and hospital preparedness have been received, program requirements change annually and funding levels have decreased significantly. In addition, limited federal funding is available to address chemical and radiological emergencies. State funding is needed to support consistent public health preparedness measures. Stable state funding for disease control, trauma and emergency medical services programs is also a critical need.

Federal Budget Cuts: Congressional discussions do not appear promising for future funding of important public health initiatives. Significant funding cuts have occurred in the national Centers for Disease Control and Prevention programs such as the Public Health Preparedness and Response to Bioterrorism Grant and the Maternal and Child Health Block Grant and there is the continued risk that future cuts will take place as well. As the U.S. Environmental Protection Agency (EPA) develops new regulations, environmental protection becomes more complex and it also becomes more costly. Reductions in EPA funds have also been discussed. The National Oceanic and Atmospheric Administration and Centers for Medicare and Medicaid Services have also made substantial cuts in their funding. Cuts in these programs will have noticeable, adverse impacts on the agency's capacity to address public health and environmental threats and essential programs and services.

New Vaccine Recommendations: Vaccines are one of the great success stories in public health and are among the most cost-effective health interventions. An unprecedented number of new vaccines have been introduced in 2005 and 2006 and are now recommended by the national Centers for Disease Control and Prevention. For the first time, during 2005 and continuing throughout 2006 and into 2007, the federal section 317 funding did not receive sufficient funding to carry out its essential public health mission to complement the federal Vaccines for Children (VFC) Program funds. Thus, the number of state eligible, under-insured children and adolescents who could potentially receive a full series of recommended vaccines without charge continues to decline with each new vaccine or recommendation to broaden use of existing vaccines. Because these new vaccines are important additions to the immunization schedule and will prevent vaccine-preventable diseases in children and adolescents, state funds are needed to purchase these vaccines, so that under-insured children and adolescents throughout the state will have access to the vaccines in their medical home and public health clinics. [See III.7.1.21 & 22.]

ADAP (wait issue): A growing number of patients each year need HIV care and medication programs. In FY07, DHEC's AIDS Drug Assistance Program (ADAP) lacked funding to serve new applicants. South Carolina's ADAP had the largest wait list in the country, with more than 500 persons by April 2007. While the agency requested $5 million in state funds in FY08 to eliminate the wait list and received $3 million recurring and $1 million non-recurring funds, $2.4 million of recurring funds are still needed in FY09 to meet the ever growing need. Expanded testing will diagnose more patients and the new medications available will contribute to increased expenditures, projected to be at $20 million in FY08-09. [See III.7.1.25 & 26.]

Chronic Disease (Cancer, Heart Disease/Stroke and Diabetes): Because of the growing burden of chronic disease in South Carolina, the state spends increasing amounts on expensive treatments and medical care. Few resources are directed to address the risk factors for chronic disease - poor nutrition, lack of physical activity and tobacco use. The state spends disproportionately on medical care, instead of assuring access to the less-costly recommended screenings for cancer and disease management of diabetes, heart disease, hypertension and asthma. South Carolina lags behind other states in addressing the underlying causes of chronic disease - poverty, unemployment and lack of education, all of which are factors beyond DHEC's control. These factors increase both a significant health disparity and the burden of medical care costs. [See III.7.1.13-16.]

Ocean Resources: Interest in state ocean resources is increasing as evidenced by the passage of a joint resolution to determine the feasibility of natural gas exploration off the coast. Also being studied is the feasibility of using offshore wind power to generate commercially viable electricity. Large renourishment or sand mining projects and dredge material management issues are placing pressure on ocean resources, potentially leading to use conflicts. The agency needs to participate in the development of a statewide ocean management plan framework designed to gather accurate resource-related information and improve interagency coordination and guidance on policies governing ocean resource activities.

Coastal Development Pressures: As populations along the coast increase, development activities become more prevalent, placing even greater pressure on public resources and quality of life. From 2000 to 2006, the population in the eight coastal counties grew more than 12.5 percent. Increases in the number of permits to alter critical areas, escalating the demand for public access opportunities, and loss of traditional waterfront or working lands to residential uses are intensifying competing land and water uses in the coastal zone. Additionally, DHEC is faced with continuous pressures to allow special exceptions to its retreat policies which affect the ability of the agency to manage shoreline activities along the coast. Local governments and property owners have petitioned the state to move beachfront jurisdictional boundaries seaward of the current locations in order to allow new structures to be erected. Once new structures are established in this high-hazard area, there is a greater pressure to reinforce the shoreline through beach renourishment or other stabilization methods. Management of these issues requires a comprehensive understanding of the influence of various local, state and federal regulations. Adequate funding is imperative to continue to work with citizens, the regulated community and local governments in the development of collaborative coastal management plans to address these issues. [See III.7.1.9.]

Children's Rehabilitative Services (CRS) and BabyNet: Over the past 3-5 years, the cost of covered services for children with disabilities has increased, while funding has remained stable. During FY07, CRS expenditures for case services (for the purchase of medical services, drugs, medical supplies and durable medical equipment) exceeded available funding, and "reserves" built up over previous years were exhausted. FY08 expenditures for these purchases for children enrolled in CRS must be reduced by about one third, which will require changes in eligibility requirements, conditions covered and/or services and equipment provided to enrolled children.

In addition, current state and federal funding does not adequately cover personnel costs in the public health regions for staff providing BabyNet services to children and families. Regions are maximizing available resources, but struggle to provide required services in a timely manner per federal statute.

Certificate of Need (CON): The rapid development of medical technology and the increasing complexity of the review and appeal processes have adversely impacted the CON and Health Planning staff's ability to carry out their required functions in a timely manner. More staff time is being required for developing standards to insure that guidelines for emergent technology are implemented to direct the development of the health care system in South Carolina.

Trauma System: The South Carolina Trauma Care Act of 2004 established a means for state appropriated funding for the trauma system. In 2006 the state legislature began appropriating funds to the state's trauma system. The amount appropriated for FY08 is $4 million. While funding levels for the elements of the trauma system are currently being delineated by proviso, the annual funding formula for hospitals, physicians and EMS providers will be definitively established in trauma regulations that are currently being drafted. Currently, the state's trauma system is voluntary and continues to experience symptoms of failure, having lost the participation of several hospitals and physicians in recent years. South Carolina's hospitals with designated trauma centers have lost tens of millions of dollars in recent years due to their participation in the trauma system. The funding directed to hospitals and physicians will encourage continued participation in the system, but may be inadequate to affect the deficits incurred by hospitals and physicians in providing the resources necessary to maintain trauma center designation. [See III.7.1.10.]

Obesity: Diabetes, hypertension and other obesity-related chronic diseases that are prevalent among adults have now become more common in youngsters. The percentage of children and adolescents who are overweight and obese is now higher than ever before. Poor dietary habits and inactivity are reported to contribute to the increase of obesity in youth. South Carolina ranks fourth in the nation in obesity rates. Overweight and obesity rates have doubled and tripled nationally in children and adolescents. If current trends continue, it is anticipated that one out of every three children could develop Type 2 diabetes. Obesity takes a tremendous toll in terms of physical health, as well as psychological and economic impacts, but improving nutrition and physical activity patterns can significantly reduce the number of deaths due to chronic disease.

Infant Mortality: Infant death is considered the 'tip of the iceberg' in which children of families at risk experience suboptimal care, poor health outcomes and the possibility of lifelong disability. Some children die before their first birthday. South Carolina's rate of infant mortality is 48th among the 50 states (2004 data). It is imperative that the state continues to address the social, economic, educational, environmental and safety issues related to the tragedy of infant loss. [See III.7.17 &18.]

Air Issues: The Clean Air Act requires the EPA to review the latest scientific information affecting air quality standards every five years. In 2006, the EPA revised the air quality standards for particle pollution. The standards measure both a 24-hour and an annual level of exposure at differing levels of particle size. The EPA is also proposing lowering the ozone standard from the current required level of 0.08 parts per million. Ranges down to 0.06 parts per million are being considered. These lower levels will be more protective for human health, but the southeastern United States may find it difficult to stay in compliance with the proposed more stringent levels. The EPA will take a final action on the proposed ozone standard by March 12, 2008. [See III.7.1.7.]

Sustainable Water Supplies: The southeastern United States is beginning to observe the stresses of a rapidly growing population. The Pee Dee area and coastal counties of South Carolina have seen groundwater levels decline. Many of the state's rivers and lakes have experienced inadequate flows during dry periods. South Carolina has a groundwater use permitting and

reporting program and a surface water-use reporting program. Currently, legislation to establish a surface water permitting program has been introduced in the General Assembly. There is a need for a comprehensive water management program that includes authority to plan and manage all water resources of the state. The state also shares surface and groundwater resources with the neighboring states of North Carolina and Georgia. Recognizing the importance of this issue, in 2007, the General Assembly set aside $500,000 for DHEC to address water sustainability issues and interstate water cooperation. [See III.7.1.5 & 6.]

Staff Retention/Turnover/Vacancies: Funds for staff retention were approved in last year's Appropriations Act to help the agency fill and retain employees in critical positions such as nursing, nutrition, social work, information systems personnel and environmental engineers, scientists and managers. Additional funding remains a need to assure availability and sustainability of a competent work force, particularly in the high-demand, hard-to-fill positions for which current salary levels are well below the private sector, other southeastern states, and other state agencies. Lack of a competitive structure to replace staff and the growing percentage of experienced staff nearing retirement, further impact the agency's ability to carry out its mission in providing essential and mandated public health services.

I.5 How is the Accountability Report used? The report is distributed to the Board, the Executive Management Team (EMT), managers and supervisors and placed on the agency Web site for staff and the public to view. The report is used both internally and externally as a resource for communicating agency performance and achievements. Internally, the report is used in organizational assessment, performance management, performance improvement activities, and staff orientation, and as an agency resource. Externally, the report has been particularly useful in communicating agency performance and function to accrediting boards, community groups and state and local governments.

Section II — Organizational Profile

II.1 Main Products and Services, How Delivered and II.2 Key Customers: As the principal advisor to the state on public health and environmental protection, DHEC's key customers and stakeholders include all citizens of South Carolina. The agency's programs and services are targeted to the general public, the regulated community, local governments and other specific groups, according to health or environmental needs, age or economic status. Key services linked to major agency customer groups include the following:

Environmental Services - Permitting, planning, inspections, regulation, monitoring, outreach and education, compliance assistance, enforcement, investigations & emergency response – delivered by DHEC staff on-site and via website.

All S.C. citizens	Local & state governments
Business & industry	Contractors
Communities	Developers
Visitors and tourists	

Data, Information and Analysis - Delivered by staff via reports, Websites and linkages

All S.C. citizens	Media
General Assembly	Local & state government
Federal government	Radiological facilities
Nursing homes	Trauma system
Health care facilities	Families
Patients	Visitors and tourists

<u>Health Services</u> - Screenings, treatment, health education, prevention, emergency response, testing, chronic and infectious disease surveillance & investigation, and inspections – delivered by staff and partners

All S.C. citizens	Children with special needs
Restaurants	Communities
Under-served populations	Women, infants & children
Faith communities	Clients with TB, STD or HIV

II.3 Key Stakeholders:

S.C. citizens	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Agency staff	General Assembly	Providers of revenue
Providers of supplies & equipment	Associations & organizations	Providers of information & data

II.4 Key Suppliers and Partners:

S.C. citizens	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Faith community	Non profit organizations	Advocacy groups
Providers of supplies & equipment	General Assembly	Providers of revenue

II.5 Operation Locations: DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through eight health and environmental quality control regions and three coastal zone management offices.

II.6 Number of Employees: DHEC currently has 4,741 budgeted FTE positions. Of these, there are 4,170 employees in FTE positions with 656 FTE vacancies. The number of hourly, per-visit, temporary grant and contract positions varies daily. Approximately 600 additional employees fill positions in these categories.

II.7 Regulatory Environment: [See Executive Summary.]

II.8 Key Strategic Challenges:
- Work Force – critical staff recruitment and retention, training and professional development of agency workforce
- Financial – federal budget cuts, unfunded/under-funded mandates
- Operational – local planning for protecting and sustaining the environment, compatible data systems that link to each other and impacts affecting traditional partners in health care service delivery.

II.9 Performance Improvement Systems: Agency systems include Health Service's Performance Management System and working with the EPA on Performance Partnership Agreement. [See III.2.2.]

II.10 Organizational Structure: [See Addendum A.]

II.11 Expenditures/Appropriations Chart:

Major Budget Categories	05-06 Actual Expenditures		06-07 Actual Expenditures		07-08 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$179,182,680	$60,672,218	$173,993,886	$66,027,755	$199,080,003	$77,010,235
Other Operating	$115,112,298	$21,636,463	$122,985,397	$20,821,980	$183,746,061	$23,735,969
Special Items	$1,994,767	$1,807,605	$3,405,238	$2,364,613	$7,325,190	$6,262,589
Permanent Improvements	$4,003	$0	$0	$0	$0	$0
Case Services	$97,726,000	$7,232,080	$111,041,141	$8,295,756	$99,802,765	$12,272,778
Distributions to Subdivisions	$6,031,791	$1,726,109	$7,208,736	$1,566,394	$17,233,370	$1,583,164
Fringe Benefits	$51,005,560	$17,492,939	$50,443,502	$19,812,299	$60,609,847	$23,247,878
Non-recurring	$4,968,766	$4,967,300	$9,720,345	$9,720,345	$36,769,878	$36,269,878
Total*	**$456,025,865**	**$115,534,714**	**$478,798,245**	**$128,609,142**	**$604,567,114**	**$180,382,491**

* Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	05-06 Actual Expenditures	06-07 Actual Expenditures
Supplemental Bills	$4,967,300 (included above)	$8,862,957 (included above)
Capital Reserve Funds	$4,003 (included above)	
Bonds	$0	$0

Interim Budget Reductions

Total 05-06 Interim Budget Reduction	Total 06-07 Interim Budget Reduction
$0	$0

II.12 Major Program Areas Chart: [See Addendum B.]

Section III – Elements of the Malcolm Baldrige Criteria

III.1 Leadership

III.1.1 *How do senior leaders set, deploy and ensure two-way communication for: (a) Short and long-term direction and organizational priorities:* Commissioner Earl Hunter leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently if needed, to provide policy guidance and oversight, approve regulations, hear appeals and set direction for the agency. The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and the Board and to follow the Board's guidance and directives. The EMT is comprised of: Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs; Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Bob King, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Carolyn Boltin, Deputy Commissioner for Ocean and Coastal Resource Management; and Pam Dukes, Deputy Commissioner for Health Regulations.

(b) Performance expectations: The EMT functions as a cohesive team, meeting each week or more often, as needed to address agency performance, critical issues and strategic direction.

Both long- and short-term direction is established in the agency's five-year Strategic Plan. Each deputy area has a detailed operational plan, directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the four deputy area operational plans and are expected to be included in each staff member's Employee Performance and Development Plan (EPDP).

Performance expectations are routinely discussed at full staff meetings and are reiterated on the division level. Staff members are encouraged to provide input on organizational priorities and expectations in order to ensure that they have a vested interest in the priority areas established.

(c) Organizational values: The EMT expects agency personnel to abide by the seven organizational values, which are the agency's guiding principles. [See I.1.] Posters with the values and agency goals are displayed throughout the agency to reinforce these beliefs. A pocket card with the agency's mission, vision, values and goals is given to each employee. Values are components of the EPDP and are rated each year.

(d) Empowerment and innovation: Staff members are encouraged and supported in crafting innovative solutions to matters within the scope of agency policies and procedures. The agency maintains a DHEC Savings Web page where employees may enter suggestions for ways to increase efficiencies or save money. All ideas are evaluated, and ideas with measurable savings potential are implemented. Those ideas that need to become policy are referred to the Administrative Policy Issues Committee. Suggestions with substantial monetary savings may be recognized through the Employee Innovation Program. Staff members are one of the best sources to assist the agency identify better and more efficient ways to do business. The Employee Survey is offered every other year. [See III.5.7.]

(e) Organizational and employee learning: The EMT supports and encourages continuous employee learning. The agency participates in the Management Academy for Public Health, the Southeast Regional Public Health Leadership Institute, the Center for Public Health Preparedness and in both the Certified Public Manager program and the Executive Institute. [See III.5.3.]

(f) Ethical behavior: In collaboration with the University of South Carolina Institute for Public Service and Policy Research, training on ethics and public service for managers and staff is offered several times each year. Ethical behavior is an expectation of senior leaders and is further addressed in III.1.4.

III.1.2 *How do senior leaders establish and promote a focus on customers and other stakeholders?* Customer service has been a core agency value for many years. [See III.3 - Customer Focus.] This focus is established through example and training. Members of EMT have received training in customer service and have established customer service and cultural competency training as requirements for all staff. The agency has incorporated Basic Customer Service training into the required orientation for new employees and has implemented a one-day "Customer Service Excellence" course. This focus on customer service training is reflected in satisfaction with courtesy and attitude of DHEC staff in the 2006 Customer Service Survey. [See III.7.2.1- 4.]

Feedback from customers and stakeholders is routinely monitored and used to improve agency processes. Many of the agency's programs and services are built around community partnerships to ensure customer involvement in planning and delivery. Periodically, Board meetings are held at DHEC facilities in different regions of the state to increase public visibility and accessibility to the Board. The agency Internet site has been redesigned to give the public easier access to

information including the status of environmental regulations. [See I.2 - Major Achievements and III.3 - Customer Focus.]

Numerous publications such as *Healthy People Living in Healthy Communities* (http://www.scdhec.gov) are produced to inform citizens of South Carolina about the overall health of the population and the state of the environment. Many other documents and presentations by staff are provided to educate customers on a wide range of topics, from childhood immunization requirements for school to information on requirements for business and industry.

III.1.3 *How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operation, including associated risks?* Because customer service is a core agency value, the public is involved in many of the planning and assessment activities of agency programs. Assessments are done on many levels, and the information is used to make changes in processes, services and programs where possible. [See Section III.3 – Customer Focus.] Examples [See I.2 - Major Achievements.] of how the agency is utilizing public input to improve services and address issues of public concern include:

- DHEC staff conduct public forums to allow the public to comment on draft regulations. Numerous forums are advertised and held during the year to allow comment and an opportunity for questions from industry, businesses and citizens. All comments (written and oral) become a part of the official documentation for each regulation. Public comments must be considered by staff and the DHEC Board when preparing the final regulation and in determining its need and reasonableness.

- The agency is working with licensed health care facilities in the state to review and improve emergency evacuation planning. The purpose is to assure that plans are in place and that they adequately address evacuation issues to protect the patients and staff of the facility should an evacuation of the facility be required.

- The Underground Storage Tank Regulatory Compliance Division is faced with a number of new requirements that will significantly affect the program and its customers. From November 2006 through May 2007, staff organized and held ten stakeholder meetings in Greenville, Spartanburg, Myrtle Beach, Charleston and Columbia. The opportunity to provide input on how to best obtain compliance with the new federal requirements while minimizing impact to their businesses was greatly appreciated.

- Staff in the Radioactive & Infectious Waste Management Section invested a considerable amount of time educating the community in proper "sharps" disposal as well as coordinating with DHEC Health Services in developing more user-friendly literature for proper infectious waste management. Additionally, staff met with the nursing coordinators in the regional offices to discuss the requirements for infectious waste inspections.

- Environmental regional staff were actively involved in the community last year by attending and presenting information at various meetings including local Councils of Governments, Chamber of Commerce, environmental associations, planning commissions, council meetings, watershed advisory groups, local universities and schools and public meetings. Of special mention were outreach and customer service activities related to the contamination of public wells in the Town of Denmark, Bamberg County and the Wedgefield/Statesburg Water District in Sumter County. [See I.2 - Major Achievements page 4.]

III.1.4 *How do senior leaders maintain fiscal, legal and regulatory accountability?* Senior leadership adheres to established rules and standards involving personnel, management and procurement. The Administrative Policy Issues Committee representing all areas of the agency reviews and adopts new or revised agency policies. The DHEC policy manual is available on the agency intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. The senior leadership assures that the agency follows both the spirit and the letter of the Freedom of Information Act and the Ethics Act, as well as established professional standards. Many agency staff members are certified and/or licensed in particular professional areas such as law, nursing, engineering, geology, hydrology, social work, nutrition, registered sanitarians and

medicine. As such, they adhere to the respective ethical canons and demonstrate these high professional standards to colleagues and staff.

The agency is further accountable through internal and external audits (Legislative Audit Council, federal and other grant audits) [See III.7.3.7.] and control mechanisms, accreditations (CHAP-Community Health Accreditation Program), as well as to the Governor, the DHEC Board and the General Assembly. In addition, the agency introduced a fraud, waste or abuse hot line to report issues involving DHEC contracts, programs or personnel.

III.1.5 *What key performance measures are regularly reviewed by your senior leaders?* Senior leaders regularly review the overall performance of the agency and the state of health and the environment in South Carolina. [See III.7 - Results and the *Healthy People Living in Healthy Communities Report* at: http://www.scdhec.gov.] Each member of Executive Management Team (EMT) reviews additional performance measures related to his/her own area of responsibility on a routine basis.

This year, at the request of the Commissioner, the deputy areas began a series of monthly accountability reports to the EMT. Each of the deputy areas identified several key measurements from the Strategic Plan and presented status reports at regularly scheduled EMT meetings. This has given the EMT a chance to hear first hand from staff most familiar with a particular area, how the agency is performing and the opportunities and challenges that lie ahead. Both staff and the EMT have found these reports to be a productive and efficient way to keep senior management aware of agency performance. Critical measures reviewed this past year include:

Broad Goal #1: Increase support to and involvement by communities in developing healthy and environmentally sound communities.
- Food-borne disease, Public Health Preparedness and Response System, Septic Tanks & Trauma System
- Community water systems that are in full compliance with health based standards

Broad Goal #2: Improve the quality and years of healthy life for all.

Broad Goal #3: Reduce health disparities.
- Communicable Diseases: HIV/AIDS, Tuberculosis, STDs
- Healthy Lifestyles: Smoking, Nutrition, Physical Activity, Stroke/Cardiovascular Health, Diabetes & Injury
- Healthy Infants/Children: Birth Spacing/Unintendedness, Infant Mortality & Breastfeeding
- Immunizations: Senior Immunizations & Childhood Immunizations

Broad Goal #4: Protect, enhance and sustain environmental and coastal resources.
- Uncontrolled waste sites & and uncontrolled waste site cleanup actions
- Populations living in areas where all primary and secondary national ambient air quality standards are met
- Research community coordination for environmental management needs

Broad Goal #5: Improve organizational capacity and quality.
- Measuring the strategic goals under this broad goal is being piloted at the request of the Commissioner.

III.1.6 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness of management throughout the organization? How do their personal actions reflect a commitment to the organizational values?* Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.7.], focus groups, routine staff meetings, employee suggestion boxes and statewide video and audio meetings. The Commissioner uses video technology to host periodic statewide broadcasts to update staff on key budgetary, performance and policy issues. Staff receives an agenda prior to the broadcast and are encouraged to FAX or call in questions during these broadcasts. He has an open door policy for staff and routinely attends management/staff

meetings in the deputy areas. Both internal and external audits as well as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission and other federal agencies routinely provide the Board and EMT with information to improve organization performance.

III.1.7 *How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?* The EMT supports the succession planning and professional development programs in each of the deputy areas. The EMT is actively involved in these efforts in their respective deputy areas working with staff to identify potential personnel needs. They also work to ensure cross training and mentoring, and offer input, support and direction. In some cases, senior leaders have served as mentors. [See III.5.3.]

III.1.8 *How do senior leaders create an environment for performance improvement, accomplishment of strategic objectives and innovation?* In addition to the weekly EMT meetings, the Commissioner meets individually with each of the deputy commissioners bi-monthly to discuss more specifically performance issues of concern and changing conditions related to a particular deputy area that may affect accomplishment of agency goals and objectives. Senior leaders routinely meet with their respective staff at the deputy level to monitor performance, strategic direction and trends. In addition, senior level managers attend joint EMT meetings monthly where issues of concern are also communicated from the bureau level to senior leadership. [See III.1.1.]

The EQC deputy area is stepping up its accountability focus with training, presentations and manager conferences with the Deputy Commissioner to ensure that all management and staff are aware of EQC accountability requirements. A series of presentations on the Strategic Plan and its measurement requirements has been given to each EQC bureau and to both senior and frontline managers. This information also remains an important subject in the required EQC School training for all new staff. Because of this communication effort, all EQC staff are familiar with the DHEC Strategic Plan and its accountability requirements.

III.I.9 *How does senior leadership actively support and strengthen the communities in which our organization operates, and how do leaders and employees contribute to improving these communities?* Because of DHEC's mission, community involvement and volunteerism are supported and encouraged by management. Senior leaders serve on many national, state and local boards; are active in their communities, churches and schools; and encourage staff to do the same. In addition, leadership encourages local solutions to local problems through community partnerships and community-based organizational support.

Employees are often allowed time away from the job for civic and community involvement related to the mission of the agency and hold numerous agency fund-raisers to support health and environmental issues. These activities include; Harvest Food Bank, Seeds of Hope Farmers' Market Project, March of Dimes, United Negro College Fund, Boy and Girl Scouts, Urban League and walks or other fundraisers for various health related issues (breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff members volunteer after hours as firemen, constables and EMS personnel and with area schools in various capacities (at science fairs, presentations, Lunch Buddies and in school supply drives). This past year DHEC employees raised more than $7,295 for the March of Dimes (a 43.7 percent increase over last year), $57,278 for the United Way, $3,737 for the Heart Walk and $14,651 for Community Health Charities of South Carolina.

III.2 Strategic Planning

III.2.1 *What is your strategic planning process, including key participants and key process steps?* The Strategic Plan Council with members representing all agency deputy areas provides direction and oversight for the strategic planning process based on priorities set by EMT and the deputy areas. For the 2005-2010 Strategic Plan, EMT developed a framework for the planning process by reaffirming the agency's mission and vision and modifying the values, broad goals and strategic goals. Working with a consultant from the Office of Human Resources, Budget and Control Board, more than 30 focus groups of agency managers and supervisors were facilitated to provide input for the new plan. Agency employees could access focus group results through the intranet and provide feedback on the plan at the deputy level. Communities and customers are routinely engaged in dialogue about the indicators used, appropriateness of services, populations reached, or needed changes in strategy. [See III.3.2-4.]

How does the strategic planning process account for:
(a) Organizational strengths, weaknesses, opportunities and threats are addressed in Broad Goals 1-5 of the Strategic Plan and in the related strategic goals and objectives [See III.2.2.]. The Agency Implementation Recommendations developed as part of the strategic planning process by the Strategic Plan Council include #6 *"Create a mechanism for amending the Strategic Plan at the objective and measures level in order to be responsive to changing circumstances and the political and fiscal environment."* Items included in I.8 are related to the agency's core mission and are addressed in the Strategic Plan.

(b) Financial, regulatory, societal and other potential risks are addressed in the Strategic Goal- *"Improve the linkage between funding and agency strategic direction."* As the public health agency for the state, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency's efforts to achieve its goals and related objectives. Staff help identify the key strategies and objectives that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. The agency is continuing to evaluate ways to include resource estimates in the operational plans of organizational units. Some regions and programs have estimated resources in FTE equivalents and dollar amounts devoted to a given activity or strategy. Developing resource estimates is expected to inform and educate management about costs to administer the different programs, as well as to increase understanding of the roles and functions of the various staff under their supervision. [See (f) below.]

(c) Shifts in technology or the regulatory environment are addressed in the Strategic Goals: *"Provide reliable, valid and timely information for internal and external decision making"* and *"Ensure customer focus,"* and *"Improve operational efficiencies through the use of improved technology and facilities."*

(d) Human resource capabilities and needs are addressed in the Strategic Goal*: "Provide continuous development of a competent and diverse workforce."* [See III.5 – Work Force Focus.]

(e) Opportunities and barriers are addressed in a–d above in the Strategic Plan, the Measurement Plan and the Annual Accountability Report.

(f) Business continuity in emergencies is addressed in the Strategic Goal: *"Promote a coordinated, comprehensive public health preparedness response system for natural or man-made disasters or terrorist events.*

The DHEC Central Office Team in the Academy for Public Health Emergency Preparedness has worked to develop a Continuity of Operations Plan (COOP) for the agency. As a result of this work, the agency COOP will be integrated into DHEC policy and tools have been developed to assess agency personnel and operations. The next steps are to develop software programs to help conduct the assessments and to begin the implementation of the COOP.

(g) Ability to execute the strategic plan? The agency's ability to execute and measure the strategic plan is addressed in the Agency Implementation Recommendations developed as part of the strategic planning process by the Strategic Plan Council.

III.2.2 *How do you develop and track action plans that address your key strategic objectives?* The agency's Strategic Plan Council provides agency oversight on aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT receives periodic reports on progress measures of key objectives. Each deputy area monitors operational plans that are tied into the Strategic Plan. [See I.5.] Examples include:

- The Environmental Quality Control deputy area (EQC) is in the process of finalizing its current operational plan, which is closely aligned with the goals and objectives of the 2005 – 2010 Strategic Plan. The plan also coordinates with environmental priorities of EPA Region 4 as well as addresses specific South Carolina environmental priorities. The plan is an extension of four bureau operational plans and also contains elements of EQC's Performance Partnership Agreement proposal to the EPA, which would also allow more flexibility in the use of the funding received from EPA. The process would allow DHEC to place federal resources in areas that would provide the most environmental benefit to South Carolina.

- The Health Services (HS) deputy area piloted its performance management system with the monitoring of more than 250 measures applicable to the regions and state level. Improvement plans were also developed on many of the measures, based on the data. Experiences and feedback from the pilot has been used to redesign the performance management database, and the statewide web-based application. With this system HS will have performance data across the span of the following seven domains: Management Practices, Human Resources, Public Health Capacity, Data and Information Systems, Financial Systems, Customer Service and Health Status.

In addition, the Strategic Plan Council made the decision this past year to pilot utilizing the Health Services Performance Management System database for the agency Measurement Plan to monitor progress on achieving agency goals and objectives.

III.2.3 *How do you communicate and deploy your strategic objectives, action plans and performance measures?* The Commissioner introduced the 2005-2010 Strategic Plan during one of his regularly scheduled broadcasts. A card with the mission, vision, values and broad goals was distributed to each employee with paychecks. Posters with the same information have been placed in many buildings and departments statewide. "Bright Ideas," a tip sheet for managers and supervisors on how to promote and implement the plan with staff, was distributed. The plan and supporting information is available on the agency's intranet. An opening computer "flash screen" was piloted in EQC. As employees log in for the day, a ten second screen with the mission, vision, values and accompanying pictures flashes on the screen as a reminder to every employee.

The Strategic Plan is deployed internally via the deputy area plans and organizational unit operational plans. Operational objectives are included in the agency Employee Performance and Development Plan (EPDP). Action plans and performance measures are communicated to staff through the deputy areas. The Commissioner also provides periodic updates to employees through his agency-wide broadcasts.

For external customers, the Strategic Plan is available on the DHEC Web site and progress toward achieving strategic plan goals is highlighted each year in the publication *"Healthy People Living in Healthy Communities"* [See III.1.1, 5 and 6.] and the Annual Accountability Report which are also available on the agency Web site.

III.2.4 *How do you measure progress on your action plans?* Measures of key performance are aligned to the objectives in the Strategic Plan and the deputy area operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators in the agency's Measurement Plan. These objectives have been refined to include data source, baseline, frequency of measure, and staff responsibility. [See III.1.5 & 6 and III.2.2.]

III.2.5 *How do strategic objectives address strategic challenges identified in the organizational profile?* Human resources and financial challenges are addressed in Goal 5 and operational impacts are addressed in Goals 1-5 of the Strategic Plan. [See III.2.2.]

III.2.6 *How do you evaluate and improve your strategic planning process?* The Strategic Plan Council provides direction and oversight for the strategic planning process based on priorities set by EMT and the deputy areas. The Council provides an arena for discussion, deliberation and decision-making around the strategic planning process and its implementation within the agency. The Council serves the purpose of sharing information, evaluation, systematically addressing policy and other agency issues as they arise during the five-year course of the strategic plan.

III.2.7 View the DHEC 2005-2010 Strategic Plan at http://www.scdhec.gov.

III.3 Customer Focus

III.3.1 *How do you determine who your customers are and what are their key requirements?* DHEC's customers – all South Carolina citizens – are determined by virtue of the South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality and environmental data; national disease prevention agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building and problem solving activities with customers. [See I.2-Major Achievements, II.1 and III.3.2-3.]

III.3.2 *How do you keep your listening and learning methods current with changing customer/business needs and expectations?* Customer needs are gathered through both formal and informal listening and learning techniques and include: participation on interagency boards and committees; front-line staff and those working in the community sharing information learned in one-on-one contact with customers; suggestion boxes; satisfaction surveys; concern/compliment forms; and comment/feedback cards; more than 14 toll-free hot lines; public forums and focus groups; staff participation on councils and boards; interactive Web pages; participation in teleconferences; membership in professional organizations; and monitoring legislative activity.

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population for whom English is not the primary language. Effective translation services are available in all local offices, materials are produced in several languages and a Hispanic needs assessment has been completed. DHEC has an objective in the 2005-2010 Strategic Plan assuring that culturally and linguistically appropriate service policies are a part of each deputy area's operational plan.

III.3.3 *How do you use information from customers/stakeholders to keep services or programs relevant and provide for continuous improvement?* DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.2.1-4.] are reported to the Board, EMT and agency employees. Input from the various customer feedback mechanisms described in I.2, III.1.2-3 is reported to appropriate management teams for evaluation, follow-up and action. Through this continuous quality improvement process, policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders. Examples of these efforts include:

- In order to help determine how public participation can be enhanced, the EQC deputy area has asked attendees at the various public meetings to answer a survey. The survey seeks input on a range of issues including how understandable the information was, how can the noticing of the meeting be improved, and how public input can be made more effective in the process. Since January 2006, the survey has been handed out at 35 different meetings with a total attendance of about 1650 people. From that, 531 surveys have been returned. The results are being shared with each of the public participation workgroups in the Air, Land & Water programs in an effort to identify areas that can be improved upon and made more consistent, as well as areas that we are doing well already.

- A public meeting guide was developed and distributed to staff. The guide includes many public participation tips on holding an effective public meeting. Selected staff has also participated in a "train the trainer" workshop on public participation.

- The Bureau of Air Quality (BAQ) routinely holds stakeholder meetings during regulation development and state implementation plan process. Also, BAQ is being more proactive regarding issues of public concern, such as with permitting potentially controversial facilities, by scheduling public meetings and by seeking and contacting entities that might have concerns and communicating with them. An example is the public meeting held this summer concerning the proposed Santee Cooper power plant.

- The Bureau of Air Quality (BAQ) accepted a proposal from the South Carolina Chamber of Commerce, Environmental/Technical Committee to address streamlining of the air construction permitting process such that the time and resources needed for minor new construction projects or modifications to existing sources would be reduced. As a result of the Chamber's proposal, the BAQ created both an internal Streamlining Workgroup and a Permit Streamlining Stakeholders Workgroup (consisting of BAQ staff and representatives from environmental groups and the regulated community) to study ways to provide permitting staff and the regulated community with terminology, tools, and workshops to make the environmental permitting process more efficient.

- Stakeholders are included on the State Home Health Service Advisory Board.

III.3.4 *How do you measure customer/stakeholder satisfaction or dissatisfaction and use this information to improve?* DHEC has systematically measured customer satisfaction at a statewide level for the past eight years (1998-2006) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions; and accessibility. DHEC has a positive public image and, overall, South Carolinians are satisfied with the services. Consistently, DHEC has more than 92 percent satisfaction with courtesy and attitude of staff even with significant reductions in staff over the past few years. [See III.7.2.1-4.] Customer service is assessed at every level of the agency and in all customer groups.

For the third year, the public health regions conducted another customer service survey. During one week in April, county public health departments surveyed customers with whom they had contact. The total number of surveys received was 10,349 statewide. The results in 2006 were similar to those found in 2005. Overall satisfaction was very high. On a scale of 1-5 (5 being high), the average responses were in the 4.83 to 4.45 range. Wait time in clinics was the least

highest score, but even it was 4.45. Of customers responding, 98.3 percent said that they would recommend DHEC services to others.

III.3.5 *How do you build positive relationships with customers and stakeholders?*   A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach and technical assistance activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, local and state government groups, organizations and associations around the state.

Compliance assistance is part of DHEC's commitment to customer service and is provided as part of a continuum of activities that includes public education and outreach, permitting, compliance and enforcement. DHEC has renewed its emphasis on compliance assistance to help South Carolina's business, industry and government understand and meet their environmental obligations. DHEC partners with other assistance providers to develop and deliver compliance assistance to our customers. Examples [See 1.2 - Major Achievements.] of these efforts include:

- DHEC's compliance assistance Web page, known as "COMPASS," is designed to provide easy access to information on environmental regulatory requirements. Serving as a single point of entry for navigating the volumes of information available on DHEC's environmental Web pages, COMPASS is designed to provide better service to customers. It is particularly helpful in situations where customers need information but do not know where or how to find it (http://www.scdhec.gov/eqc/admin/html/Compass/compass.html).

- The Environmental Quality Control deputy area held three compliance assistance conferences for agency customers. One of these, co-sponsored by DHEC, the South Carolina Hospital Association, the South Carolina Sustainable Universities Initiative and the EPA, provided assistance and information to South Carolina hospitals. Other conferences focused on technical assistance to business and industry with information on a variety of topics including stormwater management and waste management. High attendance rates indicate that those holding DHEC permits want to operate safely to protect South Carolina's environment.

- The Bureau of Air Quality continues to provide technical assistance to the regulated community. Three training sessions were held to assist the regulated community in understanding the new permit streamlining regulations and two workshops were conducted to demonstrate new electronic reporting tools for emissions inventory data.   Also, site-specific checklists were provided to facilities to assist them in preparing test plans for submission to reduce mistakes and to expedite review and approval. In addition, the asbestos program is involved in the South Carolina Business One Stop (SCBOS) to introduce an online licensing process.

- With the large number of air quality area source rules being proposed and finalized by EPA, EQC's Small Business Environmental Assistance Program (SBEAP) has been working with the Bureau of Air Quality (BAQ) to provide rule specific permitting and compliance assistance to South Carolina for these sources. Area sources tend to be small businesses that have limited knowledge of environmental requirements. In conjunction with the permitting and air toxics programs in BAQ, the SBEAP will assist in the development of general and registration permits that cover a large number of facilities with similar permitting requirements. Utilizing this type of more general permitting maximizes program resources.

- A Director of Constituent and Legislative Services handles critical issues by providing a central point of contact, responding in a timely manner and identifying possible trends.

In addition, agency staffs make numerous presentations and develop educational materials, fact sheets, and educational bulletins for special interest and community groups, professional and academic organizations, local and state governments, schools, and business and industry.

III.4 Measurement, Analysis and Knowledge Management

III.4.1 *How do you decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?*   Goals and objectives, measures, operations, processes and systems support the

agency's mission and the strategic and operational plans. Past measures indicate which strategies work to achieve agency goals and those that need to be revised based on changing conditions. Progress is measured at the agency level and at the deputy level. [See III.2.4–6.] Measurements are prioritized to collect and analyze data necessary for decision making; to track and evaluate progress toward reaching objectives and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; supporting organizational capacity and quality including business and financial management support systems; and measurement of the strategic plan.

DHEC has developed a public health informatics approach to improve how the agency's business is conducted by leveraging data and information that are gathered, organized, managed and shared. The agency's "Public Health Informatics" committee provides guidance on future data systems and information services initiatives that relate to improving the agency's overall data and information efficiency. The committee worked to: design and develop a system network to integrate birth registry with various MCH and immunization registry systems; improve the agency's efficiency in public health surveillance; design and develop data connections between mortality and disease registry; enhance analytical and reporting functions for rare and reportable diseases; improve the agency's decision-making abilities during epidemic events; and receive a $600,000 grant award from Robert Wood Johnson Foundation to design and develop a state's chronic disease informatics network.

III.4.2 *How do you use data/information analysis to provide effective support for decision-making?* The complexity of DHEC mandates requires the use of numerous automated systems and processes to select and analyze data and information based on programmatic and scientific need to support decision-making. Suppliers, including federal, state and local governments, the regulated community, the health community and citizens identify performance levels each expect from the agency.

With the development and use of a common data model for internal agency systems (where data is shared and stored only once for use by any system), the agency has expanded the management use of the data through the use of decision cube technology. This feature allows users of agency systems to query information, create customized reports, examine and plot trends, and "data mine" across systems where data elements might be common to several program areas. This has led to better internal management with improved productivity tracking of staff as well as improved customer service.

A selected list of systems follows:

DATA SOURCES USED FOR DECISION MAKING	
DATA SYSTEM	**APPLICATION**
Enterprise Data Model	Integrates all administrative and clinical data
South Carolina Vital Record and Statistics Integrated Information System (SCVRSIIS)	South Carolina population based system for data collection, analysis and dissemination of vital statistics based health status
Health Alert Network	CDC link to respond to biological terrorist threats
Carolina Health Electronic Surveillance System (CHESS)	Manages surveillance systems for rapid response to threats
Central Cancer Registry	Statewide cancer surveillance; investigates cancer clusters
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits, and violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information	Studies impact of vital events, disease, etc. to develop effective approaches

DATA SOURCES USED FOR DECISION MAKING	
Systems	to improve health and environmental outcomes
Health Regulations Data Bases	Analyzes incident and accident reports for response
EMS Trauma	Certification of EMS providers
Internet Shelter System	Manages and staffs Red Cross shelters during disasters
Personnel Action Information System	Processes personnel actions
Data Extract for ORS	Studies data required by Office of Research and Statistics
National Violent Death Reporting System	Death information from multiple state sources to assist policymakers and communities in violence prevention
SCAN-GIS	Interactive retrieval system for public health information
TRAMS	Training management and course tracking system
Laboratory Information Management System (LIMS)	Support for ordering and reporting laboratory tests, data analysis and lab resource and management activities
Client Automated Record and Encounter System (CARES)	A client encounter and medical record tracking system to replace current clinical management systems utilizing the Agency Data Model
CBARS	Consolidated billing and accounts receivable system
AIMS	Administrative information management system

The above data systems allow the agency to integrate environmental, health and clinical operational data, which in turn, allows tracking of core health/environmental outcomes against agency and state objectives.

III.4.3 *What are your key measures, how do you review them, and how do you keep them current with organizational needs and direction?* [See III.1.5, Strategic Plan Chart–Addendum C and Results Section.]

III.4.4 *How do you select and use key comparative data and information to support operational and strategic decision-making and innovation?* As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the "state of the state's health and environment" is part of the agency's legislative mandate. Many results are benchmarked to national standards. The Healthy People 2010 Objectives set ten-year targets for health improvement based on the latest health-related research and scientific evidence. The U.S. Environmental Protection Agency Core Performance Measures establish goals for environmental protection efforts. The National Oceanic and Atmospheric Administration establishes national coastal management priorities through a series of five-year strategic plans prepared by each state's coastal management program. The Centers for Medicare and Medicaid Services provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies.

III.4.5 *How do you ensure data integrity, timeliness, accuracy, security and availability for decision-making?* DHEC develops data dissemination tools as well as links to national data systems to ensure data availability for decision-making. The agency has developed and implemented an Enterprise Data Model to house corporate data (administrative, financial, operational, personnel and clinic data) in a single data base design. This concept allows the systems developed under this database design to automatically propagate any changes within any of these systems to all other systems. To date, personnel and training systems utilize this single model concept, and the agency has developed and implemented Phase I of the clinic-based replacement system. The use of GUI (Graphical User Interface) tools for development (such as drop-down menus, pick lists and tables within the systems) enhance the quality of data entry. Data quality and integrity have further been enhanced with the various developments and deployments of major public health information systems such as the Carolina Health Electronic Surveillance System (CHESS), a component of the nationwide Centers for Disease Control and Prevention initiative to build public health capacity to respond to biological and chemical terrorism, emerging infections, and other public health threats; and the South Carolina Vital

Records and Statistics Integrated Information System (SCVRSIIS). The agency also uses both the Internet and intranet to provide access to reliable data and information.

The agency has developed SCAN-GIS (South Carolina Community Assessment Network). SCAN is an interactive, Web-based system that allows users to access public health data on-line and customize it to their specific needs. The user can further customize their queries and produce tables, charts, trend analyses and maps. Public access is allowed down to the ZIP code level. With password-protected access, further analyses are allowed by internal staff below the ZIP-code level.

DHEC's Quality Management System is the means by which DHEC implements the quality management process for ensuring the quality of all environmental data collection activities. The EQC State Quality Assurance Management Office oversees the implementation of EQC's Quality Assurance Management Plan so that all environmental data generated, processed or used will be scientifically valid, defensible and of known and acceptable precision and accuracy. Analytical and field data generated by DHEC staff are stored in the Laboratory Information Management System (LIMS) database. The LIMS tracks all samples from sample collection to data reporting.   Electronic reports can be sent directly to the program requesting the environmental monitoring and analysis.

With the exception of highly confidential data-bases (e.g., HIV/AIDS, birth data, etc.) all of the data maintained by the Bureau of Information Systems for the agency is stored on the state's Data Center mainframe and local servers and is routinely backed-up and stored off-site according to DHEC standards. Periodic 'restores' of taped backups are performed. The agency's network is protected from intrusion by numerous firewalls. The agency has devices installed that limit the amount of SPAM entering the network and restrict employee access to various Internet sites. Access to application systems is protected with identity checks at both the network level and at the individual application level to ensure customer data confidentiality and that the access is authorized. These protections are built around the concept of HIPAA compliance for Protected Health Information. The agency has an Information System Security Officer whose job is to constantly evaluate the security environment and to recommend changes to further enhance levels of protection. The Access Records Management System (ARMS) was developed to track access to application systems that are granted by individual.

III.4.6 *How do you translate organizational performance review findings into priorities for continuous improvement?* Organizational performance is monitored at the deputy as well as the agency level.   Results are analyzed and compared to expected benchmarks. If key results are negative or if directives change, they are communicated to senior management for discussion and action that may involve shifting resources, priority or changing processes. If results are positive, they are communicated to appropriate staff to motivate and empower to them to continue the trend. [See III.1.5 and 6.] Measuring Broad Goal 5, *Improve organizational capacity and quality* is currently being piloted at the request of the Commissioner. [See III.1.5.]

III.4.7 *How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?* Regional, district and program discipline meetings, professional organizations, community and academic partners, newsletters, distance learning, intranet, as well as the agency's Capacity Building Project, Workforce Continuity & Development Plan and Mentoring Program are utilized to share best practices and enhance organizational knowledge. [See III.5.3.]

III.5 Work Force Focus

III.5.1 *How do you organize and manage work: to enable employees to utilize their full potential aligned with the agency's objectives, strategies and action plans; and to promote cooperation, initiative, empowerment, innovation and your desired organizational culture?* The Strategic Plan addresses development of a competent and diverse workforce. The Employee Performance and Development Plan (EPDP), the agency's employee performance evaluation process, is used to align employee's performance and potential to the agency's goals, objectives and action plans. Employees are rated on how well they meet the agency values and on performance characteristics, which could include cooperation, initiative and innovation. Behavior anchors have been established for several characteristics. Raters identify "Future Performance Expectations" where they identify areas the employee should focus on to reinforce success and contribution to the agency for the upcoming review period. Raters also identify "Future Training and Development" in which employees should participate to enhance future performance. [See III.1.1 and III.5.5.] Action plans are linked to the EPDP. The agency allows employees to job share, as well as flextime and telecommute, when appropriate**.**

III.5.2 *How do you evaluate and improve your organization's human resource related processes?* Human Resource processes are evaluated for accuracy and timeliness. All human resource actions are tracked through the Personnel Action Information System (PAIS) to determine the amount of time it takes to process an action. Before PAIS was implemented, the average time for a transaction was more than eight days. This has been reduced to less than three days. [See III.7.4.3.] This past year the agency started using a Web-based electronic leave (e-Leave) system. Employees now request and receive approval for leave through the Internet. The system automatically tracks leave balances and completes the compensated absence report at the end of the year.

The agency leave system is closed two times a year for audit purposes to correct any negative balances. Personnel files for terminated employees are imaged for quick retrieval to verify service dates and salaries. The Employee Survey [See III.5.7.] every other year, individual employee feedback on the EPDP and exit interviews provide further feedback information from the employee perspective.

III.5.3 *How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? How do you evaluate the effectiveness of this education and training and encourage job use of the new knowledge and skills?* The leadership of DHEC believes in the importance of setting appropriate job and training standards for employees. Managers and staff identify what additional training is needed in order to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor and are included in the EPDP performance review form. [See III.5.1.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. The agency has 243 staff who have graduated from the Management Academy at the University of North Carolina and 51 who have graduated from the Southeastern Public Health Leadership Institute. The agency supports annual participation in the South Carolina Executive Institute and had two scholars attend the Environmental Public Health Leadership Institute. The agency has 49 staff who have completed the Certified Public Manager program. [See III.1.1. (e).]

DHEC has partnered with the Arnold School of Public Health (ASPH) in launching the Public Health Consortium. The Consortium has formalized the working relationship between the two institutions. Results to date center around workforce development and the creation of a Graduate Certificate in Public Health and a Certificate in Public Health Practice; development of a joint research agenda; and development of a mechanism that will allow for and promote joint appointments between the two organizations. DHEC is also participating in a collaborative initiative with ASPH to establish a Public Health Institute.

Staff learning and training needs are assessed on an ongoing basis through an evaluation following every training. This data allows for continuous updating of staff needs and course offerings. A formal training needs assessment was conducted this past year and the agency training curriculum was adjusted to accommodate identified needs. The agency supports and encourages staff through tuition assistance and altered work time to take advantage of other formal and informal educational opportunities. The agency partnered with the state CIO for a hosted Learning Management System (LMS) and is currently implementing the Web-based application that will enable DHEC to assess, plan, deliver, measure and manage enterprise learning and development. The LMS provides a comprehensive approach to managing learners through administrative and data tracking functions and provides learners with access to online learning content. This technology will make training more easily accessible and more cost effective.

Agency Training – July 1, 2006 – July 1, 2007		
Category	# Courses	Numbers Trained* *(Aggregate by course–totals are not an unduplicated count)
Administration	28	1836
Customer Service	10	2886
Communication	26	762
Computer Software	28	1742
Job Specialty	723	10,580
Management	33	1619
Leadership	3	10
Orientation	8	665
Safety	63	5083
Public Health Emergency Preparedness	168	8773

As of June 1, 2007, DHEC had 303 employees participating in the TERI Program. Of this number, 26 are scheduled to leave by December 2007, and another 91 during 2008. In addition to the TERI employees, DHEC has 272 employees currently eligible for retirement with another 742 eligible for retirement within the next five years. Succession planning has taken place in the different deputy areas to plan for replacement of management positions.

After a successful and award winning Environmental Quality Control (EQC) Capacity Building process allowed EQC to manage the transition from the TERI management staff retiring and new staff taking management positions, EQC began a second phase of Professional Development and Leadership training. Plans focus on offering a series of classes to EQC staff. Formal courses will include budgets 101, policy and decision-making, regulatory development and public participation. Staff may also take courses through the Office of Human Resources toward achieving Associate and Certified Public Manager certification. Progress will be tracked through individual EPDPs and the training database. Preparing staff for leadership positions in EQC is a top priority. Health Services has implemented the Health Services Workforce Continuity and Development Plan. Strategies include mentoring, coaching, job shadowing, leadership training and development, job rotation, core public health training, formal academic training and improved recruitment and selection processes.

DHEC has developed and implemented a New Employee Orientation program that includes an on-site session and an intranet component providing an overview and history of the agency, customer service training and information on important agency policies. The agency has required training for all staff in Customer Service, Cultural Competence, Culturally and Linguistically Appropriate Services, HIPAA and emergency preparedness.

III.5.4 *How does employee training contribute to the achievement of your action plans?* Employee competencies allow the agency to accomplish its mission. The agency has made an organizational commitment to competency development approaches and institutionalizing these efforts (such as the Workforce Continuity & Development Plan and the Capacity Building Project) is an integral part of the agency's quality improvement process. A competency-based approach provides a direction for education and training. All agency training is competency-based to address those skills, knowledge and abilities critical to the effective and efficient function of the organization. Competency-based training results in actions that are seen in employee practice and observed in organizational and individual performance. Increasing competency of staff impacts organizational capacity and enables staff to perform more effectively in realizing the goals of the agency through the various operational plans and individual development plans.

III.5.5 *How does your employee performance management system, including feedback to and from employees, support high performance and contribute to the achievement of action plans?* The agency's performance management system, the Employee Performance and Development Plan (EPDP), because of its emphasis on both performance and development, added two new sections emphasizing employee development: "Future Training and Development," which is completed by the supervisor and "Organizational Support," which is completed by the employee giving suggestions as to how the supervisor, co-workers and/or agency management can be supported in their present job and with future career goals. These new additions have helped improve workforce development and motivation. This consolidated document has resulted in a streamlining of processes and includes clear and measurable performance standards with direct correlation to the agency mission.

III.5.6 *How do you motivate employees to develop and utilize their full potential?* This past year, the agency implemented a new reward and recognition program called "Cause for Applause." The program has two ways to recognize employees. Informally, any employee can give another employee a "High Five" as a thank you or recognition for outstanding customer service. Formally, supervisors may give employees a "Standing Ovation" certificate. Employees receiving these recognitions are entered into drawings for gifts. The program has been enthusiastically received by management and staff.

 During State Government Employee Appreciation Week, daily activities were planned to show appreciation to the agency workforce. One morning, the Commissioner and other Executive Management Team members personally greeted employees as they entered the workplace thanking them for their dedication and work. Other activities that week include drawings for choice parking spaces and for gift baskets donated by different program areas of the agency. These activities were well received by staff.

The Michael D. Jarrett Awards have been given for more than fifteen years to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency also has an Employee Innovation Program to monetarily reward employees who develop cost-saving initiatives [See III.I.1.] The "Monthly Award for Excellence" is an agency wide effort where staff is nominated by other employees and is recognized by the EMT

and the Board. Several agency employee recognition programs have been implemented including the Employee Bonus Program to reward employees for specific outstanding contributions to the mission of DHEC.

Bureaus, departments and program areas in both central office and the regions recognize employees for excellent customer service to internal and external customers and for awards, achievements and voluntary community activities.

III.5.7 *What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction and motivation? How do you use other measures (retention and grievances) and how do you determine priorities for improvement?* Since 1989, the agency has conducted an Employee Survey every other year to assess employee attitudes and opinions on a broad range of topics. The results of the most recent survey in 2005 closely mirrored previous surveys. Respondents were most positive about job satisfaction, quality of services delivered and importance as a contributor to the team. Respondents were least positive about salary, benefits and recognition [See III.5.6 developed as a result of this survey.] The Employee Survey allows for open-ended comments, which give staff an opportunity to voice their concerns. This information is shared with the Commissioner, EMT and staff. The next survey will be conducted in Fall 2007.

In addition, a variety of formal and informal assessments are used in individual units to determine employee well-being, satisfaction and motivation. Examples of these include: area/program retreats, focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants and ongoing assessments through the EPDP system. The electronic exit interview allows for easier completion and additional analysis of data from departing employees. The PAIS system provides deputy areas with more specific turnover information and allows for better turnover analysis. DHEC has consistently had lower overall employee turnover than other state agencies. [See III.7.4.1.]

III.5.8 *How do you maintain a safe, secure and healthy work environment including workplace preparedness for emergencies and disaster?* DHEC's commitment to the safety of its employees is reflected in the decreases in Workers Compensation claims and in the average amount paid per claim over the last six years. [See III. 7.4.2.]

DHEC has an active Safety Committee and long established policies and procedures for workplace emergencies. DHEC has a "hazards line" information service for providing employees with up-to-date information during a weather emergency. The agency has promoted National Incident Management System compliance and emergency management training for employees. Standard operating procedures are in place for disaster response, as DHEC has lead agency responsibility for Emergency Support Function 8 "Health and Medical Services," and Emergency Support Function 10 "Hazardous Materials" in the State Emergency Operations Plan.

The agency promotes workplace and individual health by providing education, safety and health tips, and preventive health screenings such as mammography and prostate exams, and "Lunch and Learn" sessions that promote healthy lifestyles. The Capital Health Campaign, a wellness program for DHEC staff continues to be implemented in the agency focusing on behaviors that reduce the risk of chronic disease later in life. Other activities include smoking cessation programs, spring and summer wellness walks during lunch breaks, and Weight Watchers' classes. Employees are offered annual flu shots each fall. The Employee Health Committee gives direction to these activities.

III.6 Process Management

III.6.1 *How do you determine and what are your key processes that produce, create or add value for your customers and organization, and how do you ensure that these processes are used?* As the public heath and environmental protection authority for the state, many of the organization's processes are mandated. Others are a necessary part of the infrastructure for agency and program support and include processes that:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and environmental or health hazards in the community.
3. Respond to emergencies, both natural and man made with emphasis on events that threaten homeland security.
4. Inform, educate, and empower people about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection efforts.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Assist communities in planning for and responsibly managing growth.
9. Inspect, permit and license health facilities and services.
10. Provide laboratory services to the regulated community and the private sector.
11. Assist small businesses with regulations and requirements.
12. Provide business and financial management oversight services to support agency programs.

These processes are included in the Strategic Plan and in deputy area operational plans and are monitored by measures and indicators. Customer input and value is addressed in III.1.3 and III.3 2-3.

III.6.2. *How do you incorporate organizational knowledge, new technology, changing customer and mission-related requirements, cost controls, and other efficiency and effectiveness factors into process design and delivery?* There is management oversight in each of the deputy areas that support agency processes. Progress reports are required to monitor trends and deviations that exceed selected agency parameters. New trends in government and business are monitored to identify opportunities for improvement. Recommendations and suggestions by staff for process improvement are encouraged as well as suggestions by customers and stakeholders. [See III 1.1 and III.3.3.] Examples include:

- In the Procurement Services three-year audit, the Training Program and Procurement Management Assistance Quality Assurance Program were noted for being exceptional. Based on the results of their investigation, the State Auditor recommended DHEC for one of the highest overall certification in the state which include $1 million in goods and services and $225,000 in information technology.

- The agency continues to increase the usage of the State Purchasing Card instead of using purchasing orders with 228 cardholders. This year, 15,155 purchases were made with the card totaling $3,713,990.14. The average cost to process a purchase order is $83 and the average processing time is 54 minutes. The average purchasing card transaction cost is $23 with an average processing time of 14 minutes. By using the purchasing card to acquire goods that would previously have been procured by purchase orders, the agency has realized a cost avoidance of $909,300 this fiscal year. [See III.7.3.4]

- The volume purchase of personal computers and other information technology products creates financial savings for the agency, reduces administrative activities and utilizes procurement planning across program lines. For CY06, the agency realized a saving utilizing this process of $801,768 from the state contract price, which allows programs to maximize their purchasing dollars. [See III.7.3.5.]

- WebDeath, an Internet based death registration system, began Phase I implementation in November 2006. Targeted external users included funeral directors with the highest volume of death certificates filed, coroners and medical certifiers. As of June 2006, Phase I was successfully completed with approximately 200 funeral homes, 250 medical certifiers and 43 coroners filing death certificates electronically.

- Sections of the Health Regulations deputy area are converting over to the state's Environmental Facility Information System (EFIS), which is used to manage information on regulated facilities, including

renewals, violations, enforcement actions and related documentation. EFIS allows different agencies to share information quickly and efficiently and can add new agencies since the core data base structure is already written.

- The Bureau of Financial Management's (BFM) Credit Card System was updated to allow the processing of multiple invoices against a single credit card payment. Credit card transactions for FY07 have continued to increase. In FY06, BFM processed $l,729,679 in credit card sales. In FY07, BFM processed $2,444,356. This is a significant increase over last fiscal year. Customers have been pleased with this option and the availability of agency funds has improved. [See III.7.3.2.]

- The Bureau of Financial Management has worked jointly with the Bureau of Information Systems to review the Budget Master System business requirements and make changes as needed.

- The Bureau of Financial Management's Accounts Receivable Division worked with Bureau of Information Systems to create a Standard Invoice Processing System (SIPS), which automates the DHEC Form 162 (Invoice for Services). This system will provide the capability to track all Invoices for Services, which the agency has not been able to do in the past. This process will eliminate paper except for what is sent to the payee. It will also allow the agency to process the payments into SIPS and then create a file to upload those payments to AIMS. The system will have the capability to generate various reports for the regions and central office. The system is currently being tested.

- The Bureau of Information Services developed the CARES Consolidated Billing and Accounts Receivable System (CBARS) in FY06, which improved the time it takes to receive Medicaid funds from 19 days to approximately five days for some billings done through CBARS. In FY07, with all sites online with CBARS, DHEC bills Medicaid approximately 20,000 claims per month with an approximate dollar value of $1 million per month. In FY06, DHEC billed Medicaid for around 5,000 claims per month in CBARS with a total dollar amount of approximately $285,000 per month. The increased timeliness in processing has resulted in more timely access to the billing dollars owed. [See III.7.3.3.]

- DHEC has recently equipped 130 environmental health staff responsible for food inspections across the state with tablet PCs, which can be used in the field. Surveillance and inspection data can be downloaded to an agency database and tablets are updated with the latest program information. The new system, South Carolina STARS (South Carolina Surveillance Tracking And Reporting System) will help improve uniformity and consistency in the inspection process by the use of canned comments and insure a more effective response to food service concerns. If the pilot program is successful, DHEC will seek changes in regulations to offer this program permanently. [See III.7.1.11 & 12.]

III.6.3 *How does your day-to-day operation of these processes ensure meeting key performance requirements?* **III.6.4** *How do you systematically evaluate and improve your key product and service related processes?* Performance is continuously monitored based on the Strategic Plan and program level objectives. Information systems provide routine reports on program and project status. [See III.4 – Measurement, Analysis.] Customer response is used to improve production and delivery. [See III.3 - Customer Focus.] Improvement is coordinated across agency lines to enhance capacity and performance.

The Office of Internal Audits (OIA) routinely conducts audits of agency programs. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY07, OIA issued seven audit reports. OIA identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations from calendar years 1995 through 2006 are closed. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.3.7.]

The Office of Internal Audits also receives and reviews the sub-recipient audit reports from those contractors who receive federal funds from DHEC and meet the requirements of OMB Circular A-133. The deputy areas and the Commissioner's Office report to OIA quarterly on the status of sub-recipient contractors.

III.6.5 *What are your key support processes, and how do you improve and update these processes to achieve better performance?* The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services while refining agency processes to be more effective and cost efficient. Other examples may be seen in [See III.7.3.5 & 6.]

The Bureau of Financial Management is responsible for providing accurate and timely services in support of the management of the agency's financial resources. The key support processes in each of the divisions ensures that money due to the agency is received, agency bills are paid, accounting transactions are recorded, budgets are developed and monitored, employees are paid, grants are monitored, grant time and expenditures are documented, and overall fiscal responsibility of the agency is ensured. The Bureau of Financial Management continued to update its policies, procedures and forms, and re-vamp its intranet site.

Agency information systems are used to collect and analyze data used for programmatic and operational decision-making. The agency is continually evaluating financial and business processes for cost control and financial oversight to determine whether they can be operated more efficiently and effectively. [See III.7.3.1.]

III.6.6 *How does your organization determine the resources needed to meet current and projected budget and financial obligations?* Federal funds are secured through grant awards. The agency negotiates work plans with a number of federal agencies. The work plans are based on available funds, personnel efforts needed to fulfill commitments along with associated fringe, operational needs and required matching funds, if applicable. Periodic reviews of expenditures and projected costs are performed throughout the year to ensure adequate funds are available.

Funds available from earned fees and trust accounts are authorized through legislation. Fund availability is determined by fees generated from permit holders or revenue collected through a variety of impact fees. Staff is assigned to these areas based on projected effort. Periodic reviews of expenditures and fees generated are performed throughout the year to ensure adequate funds are available.

State funds have been appropriated through legislation for certain efforts. Staff is assigned to these areas based on projected effort. Periodic reviews of expenditures and projected costs are performed throughout the year to ensure adequate funds are available. Each year the agency submits the Budget Request for additional funds to address priority items. These requests are based on agency priorities, strategic direction and on personnel and operating funds needed to accomplish the agency's mission.

III.7 Key Results

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the "state of the state's health and environment," is part of the agency's legislative mandate. While some of the objectives reported in the following section are performance measures for the agency, many are health or environmental objectives for the state. [See the following pages.]

III. 7.1 Mission Accomplishment and Organizational Effectiveness Results
Fig. 7.1.1

Uncontrolled Waste Site Cleanup Actions

Cumulative Data
Source: DHEC, Division of Site Assessment
and Remediation Database

Legend:
- ☐ Clean-up Decisions Made
- ■ Vouluntary Clean-up Contracts Signed
- ▨ Voluntary Clean-up Contracts Completed
- ☐ Acres (x10) Restored Under Brownfield Program
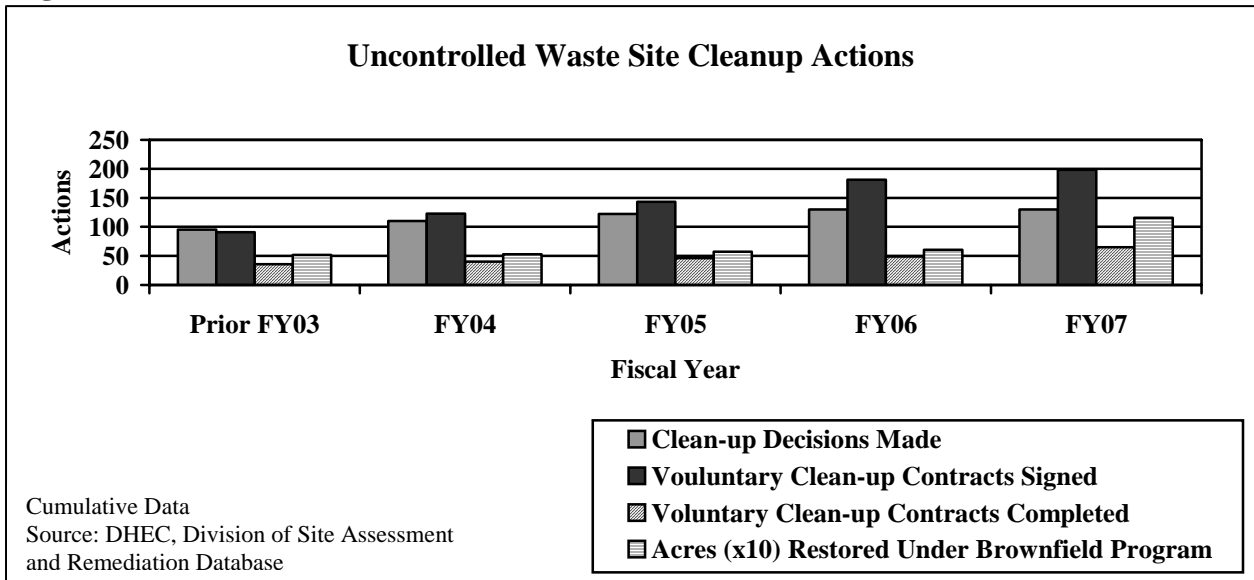
State-lead and voluntary clean-up actions may be multi-year projects in order to put the sites back into safe, productive use. DHEC continues to protect public health by working to clean up as many sites as possible.

Fig. 7.1.2

Uncontrolled Waste Sites Evaluated

Source: DHEC, Division of Site
Assessment and Remediation

Legend:
- ☐ Total # of Sites
- ■ Completed Evaluation or Preliminary Resolution
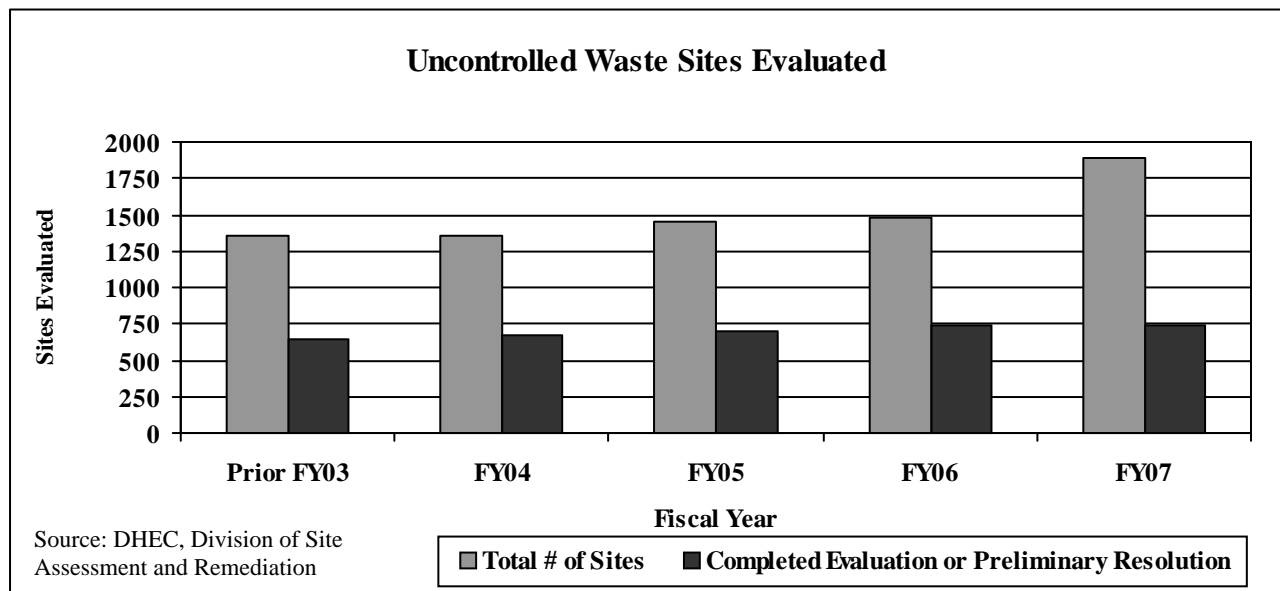
Uncontrolled Waste Sites continue to be discovered and evaluated every year. For FY07, the agency has added the sites from the Drycleaning Facility Restoration Trust Fund program to be tracked in the database for total number of uncontrolled waste sites.

Fig. 7.1.3

Hazardous Waste Site Cleanup Actions

Source: RCRA Information Database,
State of RCRA Report
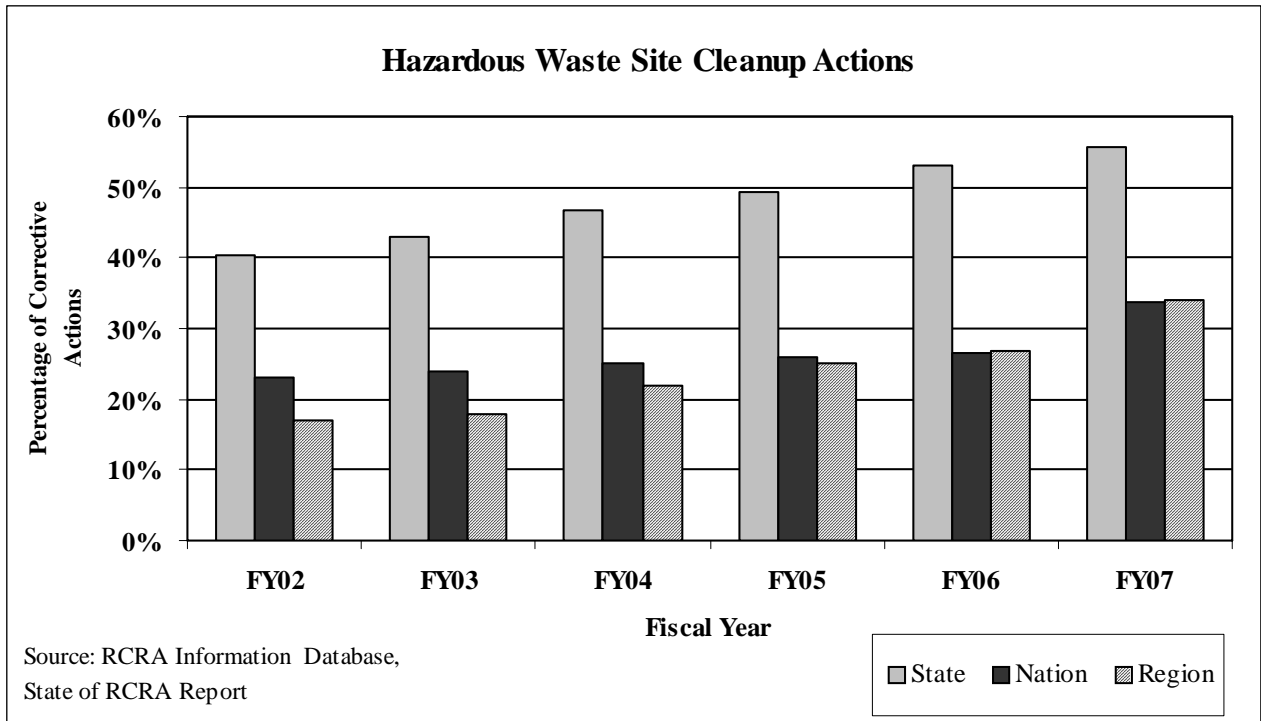
The average Hazardous Waste cleanup rate in South Carolina consistently exceeds the national and regional rates. The Hazardous Waste Program addresses a large number of contaminated sites. Aggressive cleanup of these sites reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment.

Fig. 7.1.4

UST Cleanups Complete

Source: DHEC UST Database
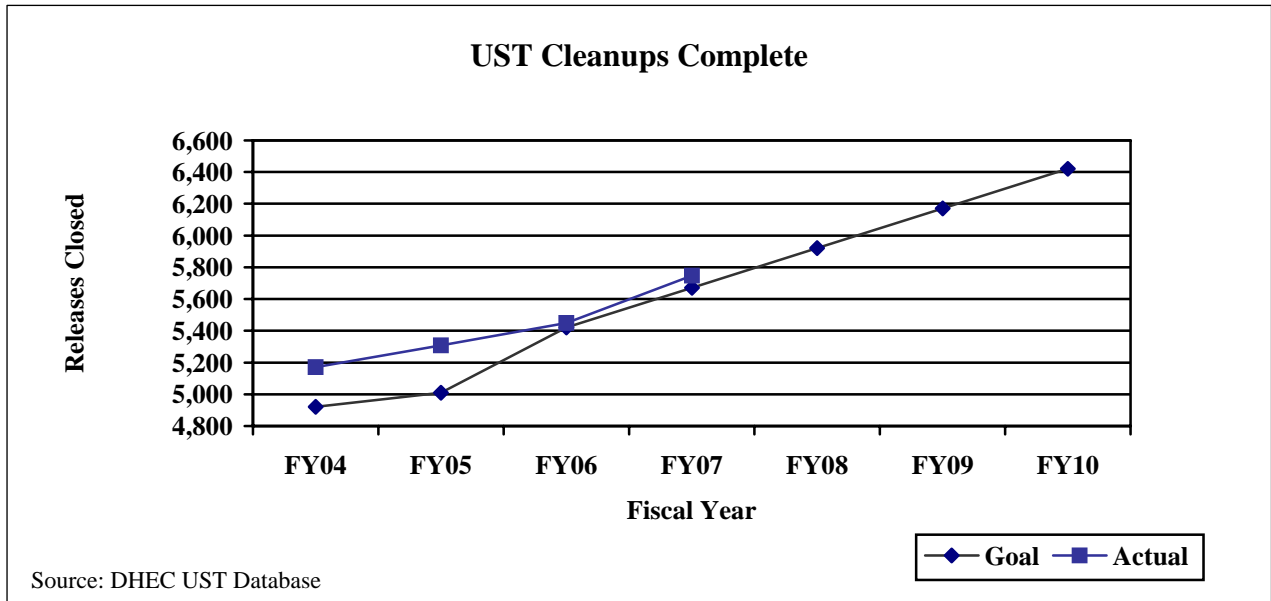
The Underground Storage Tank (UST) Program exceeded its fiscal year 2006 62% closure milestone and is progressing toward its 2010 goal of 67% release closure. Even with an overall shortage of SUPERB fund capital relative to fund liabilities, the program continues to do a commendable job with available funds.

Fig. 7.1.5

South Carolina Population Served by Community Drinking Water Systems in Full Compliance

Source: DHEC, Data in EPA Database SDWIS/FED
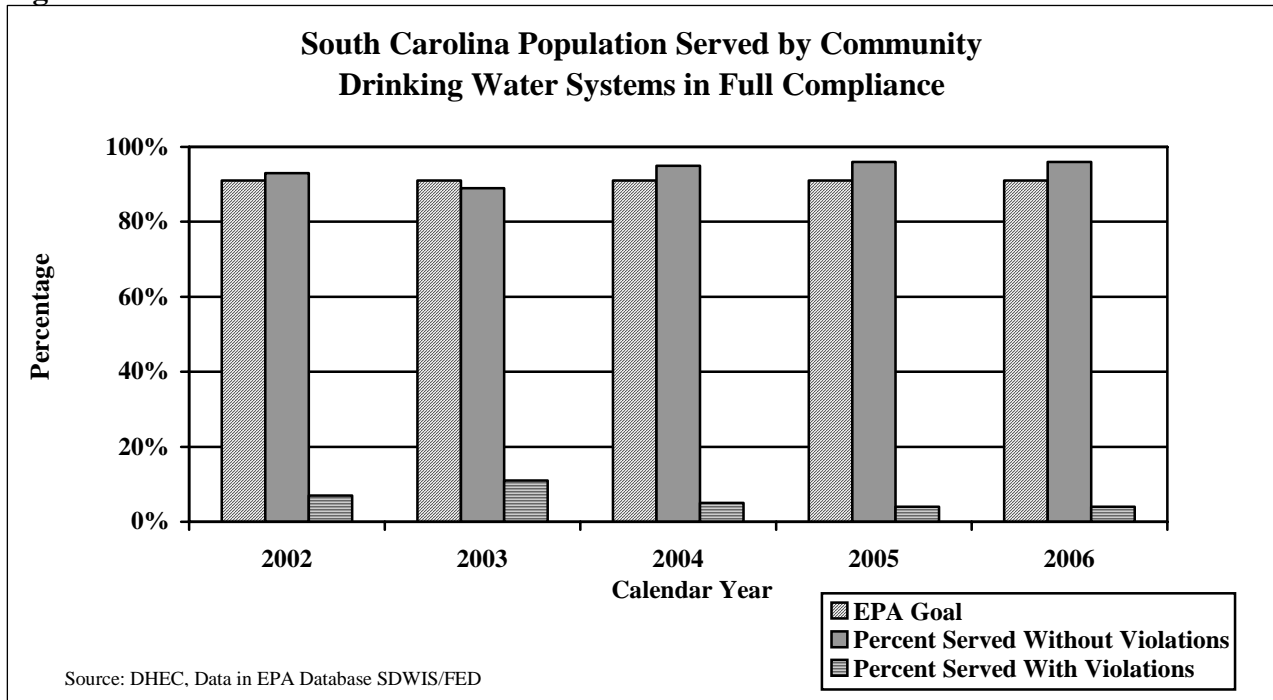
During the 2006 calendar year, 96% of the population served by community water systems received water in compliance with all health-based standards.

Fig. 7.1.6

Waters Supporting Fishable/Swimmable Uses

Source: 2006 S.C. Integrated Report, Section 305(b)
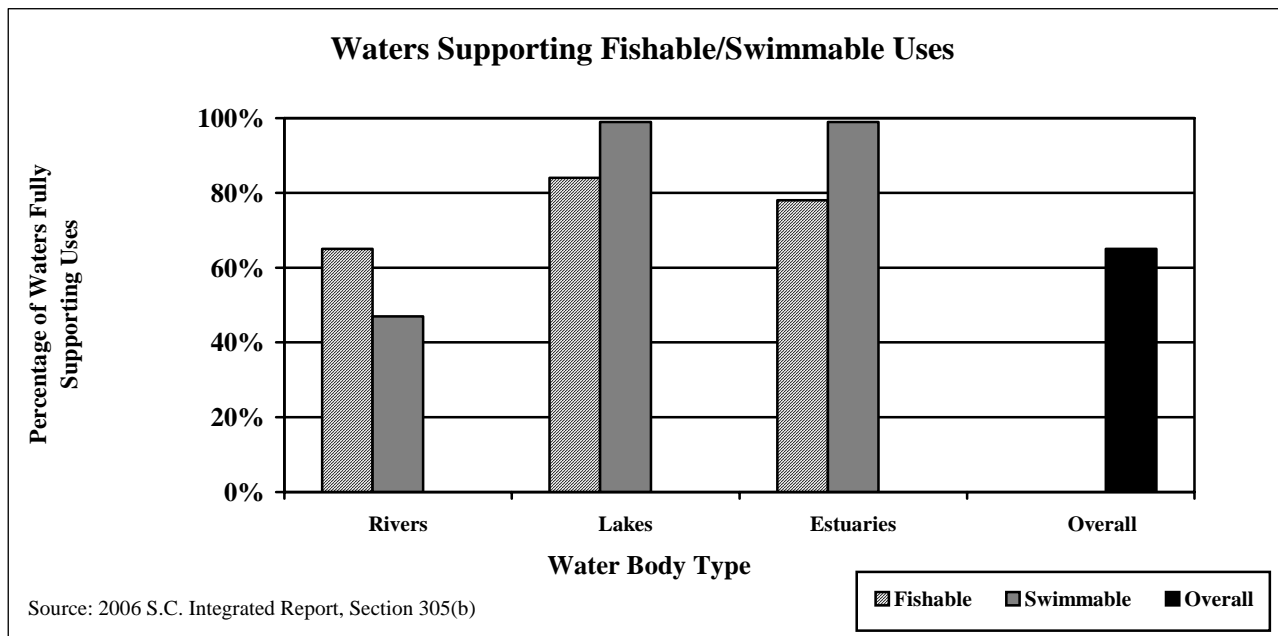
These figures are based on available water quality data collected through the probability-based Ambient Surface Water Quality Monitoring network data from 2001-2004.

Fig. 7.1.7

Percent of South Carolinians Living in Areas Meeting the Ozone and PM$_{2.5}$ Standards

Source: 2000 Census Bureau Data and
DHEC, Ozone Monitoring Data

⬚ Ozone ■ PM2.5
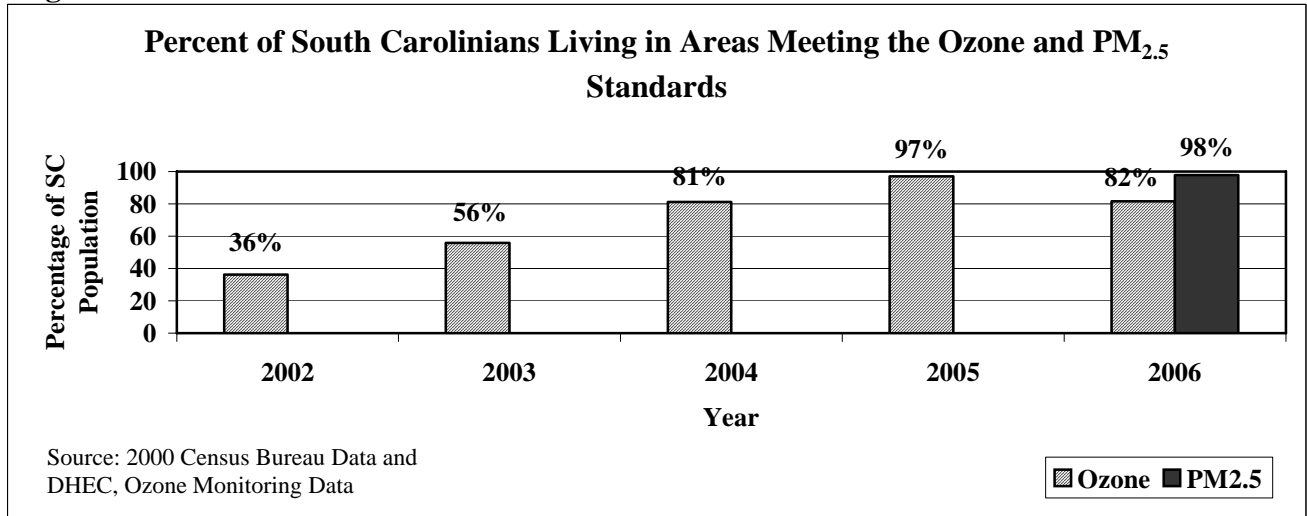
Based on DHEC's monitoring data and 2000 Census Bureau data**,** the percentage of South Carolinians residing in areas meeting the 8-hr Ground Level Ozone Standard continued to increase from 2002 through 2005. The decrease in the percentage of people residing in areas meeting the 8-hr Ground Level Ozone Standard from 2005 to 2006 may have been due to meteorological patterns that were a little more favorable for ozone production in 2006. An overwhelming percentage (98%) of residents in South Carolina lived in areas meeting the PM$_{2.5}$ Standards during 2006.

Fig. 7.1.8

EQC Permit Decisions Made within Required Time Frame

Source: DHEC, Permit Directors and Environmental Facility Information
System Change in Title V Permit Requirements by EPA.

Fiscal Year
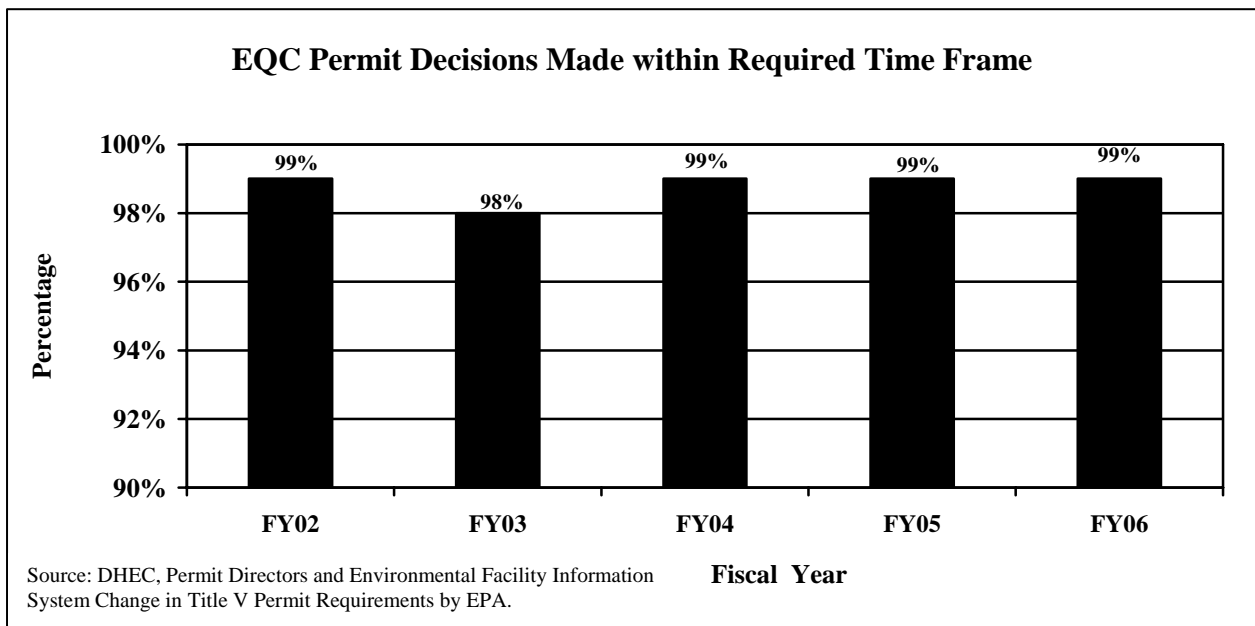
Specific turn-around time frames for permits issued by DHEC were a condition of the business community in exchange for their support of user-fee legislation. DHEC strives to make the permitting process as efficient as possible for our customers while still writing permit conditions that are protective of public health and the environment.

Fig. 7.1.9

Permit Applications and Population Growth in the Eight Coastal Counties

Legend:
- Critical Area
- Stormwater
- ◆ Coastal Population

Source: DHEC, National Ocean Economics Program, US Census Bureau
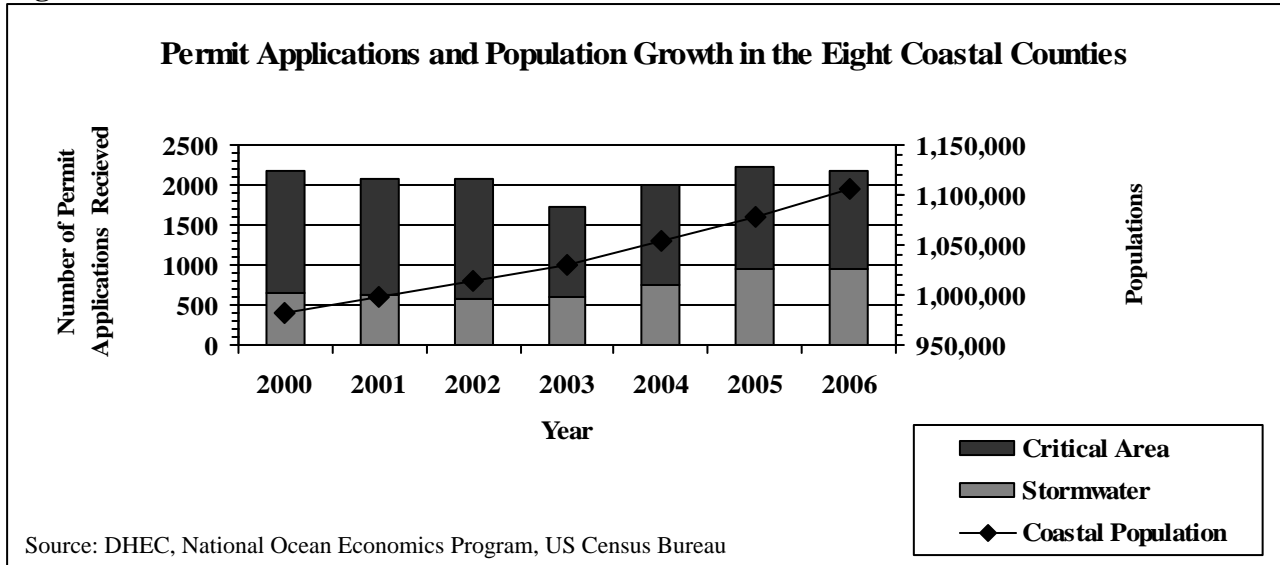
As populations along the coast rise, development activities continue to increase. Unless exempted, land disturbing activities and activities resulting in alteration of the critical area must receive a permit from DHEC. Critical area is defined as coastal waters, tidelands, beach/dune systems and beaches. Although critical area permit applications have remained fairly constant, stormwater applications have consistently increased over the past several years.

Fig. 7.1.10

Trauma Centers - Numbers by Level Designation

Legend:
- ▲ Level I
- Level II
- ● Level III
- ■ Total Trauma Centers

Source: DHEC, Emergency Management Division
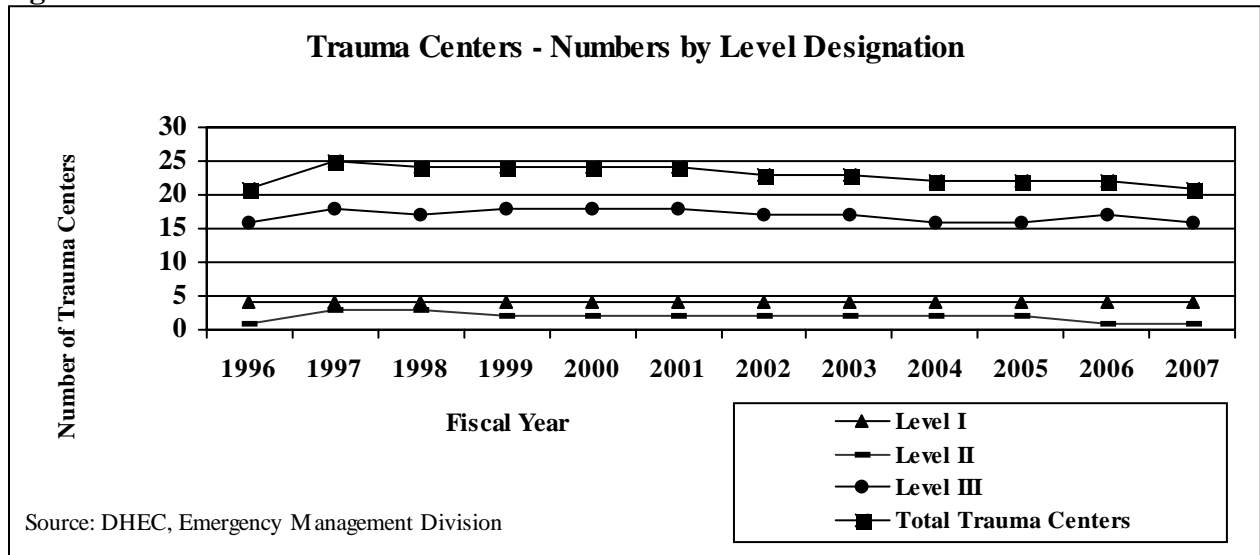
There are currently 21 designated trauma centers in South Carolina, a decrease since 2006. This chart shows the number of Level I, II and III designated trauma centers in the state. The trauma system, which must include an adequate number of medical centers and EMS personnel to serve the growing population of the state, is facing serious problems. The existing trauma centers continue to lose millions of dollars caring for trauma patients and are having difficulty hiring and retaining the necessary medical specialists. The agency is supporting the development of a statewide trauma network with regional planning, enhanced communication and evaluation of the appropriateness of pre-hospital transports of patients within the system.

Fig. 7.1.11

Average Number of Unannounced and Follow-up Food Facility Inspections per Facility

Source: DHEC, Bureau of Environmental Health

Fig. 7.1.12

Number of Actual Food Service Inspectors vs. Number Needed to Meet Standard

Source: DHEC, Bureau of Environmental Health
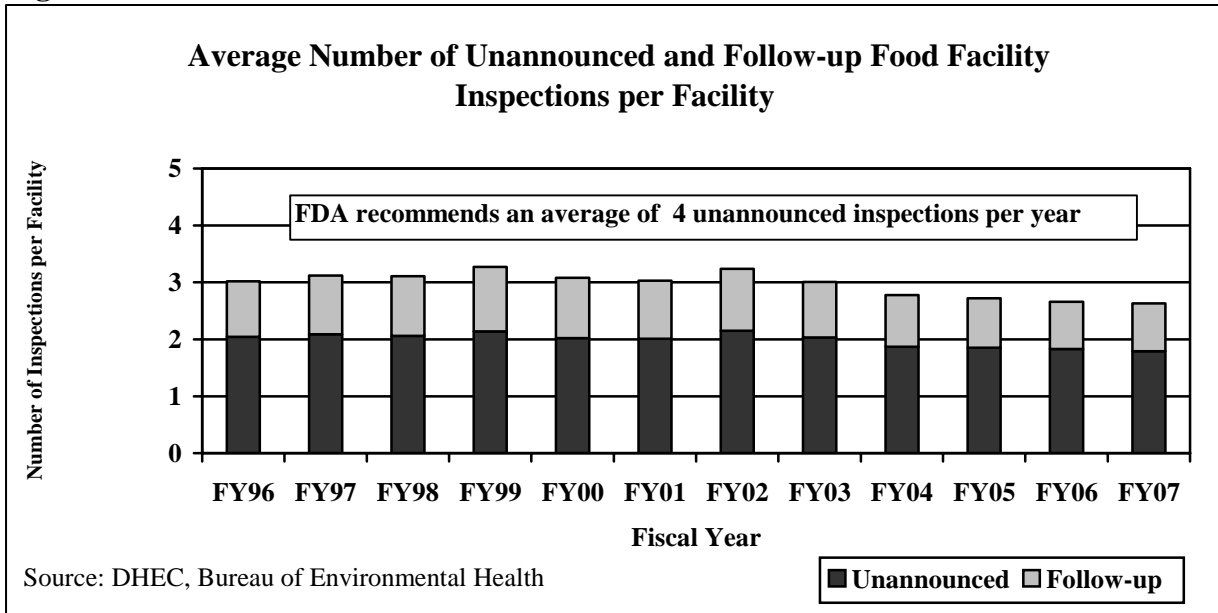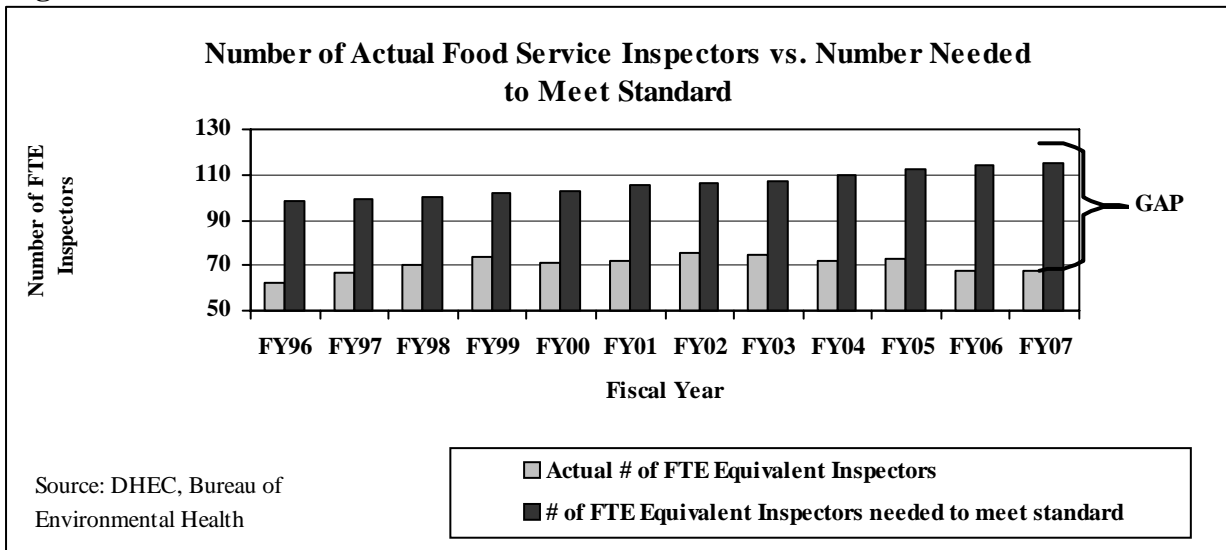
The occurrence of foodborne illness is an ever-present threat to South Carolinians. By providing inspections that help operators identify and control food handling risk factors, the agency can attempt to limit the incidence of outbreaks. The food industry in the state grows about 2% each year, while the number of trained food service inspectors has decreased from 73 to 68 (6.9%) over the past two years as a result of budget constraints. Previous years' fluctuations in the number of inspectors resulted from realigning the duties of inspectors, not increasing the actual number of inspectors. The Food and Drug Administration (FDA) standards would recommend 115 FTEs (full time equivalents) to inspect the 17,250 retail food establishments in the state. The current staffing level of 68 FTEs does not allow for the number of inspections currently recommended in the FDA Food Program Voluntary Standards. The 2008 state budget has provided funding to hire an additional 39 field inspectors, which along with filling existing vacancies, will allow the number of inspections to reach the FDA recommended standards after the necessary training of new inspectors has been completed.

Fig. 7.1.13

SC Adult Smoking Prevalence, Age 18 and Older

HP 2010 Objective 12%

Source: DHEC, BRFSS

DHEC BRFSS   SC 2008 Target
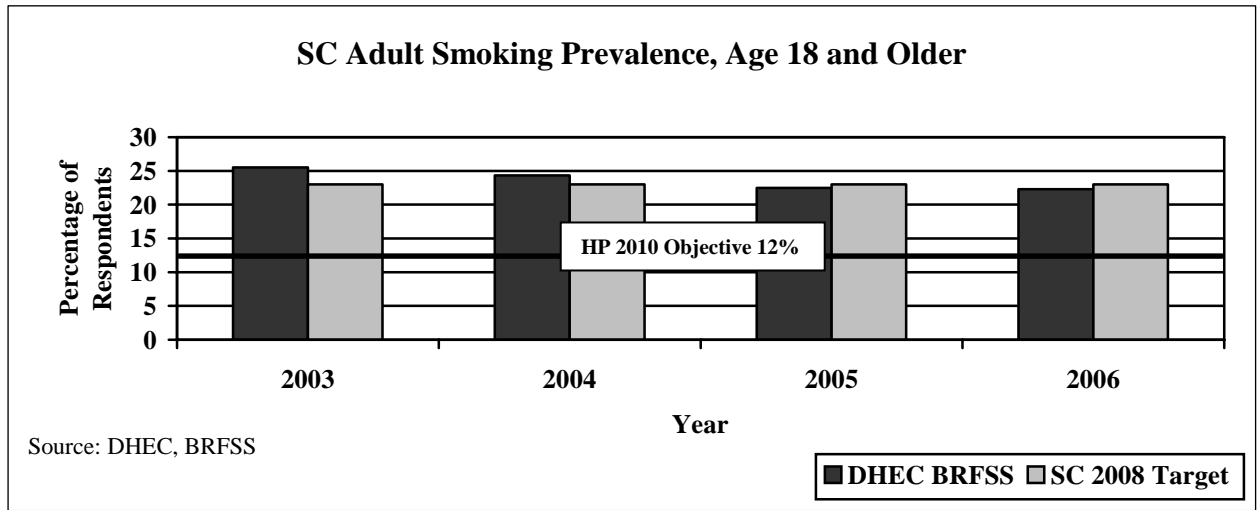
South Carolina's adult smoking rate continues to be on the decline. Over four years, the adult smoking rate in the state has decreased from 26.6% in 2002 to 22.3% in 2006, a decrease of 16%. These rates have already surpassed the program goal of 23% by 2008 and are moving toward the Healthy People 2010 goal of 12%.

Fig. 7.1.14

Prevalence of Smoking Among Students Grades 9 - 12

HP 2010 Objective 16%

Source: Youth Tobacco Survey (YTS)
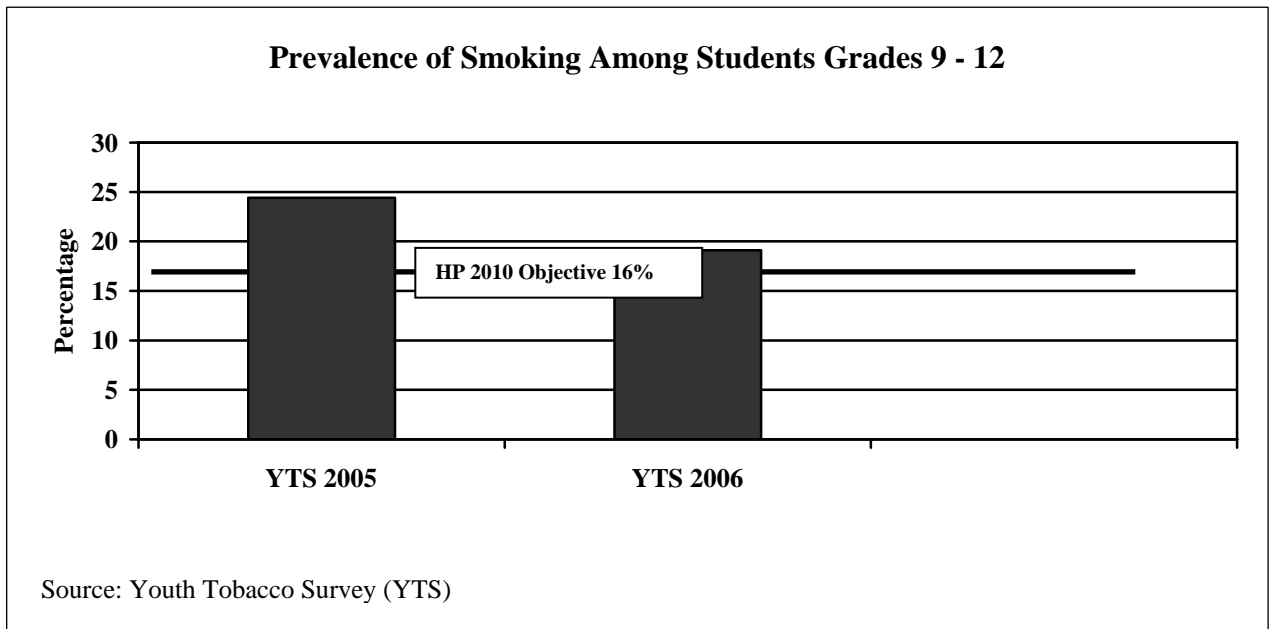
Rates of smoking among high school students in South Carolina continue to decrease, in contrast to what is occurring in smoking rates across the country. From 2005 to 2006, high school smoking rates fell from 24.4% to 19.1%, a decrease of 22% since the 2005 study. With this new rate, the state is moving ever closer to the Healthy People 2010 objective of 16%.

Fig. 7.1.15

Persons with Diabetes
Two or More A1c Tests Per Year

HP 2010 Goal 50%

■ White □ Black

Source: DHEC, BRFSS
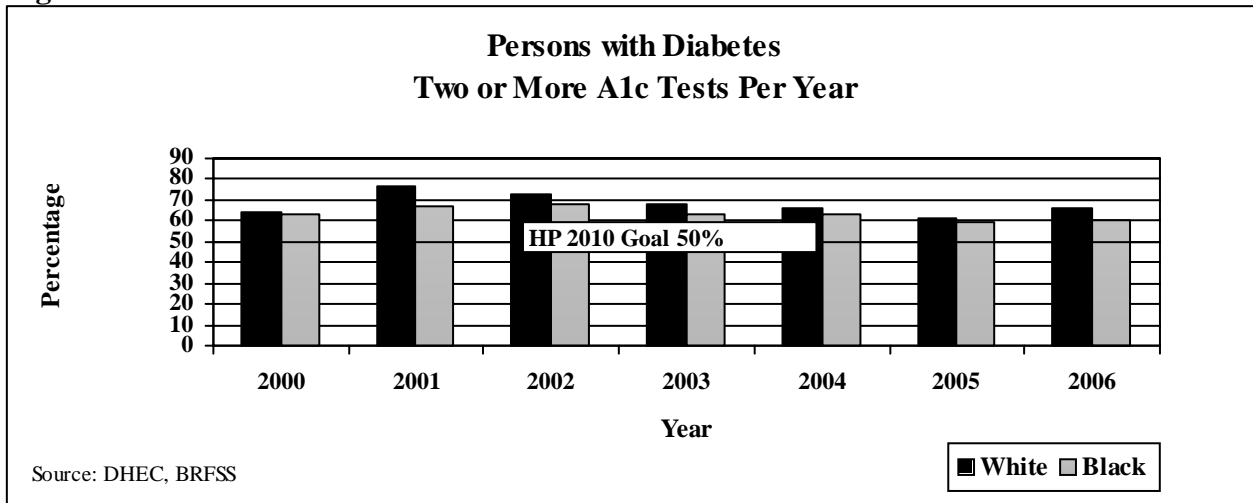
Diabetes is the seventh leading cause of death in the state and sixth in the nation. Based on preliminary findings, in 2005 the mortality rate among blacks was 2.4 times higher than that among whites. Complications of diabetes may be prevented or delayed through control and management of the disease. One method is to monitor long-term blood glucose control through a test called Hemoglobin A1c (A1c). An A1c test is the gold standard measurement of a person's average blood glucose level over the last three months. The suggested target for a person with diabetes is below seven. South Carolina has long surpassed the Healthy People 2010 objective of 50% of people with diabetes receiving at least one A1c test per year. In South Carolina, 60.3% of blacks and 66% of whites with diabetes have reported having an A1c test at least twice a year in 2006.

Fig. 7.1.16

DHEC - Best Chance Network Percentage of Abnormal Breast
Screenings with Completed Diagnostic Workup

Program Goal: 90%

Source: Best Chance Network
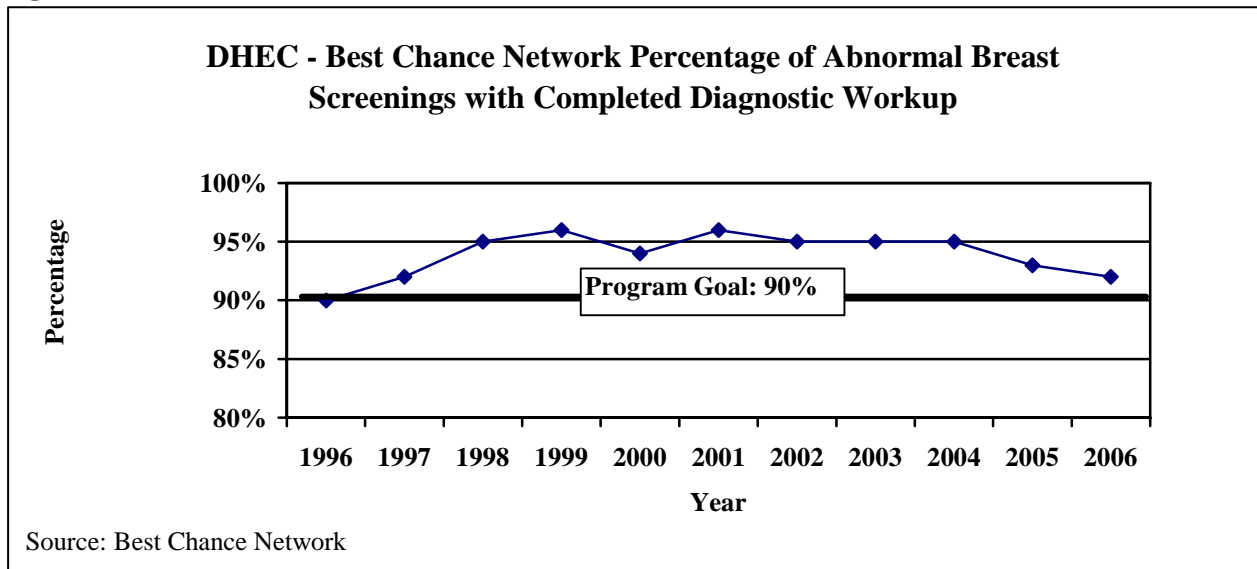
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 7,800 women. The program's goal is that at least 90% of the abnormal breast screenings will complete a diagnostic work-up. Over the past ten years the program has met or exceeded that goal.

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Fig. 7.1.17

Percentage of Medicaid Newborns Receiving a Postpartum Newborn Home Visit

HP 2010 Goal 90%

Source: PPNHV Report from SC Office of Research & Statistics

Percentage Receiving Visit

Year

■ Percent Receiving Visit
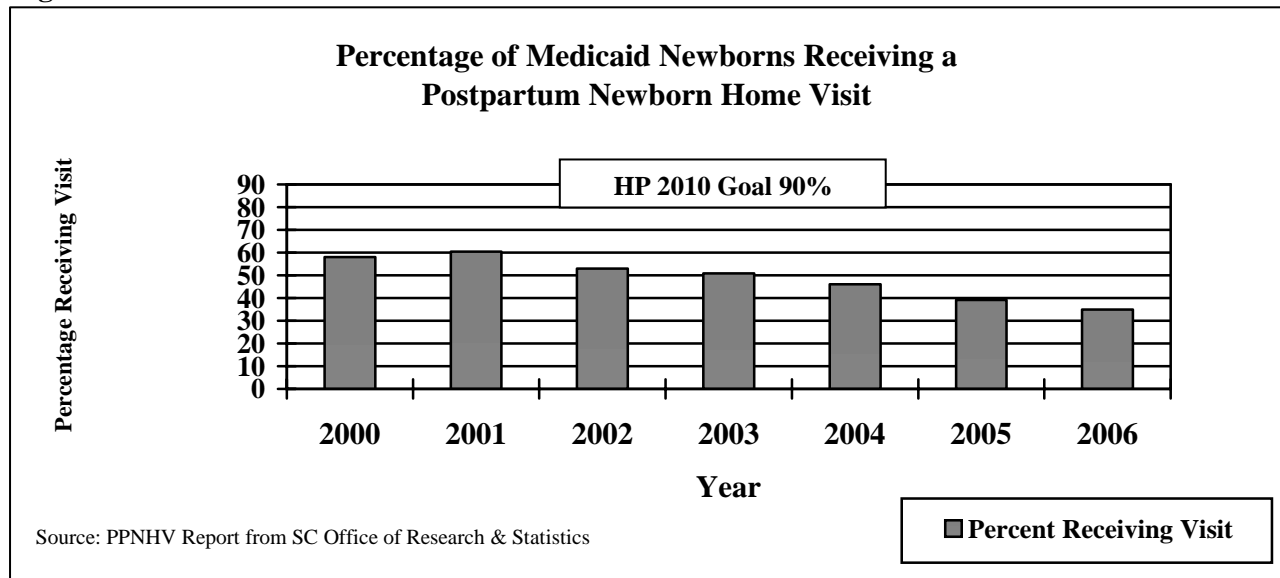
Postpartum Newborn Home Visits (PPNBHV) to the Medicaid population provide cost effective health care benefits. Nurses can identify infant problems early, such as poor weight gain, neonatal jaundice, and congenital problems. Maternal problems such as abnormal blood pressure and infection are assessed. The nurse also assists with finding a medical home. South Carolina's target is for 90% of all Medicaid newborns discharged from a hospital to receive a visit within three days. In 2006, DHEC provided visits to about 35% of this population. The shortfall is attributed to DHEC's critical nursing shortage, funding limitations, and a decreasing number of providers in the private sector who make PPNBHVs.

Fig. 7.1.18

Family Planning Caseload

Number of Clients Served

Fiscal Year

Source: DHEC, Family Planning Program
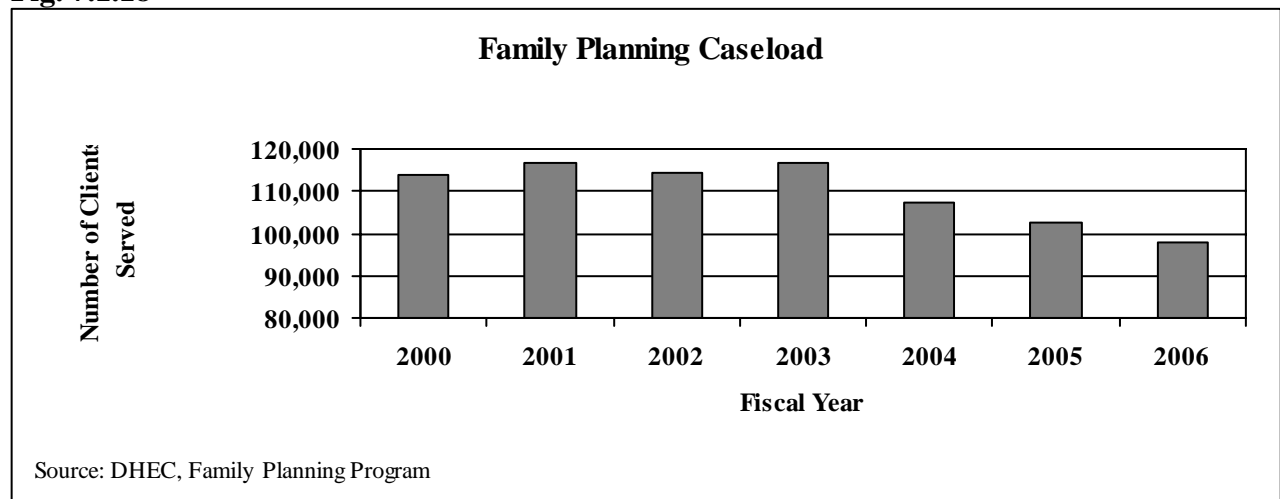
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. DHEC provides services to about 48% of the Medicaid customers and to about 51% of the overall population in need of family planning services (193,010 women of reproductive age). An unknown percentage of women in need of family planning services access these services in the private sector. The caseload in FY06 continued to decrease from the 2003 level due to shortages among nursing staff in DHEC's local health departments and the increase in cost of contraceptives.

Fig. 7.1.19

WIC Total Participation

Source, DHEC, WIC Program

□ Total Participation ■ Target
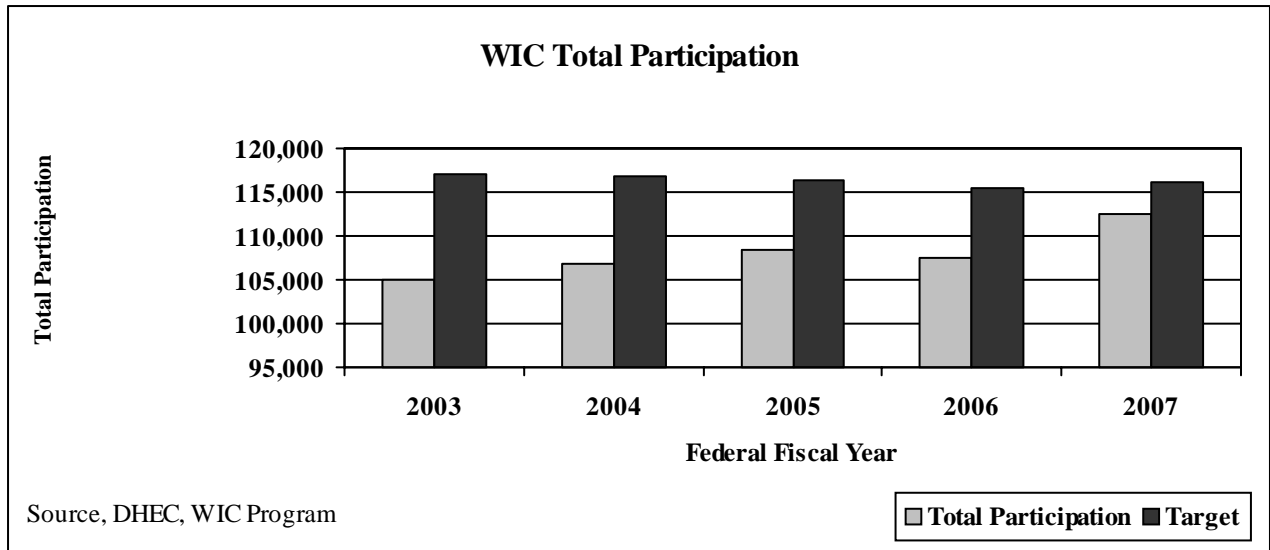
The Women, Infant and Children (WIC) Program is a preventive nutrition education program that provides a prescribed food package for eligible pregnant and breastfeeding women, infants and children to assist in meeting their nutritional requirements during critical periods of growth and development. Priorities of the WIC Program also include reducing obesity and promotion of breastfeeding. Services are provided statewide. WIC caseload has increased 4.7% in the past year, due to the implementation of a new computer system that has automated the certification procedure allowing staff more time to serve more eligible participants.

Fig. 7.1.20

Birth and Death Certificates Issued by DHEC

Source: DHEC, Division of Vital Records

■ State Office □ County Offices
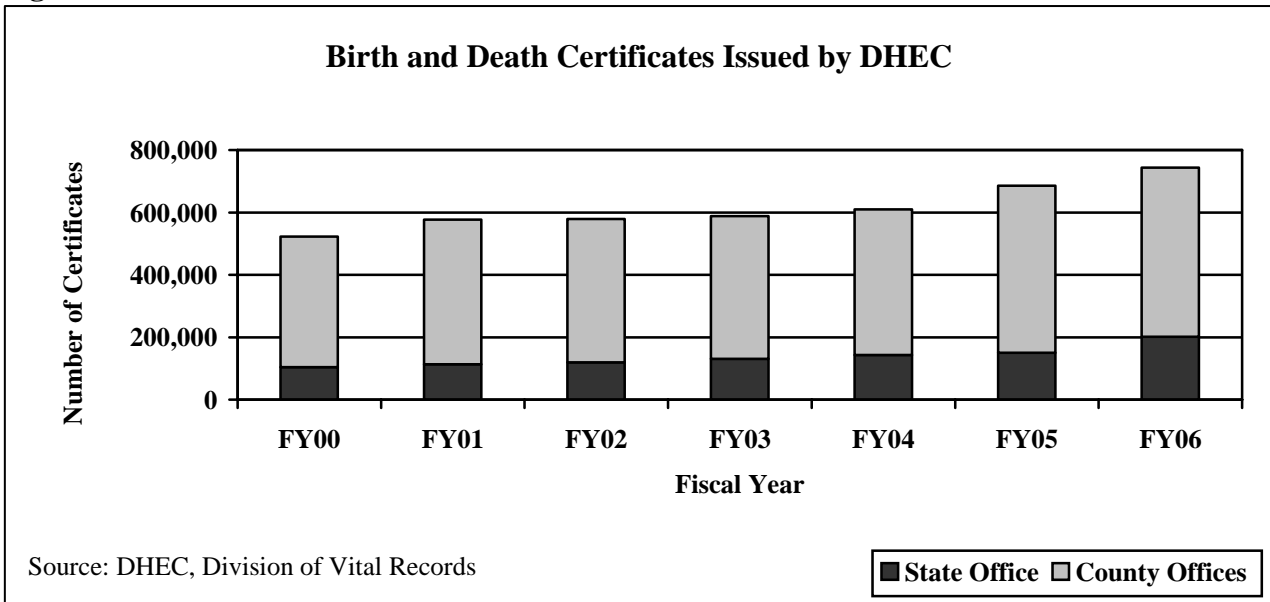
DHEC is the state's official record keeper for vital information pertaining to births, deaths, marriages and divorces in South Carolina. Each of the 46 counties has a vital records office in the county health department, and together with the state office in Columbia, provide this essential service for all citizens in the state. The demand for vital record documentation has increased 12% from 2005 to 2006, due to stricter identification requirements as a result of 9/11.

Fig. 7.1.21

Public Vaccine Usage by DHEC Clinics and Private Medical Practices

Source: DHEC, Immunization Division
CDC VACMAN database
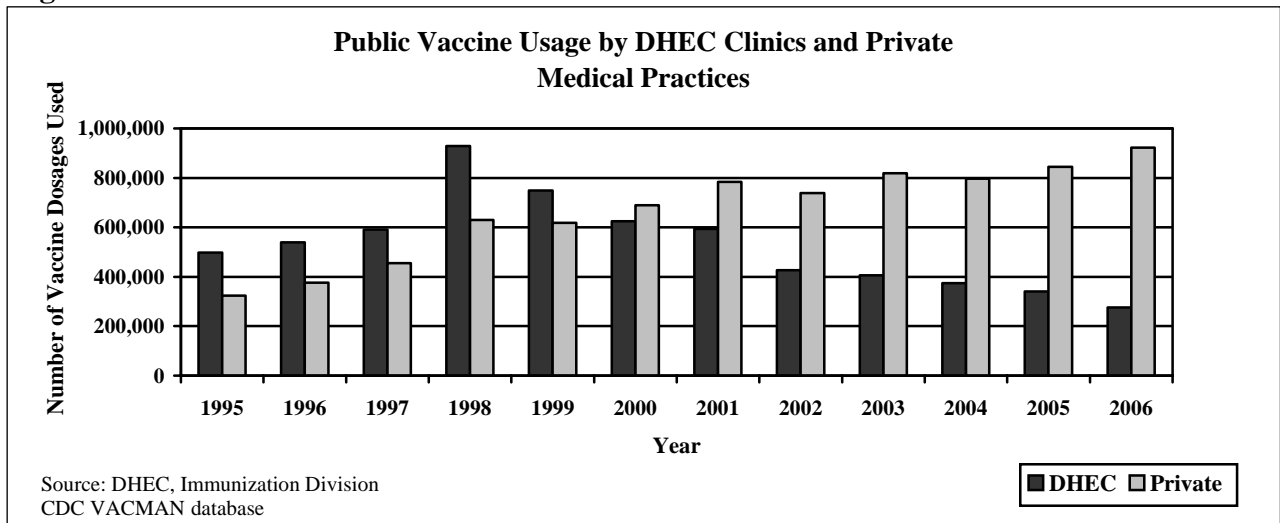
The federal vaccines for children program, known in the state as the Vaccine Assurance For All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled practices. Current enrollment in VAFAC is 600 practices. This includes 99% of all pediatric practices in the state; a large portion of family practices; all DHEC county health departments; all community health centers and rural health clinics; and most hospitals, colleges and universities. Many studies of the impact of this program throughout the nation continue to show the improved health benefits of promoting immunization in the medical home.

Fig. 7.1.22

Estimated Vaccine Coverage of Children 19-35 months[1], SC and US

Source: National Immunization Survey
http://www.cdc.gov/nip/coverage/default.htm
[1] 4:3:1:3:3 = 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB
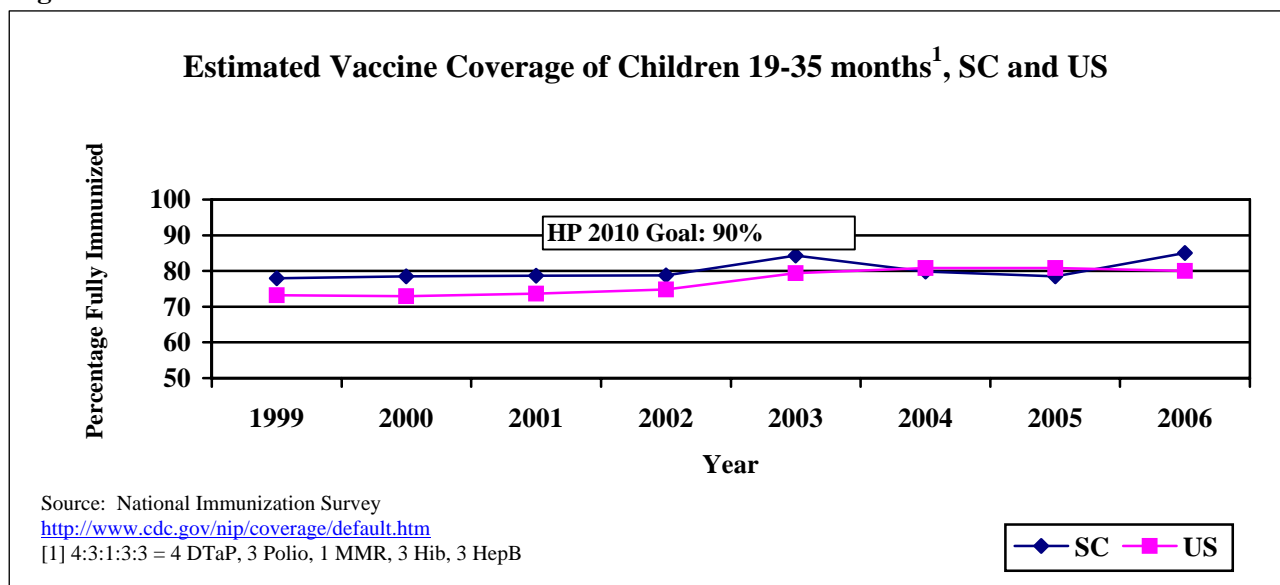
Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines and the fact that about 55,000 babies are born in the state each year. Despite these challenges, South Carolina consistently ranks near or above the national average in immunization coverage of children.

Fig. 7.1.23

Influenza Immunization Coverage Levels in SC,
65 Years and Older, by Race

HP2010 Goal: 90%

Percentage Age 65+ with Immunizations

Year

■ White □ Minorities ■ State

Data Source: DHEC, BRFSS
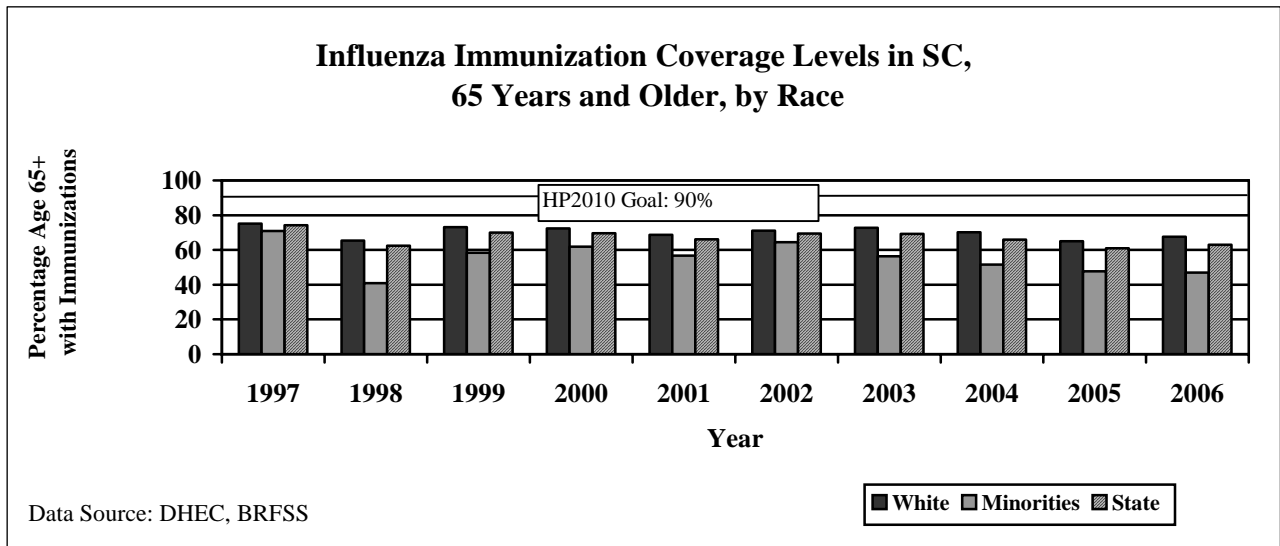
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2010 Goal of 90%. The state continues to see substantial disparities in influenza vaccine coverage between whites and non-white populations (21% higher coverage among whites in 2006). The number of persons receiving influenza vaccination in DHEC clinics declined significantly during the 2006-07 season due to late distribution of vaccine in the clinics. Many persons sought flu shots in their doctor's office where the vaccine was available earlier in the season.

Fig. 7.1.24

Percent of TB Cases Completing Treatment
within 12 Months - SC

Percentage Completing Treatment

HP 2010 Objective 90%

Year

Source: DHEC, Division of Tuberculosis
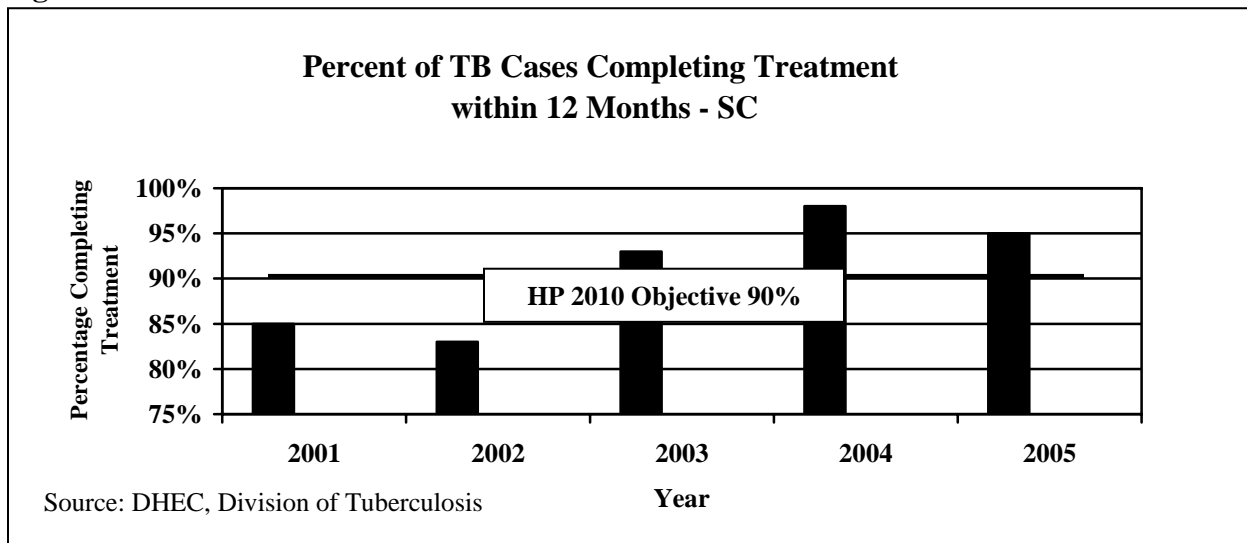
Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and sound interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed. The reported number of tuberculosis cases for 2006 was 222, representing a 15% decrease from the 261 cases reported in 2005. South Carolina continues to rank among the top ten states nationally in the number of new cases per 100,000 population with a case rate of 5.2%. The Healthy People 2010 Goal is 90% complete treatment within 12 months and the percentage of persons who completed treatment for tuberculosis disease in South Carolina was 95% in 2005.

Fig. 7.1.25

Number Tested for HIV Infection by DHEC
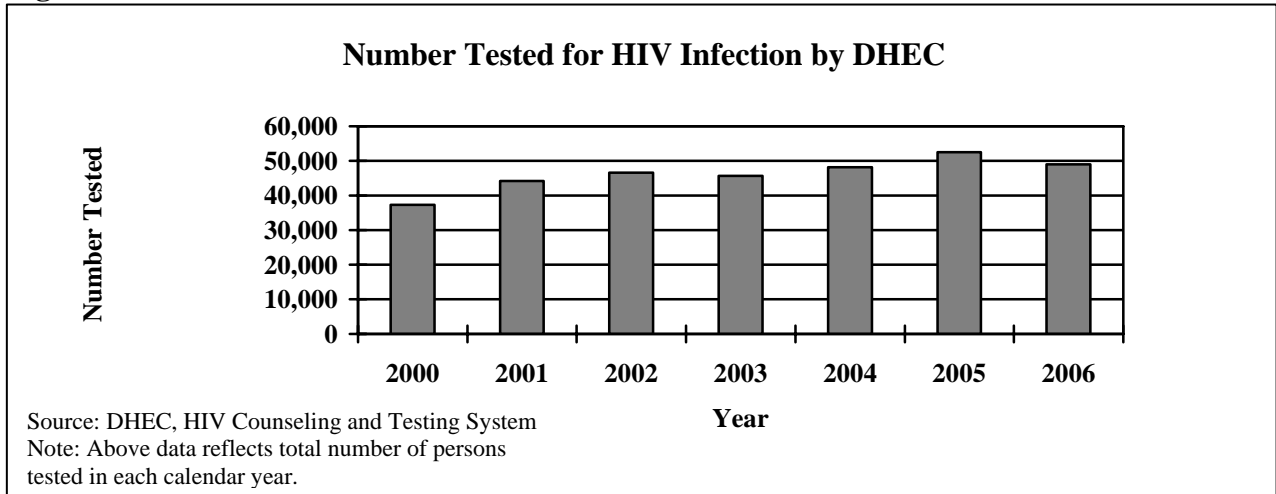
DHEC HIV tests and number of new cases detected are leveling. Increased access to effective HIV treatments as well as intense prevention services delivered by community organizations, local health departments and HIV service providers have contributed to slowing the annual rate of new HIV cases. Expanding testing services in other clinical settings such as hospital emergency departments is recommended to diagnose more HIV infected persons earlier allowing for improved health. A growing number of persons with HIV are living longer, requiring on-going care, treatment and prevention services. At the end of 2006, more than 14,000 persons were estimated to be living with HIV/AIDS in the state.

Fig. 7.1.26

SC ADAP Annual Drug Expenditures vs Earmarked Drug Funds

Notes: FY06/07 drug expenditures is projected based on Jan-June 06 actual costs without a wait list. FY07 & 08 projections are based on FY04-06 years & exclude increased costs of new drugs and increased number of
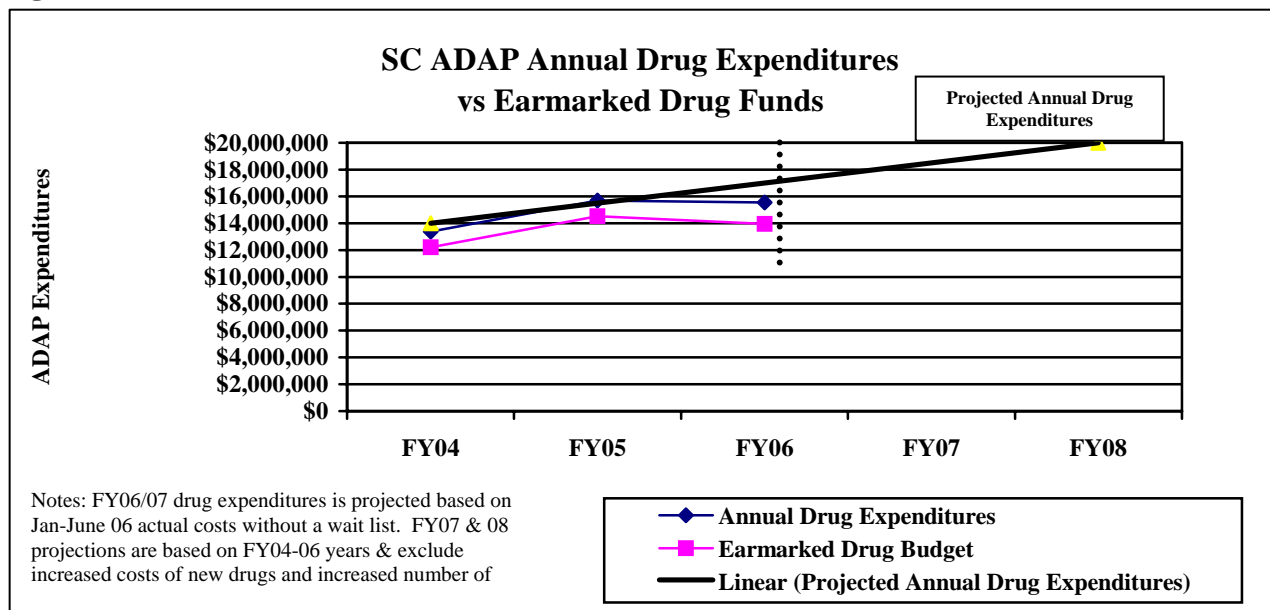
DHEC's AIDS Drug Assistance Program (ADAP) ensures equal access to all eligible ADAP applicants for approved HIV/AIDS therapies and other life-saving medicines. For the past three years, annual drug expenditures have exceeded federal and state earmarked ADAP funds. The ADAP program was serving about 1400 persons each month prior to April 2006. Projections on the expected growth of new patients and cost of medications but flat federal and state funds, created a need for immediate cost containment measures, e.g. wait list, to be initiated in June 2006. The program's funding could only serve about 1250 - 1300 people per month to avoid running out of funds before the end of March 2007 (end of grant year).

III. 7.2 Customer Satisfaction Results
Fig. 7.2.1

Customer General Impression of DHEC 1998 - 2006

- Very/Somewhat Positive
- Neither
- Somewhat/Very Negative

Source: DHEC, Customer Service Survey
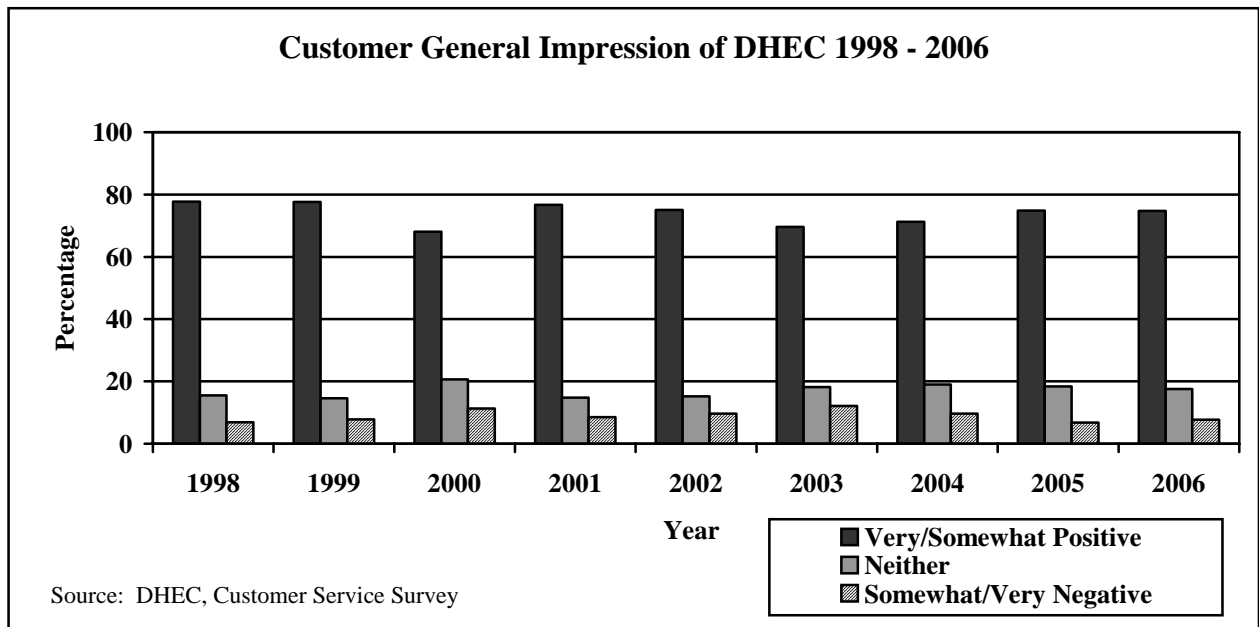
The results of the 2006 Customer Service Survey demonstrated the relative stability of the public's view of DHEC (75%). In the last nine years, the average percentage has been 74% for respondents with a positive general impression of DHEC.

Fig. 7.2.2

Customer Satisfaction with Overall Quality of Service 1998 - 2006

- Very/Somewhat Satisfied
- Somewhat /Very Dissatisfied
- ACSI *
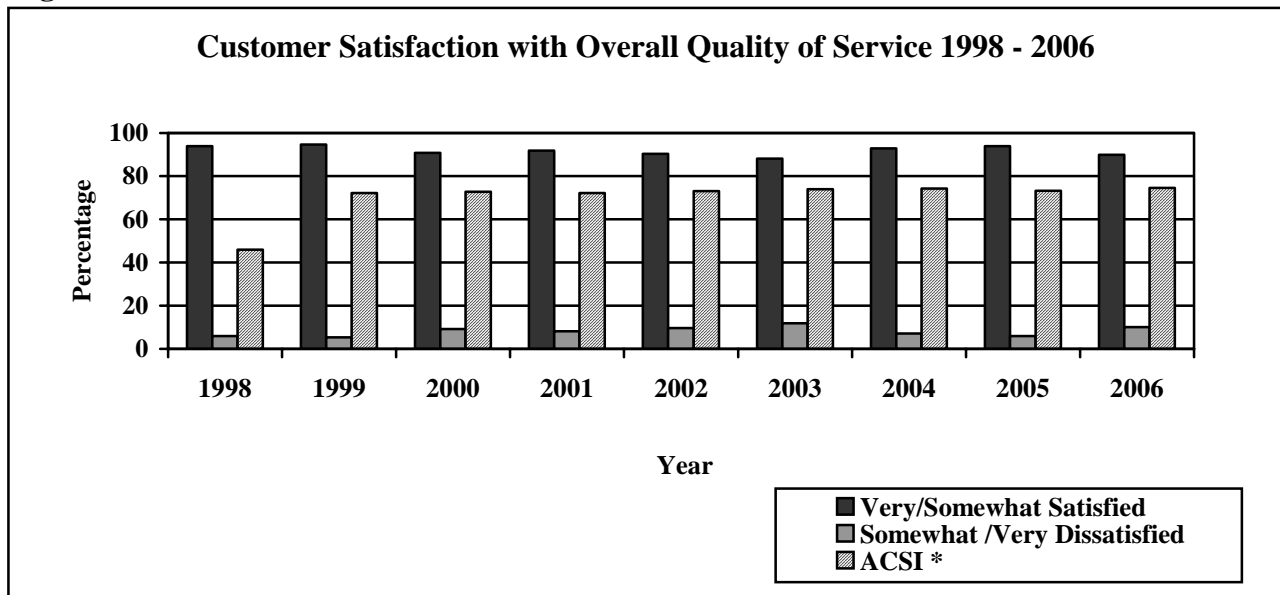
Respondents who have used DHEC services were asked to evaluate the overall quality of the service they received. Overall satisfaction with service was 90%. DHEC continues to remain well above the American Customer Satisfaction Index* (ACSI) overall Quality Satisfaction of 74% for 2006.

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Fig. 7.2.3

Satisfaction with Courtesy and Attitude of DHEC Staff 1998 - 2006
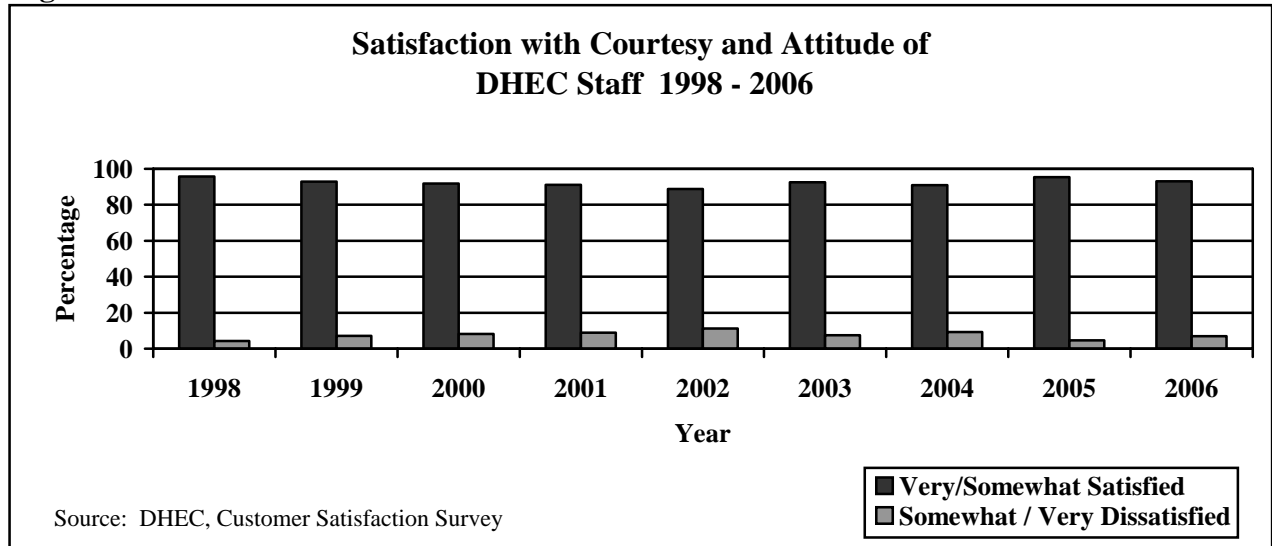
In the 2006 survey, respondents' satisfaction with courtesy and attitude of staff was 93.1%. Consistently over time, the South Carolina public is satisfied with the courtesy and attitude of DHEC staff in the delivery of public health and environmental services.

Fig. 7.2.4

Satisfaction with Wait Time for DHEC Service 1998 - 2006
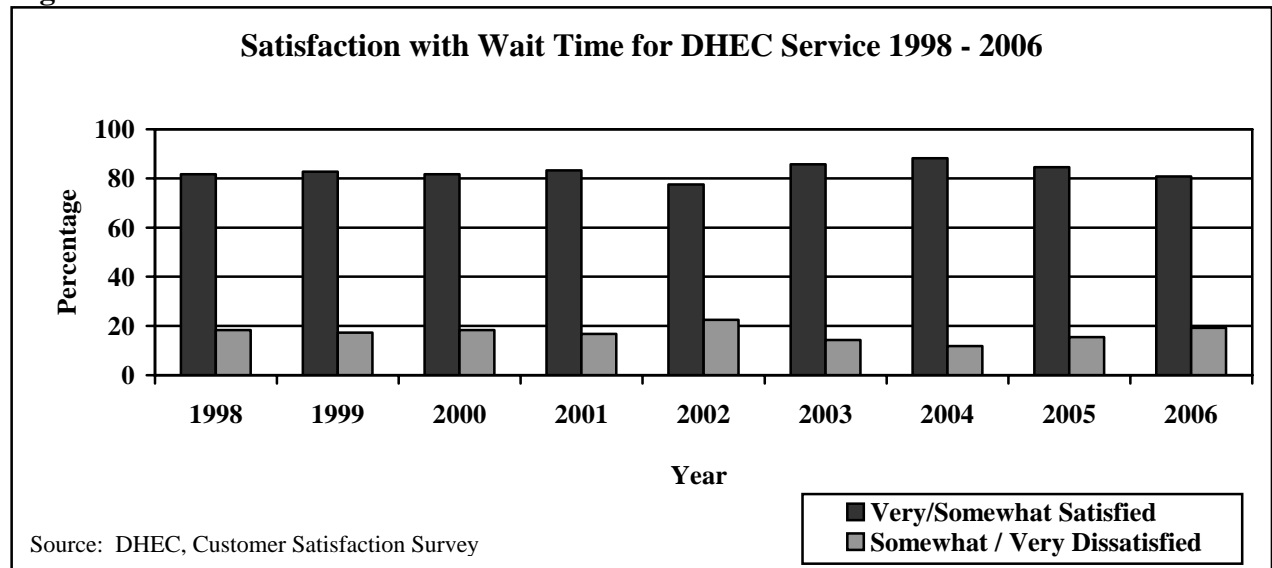
For 2006, overall satisfaction with the time respondents had to wait for service was 81%. Satisfaction with wait time continues to be stable over nine years with 83% of respondents satisfied with the time they had to wait for services.

III. 7.3 Financial Performance Results

Fig. 7.3.1

Administrative Expenditures Compared to Total Expenditures

Source: DHEC, Bureau of Financial Management
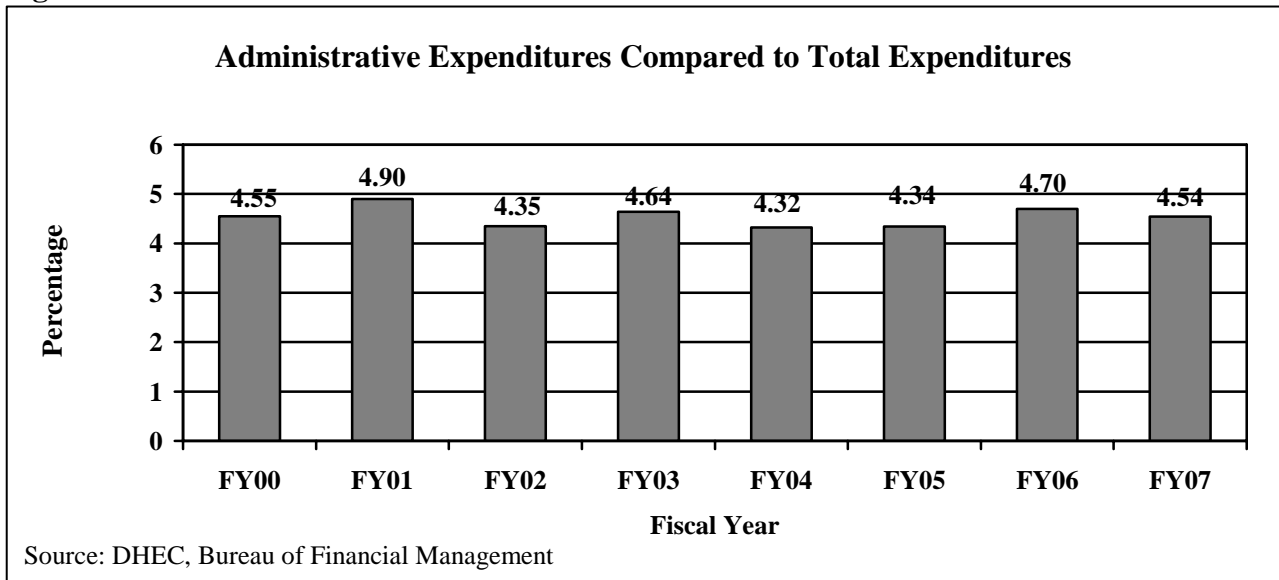
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to the unprecedented budget cuts and the agency's holding down of total expenditures. The increase in FY06 was a result of a reduction in revenue at the regional level, as well as increases in energy charges, insurance fees and information technology charges. Since these figures are percentages, as the agency's budget has decreased, total administrative expenditures have also decreased accordingly; meaning less money is spent on administration.

Fig. 7.3.2

Credit Card Transactions

Source: DHEC, Bureau of Financial Management
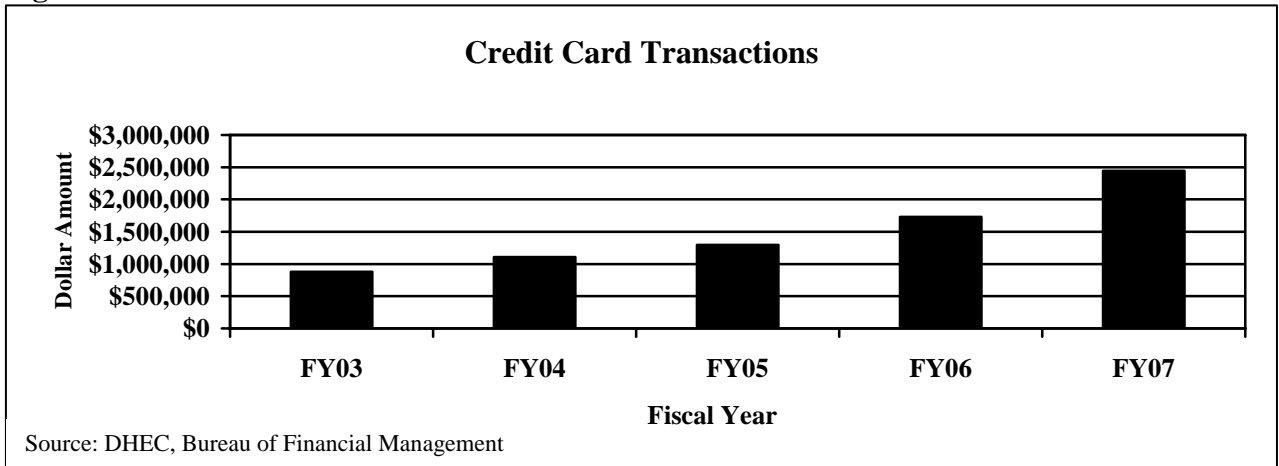
The agency's credit card transactions have increased significantly over the past few years. In October 2005, a system was developed and implemented for customers who received invoices from the various DHEC program areas to pay for those invoice online. In addition, in April 2006, the agency improved the ability of the clinic sites throughout the state to accept credit cards by modifying this system for their use. In FY07, this system was modified again to allow for multiple invoices to be paid with one credit card transaction. In FY03, total credit card sales were $880,054. For FY07, total credit card sales were $2,444,356, which is almost triple the amount of credit card sales in FY03. Customers have been pleased with this option and the availability of agency funds has improved.

Fig. 7.3.3
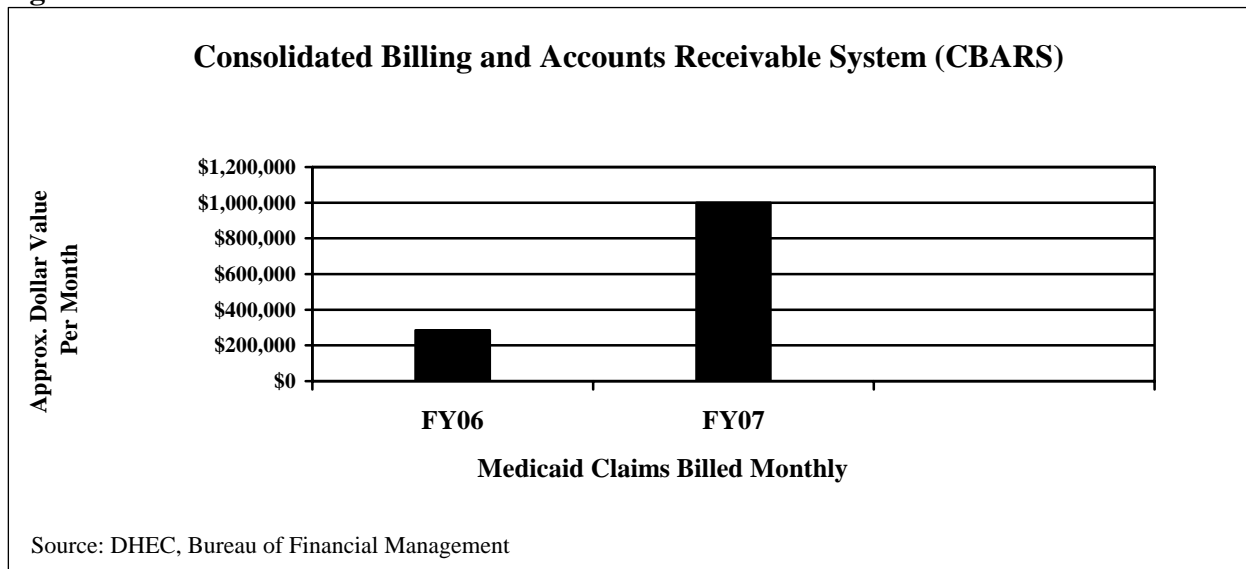
Consolidated Billing and Accounts Receivable System (CBARS)

Medicaid Claims Billed Monthly

Approx. Dollar Value Per Month

Source: DHEC, Bureau of Financial Management

In FY07, with all sites online with CBARS, DHEC bills Medicaid approximately 20,000 claims per month with an approximate dollar value of $1 million per month. In FY06, DHEC billed Medicaid for about 5,000 claims per month in CBARS with a total dollar amount of approximately $285,000 per month. The increased timeliness in processing has resulted in more timely access to the billing dollars owed.

Fig. 7.3.4
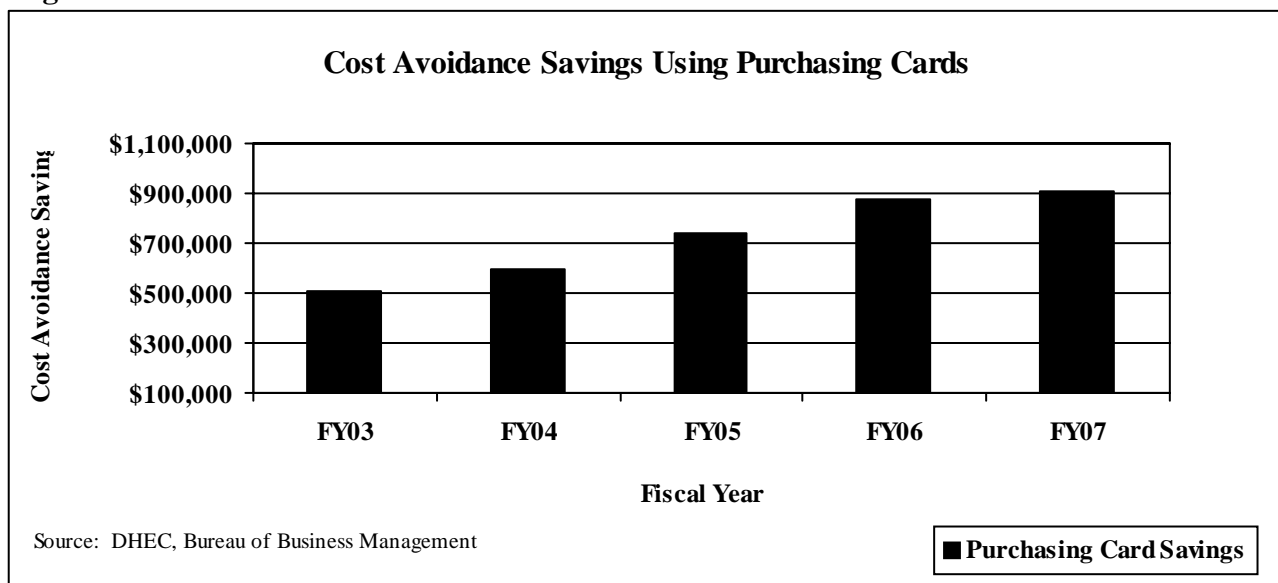
Cost Avoidance Savings Using Purchasing Cards

Cost Avoidance Savings

Fiscal Year

Source: DHEC, Bureau of Business Management

■ Purchasing Card Savings

The agency continues to increase the usage of the State Purchasing Card instead of using purchase orders. The agency currently has 228 cardholders. This year, 15,155 purchases were made with the card totaling $3,713,990.14. The average cost to process a purchase order is $83 and the average processing time is 54 minutes. The average purchasing card transaction cost is $23 with an average processing time of 14 minutes. By using the purchasing card to acquire goods that would previously have been procured by purchase orders, the agency has realized a cost avoidance savings of $909,300 during this fiscal year.

Fig. 7.3.5
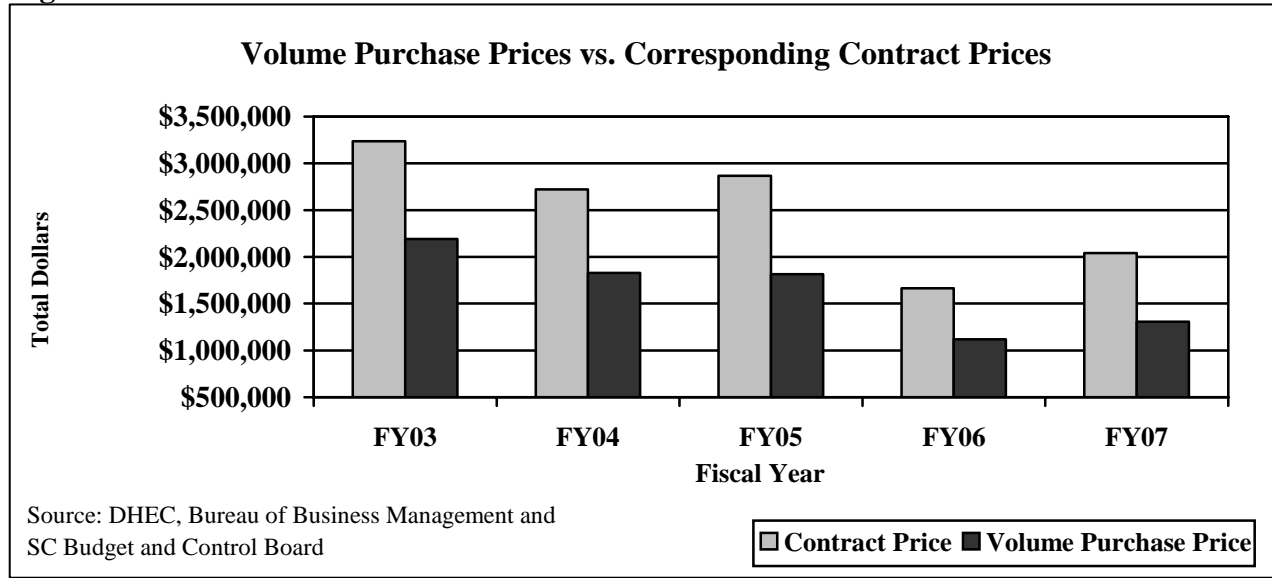
Volume Purchase Prices vs. Corresponding Contract Prices

Chart: Total Dollars by Fiscal Year (FY03–FY07), comparing Contract Price and Volume Purchase Price.

Y-axis (Total Dollars): $500,000 to $3,500,000 in increments of $500,000.

X-axis (Fiscal Year): FY03, FY04, FY05, FY06, FY07

Legend: ☐ Contract Price ■ Volume Purchase Price

The volume purchase of personal computers and other information technology products creates financial savings for the agency, reduces administrative activities and utilizes procurement planning across program lines. In FY07, the agency realized a savings by this process of over $735,000 from the state contract price, which allows programs to maximize their purchasing dollars.

Fig. 7.3.6

DHEC Savings in Annual Facilities Lease Obligations

Chart: Lease Amount by Fiscal Year (FY02–FY07).

Y-axis (Lease Amount): $500,000.00 to $8,500,000.00 in increments of $2,000,000.00.

X-axis (Fiscal Year): FY02, FY03, FY04, FY05, FY06, FY07
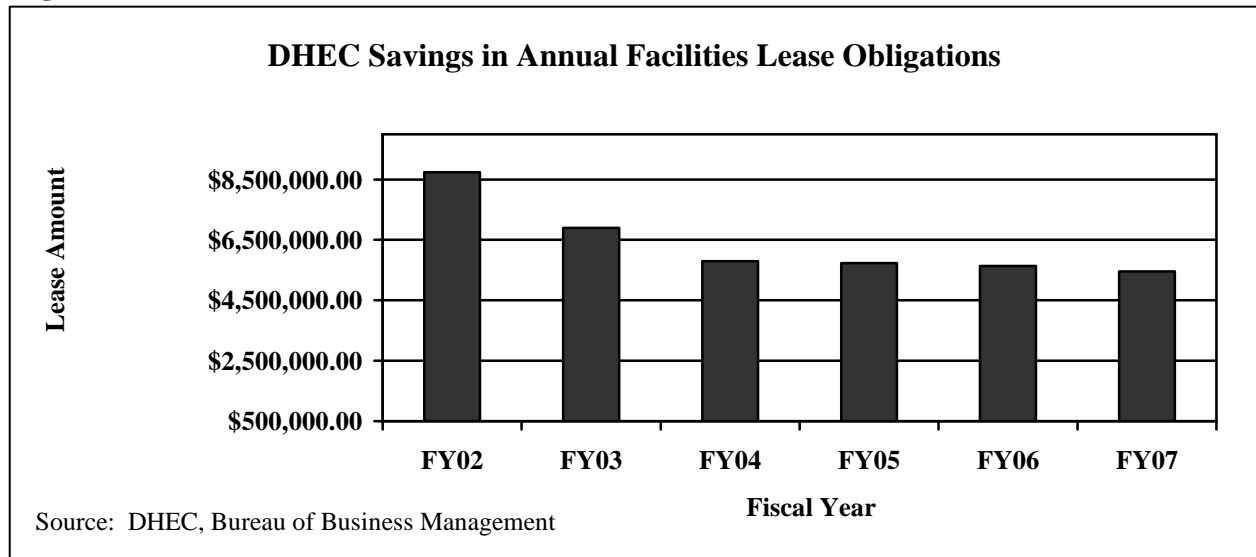
The agency's annual facilities lease obligation was reduced by $176,652 during this reporting period from July 1, 2006 to June 30, 2007. These savings were produced primarily through contract negotiations of existing leases, and some further program review that led to consolidation and reduction in the amount of physical space required. Some contractual savings extend through 2012, and one contract extends until 2022. Over the last six years, the agency has reduced its lease costs from $8,738,340 to $5,460,914, a reduction of 37.5 percent.

Fig. 7.3.7

Implementation of Internal Audit Recommendations			
Years	Number of Recommendations	Recommendations Implemented	Recommendations Outstanding
FY2005	76	76	0
FY2006	44	44	0
FY2007	69	31	28
TOTALS	**189**	**161**	**28**

Over the past three fiscal years, DHEC Internal Audits has made 189 recommendations to improve agency operations, internal controls and procedures. Of those 189 recommendations, 161 have been implemented with 28 outstanding, which will be implemented in this fiscal year. Eighteen of the recommendations outstanding are from reports issued in May and June 2007. This shows a serious commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Audit Committee of the DHEC Board. [Source: DHEC, Office of Internal Audits]

III. 7.4 Work Force Results
Fig. 7.4.1

DHEC Employee Turnover

Fiscal Year	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07
DHEC	12.42	12.49	12.72	9.99	10.23	10.96	15.64	11.61
STATE	14.33	14.26	13.17	12.57	11.75	12.70	15.93	13.99

Source: SC Budget and Control Board
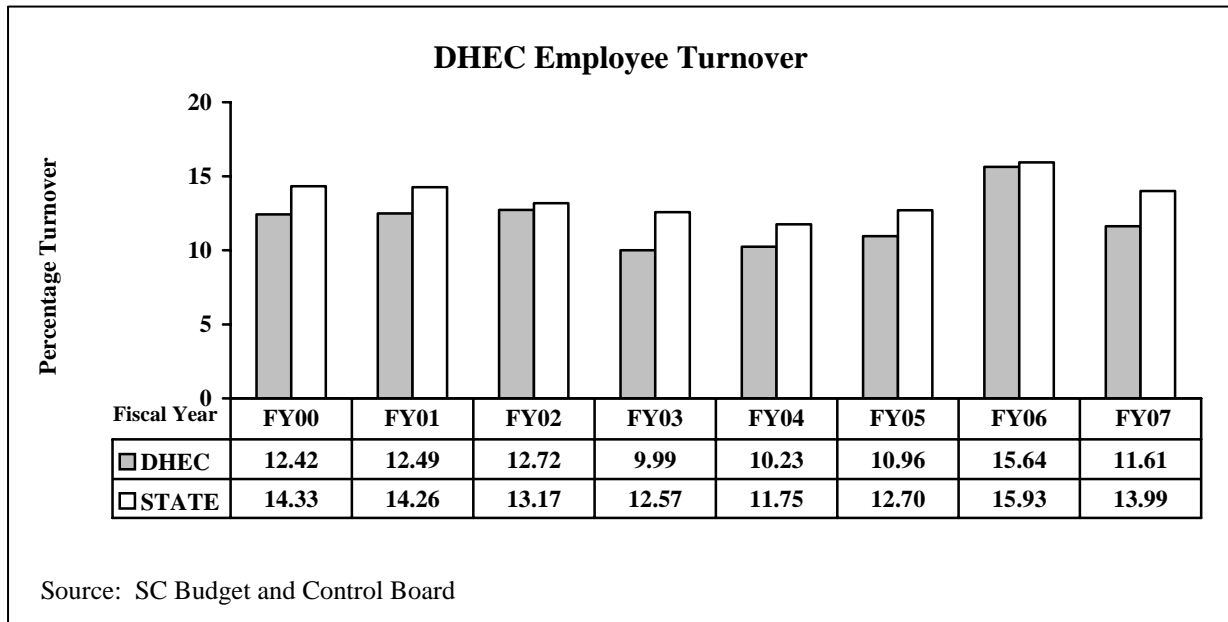
The agency turnover rate for FY07 decreased to 11.61%. The reasons for the reduction are the reduced number of employees leaving the TERI program during this time and a lower number of employees leaving the agency. The agency turnover rate continues to be below the overall state turnover rate of 13.99%.

Fig. 7.4.2

Workers Compensation Claims

Source: SC State Accident Fund
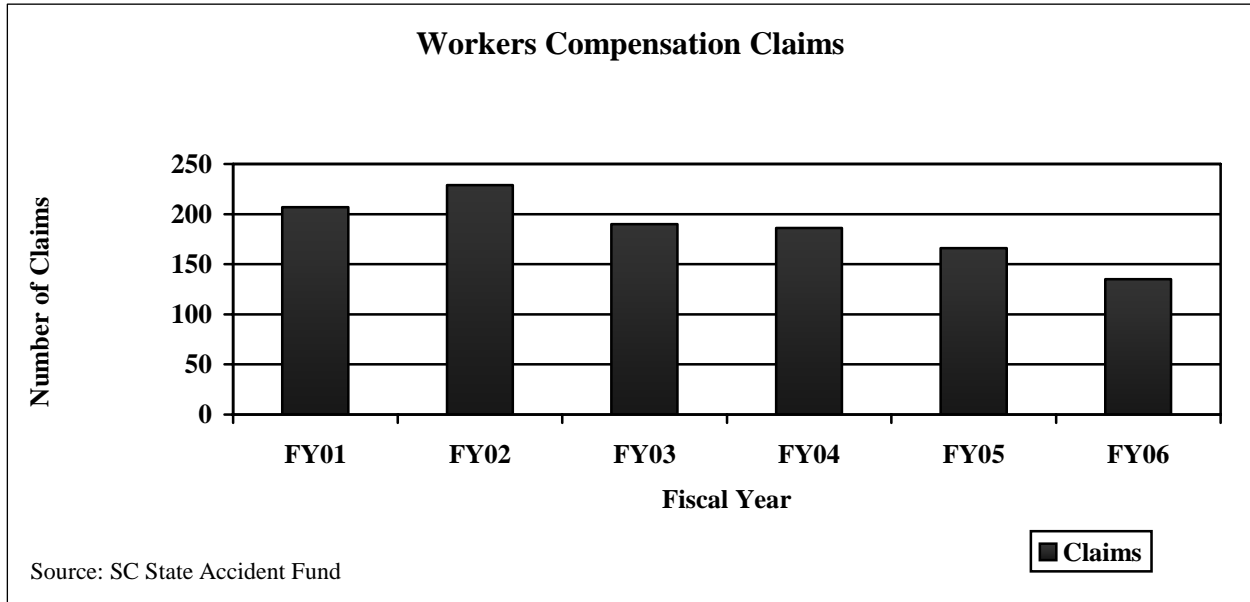
Worker's Compensation claims have continued to drop for the fourth consecutive year. Employee health nurses have continued to stress safety in the clinic areas and safety committees have monitored hazards in the work place as well as providing safety information and training to employees. This combination has resulted in fewer claims.

Fig. 7.4.3

Average Turnaround Time to Complete a Transaction

Source: DHEC, Personnel Action Information System
(PAIS) Annual Report
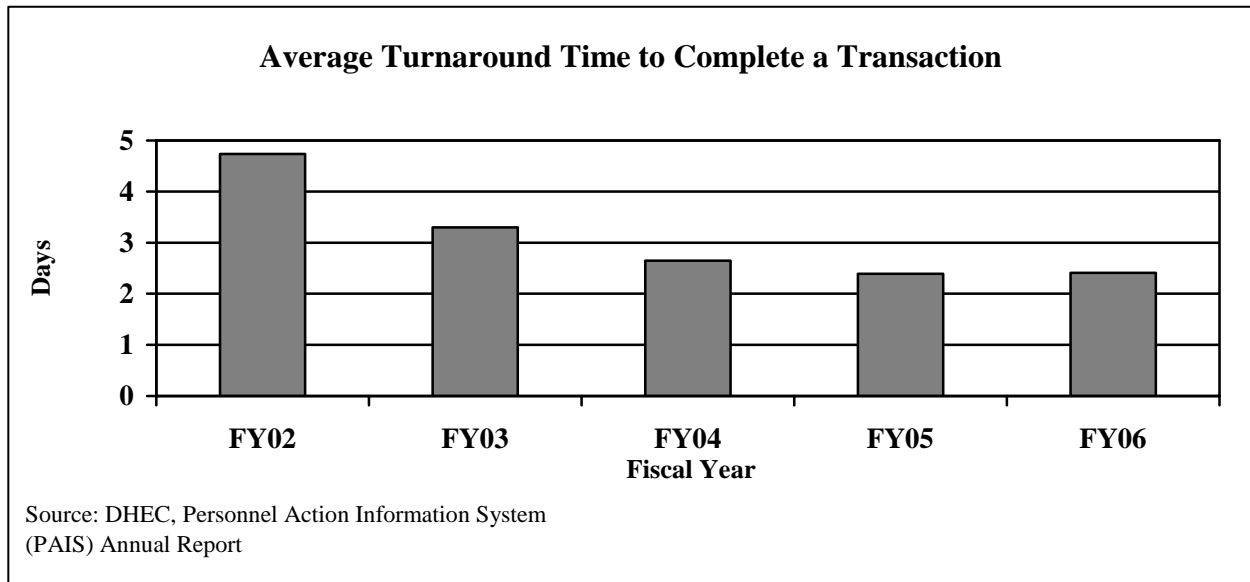
The number of days to process personnel actions has decreased from 4.74 to 2.41 days over the five-year period due to implementation and use of the Personnel Action Information System (PAIS). PAIS is an electronic personnel action system designed to replace the previous manual paper version. System edits, reports, continued changes and improvements have resulted in reduced processing days and improved use of staff time.

South Carolina Department of Health and Environmental Control
Organization Chart

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                                    Governor
                                       |
                                     Board
                                       |
                                  Commissioner
```

Assistant to the Commissioner for External Affairs

General Counsel

- Division of Media Relations
- Division of Communication Resources
- Constituent & Legislative Services

- Office of Internal Audits
- Freedom of Information Center

Chief of Staff (Administration)
- Bureau of Financial Management
- Bureau of Business Management
- Bureau of Drug Control
- Bureau of Information Systems
- Office of Personnel Services
- Office of Public Health Statistics & Information
- Office of Quality Management
- Office of Public Health Preparedness
- Office of Planning
- Affirmative Action/ EEO Program
- Office of Regional & Program Support

Deputy Commissioner: Ocean & Coastal Resource Management
- Coastal Planning & Policy
- Regulatory & Regional Offices
- Communication & Technology

Deputy Commissioner: Health Services
- Bureau of Maternal & Child Health
- Bureau of Community Health & Chronic Disease Prevention
- Bureau of Disease Control
- Bureau of Environmental Health
- Bureau of Laboratories
- Office of Minority Health
- Clinical Services
- Public Health Professional Offices
- Health Services Operations
- Local Public Health Regions (8)

Deputy Commissioner: Health Regulations
- Bureau of Certification
- Bureau of Health Facilities
- Bureau of Health Facilities Regulations
- Bureau of Radiological Health

Deputy Commissioner: Environmental Quality Control
- Bureau of Air Quality
- Bureau of Water
- Bureau of Land & Waste Management
- Environmental Services, Laboratory & Regional Offices (8)

A-1

Program Number and Title	Major Program Area Purpose (Brief)	FY 05-06 Budget Expenditures		FY 06-07 Budget Expenditures		Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management, personnel services. This activity represents the "overhead".	State:	7,317,306.67	State:	8,216,940.73	7.2.1 7.3.2 7.3.7
		Federal:	47,035.00	Federal:	5,944.35	7.2.2 7.3.3 7.4.1
		Other:	14,089,545.43	Other:	13,293,755.55	7.2.3 7.3.4 7.4.2
		Total:	21,453,887.10	Total:	21,516,640.63	7.2.4 7.3.5 7.4.3
		% of Total Budget:	5%	% of Total Budget:	5%	7.3.1 7.3.6
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation	State:		State:		7.1.4
		Federal:	1,865,101.76	Federal:	1,368,999.95	
		Other:	1,052,350.33	Other:	788,104.63	
		Total:	2,917,452.09	Total:	2,157,104.58	
		% of Total Budget:	1%	% of Total Budget:	0%	
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State:	10,202,541.22	State:	9,546,354.36	7.1.5
		Federal:	6,731,117.97	Federal:	6,949,944.76	7.1.6
		Other:	9,491,639.58	Other:	10,236,286.40	
				Restricted:	15,315.98	
		Total:	26,425,298.77	Total:	26,747,901.50	
		% of Total Budget:	6%	% of Total Budget:	6%	
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations.	State:	882,528.65	State:	1,035,658.77	7.1.9
		Federal:	2,803,083.01	Federal:	2,804,425.25	
		Other:	758,437.36	Other:	921,678.47	
		Total:	4,444,049.02	Total:	4,761,762.49	
		% of Total Budget:	1%	% of Total Budget:	1%	
II.B.1.a National Estuary Research Reserve	Protect specific biogeographical regions under a National Program. SC has two such regions ACE (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay	State:		State:		
		Federal:	9,458.81	Federal:	485,673.85	
		Other:		Other:		
		Total:	9,458.81	Total:	485,673.85	
		% of Total Budget:	0%	% of Total Budget:	0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

	Remainder of Expenditures:	State:		State:		
		Federal:		Federal:		
		Other:		Other:		
		Total:		Total:		
		% of Total Budget:		% of Total Budget:		

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

Program Number and Title	Major Program Area Purpose (Brief)	FY 05-06 Budget Expenditures		FY 06-07 Budget Expenditures		Key Cross References for Financial Results*
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards are met and reduces the potential of adverse health effects.	State: 898,100.43 Federal: 1,747,028.21 Other: 7,735,221.34 Restricted: 124,033.78 Total: 10,504,383.76		State: 954,583.42 Federal: 1,503,821.80 Other: 7,822,236.82 Restricted: 195,896.18 Total: 10,476,538.22		7.1.7
		% of Total Budget:	2%	% of Total Budget:	2%	
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State: 3,029,867.56 Federal: 6,306,574.87 Other: 1,230,311.34 Restricted: 5,490,675.41 Total: 16,057,429.18		State: 3,170,894.36 Federal: 6,338,739.66 Other: 1,620,077.69 Restricted: 6,920,224.97 Total: 18,049,936.68		7.1.1 7.1.2 7.1.3
		% of Total Budget:	4%	% of Total Budget:	4%	
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	State: 74,905.79 Federal: Other: Total: 74,905.79		State: 78,301.35 Federal: Other: Total: 78,301.35		
		% of Total Budget:	0%	% of Total Budget:	0%	
II.E.1 Family Health Infectious Disease Prevention	Ensure that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Immunizations	State: 11,961,677.24 Federal: 31,495,720.88 Other: 4,125,635.21 Total: 47,583,033.33		State: 11,811,353.56 Federal: 31,052,994.08 Other: 4,871,826.67 Total: 47,736,174.31		7.1.11 7.1.24 7.1.12 7.1.25 7.1.21 7.1.26 7.1.22
		% of Total Budget:	10%	% of Total Budget:	10% 7.1.23	
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	State: 18,158.00 Federal: Other: Total: 18,158.00		State: 18,158.00 Federal: Other: Total: 18,158.00		7.1.25 7.1.26
		% of Total Budget:	0%	% of Total Budget:	0%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

	Remainder of Expenditures:	State: Federal: Other: Total:		State: Federal: Other: Total:		
		% of Total Budget:		% of Total Budget:		

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

		FY 05-06 Budget Expenditures			FY 06-07 Budget Expenditures			Key Cross References for
Program Number and Title	**Major Program Area Purpose (Brief)**							**Financial Results***
II.E.2 Maternal/Infant Health	Improve the health of all children and families in the state with an emphasis on eliminating health disparities.	State:	2,973,773.32		State:	2,872,165.69		7.1.17
		Federal:	99,830,719.35		Federal:	113,370,927.27		7.1.18
		Other:	10,784,123.04		Other:	5,371,837.69		7.1.19
		Total:	113,588,615.71		Total:	121,614,930.65		
		% of Total Budget:		25%	**% of Total Budget:**		25%	
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conduced in hospitals with at least 100 births annually.	State:	734,530.16		State:	750,629.07		
		Federal:			Federal:			
		Other:			Other:			
		Restricted:			Restricted:			
		Total:	734,530.16		Total:	750,629.07		
		% of Total Budget:		0%	**% of Total Budget:**		0%	
II.E.3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes.	State:	1,429,777.13		State:	1,464,895.24		7.1.13
		Federal:	4,778,961.64		Federal:	4,657,340.71		7.1.14
		Other:	88,519.09		Other:	221,299.01		7.1.15
		Total:	6,297,257.86		Total:	6,343,534.96		7.1.16
		% of Total Budget:		1%	**% of Total Budget:**		1%	
II.E.3.a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states, is a primary activity of the Division of Tobacco Prevention and Control	State:			State:			7.1.13
		Federal:			Federal:	554,951.78		7.1.14
		Other:	177,703.78		Other:	0.00		
		Restricted:			Restricted:			
		Total:	177,703.78		Total:	554,951.78		
		% of Total Budget:		0%	**% of Total Budget:**		0%	
II.E.4. Assuring Public Health Services	Provide the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State:	36,219,100.88		State:	38,957,532.05		7.1.11 7.1.16 7.1.21
		Federal:	28,084,729.57		Federal:	25,547,386.58		7.1.12 7.1.17 7.1.22
		Other:	17,317,218.07		Other:	22,240,134.60		7.1.13 7.1.18 7.1.23
		Total:	81,621,048.52		Total:	86,745,053.23		7.1.14 7.1.19 7.1.24
		% of Total Budget:		18%	**% of Total Budget:**		18%	7.1.15 7.1.20 7.1.25
								7.1.26

Below: List any programs not included above and show the remainder of expenditures by source of funds.

	Remainder of Expenditures:	State:			State:			
		Federal:			Federal:			
		Other:			Other:			
		Total:			Total:			
		% of Total Budget:			**% of Total Budget:**			

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 05-06 Budget Expenditures		FY 06-07 Budget Expenditures		Key Cross References for Financial Results*
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state.	State:	231,997.12	State:	312,121.20	
		Federal:		Federal:		
		Other:		Other:		
		Total:	231,997.12	Total:	312,121.20	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. E. 4.b Biotechnology Center	These funds were awarded to the Agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State:	577,620.00	State:	577,620.00	
		Federal:		Federal:		
		Other:		Other:		
		Total:	577,620.00	Total:	577,620.00	
		% of Total Budget:	0%	% of Total Budget:	0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances	State:		State:	587,121.60	
		Federal:		Federal:		
		Other:	1,174,508.31	Other:	943,338.56	
		Total:	1,174,508.31	Total:	1,530,460.16	
		% of Total Budget:	0%	% of Total Budget:	0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State:	850,740.80	State:	1,170,098.05	
		Federal:	711,628.82	Federal:	830,500.68	
		Other:		Other:		
		Total:	1,562,369.62	Total:	2,000,598.73	
		% of Total Budget:	0%	% of Total Budget:	0%	
II.E.7 Independent Living	Provides many in-home services such as skilled nurses: provides services to special needs clients to live more independent lives: provides screening, testing, education counseling & managed care	State:	7,259,059.01	State:	9,633,259.49	
		Federal:	9,402,681.72	Federal:	8,449,374.13	
		Other:	23,331,976.82	Other:	22,819,457.34	
		Restricted:		Restricted:		
		Total:	39,993,717.55	Total:	40,902,090.96	
		% of Total Budget:	9%	% of Total Budget:	9%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

	Remainder of Expenditures:	State:		State:		
		Federal:		Federal:		
		Other:		Other:		
		Total:		Total:		
		% of Total Budget:		% of Total Budget:		

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

Program Number and Title	Major Program Area Purpose (Brief)	FY 05-06 Budget Expenditures		FY 06-07 Budget Expenditures		Key Cross References for Financial Results*
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State:	170,393.58	State:	170,454.54	
		Federal:		Federal:		
		Other:		Other:		
		Total:	170,393.58	Total:	170,454.54	
		% of Total Budget:	0%	% of Total Budget:	0%	
II.F.1 Health Care Standards- Radiological Health	Registers, licenses, and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggages/security units.	State:	716,796.59	State:	705,423.30	
		Federal:	41,188.79	Federal:	79,519.90	
		Other:	440,822.09	Other:	743,550.93	
		Total:	1,198,807.47	Total:	1,528,494.13	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. F.2 Health Care Standards- Health Facilities & Services Development	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need.	State:	750,412.14	State:	716,464.02	
		Federal:	58,136.66	Federal:	74,083.47	
		Other:	168,388.64	Other:	197,413.25	
		Total:	976,937.44	Total:	987,960.74	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. F. 3 Health Care Standards- Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC are provided appropriate care and services in a manner and environment that promotes their health, safety and well being.	State:	1,241,969.50	State:	1,303,904.94	
		Federal:		Federal:		
		Other:	485,909.10	Other:	596,728.93	
		Total:	1,727,878.60	Total:	1,900,633.87	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. F. 4 Health Care Standards- Certification	Ensures all residents, patients, and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care which will attain the highest practicable level of well being.	State:		State:	0.00	
		Federal:	3,330,794.39	Federal:	3,022,851.09	
		Other:	2,055.78	Other:	0.00	
		Total:	3,332,850.17	Total:	3,022,851.09	
		% of Total Budget:	1%	% of Total Budget:	1%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

	Remainder of Expenditures:	State:		State:		
		Federal:		Federal:		
		Other:		Other:		
		Total:		Total:		
		% of Total Budget:		% of Total Budget:		

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

Program Number and Title	Major Program Area Purpose (Brief)	FY 05-06 Budget Expenditures		FY 06-07 Budget Expenditures		Key Cross References for Financial Results*
II. F. 5 Health Care Standards- Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services, certification of medical technicians.	State: 2,309,579.95 Federal: 312,247.68 Other: 36,720.51 Total: 2,658,548.14		State: 2,076,107.72 Federal: 252,713.79 Other: 34,607.26 Total: 2,363,428.77		
		% of Total Budget:	1%	% of Total Budget:	0%	
Trauma Center Fund	New Appropriation	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00		State: 457,328.43 Federal: 0.00 Other: 0.00 Total: 457,328.43	0%	7.1.10
		% of Total Budget:	0%	% of Total Budget:	0%	
II.G.1 Health Surveillance Support Services-Health Laboratory	Assures that integrated, accurate and cost effective laboratory testing is available to support public health.	State: 2,675,397.83 Federal: 1,928,080.09 Other: 4,735,745.85 Total: 9,339,223.77		State: 2,249,305.82 Federal: 2,376,631.38 Other: 5,284,301.99 Total: 9,910,239.19		
		% of Total Budget:	2%	% of Total Budget:	2%	
II. G. 2 Health Surveillance Support Services -Vital Records	Provides for the registration ,correction and certification of all vital events (births, deaths, marriages, and divorces).	State: 548,240.59 Federal: 1,396,960.61 Other: 3,250,271.69 Total: 5,195,472.89		State: 239,821.42 Federal: 1,186,764.11 Other: 3,506,239.37 Total: 4,932,824.90		7.1.20
		% of Total Budget:	1%	% of Total Budget:	1%	
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance	State: 17,492,939.11 Federal: 16,791,367.53 Other: 16,110,596.74 Restricted: 610,656.60 Total: 51,005,559.98		State: 19,812,299.39 Federal: 16,806,283.16 Other: 13,171,462.92 Restricted: 653,456.45 Total: 50,443,501.92		7.4.1 7.4.2
		% of Total Budget:	11%	% of Total Budget:	11%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.

FY 06 Beach Ren, Comp Grants, EMS Equip, Capital Proj.: FY 07 Beach Renour, Comp Grants, Babynet,Birth Defects Prog, Vac Purchases for Underinsured, Lakelands Rural Health Network, Smoking Prev & Ces, Trauma Center, Midlands Com Hlth Center

	Remainder of Expenditures:	State: 4,967,300.00 Federal: Other: 5,468.21 Total: 4,972,768.21		State: 9,720,345.44 Federal: Other: 0.00 Total: 9,720,345.44		
		% of Total Budget:	1%	% of Total Budget:	2%	

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

	Strategic Planning		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 06-07 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
I. Administration	Improve organizational capacity and quality.	1) Provide continuous development of a competent and diverse workforce. 2) Provide reliable valid and timely information for internal and external decision-making. 3) Ensure customer focus and cultural competence in the agency. 4) Improve the linkage between funding and agency strategic direction. 5) Improve operational efficiencies through the use of improved technology and facilities.	7.2.1 7.3.3 7.4.2 7.2.2 7.3.4 7.4.3 7.2.3 7.3.5 7.2.4 7.3.6 7.3.1 7.3.7 7.3.2 7.4.1
II. A. 1. Underground Storage Tanks	Protect, enhance and sustain environmental and coastal resources.	1) Restore impaired natural resources and sustain them for beneficial use. 2) By 2010, achieve cleanup standards of 67% of documented petroleum UST releases. 3) Reduce the percentage of confirmed petroleum releases from the active UST population by 25% in 2010 compared to the percentage of releases documented in 2005.	7.1.4
II. A. 2. Water Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Assist communities in planning for and responsible managing growth. 2) Protect the public against food, water and vector borne disease. 3) Protect the environment to improve public health and safety. 4) Protect public drinking water. 5) Reduce non-compliance of regulated activities and facilities to meet applicable protective standards. 6) Restore impaired natural resources and sustain them for beneficial use. 7) Reduce direct and indirect loadings of pollutants to surface and groundwater. 8) Increase areas in South Carolina where environmental standards for air, water, and land and waste management are met.	7.1.5 7.1.6
II.B.1 Coastal Resource Improvement	Protect, enhance and sustain environmental and coastal resources.	1) Number of acres of coastal habitat lost or gained due to permit activities; number of acres of coastal habitats restored or protected. 2) Number of projects that provide, protect or enhance public access; number of acres of coastal zone open for public access. 3) Number of projects that provided local governments assistance with land use planning and natural resource protection; number of coastal communities supported in the development of ordinances or policies to control polluted runoff into coastal waters. 4) Number of coastal communities with programs to reduce damage from hazards or raise public awareness of hazards. 5) Number of participants in outreach efforts; number of participants who indicate usage of information provided. 6) Number of acres of coastal habitat that are inventoried and mapped.	7.1.9
II.B.1.a National Estuary Reserve Research	Protect, enhance and sustain environmental and coastal resources.	DHEC no longer has management or fiscal responsibility for this program.	

	Strategic Planning		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 06-07 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
II. C. Air Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Increase public understanding of air pollutants, such as ground-level ozone and particulate matter through increased education and outreach activities to segments of the public. 3) Increase percentage of state and associated populations living in areas meeting state and federal ambient air quality standard. 4) Reduce air toxins. 5) Assure strategic plans are in place to address adverse air quality impacts on natural resources. 6) Reduce the amount of asbestos released into the environment as a result of demolition projects.	7.1.7
II.D.1 Land Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increases support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Track and report number of non-responsible party contracts (Brownfields) executed. 4) Reduce the number of landfills through regionalization. 5) Track and report the number of Record Decisions (RODs) issued for dry-cleaning facilities. 6) Protect the environment to improve public health and safety. 7) Minimize the impact to public health and the environment from environmental emergencies, disasters and spills. 8) Maintain effective and efficient disaster preparedness and response capability. 9) Provide technical information for state, federal and local emergency responses.	7.1.1 7.1.2 7.1.3
II. D. 1.a Savannah River Plant	Protect, enhance and sustain environmental and coastal resources.	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Develop an early warning protocol for notifying downstream customers of releases to the Savannah River with adequate lead time to take appropriate actions to protect drinking water supplies.	
II.D.1.b Hazardous Waste Contingency Fund	Protect, enhance and sustain environmental and coastal resources.	Track and report the number of actions taken to remediate contaminated land.	
II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Protect the public against food, water and vector-borne diseases. 2) Ensure that food service facilities are routinely inspected, that septic tank systems are permitted, and that vector and rabies related incidents are handled thoroughly and completely. 3) Eliminate disparities in the incidence and impact of communicable diseases. 4) Reduce the number of TB cases, STDs, HIV, and increase the number of persons in the state living longer with AIDS as a result of proper treatment (indicating that appropriate treatment is reaching those who need it). 5) Reduce the occurrence of vaccine preventable diseases. 6) Maintain or increase the proportion of the target populations that are fully immunized.	7.1.11 7.1.12 7.1.21 7.1.22 7.1.23 7.1.24 7.1.25 7.1.26

Strategic Planning			
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 06-07 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
II.E.1.a Palmetto Aids Life Support	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	7.1.25 7.1.26
II.E.2 Maternal and Infant Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Improve maternal and child health. 3) Improve access to comprehensive, high-quality care. 4) Increase the percentage of very low birth weight infants delivered in Level III hospitals. 5) Reduce the number of infants that die before their first birthday. 6) Reduce the birth rate in teenagers, age 15-17. 7) Increase the number of 3rd graders who have protective sealants on their teeth. 8) Increase the number of post partum new born home visits within 3 days of hospital discharge. 9) Increase the number of women who receive prenatal care.	7.1.17 7.1.18 7.1.19
II. E. 2. a Maternal and infant Health-Newborn Screening	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Improve maternal and child health. 2) Screen all newborns prior to hospital discharge for hearing problems.	
II. E. 3 Chronic Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Reduce disparities in illness disability and premature deaths from chronic diseases. 2) Increase, over time in exercise among adolescents and adults in the state. 3) Improve nutritional intake among the same populations. 4) Increase in women receiving mammograms and pap smears. 5) All health regions will incorporate healthy nutrition, physical activity and cancer prevention activities into community services and initiatives.	7.1.13 7.1.14 7.1.15 7.1.16
II.E.3.a Youth Smoking Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Promote healthy behaviors. 2) Decrease the proportion of youth and adults who smoke.	7.1.13 7.1.14
II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. In keeping with the agency's value of "local solutions to local problems," each county may focus on different health activities depending upon the needs of the community.	7.1.11 7.1.16 7.1.21 7.1.12 7.1.17 7.1.22 7.1.13 7.1.18 7.1.23 7.1.14 7.1.19 7.1.24 7.1.15 7.1.20 7.1.25 7.1.26
II.E.4 Injury and Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Decrease the number of fatalities/injuries of children under 6 years old by increasing the number of children appropriately restrained. 2) Decrease the number of fatalities/injuries due to residential fires by increasing the number of smoke alarms installed in low socioeconomic homes. 3) Create a uniform surveillance system for risk factors and circumstances related to violent deaths.	

	Strategic Planning		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 06-07 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
		4) Decrease the incidence of preventable child deaths by surveying data and making recommendations to governor/legislature. 5) Translate Traumatic Brain Injury surveillance data into targeted prevention activities. 6) Provide information to TBI survivors regarding available post injury TBI services. 7) Translate injury surveillance data into useful and effective preventive programs	
II.E.4 Minority Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Eliminate priority health disparities through: community engagement and capacity building; faith and community-based initiatives; improving access to services; culturally appropriate health promotion efforts in minority communities; program planning and implementation; and an increased capacity of the agency to provide culturally and linguistically appropriate services.	
II.E.4 Protection from Public Health Emergencies	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Outcome measures address 16 critical capacities and 46 critical benchmarks in the federal cooperative agreements.	
II.E.4.a Family Health Centers	Improved access to health care for citizens of rural areas throughout the state.	Projects and centers funded to improve access to care.	
II.E.4.b Family Health Center Lancaster-Kershaw	Improved access to health care for the citizens of Lancaster-Kershaw.	Funds transferred to the University of South Carolina Medical School (Columbia) for the Lancaster Kershaw Rural Health Clinic.	
II.E.4.c Biotechnology Center	Provide operating funds for the SC Biotechnology Center.	Funds transferred to SC Biotechnology Center.	
II.E.5 Drug Control	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Enforce regulations dealing with the distribution of controlled substances in the health care field.	
II.E.6 Rape Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Increase the number of new direct services to sexual assault victims by the 16 centers.	
II.E.7 Independent Living	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all Eliminate health disparities.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset 2) Reduce morbidity and morality among those with sickle cell disorders as well as decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	
II.E.7.a Camp Burnt Gin	Improve the quality and years of healthy life for all.	Camp Burnt Gin conducts client and family satisfaction surveys to assure that programs and services maintain high standards and meet the children's needs.	

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II.F.1 Health Care Standards- Radiological Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Ensure radiation exposures to workers, patients, clients and the general public are kept at or below levels that would subject them to unacceptable levels of risk (within regulatory limits). 2) Complete compliance surveys within specified time frames. 3) Ensure facilities in violation of regulations have appropriate corrective action plans to prevent recurrence.	
II.F.2 Health Care Standards-Health Facilities and Services Development	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Produce the South Carolina Health Plan. 2) Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. 3) Review and allocate Medicaid patient days in a timely manner.	
II. F.3 Health Care Standards-Health Facility Licensing	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Conduct compliance inspections of licensed facilities within specified time frames. 2) Conduct investigations in a timely manner after receiving complaints. 3) Complete perinatal surveys with specified time frames. 4) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	
II.F.4 Health Care Standards - Certification	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Complete compliance and complaint surveys within specified time frame. 2) Successfully complete audit by Centers for Medicaid and Medicare Services. 3) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence. 4) Take action as necessary to protect the immediate safety and well-being of residents and patients.	
II.F. 5 Health Care Standards – Emergency Medical Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Complete compliance surveys of ambulance services and ambulances within specified time frames. 2) Complete complaint investigations in a timely manner. 3) Process grant-in-aid applications and contracts in a timely manner. 4) Consult with hospitals regarding trauma center designations and requirements. 5) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	
II.G. 1 Health Surveillance Support Services – Health Laboratory	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor test turnaround times, test orders, workflows, test costs and productivity.	
II.G.2 Health Surveillance Support Services –Vital Records	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Collect data on which to scientifically base public health decisions.	7.1.20
VIII. Employee Benefits –State Employer Contributions	Improve organizational capacity and quality.	State employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	7.4.1 7.4.2