South Carolina Department of Health and Environmental Control
FY 2010 – 2011
Annual Accountability Report

September 2011

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South Carolina Department of Health
and Environmental Control

Accountability Report Transmittal Form

Agency Name: S.C. Department of Health and Environmental Control

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Agency Director: C. Earl Hunter

Agency Director's E-mail: hunterce@dhec.sc.gov

Agency Contact Person: Patricia Dod Lolas

Agency Contact Person's E-mail: lolaspd@dhec.sc.gov

Agency Contact's Telephone Number: 803. 898-3316

Transmittal Form

Section I — Executive Summary

The S.C. Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state 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. DHEC is organized into five areas:

- Environmental Quality Control (EQC)
- Health Services (HS)
- Health Regulation (HR)
- Ocean and Coastal Resources Management (OCRM)
- Administration

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. State growth is stressing the viability of our environment, the quality of our land, air and water, and the delivery of health services. Changing demographics are leading to greater ethnic diversity and an expanding population of retirees. DHEC has dealt with several years of state and federal budget cuts, along with added responsibilities for emergency preparedness, including homeland security and pandemic influenza planning, preparation and response.

I.2 Major Achievements from the Past Year:

Emergency Response: The agency's environmental Emergency Response Program documented 115 hazardous material spills, 580 oil spills and 119 spills classified as other; documented 50 fish kills; participated in 35 chemical/oil/disaster/WMD exercises; and documented 1,136 calls into the environmental 24-hour emergency response phone number. The Nuclear Response & Emergency Environmental Surveillance Section documented three incidents, 28 courtesy notifications from Fixed Nuclear Facilities and participated in 33 communication drills and exercises. The Health Regulation Response Teams documented a total of nine responses to radioactive material emergencies and 13 responses to fire and life safety emergencies within the state.

Mercury Reduction Initiative: Mercury, a naturally occurring element, can be toxic to people, wildlife and the environment. To reduce mercury exposure risk, DHEC began a mercury reduction initiative in 2008. After a public comment period and discussions with numerous interested groups, DHEC implemented the Mercury Assessment and Reduction Initiative in 2010. This initiative seeks ways to: 1)

assess and reduce mercury emissions; 2) continue and enhance risk communication; and 3) increase recycling of mercury-containing products.

As part of this initiative, DHEC partnered with the South Carolina Dental Association (SCDA) to encourage dentists to install amalgam separators in their dental offices to reduce mercury emissions into the environment. Amalgam separators filter out the mercury for recycling. Although dental offices represent less than 1 percent of all mercury emissions, studies have shown that they are the leading contributor of mercury to wastewater. As of May 2011, 341 members had taken this step to benefit their community and state. This partnership serves to reduce mercury emissions at minimal cost to both SCDA members and DHEC.

Air Quality Improvements: The air quality in South Carolina continues to improve, even though the National Ambient Air Quality Standards (NAAQS) for six criteria pollutants continue to become more stringent. For example, since 1990, statewide air quality has improved for most of these six criteria air pollutants. Statewide, air pollution was lower in 2010 than in 1990 for almost all averaging times of the NAAQS. DHEC continues to promote a multi-pollutant approach to managing air quality that includes strategies and activities that reduce concentrations of ozone and other air pollutants, including air toxics and greenhouse gas emissions. DHEC seeks to strengthen relationships with counties and municipalities by working with local governments to enhance efforts to reduce pollution. Management of air quality requires leadership and commitment at the national, state, and local levels. Collaboration and partnerships with private and public entities have provided improvements in air quality earlier than required by the federal Clean Air Act. [See Figure III.7.1.1.]

Closure of Production Nuclear Reactors: Over the past year, DHEC's Federal Remediation staff has successfully reviewed, approved and overseen plans for abandonment of two production nuclear reactor facilities on the Savannah River Site. These are the first two facilities of this kind that have ever been decommissioned in the United States. Decommissioning consisted of removal of all extraneous structures outside of the reactor buildings, removal of the smokestack for the buildings, sealing all external openings to the buildings, and then grouting all below-grade sections of the building, including the reactor vessel and the disassembly basin. Prior to approving this course of action, significant analysis and testing to the decommissioning plans were performed to ensure that the remaining above-ground structures would not pose a significant long-term risk to human health and the environment. The approved course of action resulted in low worker exposure risk, while ensuring minimal long-term risk to the public.

S.C. Environmental Public Health Tracking Program – "*Track It. Map It. Use It:*" This program is funded through a Centers for Disease Control and Prevention cooperative agreement. DHEC has used this funding to add staffing and resources with the goal of making environmental and health data more accessible to the general public. The purpose of this program nationally is to encourage states to track important environmental and health data in the same way, so that it is easier for national trends to be seen and explored. From a state perspective, South Carolina EPHT provides the citizens of South Carolina a new, user-friendly way to access environmental and health data and information that is relevant to them. The "My Health and Environment (EPHT)" landing page is located at www.dhec.sc.gov under "People Want to Know."

Coastal Resource Management Program Enhancement: In October 2010, the DHEC Board selected the members of the Blue Ribbon Committee on Shoreline Management. Representing a broad range of stakeholder interests, the Blue Ribbon Committee will develop specific regulatory recommendations to enhance the management of fragile coastal resources and habitats, improve coastal planning, and prepare South Carolina's coast for emerging challenges and opportunities. The Blue Ribbon Committee builds on the technical research foundation provided by the Shoreline Change Advisory Committee and is the culmination of a multi-year initiative to evaluate and improve the Beachfront Management Act. A final report of the Blue Ribbon Committee's findings and recommendations is anticipated in spring 2012.

Regional Coordination to Enhance Ocean and Coastal Resource Management: DHEC is a leading member organization of the Governors' South Atlantic Alliance, a regional partnership established by the

Governors of North Carolina, South Carolina, Georgia and Florida in 2009 to implement science-based policies and solutions that enhance and protect the value of coastal and ocean resources and support the region's culture and economy. With input from key stakeholders, the Alliance developed and adopted an action plan in 2010 that focuses on four priority areas: healthy ecosystems, working waterfronts, clean ocean and coastal waters, and disaster-resilient communities. Throughout the implementation phase, the Alliance fosters partnerships with stakeholders and government at all levels to protect the region's unique coastal heritage and prepare each state for emergent economic opportunities.

Abandoned Vessel and Marine Debris Identification, Prevention and Removal: DHEC continued its successful partnership program with municipalities to identify and remove abandoned vessels that threaten the health and safety of coastal waterways. In 2011, DHEC worked with the City of Charleston to remove 11 priority vessels and with Horry County to remove six. Since the program's inception in 2004, DHEC has supported the removal of over 90 abandoned vessels and large debris items. DHEC also worked with other state partners to recruit and train volunteers to assist with abandoned vessel identification and preliminary environmental assessment. In 2011, DHEC also collaborated with private and public sector partners to host South Carolina Clean Marine, a free multi-day debris and equipment disposal event at marinas and boat landings throughout Charleston County.

Disease Outbreak Responses: The DHEC Outbreak Response Team responded to 139 outbreaks of disease in 2010, affecting over 4,500 people. Norovirus accounted for 42% of the state's total number of disease outbreaks in 2010, followed by unknown enteric illnesses (19%) and pertussis (11%). Other outbreaks investigated include: Varicella (4%) and Salmonella (4%) along with outbreaks associated with Campylobacteriosis and Cryptosporidiosis. Schools and assisted living facilities are the venues where outbreaks were reported with the greatest frequency (36% and 35%, respectively) followed by hospitals (8%) and daycares (5%). Close working relationships with hospital infection control offices and school nurses helped DHEC respond quickly to outbreaks within these facilities.

Novel H1N1 Influenza Response: In the wake of the H1N1 (2009) influenza pandemic, DHEC continued to monitor influenza activity during the 2009-2011 influenza seasons as part of both routine influenza surveillance activities and to monitor for the potential "next wave" of increased H1N1 (2009) influenza activity. DHEC staff continued to conduct outbreak responses to influenza outbreaks in institutional settings (i.e. schools, daycares, long term care facilities) and provided both antiviral prophylaxis and vaccinations. Between July 2010 and June 4, 2011, the DHEC Public Health Laboratory tested 861 clinical specimens for the presence of influenza. The testing continues to be critical in assisting with public health outbreak control, the identification of the distribution and intensity of disease, and assisting with treatment efforts. Information related to our surveillance and response activities can be found in our FluWatch report, available at: http://www.scdhec.gov/health/disease/acute/flu.htm). [See Figure III.7.1.19.]

Control of Hospital Acquired Infections (HAI): Infections that patients acquire while receiving medical treatment in hospitals, nursing homes, outpatient surgery centers and dialysis clinics are a major public health problem in the United States. Patients can get them from routine care, surgery, as a complication from medical devices such as ventilators, catheters and lines, or as a side effect of the overuse of antibiotics. Since the initiation of the state's HAI program, there has been a statistically significant decrease in these infections in all South Carolina hospitals.

Infant Mortality Reduction & Prevention of Premature Births: South Carolina's 2009 infant mortality rate is the lowest since accurate record keeping began in the early to middle part of the last century. This rate continues the downward trend and represents the fourth consecutive year the infant mortality rate among black/other infants has decreased. Fewer infants were born at low birth weight and fewer infants were born prematurely than in the previous year. The premature birth rate has also dropped from a high of 12.8% in 2005 to 11.7% in 2009. The collective efforts of the agency's Maternal and Child Health Program and strategic partners to assure access to a regionalized system of perinatal care and to preventive reproductive health and health promotion services have been effective in improving the overall

health and well-being of mothers and infants in the state. In addition, injury prevention programs such as safe sleep, car seat safety, shaken baby syndrome and birth defects prevention have impacted this improvement.

Tobacco Prevention: South Carolina continues to make progress in the number of local smoke free workplace ordinances adopted in the state. During this fiscal year, seven additional comprehensive ordinances were adopted bringing the total to 41. In addition, five school districts adopted comprehensive tobacco free policies bringing the total to 33. For the 3rd year in a row, South Carolina received the American's for Nonsmokers Rights "Smoke-free Air Challenge Award" for its tobacco prevention efforts. [See Figures III.7.1.10 & 11.]

Tuberculosis (TB) Control: In 2010, TB cases declined to the lowest number ever recorded in South Carolina – 153 cases, down from 286 cases in 2000. The number of cases has dropped 57% over the last 10 years. This decline is a testament to the team of public health nurses, laboratories, social workers and physician partners working together to maintain a strong system of care. [See Figure III.7.1.20.]

Public Health Laboratory Recertification: The agency's Public Health Laboratory is one of ten national Laboratory Response Network (LRN) Level I Chemistry Labs in the country. This provides for multi-state surge capacity testing and for testing of specialized chemical and bioterrorist agents. Inspectors from the Division of Select Agents and Toxins, Centers for Disease Control and Prevention, conducted a routine unannounced inspection of the select agent laboratories at the Bureau of Laboratories in May 2011. The lab successfully passed this independent, on–site subspecialty laboratory inspection, thus allowing the laboratory to maintain this important specialized certification.

Health Partnerships and Collaborations:

- All Terrain Vehicle (ATV) Safety Legislation: The agency collaborated with the South Carolina Injury Free Alliance in providing education and awareness of the prevention of injuries due to All Terrain Vehicles. Chandler's Law on ATV Safety was successfully adopted by the South Carolina Legislature in May 2011.

- Stroke System of Care: *DHEC* provided support to the development of the legislatively required Stroke System of Care Study Committee. The committee, representing 18 organizations and health care disciplines in stroke treatment and prevention, released its report in December 2010 and legislation was introduced to establish a statewide system of stroke care. In June 2011, the Stroke Prevention Act of 2011 was ratified by the South Carolina Legislature.

- Farm to School Program: DHEC partnered with the South Carolina Department of Agriculture, the South Carolina Department of Education and Clemson University's Youth Learning Institute to launch the new Farm to School Program, a public/private partnership program designed to get more locally grown fruits and vegetables into the cafeterias of South Carolina schools. This program will also help to educate students about how agriculture is connected to food and nutrition and will encourage children to make healthier food choices by eating more fresh fruits and vegetables.

- Expansion of Eat Smart Move More South Carolina (ESMMSC) Chapters: The agency collaborates with Eat Smart Move More SC, the statewide coalition that coordinates obesity prevention efforts across the state and leads the implementation of South Carolina's Obesity Prevention Plan. Together, resources have been provided for the successful development of nine local ESMMSC Chapters across the state this past year, which have been successful in getting policy and environmental changes that support physical activity and healthy nutrition.

- Oral Health:
- Children's: The agency partnered with the South Carolina Dental Association (SCDA) and the South Carolina Head Start Collaboration on the enhancement of Head Start's Dental Home Initiative. Funding was received to develop an Oral Health Toolkit for Early Health Start/Head Start staff as well as a web-based resource center for clinicians. DHEC had another successful year with the "Flora and Floppy- Go

to the Dentist" puppet show in partnership with the Columbia Marionette Theatre. Over 6,200 children from 24 schools in underserved areas of the state were reached during the 2011 Winter Tour.

- *Fluoridation:* Community water fluoridation continues to be the most cost-effective, equitable and safe way to provide protection from tooth decay in a community. The agency supported community water fluoridation program activities that included: conducting Centers for Disease Control and Prevention (CDC) funded fluoridation equipment mini-grant program for local water systems: entering the fluoride level information from the local systems into the CDC national database; Water Fluoridation Reporting System; and providing periodic training to water operators. The agency works with the South Carolina Dental Association (SCDA) to provide local community water fluoridation education and advocacy resources.

- *Teen Pregnancy Prevention:* DHEC's Region 2 (Spartanburg County) and Region 6 (Horry County) are partnering with the South Carolina Campaign to Prevent Teen Pregnancy to demonstrate the effectiveness of innovative, evidence-based initiatives in reducing the rates of teen births in South Carolina. These two counties have been identified as high priority areas based on their high numbers of teen births.

- *Nurse Family Partnership:* The agency is providing leadership for the implementation of the Nurse-Family Partnership (NFP) in the state, an evidence and community-based program that works to transform the lives of at risk, first time pregnant women. DHEC is responsible for six NFP sites across the state. The partnership is with First Steps, as the state sponsoring agency, and Children's Trust, Duke Endowment and Blue Cross Blue Shield Foundation as funders.

- *Hospital Access to EMS Data:* The Medical University of South Carolina, the USC School of Medicine, the Office of Research and Statistics at the Budget and Control Board, and DHEC are examining the electronically linked EMS data set with the hospital, emergency department and rehabilitation services data sets. Results of this analysis will help answer questions about the impact of Certified Stroke Centers and the use of appropriate evidence-based interventions to mitigate the impact of strokes in the state.

Hospital Access to Emergency Medical Services Data: DHEC's Division of Emergency Medical Services and Trauma implemented an electronic method for hospitals to access ambulance patient care reports. Through a web-based interface, hospital personnel can retrieve patient care reports for any patient transported to their hospital via ambulance. These reports contain the complete history of the emergent event from the time of first patient contact to the time patient care is turned over to hospital personnel. Electronic access will assist the physician in providing continuity of patient care by giving the hospital immediate access to this important historical data.

CLIA/SAPR: Clinical Laboratory Improvement Amendments (CLIA) State Agency Performance Review (SAPR) is a performance evaluation of CLIA activities and is mandated by the Section 1864 Agreement between South Carolina and the Centers for Medicare and Medicaid Services (CMS). CMS reported that its review of the CLIA program revealed that South Carolina had exceeded the performance threshold for all criteria this year. They also noted that DHEC has sustained optimal performance outcomes for several years. With our permission, they plan to share the "best practices" employed by DHEC's CLIA Program with other states.

Resident Care Focused Inspections (RCFI): The inspections for Community Residential Care Facilities (CRCF's) previously encompassed all requirements in the regulation, which was very labor intensive and focused time on items not directly tied to resident care. The reduction in staff inspectors in recent years has also placed restrictions on the number and frequency of inspections that could be accomplished. Therefore, the focus of inspections was redirected to the most important issue—resident care. The RCFI inspection process concentrates the inspection on major indicators of care, while simultaneously shortening the inspection time. As a result, facilities are inspected more frequently. DHEC is also citing

more violations regarding care provided to residents in CRCF's. Although the scope of the inspection has been reduced, the agency is present more often in facilities and provides better oversight.

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 and supporting information at 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 Key Strategic Challenges:

State and Federal Budget Cuts: The agency's state funding has decreased 44% ($64.7 million) from FY09 through FY11. The number of employees [See III.7.4.2.] has gone from approximately 4,068 to 3,580 for the same time period, and the agency is continuing to adjust that number down to meet the budget. Along with significant cuts in state funding, reductions have occurred in the federal Centers for Disease Control and Prevention programs such as the Public Health Emergency Preparedness cooperative agreement and the Health Resources and Services funded Maternal and Child Health Block Grant. There is the strong possibility of additional funding reductions in other programs. Additional federal funding reductions in programs associated with environmental and coastal protection will affect current oversight activities. The EPA funding over the last several years has been flat. 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 are adversely impacting DHEC's capacity to address public health and environmental threats and essential programs and services.

Air Issues: The U.S. Environmental Protection Agency is in the process of reviewing or revising all of the National Ambient Air Quality Standards. In most cases, these standards are becoming more stringent. While more protective of human health and the environment, meeting these more stringent standards will be a challenge. The likely outcome of these standards becoming stricter is that South Carolina may see some areas of the state designated as non-attainment. This designation results in federally mandated measures being placed on industry and federal transportation funding. Implementing these standards as written will also require enhanced state modeling, monitoring and regulatory requirements, which can burden already strained state resources. Further, additional state and federal emission reduction measures may need to be identified and implemented. [See Figure III.7.1.1.]

Sustainable Water Supplies: South Carolina shares surface and groundwater resources with the neighboring states of North Carolina and Georgia. DHEC continues to work with these states and interested stakeholders to address water sustainability issues. Along with better management of the state's own water resources, establishing water-sharing agreements between South Carolina and both North Carolina and Georgia is also of interest. An advisory council was recently established in the Savannah River Basin, allowing stakeholder input into the planning process at the state and regional level. The establishment of a surface water permitting program in the state is also a critical step in the development of sustainable water supplies and water-sharing agreements with our neighboring states. [See Figures III.7.1.6 &7.]

Water System Infrastructure Needs: Despite the boost from the American Recovery and Reinvestment Act of 2009 (ARRA), the need for municipal water and wastewater system improvements is greater than available funding for the foreseeable future. In 2009, applications for State Revolving Fund (SRF) financing totaled over $1 billion dollars. Projects funded for 2009 continued to be developed in 2010-2011. It remains an ongoing challenge to increase the viability of water and wastewater system operators (public and private) to properly operate their systems in compliance with applicable regulations. To address this, DHEC implemented a capacity development strategy requiring struggling utilities to develop a business plan to address managerial and financial issues. [See Figures III.7.1.6 & 7.]

Responding to Persistent Environmental and Coastal Development Pressures: Previously expressed concerns over loss of revenue, staff, and efficiencies of operations continue to challenge DHEC's ability to monitor, evaluate and protect the quality of the state's environment, particularly along the coast. Renewed pressure for expanded economic development will add urgency to DHEC's ability to provide timely permit administration and compliance monitoring. DHEC's core responsibilities for monitoring and assessing the ambient quality of the state's environment will be further tested as resources are redirected to meet permitting demands. To bolster coastal resiliency to natural disasters and other hazards, DHEC will review the State Beachfront Management Plan and continue to work with coastal municipalities to update and improve Local Comprehensive Beach Management Plans. DHEC will also evaluate the findings of the Blue Ribbon Committee on Shoreline Management and the Shoreline Change Advisory Committee and will explore opportunities to engage coastal decision makers and stakeholders proactively in developing long-term shoreline management strategies.

Keeping Pace with Environmental Review, Compliance and Enforcement: As commercial and private development of coastal property steadily continues, environmental violations and conflicts over access and use also increase. Despite significant improvements made to permitting, compliance and enforcement processes, DHEC's ability to address the demanding workload is compromised by the limited number of full time staff available for case management, investigation and resolution.

Response to Emergencies: As required in the South Carolina Emergency Operations Plan, DHEC has primary responsibility during emergencies for coordinating operations for hazardous materials, medical care, public health and sanitation, behavioral health, and deceased identification and mortuary services. Successful planning and execution of response activities for threats ranging from hurricanes and pandemic influenza to bioterrorism and radiological incidents depend upon the availability and competency of emergency coordinators and core public health staff. These include nurses, epidemiologists and environmental specialists, all of whom are in relatively short supply, and many solely funded through shifting federal grant sources. While homeland security and preparedness for pandemic influenza remain national priorities, federal funds for public health and hospital preparedness have decreased significantly in recent years, and South Carolina is facing state cost share and maintenance of effort requirements in order to maintain federal preparedness grant funding. State funding is needed to support and invest in consistent public health preparedness capability and to ensure availability of program sustaining federal funds. Stable state funding is also a critical need for disease control, and for trauma and emergency medical services programs that provide lifesaving services in both emergencies and everyday events.

AIDS Drug Assistance Program (ADAP) Wait List: South Carolina ADAP provides treatment access and medications to eligible HIV-infected persons across the state. The number of clients served by ADAP has grown at an average rate of 10-15 percent annually, while federal funding was cut five percent in FY10. To address the growing need combined with a decrease in funding, a wait list was implemented in March 2010. Currently, South Carolina. is one of 13 states nationwide with wait lists. Additional cost-containment measures are currently being explored to limit expenditures. However, to ensure that all eligible patients have access to medications in FY11, DHEC will require $10 million in recurring state funds. [See Figures III.7.1.21 & 22.]

Chronic Disease Burden: In South Carolina, about 70 percent of all deaths and most serious illness, disability and healthcare costs are attributable to chronic conditions such as obesity, diabetes, cancer and heart disease. More than 75 percent of the state's health care costs are directly related to chronic diseases, yet many diseases are preventable or avoidable. DHEC faces many challenges in fighting chronic disease, including: 1) inadequate and decreasing federal funding; 2) limited and decreased state funding, for cancer, diabetes and health promotion; and 3) the rapidly increasing burden of childhood obesity and diabetes. [See Figure III.7.1.12.]

Overweight/Obesity: Obesity rates have more than doubled since 1990. As of 2010, the rate of overweight and obesity among adults is at 67.4%. Nearly 32 percent of high school students are overweight or obese, and over 25 percent of low-income children ages 2-5 were overweight or obese. The state has high rates of chronic diseases that are tied to poor nutrition and physical inactivity. South Carolina ranks lower than the national average for the number of healthy food retailers in a given area and less than the national average for providing youth access to places for physical activity. The challenges imposed by limited access to healthy foods and safe places for physical activity are further deepened the lack of sustained investment in preventative health services that could have positive long-term health outcomes. [See Figure III.7.23.]

Health Disparities: Racial and ethnic minorities make up approximately 35% of South Carolina's population, with African Americans (28.2) and persons of Hispanic/Latino origin (4%) making up the largest groups. Although there has been improvement in some health indicators for minorities and some reduction of the health gap (e.g.: infant mortality, heart disease, breast cancer mortality), many disparities still exist. Much work is needed to achieve health equity among the population groups. The causes of health disparities are complex and range from issues such as poverty, unhealthy home environments, limited or little education, linguistic and cultural barriers, and lack of access to or poor quality health care. Eliminating racial and ethnic health disparities will require sustained efforts that address policy, social, cultural and environmental factors.

Childhood Immunization:
- Tdap Vaccination: Pertussis disease continues to be a serious problem in South Carolina. In 2010, there were 392 pertussis cases and 16 pertussis outbreaks. This is an increase from 2009 with 264 cases and 12 outbreaks. There have been outbreaks in hospitals, day care centers and elementary and middle school settings. There is a vaccine and booster shot available to stop these outbreaks. Pertussis transmission to infants often comes from contact with youth or parents. A highly effective Tdap booster is recommended for adolescents and adults. Because of reductions in both federal & state immunization funding, the state's immunization program may not be able to provide Tdap to underinsured youth and any adults in S.C. [See Figures III.7.17 & 18.]

- VFC Program and S.C. STATE Vaccine Program Changes: Due to the increased cost of vaccines and decreasing federal and state vaccine funds, effective July1, 2011 two parallel immunization programs will operate in South Carolina. The federally funded Vaccines for Children (VFC) program will continue with increased accountability measures for all providers. The new S.C. STATE Vaccine Program will provide vaccines based upon available state and discretionary federal funding to allow underinsured children to continue to be served in their medical home and to provide some relief with vaccine costs for families with financial burdens and high insurance deductibles. [See Figures III.7.17 & 18.]

Critical Nursing Positions: DHEC continues to see a decline in frontline nursing providers due to the ongoing state and federal budget crisis. In 2004, DHEC had 900 nurses in fulltime positions to provide services across the state. As of March 2011, DHEC had 467 nurses in fulltime positions to do the same services. Demands for services have increased as a result of the struggling economy, while at the same time, nursing resources have diminished. The agency is at a critical point with this all-time low number of nursing positions. In the event of a disaster where Special Medical Needs Shelters are to be opened, this will be the first year where the agency nursing resources will not be sufficient to staff shelters.

Health Care Facility Oversight: Ensuring appropriate care at health care facilities continues to be challenging for the Health Regulation Deputy Area within DHEC. With severe budget cuts and staff shortages, the agency has struggled to maintain an effective level of oversight to ensure that facilities are complying with the agency's regulatory expectations. DHEC's ability to ensure that facilities and services meet minimum standards is compromised by having fewer and less experienced staff. While the end goal remains protecting the public's health and assuring that quality of care is being provided, it has become increasingly difficult to do so. Fewer staff means less oversight of facilities and services. The risk of adverse outcomes at health care facilities has increased due to less regulatory oversight.

South Carolina Enterprise Information System (SCEIS): Although standardizing state accounting and purchasing systems is admirable, the implementation of SCEIS has adversely impacted the agency's planning and reporting ability and staff productivity and efficiency.

- Payment/Reporting Issues: Because DHEC has over 250 grants at any given time with various financial requirements, the agency continues to have ongoing issues with SCEIS that are creating problems in the timely reporting of grant information. Because the system was not designed to handle retroactive payroll corrections for multi-funded employees, the agency had to create a new system to handle this process. Posting journal entries continues to be tedious and time-consuming, causing staff to spend days to complete tasks that used to take hours. The problems with journal entry postings further complicate grant reporting, causing delays in billing agency sub-recipient contracts. In addition, SCEIS does not have a work flow associated with processing personnel actions, so the agency must maintain a parallel system that involves double entry in order to complete most actions.

- Purchasing Issues: Because DHEC has multiple programs at a single location, split-funding of assets and especially inventory supply items requires considerable accounting work-arounds, which are very time-consuming for agency staff. While the agency has worked through many of the purchasing and payment-related SCEIS issues, several very troubling purchasing issues remain: 1) inability to reserve funds on the shopping cart; 2) lack of cost center security for purchase orders (PO); 3) inability to create PO's to other agencies; 4) duplicate and incorrect vendor records; 5) inability to generate reports as-needed to satisfy various business needs; 6) incorrect state contract information; and (7) inability to verify payments when "Direct Pay" option is used.

Facilities: Many of the agency's facilities are over 60 years old, and the costs for needed renovations or replacements continue to increase. Since funding for maintenance and operation has been cut from previous levels, access to essential public health and environmental services is being impacted.

I.5 How is the Accountability Report used to improve organizational performance? The report is distributed to the Board, the Executive Management Team (EMT), managers and supervisors and is posted to the agency Web site for staff and the public to view. The report is used both internally and externally as a resource to highlight agency performance and achievements. Internally, the report is used in organizational assessment, performance management, performance improvement activities, 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 and How Delivered; and II.2 Key Customers: DHEC is the principal advisor to the state on public health and environmental protection. Key customers and stakeholder's 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. Key services linked to major agency customer groups include the following:

<u>Environmental Services</u> - Permitting, planning, inspections, regulation, monitoring, outreach and education, compliance assistance, enforcement, investigations and emergency response – delivered by DHEC staff on-site and through the Website

All S.C. citizens	Local and state governments
Business and industry	Contractors
Communities	Developers
Families	General Assembly
Visitors and tourists	Federal government
Restaurants	

<u>Data, Information and Analysis</u> - delivered by staff through reports, Websites and linkages

All S.C. citizens	Media
General Assembly	Local and 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 and investigation, and inspections – delivered by staff and partners

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

II.3 Key Stakeholders Groups:

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

II.4 Key Suppliers and Partners:

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

II.5 Operation Locations: Currently, 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, although recent budget reductions have impacted some service locations.

II.6 Number of Employees: In June 2011, DHEC had 3,805 budgeted FTE positions. Of these, there are 3,497 employees in filled FTE positions with 308 FTE vacancies. The number of hourly, per-visit, temporary grant and contract positions varies by pay period. Approximately 500 additional employees fill positions in these categories.

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

II.8 Performance Improvement Systems: Agency systems include Health Service's Performance Management System and Environmental Quality Control's Performance Partnership Agreement with the Environmental Protection Agency.

II.9 Organizational Structure: [See Addendum A.]

II.10 Expenditures/Appropriations Chart:

Major Budget Categories	FY 09-10 Actual Expenditures		FY 10-11 Actual Expenditures		FY 11-12 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$172,372,694	$53,376,697	$158,826,302	$44,760,984	$161,670,423	$46,220,814
Other Operating	$130,722,469	$15,473,076	$102,984,096	$9,600,467	$170,006,808	$15,749,968
Special Items	$9,568,367	$6,846,191	$3,614,647	$2,647,327	$8,670,636	$2,690,544
Permanent Improvements	$1,366,911		$191,473	$18,442		
Case Services	$120,898,510	$8,149,663	$118,496,996	$6,366,769	$146,644,361	$9,481,375
Distributions to Subdivisions	$15,972,335	$1,082,874	$20,862,475	$3,195,085	$18,532,763	$709,021
Fringe Benefits	$52,452,099	$16,706,069	$50,498,695	$14,748,238	$47,612,051	$14,506,964
Non-recurring			$379,737	$379,737	$	
Total*	**$503,353,385**	**$101,634,570**	**$455,854,420**	**$81,717,049**	**$553,137,042**	**$89,358,686**

*Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	FY 09-10 Actual Expenditures	FY 10-11 Actual Expenditures
Supplemental Bills	$732,794	
Capital Reserve Funds	$13,669,104	$173,031 (included above)
Bonds		

II.11 Major Program Areas Chart: [See Addendum B.]

Section III – Elements of the Malcolm Baldrige Criteria

III.1 Senior Leadership, Governance and Social Responsibility

III.1.1 *How do senior leaders set, deploy and ensure two-way communication throughout the organization and with customers and stakeholders as appropriate for: (a) Short and long-term organizational 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 as 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; Bob King, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Pam Dukes, Deputy Commissioner for Health Regulation; and Carolyn Boltin-Kelly, Deputy Commissioner for Ocean and Coastal Resource Management.

(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). [See III.5.1.] 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 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 listing DHEC's values and 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 employees. Values are components of the EPDP and are rated each year. [See III.5.1.]

(d) 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 and III.5.6 (c).

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 and Market 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 2010 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. [See I.2 - Major Achievements and III.3 - Customer and Market Focus.]

The agency's Web site continues to be enhanced at the direction of Commissioner Hunter. This past year, additional components of the Environmental Public Health Tracking System were added to the site [See Major Achievements I.2. and III.1.3 #3.] The Web Coordinating Council, representing all of the deputy areas and appropriate departments, meets regularly to improve agency coordination and communication. Numerous publications such as "Healthy People

Living in Healthy Communities" at 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 inform 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 programs, services, facilities and operations, 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. Examples of how the agency is utilizing public input to improve services and address issues of public concern include:

- The organizational relocation of the Bureau of Environmental Health (BEH) from the Health Services deputy area to the Environmental Quality Control (EQC) deputy area was effective November 1, 2010. The Commissioner established a transition team comprised of staff from both deputy areas who addressed funding, logistics and protocol issues to ensure a seamless transition. BEH and EQC bureaus often provide services to the same or a similar customer base in the community. This increases opportunities for staff cross-training and field back-up, in a time of staff reductions due to budget cuts.

- An E-Cycling Waste Act* was signed into law May 19, 2010. The law banned consumers who use computers for personal or home business use from disposing of desktop and notebook computers, computer monitors, printers and televisions in landfills, effective July 1, 2011. The law also requires computer and television manufacturers to provide recovery programs for desktop and notebook computers, computer monitors, printers and televisions. DHEC has provided technical assistance and public information to manufacturers and residents. South Carolina is one of 24 states implementing e-waste recycling laws to reduce landfill volume, recycle valuable materials and help reduce costs of creating new products. See http://www.scdhec.gov/environment/lwm/recycle/e-cycle/. *The S.C. Manufacturer Responsibility and Consumer Convenience Information Technology Equipment Collection and Recovery Act

- DHEC used funding from a Centers for Disease Control and Prevention (CDC) Environmental Public Health Tracking (EPHT) grant to offer regional blood-mercury testing to clients of two Pee Dee area Health Clinics. Participants completed a fish-consumption questionnaire and provided a blood sample that was analyzed for mercury. Information received was supplied to the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the Pregnancy Risk Assessment Monitoring System (PRAMS). The data gathered through these efforts will help the state better understand and evaluate mercury exposure in South Carolina. DHEC is in the process of conducting fish studies of various small ponds, again using CDC EPHT grant funding. The data from this study will add to the agency's existing fish tissue database. It will allow the public, through the use of a statistical tool, to go to the agency's Website and predict the amount of mercury found in fish caught in small ponds across the state.

For more information about agency efforts, see I.2 - Major Achievements and III.3.3-6.

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, senior leaders 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, health sanitation 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 [See III.7.3.6.] and external audits (Legislative Audit Council, federal and other grant audits) [See III.6.5.] 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.

The Centers for Medicare and Medicaid Services (CMS) conducts comparative inspections to ensure the adequacy and accuracy of the agency's inspection processes for nursing homes. In addition, CMS conducts quarterly data calls, which compares the agency's inspector and facility inspection data to that of other states in the region and county.

III.1.5 *What performance measures do senior leaders regularly review to inform them on needed actions?* 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] Each member of the Executive Management Team reviews additional performance measures related to his/her own area of responsibility on a routine basis.

At the request of Commissioner Hunter, the deputy areas continue the series of accountability reports to the EMT. 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 included:

Broad Goal #1: Increase support to and involvement by communities in developing healthy and environmentally sound communities.
- Radiological Health
- Public Health Preparedness and Response
- Environmental Health (septic tank & restaurant inspections)

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

Broad Goal #3: Reduce health disparities.
- Tobacco Use
- Obesity
- Immunizations
- Heart Disease, Stroke & Diabetes

Broad Goal #4: Protect, enhance and sustain environmental and coastal resources.
- Air Quality Issues
- Land &Waste Management Issues
- Water Quality Issues

Broad Goal #5: Improve organizational capacity and quality.
- Customer Service Survey
- Strategic Plan
- Budget Reductions and Impacts to the Programs, Services and Staff

III.1.6 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness, the effectiveness of management throughout the organization, including the head of the organization, and the governance board/policy making body? How do their personal actions reflect a commitment to the*

organizational values? Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.12.], focus groups, routine staff meetings, employee suggestion boxes and statewide broadcasts. Commissioner Hunter 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 is encouraged to FAX or call in questions during these broadcasts. The Commissioner has an open door policy for staff and routinely attends management/staff meetings in the deputy areas. Both internal [See III.7.3.6.] and external [See III.6.5.] 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. Personal actions by senior leaders reflect a strong commitment to the agency's organizational values. Examples are addressed in III.1 – Senior Leadership, Governance and Social Responsibility and in III.5 – Work Force Focus.

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.5.7, 10 & 13.]

III.1.8 *How do senior leaders create an environment for performance improvement and the accomplishment of strategic objectives?* 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. Senior level managers attend joint EMT meetings monthly where issues of concern are also communicated from the bureau level to senior leadership. [See III.1.1-5.] Examples from the past year include:

- In response to the regulated community's desire for a less burdensome permitting process, the Environmental Quality Control (EQC) deputy area created the ePermitting Portal, a secure website to allow the public to conduct environmental permitting activities via the internet. The portal provides the ability to do such tasks as submit the completed permit application on-line, to pay applicable permit application fees electronically, and to communicate with DHEC staff in a secure on-line environment. Once the Environmental Protection Agency (EPA) has certified the ePermitting Portal, printing and mailing the paper application will no longer be required.

- Health Regulation has implemented a new method to handle complaints. The new process dictates that the complaint first go to the Bureau of Certification (the gatekeeper). If Certification has had any jurisdiction, the complaint is investigated according to applicable regulations and internal time frames. This process has been quite successful in reducing turnaround time, avoiding duplication of work and in improving customer satisfaction.

III.1.9 *How do senior leaders create an environment for organizational and workforce learning?* [See III.5.6-9.]

III.1.10 *How do senior leaders communicate with, engage, empower and motivate the entire workforce throughout the organization? How do senior leaders take an active role in reward and recognition processes to reinforce high performance throughout the organization?* 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. Health Regulation Management sends an email to all its employees after each management staff meeting to provide relevant information to them. Staff meeting minutes are also posted on the intranet for easy access by employees. Senior leaders actively participate in recognizing the many awards and recognitions that staff receives to other employees and to the Board. See III.5.1-2 and 11 for more details.

Health Regulation also has developed an internal recognition/motivation group called the GrEat Group. This group organizes a short quarterly activity for the deputy area that is a motivational and recognition venue for all staff. The events, held during the lunch hour, live up to the meaning of the acronym GrEat Group----"Greet and eat!"

III.1.11 *How do senior leaders actively support and strengthen the communities in which our organization operates? How do senior leaders determine areas of emphasis for organizational involvement and support, and how do senior leaders, the workforce, and the organization 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. They are active in organizations, 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 often participate in civic and community activities related to the mission of the agency and hold numerous agency fund-raisers to support health and environmental issues. These organizations include: Harvest Hope Food Bank, Suicide Prevention, Seeds of Hope Farmers' Market, March of Dimes, Boy Scouts and Girl Scouts, and "walks" or other fundraisers for various health related issues (arthritis, 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). The agency also partners with the American Red Cross, Columbia Region to sponsor blood drives at various DHEC locations several times a year. This past year DHEC employees raised more than $40,292 for the United Way and $11,322 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 (SPC) with members representing all agency deputy areas provides direction and oversight for the strategic planning process based on priorities set by the EMT and the deputy areas. The EMT approved the current planning process framework, reaffirmed the agency's mission, vision and broad goals and modified the values. This past year the SPC, with input from agency staff, developed a draft of the 2010-2015 Strategic Plan. However, the Executive Management Team made the decision to continue operating under the previous strategic plan as federal and state budget reduction impacts on agency mission and services are uncertain. Communities and customers are routinely engaged in dialogue about the

indicators used, appropriateness of services, populations reached or needed changes in strategy. [See III.3.2-6.]

In the 2005-2010 Strategic Plan:

(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. 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.4 - Strategic Challenges 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.

(c) Shifts in technology, regulatory, societal and other potential risks, and customer preferences 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) Workforce 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) Organizational 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." Maintaining essential public health functions during natural disasters, man-made calamities, and large-scale disease outbreaks is a particular planning focus of the agency. Continuity of Operations Planning (COOP) is now required by the DHEC Emergency Operations Plan policy, as well as by the federal emergency planning grants. The agency continues to develop and refine its COOP capabilities both at the central and local levels. This past year, the DHEC Emergency Preparedness Advisory Committee reviewed the agency COOP plans. Critical functions were identified for each deputy area to be included in the S.C. Recovery Plan. The central office plans will be revised before the end of the year and regional plans are reviewed annually and incorporated into the S.C. Recovery Plan. [See III.5.14.] Disaster recovery efforts are detailed in III.4.5.]

(f) Ability to execute the strategic plan is addressed in the agency implementation recommendations developed as part of the strategic planning process by the Strategic Plan Council. [See III.2.1(a).]

III.2.2 *How do your strategic objectives address the strategic challenges identified in the executive summary?* The strategic challenges identified in I.4 are part of the agency's core mission and fall under one or more of the agency broad goals or strategic goals of the Strategic Plan. These challenges are considered mission critical and are agency priorities in the annual budget request or state critical needs list.

III.2.3 *How do you develop and track action plans that address your key strategic objectives, and how do you allocate resources to ensure the accomplishment of your action plans?* 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. The Strategic Plan Council has revised the agency measurement plan to more accurately reflect agency activities and enhance the ability to monitor progress. See III.2.1 (b) and III.6.7 for information on resource allocation to implement strategic goals and action plans. Each deputy area monitors operational plans that are tied to the Strategic Plan. [See I.5.]

III.2.4 *How do you communicate and deploy your strategic objectives, action plans and related 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. The Strategic Plan is introduced to new employees at orientation.

The Strategic Plan along with supporting information is available to employees on the agency's intranet and 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 and e-mails. [See III.1.8 and III.5.1.]

For external customers, the Strategic Plan is available on the DHEC Web site and progress toward achieving strategic plan goals has been highlighted each year in "Healthy People Living in Healthy Communities" and the Annual Accountability Report, which are also available on the Web.

III.2.5 *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 2020 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.2.3.]

The Health Services deputy area continues to improve upon its performance management system. A training was held in February and March with over 90 central office and region senior managers attending. Participants learned about quality improvement methods and how they as leaders could best support a culture of continuous quality improvement. The performance management database is being redesigned based on end-user needs and expectations, and Healthy People 2020 health status measures are being incorporated into the system. The end result of this work will be a more useful performance management data system that better links central office and region program effort to health status improvement, and better documentation of quality improvement work so that others can learn from promising practices.

In addition, Health Services is developing a crosswalk between its performance management measures and the new Public Health Accreditation Board standards and measures. Should DHEC

decide to pursue voluntary health department accreditation, this pre-work will ensure the agency is well prepared to compete successfully for this designation.

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.

The Environmental Quality Control (EQC) deputy area continued developing the draft of the 2010-2015 EQC Strategic Plan. Staff completed the plan's objectives, measures, and data sources. To offer a direct line to measures information, an index was developed to link staff assigned to each measure to their organizational unit and contact information.

III.2.7 View the DHEC 2005-2010 Strategic Plan at www.scdhec.gov and Addendum C – Strategic Planning.

III.3 Customer and Market Focus

III.3.1 *How do you determine who your customers are and what their key requirements are?* 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 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.2 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. Staff members serve on interagency boards and committees, and front-line staff and those working in the community share information learned in one-on-one contact with customers. Customer needs and expectations are also garnered from suggestion boxes, satisfaction surveys, concern/compliment forms, comment/feedback cards, numerous toll-free hot lines, and 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, all yield valuable information about customers and their expectations. [See III.1.3 and III.3.3.]

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. There is an objective in the agency's Strategic Plan assuring that culturally and linguistically appropriate service policies are a part of each deputy area's operational plan. The agency has required training in culturally and linguistically appropriate service polices for all staff with an annual refresher. [See III.1.2.2.]

Examples where staff is involved in community work through organized planning groups and coalitions are:

- DHEC continues to work with community multi-pollutant Clean Air Coalitions on efforts to meet national air quality standards sooner than required. The coalitions' efforts focus on reducing air toxics, greenhouse gas emissions, and emissions that contribute to ozone and particulate matter. They are highly engaged in using local decisions to improve air quality.

- EQC's Community Liaison Office and the EPA have worked closely with four award recipients in Aiken, Graniteville, North Charleston, and Rock Hill, respectively, which received Leaders in Environmental Action Pilot (LEAP) grants February 2010. Each recipient received $25,000 over a three-year period (2009-2012) to help them establish partnerships and build capacity, as they identify environmental and social justice concerns

III.3.3 *What are your key customer access mechanisms, and how do these mechanisms enable customers to seek information, conduct business and make complaints?* Key customer access mechanisms include the telephone, the agency Web site, the Division of Constituent Services, public outreach and public participation activities. The agency's recently redesigned Web site has extensive information about programs, services, reports, data and the Environmental Public Health Tracking System (EPHT). The EPHT includes an InfoLine where customers can make direct inquiries and receive a timely response. [See III.1.2.] Responses are documented to monitor follow-up. Current examples of customer access mechanisms include:

- The DHEC Regulatory Development web site, sponsored by the Office of Regulatory Development, is often updated with notices and new postings at http://www.scdhec.gov/regulatory.htm. The website received 66,004 visits during the 2010-2011 Fiscal Year.

- A ground-level ozone forecast is now available via Twitter. Go to http://www.enviroflash.info/, select a region, and follow the sign-up directions or log into an individual Twitter account and follow accounts assigned to the region where customers live.

- The 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.

- Each health region has a customer service coordinator who is responsible for dealing with customer service issues and complaint resolution.

- The Health Regulation liaison provides a single point of contact for healthcare facilities to resolve problems, answer questions and seek guidance related to regulatory issues.

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 13 years (1998-2010) 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 its services. Consistently, DHEC maintains an average of 92 percent satisfaction with overall quality of service (93.9 percent in 2010) and also an average of 92 percent satisfaction with courtesy and attitude of staff (93.7 percent in 2010), even with significant budget cuts, staff changes and reductions in recent years. [See III.7.2.1-4.] Customer service is assessed at every level of the agency and in all customer groups, and that input is incorporated into practices, policies and procedures to better serve customers.

For the seventh year, the public health regions conducted a Customer Satisfaction Survey. The total number of surveys received was 18,026 statewide. Of these: 98.2% rated their overall service as good or very good; 98.7% said that they were treated good or very good, with no one saying they were treated badly; and 98.3 and 97.9, respectively, said their questions were

answered and needs were met in a good or very good way. Not only have these results stayed consistently strong over the last seven years of the survey, despite budget and staff reductions throughout the state, but results for this most recent survey were the strongest overall results the agency has achieved to date. [See III.3.5.]

III.3.5 *How do you use information and feedback from customers/stakeholders to keep services and 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. Policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders through this continuous quality improvement process. Examples from the past year include:

- Working with external contractors, EQC Bureau of Water staff improved the process for providing information to Industrial, Construction, and MS4 Stormwater applicants for the Stormwater Notice of Intent (NOI) Application. In March 2011, staff launched the Stormwater ArcGIS Server application* and received over 1,100 hits within the first three days. The application unifies the information required to apply for Stormwater NOIs into a single source, reducing the data gathering complexity. The simplified process also frees staff time because applicants have fewer questions. [See *http://gisweb00.dhec.sc.gov/water/Stormwater.html?mode=1.]

- EQC Bureau of Water modeling staff completed the Charleston Harbor Total Maximum Daily Load (TMDL) model, a multi-year effort that will result in defensible loadings for dischargers to the Charleston Harbor. Staff developed a TMDL Calculator, a spreadsheet "model of the model," that has allowed the local Council of Governments to quickly evaluate varying allocation scenarios and to develop wasteload allocations acceptable to the many dischargers in the system.

For other examples, please see I.2 Major Achievements and III.1.3.

III.3.6 *How do you build positive relationships with customers and stakeholders?* Many of the agency's stakeholders, those who have a vested interest in actions taken by the agency are also agency customers. [See II.2 - 3 and III.3.1.] 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 include 1.2 - Major Achievements and the following:

- DHEC hosted the fifth annual Environmental Assistance Conference November 2010 for the regulated community. Industrial representatives, school district officials, medical staff, small business owners and government representatives attended. Sessions covered greenhouse gases, industrial stormwater, hazardous waste and the new surface water law. Regional DHEC inspectors were available to discuss compliance inspection procedures.

- DHEC Region 2 partnered with Upstate Forever, the Cities of Spartanburg and Greer, and the J.M. Smith Foundation to host a speaker series Fall 2010 entitled, "Water: Securing Our Future." Topics included Keep It Clear: Protecting the Waters of our Region; Riparian Buffers; Construction Impacts; Total Maximum Daily Loads; Pervious Pavement; and Pond Maintenance. The series was designed for developers, engineers, contractors, lawn maintenance services, city and county council members, homeowner association representatives and the general public.

- The Bureau of Air expanded its Lawn Mower Exchange Program, working closely with partners in ten counties around the state. Over 250 gas-powered lawn mowers were traded in to be recycled for metal and other parts. Exchanging gas powered lawn mowers for electric mowers is popular among residents who like the new mowers and seek to improve air quality.

- State legislators officially declared April 30, 2011 South Carolina eCycles Day. Sponsors included LG Electronics, Waste Management, DHEC, and local public and corporate partners. Three eCycling drop-off sites were designated in the Upstate, Midstate and Low Country for citizens to easily dispose of and recycle their household electronic devices. [See Leadership, III.1.3.]

- DHEC responded when a tar-like material was discovered in the Congaree River near an old stormwater outfall associated with the Huger Street Manufactured Gas Plant (MGP). Bureau of Land and Waste Management and Region 3 staff collected samples and other data, confirming that the tar-like substance was a result of historical discharges from the Huger Street MGP. After assessing the contamination, SCANA, the designated responsible party, completed the removal of approximately 125,000 cubic yards of contaminated soil, coal tar, and other residual waste. The removal was completed under DHEC's oversight pursuant to a Responsible Party Voluntary Cleanup Contract.

DHEC sponsors citizen and community awards annually to recognize notable environmental conservation efforts around the state:

- In November 2010, DHEC's annual "Spare the Air" Awards recognized four recipients for their leadership in conserving energy, improving air quality and saving money. Awardees included a military installation, a manufacturing company, a public school and a local government.

- In April 2011, DHEC's annual "Earth Day" Awards program honored six individuals/organizations for their daily actions to protect the environment. Innovative efforts were recognized in recycle/reuse programs, sustainable design, energy conservation and zero waste to landfill activities.

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?* There are many goals and objectives in the agency's strategic and operational plans that support DHEC's central mission. Operations, processes and systems have been implemented to assist in attaining these goals and objectives. Progress is measured at the agency level and at the deputy level based on metrics best suited to demonstrate performance. [See III.2 - Strategic Planning.] Measurements are then used to prioritize activities and aid in the decision making process: 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; and supporting organizational capacity and quality with various tools including systems integration.

DHEC utilizes a public health informatics approach to improve how the agency's business is conducted by leveraging data and information that are collected, organized, managed and shared.

The agency's Public Health Informatics Committee works to: improve the agency's efficiency in public health surveillance; design and develop data connections among systems; enhance analytical and reporting functions; and improve the agency's decision-making abilities during routine and emergency operations. This work has uncovered linkages between individual indicators to other potential data sources and brought DHEC closer to the goal of a "virtual" integrated surveillance network.

III.4.2 *How do you select, collect, align and integrate data/information for analysis to provide effective support for decision-making and innovation throughout your organization?* The complexity of DHEC requires the use of numerous systems and processes to collect, store and analyze data and information based on programmatic and scientific needs to support decision-making at multiple levels. [See Addendum D – Partial Listing of DHEC Data Sources and Information Used for Decision Making.] Stakeholders, including federal, state and local governments, along with the regulated community and citizens, all identify the level of performance required for the services or information they receive from the agency.

DHEC has integrated many aspects of the major public health surveillance systems used by various program areas in the past few years under the direction of the agency's Public Health Informatics Committee. [See III.4.1.] Most of these systems are now automated and integrated on either geography or other common data elements by using enterprise GIS, data extraction utilities and/or system connections. These systems include registries, as well as surveillance systems and tracking networks for infectious diseases, cancer, behavior risk factors, pregnancy risks, violent deaths, injuries, birth defects, environmental permitting, newborn screening, immunizations, births, deaths and laboratory results. Clusters of surveillance systems are also being built around birth and death registries, so that lifelong records are available for surveillance, analysis and decision-making. The Environmental Public Health Tracking Network, [See I.2-Major Achievements.] developed under the guidance of the Centers for Disease Control and Prevention, is a model of systems integration and continues to significantly improve the agency's capacity to track environmental hazards, human exposure and adverse health outcomes.

Another model system is the Environmental Facilities Information System (EFIS) which allowed the creation of a single permitting application across program areas. EFIS provides the "big picture" view of environmental facilities that was previously not possible. The agency continues to make progress toward bringing stand-alone systems into EFIS with technical staff working actively with individual program areas like Environmental Health.

The Division of Health Licensing in Health Regulation has employed the use of an inspection information/data system known as Steton. This tool has greatly enhanced report writing and data compilation for the inspection staff. Steton allows for management review of decisions related to training, the need for regulatory assistance and for enforcement actions for noncompliant providers.

III.4.3 *What are your key measures, how do you review them, and how do you keep them current with organizational service needs and direction?* [See III.1.5, Strategic Plan Chart– Addendum C and III.7- Key Results.]

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 2020 Objectives set ten-year targets for health improvement based on the latest health-related research and scientific evidence. The Environmental Protection Agency's Core Performance Measures establish goals for environmental protection efforts. The National Oceanic and Atmospheric Administration establish 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 and between counties and regions within the state.

Existing systems, such as the Environmental Facilities Information System (EFIS), the South Carolina Community Assessment Network (SCAN), the Health Regulation Steton Program and the Vital Records Statistically Integrated Information System (VRSIIS), all have pre-programmed reports and standardized data that are used in the analysis and reporting required to aid operational and strategic decision-making and improvement. To address the need for customized data, the agency created advanced ad-hoc query and reporting tools that provides users the ability to design their own custom data extracts providing increased operational efficiency through cost and time savings.

III.4.5 *How do you ensure data integrity, timeliness, accuracy, security and availability for decision-making?*

The agency continually looks for ways to engage all stakeholders of data and systems maintained by DHEC to ensure accurate and timely information is provided, while maximizing data integrity and security. Vital statistics, cancer information and patient records are examples of data sets that are used heavily, but required to go through an extensive approval review to protect confidentiality. Decision cube technology has been deployed to state-wide users of DHEC's Client Automated Record and Encounter System (CARES) to fulfill statistical and managerial information needs. This tool allows the agency to merge disparate databases and provide a more comprehensive approach toward client data analysis. Numerous state-of-the-art, web-based data query systems provide aggregate, and in some instances, record-level data on DHEC activities and public health to internal programs and external clients. Clients include concerned citizens, academics and governmental and industrial counterparts.

Since DHEC houses some of the most critical public health databases, agency data security and system security are paramount. Vital records and patient data are strictly confidential. Since these could be used for identity theft or false documentation (driver's licenses, passports), the agency has developed restrictive security measures, created new policies, and provided extensive HIPAA staff training on protecting health information. Staff regularly reviews system logs, performs tests and updates systems to address potential threats.

Continuing work on building the modernized IT infrastructure required to move forward with the implementation of an agency-wide disaster recovery plan is a central focus of DHEC's efforts to provide un-interrupted access to the most critical agency data and systems. [See III.2.1(e).] Electronic security measures have been enhanced to protect access to the agency network and data through the acquisition of hardware and software components to monitor network activity. The agency employs a full-time Chief Information Security Officer and adheres to a strict backup and antivirus policy. Encryption is also applied to the most sensitive data sets and many mobile devices. New systems continue to be developed that enhance the agency's productivity and improve agency service to the citizens of South Carolina. Examples include work toward

secure system integration, data sharing through health messaging, virtualization, migration to cloud-hosted email and applications, establishment of a network operations centers, and the use of electronic medical records.

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 the EMT and to senior management for discussion and action that may involve shifting resources, priority or changing processes. If results are positive, senior management communicates this information to the appropriate staff to motivate and empower to them to continue the trend. [See III.1.5-6.]

III.4.7 *How do you collect, transfer and maintain organizational and workforce knowledge? How do you identify, share and implement best practices, as appropriate?* Many outlets are used to share best practices and enhance organizational knowledge, including regional and program meetings, professional organizations, community and academic partners, newsletters, distance learning, the agency's intranet, as well as the agency's Capacity Building Project and the Workforce Continuity and Development Plan. [See III.5.2 & 6-7.]

III.5 Work Force Focus

III.5.1 *How does management organize and measure work to enable the workforce to develop their full potential aligned with the agency's objectives, strategies and action plans and to promote cooperation, initiative, empowerment, teamwork, innovation and your 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 employees' 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, including teamwork, cooperation and initiative, have been established for several characteristics. Raters identify "Future Performance Expectations" where focus areas are identified for the employee 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 telecommutes, when appropriate**.** The Employee Suggestion Program enables the agency to reward staff with incentives for creative and innovative ideas.

III.5.2 *How do you achieve effective communication and knowledge/skill/best practice sharing across departments, jobs and locations?* Communication in the Health Services deputy area is achieved by monthly meetings of the regional health directors and administrators, and the regional directors of nursing, social work, health education, nutrition and administrative support. Also several regions have an electronic newsletter that is sent to employees. EQC continues weekly meetings with the bureau chiefs and bi-monthly meetings with assistant bureau chiefs, where knowledge, skills and best practices are shared to increase productivity and efficiency. Health Regulation has weekly staff meetings with the Deputy Commissioner, the bureau chiefs and the division directors, and once a month, an expanded staff meeting is held that includes all managers.

Weekly meetings of the Executive Management Team and monthly meetings of the Administrative and Policy Issues Committee achieve communication across the deputy areas. The Chief of Staff has two meetings per month with administrative staff and includes the regional administrators in one of the meetings to improve communication between central office and the regions. Several areas within the agency publish best practices reports and newsletters. [See III.5.15.]

III.5.3 How *does management recruit, hire, place and retain new employees? Describe any barriers that you may encounter.* The agency uses the www.sc.jobs.com Website operated by the Office of Human Resources, Budget and Control Board as its main recruiting site. For positions that require previous DHEC experience, the agency has an internal jobs posting site on the agency intranet. Occasionally, areas may advertise in other mediums such as newspapers. The agency conducts a New Employee Orientation for all new employees. It consists of a meeting at the agency headquarters plus an on-line component that can be completed at the employee's work site. For more details on the orientation, see III.5.7.

There are three main barriers that the agency encounters in recruiting and retaining employees. First, there is a nationwide shortage of health care professionals, specifically nurses [See I.4 Key Strategic Challenges.] and candidates with a scientific background. The agency competes with the private sector for these positions. The agency has tried to establish special hiring rates for nurses, nutritionists, engineers and environmental health managers. Second, although several measures have been implemented to recruit employees, salaries still lag behind the private sector by thousands of dollars. While DHEC may be able to recruit employees right from college, the skills and experience they obtain as an employee of the agency are in high demand in the private sector. It is not unusual to lose employees to the private sector with salary offers of 30 – 40 percent more than they currently earn. Finally, because of budget cuts, the agency has 58 fewer filled FTE positions than last year. The agency is not able to replace employees who leave because there are not adequate funds to refill the positions. [See III.7.4.2.]

III.5.4 *How do you assess your workforce capability and capacity needs, including skills, competencies and staffing levels?* Workforce capability, skills and competencies are assessed during the performance review process. Job duties and standards are defined and measured for each position. If an employee falls below acceptable standards, a work improvement plan is implemented to help the employee better their job performance and capabilities. Capacity needs and staffing levels are assessed by upper management to meet the needs of the agency.

III.5.5 *How does your workforce performance management system, including feedback to and from individual members of the workforce, support high performance work and contribute to the achievement of action plans?* The agency's performance management system, the Employee Performance and Development Plan (EPDP), also has 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 support them in their present job and with future career goals. These 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 does your development and learning system for leaders address the following: (a) development of personal leadership attributes:* The agency participates in structured leadership opportunities including the: Southeast Public Health Leadership Institute (65 staff); Management

Academy for Public Health (265 staff); Environmental Health Leadership Institute (2 staff); National Public Health Leadership Institute; and Certified Public Manager Program (549 staff) to develop and strengthen leadership skills in current and potential leaders. Each of these structured experiences involves a 360 assessment and requires an Individual Development Plan to address opportunities for growth in leadership. The EQC deputy area uses a Leadership Inventory as an assessment in their Capacity Building Program. Leadership development activities have prepared more staff to assume leadership positions.

(b) development of organizational knowledge: Organizational knowledge is impacted through a structured competency based workforce development initiative. Graduates of the structured programs in III.5.6 (a) have demonstrated new knowledge, skills and abilities and increased competence and individual performance that translate into improved organizational and unit performance and capacity. The EQC deputy area held its annual Frontline Managers' Meeting December 2010. Organizers designed a "World Café" style meeting, where 122 managers met in focus groups. Groups discussed one of eight topics identified through the previous meeting's evaluations. Comments were recorded and assimilated for submission to upper management. Other EQC staff development meetings are held annually in the functional areas of permitting, compliance and enforcement.

(c) ethical practices: The agency has a formal procedure for submitting ethical concerns and reviewing the issues for action. The agency offers a formal course on ethics that is open to all staff. The agency Fraud and Abuse line (1-866-206-5202) is available for anyone to report an ethical concern and any issues reported to this toll free line are investigated by Personnel Services. [See III.1.1 (d).]

(d) your core competencies, strategic challenges and accomplishment of action plans: The agency has determined critical knowledge and competencies. These are identified in the employee's position description, aligned with the agency strategic goals and operationalized in the employee's evaluation. Having individual competencies aligned with the agency Strategic Plan enables staff to be prepared to carry out the unit operational plans and address strategic challenges. This alignment supports a comprehensive approach to performance improvement at the individual, unit and organizational levels.

III. 5.7 *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?* 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. [See III.5.6.]

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. The agency supports and encourages staff to take advantage of other formal and informal educational opportunities.

In 2010, the agency's community liaison staff developed the 3.5-hour "Fundamentals of Public Participation" course. Because the public participation process is used extensively with communities to address local environmental concerns, all EQC staff was required to take the course. During the past year, a total of 56 classes were taught with about 1,460 staff completing the training. The training will be offered annually or on an as-needed basis for new staff. Staff also created a new website www.scdhec.gov/communityinvolvement to provide an ongoing information resource for community involvement for external customers.

The agency implemented a Web-based learning management system, the DHEC eLearning Center (eLC). The eLC enables the agency to: manage employee learning and development at an organizational level through administrative and data tracking functions; allows the creation and delivery of online training; enhances workforce development through the use of tailored learning plans; and positions the agency to more easily transition from classroom instruction to distance and blended learning. This is a learner - oriented system and provides staff 24/7 access to more comprehensive training opportunities, reducing travel and loss of time from the job. DHEC's New Employee Orientation program includes an on-site session with customer service e-training and an intranet component providing an overview and history of the agency, the strategic plan and information on important agency policies. The agency has required training for all staff on the HIPAA Series, Introduction to Public Health, Culturally and Linguistically Appropriate Services, Agency New Employee Orientation and DHEC's Role in Emergency Operations.

The EQC deputy area held its EQC School January 2011 to orient 19 new staff to the purpose, functions and responsibilities of the program areas. The school includes presentations, demonstrations, field trips and discussion.

III.5.8 *How do you encourage on the job use of new knowledge and skills?* With supervisor oversight, employees are encouraged to use their new knowledge and skills by such actions as covering for absent staff, testing new ways to complete tasks, and assuming special project assignments. The Environmental Quality Control (EQC) deputy area continues to offer the Short Term Enrichment Program (STEP) as a staff development tool. Staff gains a broader perspective on the deputy area's overall mission, while the deputy area develops a more versatile workforce. Employees are assigned to a different program area on a short-term rotation. The assignments are designed to increase employee exposure to a variety of work duties and locations within EQC. This enables staff to recognize professional development needs and further define career goals.

III.5.9 *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. The Workforce Continuity & Development Plan and the Capacity Building Project are integral parts of the agency's quality improvement process.

The competency-based approach provides direction for recruitment, 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.5.10 *How do you evaluate the effectiveness of your workforce and leader training and development systems?* Effectiveness of workforce development and training is evaluated at the

individual, unit and organizational levels through performance management approaches including: employee performance and development plans; competency assessment; learning and knowledge outcomes; business impact; and return on investment.

III.5.11 *How do you motivate the workforce to develop and utilize their full potential?* The agency had implemented a reward and recognition program called "Cause for Applause." The program had two ways to recognize employees, but because of budget reductions, it was discontinued in early 2009. 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. During State Government Employee Appreciation Week, activities were planned to show appreciation to the agency workforce including drawings for choice parking spaces and prizes. These activities were well received by staff.

Some DHEC offices initiated "Caught Green-Handed" notices to recognize employees who intentionally take steps to conserve energy and materials in their office area. The names of "Caught" employees are entered into a drawing for a donated green prize. This activity is an incentive for employees to adopt green behaviors in the work place.

The Michael D. Jarrett Awards have been given for more than seventeen 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 reward employees who develop cost-saving initiatives. 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.

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.5.12 *What formal and/or informal assessment methods and measures do you use to determine workforce well being, satisfaction and motivation? How do you use other measures such as retention and grievances?* DHEC has periodically administered seven formal statewide employee satisfaction surveys since 1984 to assess staff attitudes and opinions on a broad range of topics. The highest rated items on the most recent Employee Survey mimic those on the 2005, 2003 and 2000 surveys. Respondents were most positive about job satisfaction, quality of services, team work, supervision and personal safety. Least positive items are consistently salary, benefits, recognition and career opportunities.

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 Personnel Actions Information System provides deputy areas with more specific turnover information and allows for better turnover analysis. [See III.7.4.1.]

III.5.13 *How do you manage effective career progression and effective succession planning for your entire workforce throughout the organization?* DHEC has 131 employees participating in the TERI program, as of June 1, 2011. In addition to the TERI employees, DHEC has 87 employees currently eligible for retirement, with another 524 eligible for retirement within the next five years. Because of this impact to the work force, succession planning has taken place in

the different deputy areas to plan for replacement of management positions. Career progression and succession planning are handled individually in each deputy area. [See III.7.4.2.]

This year, the Environmental Quality Control's (EQC) Professional Development and Leadership training, which is available to all staff to encourage professional development was not conducted. However, it is expected to be restored next year. Courses include Budgets 101 and Legislative/Regulation development. Staff may also take courses through the Office of Human Resources toward achieving Associate and Certified Public Manager certification. Progress is tracked through individual EPDPs and the agency's training database.

Health Services continues to develop its workforce in close partnership with the USC Arnold School of Public Health Office of Public Health Practice, and the South Carolina Public Health Training Center. Over 95% of staff in Health Services have taken the required Introduction to Public Health course and others are completing additional on-line courses addressing public health competencies. A workforce assessment is planned for the summer 2011 which will further identify skills that the workforce needs to function more effectively, specifically in the areas of core public health competencies, performance management and quality improvement.

III.5.14 *How do you maintain a safe, secure and healthy work environment including workplace preparedness for emergencies and disaster?* 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. [See III.2.1 (e).]

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. Other activities include smoking cessation programs, spring and summer wellness walks, Weight Watchers, and fitness dance classes during lunch breaks. Employees are offered annual flu shots each fall. The Employee Health Committee gives direction to these activities.

III.5.15 *How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?* Many tools are used to share best practices and enhance organizational knowledge including regional, district and program meetings, professional organizations, community and academic partners, newsletters, distance learning, the agency's intranet, as well as the agency's Capacity Building Project, the Workforce Continuity and Development Plan. [See III.5.2 & 6-7.]

III.6 Process Management

III.6.1 *How do you determine, and what are your organization's core competencies, and how do they relate to your mission, competitive environment and action plans; and*

III.6.2 *How do you determine and what are your key work processes that produce, create or add value for your customers and your organization and how do they relate to your core competencies? How do you ensure these processes are used?* As the public health 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 core competencies that support the following processes to:

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.
4. Inform, educate and empower citizens 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.
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 business and industry with regulations and requirements.
12. Provide business, information and financial management services to support agency programs.

Key support work processes for DHEC include information services, business and financial management, public health preparedness and public health statistics and information services. Competencies are discussed in III.5.6 (d).

These processes are included in the Strategic Plan and in deputy area operational plans and are monitored by measures, indicators and internal and external audits. Customer input and value is addressed in III.1.3 and III.3 – Customer and Market Focus.

III.6.3 *How do you incorporate organizational knowledge, new technology, cost controls and other efficiency and effectiveness factors, such as cycle time 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 and from customers and stakeholders for process improvement are encouraged.

For example, DHEC technical staff is implementing new technology to increase efficiency and streamline the delivery of critical agency resources. Migration to cloud-hosted email was completed that provides staff with one email system, integrated with standard office tools such as word processing, spreadsheets and presentation software, accessible from any location with Internet access. Also, DHEC's Network Operation Center has given staff the ability to proactively monitor the agency network, which is crucial for data delivery and systems operations to determine any possible issues that could affect staff productivity. Another ongoing effort is the establishment of a virtualized server environment that will give the agency a platform to consolidate servers and allow program areas to utilize the best hardware and software available to deliver the systems they rely on for day-to-day operations.

Also, see Section III.7.3. - Financial and Process Performance Results, Figures 7.3.1-6.

III.6.4 *How does your day-to-day operation of these processes ensure meeting key performance requirements; and*

III.6.5 *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 and Knowledge Management.] Customer response is used to improve production and delivery. [See III.3 - Customer and Market Focus.] Improvement is coordinated across agency lines to enhance capacity and performance. [See III.6.6.]

For example, in an effort to streamline and expedite the process of selecting a remedy for sites impacted by chlorinated solvents, DHEC staff developed a draft version of a tool, the "Decision Tree for Remediation of Chlorinated Solvents in Groundwater" and posted it on the agency's Website. After responding to internal and external stakeholder comments, a training class was developed to present the decision tree and demonstrate its use. Thirty-two project managers, engineers, hydrogeologists and environmental scientists from twenty-four consulting firms attended the training class, along with thirty-five DHEC employees from the Environmental Quality Control deputy area. The class was videotaped and made available on the DHEC Website. By using the decision tree, staff anticipates: 1) reductions in the amount of time required to make appropriate remedial decisions; 2) enhanced consistency among decision makers; and 3) increased numbers of successful site cleanups.

The Office of Project Management continues to identify, prioritize, monitor and support complex agency initiatives. Creating this accountability system has improved communication and ensured that limited resources are aligned with the strategic plan and utilized to the fullest potential.

The Office of Internal Audits (OIA) routinely conducts audits of agency programs and shares the results with staff and the Board. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY11, OIA issued four audit reports. OIA identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations that remain open are information system upgrades. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.3.6.] 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.

III.6.6 *What are your key support processes, and how do you evaluate, improve and update these processes to achieve better performance?* 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.

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. [See Figures III.7.3.4 & 5.]

The Bureau of Financial Management (BFM) 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. [See Figures III.7.3.2 & 3.] The bureau continues to update its policies, procedures and forms, and re-vamp its intranet site. In addition, BFM is

responsible for the American Recovery and Reinvestment Act (ARRA) and Federal Funding Accountability and Transparency Act (FFATA) reporting to the federal government for the agency. The agency implemented the financial, procurement and inventory modules of the S.C. Enterprise Information System (SCEIS) in August 2010 and the human resources and payroll modules the following month. This implementation has resulted in the agency's re-evaluation of many processes and required additional staff time and training to complete the financial, payroll, human resources, procurement and inventory transactions. As a result, agency efficiency and productivity have been impaired. [See 1.4 Key Strategic Challenges.]

The Public Health Statistics and Information System's (PHSIS) four IT divisions, in concert with technical staff across the agency, are constantly evaluating the existing technical infrastructure that supports all program area activities. Targets include: 100 percent availability of hardware and systems; better customer satisfaction and improved productivity through the use of new technology; and better long-range planning in concert with agency goals. Detailed yearly technical plans are developed by PHSIS and individual program areas to allow for planning and to identify possible similarities across the agency that are opportunities for consolidation to increase efficiency. The merger of the previous Bureau of Information Systems with PHSIS was completed and there are ongoing efforts to look for other possible efficiency gains though similar efforts. PHSIS continues to monitor the internal quality assessment of data and participate in numerous statewide and national initiatives related to data quality, data sharing and geographic information systems.

III.6.7 *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. For the past several years, the agency has submitted a list of critical state needs in the Appropriations Request. These needs are based on agency priorities, strategic direction, state health and environmental needs, and on personnel and operating funds required to accomplish the agency's core 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 or nation. See III.4.4 for comparative information and benchmarks to national standards.

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

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

Fig. 7.1.1

National Ambient Air Quality Standards – Ozone Primary Standard 3-Year-Average Fourth-Highest Daily 8-hour Concentrations in Parts per Million (ppm) Data from Ozone Monitoring Sites in South Carolina				
County	**Monitoring Site Location**	**2006-2008**	**2007-2009**	**2008-2010**
Abbeville	**Due West**	*0.078*	0.072	0.067
Aiken	**Jackson**	*0.076*	0.075	0.069
Berkeley	**Bushy Park**	0.063	0.060	0.062
Charleston	**Cape Romain**	0.072	0.067	0.067
Cherokee	**Cowpens**	0.074	0.067	0.069
Chesterfield	**Chesterfield**	0.073	0.070	0.068
Colleton	**Ashton**	0.073	0.067	0.066
Darlington	**Pee Dee**	0.075	0.071	0.070
Edgefield	**Trenton**	0.070	0.069	0.065
Oconee	**Long Creek**	0.071	0.071	0.069
Pickens	**Clemson**	*0.080*	0.075	0.072
Richland	**Congaree Bluff**	0.071	0.067	0.065
Richland	**Parklane**	*0.078*	0.072	0.070
Richland	**Sandhill**	*0.079*	0.075	0.071
Spartanburg	**N. Spartanburg**	*0.084*	*0.078*	*0.076*
York	**York**	*0.077*	0.072	0.067
Comparison: 2008 EPA Standard: 0.075 ppm (see discussion in the paragraph below). **Notes:** Concentrations exceeding the 2008 Standard are written in *italics*.				

The table above shows ozone concentrations from monitors in South Carolina for which three years of complete data are available. In 2008, the EPA replaced the 1997 standard of 0.08 (rounded to 0.084) parts per million (ppm) with a more stringent standard of 0.075 ppm. In January 2010, EPA decided to reconsider the 2008 standard and proposed a more stringent standard of between 0.060 and 0.070 ppm. While EPA has chosen not to implement the 2008 standard and has not finalized a new standard, DHEC uses the 2008 standard to notify the public of air quality concerns because it is more stringent than the 1997 standard. While the state's overall air quality is improving, the EPA continues to evaluate and lower standards for pollutants, making it more challenging to meet the new standards.

Fig. 7.1.2

Hazardous Waste Site Cleanup Actions

Fiscal Year	FY06	FY07	FY08	FY09	FY10	FY11
⬚ State	34.9	38.3	46.8	50.4	55.6	61.4
⬚ Region	26.9	34.1	43.8	39	48	55
⬚ Nation	26.6	33.6	39.8	33.7	42	49

Y-axis: Percentage of Corrective Actions

Legend: ⬚ State   ⬚ Region   ⬚ Nation

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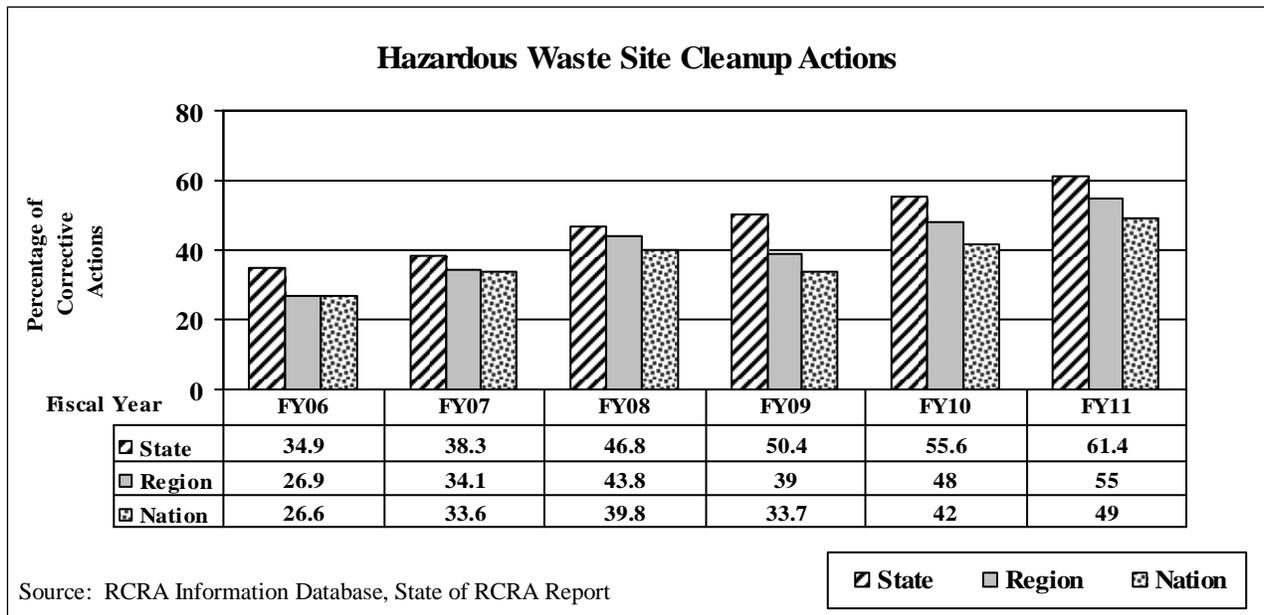
The state's average Hazardous Waste cleanup rate has exceeded the regional and national rates. DHEC's Hazardous Waste Program addresses a large number of contaminated sites. Aggressive site cleanup reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment.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

Fig. 7.1.3

Underground Storage Tank (UST) Cleanups Complete

Fiscal Year	2004	2005	2006	2007	2008	2009	2010	2011
EPA Goal for S.C.	4921	5171	5421	5671	5921	6171	6421	6671
S.C. Actual	5010	5307	5449	5748	6098	6322	6565	6801

Y-axis: Releases Closed

Legend: EPA Goal for S.C. — S.C. Actual

Source: DHEC, UST Database
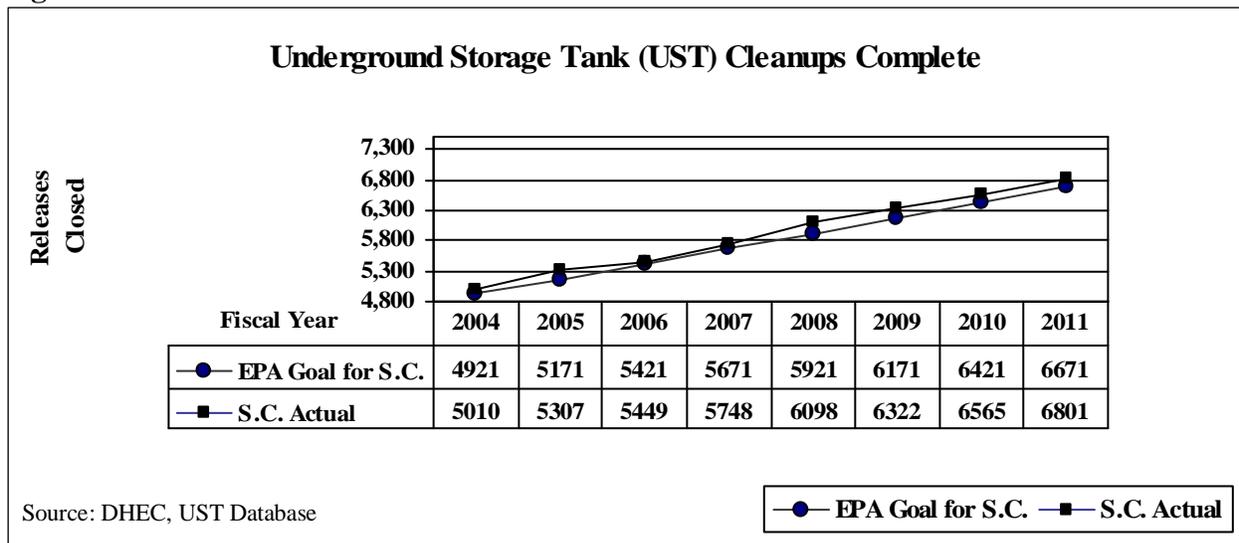
The Division of Underground Storage Tank (UST) Management has closed 71 percent of all confirmed UST releases reported to DHEC. This equates to 6,801 closed releases, reducing the number of open releases to 2,712. As illustrated by the graph, South Carolina continues to exceed the EPA established yearly closure goal.

Fig. 7.1.4

Uncontrolled Waste Sites Status

Source: DHEC, Division of Site Assessment, Remediation & Revitalization Database
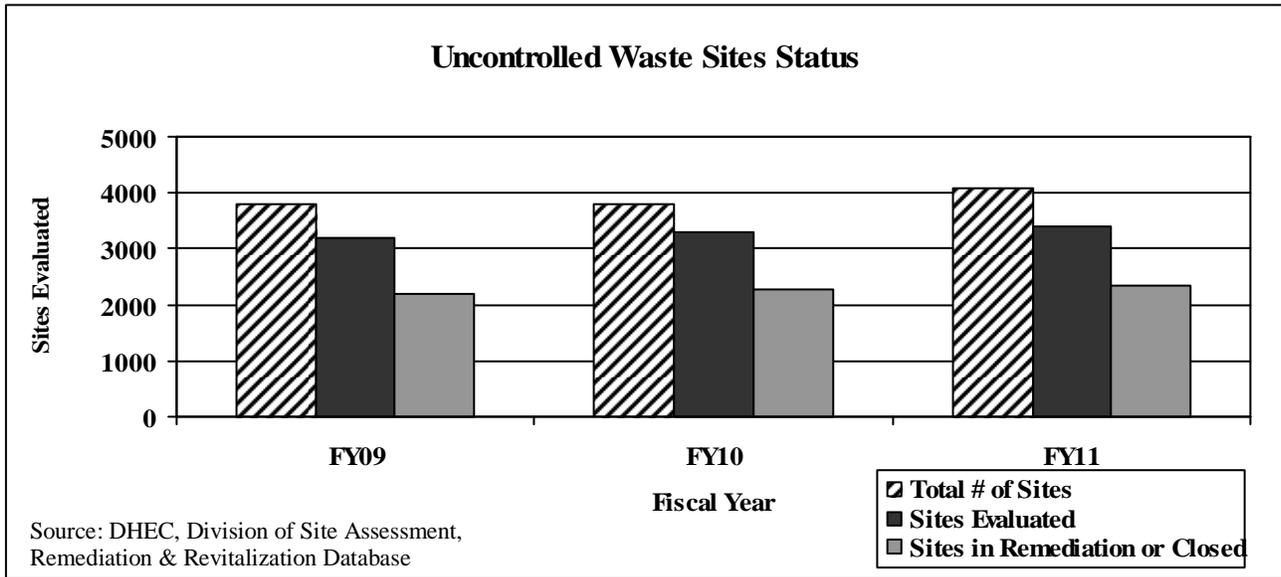
DHEC continues to discover and evaluate Uncontrolled Waste Sites every year. Sites in remediation are those sites where a remedial decision has been reached. Remedial actions are typically multi-year projects that may include multiple phases of investigation and cleanup.

Fig. 7.1.5

Voluntary Clean-up Program Accomplishments

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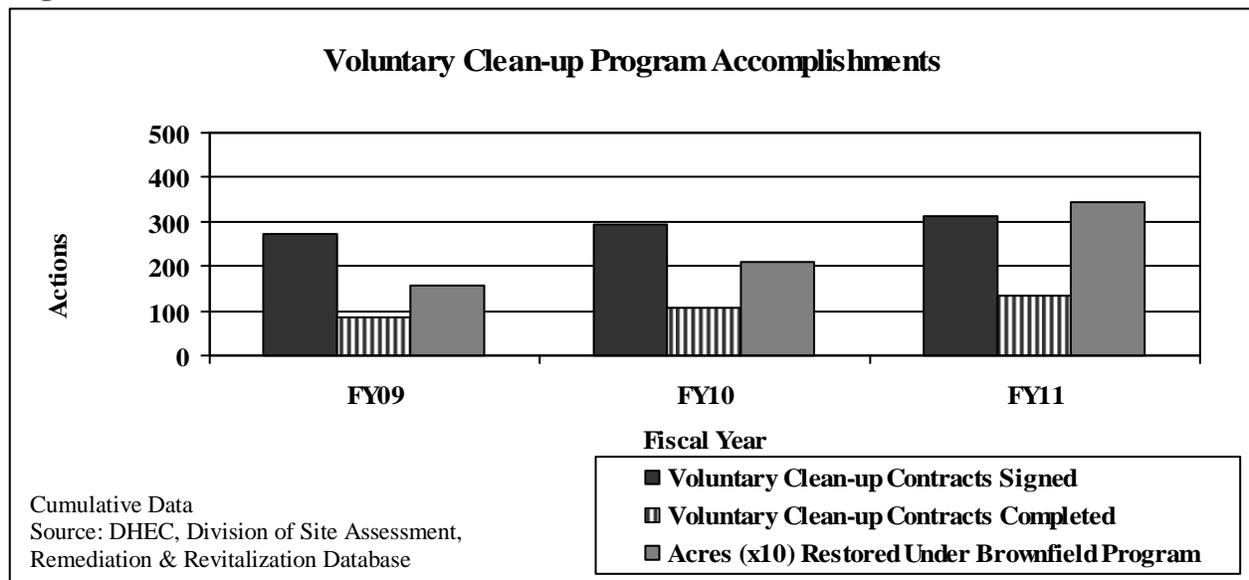
The Voluntary Cleanup Program encourages the reuse, redevelopment and revitalization of contaminated commercial and/or industrial properties. DHEC works with both Responsible Parties and Non-Responsible Parties (NRPs) to assess the contamination, implement necessary response actions to protect human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

Fig. 7.1.6

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

Source: DHEC, Data in EPA's Safe Drinking Water Information System (SDWIS)

Legend: EPA Goal; Percentage Served Without Violation; Percentage Served With Violation
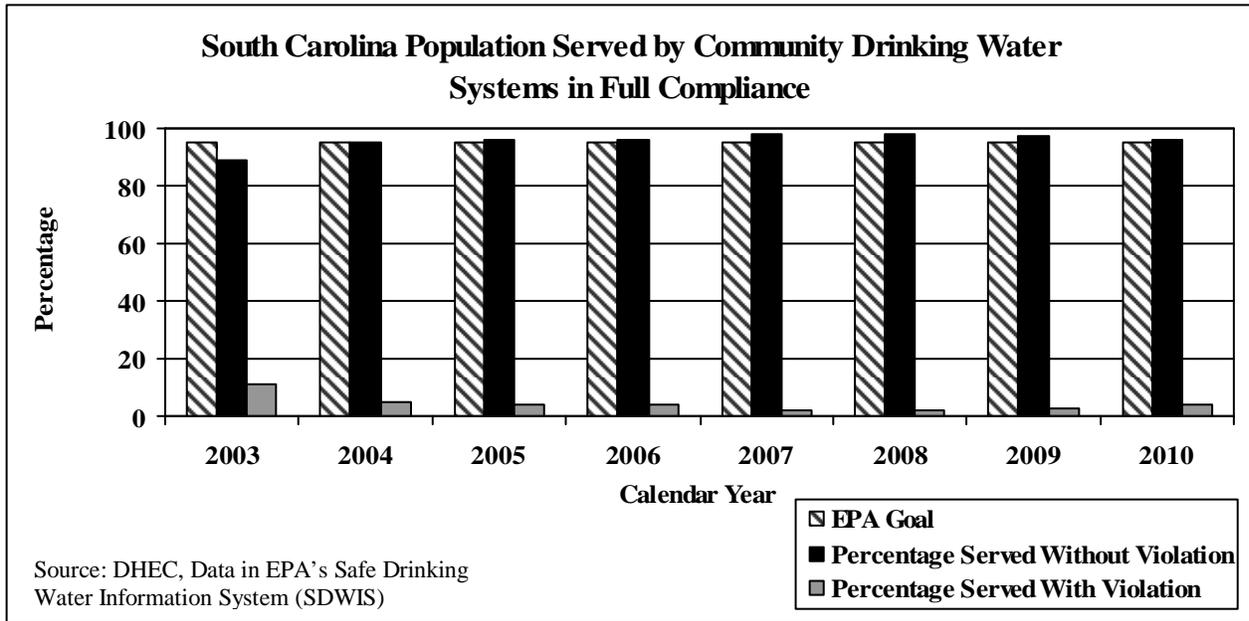
During the 2010 calendar year, 96 percent of the state population served by community water systems received water in compliance with all health-based standards. South Carolina has met or exceeded the EPA drinking water standard since 2004.

Fig. 7.1.7

Waters Supporting Fishable/Swimmable Uses

Source: 2010 S.C. Integrated Report Section 305(b)

Legend: Fishable; Swimmable; Overall
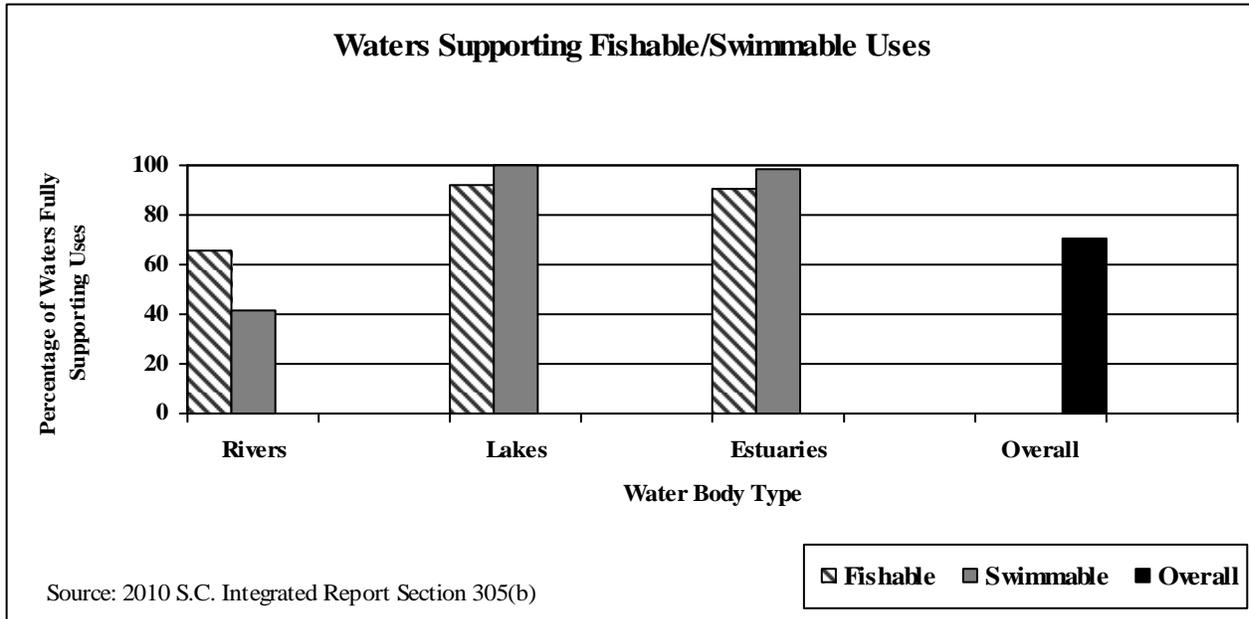
These figures are based on available water quality data collected through the probability-based Ambient Surface Water Quality Monitoring network data. South Carolina's total average for both fishable/swimmable waters is 70.5 percent. The state's goal is for 75 percent of its surface waters to meet fishable/swimmable uses by 2015. No region or state comparisons are available due to significant differences in monitoring strategies.

Fig. 7.1.8

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

FDA recommends an average of 4 unannounced inspections per year

Y-axis: Number of Inspections per Facility (0 to 5)
X-axis: Fiscal Year (2000–2011)

Legend: ■ Unannounced □ Follow-up

Source: DHEC, Bureau of Environmental Health

Fig. 7.1.9

Number of Actual Food Service Inspectors vs. Number Needed
to Meet Standard of 150 Facilities per Inspector

Y-axis: Number of FTE Inspectors (50 to 130)
X-axis: Fiscal Year (2000–2011)

Legend:
□ Actual # of FTE Equivalent Inspectors
■ # of FTE Equivalent Inspectors needed to meet

Source: DHEC, Bureau of Environmental Health

Budget cuts and decreased fee revenues, commensurate with unfundable staff vacancies in FY09, FY10 and FY11 have erased all gains made in FY08 toward meeting the U.S. Food & Drug Administration (FDA) voluntary standards for inspections per facility. As a short-term measure to keep inspection levels up, staff in other environmental health program areas has been cross-trained to conduct food safety inspections when possible. However, when demand for activities in these other program areas increases and staff is no longer available, new facility inspection levels decline.

Fig.7.1.10

S.C. Adult Smoking Prevalence, Age 18 and Older

Source: DHEC, BRFSS

Fig. 7.1.11

S.C. Youth Smoking Prevalence, Students Grades 9 - 12

Source: S.C. Youth Tobacco Survey
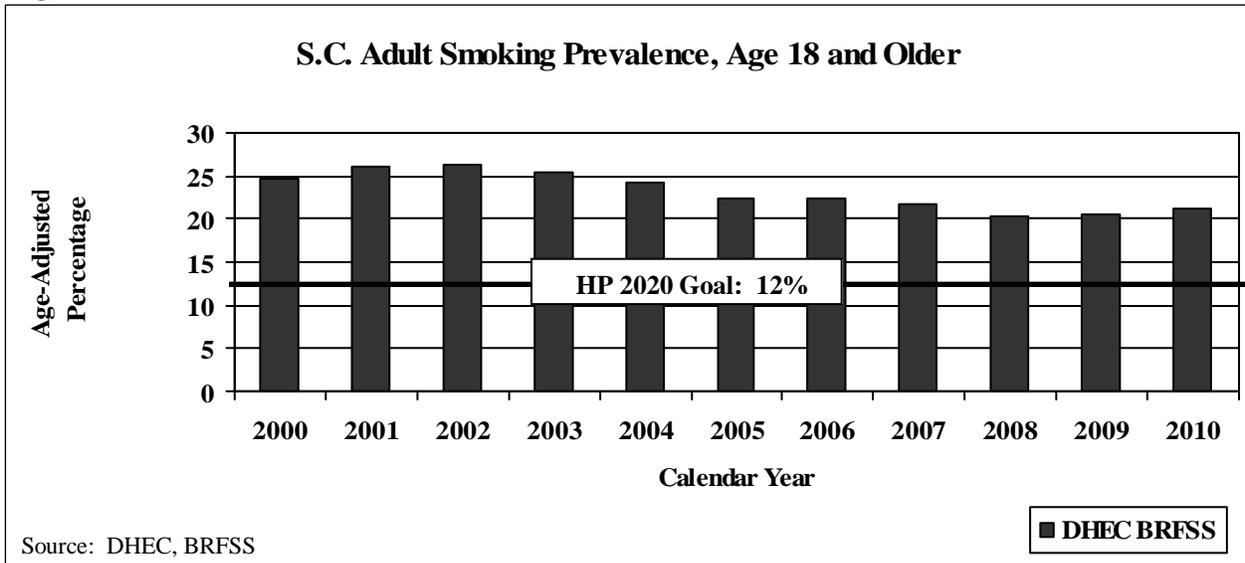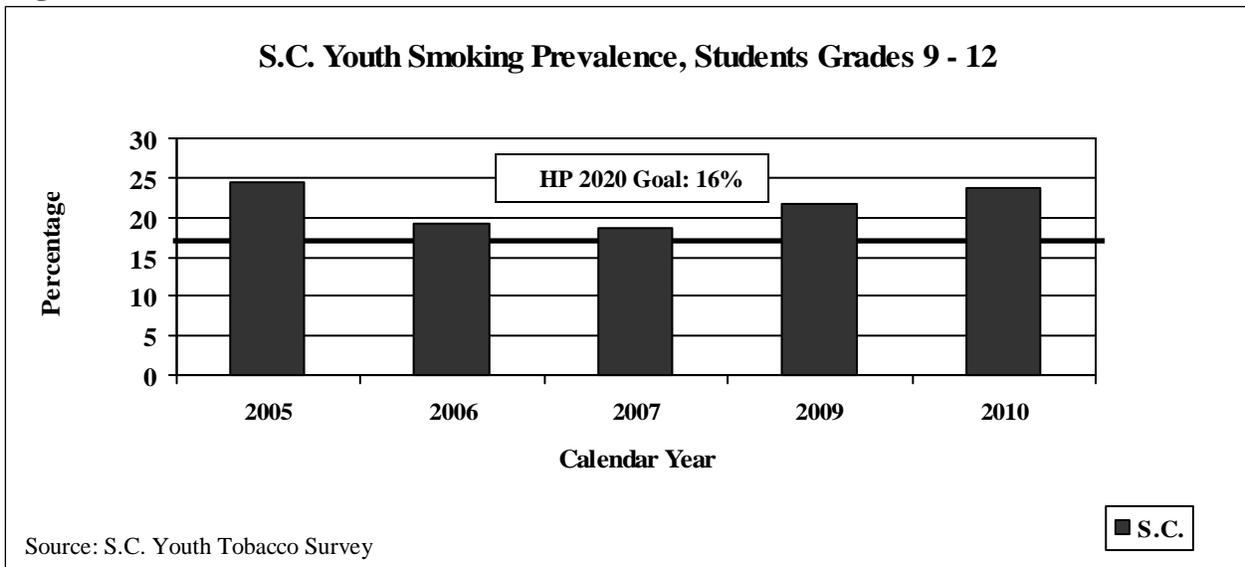
Currently there are 41 local comprehensive smoke-free ordinances in counties, cities and towns across South Carolina, resulting in 34 percent or 1,484,676 citizens protected by smoke-free laws. A total of five additional school districts (33 total) have adopted a comprehensive model tobacco-free policy, impacting over 71,567 students and faculty and visitors. Partners in this effort included the S.C. Tobacco Collaborative, S.C. Department of Education, S.C. School Boards Association, and DHEC Office of Healthy Schools. In the cessation goal area, targeted media and free Nicotine Replacement Therapy were available for uninsured registered callers yielding an 80 percent increase in the S.C. Tobacco Quitline participation by this group. Residual success was seen in a 68 percent increase in call volume for Medicaid tobacco users. An additional accomplishment was the launch of the new CME provider online training, "2As+R brief tobacco intervention." Overall, 7,254 tobacco users were served by the Quitline in 2010-2011. Note: This survey is not conducted each year.

Fig. 7.1.12

**Persons with Diabetes Receiving
Two or More A1c Tests Per Year**

HP 2020 Goal: 71.1

Y-axis: Age-adjusted Percent (0 to 90)

X-axis: Calendar Year (2000–2010)

Source: DHEC, BRFSS (Note: Data used in previous charts was not age-adjusted.)

Legend: ■ White □ Black
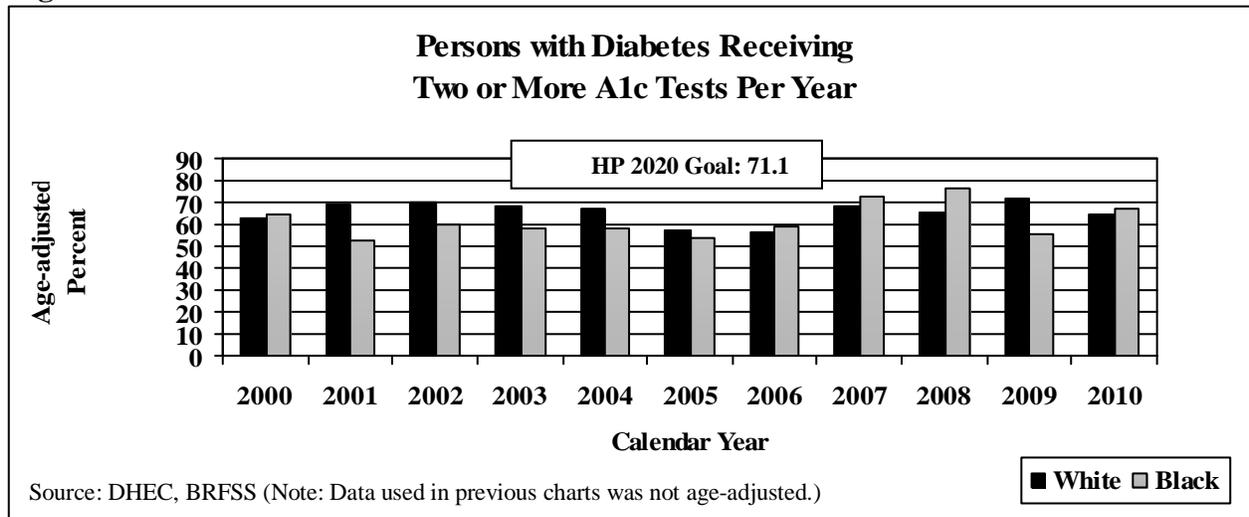
The 2009 Diabetes Burden Report paints an alarming picture of the impact of diabetes on the state. Survey data show that 50 percent of people with diabetes in South Carolina check blood glucose less than one time a day. However, in 2010, 66.5 percent (age-adjusted rate) have had two or more HbA1c tests, the gold standard marker of long-term blood glucose control, in the past year. South Carolina has not met the Healthy People 2020 objective of 71.1 percent. Studies have conclusively shown that as little as a 10 percent reduction in the level of HbA1c will reduce the risks of eye, kidney or nerve damage 25 percent to 50 percent. Over 64 percent of adults with diabetes have had at least once dilated eyes examination in the past year (2010 DHEC BRFSS), and close to 75 percent have had their feet examined. These steps are critical if one is to avoid the serious complications of blindness and amputations.

Fig. 7.1.13

**DHEC - Best Chance Network Percentage of Abnormal Breast
Screenings with Completed Diagnostic Work-up**

Program Goal: 90%

Y-axis: Percentage (40 to 100)

X-axis: Federal Fiscal Year (1999–2010)

Source: Best Chance Network
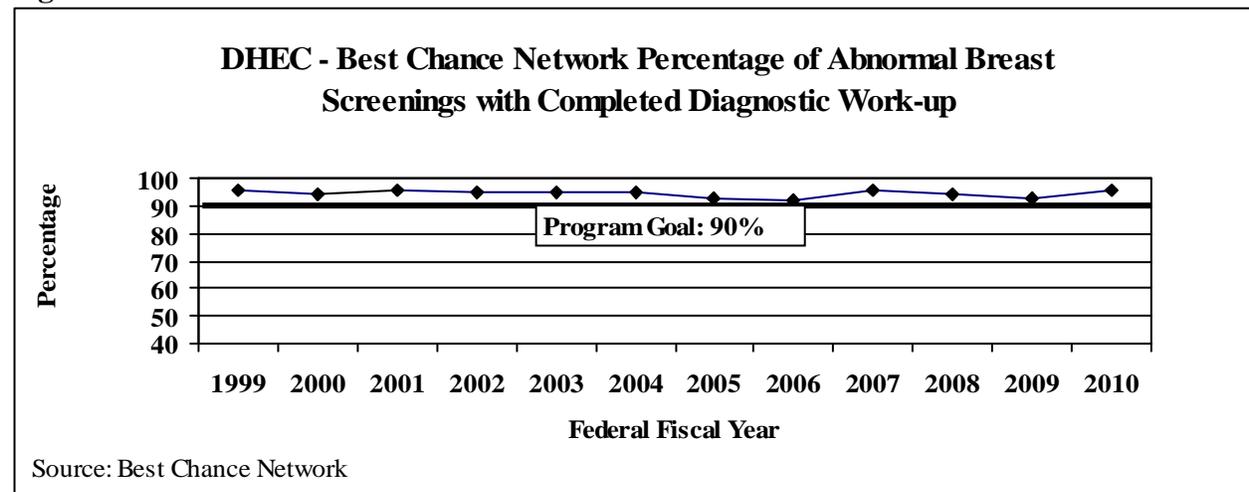
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 15,000 women. The Program Goal is that at least 90 percent of the people with abnormal breast screenings will complete a diagnostic work-up. In 2010, this goal was exceeded when 96 percent of people with abnormal breast screenings completed a diagnostic work-up. Over the past twelve years the program has met or exceeded the follow-up goal.

Fig. 7.1.14

Family Planning Caseload

Source: DHEC, Family Planning Program
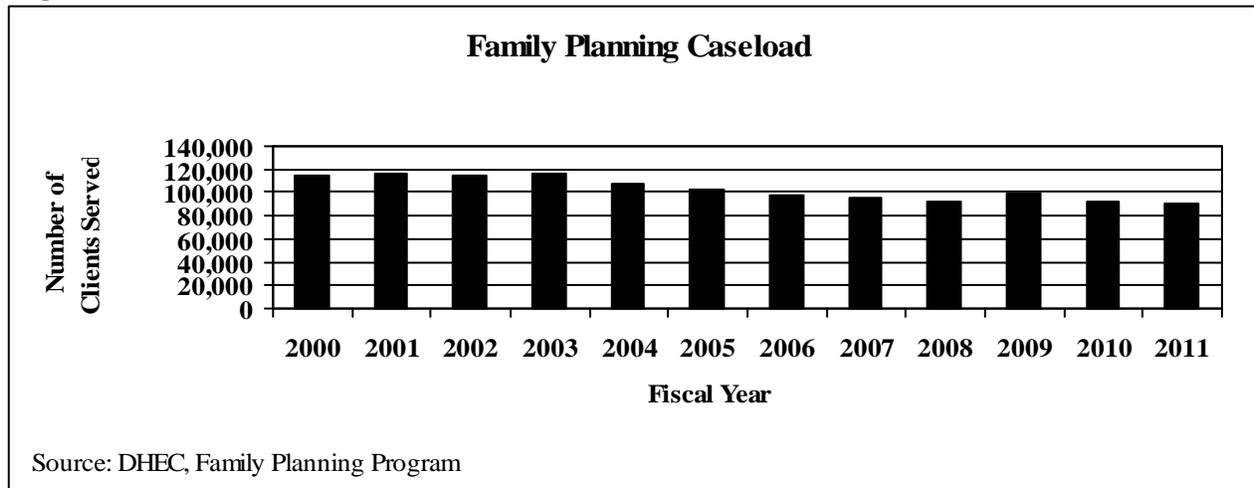
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. Ninety-seven percent of DHEC clients are at or below 185 percent of the poverty level. The agency provides services to about 44 percent of the overall population in need of family planning services. The caseload in FY09 increased for the first time since 2003, attributable to the efficiency measures the program has implemented. Unfortunately, budget cuts led to shortages in nursing and clinic support staff resulting in a decrease in the FY10 caseload to 92,860 and the FY11 caseload to 90,252.

Fig. 7.1.15

Percentage of Medicaid Newborns Receiving a Postpartum Newborn Home Visit

Program Goal: 90%

Source: PPNHV Report from S.C. Office of Research & Statistics
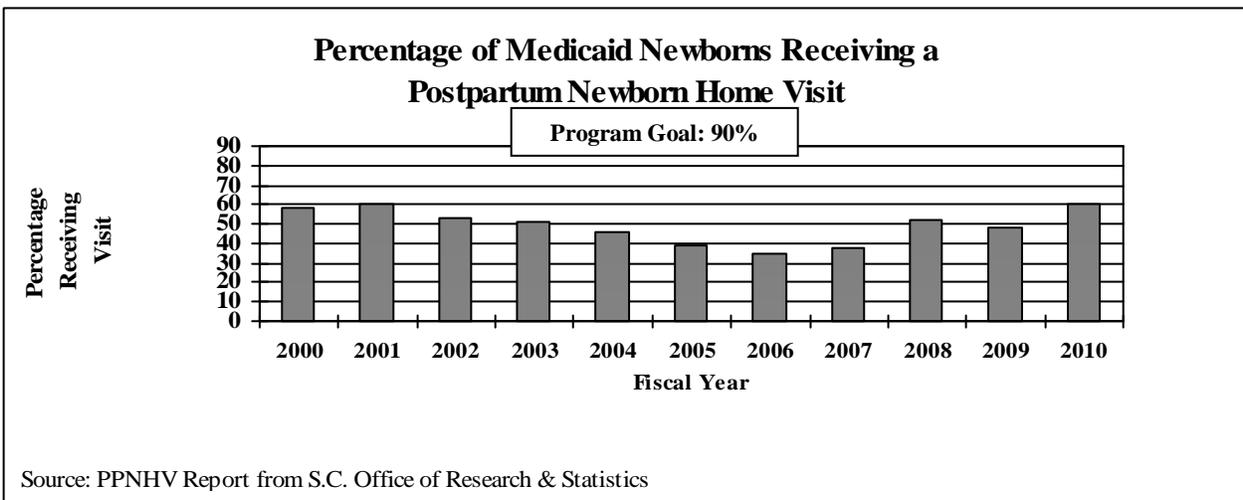
Most Postpartum Newborn Home Visits (PPNBHVs) are provided to newborns and mothers meeting certain high risk criteria specified by the Bureau of Maternal and Child Health in an effort to serve those who will benefit most from a home visit. In FY10, dedicated state funding to support PPNBHVs continued to be unavailable. The percentage of newborns receiving a PPNBHV for which DHEC received Medicaid reimbursement increased from 48 percent in FY09 to 60 percent in FY10.

Fig. 7.1.16

WIC Total Participation

Source: DHEC, WIC Program (2010 data is based on Oct 2010 through June 2011 monthly caseload average.)
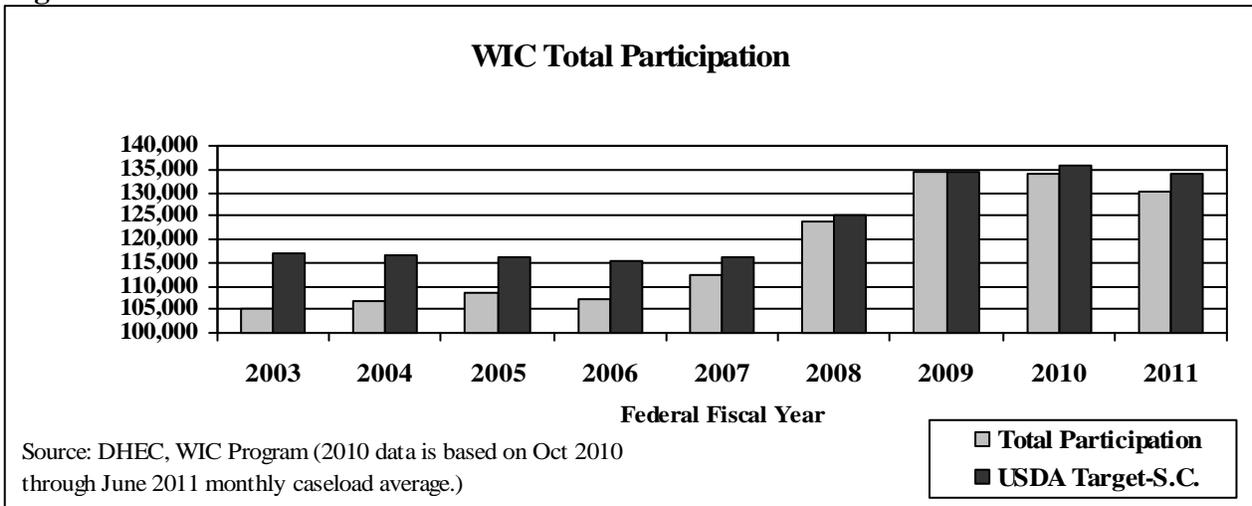
The Women, Infant and Children (WIC) Program is a preventive - based nutrition education program that provides prescribed food packages for eligible pregnant, breastfeeding and postpartum women, infants and children under five years of age. Priorities of the WIC Program include education regarding food choices, reducing obesity and promotion of breastfeeding. The monthly average served by the program in 2011 was 130,097, a slight drop from 2010. A lack of registered dieticians and Spanish speaking staff contributed to the 2010 decline.

Fig. 7.1.17

Public Vaccine Usage by DHEC Clinics and Private Medical Practices

Source: McKesson Shipments & VacMan Varivax Shipments
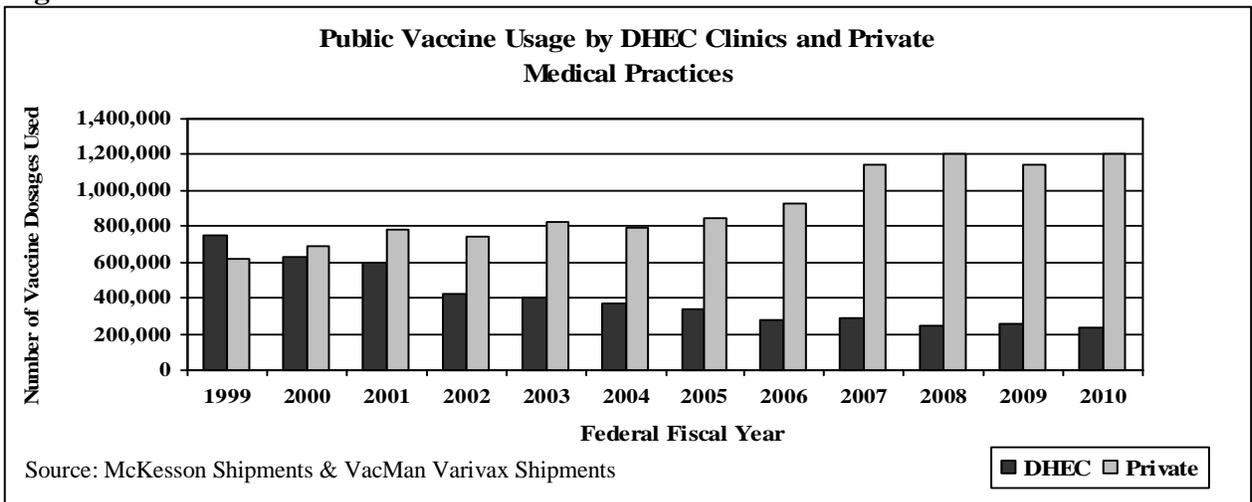
The federal Vaccines for Children (VFC) program, known in the state as the Vaccine Assurance for All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled private practices. Current enrollment in VAFAC is 568 practices. This includes: the majority of pediatric practices in the state; a large portion of family practices; all DHEC county health departments; all community health centers and rural health clinics; most hospitals; and six colleges and universities. In 2010, private medical practices used over 84 percent of all vaccine dosages in South Carolina, with DHEC using 16 percent.

Fig. 7.1.18

Estimated Vaccine Coverage of Children 19-35 months,*S.C. and U.S.

HP 2020 Goal: 80%

Percentage Fully Immunized

Calendar Year

S.C. ◆ U.S. ■
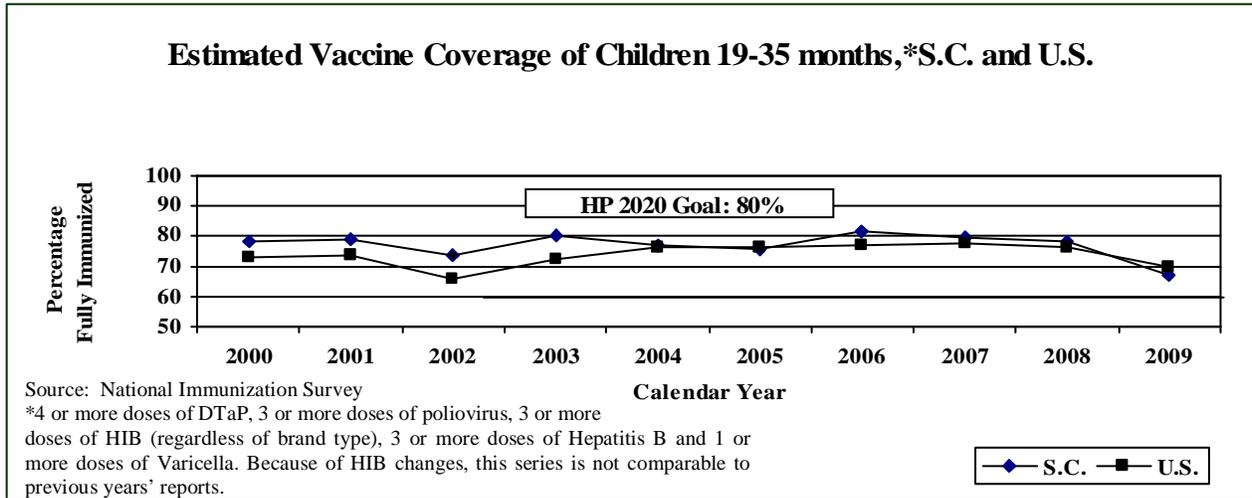
Based on the most recent results from the National Immunization Survey, approximately 67 percent of South Carolina children 19-35 months of age were fully immunized in 2009. Decreases were noted in both S.C. state immunization rates, as well as national immunization rates for the 2009 survey. Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines, and the fact that about 62,000 babies are born in the state each year.

Fig. 7.1.19

Influenza Immunization Coverage Levels in S.C.
65 Years and Older by Race

HP 2020 Goal: 90%

Percentage Age 65+ with Immunizations

Calendar Year

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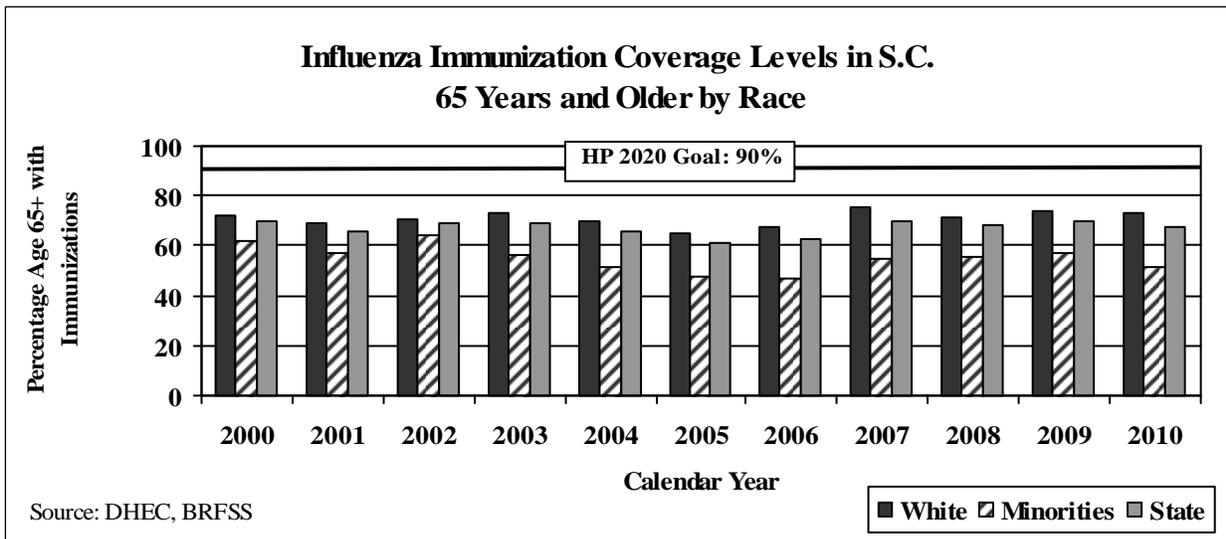
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2020 Goal of 90 percent. The state continues to see substantial disparities in influenza vaccine coverage between whites and non-white populations. The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

Fig. 7.1.20

Percent of TB Cases Completing Treatment within 12 Months - S.C.

HP 2020 Goal: 93%

Percentage (y-axis: 0, 20, 40, 60, 80, 100, 120)

Calendar Year (x-axis: 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009)

Source: DHEC, Division of Tuberculosis
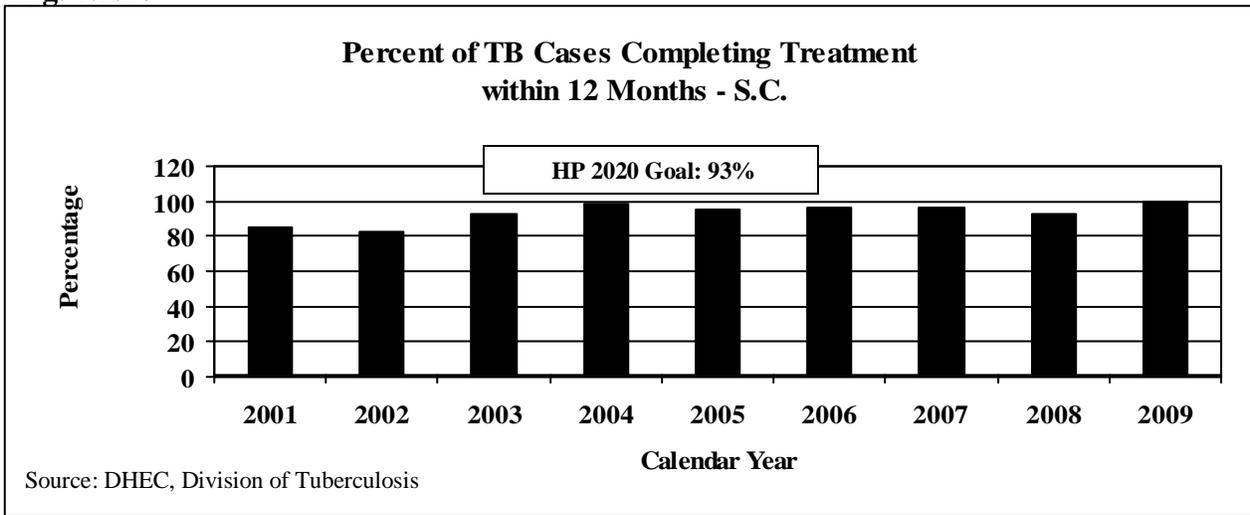
Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and sound interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed.   The reported number of tuberculosis cases for 2010 was 153, representing a seven percent decrease from the 164 cases reported in 2009. South Carolina continues to rank among the top states nationally in the number of new cases per 100,000 population with a case rate of 3.6. The percentage who completed treatment for tuberculosis disease in South Carolina was 99.7 percent in 2009, exceeding the Healthy People Goal.

Fig. 7.1.21

Number of Persons Tested for HIV and New Infections Diagnosed by DHEC

Clients Tested (left y-axis: 35,000, 40,000, 45,000, 50,000, 55,000)

New Cases Diagnosed (right y-axis: 0, 100, 200, 300, 400)

Calendar Year (x-axis: 2004, 2005, 2006, 2007, 2008, 2009, 2010)

Source: DHEC, HIV Counseling and Testing System
Note: Above data are total number of persons tested (bars) and number of new cases diagnosed (line) in each calendar year. DHEC diagnoses nearly 43% of the total number of persons newly diagnosed with HIV annually in S.C.

No. Tested
New Infec Diag

DHEC HIV tests done and number of new cases in South Carolina detected are leveling off. 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 2010, more than 14,700 persons were known to be living with HIV/AIDS in the state.

Fig. 7.1.22

S.C. ADAP Funding
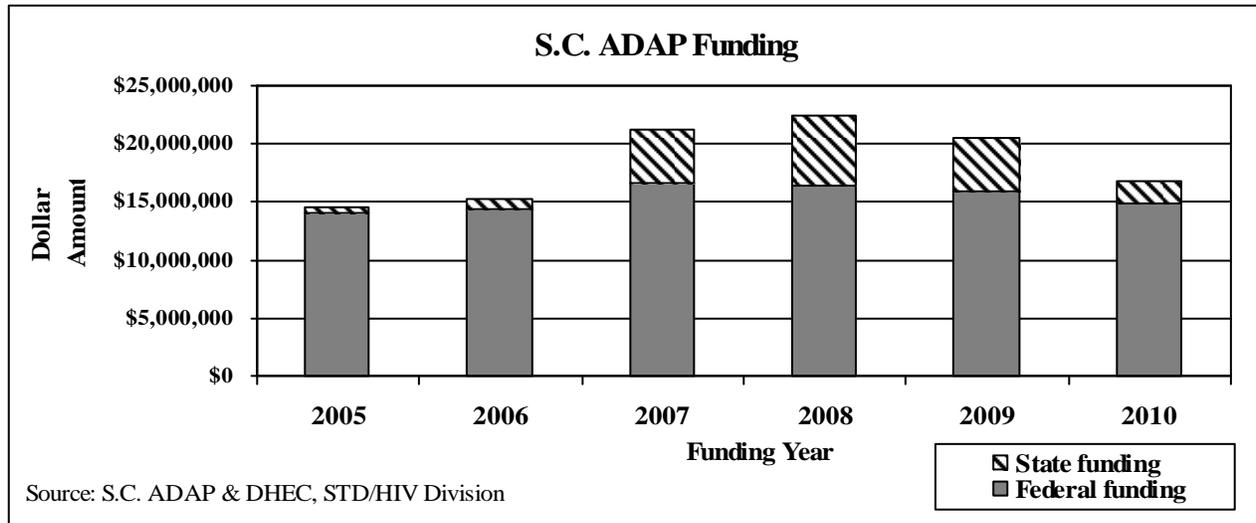
The South Carolina AIDS Drug Assistance Program (ADAP) provides treatment access to eligible HIV positive persons across the state. The ADAP served an average of 2,100 persons per month in 2009, which represents an increase of 15 percent from the previous year. While ADAP receives the majority of its funding through a federal grant, state contributions help fill the budget gap. In 2010, ADAP received a six percent cut in federal funding, while state contributions were cut more than 59 percent. A waitlist was instituted on March 15, 2010 to reduce spending and to limit growth. The demand for ADAP services is very robust and is expected to rise over the coming years with or without increased funding.

Fig. 7.1.23

Prevalence of Physical Inactivity Among S.C. Adults 2000 - 2010

HP 2020 Goal: 32.6%

Data Source: DHEC, BRFSS
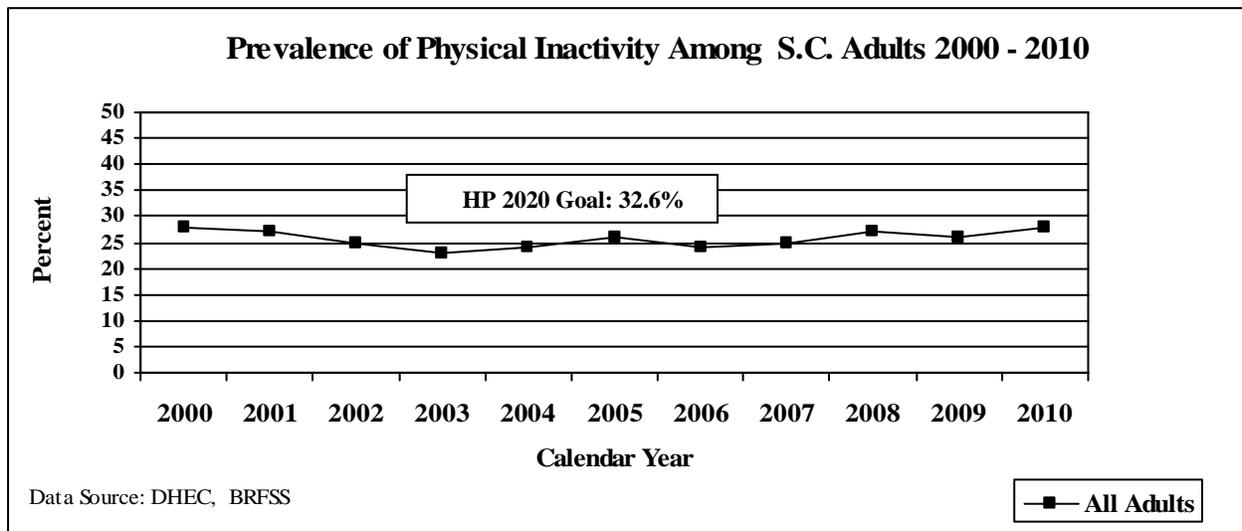
Engaging in regular physical activity is one of the more important steps to reduce risk for chronic disease, to build physical and mental health and to treat overweight and obesity. In 2010, the proportion of adults in South Carolina who report physical inactivity was 28 percent. In 2000, the proportion of physically inactive adults was 28 percent and it has fluctuated little and has been as low as 23 percent in 2003. DHEC works in concert with partners at both the state and local level across this state through the S.C. Eat Smart, Move More movement to promote physical activity and healthy nutrition, through individual behavior approaches and policy and environmental initiatives.

Fig. 7.1.24

Birth and Death Certificates Issued by DHEC

Source: DHEC, Division of Vital Records
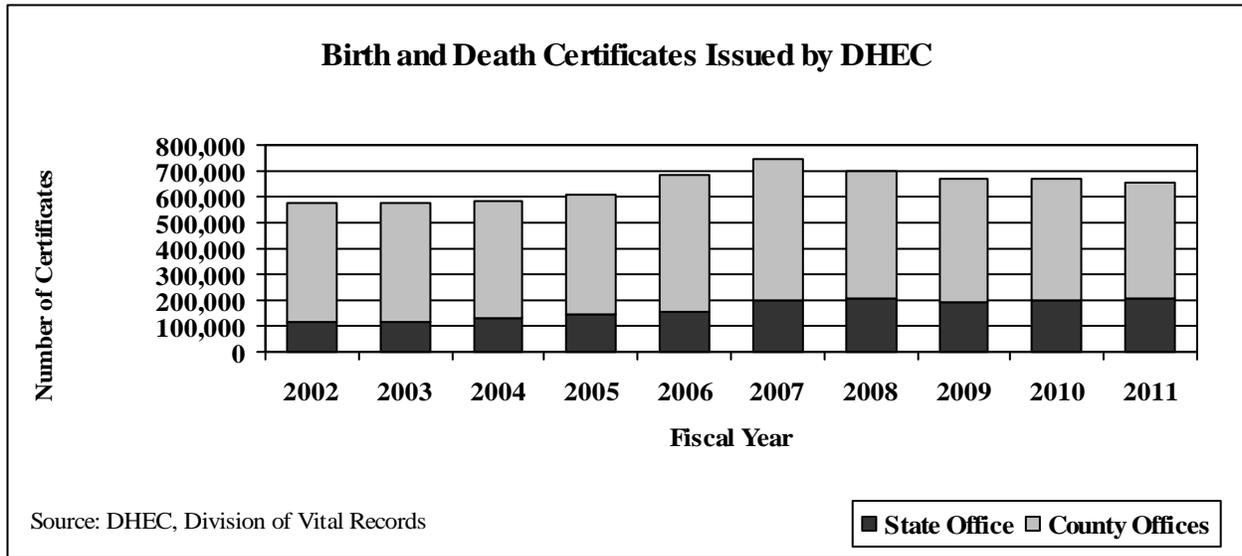
DHEC maintains the official vital records system for births, deaths, marriages and divorces in South Carolina. The state office in Columbia and the 46 vital records offices located in the county health departments provide an essential service for all citizens in the state. Over 650,000 certifications were issued in the 2011 fiscal year. Recent technology upgrades, physical renovations, and process modifications continue to increase efficiency and overall customer satisfaction during the certification and issuance process.

Fig. 7.1.25

Trauma Centers - Numbers by Level Designation

Source: DHEC, Division of EMS and Trauma
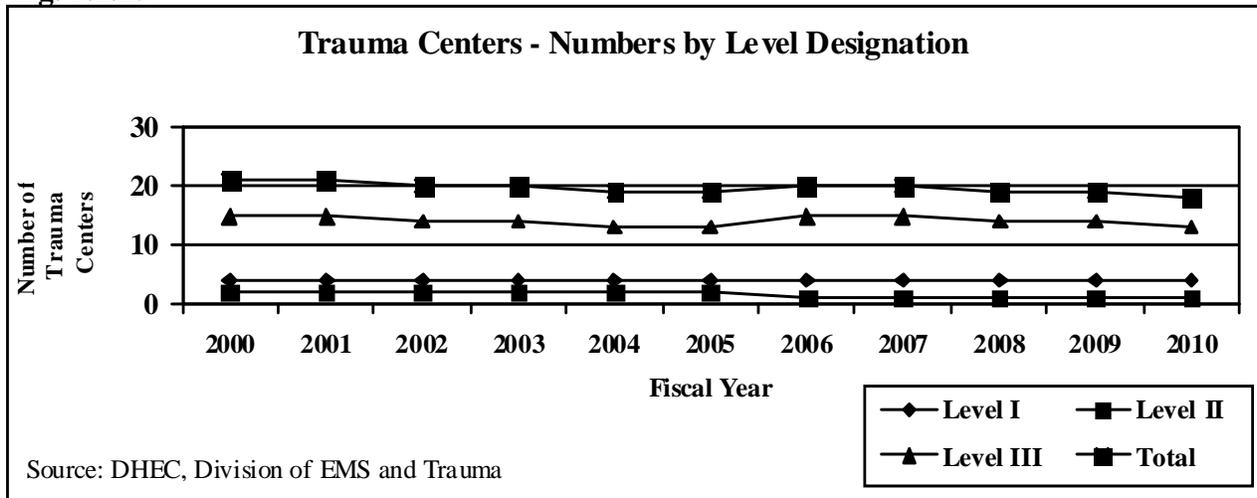
The state trauma system is struggling to maintain consistent coverage and stability. The nineteen (19) trauma centers within the state are not strategically located to provide consistent and effective trauma coverage throughout the state. Current support must be enhanced to encourage growth of the current system to address inadequate coverage issues. The agency continues to support the development of a statewide trauma network with regional planning, enhanced communication, and evaluation of the appropriateness of pre-hospital transports of patients within the system. There were no changes in the past year.

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III. 7.2 Customer Satisfaction Results
Fig. 7.2.1

Customer General Impression of DHEC 1998 - 2010

Source: DHEC, Customer Service Survey
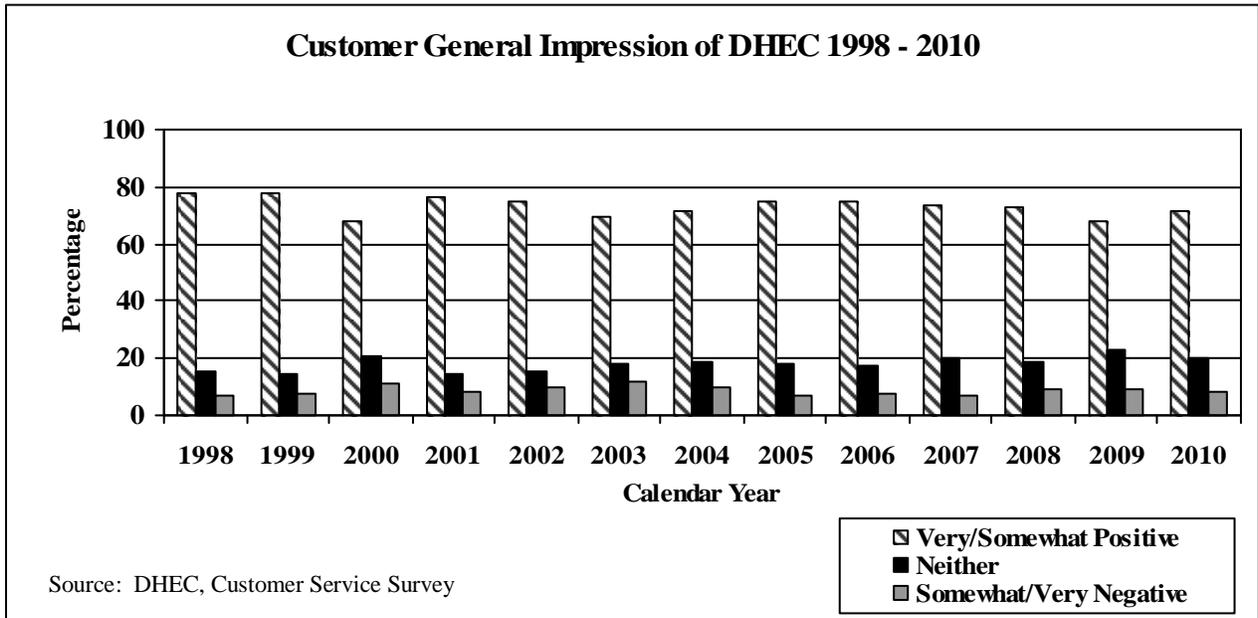
The stability of DHEC's positive public image is confirmed by the results of the 2010 Customer Service Survey. For 13 years, the percentage of respondents with a positive general impression of DHEC has averaged over 73 percent.

Fig. 7.2.2

Customer Satisfaction with Overall Quality of Service 1998 - 2010

Source: DHEC, Customer Service Survey
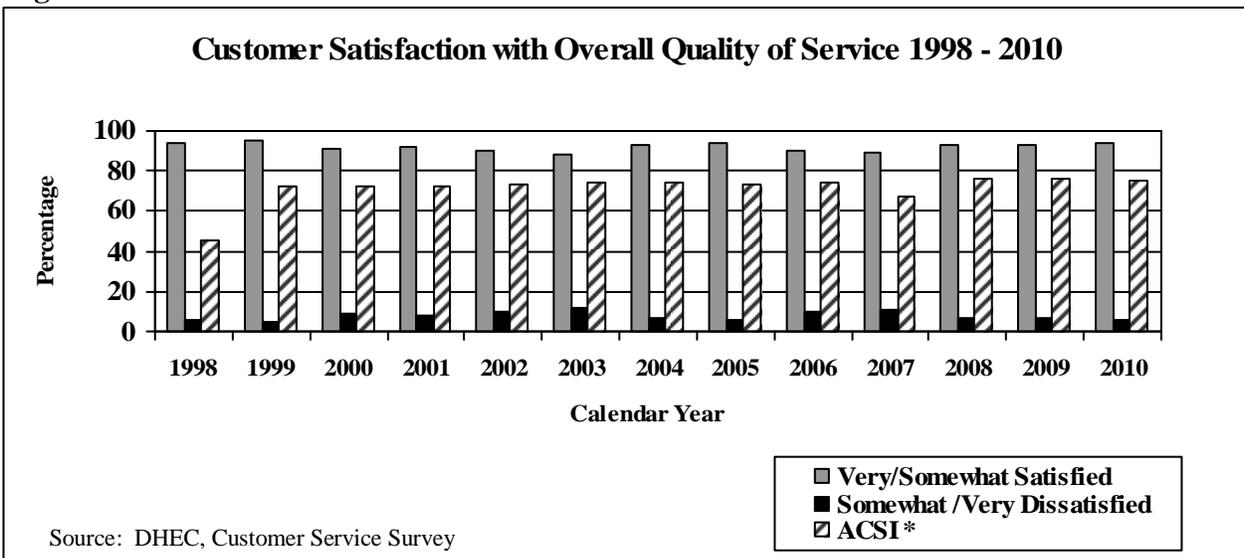
South Carolinians are satisfied with the services they receive at DHEC. In 2010 with a 93.9 percent positive response for overall quality of service, DHEC continues to remain well above the American Customer Satisfaction Index* (ACSI) of 76 percent. Overall satisfaction with DHEC services has averaged 92 percent for 13 years as compared with 71 percent for ACSI for this same time period.

Fig. 7.2.3

**Satisfaction with Courtesy and Attitude of
DHEC Staff 1998 - 2010**

Source: DHEC, Customer Satisfaction Survey
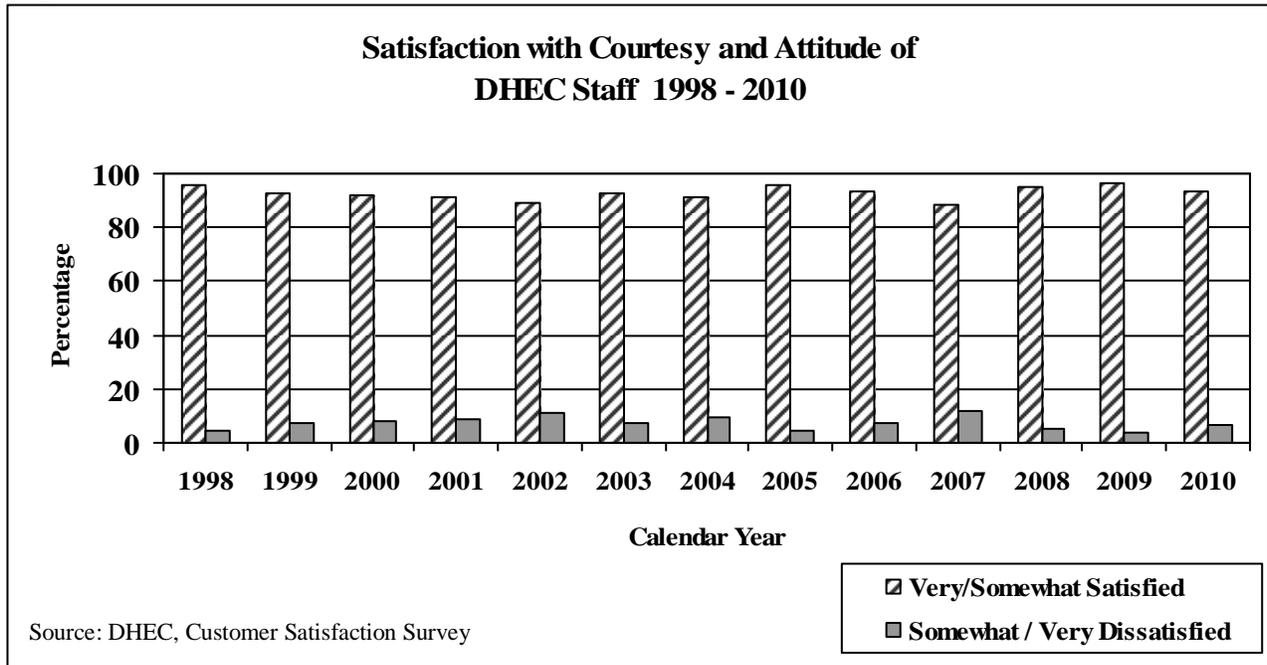
For 13 years, DHEC has maintained an average of 92 percent satisfaction with courtesy and attitude of staff. In 2010, this level was 93.7 percent even with reductions in staff and funding.

Fig. 7.2.4

**Satisfaction with Wait Time
for DHEC Service 1998 - 2010**

Source: DHEC, Customer Satisfaction Survey
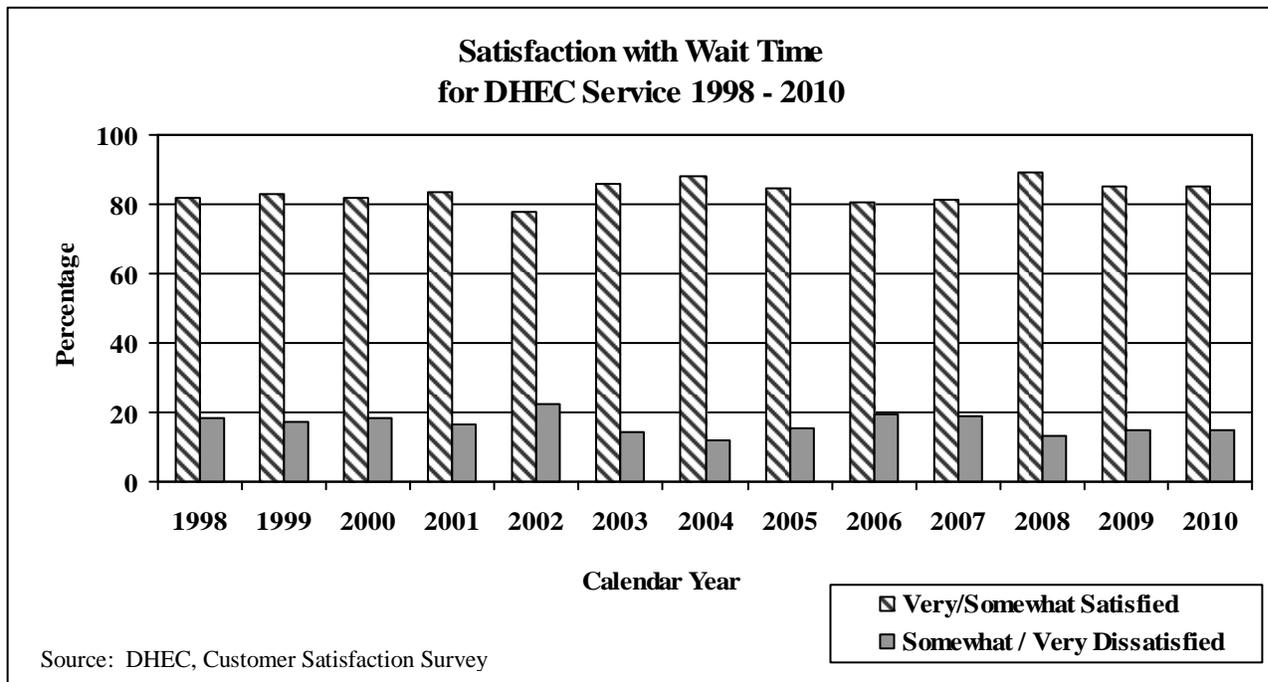
In 2010, satisfaction with the time respondents had to wait for service was 85.2 percent. This was a slight increase in satisfaction over the previous year.

III. 7.3 Financial Performance Process and Results
Fig. 7.3.1

Administrative Expenditures Compared to Total Expenditures*

Chart showing Percentage (y-axis, 0 to 6) by Fiscal Year (x-axis):

Fiscal Year	Percentage
2000	4.55
2001	4.90
2002	4.35
2003	4.64
2004	4.32
2005	4.34
2006	4.70
2007	4.54
2008	3.96
2009	4.10
2010	3.88
2011	3.69

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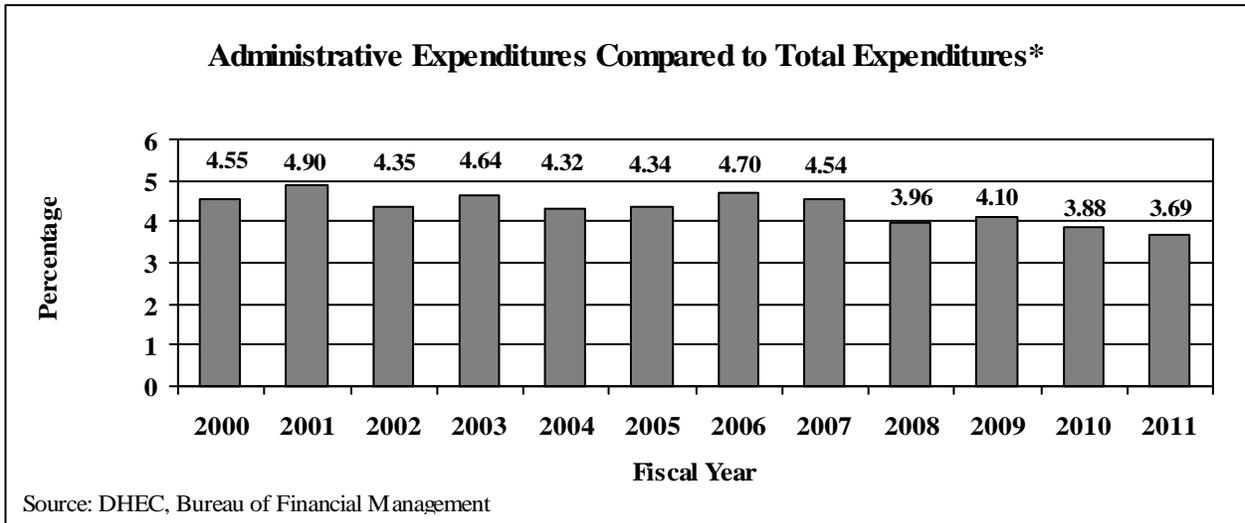
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to budget cuts and the agency holding down total expenditures. The increase in FY06 was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

Fig. 7.3.2

Credit Card Transactions

Chart showing Dollar Amount (y-axis, $0 to $5,000,000) by Fiscal Year (x-axis), 2003 through 2011.

Source: DHEC, Bureau of Financial Management
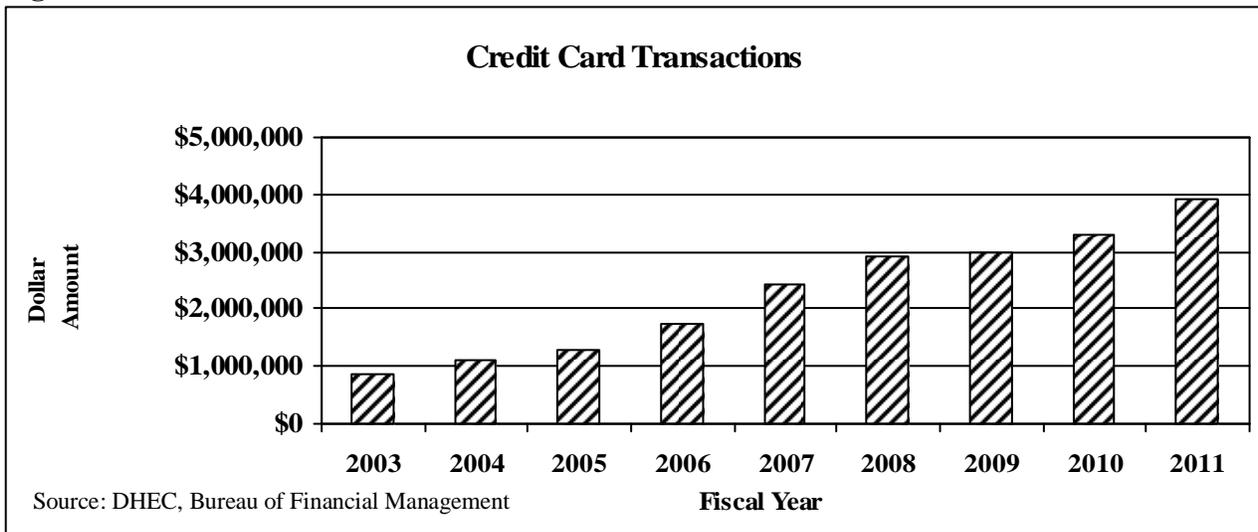
Credit card transactions from outside sources to the agency have increased significantly over the past few years as the system has been modified. In FY11, the Bureau of Financial Management processed $3,930,713 in credit card transactions. This is a $618,949 increase (19%) over last fiscal year. Customers have been pleased with this option and the availability of agency funds has been more timely.

Fig. 7.3.3

CBARS Claims Billing

Source: DHEC, Bureau of Financial Management
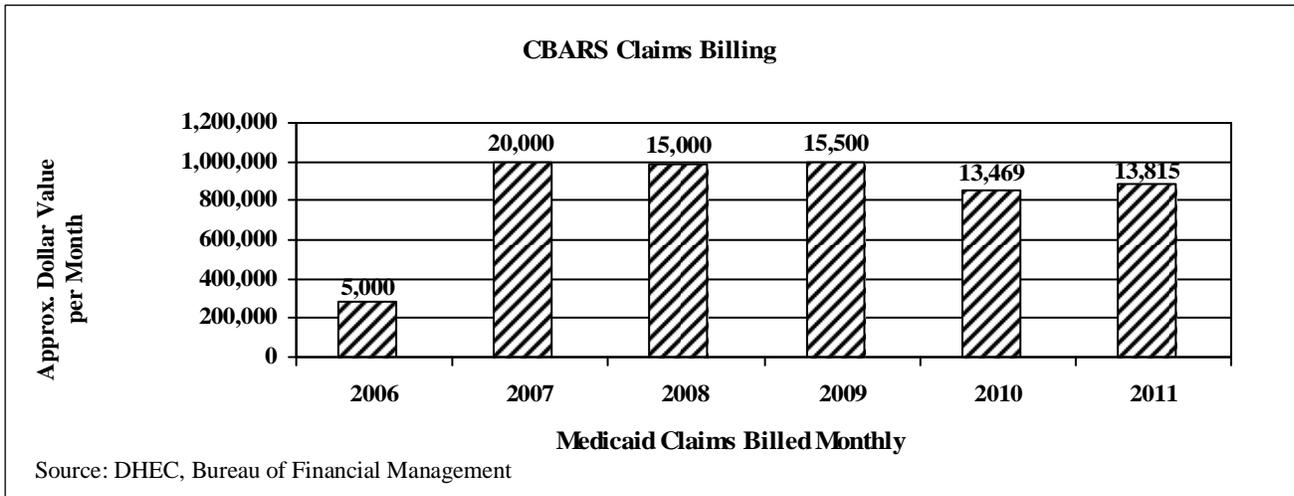
In FY11, using the Consolidated Billing and Accounts Receivable System, (CBARS), DHEC billed Medicaid for approximately 13,815 claims per month in CBARS with a total dollar amount of approximately $884,618 per month. The increased efficiency in processing claims has resulted in more timely access to billing dollars owed. The drop in claims processing seen in FY10 and FY11 compared to FY07 – FY09 is attributed to a decline in billing for Children's Health and Family Support Services (FSS). FSS services in the health regions have dropped due to budget cuts resulting in staff reductions. The health regions can now see only the most critical children.

Fig. 7.3.4

Cost Avoidance Savings Using Purchasing Cards

Source: DHEC, Bureau of Business Management

☑ Purchasing Card Savings
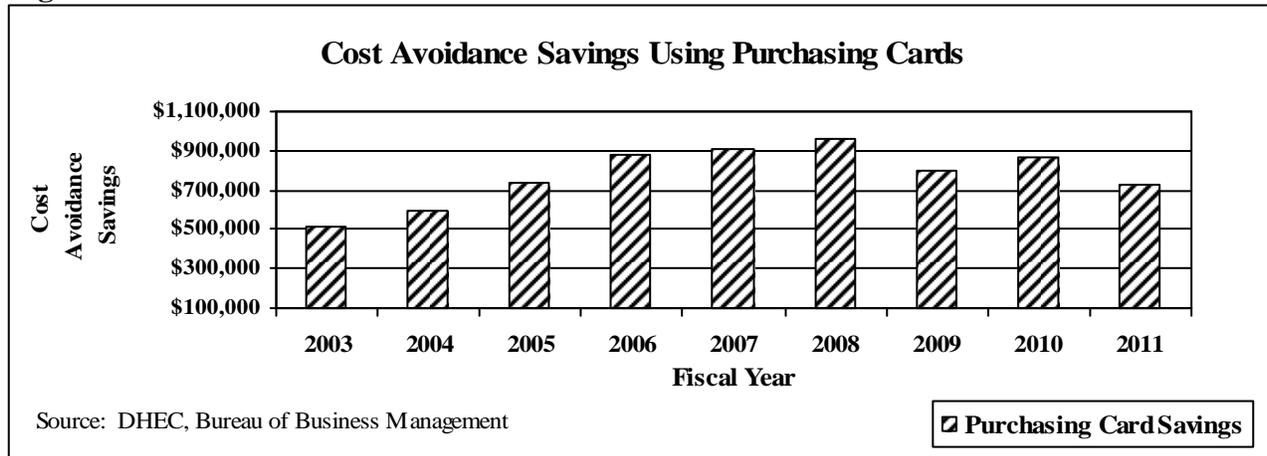
DHEC continues to emphasize the usage of state purchasing cards to acquire goods instead of using purchase orders. During FY11, 12,161 purchases were made with the card totaling $3,058,900. The average cost to process a purchase order is $83, and the average processing time is 54 minutes. The average purchasing card transaction cost is $23 with an average processing time of 14 minutes. By using the purchasing card rather than purchase orders, the agency has realized a cost avoidance savings of $729,660 this fiscal year. The agency also received a rebate in the amount of $12,325 as part of the contract terms.

Fig. 7.3.5

Volume Purchase Prices vs. Corresponding Contract Prices

Source: DHEC, Bureau of Business Management and
SC Budget and Control Board

□ Contract Price ■ Volume Purchase Price
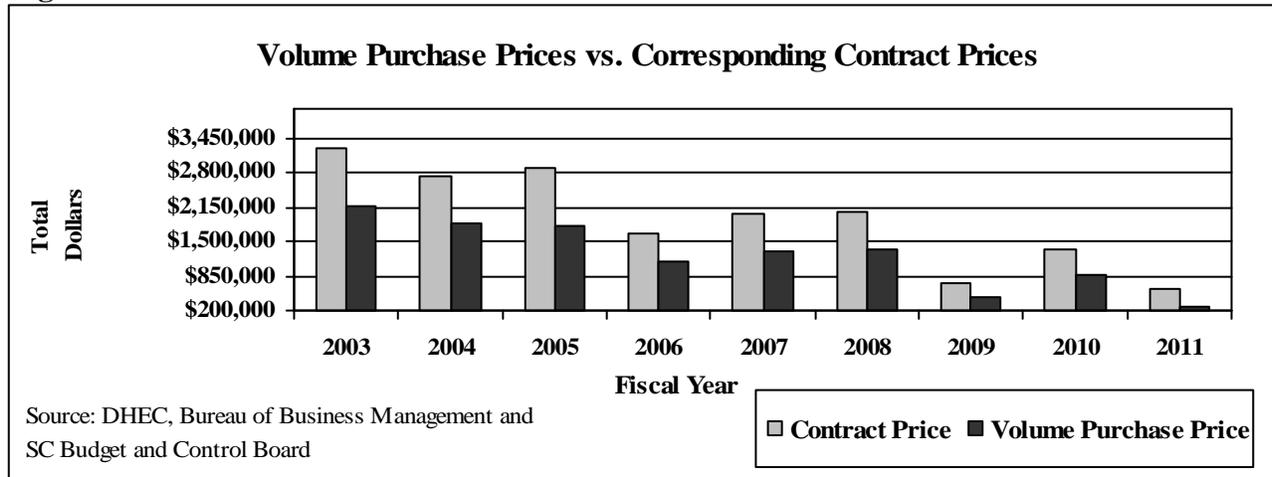
DHEC has developed procedures to group - purchase personal computers and other information technology products to take advantage of competitive volume discounts from vendors. This process creates financial savings for the agency, reduces administrative activities, and utilizes procurement planning across program lines. For FY11, the agency's grouped purchases of 448 computers produced a cost avoidance of $268,877, which is 41.1 percent lower than using the state contract price. This process allows programs to maximize their purchasing dollars and redirect the difference toward the purchase of other needed items. By making the effort to group purchases, DHEC has saved approximately 34 percent each year than what would have been paid if the agency had used the state contract without this added competition. The cumulative savings that this program has generated since its inception in 2000 is over $6.1 million.

Fig. 7.3.6

Implementation of Internal Audit Recommendations			
Fiscal Year	Number of Recommendations	Recommendations Implemented	Recommendations Outstanding
2006	44	44	0
2007	69	69	0
2008	82	81	1
2009	17	17	0
2010	58	56	2
2011	15	15	0
Totals	**285**	**282**	**3**

Over the past six fiscal years, DHEC Internal Audits has made 285 recommendations to improve agency operations, internal controls and procedures. Of those 285 recommendations, 282 have been implemented with three outstanding, which will be implemented in this fiscal year. This shows a commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the 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	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
DHEC	12.42	12.49	12.72	9.99	10.23	10.96	15.64	11.61	11.50	11.87	11.65	7.51
STATE	14.33	14.26	13.17	12.57	11.75	12.70	15.93	13.99	14.06	12.32	10.78	12.16

Source: S.C. Budget and Control
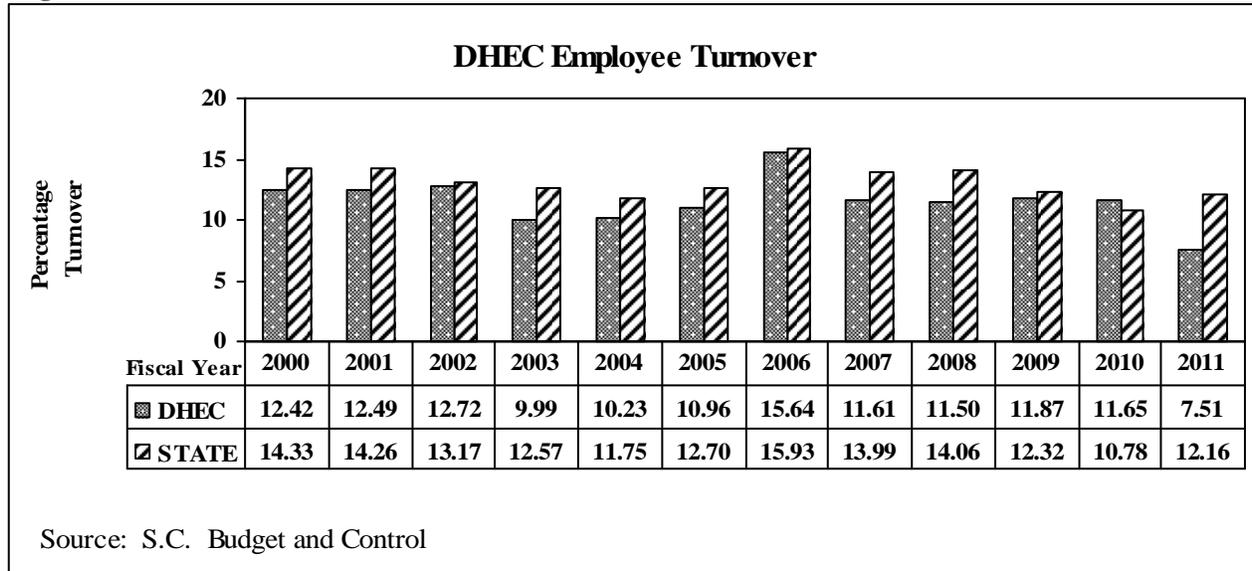
DHEC'S turnover rate for FY11 decreased to 7.51 percent. This is significantly below the statewide turnover rate of 12.16 percent and significantly lower than any agency turnover rate the past ten years, which shows that despite budget shortfalls, DHEC employees are committed to the agency and the work they do.

Fig. 7.4.2

Average Number of Filled FTE Positions by Fiscal Year

Source: S.C. Budget and Control Board

Filled FTE Positions
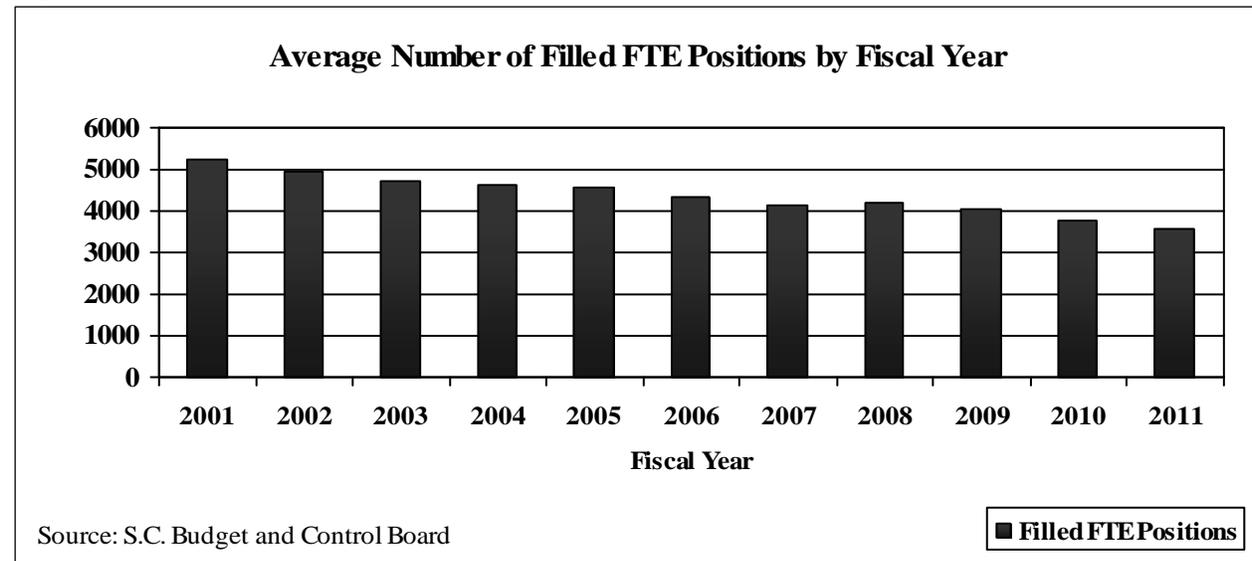
The average number of filled FTE positions in the agency has continued a steady decline. Because of budget cuts, DHEC lost 168 filled FTE positions last year. Last year the agency had an average of 3,580 filled FTE positions, 1,685 fewer filled positions compared to the 2000 staffing levels. Increased environmental pressures, demands for health and environmental services, along with staff shortages for emergency response, challenge the agency's ability to accomplish its mission to promote and protect the health of the public and the environment.

Organization Chart

D H E C

South Carolina Department of Health
and Environmental Control

Governor

Board

Commissioner

Assistant to the Commissioner for External Affairs

Assistant to the Commissioner for Executive Affairs

General Counsel

Office of Internal Audits

Division of Communication Resources

Division of Media Relations

Legislative & Constituent Services

Office of General Counsel

Freedom of Information Center

Deputy Commissioner: Ocean & Coastal Resource Management
- Policy & Planning Division
- Program Administration & Communication Division
- Regulatory Division

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

Deputy Commissioner: Health Regulation
- Bureau of Certification
- Bureau of Health Facilities & Services Development
- Bureau of Health Facilities Regulations
- Bureau of Radiological Health

Deputy Commissioner: Environmental Quality Control
- Bureau of Air Quality
- Bureau of Environmental Health
- Bureau of Environmental Services, Laboratory & Regions
- Bureau of Land & Waste Management
- Bureau of Water
- EQC Administration

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

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A-1

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 09-10 Budget Expenditures	FY 10-11 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	State: 5,441,168.50 Federal: 2,823.44 Other: 13,351,357.08 Total: 18,795,349.02 % of Total Budget: 4%	State: 4,932,747.18 Federal: 162,140.35 Other: 13,629,790.44 Total: 18,724,677.97 % of Total Budget: 4%	7.2.1 7.3.2 7.4.1 7.2.2 7.3.3 7.4.2 7.2.3 7.3.4 7.2.4 7.3.5 7.3.1 7.3.6
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	State: Federal: 1,867,386.84 Other: 871,711.97 Total: 2,739,098.81 % of Total Budget: 1%	State: Federal: 2,011,167.34 Other: 725,143.17 Total: 2,736,310.51 % of Total Budget: 1%	7.1.3
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State: 8,666,962.89 Federal: 7,335,505.95 Other: 10,677,508.54 Restricted: 139,768.52 Total: 26,819,745.90 % of Total Budget: 5%	State: 7,025,629.02 Federal: 7,976,189.23 Other: 9,385,085.15 Restricted: 69,278.31 Total: 24,456,181.71 % of Total Budget: 5%	7.1.6 7.1.7
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations.	State: 1,126,423.95 Federal: 1,666,247.18 Other: 528,104.46 Restricted: 2,861.04 Total: 3,323,636.63 % of Total Budget: 1%	State: 744,364.21 Federal: 1,753,010.26 Other: 499,973.58 Restricted: 6,368.96 Total: 3,003,717.01 % of Total Budget: 1%	
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: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 09-10 Budget Expenditures		FY 10-11 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:	1,043,234.10	State:	840,960.36	7.1.1
		Federal:	2,408,298.03	Federal:	2,678,975.36	
		Other:	8,364,881.04	Other:	7,968,804.06	
		Restricted:	176,083.49	Restricted:	184,385.72	
		Total:	11,992,496.66	Total:	11,673,125.50	
		% of Total Budget:	2%	% of Total Budget:	3%	
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State:	2,650,371.73	State:	2,127,797.79	7.1.2
		Federal:	5,978,262.93	Federal:	9,359,623.45	7.1.4
		Other:	1,920,771.62	Other:	1,443,896.36	7.1.5
		Restricted:	7,388,999.30	Restricted:	4,624,938.26	
		Total:	17,938,405.58	Total:	17,556,255.86	
		% 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: Federal: Other: Total:	0.00	State: Federal: Other: Total:	0.00	
		% of Total Budget:	0%	% of Total Budget:	0%	
II.E.1 Family Health Infectious Disease Prevention	Ensures that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Immunizations.	State:	13,775,481.50	State:	10,797,809.56	7.1.8 7.1.20
		Federal:	40,611,808.85	Federal:	36,350,681.87	7.1.9 7.1.21
		Other:	14,211,142.76	Other:	9,094,735.39	7.1.17 7.1.22
		Total:	68,598,433.11	Total:	56,243,226.82	7.1.18
		% of Total Budget:	14%	% of Total Budget:	12%	7.1.19
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	State: Federal: Other: Total:	33,113.00 33,113.00	State: Federal: Other: Total:	26,822.00 26,822.00	
		% of Total Budget:	0%	% of Total Budget:	0%	

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 09-10 Budget Expenditures	FY 10-11 Budget Expenditures	Key Cross References for Financial Results*
II.E.2 Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	State: 2,419,096.35 Federal: 91,954,810.34 Other: 33,214,438.28 Total: 127,588,344.97 % of Total Budget: 28%	State: 2,071,853.57 Federal: 100,376,469.85 Other: 28,906,081.34 Total: 131,354,404.76 % of Total Budget: 29%	7.1.14 7.1.15 7.1.16
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conducted in hospitals with at least 100 births annually.	State: 483,683.69 Federal: Other: Restricted: Total: 483,683.69 % of Total Budget: 0%	State: 382,963.80 Federal: Other: Restricted: Total: 382,963.80 % 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: 1,010,848.35 Federal: 5,125,968.40 Other: 3,658,374.73 Total: 9,795,191.48 % of Total Budget: 2%	State: 826,762.80 Federal: 9,496,855.42 Other: 1,007,174.18 Total: 11,330,792.40 % of Total Budget: 2%	7.1.12 7.1.13 7.1.23
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: Federal: 192,122.57 Other: 513,585.62 Restricted: Total: 705,708.19 % of Total Budget: 0%	State: Federal: 271,121.77 Other: 692,639.27 Restricted: Total: 963,761.04 % of Total Budget: 0%	7.1.10 7.1.11
II.E.4. Assuring Public Health Services	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 29,354,530.82 Federal: 36,488,484.33 Other: 18,279,149.76 Total: 84,122,164.91 % of Total Budget: 18%	State: 23,913,930.39 Federal: 27,316,649.42 Other: 15,954,776.88 Total: 67,185,356.69 % of Total Budget: 15%	7.1.8 7.1.13 7.1.19 7.1.9 7.1.14 7.1.20 7.1.10 7.1.15 7.1.21 7.1.11 7.1.16 7.1.22 7.1.12 7.1.17 7.1.23 7.1.18 7.1.24

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 09-10 Budget Expenditures	FY 10-11 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: Federal: Other: Total: 0.00 **% of Total Budget:** 0%	State: Federal: Other: Total: 0.00 **% of Total Budget:** 0%	
II. E. 4.b Biotechnology Center	These funds were awarded to the agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: Federal: Other: Total: 0.00 **% of Total Budget:** 0%	State: Federal: Other: Total: 0.00 **% of Total Budget:** 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	State: Federal: 100,120.25 Other: 1,768,942.16 Total: 1,869,062.41 **% of Total Budget:** 0%	State: Federal: 0.00 Other: 1,777,058.13 Total: 1,777,058.13 **% 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: 779,225.01 Federal: 834,013.65 Other: Total: 1,613,238.66 **% of Total Budget:** 0%	State: 647,171.25 Federal: 795,982.86 Other: Total: 1,443,154.11 **% of Total Budget:** 0%	
II.E.7 Independent Living	This program: provides many in-home services such as skilled nurses; provides services to special needs clients to live more independent lives; and provides screening, testing, education counseling & managed care.	State: 6,901,095.10 Federal: 6,223,733.65 Other: 21,311,725.58 Restricted: Total: 34,436,554.33 **% of Total Budget:** 7%	State: 6,247,137.41 Federal: 3,657,355.56 Other: 18,980,530.66 Restricted: Total: 28,885,023.63 **% of Total Budget:** 6%	

* 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 09-10 Budget Expenditures		FY10-11 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:** **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:** 0%		**State:** **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:** 0%		
II.F.1 Health Care Standards- Radiological Health	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggage/security units.	**State:** 434,260.37 **Federal:** 49,453.75 **Other:** 717,912.27 **Total:** 1,201,626.39 **% of Total Budget:** 0%		**State:** 374,352.96 **Federal:** 55,151.20 **Other:** 676,383.47 **Total:** 1,105,887.63 **% 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:** 518,719.29 **Federal:** 127,394.32 **Other:** 5,744,039.65 **Total:** 6,390,153.26 **% of Total Budget:** 1%		**State:** 450,675.91 **Federal:** 56,214.41 **Other:** 447,166.23 **Total:** 954,056.55 **% of Total Budget:** 0%		
II.F. 3 Health Care Standards- Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC. Ensures that clients are provided appropriate care and services in a manner and environment that promotes their health, safety and well-being.	**State:** 1,061,569.30 **Federal:** **Other:** 1,161,159.25 **Total:** 2,222,728.55 **% of Total Budget:** 0%		**State:** 694,421.47 **Federal:** **Other:** 1,206,859.69 **Total:** 1,901,281.16 **% 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:** **Federal:** 3,382,783.28 **Other:** **Total:** 3,382,783.28 **% of Total Budget:** 1%		**State:** **Federal:** 3,321,090.65 **Other:** 21,909.00 **Total:** 3,342,999.65 **% of Total Budget:** 1%		

* 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 09-10 Budget Expenditures		FY 10-11 Budget Expenditures		Key Cross References for Financial Results*
II. F. 5 Health Care Standards-Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	**State:** 1,500,856.48 **Federal:** 214,352.95 **Other:** 85,273.37 **Total:** 1,800,482.80 **% of Total Budget:** 0%		**State:** 1,144,380.69 **Federal:** 331,895.90 **Other:** 103,076.38 **Total:** 1,579,352.97 **% of Total Budget:** 0%		7.1.25
II. F. 5.a Trauma Center Fund	New Appropriation	**State:** 5,600,379.99 **Federal:** **Other:** 2,016,467.80 **Total:** 7,616,847.79 **% of Total Budget:** 2%		**State:** 2,237,541.06 **Federal:** **Other:** 3,558.95 **Total:** 2,241,100.01 **% of Total Budget:** 0%		7.1.25
II.G.1 Health Surveillance Support Services- Health Laboratory	Assures that integrated, accurate and cost-effective laboratory testing is available to support public health.	**State:** 1,240,986.84 **Federal:** 1,917,817.79 **Other:** 6,904,381.00 **Total:** 10,063,185.63 **% of Total Budget:** 2%		**State:** 1,027,069.33 **Federal:** 1,795,509.25 **Other:** 7,157,793.86 **Total:** 9,980,372.44 **% 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:** 153,699.54 **Federal:** 1,651,971.57 **Other:** 3,463,874.45 **Total:** 5,269,545.56 **% of Total Budget:** 1%		**State:** 110,096.91 **Federal:** 2,739,960.62 **Other:** 3,171,635.26 **Total:** 6,021,692.79 **% of Total Budget:** 1%		7.1.24
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	**State:** 16,706,069.00 **Federal:** 19,421,737.12 **Other:** 15,498,061.84 **Restricted:** 826,231.20 **Total:** 52,452,099.16 **% of Total Budget:** 10%		**State:** 14,712,824.76 **Federal:** 19,850,853.15 **Other:** 15,063,975.89 **Restricted:** 804,423.07 **Total:** 50,432,076.87 **% of Total Budget:** 11%		

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

Competitive Grants, Competitive Grants FY10, Improve Water Quality, Food Service Inspections & Dairy, Infectious Disease Prevention, ADAP, Infant Mortality Reduction, Vaccine Purchase Underinsured Children & Adol., Vaccine Purchase Underinsured Children & Adol. FY10, Prevent Diabetes & Other Chronic Diseases, Pandemic Influenza, Hemophilia Patient Svcs., Interstate Cooperative Monitoring, Youth Tobacco Program & Cessation, Smoking Prevention & Cessation FY10, Onsite Water Systems, Air Quality Improvement, SUP ERB Fund, Oconee Hospital/EMS, Organ Don or Registry, Reedy River Restoration Project, Camp Cherokee Sewer Line, Hemingway Health Complex, Heritage Community Services, Lakelands Rural Health Network, Midlands Community Health Center, Biotechnology Incub Program, I-85 Water & Sewer, South Congaree Water & Sewer, Batesburg Leesville Water & Sewer, Darlington Wastewaer Plant, Great Falls Sewer Extension, Horry County Health Department, SC Birth Defects, Beach Renourishment, Trauma Center Fund, Lancaster EQC Office/Lab

Remainder of Expenditures:			
State: 732,794.35 **Federal:** 58,187.00 **Other:** 1,308,723.99 **Total:** 2,099,705.34 **% of Total Budget:** 0%		**State:** 379,737.14 **Federal:** 0.00 **Other:** 173,030.86 **Total:** 552,768.00 **% of Total Budget:** 0%	

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

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 10-11 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (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 7.2.2 7.3.4 7.2.3 7.3.5 7.2.4 7.3.6 7.3.1 7.4.1 7.3.2 7.4.2
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.	7.1.3
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 responsibly 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 ands sustain them for beneficial use. 7) Reduce direct and indirect loadings of pollutants to surface and groundwater.	7.1.6 7.1.7
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.	

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 10-11 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (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 standards. 4) Reduce air toxins. 5) Assure strategic plans are in place to address adverse air quality impacts on natural resources.	7.1.1
II.D.1 Land 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) 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) Minimize the impact to public health and the environment from environmental emergencies, disasters and spills. 7) Maintain effective and efficient disaster preparedness and response capability. 8) Provide technical information for state, federal and local emergency responses.	7.1.2 7.1.4 7.1.5
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.	7.1.8 7.1.9 7.1.17 7.1.18 7.1.19 7.1.20 7.1.21 7.1.22
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	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	Pass Through Funds

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 10-11 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
	life for all. Eliminate health disparities.		
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.	7.1.14 7.1.15 7.1.16
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. Eliminate health disparities.	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 exercise among adolescents and adults in the state. 3) Improve nutritional intake among the same populations. 4) Increase number of women receiving mammograms and pap smears. 5) Incorporate healthy nutrition, physical activity and cancer prevention activities into community services and initiatives in all health regions.	7.1.12 7.1.13 7.1.23
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. Eliminate health disparities.	1) Promote healthy behaviors. 2) Decrease the proportion of youth and adults who smoke.	7.1.10 7.1.11
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.	7.1.8 7.1.13 7.1.18 7.1.23 7.1.9 7.1.14 7.1.19 7.1.24 7.1.10 7.1.15 7.1.20 7.1.11 7.1.16 7.1.21 7.1.12 7.1.17 7.1.22

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 10-11 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
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. 4) Decrease the incidence of preventable child deaths by surveying data and making recommendations to governor/legislature. 5) Translate Traumatic Brain Injury (TBI) 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.	7.1.10 7.1.17 7.1.11 7.1.18 7.1.12 7.1.19 7.1.13 7.1.20 7.1.14 7.1.21 7.1.15 7.1.22 7.1.16 7.1.23
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.	Outcome measures address 16 critical capacities and 46 critical benchmarks in the federal cooperative agreements.	
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.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset; and 2) Reduce morbidity and morality among	

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 10-11 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
	Improve the quality and years of healthy life for all Eliminate health disparities.	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.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.	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.	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.	7.1.25

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II. F.5.a Trauma Center Fund	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) Consult with hospitals regarding trauma center designations and requirements. 2) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.1.25
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.	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.	Collect data on which to scientifically base public health decisions.	7.1.24
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.	

* This past year, the DHEC Executive Management Team made the decision to continue operating under the 2005-2010 Strategic Plan, as federal and state budget reduction impacts on agency mission and services are uncertain. DHEC includes all of our program numbers and titles in this chart to reflect the agency budget and plans. While the DHEC deputy areas have robust operational/action plans, there are different reporting mechanisms, standards, outputs or measures that these plans use, which are based on grant or program requirements. The broad state budget categories in this chart make addressing the information requested in column #3 - Related FY 10-11 and Beyond Key Action Plans/ Initiative (s) and Time line for Accomplishing the Plans challenging, given the disparate plans and processes within the agency. Agency operational/action plans are available for review in more detail through the specific program areas or in the DHEC Measurement Plan. The agency's Strategic Plan Council [See III. 2.1.] has developed a draft of the 2010-2015 Strategic Plan and is discussing how best to incorporate the various operational plans into a cohesive whole.

Partial Listing of DHEC Data Sources & Information 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 for monitoring population health status
Birth Data Exchange Engine (BEE)	Uses birth population to support critical public health surveillance, as well as legal verification for civil services
Health Alert Network (HAN)	A CDC based network for rapid communication among various health and care providers to respond to any emerging threats including biological terrorist threats
Carolina Health Electronic Surveillance System (CHESS)	A CDC based public health surveillance system for collection, analysis and reporting of infectious and other reportable diseases and threats for rapid response
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 (PATS)	Clinical operations & Medicaid billing
Geographic Information Systems (GIS)	Studies geographic impact of vital events, disease and environmental threats to develop effective approaches to improve health and environmental outcomes
Health Regulation Data Bases	Analyzes incident and accident reports for response
Emergency Medical Services (EMS) Trauma System	Certification of EMS providers
WebEOC	System that provides a common operating picture to respond to public health and emergency response incidents statewide.
Personnel Action Information System (PAIS)	Processes personnel actions
Data Exchanges with the Office of Research and Statistics (ORS), State's Budget and Control Board	A mutually agreed interagency program to allow both DHEC and ORS to conduct assessments on access and quality of health care and effectiveness of public health interventions
National Violent Death Reporting System	Death, victim and crime scene information collected from multiple state and local sources to assist policymakers and communities in violence prevention
S.C. Community Assessment Network (SCAN)	An Internet based interactive retrieval system for dissemination of public health information
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
Consolidated Billing and Accounts Receivable System (CBARS)	Financial management information
Administrative Information Management System (AIMS)	Procurement, payment and asset accounting financial system
DHEC eLearning Center (eLC)	Manages employee learning and development through administrative and data tracking, allows creation and delivery of on-line training
Services Invoice Payment System (SIPS)	Non-medical automated billing system
Access Record Management System (ARMS)	System to track access rights to systems for staff (required by HIPAA)