South Carolina Department of Health and Environmental Control FY 2012 – 2013 Annual Accountability Report

September 2013

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South Carolina Department of Health and Environmental Control

Accountability Report Transmittal Form

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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, Coastal Tidelands and Wetlands 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 three areas:

- Public Health
- Environmental Affairs
- 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.

I.2 Major Achievements from the Past Year:

Environmental Affairs

Environmental Quality Control (EQC)

UST Release Cleanup Progress: As of June 30, 2013, DHEC has confirmed a total of 9,704 UST releases. Of these, 7,256, or 74.8% have been closed. To assist with increasing the number of closures, procedures for soliciting active corrective action activities were modified in May 2012 to implement a more effective process to reduce the number of years it takes to decrease petroleum chemicals of concern in the subsurface to acceptable levels. The first solicitations were published in April 2012; once implemented, site rehabilitation activities are to be completed within five years. During the state fiscal year, 23 corrective action bids were solicited.

ARRA: South Carolina's UST Program was awarded a $3,324,000 grant associated with the American Recovery and Reinvestment Act (ARRA) of 2009. A one-year extension of the grant was provided to allow site rehabilitation activities to continue through September 30, 2012. All funding was used as intended and the grant was closed out during the fiscal year. Using ARRA funding, South Carolina accomplished 35 new Site Assessment Initiated measures (meaning sites started the assessment process), 80 Site Assessment Completed measures (meaning assessment activities were completed), 36 Cleanup Initiated measures (meaning some activity to address the petroleum contamination was managed for the first time), and 29 Cleanup Complete measures (meaning a No Further Action status or Conditional No Further Action status was achieved).

Quality Assurance Program Plan: On July 1, 2011 the UST Program commenced implementation of the Quality Assurance Program Plan (QAPP). The Environmental Protection Agency (EPA) approved the SC UST Program QAPP in June 2011. The purpose of the QAPP is to ensure that all data produced and reported to the Department by UST site rehabilitation contractors is scientifically valid, legally defensible, and of known and acceptable precision and accuracy. A revision to the QAPP was presented to the EPA during the fiscal year and was approved in April 2013. Between July 1, 2012 and June 30, 2013, 1,475 reviews of QAPP Addendums were completed.

UST Operator Training: With the advent of the Energy Policy Act of 2005 and in accordance with UST Control Regulations R.61-92, Part 280.35, all owners/operators of underground storage tanks in South Carolina were required to complete operator training before August 8, 2011, one year ahead of the federal deadline of August 8, 2012. Two years before the deadline, the UST Program began coordinating efforts to notify and train owners/operators from almost 4,200 facilities with the development of a free online operator-training course located on the DHEC internet. The online training has proven to be a valuable resource for owners with limited time and resources. Along the way, owners who were unable to complete the training online were identified and either received personal visits from staff that walked them through the training, or were provided an opportunity to attend one of four classroom-training sessions that were conducted across the state. At the deadline, 91% of owners/operators had completed the training. With continued effort from the UST program, that number increased to well over 98.1% (approximately 4,000 facilities trained) as of May 31, 2012. During this fiscal year, 168 new A/B operators were trained in South Carolina. Retraining is another requirement for operator training. Of the 3,832 inspections performed this past year, approximately 31% involved retraining (1,192 retraining events). The majority of these took place at the time of the inspection. If the A/B operator was not present at the time of the inspection, retraining was completed using the online training program. Currently, the online training program is offline and not available for Agency security reasons. Because of this, training for new A/B operators consists of a site visit by a staff member to administer the training. Retraining not done at the time of the inspection is being performed over the phone.

Environmental Response Actions: DHEC's Site Assessment, Remediation and Revitalization (SARR) program was involved in several community-based environmental response actions during the past year. One action in particular brought a number of program areas within the agency together to meet the needs of the Edisto Court community in Columbia. This community is located near a commercial property used as a super-phosphate manufacturing company prior to 1940. An environmental assessment conducted at the property as part of a property transfer indicated the presence of abnormally high arsenic concentrations in soil and groundwater. The agency learned of this contamination in June 2012 and, recognizing the potential for contamination of nearby properties, quickly mobilized to conduct soil sampling within the community. Elevated levels of arsenic and lead were found in several yards of homes built long after the fertilizer plant had closed. The SARR program, along with several of the agency's public health programs, hosted a number of community meetings to keep the residents informed and offered free health screenings for lead and arsenic to community members. Working with the EPA, DHEC determined that contaminated soil would need to be excavated from a number of residents' yards and replaced with clean soil and sod to eliminate the potential for contaminant exposure. EPA completed its work in the community in December 2012, less than 6 months after the discovery of the contamination.

Environmental Curriculum: The Office of Solid Waste Reduction and Recycling's "Action for a Cleaner Tomorrow" ("Action") is an activity-based, interdisciplinary curriculum supplement that serves to introduce basic environmental education in the classroom. These lessons, developed by the agency in coordination with teachers and the S.C. Department of Education, are hands-on activities that help students get the facts, think for themselves, form opinions, make decisions and take action for a cleaner tomorrow. "Action" has been correlated to the state's science standards, allowing teachers who implement the program to meet state science requirements. During the 2012-2013 school year, the agency trained nearly 1,100 teachers in the curriculum. Additionally, classroom presentations were made to nearly 40,000 fifth- and seventh-grade students in 345 schools throughout South Carolina and to another 8,500 students in 125 high

schools. “Action” has won several national awards including the Excellence in Solid Waste Education Award presented by the Solid Waste Association of North America, the White House “Closing the Circle” Award and the National Recycling Coalition's Beth Brown Boettner Award for Outstanding Public Education.

Air Quality Improvements: The air quality in South Carolina continues to improve even as the National Ambient Air Quality Standards (NAAQS) for the six criteria pollutants (ozone, nitrogen dioxide particulate matter, lead, carbon monoxide and sulfur dioxide) become more stringent. Statewide, concentrations for most of these six criteria air pollutants were lower in 2011 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 implementing strategies and activities that reduce concentrations of ozone and other air pollutants (including air toxics). DHEC is participating in the EPA Advance program for both ozone and particulate matter and continues to build upon its established relationships with counties and municipalities by working with local governments and air quality coalitions to enhance efforts to reduce pollution. Management of air quality requires leadership and commitment at 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.

Partnership to Address SO_2 NAAQS Issue: On June 22, 2010, the EPA issued the new 1-hour NAAQS for sulfur dioxide (SO_2). All of South Carolina’s SO_2 monitors indicated attainment except for the Irmo monitor, which indicated a design value above the standard at the time. Research into exceedances at this monitor showed that the high readings were likely due to emissions from a facility in Irmo. Staff met with representatives from the facility and drafted a Memorandum of Agreement outlining operational changes that would reduce concentrations of SO_2 in the facility’s emissions. On June 2, 2011, DHEC submitted to the EPA the *South Carolina Recommendations for Sulfur Dioxide (SO_2) Boundary Designations* on behalf of the Governor of South Carolina. In this document, South Carolina recommended that all of its counties be designated as in attainment for the new 1-hour SO_2 standard. As a result of the Irmo facility’s operational changes, the SO_2 concentrations dropped below the standard at the Irmo monitor. DHEC was subsequently able to submit monitoring data to the EPA showing compliance with the standard before the EPA made its final boundary designation decision for the state. On February 6, 2013, EPA issued a letter to South Carolina indicating it would defer designating any areas of the state for the new 1-hour SO_2 NAAQS.

EPA Redesignates a Portion of South Carolina for Ozone: On December 26, 2012, EPA published a final approval (77 FR 75862) of the redesignation plan for the South Carolina portion of the Charlotte-Gastonia-Rock Hill NC-SC (Metrolina) nonattainment area. This redesignated the area from nonattainment to attainment for the 1997 8-hour ozone NAAQS. EPA also approved South Carolina’s 1997 8-hour ozone NAAQS maintenance plan, including the associated motor vehicle emissions budget (MVEB), to be incorporated into the South Carolina State Implementation Plan (SIP). While this area has been redesignated to attainment for the 1997 8-hour ozone NAAQS, this same area (with the exception of the Catawba Indian Nation Reservation) has been designated nonattainment for the 2008 ozone NAAQS.

Surface Water Permitting: S.C. Regulation 61-119 (Surface Water Withdrawal, Permitting and Reporting) established implementation procedures for a new permitting program for large surface water withdrawals. Applications for existing surface water withdrawers have been submitted, and the Department is currently reviewing and issuing these permits. Any new surface water withdrawal (after January 1, 2011) exceeding three million gallons in any month must receive a permit from the Department. The permits and water use information will be a critical part of the state’s overall goal of having sustainable water supplies. This new program was developed in cooperation with key stakeholders including public water suppliers, industry, environmental organizations and agriculture.

Ocean and Coastal Resource Management

Blue Ribbon Committee on Shoreline Management: In January 2013, DHEC completed the multi-year Blue Ribbon Committee effort to examine regulations and policies and develop specific recommendations to improve the management of the state’s beach, dune and near-shore coastal resources. Originally

established by the DHEC Board in 2010, the Blue Ribbon Committee on Shoreline Management was composed of representative stakeholders from public, private, non-profit and legal professionals. The Committee's report of 16 specific recommendations was presented to the DHEC Board in spring 2013 and a refined package of proposed regulatory changes will be introduced in the 2014 session of the General Assembly.

Improving the Coastal Zone Consistency Review Process: DHEC is responsible for the review and certification of state and federal permits within the eight-county coastal zone to ensure consistency with coastal resource management policies. Subsequent to a detailed analysis, DHEC established a dedicated section within its Coastal Regulatory Division to enhance the effectiveness and efficiency Coastal Zone Consistency review process. Most notably, the new review process has reduced the certification timeframe from 120 days to approximately 30 days, improved coordination with other DHEC regulatory programs and expanded the use of General Certifications to enhance permit issuance efficiency.

Enhancing Coastal Access: In 2012, DHEC awarded funding to ten coastal municipalities to enhance public access to coastal resources at 23 locations along the coast through a competitive process. Municipalities receiving funding include the towns of Mt. Pleasant, Port Royal and Sullivan's Island, the cities of North Myrtle Beach, Myrtle Beach and Folly Beach and Horry, Georgetown and Charleston Counties, and the Charleston County Parks and Recreation Commission. The funding for this grant program was made available through a state budget proviso that allows DHEC to expend a portion of available beach nourishment funds on coastal access improvement.

New Online Tool for Hurricane Impact Assessment: As part of its hurricane season preparations, DHEC released a new online tool to facilitate communication and beachfront damage assessment information among coastal municipalities and state coastal resource managers. South Carolina StormReporter enables DHEC to efficiently collect and analyze post-storm beach conditions and expedite recovery activities, including permitting and other regulatory decisions. Learn more: http://stormreporter-sc.stormsmart.org/.

Analyzing Estuarine Shoreline Change: DHEC worked in conjunction with the U.S. Army Corps of Engineers' Silver Jacket Program and leading academic researchers to analyze present day and historic estuarine shorelines from Edisto Island to the Savannah River using a statistical methodology known as AMBUR (Analyzing Moving Boundaries Using R). The AMBUR methodology provides DHEC with an improved shoreline structure classification scheme and adds clarity to the complex interaction of natural and anthropogenic factors that shape the estuarine system. According to the results of this study, almost two-thirds of the estuarine shorelines within the study area experienced net erosion, driven by numerous factors including natural stream meander, tidal current dynamics at stream confluence, wind/wave exposure (fetch), boat activity, shoreline armoring and alterations and dredging. The coastal management implications contained in the report are a valuable foundation on which to build continued studies and policy analysis to mitigate the loss of ecologically and economically valuable salt marshes.

Public Health

Public Health Reorganization: Over the past year, the Public Health side of the agency has undergone a major reorganization focused on streamlining management and maximizing resources for direct service delivery. At the state level, all of the deputy areas related to health have been aligned under the Public Health division. This includes client services, health regulation, preventive services, public health preparedness, and health policy and performance management. This new structure fosters better coordination among the health areas and improves support for frontline service delivery. At the local level, the agency has done a comprehensive assessment and reduced the number of public health regions from eight to four. DHEC has standardized the organizational structure across the four regions at the management and clinic levels, which will result in better communication, consistency of services to the public and increased accountability. Throughout these changes, the agency has identified over $1.7 million in management savings that is being used to help reduce the impact of federal sequestration and shift resources to frontline service delivery.

Preventive Services

Unified! A Voice Against Obesity: DHEC is taking a coordinated, statewide approach to address South Carolina's obesity epidemic. Today, two out of three adults in South Carolina are overweight or obese, and South Carolina now has the 8th highest obesity rate in the nation. Obesity is a major contributor to the diseases that kill the most people in the state, make the most people sick, and cost the state the most money to treat. Under the leadership of Director Catherine Templeton, this new initiative has brought together over 800 business representatives, healthcare providers, government officials, non-profit leaders, academics and concerned citizens to discuss ways to work together to tackle the obesity epidemic in South Carolina. Two Unified meetings were held in November 2012 and February 2013 to bring together these key stakeholders and begin coordinating efforts to fight obesity in South Carolina.

a) ***ABC Grow Healthy:*** In collaboration with the South Carolina Department of Social Services (DSS), 27 nutrition and physical activity standards were adopted by the South Carolina Child Care Quality Improvement System. The standards, effective October 1, 2012, are impacting an estimated 85,000 children in over 1,200 child care centers. South Carolina was highlighted at the 2012 Weight of the Nation conference and the Southern Obesity Summit for the success of ABC Grow Healthy.

b) ***South Carolina Farm to School:*** The South Carolina Farm to School Program seeks to increase children's access state fresh produce and to promote healthy eating among elementary school children. The program is a joint initiative among DHEC, the S.C. Department of Agriculture, the S. C. Department of Education and Clemson University. During the 2012-2013 school year, the program expanded from serving 52 schools to add another 37 schools and nine child care centers. Additionally, the S.C. Department of Juvenile Justice began implementing Farm to School in their main campus and in five satellite campuses across the state. The South Carolina Farm to School Program has continued to work collectively to ensure expansion of the program and provide opportunities for schools and farmers to receive technical assistance. Farmer outreach also has increased significantly, which has resulted in many more small farmers becoming eligible to access the school market. As of 2013, over 40 farmers have been certified for their Good Agricultural Practices, enabling them to sell directly to schools. This is a significant increase from five certified farmers in 2011.

c) ***Improving Rural Outreach:*** In 2012, DHEC conducted an audit of South Carolina counties based on their rates of obesity, physical inactivity and diabetes. The agency identified five rural counties – Bamberg, Fairfield, Lee, Marion and Orangeburg – that were disproportionately impacted by obesity and related chronic diseases. In an effort to reduce obesity rates in these counties and improve the health outcomes of their residents, DHEC began partnering with the counties in 2012 to plan and implement comprehensive anti-obesity strategies. Strategies include offering school-based programs like Farm to School and It's Your Health…Take Charge! nutrition education; providing breastfeeding peer counseling; implementing child care center initiative such as ABC Grow Healthy; and co-hosting community forums to discuss ways to reduce counties' rates of obesity, physical activity and diabetes.

d) ***Breastfeeding:*** Baby-Friendly, USA, training was provided for Waccamaw, Bon Secours, St. Francis, Mount Pleasant, Greenville, Greer, Roper and Georgetown hospitals. Bonus funds from the U.S. Department of Agriculture allowed DHEC to support this training; these funds were awarded to DHEC because South Carolina achieved the greatest percent increase in WIC breastfeeding rates nationwide. DHEC provided Certified Lactation Counselor training to nineteen hospitals in 2012. As a result of the agency's training efforts, Waccamaw Hospital has been designated a "Baby Friendly Hospital," the first in South Carolina. Their distinction will result in a monetary award from South Carolina Department of Health and Human Services (DHHS).

e) ***SNAP Public Comment:*** In February 2013, S.C. Department of Social Services Director Lillian Koller announced plans to request a waiver from the U.S. Department of Agriculture (USDA) to help South Carolinians who participate in the Supplemental Nutrition Assistance Program (SNAP) eat

healthier and avoid obesity. DHEC held four public comment forums across the state and created an online form to gather feedback on what DSS should include in its waiver request. DHEC collected more than 1,000 public comments and submitted the feedback to DSS to assist the agency in preparing their waiver request to USDA.

Community Transformation Grant (CTG): In September 2011, DHEC was awarded a competitive five-year implementation grant to address mortality and illness related to tobacco, obesity, high cholesterol and hypertension. The CTG in the state is called the Healthy South Carolina Initiative (HSCI). HSCI works with key partners – including the Arnold School of Public Health, the Medical University of South Carolina's Outpatient Quality Improvement Network (OQUIN), Eat Smart Move More South Carolina, the South Carolina Tobacco Free Collaborative and the South Carolina Institute of Medicine and Public Health – to implement evidence-based strategies that have a measurable impact on racial/ethnic health disparities across the state, with an added emphasis on rural communities. In March 2013, funding was awarded to 33 grantees serving 35 counties. Grantees are focusing their efforts on improving healthy eating and active living in their communities, as well as tobacco-free living. In addition, one of the initiative's key strategic partners, OQUIN, is increasing the number of active adult and pediatric medical practices to enhance service delivery and improve health outcomes, growing from 108 active sites in 2011 to 247 in 2013. Of these practices, OQUIN has 47 rural sites that serve 179,421 rural patients.

Infant Mortality and Prevention of Premature Births: From 2005 to 2011, the South Carolina infant mortality rate decreased by over 22 percent. In comparison, the U.S. infant mortality rate dropped 12 percent during this six-year period. Birth defects continue to be the leading cause of infant mortality in South Carolina, and cardiovascular defects are the most prevalent birth defects. In January 2012, a group of stakeholders convened by DHEC recommended hospitals be encouraged to begin voluntary pulse oximetry screening of infants for possible critical congenital heart defects (CCHDs). This recommendation was in response to the U.S. DHHS Secretary's Advisory Council on Heritable Disorders in Newborns and Children recommendation that all infants should be screened for CCHDs before hospital discharge. In late 2011, only four South Carolina hospitals were routinely screening all infants for CCHDs using pulse oximetry. This number has increased steadily over the past year; by the end of June 2013, all but one hospital in South Carolina will be screening infants for CCHD. DHEC continues to monitor screening activities through the Perinatal Regionalization System to ensure that virtually all infants in South Carolina receive the benefit of this lifesaving screening test.

Immunization Requirements: Effective with the 2013-2014 school year, entering seventh graders will be required to provide documentation to their school that they have received a dose of Tdap (tetanus, diphtheria and pertussis) vaccine since age seven. The agency added this new school vaccine requirement in response to low adolescent immunization coverage rates and an increased incidence of pertussis (whooping cough).

Immunization Registry: The S.C. Immunization Registry Regulation (R. 61-120) became effective upon publication in the May 24, 2013 *State Register*. This regulation, mandated by S.C. Code Section 44-29-50, establishes a statewide immunization registry and requires immunization providers to report all immunizations administered in South Carolina to the registry. The agency worked closely with immunization stakeholders to draft the regulation and address this important public health need to aid the prevention of vaccine-preventable diseases.

Cancer Registry: DHEC's South Carolina Central Cancer Registry received two prestigious national awards in 2013. The U.S. Center for Disease Control and Prevention's National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR) bestowed their highest awards on the DHEC Cancer Registry for its 2010 cancer data submission. The agency's Cancer Registry received the highest Gold Certification by NAACCR, and met the NPCR's stringent standards of timeliness, completeness, and quality. Due to the high quality of this data, South Carolina will be included in the official national cancer statistics report, *US Cancer Statistics*, which will be published later this year.

Breast and Cervical Cancer Screening (BCN): This past year, BCN competed for and received additional monies through a Susan G. Komen grant, which provided funds for an additional 324 screenings to women in the Lowcountry. BCN also has partnered with the South Carolina Cancer Alliance (SCCA), a 501(c)(3) organization, to accept money from community fundraisers. SCCA provides the BCN program with 100 percent of the community donations, which last year totaled more than $15,000. BCN uses these funds to do additional screenings in the communities where the funds were raised.

Support to the Catawba Indian Nation: The comprehensive cancer control program, in collaboration with the South Carolina Cancer Alliance, partnered with the Catawba Indian Nation in York County to formulate key strategies to guide the organization in their goal of developing a cancer plan for Native Americans.

AIDS Case Rates: AIDS case rates in South Carolina have been declining since 2000. In 2012, the case rate dropped to 10.6 cases per 100,000 in population, the lowest level in the past 25 years. From 2011 to 2012, the number of newly diagnosed AIDS cases dropped from 566 to 476, a 16 percent decline. Much of this success can be attributed to efforts to link HIV cases to medical care at diagnosis, and to retain HIV-positive individuals in care. In 2011, 92 percent of all newly diagnosed HIV cases were linked to care within three months of diagnosis. Approximately 70 percent of all cases were still in care 13 to 18 months later. HIV positive persons who are compliant with their medical care and medication regime achieve a near zero viral load and thus do not transmit the virus.

Long Acting Reversible Contraceptive Use: Long Acting Reversible Contraceptives (LARCs) are the most effective reversible method of birth control and are one of the most effective ways to decrease the unintended pregnancy rate for women of reproductive age. DHEC has made the provision of LARCs a priority. With this change in policy, the percent of LARC users increased by 2.4 percent between 2010 and 2012.

Disease Outbreak Response: The DHEC Outbreak Response Team responded to 224 outbreaks of communicable diseases in 2012. Seasonal influenza outbreaks accounted for 30 percent of the state's total number of disease outbreaks, followed by Norovirus (29 percent) and unknown enterics (8 percent). Other outbreaks investigated included unknown respiratory (6 percent), Salmonella (4 percent), and foodborne toxins (2 percent). Most outbreak investigations were initiated as a result of health care provider reports (46.5 percent); increases above expected thresholds for illness (32.3 percent); or following food complaints (6 percent). With regard to venues, schools and assisted living facilities were locations where outbreaks were reported with the greatest frequency (39 percent and 31 percent, respectively), followed by out-of-home child care facilities and restaurants (7 percent each).

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. DHEC's HAI Program currently monitors central line associated bloodstream infections and certain surgical site infections. South Carolina has achieved great success in this area. In a Centers for Disease Control and Prevention report published in 2012, central line associated bloodstream infections in all hospital wards in acute care facilities in South Carolina decreased by 18 percent from 2010 to 2011. This is a savings of at least seven lives and approximately $1,500,000 per year.

Client Services

Teen Pregnancy Prevention: The teen pregnancy rate for ages 15 to 19 in South Carolina is at a historical low after dropping another 8 percent in 2011 (the latest data available), from 42.6 per 1,000 births in 2010 to 39.1 in 2011. The regional health departments have made teen pregnancy prevention a priority and have once again partnered with the S.C. Campaign to Prevent Teen Pregnancy across the state. The partnership with the campaign includes providing services in Horry and Spartanburg Counties, which have been identified as high priority areas based on their large numbers of teen births.

Bureau of Laboratories Accreditation Review: The Bureau of Laboratories underwent its biennial laboratory reaccreditation process in April 2013. The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). The objective of the CLIA program is to ensure quality laboratory testing. All aspects of the laboratory's operation were reviewed during this process. The outcomes of the review were very positive. The review team was very complimentary of the laboratory and its quality assurance practices. The laboratory received no citations (corrective actions requiring immediate action) and only a few recommendations (action not required, but suggested by the inspection team). The Bureau of Laboratories is one of only a few public health laboratories to receive no citations during the current round of reviews. The next recertification is expected in the spring of 2015.

Public Health Preparedness

Special Medical Needs Shelters: The 2012 Sea, Lake and Overland Surges from Hurricanes (SLOSH) model projections for South Carolina predicts inundation of a larger portion of the coast than did previous models. This increased the number of potential special medical needs shelterees DHEC may have to accommodate during a hurricane evacuation, and required relocation of two existing shelters. In response, DHEC increased the number of special medical needs shelter accommodations for the 2013 hurricane season, identifying approximately 150 new beds that could be used in an emergency. The state will now have a total of 809 special medical needs beds available for shelterees. DHEC will continue to explore new ways to increase special medical needs shelter capacity and ensure the safety of shelterees.

Medical Volunteer Training: The Public Health Emergency Preparedness grant provided funding to train 141 medical volunteers of the South Carolina Medical Reserve Corps. Communities often need medically trained individuals to fill gaps in their emergency response plans and to improve their response capabilities overall. These medical and other health volunteers are trained to provide an important "surge" capacity during critical periods of the response to a disaster or an event requiring a large amount of staff and resources. They also augment medical staff shortages at local medical and emergency facilities. These new medical volunteers joined the nearly 1,600 registered volunteers statewide. Additionally, 395 volunteers participated in disaster drills and exercises, and eight deployed to support the American Red Cross response to Superstorm Sandy.

Expansion of Health Care Coalitions: The Hospital Preparedness Program grant facilitated expansion of health care coalitions and incorporated long-term care, EMS, fatality management, and other community health care resources into coalitions. Healthcare coalitions are collaborative networks made up of healthcare organizations and their public and private sector response partners. They serve as multiagency coordinating groups to help health care organizations prepare for, respond to, and recover from disasters. Interoperable communications and a Critical Data Sheet information system, which were identified as strengths during a recent federal site visit, also were supported by grant funds.

Clinical Diagnostic Tool: The Hospital Preparedness Program grant also funded VisualDx, a web-based diagnostic tool for physicians. VisualDx includes an embedded link to the DHEC List of Reportable Conditions and contact information for the physician to notify DHEC once a suspected diagnosis has been made. This assists the physician in providing not only the clinical criteria for diagnosis, but also reminds him or her to report the diagnosis to DHEC for public health surveillance and response purposes. Physicians used VisualDx over a million times in 2012, an increase of about 10 percent compared to 2011. Additionally, 316 physicians downloaded the mobile application, which represented a 38 percent increase since fall of 2012.

South Carolina Mass Casualty Plan: A new annex to the South Carolina Mass Casualty Plan was drafted to supplement existing radiological response plans and address public health issues that would arise during the first 72 hours of a wide-area (Fukushima-like) radiological event. The annex was presented to the South Carolina Public Health Association, the South Carolina Hospital Association summit, and to a South Carolina Medical Association continuing medical education seminar to initiate discussion of the cooperative responses that would be required.

Health Regulation

Division of Health Facility Construction: In the past year, the Division of Health Facilities Construction (DHFC) has focused on providing quick-response customer service and reducing a project backload of six weeks. This was accomplished by: increasing division staff by 33 percent; reorganizing territory covered (placing staff in respective territories for two-thirds of the state); issuing Plan Approvals and Notice of Completions in the field through new iPads (reducing customer delays); authoring a guidelines manual and standard operating procedures for consistency; changing the structure of the division to include a chief architect for consistency and training; and rerouting the main construction phone line to a customer service representative for immediate agency contact. Subsequently, these changes have eliminated the high volume of complaints DHEC received and reduced the backload to same-week or next-week service by staff.

Division of Electronic Products, Bureau of Radiological Health: During the past year, the division modified the inspection processes in order to focus more attention on the overall radiation safety program at facilities. By modifying the X-ray inspection process, the division was able to eliminate the inspection backlog in September 2012. The hospital inspection process also has been revised. Staff now asks for paperwork documentation in advance of visiting the facility and reviews documentation in the office, prior to inspection. Onsite, staff spends inspection time observing cases, interviewing staff, and performing patient dose calculations. The inspection frequency of hospital inspections is every two years; however, due to increased workload and decreased manpower, the division was inspecting about every four years. As of June 2013, the division anticipates inspecting hospital facilities within four to five months of their due date. The hospital inspection process changes have proven very effective. The division has received several positive written comments on the way hospital inspections are now conducted.

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 http://www.scdhec.gov and see III.2.1.

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

Environmental Affairs

Environmental Quality Control

Federal Superfund and Brownfield Grant Reduction Impacts: Federal support to the agency via three cooperative agreements was cut 7.5% for the remainder of the federal fiscal year 2013. These cuts result in reduced resources to support new contaminated site assessments and oversee ongoing cleanups. The reductions to funds for the Brownfields program is also significant because as the economy continues to rebound, the demand for Voluntary Cleanup Contracts for Non-Responsible Parties is increasing while our ability to meet that demand has been lessened. Future anticipated reductions in these federal cooperative agreements will place additional pressure on the state to find alternate sources of funding or face a reduced capacity to provide necessary oversight.

Federal Facility Cleanup Budget Impacts: South Carolina has not seen any negative impacts to cleanup activities at Department of Defense (DoD) installations as the result of sequestration. Reports and work plans may be delayed due to furloughs but any impacts should be minor. The Department is finishing work

for year one of the two-year Cooperative Agreement and preparing to negotiate work commitments for year two. DoD budget cuts may negatively impact the amount of work funded and slow the cleanup progress in the state; however, funding amounts have yet to be determined.

Air Issues: The Clean Air Act requires the science upon which the National Ambient Air Quality Standards (NAAQS) are based, as well as the standards themselves, to be reviewed every five years. As such, EPA is continually in the process of reviewing or revising all of the NAAQS. In most cases, these standards are becoming more stringent. For example, on December 14, 2012, the EPA strengthened the NAAQS for particulate matter. EPA lowered the annual standard for $PM_{2.5}$ from 15 micrograms per cubic meter to 12 micrograms per cubic meter. EPA is currently reviewing the 2008 8-hour Ozone NAAQS. Recommendations for possible changes to this standard and its associated rule making may be finalized near the end of 2013 or at some point in 2014. While more protective of human health and the environment, these more stringent standards will be a challenge for many states across the country to meet. Should these standard(s) become more strict, South Carolina may see some areas of the state designated as non-attainment (meaning non-compliant) with the standard(s) in the future. Such a designation would result in federally mandated measures being placed on industrial facilities and federal transportation funding. Implementing these standards as written will also require enhanced state air dispersion modeling, ambient air monitoring and regulatory requirements. Further, additional state and federal emission reduction measures may need to be identified and implemented.

Keeping Pace with Environmental Review, Compliance and Enforcement: 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. Additionally, significant reductions in staff and resources to conduct appropriate levels of ambient air and water monitoring have occurred as a result of previous reductions in state revenues.

Sustainable Water Supplies: To complement the new surface water permitting program, a more comprehensive and scientific understanding of the state's water supplies is needed. To help accomplish this, a model for each of the eight major watersheds in the state is proposed to better understand how much surface water is available. A cooperative project with the South Carolina Department of Natural Resources has been proposed so the information can be used for issuing surface water permits and to provide information for water resource planning efforts.

Ocean and Coastal Resource Management

Keeping Pace with Environmental Review, Compliance and Enforcement*:* As commercial and private development of coastal property steadily continues, environmental conflicts over uses 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.

Long-Range Beachfront Management: The annual threat of hurricanes, coupled with chronic erosion and gradual sea-level rise underscores the critical need for communication and coordinated long-term planning among state coastal resource managers and coastal municipalities to ensure effective beach management strategies and appropriate preventative action. Without sufficient coordination, predictable hazards can become complicated emergency situations that threaten private property, public health and infrastructure, while adversely impacting the natural and recreational value of our beaches. Updating the State Beachfront Management Plan, Local Comprehensive Beach Management Plans and providing technical assistance, DHEC will provide tools, information and guidance to coastal municipal officials. These efforts will foster inter-governmental collaboration, facilitate decision-making and enhance the resiliency of our beachfront communities.

Emerging Ocean Resource Management Issues: The potential development of offshore energy and transmission to the mainland presents a complex planning and regulatory environment among private sector industries and federal, state and local governments. Leasing areas and infrastructure will also have varied

effects on stakeholder groups and natural resources. DHEC has been engaged in these issues through the S.C. Department of Energy's Regulatory Task Force, the U.S. Department of Interior's Bureau of Ocean Energy (BOEM) Task Force and its own Ocean Planning Workgroup. However, long-term interagency coordination will require a concerted effort by DHEC to streamline and enhance the regulatory framework, review permit applications and ensure consistency with the goals of the state's Coastal Management Program.

Conflicts over the Protection, Use and Access to Coastal Resources*:* As estuarine and oceanfront shorelines change due to chronic erosion and other natural processes, conflicts over the protection of private property and the public use and access to coastal resources have increased. DHEC works with municipalities and property owners to identify unstable shorelines and offers planning and regulatory compliance assistance to help ensure public lands, beaches and waterways are accessible to the public and citizens of the state. Despite this effort, there has also been an increase in the number of enforcement actions taken against property owners who have violated laws and regulations in an attempt to protect their property from unrelenting forces of nature.

Public Health

Sequestration: The automatic budget reductions at the federal level will impact the Public Health division of the agency significantly. Public Health has approximately $220 million in federal funds budgeted for State FY13. At present, the agency is waiting on final grant award notices from federal partners and does not have a final dollar impact. However, it is estimated that four percent to five percent of these funds will be reduced through sequestration, which equates to an approximate $8.5 to $10 million reduction. DHEC is hopeful that there may be some relief in the large program areas of the Women, Infants, and Children food supplement program (WIC) and Aids Drug Assistance Program (ADAP), which will reduce that impact. Depending on the final grant award amounts, the agency may have to reduce food vouchers, drugs for AIDs and staffing to run core public health programs like immunizations.

Preventive Services

Overweight/Obesity: Obesity rates among adults have more than doubled in the state since 1990. As of 2011, 65.8 percent of South Carolina adults were overweight or obese. Additionally, nearly 30 percent of high school students and over 25 percent of low-income children ages two to five years-old are overweight or obese. Only 11 school districts in South Carolina have routinely conducted a Body Mass Index study of their pupils within the last five years. The state also faces 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. Obesity is a complex issue, and a sustained and comprehensive approach is needed to fully address the problem, including engaging individuals, families, and communities.

Chronic Disease Burden: Seven out of ten deaths in South Carolina are directly related to preventable or avoidable chronic health conditions, and managing chronic diseases accounts for more than 85 percent of the state's health care expenditures. Additionally, childhood obesity rates have tripled in the last three decades and studies show that nearly 80 percent of overweight children will become overweight adults. The possible health outcomes from this are sobering. The associated health risks of being overweight include developing Type 2 diabetes, high blood pressure, high cholesterol, coronary heart disease and stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some forms of cancer. 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.

Infant Mortality, Low Birth Weight and Prematurity: South Carolina has reduced its infant mortality rate, but the state's rate (7.4 deaths per 1,000 live births in 2011) continues to be substantially higher than the U.S. overall infant mortality rate (6.1 deaths per 1,000 live births in 2011). South Carolina's higher infant mortality rate is largely due to a higher rate of premature and low-birth-weight births compared to many other states. In 2011, 14.1 percent of births in South Carolina were preterm and 9.8 percent of births were

low birth weight; this is significantly higher than the U.S. overall rates of preterm (9.6 percent) and low-birth-weight births (8.1 percent). DHEC is drafting a comprehensive infant mortality reduction plan for South Carolina that focuses on implementing evidence-based programs targeted at reducing prematurity and low-birth-weight births, as well as birth defects.

Health Disparities: Racial and ethnic minorities make up approximately 35 percent of South Carolina's population; African Americans comprise 28.1 percent of the state's population, while 5.3 percent of South Carolina's population is of Hispanic/Latino origin. The Hispanic/Latino population has increased by approximately 148 percent since the 2000 census. While the state has seen improvement in some health indicators for minorities and some reduction of the health gap in areas like infant mortality, heart disease and 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 like 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.

Adolescent Immunizations: The immunization coverage rate for adolescents in South Carolina remains lower than the national average. There are three vaccines (Tdap, MCV, and HPV) recommended by the Centers for Disease Control and Prevention for adolescents. According to the 2011 National Immunization Survey (NIS), only 59.4 percent of the state's adolescents had received one or more doses of Tdap (tetanus, diphtheria and pertussis) vaccine. South Carolina's adolescent Tdap coverage rate is one of the five lowest rates in the country. The 2011 U.S. adolescent Tdap coverage rate was 78.2 percent. The Healthy People 2020 goal for adolescent Tdap coverage is 80 percent. The agency is implementing a new state school requirement for Tdap vaccine for entering seventh graders in August 2013. This new school requirement will provide a vaccine opportunity for adolescents to help increase coverage rates.

STD/HIV: African Americans, especially young men, continue to be disproportionally impacted by sexually transmitted diseases, especially HIV and syphilis. African-American men account for 13 percent of the population, yet comprise 47 percent of the persons recently diagnosed with HIV/AIDS. African-American women account for 15 percent of the state's population, yet comprised 20 percent of newly diagnosed cases in 2010 and 2011. HIV infection occurs not because of race, but because of the risk behaviors in which people engage. As with any risk population, HIV risk depends on specific sexual or substance using behaviors. HIV risk is also related to access to health care, health education, and other prevention services. People who may face drug and alcohol dependence, poverty or near-poverty, unstable or substandard housing and/or domestic abuse often lack access to health care. Also, African Americans experience higher rates of other STDs compared to other racial/ethnic groups. The presence of certain STDs can significantly increase the chance of contracting HIV. A person who has an STD and HIV has a greater chance of infecting others with HIV.

Tuberculosis Control: Tuberculosis (TB) is a disease that is spread through the air from person to person when someone who has the disease coughs, sneezes or speaks. State funding for tuberculosis control has been reduced in recent years. With increased funding, the agency could hire additional tuberculosis control nurses and increase training opportunities for new and existing nursing staff. These staffing and training improvements would enhance the agency's ability to identify individuals with TB disease, to conduct timely investigations of people who have come into contact with TB patients, and to treat individuals with TB disease.

Client Services

Centralized Appointing: Following the reorganization of DHEC's Public Health regions in March 2013, centralized appointing systems across the state had to be consolidated and expanded to accommodate added call volume. A lack of standardized appointing and scheduling procedures and the need to expand and upgrade existing facilities and equipment have proven challenging, and regional and Central Office staff have been working together as a team to bring four consistent and high-performing call centers online.

Productivity Standards for Service Delivery: In an effort to best match the capacity for services with areas of greatest demand, DHEC Public Health has worked to implement productivity standards for service delivery in all county health departments. Determining reliable data sources for provider productivity has been challenging, but effective proxy measures have been developed using the Client Automated Record Encounter System (CARES) and the new Performance Dashboard application for performance management. Ongoing legal and operational issues that delayed the purchase of a statewide customer queuing system have prevented the use of precise clinic flow analysis to accurately determine areas where capacity does not meet demand.

Health Regulation

Emergency Medical Services and Trauma: The division of Emergency Medical Services and Trauma issues EMS agency licenses and ambulance permits, credentials emergency medical technicians and athletic trainers, and designates trauma centers. This division has experienced high turnover in the past year that has presented a challenge in keeping up with designated timeframes for inspections. The division also has identified challenges in our contracting processes that need to be addressed.

I.5 How is the Accountability Report used to improve organizational performance? The report is distributed to the Board, agency leaders and program managers and is posted to the agency website 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 stakeholders include all citizens of South Carolina. The agency's programs and services are targeted to the general public, the regulated community, local governments and other specific groups according to health or environmental needs. Key services linked to major agency customer groups include the following:

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

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

Data, Information and Analysis - delivered by staff through reports, websites and linkages
All S.C. citizens
General Assembly
Federal government
Nursing homes
Health care facilities
Patients
Media
Local and state government
Radiological facilities
Trauma system
Families
Visitors and tourists

Public Health Services - 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.2 Key Stakeholder 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.3 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.4 Operation Locations: Currently, DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through four public health and environmental quality control regions and three coastal zone management offices.

II.5 Number of Employees: In June 2013, DHEC had 3,619 budgeted FTE positions. Of these, there are 3,085 employees in filled FTE positions with 534 FTE vacancies. The number of hourly, per-visit, temporary grant and contract positions varies by pay period. Approximately 400 additional employees fill positions in these categories.

II.6 Regulatory Environment: [See Executive Summary.]

II.7 Performance Improvement Systems: Agency performance improvement systems include Health Services' Performance Management System and Environmental Quality Control's Performance Partnership Agreement with the Environmental Protection Agency.

II.8 Organizational Structure: See Addendum A - DHEC Organizational Chart.

II.9 Expenditures/Appropriations Chart:

	FY 11-12 Actual Expenditures		FY 12-13 Actual Expenditures		FY 13-14 Appropriations Act	
Major Budget Categories	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**
Personal Service	$151,909,557	$44,877,905	$149,685,788	$44,518,496	$169,936,991	$50,501,532
Other Operating	$94,954,557	$11,760,668	$104,506,884	$18,785,786	$120,436,239	$15,298,451
Special Items	$8,973,337	$4,644,516	$5,718,083	$2,653,193	$12,620,728	$2,840,636
Permanent Improvements	$14,764	$14,764	$46,450			

Case Services	$129,012,219	$11,281,668	$146,467,323	$10,262,736	$175,813,163	$12,844,711
Distributions to Subdivisions	$36,954,519	$3,012,317	$33,136,486	$1,174,705	$51,911,464	$709,536
Fringe Benefits	$49,705,051	$14,918,672	$50,345,980	$15,131,979	$54,135,355	$15,936,486
Non-recurring	$448,998	$24,569	$2,866,635	$2,866,635	$5,150,000	$5,150,000
Total*	**$471,973,002**	**$90,535,079**	**$492,773,629**	**$95,393,530**	**$590,003,940**	**$103,281,352**

*Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	FY 11-12 Actual Expenditures	FY 12-13 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	$173,031 (included above)	0
Bonds		

II.10 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:*** Director Catherine Templeton 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, conduct final agency review conferences and set direction for the agency. The Director's staff advises and supports her and also follows the Board's guidance and direction.

(b) Performance expectations: The Director's staff functions as a cohesive team, meeting bi-weekly 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 performance management plan directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the 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 at 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 Director's staff is currently reviewing the seven organizational values previously identified as 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. Senior managers 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.

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.]

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.

For or more information about agency efforts, see I.2 - Major Achievements from the Past Year, III.3 - Customer and Market Focus or the DHEC Regulatory Review Task Force Recommendations at http://www.scdhec.gov.

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. Agency policies have been reviewed by the Director's staff. The DHEC policy manual is available on the agency intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. Senior leadership ensures 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 their respective ethical canons and demonstrate these high professional standards to colleagues and staff.

The agency is further accountable through internal [See III.7.2.6.] 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 and abuse hot line to report issues involving DHEC contracts, programs or personnel.

The Centers for Medicare and Medicaid Services (CMS) conduct 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 - Key Results] The Director's staff reviews additional performance measures related to his/her own area of responsibility on a routine basis.

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. Director Templeton uses video technology to update staff on key budgetary, performance and policy issues. The Director has an open door policy for staff and has met with both management and staff in the deputy areas and has also visited staff and clinic sites in the regions. Both internal [See III.7.2.6.] 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 senior leaders 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?*** Senior leadership encourages and supports succession planning and professional development programs in the deputy areas. They are 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. [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 bi-weekly staff meetings, the Director meets individually with her staff to discuss concerns and changing conditions that may affect the 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. [See III.1.1-5.]

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. Senior leadership ensures the many awards and recognitions that staff receives are communicated to other agency employees and to the Board. See III.5.1-2 and 11 for more details.

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. Please also note I.2 - Major Achievements from the Past Year.

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, Central S.C. Chapter to sponsor blood drives at various DHEC locations several times a year. This past year, agency staff contributed over $26,650.00 to the United Way of S.C. and over $8,940.00 to Community Health Charities of S.C.

III.2 Strategic Planning

III.2.1 ***What is your strategic planning process, including key participants and key process steps?*** The Director and her staff provide direction and oversight for the strategic planning process based on priorities set by the Director and the Board. 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. Mission essential functions have been identified for the agency and are included in the S.C. Emergency Management Division's Continuity of Operations Plan. Central office plans and regional plans are reviewed annually and incorporated into the S.C. Recovery Plan. The agency continues to develop and refine its COOP capabilities both at the central and local levels. Plans and an updated schedule can be viewed on the DHEC intranet. See III.5.14. Disaster recovery efforts are detailed in III.4.5.

f) Ability to execute the strategic plan is detailed in the agency implementation recommendations developed as part of the strategic planning process.

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 health and environmental 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 Director and her staff provide agency oversight on the implementation of the plan and monitor measurement and operational planning throughout the agency. They receive periodic reports on progress measures of key objectives. The agency measurement plan is used to more accurately reflect agency activities and enhances 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 III.1.5.]

III.2.4 ***How do you communicate and deploy your strategic objectives, action plans and related performance measures?*** Previously, the 2005-2010 Strategic Plan was rolled out to employees during an agency-wide broadcast. A card with the mission, vision, values and broad goals was distributed to each employee with paychecks. Posters with the same information were 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, as appropriate. The plan and supporting information is available on the agency's intranet and is introduced to new employees at orientation. When the Director and her staff complete the review and the modification of the Strategic Plan, it will be communicated to staff in a similar fashion.

Currently, 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. For external customers, the Strategic Plan is available on the DHEC website and progress toward achieving strategic plan goals is highlighted in the Annual Accountability Report, which is also available on the Web at http://www.scdhec.gov.

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.]

In January 2013, the Office of Health Policy and Performance Management launched Performance Dashboard, a web-based application for tracking organizational performance and improvement. Dashboard allows anyone within the agency to view Public Health's priority operational and programmatic measures, many of which are now tracked weekly, monthly, and quarterly. The new system is linked to CARES (Public Health's Client Automated Record and Encounter System) to provide staff and management immediate access to standardized reports of clinical operations.

III.2.6 ***How do you evaluate and improve your strategic planning process?*** The Director's staff provides direction and oversight for the strategic planning process based on priorities set by Director and the Board. An arena for discussion, deliberation and decision-making around the strategic planning process and its implementation within the agency will be provided. The Director's staff will share information, evaluate, systematically address policy and other agency issues as they arise.

III.2.7 View the DHEC 2005-2010 Strategic Plan at http://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 and many visitors to the state – 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.]

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 website, the Division of Constituent Services, public outreach and public participation activities. The agency's website 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. Responses are documented to monitor follow-up.

During the last year, DHEC has made a push to develop a comprehensive social media presence to improve the agency's ability to quickly and cost-effectively reach priority populations, key partners and members of the media. In 2013, DHEC created a Facebook page that distributes public health information and provides real-time updates to more than 400 followers. Additionally, the agency has grown its Twitter account from 653 to 1,370 followers in the past year and continues to increase its use of YouTube videos. By utilizing these media, the agency is able to deliver timely public health messages and updates at a fraction of the cost of producing and distributing traditional public service announcements.

Online applications for data dissemination, such as the South Carolina Community Assessment Network (SCAN) and the Environmental Public Health Tracking System (EPHT) continue to provide enhanced analysis, visualization and reporting tools which provide around-the-clock access to agency collected information.

Current examples of customer access mechanisms include:

- DHEC Public Health has worked to improve customer experience through the use of toll-free hotlines to access information and services. Expanded and standardized centralized appointing centers in each of the four new public health regions will help ensure that prompt and courteous customer service is provided across the state. Examples include: the Home Health Hotline in the Certificate of Need Program, which is used to address concerns about home health agencies; the SC AIDS/STD Hotline, which provides information and assistance on testing, prevention, and services; a line for reportable conditions disease reporting; an immunization information line; a healthy aging line for information on arthritis and other aging issues; and lines that exist with our partners, such as the Best Chance Network toll-free line, which is operated by the American Cancer Society. Hotlines also were used during tuberculosis investigations to provide clear and accurate information to callers and assist them in setting up appointments for testing.
- DHEC has developed a web application to assist the public in understanding air quality monitoring issues. This tool shows the location of air quality monitoring stations in South Carolina and the parameters measured at each location, with site descriptions and historical graphs of the concentrations of major pollutants. This application contains information on South Carolina's ambient air monitoring network, including current and past annual network descriptions and monitoring plans. Monitoring data and information about the sites (including location, purpose and the types of pollutants measured) are available at this website: http://gisweb01.dhec.sc.gov/monitoring/monitoring.html.
- DHEC now offers new customer service tools to help aid the permitting journey. Permit Central's interactive questionnaire uses customer answers to determine which permits they will likely need. The questionnaire poses questions based on the customer's business interest. Permit Central also includes time frame estimates, tips for speeding the permitting process, application forms, and a database that allows customers to check the status of their application. It also links customers with the DHEC Permit Central Team. The multi-media Permit Central Team helps customers draw a reliable roadmap for their permitting processes. For citizens, the Permit Central website provides valuable information such as public notice opportunities or how to apply for permits to build your own pond. http://www.scdhec.gov/PermitCentral.

- Since April 2012, the Underground Storage Tank Management Division has posted complete technical files on the Agency's web site for petroleum releases where a solicitation for cleanup activities is being solicited through the South Carolina Business Opportunities publication. As the technical files are housed only at the Columbia DHEC location, placing the files on the internet encourages more certified Site Rehabilitation Contractors across the state to participate in the bidding process. Contractors can review the technical files on their desktop instead of having to arrange a file viewing with the Freedom of Information Office. Since this process has started, there has been an increase in the number of contractors bidding on the solicitations which has increased competition. As such, cost savings to the State Underground Petroleum Environmental Response Bank (SUPERB) are being realized. The technical files remain on the web site until a Corrective Action Plan is approved.
- The agency's ombudsman handles critical issues by providing a central point of contact, responding in a timely manner and identifying possible trends.
- The Public Health deputy area has a point of contact for constituent issues.
- 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.
- Customer Service is also a priority for the Environmental Quality Control regional offices. The expectation is that all customers will be contacted within 24 hours of their contact with the department and their issue or concern addressed as expeditiously as possible.

III.3.4 ***How do you measure customer/stakeholder satisfaction or dissatisfaction and use this information to improve?*** DHEC systematically measured customer satisfaction at a statewide level for the past 14 years (1998-2011). DHEC had a positive public image and, overall, South Carolinians were satisfied with its services. Consistently, DHEC maintained an average of 92 percent satisfaction with overall quality of service (91.5 percent in 2011) and also an average of 92 percent satisfaction with courtesy and attitude of staff (94.1 percent in 2011), even with significant budget cuts, staff changes and reductions in recent years. This survey was discontinued this past year. However, 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.

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. Input from the various customer feedback mechanisms described in 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.

Pursuant to S.C. Code 1-23-120(I) and 1-23-270(F)(1), the Department is required every five years to review its regulations to minimize the economic impacts of the regulations on small businesses. As part of the 2012 review, the Bureau of Air Quality's Regulation & SIP Management Section performed a broader audit of its regulations to make corrections for internal consistency, clarification, reference, punctuation, codification, formatting, and spelling to improve the overall text of its regulations. All errors found which are substantive in nature and require Board approval are to be incorporated into future rulemaking packages. A total of thirteen errata have been published in the *State Register* from November 2011 to May 2013.

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. This past year:

- The Department has created the Advance Reporting Tool (ART), which enables stakeholders involved with Air Quality Coalitions, industries, local governments, or schools and other citizens to report all voluntary emissions reducing actions they take via the internet. The reporting tool, located at http://www.scdhec.gov/advance, will also enable the Department to export all of the entries into an EXCEL spreadsheet that can be shared with EPA and other interested Air Quality Coalitions. The tool tracks the pollutants reduced, location of the program, the amount of reductions (where applicable), contact information, and other relevant information that will be useful for other groups interested in replicating the programs listed.
- DHEC hosted the seventh annual Environmental Assistance Conference in November 2012 for the regulated community. Over 235 industrial representatives, school district officials, medical staff, small business owners and government representatives attended. Sessions included topics such as environmental management basics, hazardous waste requirements, air permitting, industrial stormwater and understanding the enforcement process. Registration is already underway for the eighth annual conference to be held in November 2013.

Please also see Section I.2. - Major Achievements from the Past Year.

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.

To address the complexity of DHEC's strategic objectives and varied mission many systems have been put in place to collect, organize, analyze and share information and data. In some cases, this information is duplicated across different systems which is inefficient and leads to discrepancies,

so DHEC continues to utilize an informatics approach for operations and technology that allows information to be collected once and then shared through technology with other systems and program areas. This approach enhances analytical capabilities and improves the agency's decision making capabilities during routine and emergency operations.

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 in the past few years through an informatics approach that has led to technological linkages with enterprise tools such as geographic information systems (GIS) and relation database management systems. These systems include registries, surveillance systems, laboratory systems, client tracking, performance management, field data collection, licensing, permitting and follow-up activities to name a few. Depending on the core function of the system, clusters of systems are being developed so that lifelong records are available for surveillance, analysis and decision-making. This approach has significantly improved the agency's capacity to track environmental hazards, human exposure and adverse health outcomes.

For example, with the support and expertise of the agency's Geographic Information Systems (GIS) group, programs across the Public Health section have used mapping data in innovative ways to enhance their activities. GIS technology has assisted with mapping patterns of disease and birth defects, health facilities, free and reduced lunch providers and more. The expanded use of GIS has enabled DHEC to better investigate and respond to public health threats and protect the health of South Carolinians.

Current technology centered around the Internet and mobile devices has opened new possibilities to streamline data collection making the agency more efficient and providing more timely access to data for internal and external decision makers.

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, Addendum C - Strategic Planning Chart 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), Vital Records and Statistics Integrated Information System (VRSIIS), Steton Restaurant and Health Facility Inspection System, Client Accounting Reporting and Encounter System (CARES) and the Carolina Health Electronic Surveillance System (CHESS) 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. These systems adhere to national standards for data quality, collection and analysis. To address the need for customized data, the agency has created advanced ad-hoc query and reporting tools that provide users the ability to design their own custom data extracts, providing increased operational efficiency through cost and time savings. Additional data warehouses and advanced visualization and reporting tools and services are available to internal staff.

The agency has realized increased efficiency in the electronic filing of death certificates in accordance with the new law passed last year. This new system has significantly improved filing time, which helps family members to facilitate the probate process and get insurance money faster. It also improves surveillance of deaths due to diseases and illnesses such as HIV, TB, and flu.

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 cubes, ad hoc reporting, web-based data query systems and other technology have been deployed internally and externally to fulfill decision making needs. Numerous state-of-the-art systems provide aggregate, and in some instances, record-level data related to environmental and public health issues 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 medical data are strictly confidential and could be used for identity theft, creation of false documentation (driver's licenses, passports) or to compromise personal privacy laws and regulation. To address this, DHEC has developed restrictive security measures, policies, procedures and provided extensive HIPAA staff training on protecting health information. Staff regularly reviews system logs, performs tests, operates under the premise that staff are given the least access to data necessary to complete assigned job functions, implement systems of checks and balances, and updates systems to address potential threats.

Continual work on building the modernized information technology 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 uninterrupted access to the most critical agency data and systems. 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 back-up and antivirus policy. Encryption is also applied to the most sensitive data sets and many mobile devices. New systems continue to be developed and consolidated which 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 messaging, virtualization, migration to

cloud-hosted email and applications when appropriate, 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, senior management proposes new or corrective action that may involve shifting resources, adjusting priorities 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 and the agency's intranet.

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 the 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 encourage contribution to the agency for the upcoming review period. Raters also identify "Future Training and Development" in which employees should participate to enhance future performance. [See III.1.1 and III.5.5.] Action plans are linked to the EPDP. The agency allows employees to job share, as well as flextime and telecommute, when appropriate**.** 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 Public Health 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. Other areas of the agency meet on a regular basis with managers and staff.

III.5.3 How ***does management recruit, hire, place and retain new employees? Describe any barriers that you may encounter.*** The agency uses the http://www.jobs.sc.gov 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 media 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 online 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 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 always able to replace employees who leave because there are not adequate funds to refill the positions. [See III.7.3.1-2.]

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 has participated in structured leadership opportunities including the: Southeast Public Health Leadership Institute (31 staff); Management Academy for Public Health (125 staff); Environmental Health Leadership Institute (2 staff); National Public Health Leadership Institute; and Certified Public Manager Program (556 staff) to develop and strengthen leadership skills in current and potential leaders. The Office of Staff Training and Development (formerly Quality Management) has begun a major overhaul of management and leadership classes. Revised curricula will be offered beginning in the fall of 2013. The new classes offer a wide-range of topics to address the needs of young leaders. These classes include, but are not limited to: Generational Management, Coaching and Communication Skills.

(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.

(c) ethical practices: The agency has a formal procedure for submitting ethical concerns and reviewing the issues for action. The agency periodically offers a formal course on ethics that is open to all staff. The agency Fraud and Abuse hotline (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.]

The agency has 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 is being reformatted into an online course and will be offered for the first time in the fall of 2013 and will allow new staff to complete the orientation within hours of beginning their employment with the agency. DHEC has required training for all staff on the HIPAA Series, Introduction to Public Health, Culturally and Linguistically Appropriate Services, Agency New Employee Orientation and the agency's Role in Emergency Operations, Basic Cultural Competence, Customer Service and OSHA Hazard Communication.

Currently, DHEC is reviewing the agency's training program. The Office of Staff Training and Development, formerly the Office of Quality Management is moving curricula from the program areas to a central location on a new Staff Training and Development website. In addition, many of the supervisory courses are being revamped and new courses are being added to better support staff.

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 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 is an integral part 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. Staff learning and training needs are assessed on an ongoing basis through an evaluation following every training session. This data allows for continuous updating of staff needs and course offerings.

III.5.11 ***How do you motivate the workforce to develop and utilize their full potential?*** During State Government Employee Appreciation Week, activities were planned to show appreciation to the agency workforce including breakfasts, cookouts and special work breaks sponsored by agency management staff. These activities were well received by staff. Currently, the agency is reviewing its employee recognition programs.

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.

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.7.3.1.]

III.5.13 ***How do you manage effective career progression and effective succession planning for your entire workforce throughout the organization?*** Based on S.C. Retirement System figures, DHEC has 189 employees participating in the TERI program as of June 1, 2013. In addition to the TERI employees, DHEC has approximately 95 employees currently eligible for retirement, with approximately another 535 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.

The Public Health deputy area 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. To complement the already developed courses for DHEC staff on core public health skills such as Financial Management, Data and Assessment, and Evidence and Planning, the Training Center with DHEC is analyzing the results and developing additional distance-based training modules and courses. Initial work is focusing on the development of modules to address competency areas around performance and quality improvement. All of this support to the DHEC workforce from the Training Center is provided free of charge to the agency.

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 values are 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.

DHEC technical staff is engaged in an ongoing effort to modernize the technical infrastructure of the agency by implementing new technology to increase efficiency and streamline the delivery of critical agency resources. Every technology need is evaluated for the best possible solution whether it is an internally developed and hosted solution or an outsourced or cloud hosted solution. Staff input and past history are incorporated into the design process and through an Informatics approach all options are considered. This process ensures new systems are not duplicating existing agency systems which lead to inefficiencies and unnecessary costs. New technology is considered for every project with DHEC doing a thorough analysis of how counterparts across the nation handle similar requirements. Also, see Section III.7.3. - Financial and Process Performance Results, Figures 7.2.1-6.

Examples from the past year include:

- The AIDS Drug Assistance Program (ADAP) and Office of Pharmacy conducted a quality improvement (QI) project to reduce payment time for invoices for AIDS medication. By streamlining the payment process, the QI team was able to reduce its average payment time from more than 30 days to fewer than 15. By qualifying for a tiered system of prompt payment discounts, the agency could avoid an estimated $144,000 a year in unnecessary costs, which will pay for a year's worth of life-saving AIDS drugs for up to 12 people on the ADAP waiting list.
- DHEC Public Health created a new position, public health outreach manager, to plan coordinated health communication, outreach and educational campaigns. The creation of the position has allowed the public health side of the agency to streamline and consolidate its media buying process. Now, instead of multiple employees placing independent ad buys across the state, one Public Health employee plans and negotiates all media buys. As a result, the agency is able to more effectively coordinate ad buys across multiple programs and negotiate discounted ad rates from media firms. For example, in May 2013, after hearing that one employee would be negotiating all media purchases for the health side of the agency, a statewide news outlet reduced their average ad rate from $25 to $5 per radio spot and offered to match DHEC 1:1 with a free bonus radio spot for each spot the agency purchased. Thus, the agency was able to conduct a statewide blood pressure and stroke awareness campaign at a fraction of the anticipated cost, while doubling the number of ad impressions that aired statewide. DHEC expects to save tens of thousands of dollars annually by consolidating media buys across the agency.

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.]

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 FY13, OIA issued two audit reports and several memorandums. OIA has identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.2.6.] 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.7.2.4 & 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 Figure III.7.2.3.] 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 Public Health Statistics and Information Systems (PHSIS) Bureau staff is constantly working with other program area staff evaluating the existing technical infrastructure that supports agency activities looking for opportunities to increase performance. 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 all program areas to allow for strategic planning and to uncover possible inefficiencies or unnecessary activities or risks. PHSIS continues to work with program areas to monitor the internal quality assessment of data and systems while participating in numerous statewide and national initiatives related to data quality, data sharing and advanced visualization and reporting tools.

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 health and environmental 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

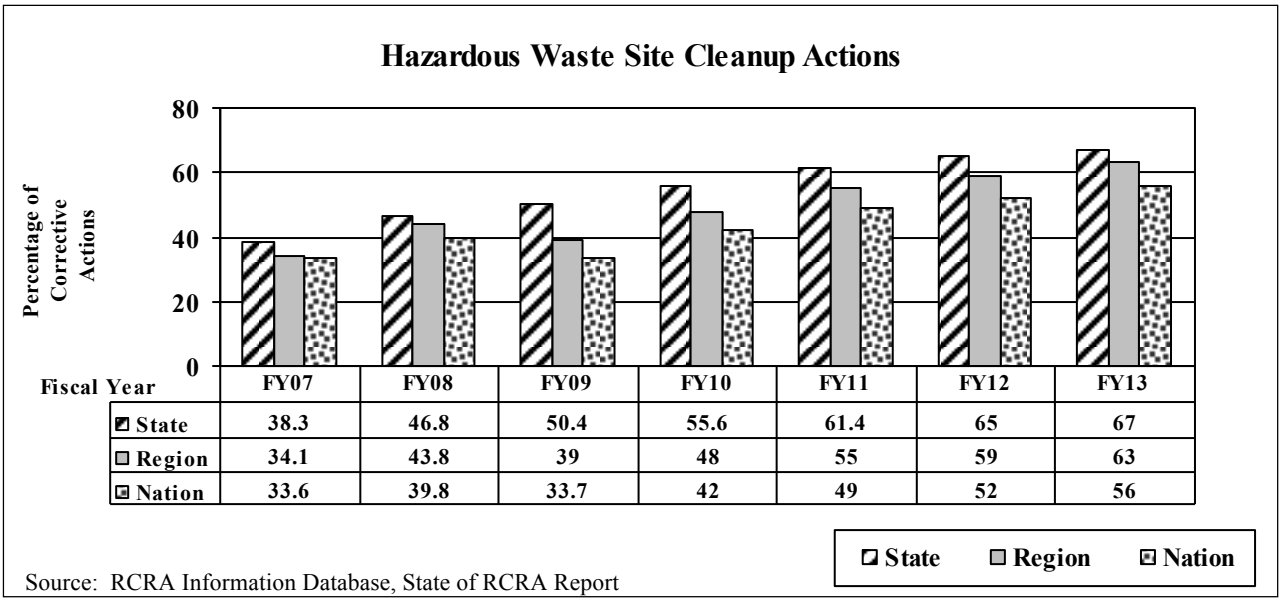
National Ambient Air Quality Standards - Ozone Primary Standard
3-Year-Average Fourth-Highest Daily 8-hour Concentrations in Parts per Million (ppm)
Data from Ozone Monitoring Sites in South Carolina

County	Monitoring Site Location	2008-2010	2009-2011	2010-2012
Abbeville	Due West	0.067	0.062	0.064
Aiken	Jackson	0.069	0.067	0.064
Anderson	Big Creek	0.066	0.069	0.073
Berkeley	Bushy Park	0.062	0.062	0.064
Charleston	Cape Romain	0.067	0.065	0.066
Cherokee	Cowpens	0.069	0.066	0.070
Chesterfield	Chesterfield	0.068	0.066	0.065
Colleton	Ashton	0.066	0.064	0.063
Darlington	Pee Dee	0.070	0.068	0.070
Edgefield	Trenton	0.065	0.063	0.063
Greenville	Hillcrest	0.066	0.068	0.069
Greenville	Famoda Farm		0.067	0.066
Oconee	Long Creek	0.069	0.065	0.064
Pickens	Clemson	0.072	0.071	0.071
Richland	Congaree Bluff	0.065	0.062	0.061
Richland	Parklane	0.070	0.070	0.070
Richland	Sandhill	0.071	0.073	0.073
Spartanburg	N. Spartanburg	*0.076*	0.074	0.075
York	York	0.067	0.064	0.065

Comparison: 2008 EPA Standard: 0.075 ppm (see discussion in the paragraph below).
Notes: Concentrations exceeding the 2008 Standard are written in *italics*.
Grayed out cells indicate data did not exist or did not meet data completion requirements.

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

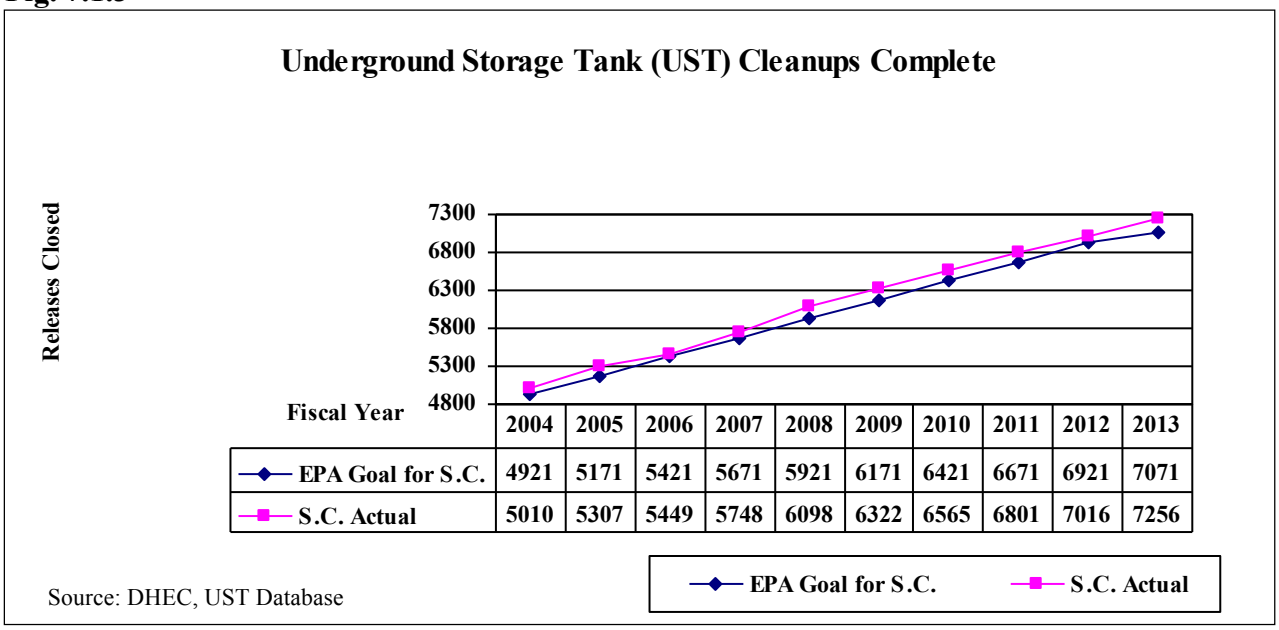
Fig. 7.1.2



Source: RCRA Information Database, State of RCRA Report

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

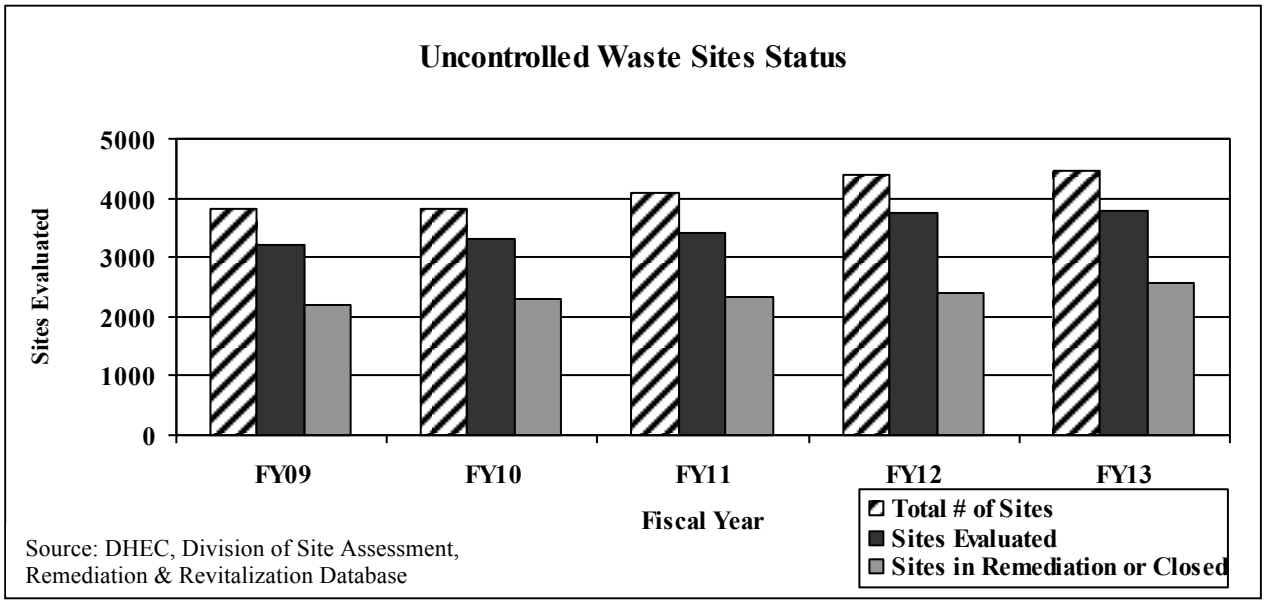
Fig. 7.1.3



Source: DHEC, UST Database

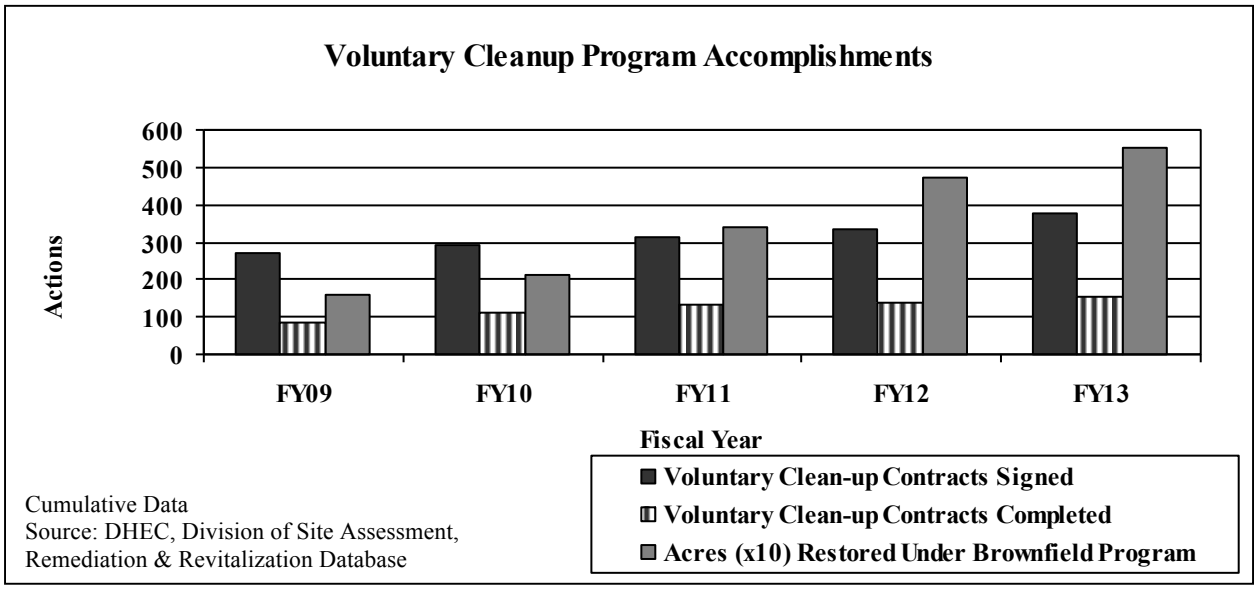
The Division of Underground Storage Tank (UST) Management has closed 74.8 percent (or 7,256) of all confirmed UST releases reported to DHEC, reducing the number of open releases to 2,448. As illustrated by the graph, South Carolina continues to exceed the EPA established yearly closure goal.

Fig. 7.1.4



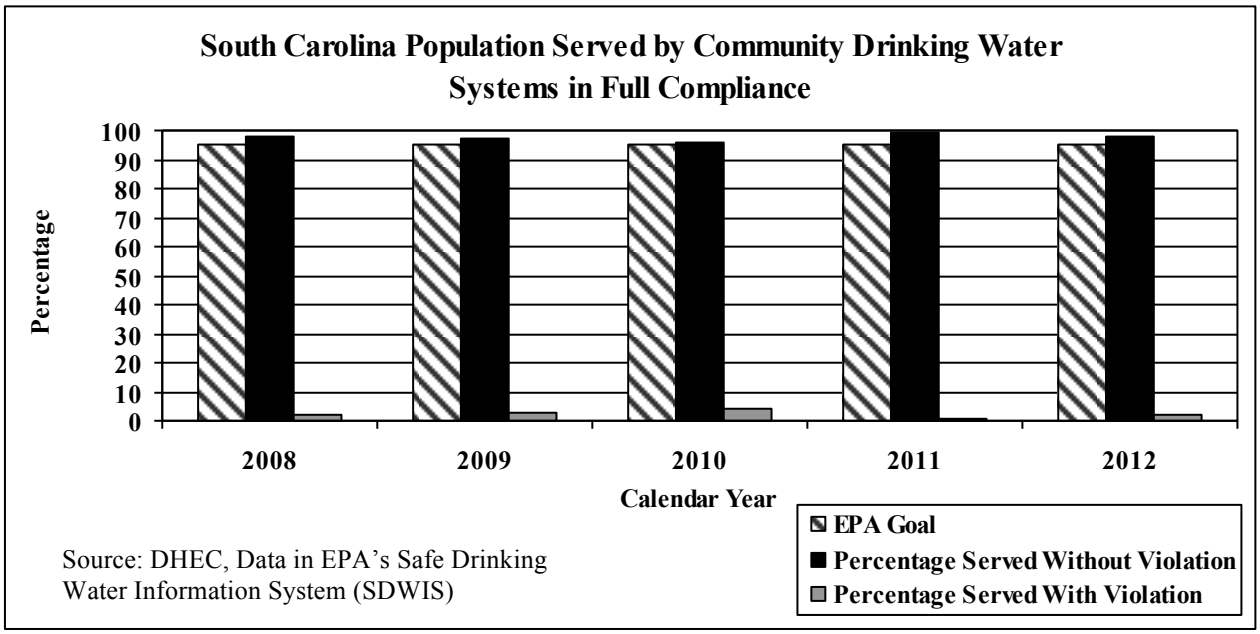
DHEC continues to discover and evaluate uncontrolled waste sites every year. Sites in remediation are those sites where a remedial decision has been reached. Remedial actions are typically multi-year projects that may include multiple phases of investigation and clean-up.

Fig. 7.1.5



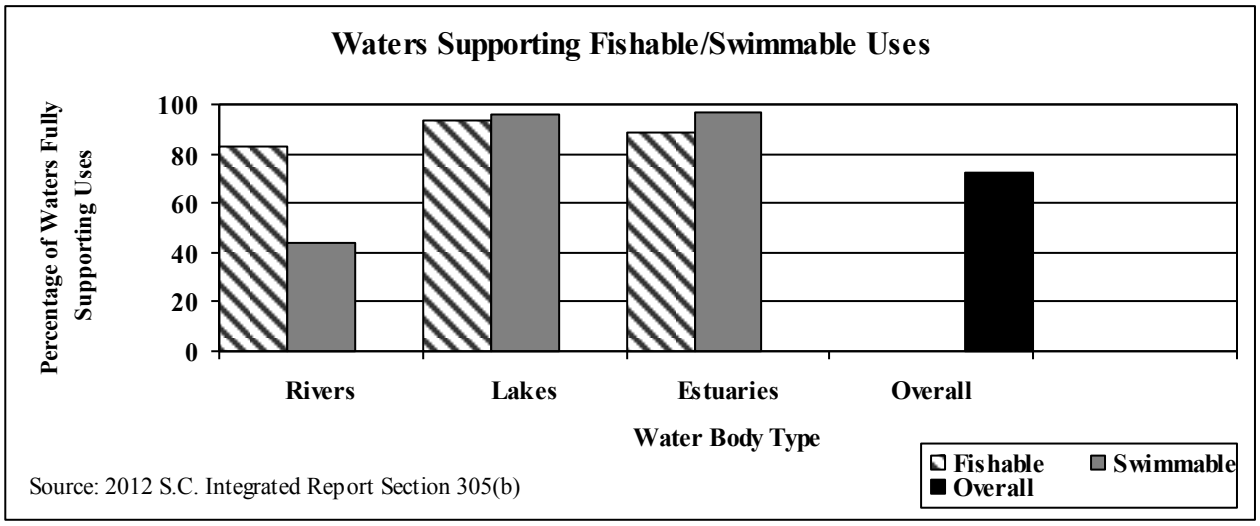
The Voluntary Clean-up Program encourages the reuse, redevelopment and revitalization of contaminated commercial and/or industrial properties. DHEC works with both Responsible Parties and Non-Responsible Parties (NRPs) to assess the contamination, implement necessary response actions to protect human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

Fig. 7.1.6



During the 2012 calendar year, 98 percent of the state population served by community water systems received water in compliance with all health-based standards. South Carolina has met or exceeded the EPA drinking water standard since 2004.

Fig. 7.1.7



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

Fig. 7.1.8

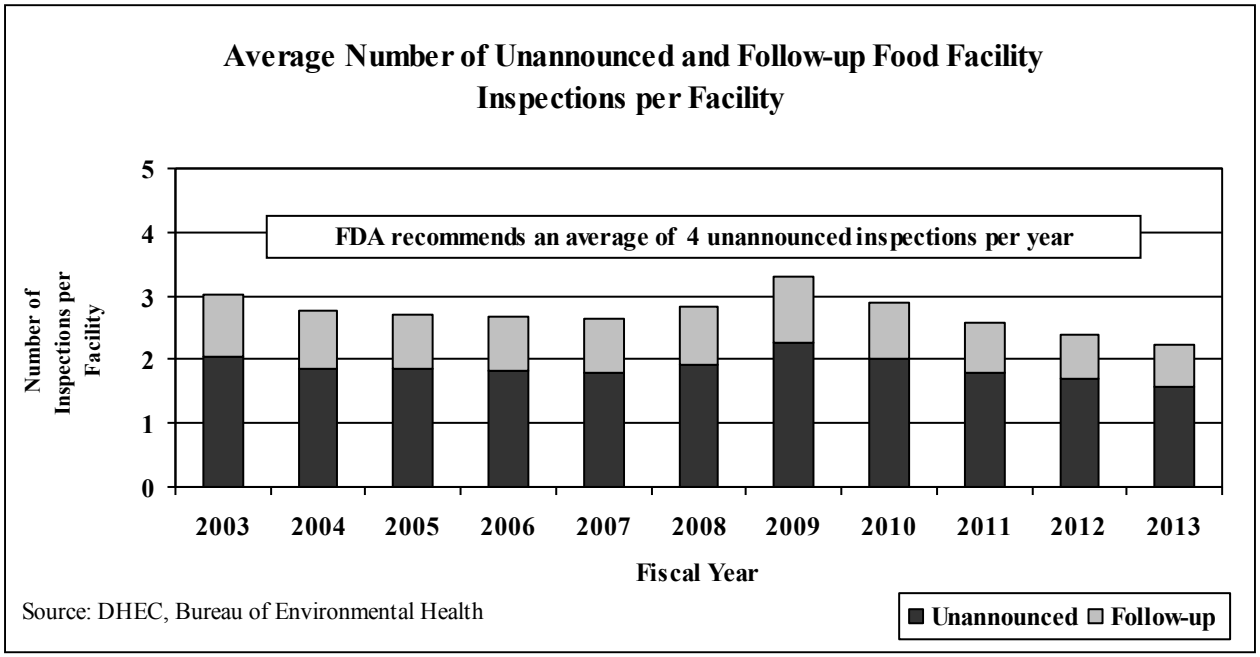
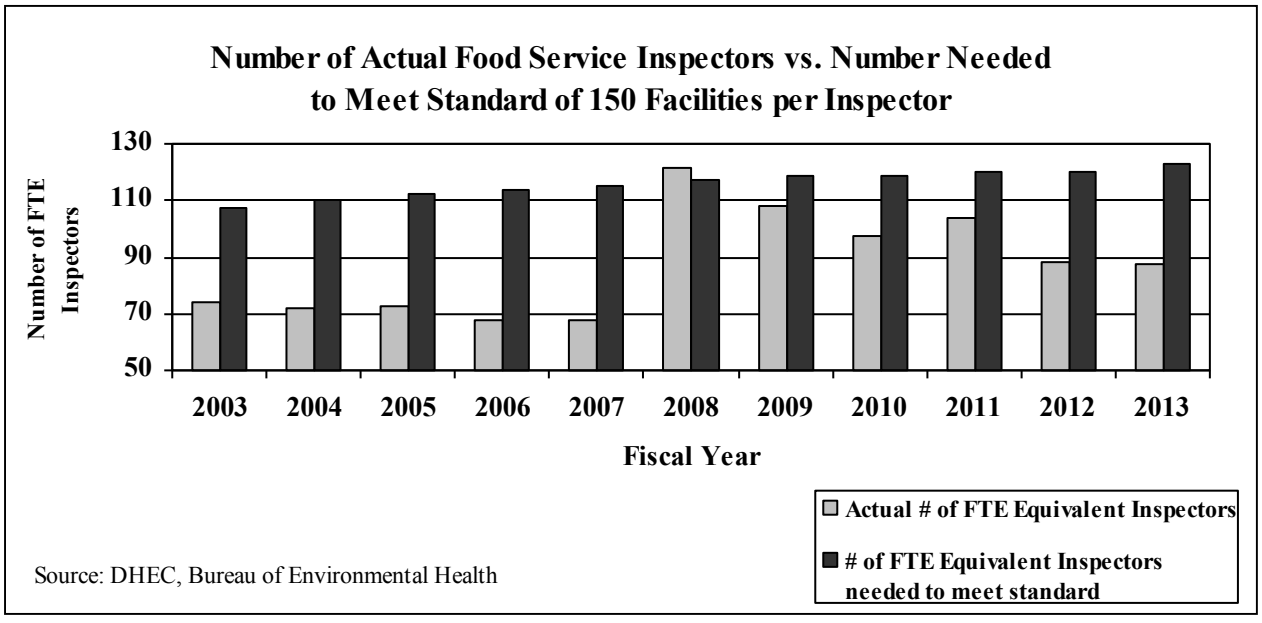
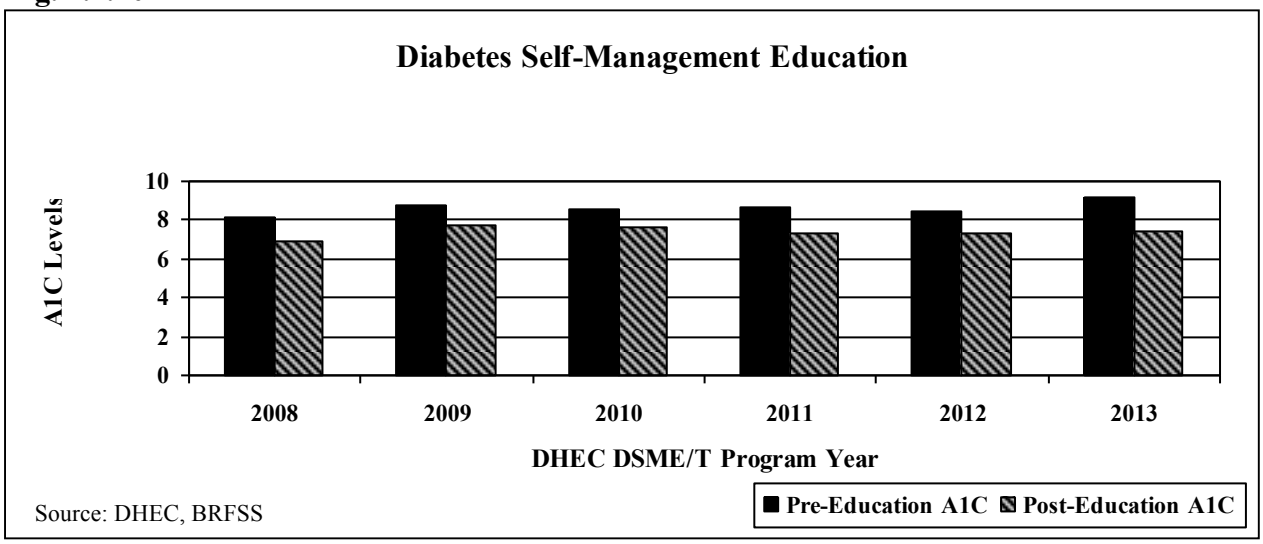


Fig. 7.1.9



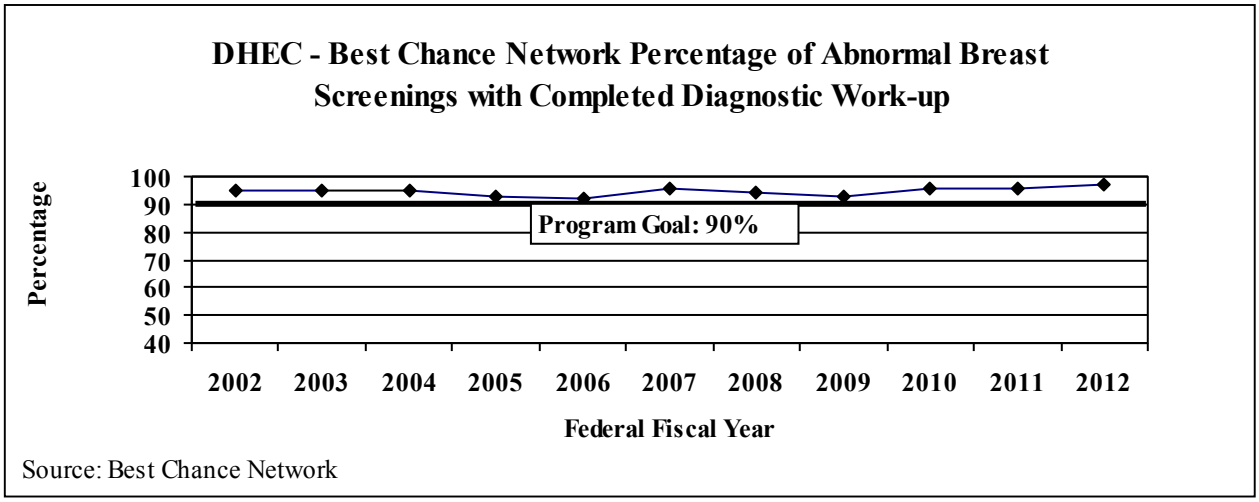
While DHEC meets the state requirement of one inspection per facility, the agency is short of the Food and Drug Administration (FDA) voluntary standards for inspections per facility. To assist in keeping inspection levels up, staff in other environmental health program areas has been cross-trained to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

Fig. 7.1.10



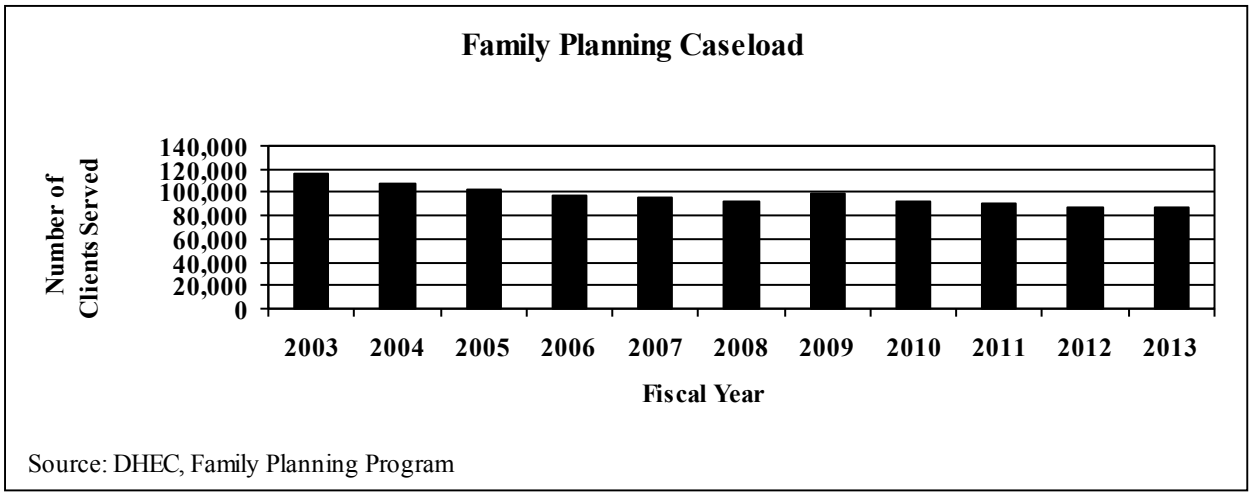
For the past six years, Colleton, Hampton, and Jasper counties have had an active DHEC Diabetes Self-Management Education (DSME) program. The figure above shows the difference in A1C levels pre-DSME and post-DSME. The A1C is a measure of the average blood glucose over the past 2-3 months. The figure shows a drop in A1C each of the past six years after clients have completed the 10 hours of DSME classes. The percentage drop in A1C has been from 11% to 20% (0.93-1.8% absolute values) during these years. Studies clearly demonstrate that a 1% decrease in A1C is associated with a 35% reduction in micro-vascular complications (retinopathy, nephropathy, and neuropathy), an 18% reduction in myocardial infarction, and a 17% reduction in all-cause mortality (ACCE, 2007).

Fig. 7.1.11



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 FY12, the BCN program provided clinical breast exams and mammograms to 7,872 women. The program goal is that at least 90 percent of women with an abnormal breast screening will complete a diagnostic work-up. In FY12, this goal was exceeded when 97 percent of women completed a diagnostic work-up. Over the past eleven years, the program has met or exceeded the follow-up goal.

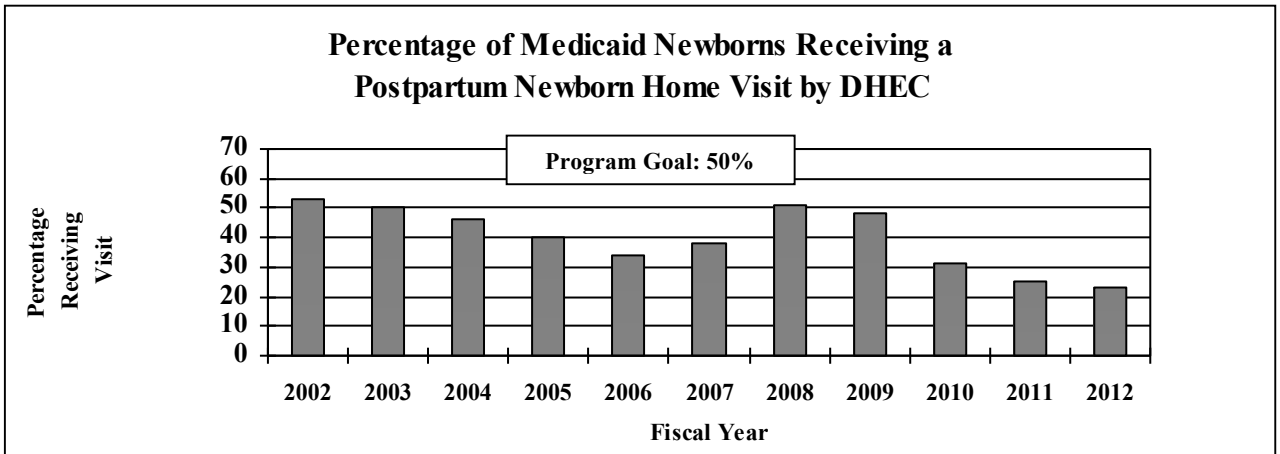
Fig. 7.1.12



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-eight percent of DHEC clients are at or below 185 percent of the poverty level. DHEC provides services to about 42 percent of the overall population in need of family planning services. The overall caseload has decreased slightly in the past five years due to budget cuts but efficiency measures have helped to defer greater decreases. The current FY13 caseload was 87,185 unique male and female clients served.

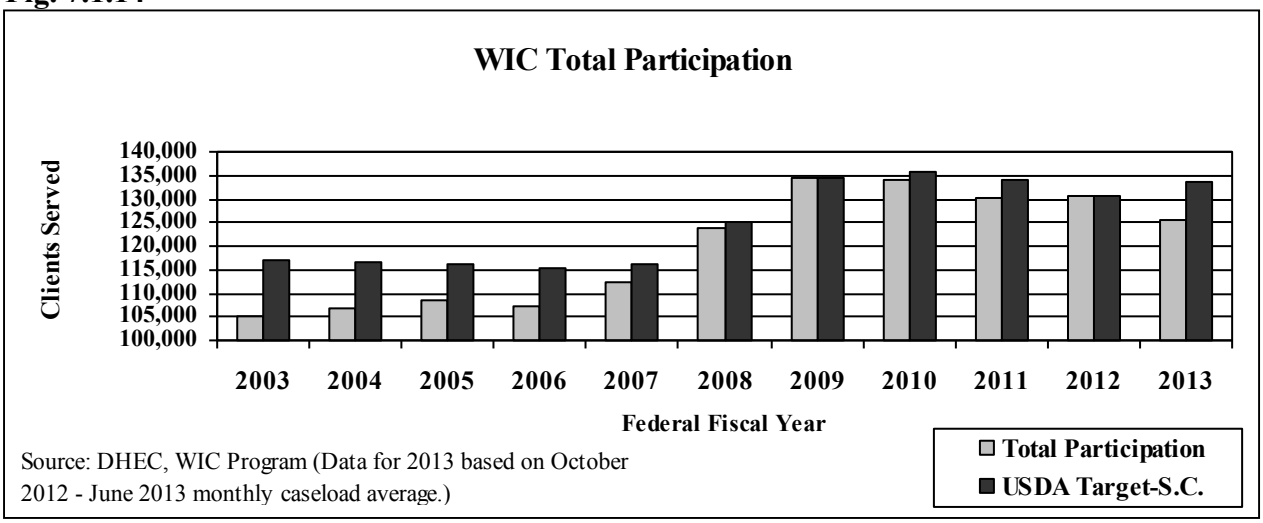
Fig. 7.1.13



Sources: Number of completed PPNBHVs from Regions and Medicaid eligible births report from S.C. Office of Research & Statistics

Postpartum Newborn Home Visits (PPNBHVs) are provided to newborns and mothers who meet certain risk criteria specified by the Bureau of Maternal and Child Health. In FY12, dedicated state funding to support PPNBHVs was unavailable. DHEC provided PPNBHVs to 25% of the Medicaid eligible newborns in 2011. In 2012, 23% of the Medicaid eligible newborns were provided a PPNBHV by DHEC.

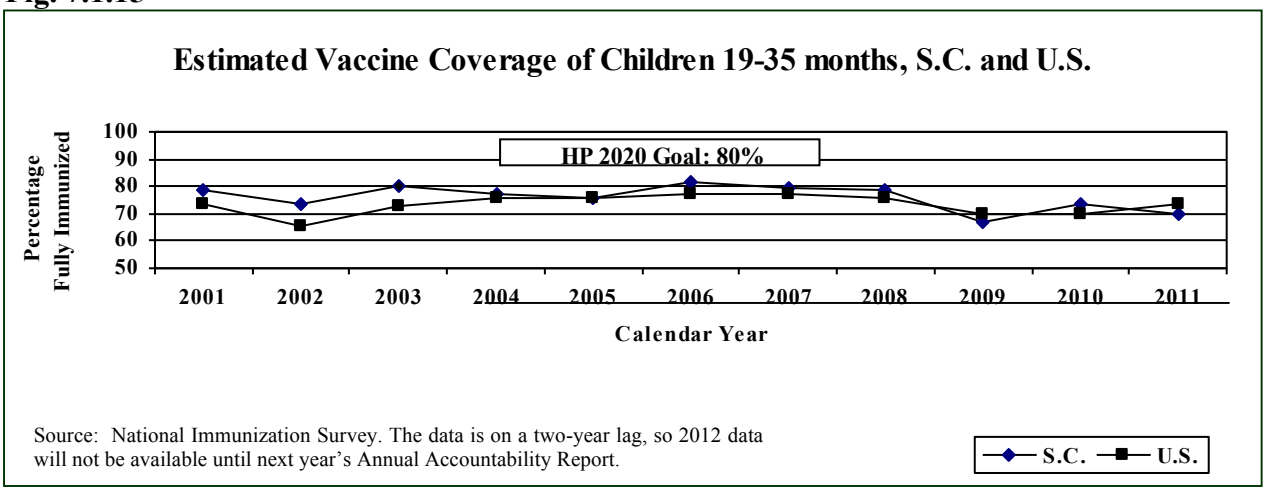
Fig. 7.1.14



Source: DHEC, WIC Program (Data for 2013 based on October 2012 - June 2013 monthly caseload average.)

The Women, Infants 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, obesity reduction and promotion of breastfeeding. The monthly average of clients served by the program in 2013 was 125,368, a decrease from 2012. This decrease is consistent with trends in other states across the Southeast. Agency challenges include a lack of registered dieticians and Spanish speaking staff to better serve customers.

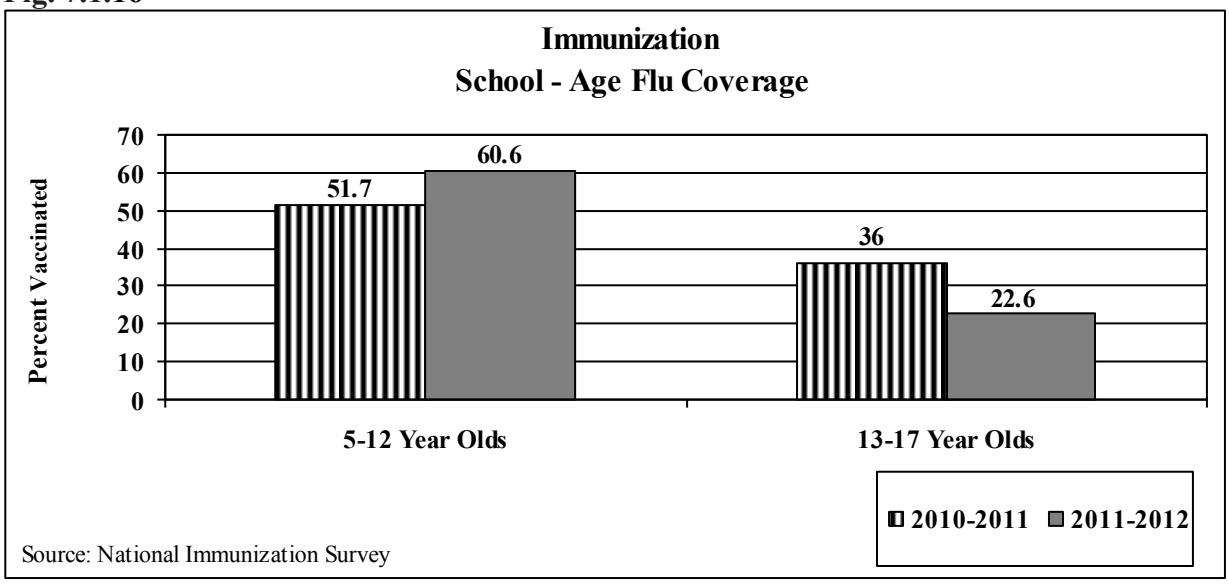
Fig. 7.1.15



Source: National Immunization Survey. The data is on a two-year lag, so 2012 data will not be available until next year's Annual Accountability Report.

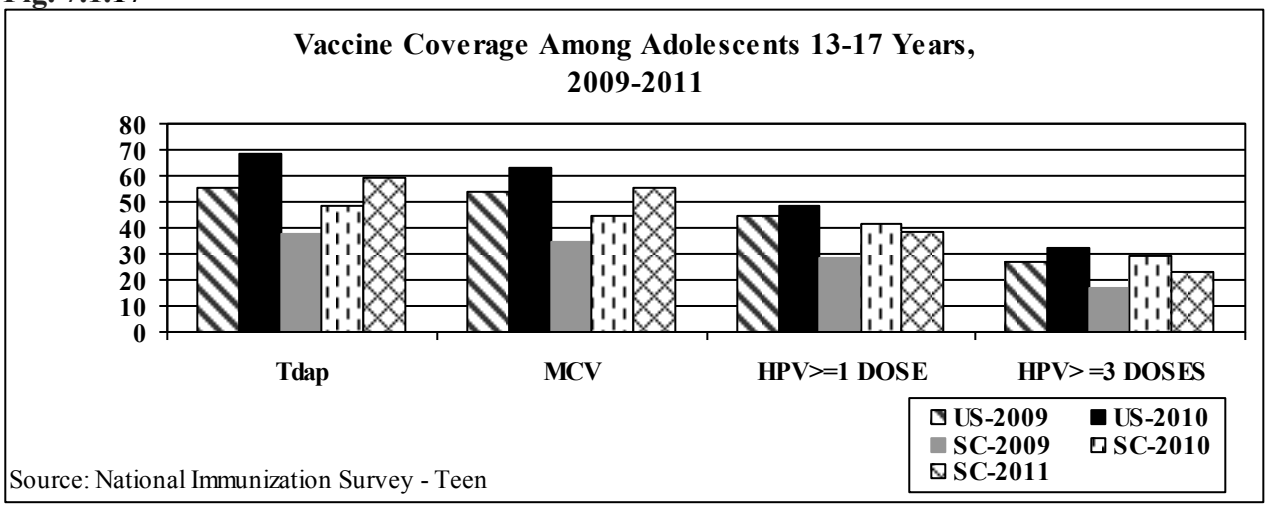
Based on the most recent results from the National Immunization Survey (NIS), approximately 70 percent of South Carolina children 19 to 35 months of age were fully immunized in 2011. This coverage rate has decreased from 74 percent in 2010. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines, and the fact that about 58,000 babies are born in the state each year. Vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations and premature deaths. Immunizing individual children also helps to protect the health of the community, especially those people who cannot be immunized.

Fig. 7.1.16



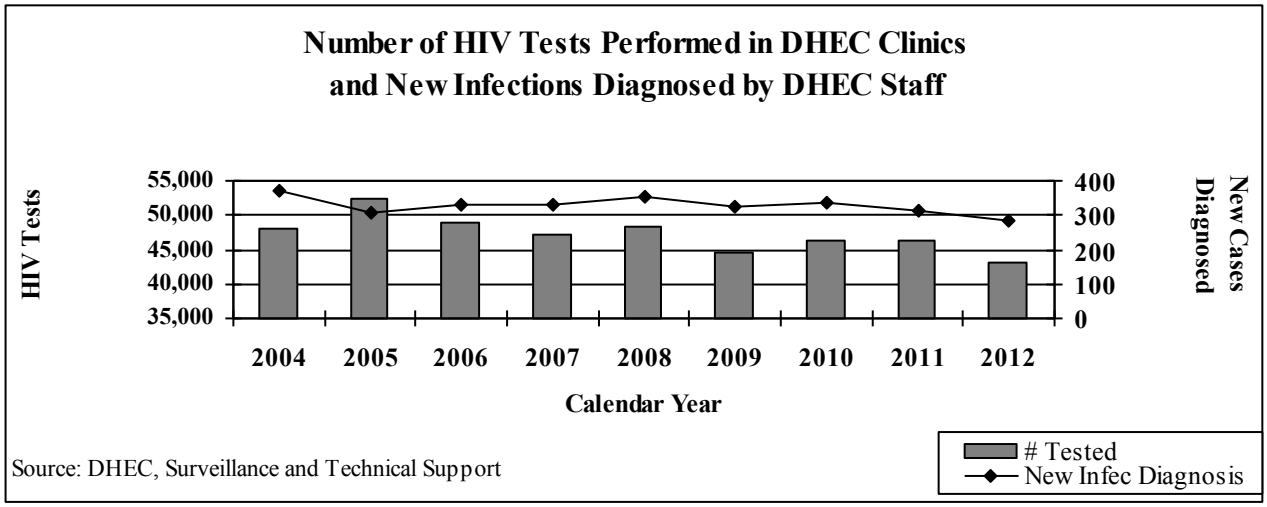
Influenza vaccine coverage rates for South Carolina school children aged 5 to 12 years old increased from 52 percent to 61 percent based on the most recent CDC reports. Coverage rates for 13 to 17 year olds actually decreased from 36 percent to 23 percent in this same report. Influenza is a serious disease that can lead to hospitalization and sometimes even death. CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses. DHEC is working to provide school-located flu clinics to assist parents in protecting their children against the flu.

Fig. 7.1.17



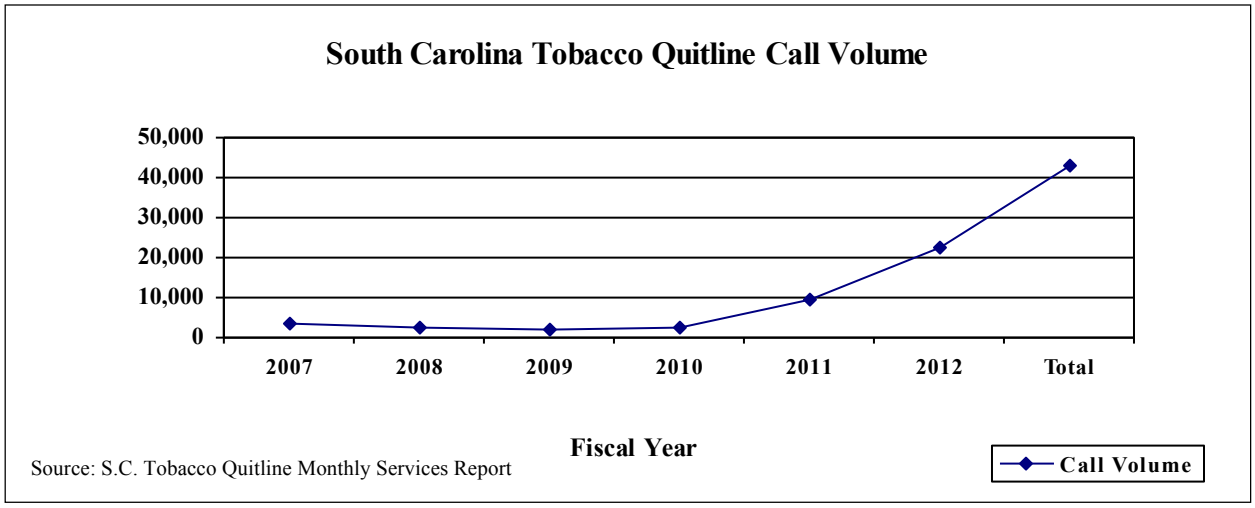
Based on the 2011 National Immunization Survey (NIS)-Teen, approximately 60 percent of 13 to 17 year olds in the state are protected against pertussis and approximately 55 percent are protected against meningococcal disease. While coverage for both Tdap (pertussis) and Meningococcal vaccines increased from 2010 to 2011, coverage rates for HPV vaccine decreased from 2010 to 2011. Adolescent vaccine coverage for South Carolina teens aged 13 to 17 years old is consistently lower than the national average. A new state Tdap vaccine requirement for 7th grade school entry is effective in August 2013. School immunization requirements are an evidence-based method to increase vaccine coverage rates.

Fig. 7.1.18



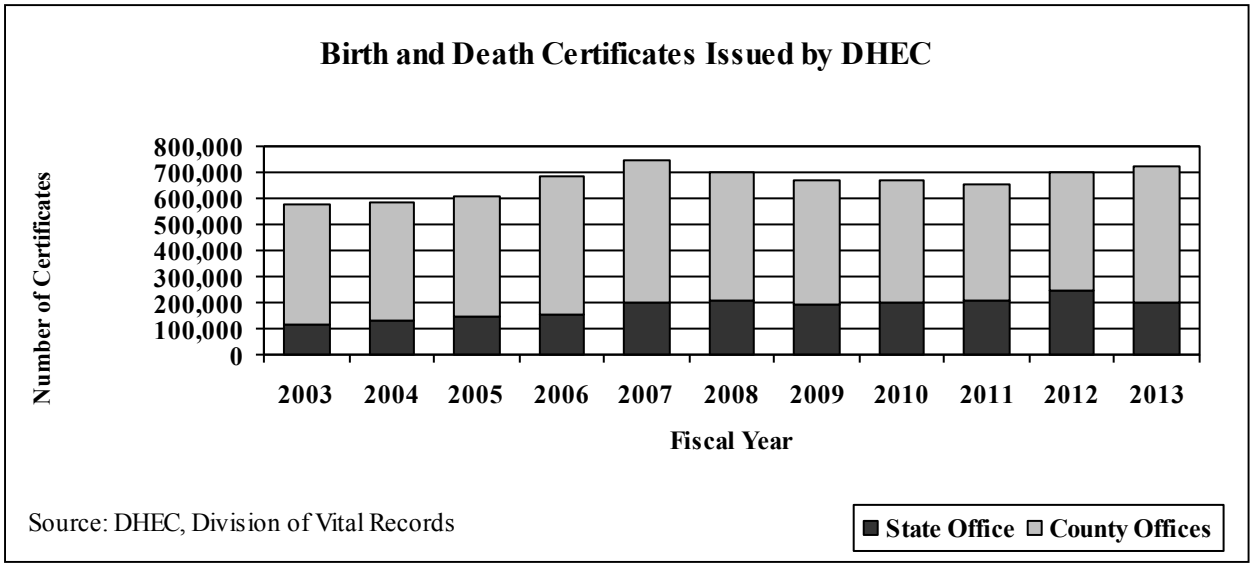
During 2012, DHEC clinics conducted 43,169 HIV tests, 285 of which represented new cases of HIV. Each year, 700 to 800 new cases of HIV are diagnosed in South Carolina, and more than 15,000 persons were known to be living with HIV/AIDS in the state. In general, the number of new cases of HIV infection in South Carolina is leveling off. Increased access to effective HIV treatments, as well as intense prevention and linkage to care services delivered by community organizations, local health departments and HIV service providers have contributed to slowing the annual rate of new HIV cases.

Fig. 7.1.19



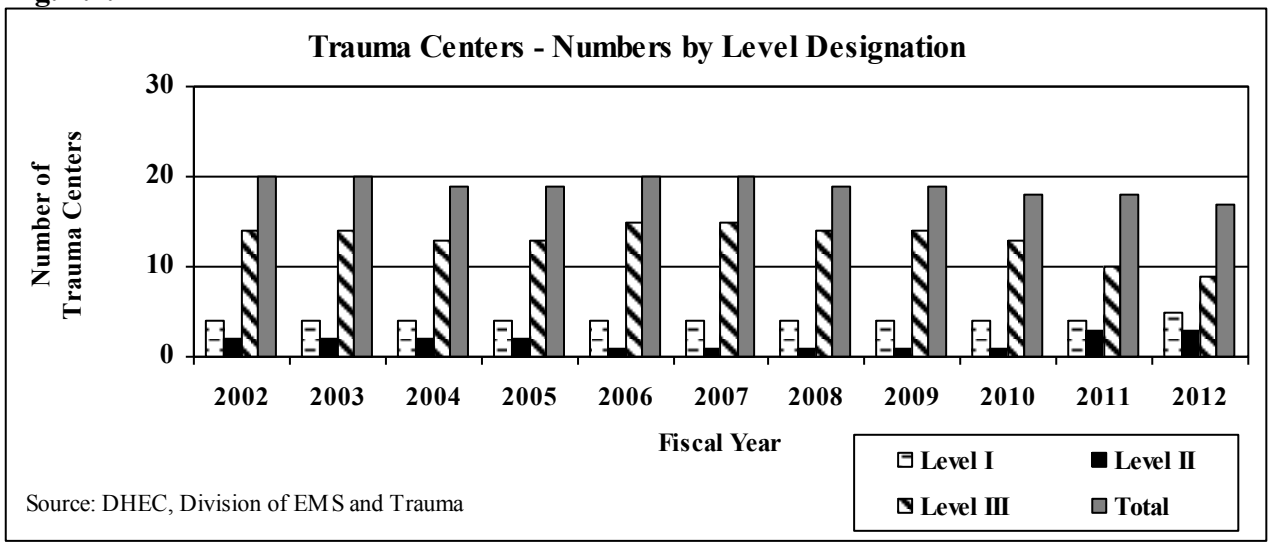
DHEC administers the S.C. Tobacco Quitline (Quitline) as a statewide service to improve public health outcomes by reducing tobacco use. Treatment emphasis is placed on providing quitting support to high risk population groups, such as pregnant smokers and youth, and to individuals who smoke and also suffer from chronic conditions. With state cigarette tax funding, DHEC was able to conduct a strategic media campaign to target high-risk smokers and to offer to callers who had no health insurance free Nicotine Replacement Therapy (NRT). These initiatives resulted in a 2.5-fold increase in call volume from the previous year, expanding the Quitline's overall reach to help tobacco users quit and improve the health of our state's citizens.

Fig. 7.1.20



DHEC maintains the official vital records system for births, deaths, fetal deaths, terminations, marriages and divorces in South Carolina. The state office in Columbia and the vital records offices located in the county health departments provide an essential service for all citizens in the state. Over 725,000 certifications were issued in the 2013 fiscal year. Ongoing technology upgrades, physical renovations and process modifications continue to increase efficiency and overall customer satisfaction during the certification and issuance process.

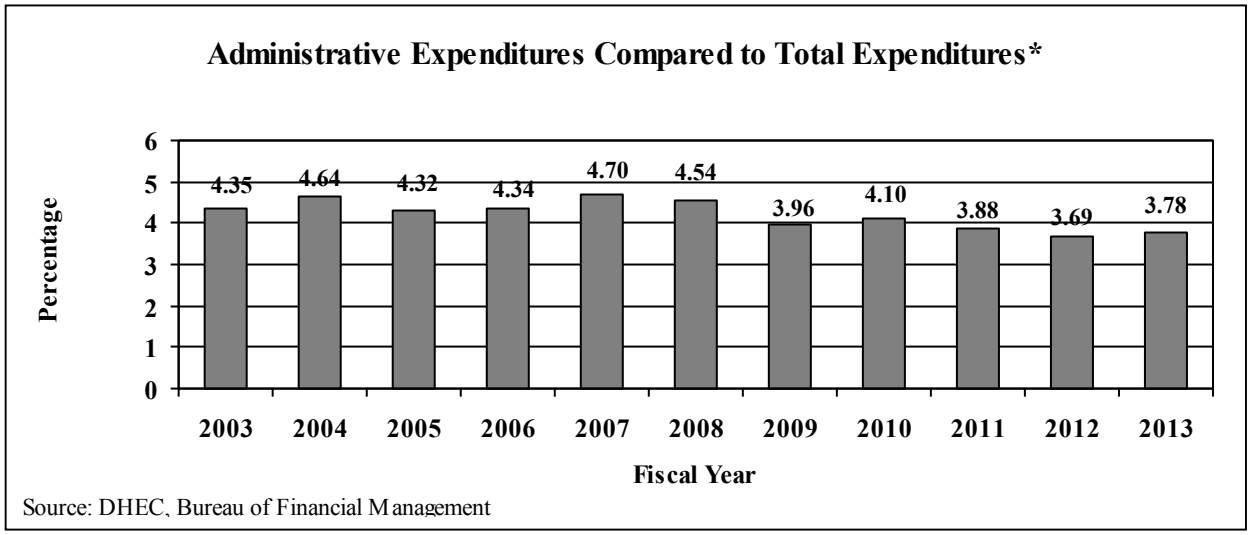
Fig. 7.1.21



The state currently has a total of 17 Trauma Centers (16 general trauma, 1 pediatric-specific). One of the centers has opted to drop out of the system and one new facility has applied for licensure. The agency continues to support the development of a statewide trauma network with regional planning, enhanced communication, and evaluation of the appropriateness of pre-hospital transports of patients within the system.

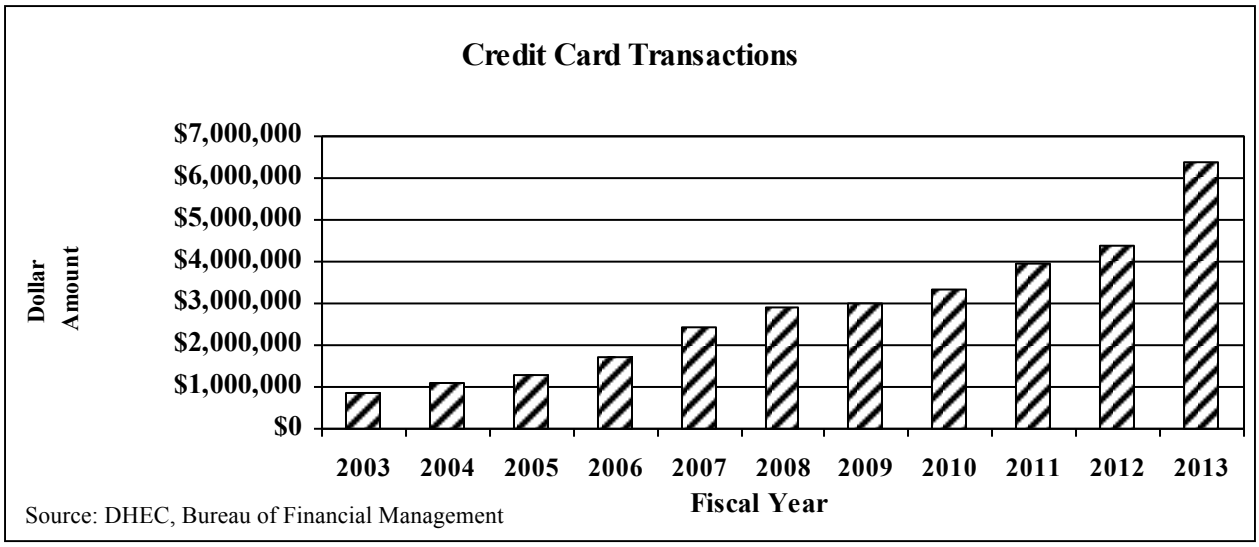
III. 7.2 Financial Performance Process and Results

Fig. 7.2.1



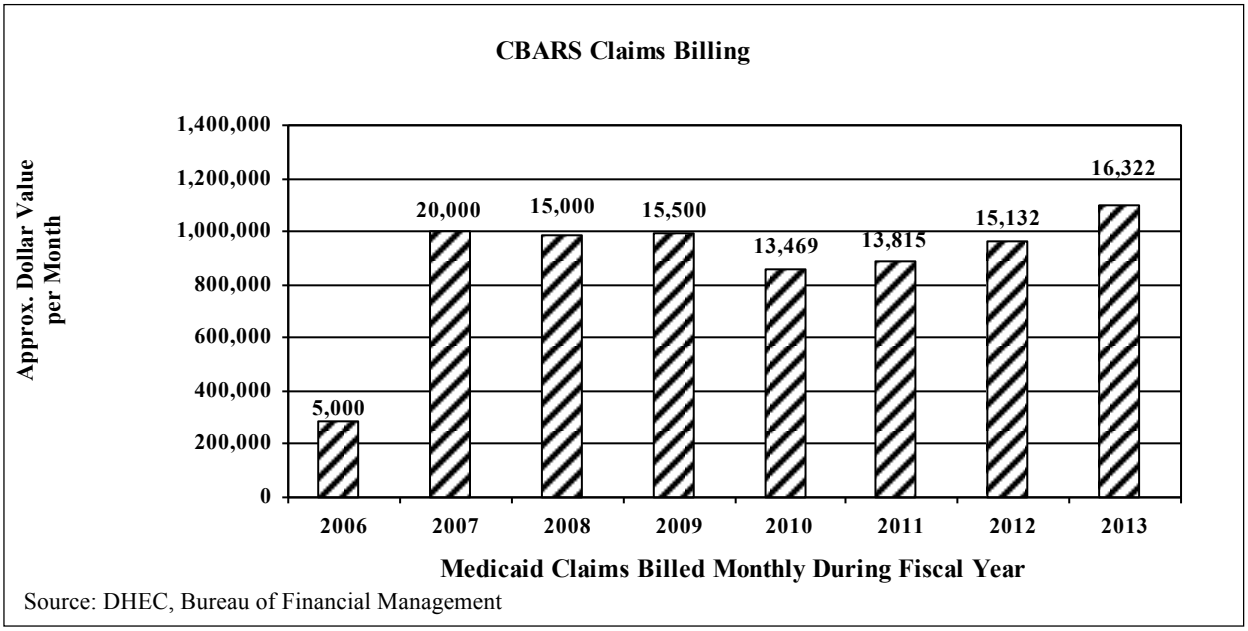
The agency always focuses on reducing and holding down its administrative costs. Since these figures are percentages, as the agency's budget varies, total administrative expenditures fluctuate accordingly.

Fig. 7.2.2



Credit card transactions from outside sources to the agency have increased significantly over the past few years as the system has been modified. In FY13, the Bureau of Financial Management processed $6,369,154 in credit card transactions. This is a $1,949,010 increase (44%) over last fiscal year. Customers have been pleased with this option and the availability of agency funds has been more timely.

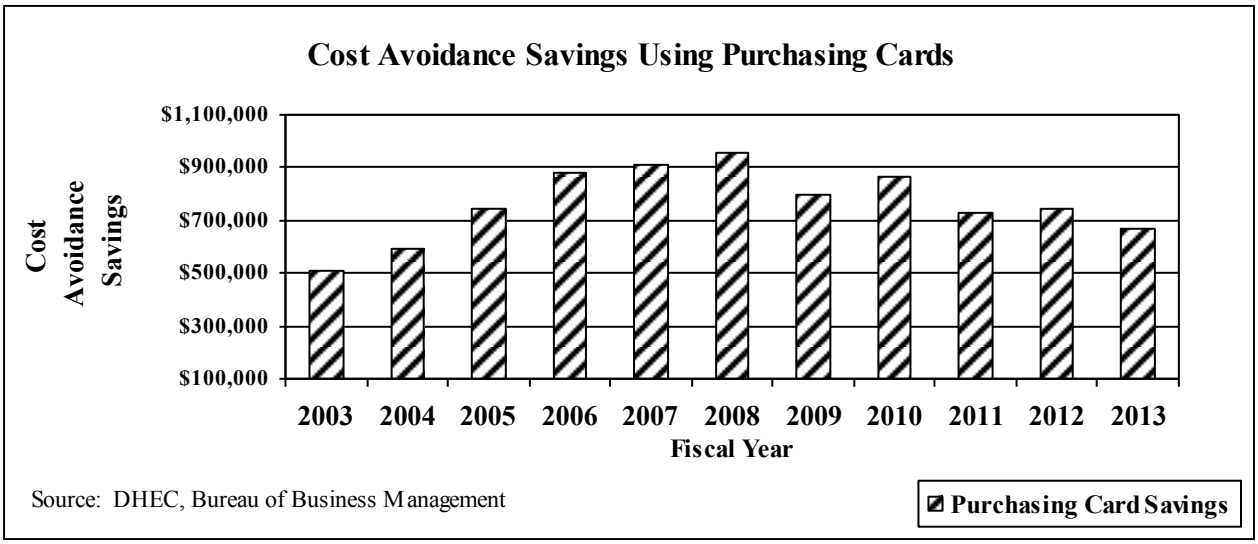
Fig. 7.2.3



Source: DHEC, Bureau of Financial Management

In FY13, using the Consolidated Billing and Accounts Receivable System, (CBARS), DHEC billed Medicaid for approximately 16,322 claims per month with a total dollar amount of approximately $1,101,921 per month. The increased efficiency in processing claims has resulted in more timely access to billing dollars owed.

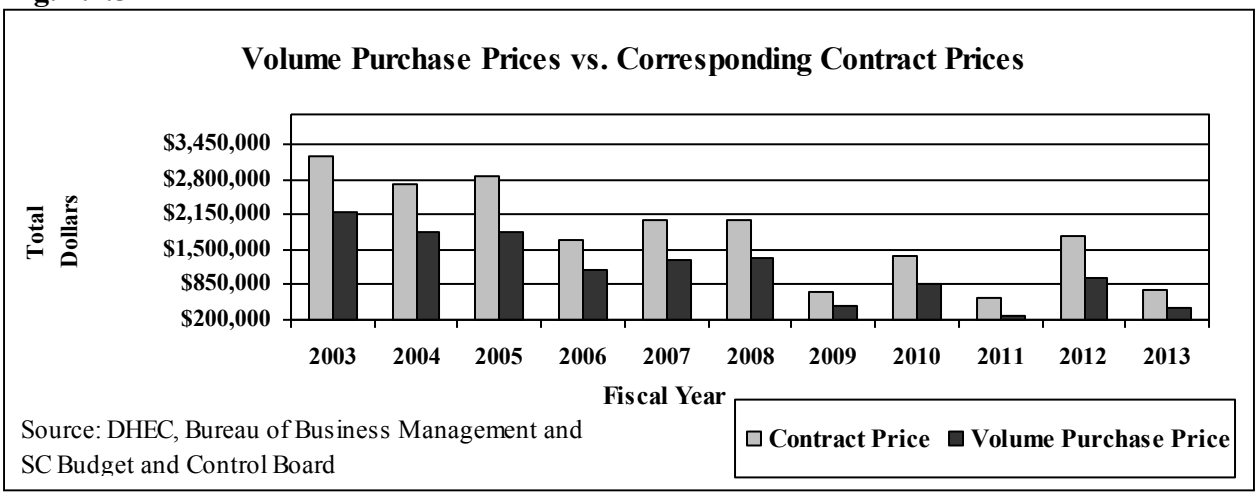
Fig. 7.2.4



Source: DHEC, Bureau of Business Management

DHEC continues to emphasize the usage of state purchasing cards to acquire goods instead of using purchase orders. During FY13, 11,103 purchases totaling $2,381,022.79 were made with cards. 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 purchasing cards rather than purchase orders, the agency has realized a cost savings of $666,180 this fiscal year. The agency also received a rebate in the amount of $16,280.62 as part of the contract terms.

Fig. 7.2.5



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

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 FY13, the agency's grouped purchases of 595 computers produced a cost avoidance of $322,030.97, which is 43.8 percent lower than using the state contract price. This process allows programs to maximize their purchasing dollars and redirect the savings toward the purchase of other needed items. By making the effort to group purchases, DHEC has saved approximately 35 percent each year than what would have been paid if the agency had used the state contract. The cumulative savings this program has generated since its inception in 2000 exceeds $7.25 million.

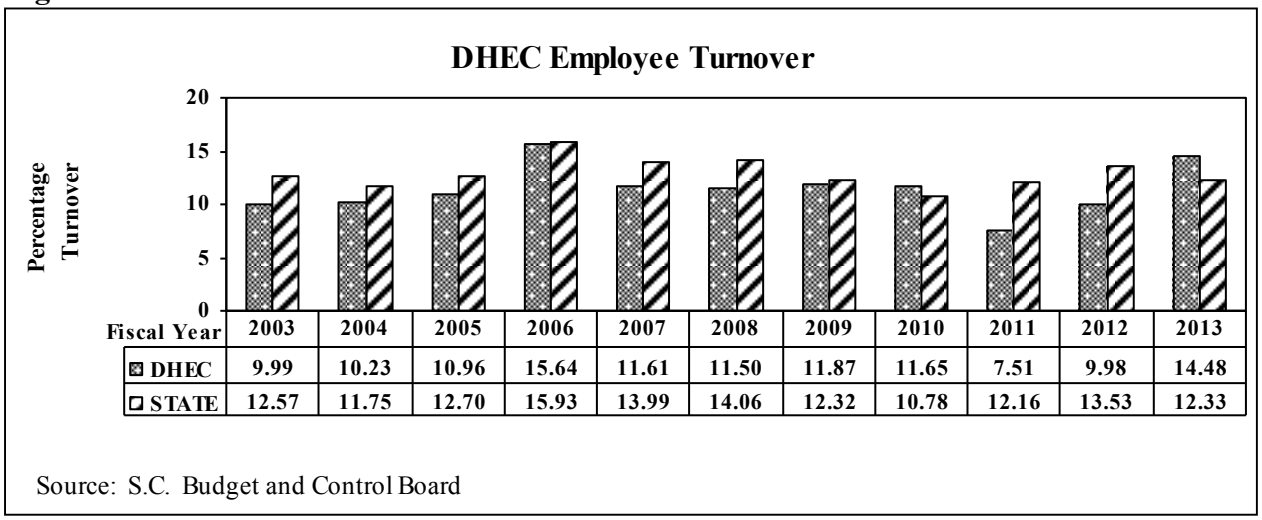
Fig. 7.2.6

Implementation of Internal Audit Recommendations			
Fiscal Year	**Number of Recommendations**	**Recommendations Implemented**	**Recommendations Outstanding**
2006	44	44	0
2007	69	69	0
2008	82	82	0
2009	17	17	0
2010	58	57	1
2011	15	15	0
2012	13	13	0
Totals	**298**	**297**	**1**

Over the past seven fiscal years, DHEC Internal Audits has made 298 recommendations to improve agency operations, internal controls and procedures. Of those 298 recommendations, 297 have been implemented with one outstanding. This shows a commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Agency's Administrative/Audit Committee. [Source: DHEC, Office of Internal Audits]

III.7.3 Work Force Results

Fig. 7.3.1

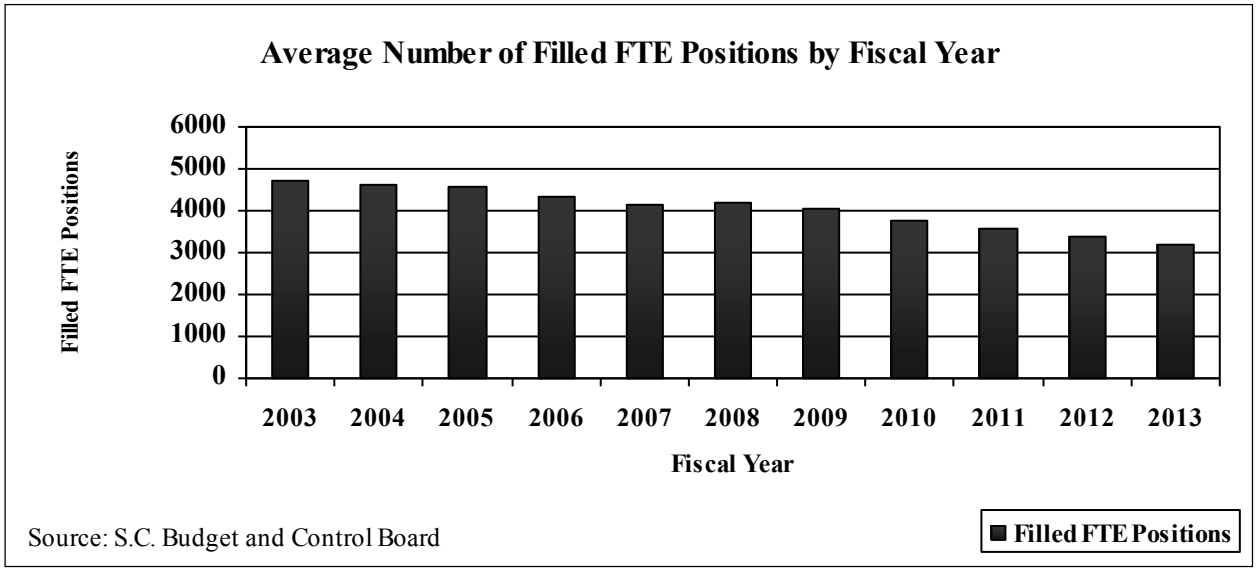


Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
DHEC	9.99	10.23	10.96	15.64	11.61	11.50	11.87	11.65	7.51	9.98	14.48
STATE	12.57	11.75	12.70	15.93	13.99	14.06	12.32	10.78	12.16	13.53	12.33

Source: S.C. Budget and Control Board

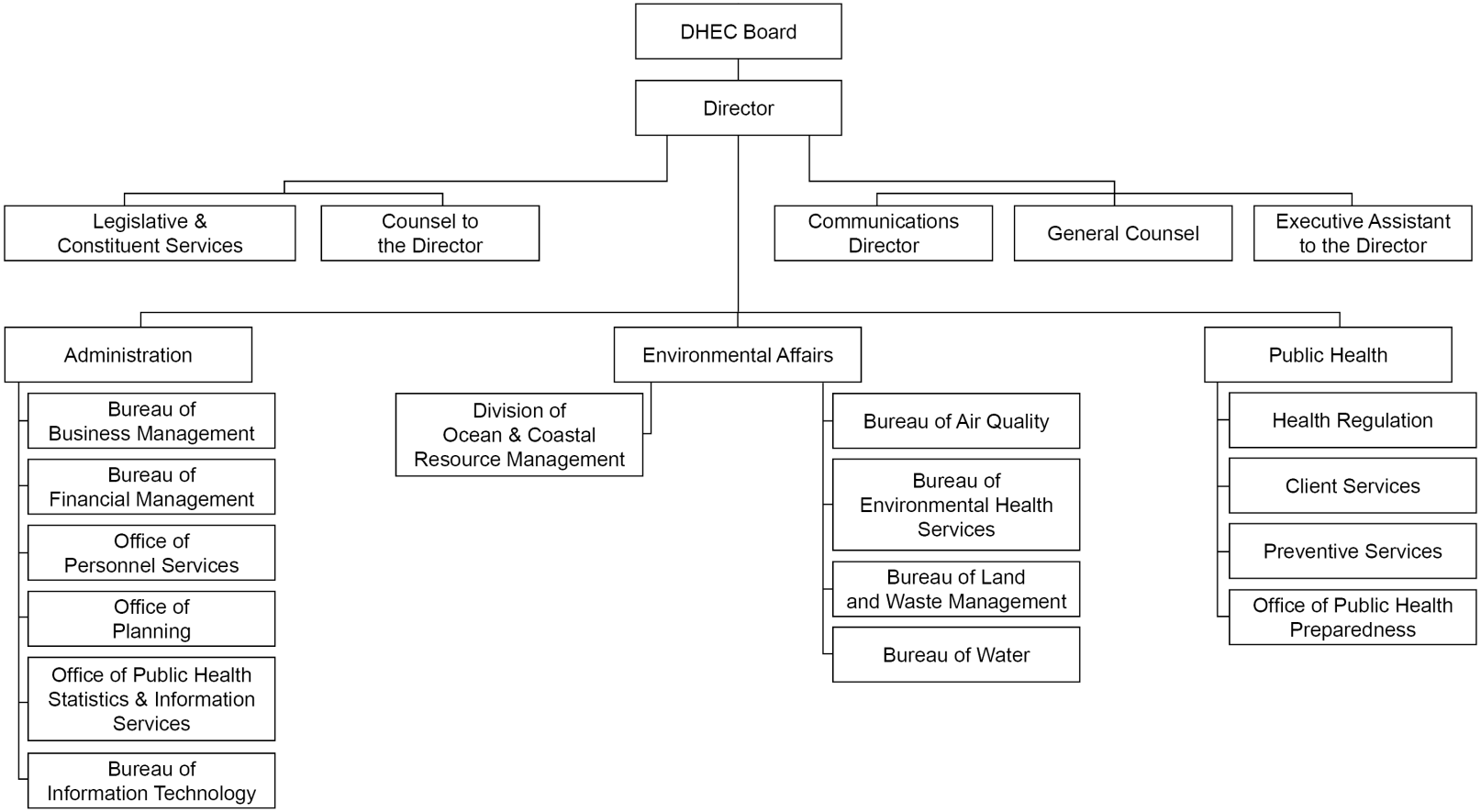
DHEC's turnover rate for FY12 increased to 14.48%. Much of this was due to the reorganization occurring in the different areas of the agency. The state turnover was 12.33%.

Fig. 7.3.2



The average number of filled FTE positions in the agency has continued a steady decline. DHEC lost 193 filled FTE positions last year. The agency had an average of 3,195 filled FTE positions, 2,070 fewer filled positions compared to the 2000 staffing levels. This also represents 1,901 positions fewer than staffing levels in 1988. 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.

Director's Office Organization Chart



D H E C
PROMOTE PROTECT PROSPER CR-010075 8/19/2013

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 11-12 Budget Expenditures	FY 12-13 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:** 5,333,012.52 **Federal:** 208,463.86 **Other:** 13,141,480.69 **Total:** 18,682,957.07 **% of Total Budget:** 4%	**State:** 5,222,756.27 **Federal:** 31,759.24 **Other:** 13,361,857.15 **Total:** 18,616,372.66 **% 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:** 1,791,068.92 **Other:** 820,447.02 **Restricted:** **Total:** 2,611,515.94 **% of Total Budget:** 1%	**State:** **Federal:** 1,629,814.75 **Other:** 606,177.71 **Restricted:** 18,411,114.64 **Total:** 20,647,107.10 **% of Total Budget:** 4%	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:** 6,968,391.07 **Federal:** 9,023,675.88 **Other:** 9,671,484.97 **Restricted:** 116,803.04 **Total:** 25,780,354.96 **% of Total Budget:** 5%	**State:** 7,731,181.92 **Federal:** 8,522,398.37 **Other:** 9,808,822.65 **Restricted:** 118,743.61 **Total:** 26,181,146.55 **% of Total Budget:** 5%	7.1.6 7.1.7
II.A.3 Environmental Health	Ensures a comprehensive approach to safe food supplies and ground water drinking water quality protection through permitting, inspections, public education and complaint response.	**State:** **Federal:** **Other:** **Restricted:** **Total:** 0.00 **% of Total Budget:** 0%	**State:** 9,757,983.88 **Federal:** 113,935.93 **Other:** 2,207,612.85 **Restricted:** **Total:** 12,079,532.66 **% of Total Budget:** 2%	7.1.8 7.1.9
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:** 840,802.64 **Federal:** 1,744,936.93 **Other:** 314,179.52 **Restricted:** 5,974.82 **Total:** 2,905,893.91 **% of Total Budget:** 1%	**State:** 724,095.90 **Federal:** 1,582,754.59 **Other:** 129,616.66 **Restricted:** **Total:** 2,436,467.15 **% of Total Budget:** 0%	
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 11-12 Budget Expenditures	FY 12-13 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:** 1,263,419.86 **Federal:** 2,449,624.41 **Other:** 7,438,322.39 **Restricted:** 279,290.62 **Total:** 11,430,657.28 **% of Total Budget:** 2%	**State:** 875,497.64 **Federal:** 2,871,124.30 **Other:** 7,009,789.34 **Restricted:** 333,184.55 **Total:** 11,089,595.83 **% of Total Budget:** 2%	7.1.1
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	**State:** 2,155,016.92 **Federal:** 7,760,682.61 **Other:** 1,593,089.88 **Restricted:** 5,501,211.35 **Total:** 17,010,000.76 **% of Total Budget:** 3%	**State:** 2,182,951.43 **Federal:** 7,396,389.97 **Other:** 3,255,272.63 **Restricted:** 7,693,510.10 **Total:** 20,528,124.13 **% of Total Budget:** 4%	7.1.2 7.1.4 7.1.5
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	**State:** **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:** 0%	**State:** **Federal:** **Other:** **Total:** 0.00 **% 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:** 19,201,579.04 **Federal:** 36,481,436.43 **Other:** 9,549,902.15 **Total:** 65,232,917.62 **% of Total Budget:** 13%	**State:** 14,298,722.14 **Federal:** 38,824,783.13 **Other:** 6,390,729.89 **Total:** 59,514,235.16 **% of Total Budget:** 12%	7.1.8 7.1.18 7.1.9 7.1.15 7.1.16 7.1.17
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:** 25,213.00 **Federal:** **Other:** **Total:** 25,213.00 **% of Total Budget:** 0%	**State:** 50,000.00 **Federal:** (4,811.35) **Other:** **Total:** 45,188.65 **% of Total Budget:** 0%	Pass Through Funds

* 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 11-12 Budget Expenditures	FY 12-13 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:** 2,006,454.34 **Federal:** 104,067,533.88 **Other:** 30,305,268.59 **Total:** 136,379,256.81 **% of Total Budget:** 28%	**State:** 2,025,993.90 **Federal:** 101,442,095.59 **Other:** 32,982,210.57 **Total:** 136,450,300.06 **% of Total Budget:** 28%	7.1.12 7.1.13 7.1.14
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conduced in hospitals with at least 100 births annually.	**State:** 414,801.10 **Federal:** **Other:** 0.00 **Restricted:** **Total:** 414,801.10 **% of Total Budget:** 0%	**State:** 335,685.70 **Federal:** **Other:** **Restricted:** **Total:** 335,685.70 **% 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:** 1,031,491.57 **Federal:** 10,955,621.82 **Other:** 422,694.21 **Total:** 12,409,807.60 **% of Total Budget:** 3%	**State:** 1,049,044.19 **Federal:** 11,789,638.05 **Other:** 160,513.44 **Total:** 12,999,195.68 **% of Total Budget:** 3%	7.1.10 7.1.11 7.1.19
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:** 0.00 **Federal:** **Other:** 190,264.91 **Restricte** 3,676,460.43 **Total:** 3,866,725.34 **% of Total Budget:** 1%	**State:** **Federal:** **Other:** 65,611.37 **Restricte** 2,980,725.84 **Total:** 3,046,337.21 **% of Total Budget:** 1%	7.1.19
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:** 22,263,096.28 **Federal:** 26,898,196.19 **Other:** 14,033,015.94 **Total:** 63,194,308.41 **% of Total Budget:** 13%	**State:** 20,777,776.89 **Federal:** 23,797,546.83 **Other:** 11,553,601.78 **Total:** 56,128,925.50 **% of Total Budget:** 11%	7.1.8 7.1.13 7.1.18 7.1.9 7.1.14 7.1.19 7.1.10 7.1.15 7.1.20 7.1.11 7.1.16 7.1.12 7.1.17

* 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 11-12 Budget Expenditures	FY 12-13 Budget Expenditures	Key Cross References for Financial Results*
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state.	**State:** 0.00 **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:** 0%	**State:** 0.00 **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:** 0.00 **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:** 0%	**State:** 0.00 **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:** 0.00 **Federal:** 0.00 **Other:** 1,892,802.45 **Restricted:** **Total:** 1,892,802.45 **% of Total Budget:** 0%	**State:** **Federal:** **Other:** 1,893,121.60 **Restricted:** 6,991.67 **Total:** 1,900,113.27 **% 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:** 630,592.29 **Federal:** 698,915.27 **Other:** **Total:** 1,329,507.56 **% of Total Budget:** 0%	**State:** 632,248.46 **Federal:** 691,405.35 **Other:** **Total:** 1,323,653.81 **% 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:** 5,165,833.17 **Federal:** 3,323,575.34 **Other:** 19,367,976.80 **Restricted:** **Total:** 27,857,385.31 **% of Total Budget:** 6%	**State:** 5,038,639.45 **Federal:** 2,821,731.54 **Other:** 19,662,124.26 **Restricted:** **Total:** 27,522,495.25 **% 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)	FY11-12 Budget Expenditures	FY12-13 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: 0.00 Federal: Other: 0.00 Total: 0.00 % of Total Budget: 0%	
II.E.7.b Sickle Cell Prof. Education	Provides funding for professional Sickle Cell Education in the hospital setting.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: Other: 0.00 Total: 0.00 % of Total Budget: 0%	
II.F.1 Health Care Standards-Radiological Health	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggages/security units.	State: 379,483.19 Federal: 56,126.11 Other: 750,472.37 Total: 1,186,081.67 % of Total Budget: 0%	State: 563,845.69 Federal: 99,002.40 Other: 708,843.52 Total: 1,371,691.61 % 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: 695,339.85 Federal: 138,604.47 Other: 163,580.12 Total: 997,524.44 % of Total Budget: 0%	State: 649,070.59 Federal: 131,150.87 Other: 110,817.64 Total: 891,039.10 % 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: 853,411.39 Federal: Other: 997,554.24 Total: 1,850,965.63 % of Total Budget: 0%	State: 862,794.70 Federal: Other: 966,722.88 Total: 1,829,517.58 % 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: 0.00 Federal: 3,979,924.43 Other: 0.00 Total: 3,979,924.43 % of Total Budget: 1%	State: Federal: 4,215,381.55 Other: Total: 4,215,381.55 % 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 11-12 Budget Expenditures	FY 12-13 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: 1,101,221.00 Federal: 160,538.34 Other: 295,899.88 Total: 1,557,659.22 % of Total Budget: 0%	State: 1,178,407.54 Federal: 98,592.12 Other: 244,512.37 Total: 1,521,512.03 % of Total Budget: 0%	7.1.21
II. F. 5.a Trauma Center Fund	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	State: 2,226,555.28 Federal: Other: 462,095.60 Total: 2,688,650.88 % of Total Budget: 1%	State: 2,267,507.58 Federal: Other: 23,363.65 Total: 2,290,871.23 % of Total Budget: 0%	7.1.21
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: 1,019,597.10 Federal: 2,371,166.96 Other: 7,568,322.70 Total: 10,959,086.76 % of Total Budget: 2%	State: 1,043,862.78 Federal: 2,371,475.57 Other: 7,169,021.74 Total: 10,584,360.09 % 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: 91,622.27 Federal: 2,382,151.86 Other: 3,605,200.11 Total: 6,078,974.24 % of Total Budget: 1%	State: 126,850.46 Federal: 2,203,460.15 Other: 3,671,954.26 Total: 6,002,264.87 % of Total Budget: 1%	7.1.20
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 14,890,197.82 Federal: 20,269,692.46 Other: 13,703,650.18 Restricted: 808,542.28 Total: 49,672,082.74 % of Total Budget: 10%	State: 15,131,979.23 Federal: 20,169,957.35 Other: 13,679,810.58 Restricted: 1,364,232.67 Total: 50,345,979.83 % of Total Budget: 10%	

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

SC Birth Defects, James R. Clark Sickle Cell, Beach Renourishment, Youth Tobacco PGM & Cessation, Beach Outfall Pipe Removal, Community Health Centers. ADAP Prevention, SC Coalition Against Domestic Violence, Kidney Disease Early Evaluation, Hemophilia-SC Bleeding Disorder, Beach Renourishment Trust Fund

	Remainder of Expenditures:	State: 1,977,946.53 Federal: Other: 0.00 Total: 1,977,946.53 % of Total Budget: 0%	State: 2,866,634.66 Federal: Other: 9,900.00 Total: 2,876,534.66 % 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.

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 12-13 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 7.3.1 7.2.2 7.3.2 7.2.3 7.2.4 7.2.5 7.2.6
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) Achieve cleanup standards of 67% of documented petroleum UST releases. 3) Reduce the percentage of confirmed petroleum releases from the active UST population.	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 12-13 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 7.1.15 7.1.16 7.1.17 7.1.18
II.E.1.a Palmetto Aids Life Support	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	Pass Through Funds

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 12-13 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
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.	7.1.12 7.1.13 7.1.14
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.	7.1.10 7.1.11 7.1.19
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.	7.1.19
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 7.1.9 7.1.14 7.1.19 7.1.10 7.1.15 7.1.20 7.1.11 7.1.16 7.1.12 7.1.17
II.E.4 Injury and Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	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	

Strategic Planning *

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	Improve the quality and years of healthy life for all. Eliminate health disparities.	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.	
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.	7.1.10 7.1.17 7.1.11 7.1.18 7.1.12 7.1.19 7.1.13 7.1.14 7.1.15 7.1.16
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. Improve the quality and years of healthy life for all Eliminate health disparities.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset; and 2) Reduce morbidity and morality among those with sickle cell disorders as well as decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	

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Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 12-13 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
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.	7.1.21
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.	7.1.21
II.G. 1 Health Surveillance	Increase support to and involvement by communities in developing healthy and	Monitor test turnaround times, test orders, workflows, test costs and productivity.	

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Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 12-13 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)**	**Key Cross References for Performance Measures***
Support Services - Health Laboratory	environmentally sound communities. Improve the quality and years of healthy life for all.		
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.	7.1.20
VIII. Employee Benefits - State Employer Contributions	Improve organizational capacity and quality.	State employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	

*DHEC includes all of our program numbers and titles for 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 12-13 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 deputy area.

Partial Listing of DHEC Information Systems & Data Sources Used for Decision Making	
Information System / Data Source	**Details**
South Carolina Enterprise Information System (SCEIS)	Statewide system for financial management, human resources and procurement
South Carolina Vital Record and Statistics Integrated Information System (VRSIIS)	South Carolina population based system for data collection, analysis and dissemination of vital statistics for monitoring population health status
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits and violation and enforcement actions to support regulatory requirements
Client Automated Record and Encounter System (CARES)	Client encounter and medical record tracking system for many aspects of clinical management
Home Health System	Manages operations and information for the Home Health program across the state
Birth Data Exchange Engine (BEE)	Uses birth population to support critical public health surveillance and legal verification for civil services (Birth Defects Surveillance, Newborn Hearing Screening, Medicaid Eligibility, etc.)
ReachSC	A system to support the CDC based network for rapid communication among various health and care providers (Health Alert Network) to respond to any emerging threats to public health
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
South Carolina Central Cancer Registry	Statewide cancer surveillance program; investigates cancer clusters
WebEOC	System that provides a common operating picture to respond to incidents and emergencies
Imaging	Tool for converting and storing paper documents and other media into an indexed electronic format for integration in various agency systems and processes
Geographic Information Systems (GIS)	Studies geographic impact of vital events, disease and environmental threats to develop effective approaches to improve health and environmental outcomes
Steton	System for field inspections of health facilities and restaurants
Pre-Hospital Medical Information System (PREMIS), State Medical Asset Resource Tacking Tool (SMARTT) & Credentialing Information System (CIS)	Suite of tools for the Emergency Medical Services program area for pre-hospital medical information, medical asset tracking and credentialing
Freedom of Information (FOI)	System for recording information related to FOI requests.
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
Pregnancy Risk Assessment Monitoring System & Behavioral Risk Surveillance System	Public Health Surveillance Survey Systems administered by DHEC
S.C. Community Assessment Network (SCAN) & Environmental Public Health Tracking	Web-based interactive data query systems for dissemination of health and environmental information
Laboratory Information Management Systems (LIMS)	Support for ordering and reporting laboratory tests, data analysis and lab resource and management activities for the environmental and health labs
National Violent Death Reporting Systems (NVDRS)	Death, victim and crime scene information collected from multiple state and local sources to assist policymakers and communities in violence prevention
Personal Cost Accounting System (PCAS)	System to track time worked related to different areas of operations for proper accounting
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