



Healthy People. Healthy Communities

Catherine E. Heigel, Director

Dear Chairman Henderson,

In response to your letter, dated March 3, 2017, that identified areas of interest of the members of the Healthcare and Regulatory Subcommittee, please find enclosed summary information for your review in advance of our next meeting.

The following subject matter areas are addressed:

Strategic Planning

- Leadership Development
- Efforts to Address Employee Performance
- Employee Engagement and Morale

Environmental Issues

- Regulation and Oversight of the Savannah River Site
- Carolina Water Services – Friarsgate and I-20 facilities
- Coastal Resource Management
- Office of Rural Water
- Onsite Waste Water (Septic Tank) Program

Health Issues

- Disease Control Response Efforts and Public Awareness
- Obesity Prevention Efforts
- Diabetes Prevention Efforts
- Maternal and Child Health Efforts and Collaborations with DHHS (Medicaid)
- Prescription Drug Monitoring Program
- Bureau of EMS Relationship with State Fire Marshal
- Public Health Laboratory and Equipment

Miscellaneous

- Environmental Affairs Laboratory and Equipment
- Certificate of Need (CON) Program
- Budget (Other/Restricted/Federal Revenues)
- Hotel and Motel Inspections
- Food Safety – Retail Food Establishment Inspections and Mobile Food Units

I hope that you find this information useful in your preparation. As always, if you have any questions or concerns, please let me know. I look forward to continuing our conversation about the work of our Department.

Sincerely,
Signature Redacted
Catherine E. Heigel

Catherine E. Heigel

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Leadership Development

Overview:

In July 2016, DHEC convened a 12-month leadership training program for a cohort of high-potential agency employees. The Leadership Excellence Achievement Program (LEAP) is designed to identify and develop future leaders to improve retention and foster a culture of operational excellence.

LEAP emphasizes the agency's core values and focuses on creativity and innovation, change management, and financial management. Participants receive a challenging and rewarding experience supported by three developmental tactics: on-the-job experiences and assignments; coaching and mentoring; and formal classroom training. LEAP is also a part of DHEC's succession planning efforts. The agency believes that investing in high-potential employees and giving them the opportunity to enhance their management and leadership competencies will ensure a future workforce that is capable of leading the agency.

By the Numbers:

Each LEAP cohort consists of approximately 25 employees across different functional areas and geographic regions within the agency.

LEAP participants will meet the following requirements:

- Demonstrated potential for assuming positions of greater responsibility and authority
- Possess effective communication skills
- Work well with others
- Go above and beyond normal work duties and hours to complete projects
- Minimum of one year experience at DHEC and successfully completed the probationary period

Partners:

DHEC has partnered with the Association of State and Territorial Health Officials (ASTHO) and the De Beaumont Foundation to fund the LEAP program. Along with five other states, the agency is participating in a learning collaborative designed to foster partnership and improve workforce development practices in state and local health agencies.

Status Update and Next Steps:

The Class of 2017 cohort will graduate in August 2017, and the next cohort (Class of 2018) will convene in September 2017.

LEAP 2016-2017 Program Schedule

Months	Topic	Speaker	Notes & Locations
6/16/2016	Welcome Reception and Orientation	Dir. Heigel, Marcus Robinson, Dr. Linda Salane, Training Team	Archives and History
7/13/2016	360 Edge, Herman Brain Dominance, Leadership	Nathan Strong, Dr. Linda Salane	Phillips Market Center
8/16/2016 & 8/17/2016	Interpersonal/(MBTI)	Katrina Spigner, Donna Rowe, Mark Morris	Saluda Shoals (1.5 days)
9/21/2016	Group Dynamics/ Quality Improvement	Nathan Strong, Jeremy VanderKnyff	Project Introduction; Harbison State Forest Log Cabin
10/19/2016	Change Management	Charles Weathers	Saluda Shoals
11/16/2016	Creativity	Linda Salane	Phillips Market Center
December 2016	Project Planning and Meeting with Liaisons		Project Month
1/18/2017	Public Speaking/Verbal Communication	Sharon Givens	Saluda Shoals- River Center
2/15/2017	Collaboration	Karen Sprayberry, Cynthia Peurifoy, Myra Reece, Donna Rowe	Saluda Shoals- River Center
3/15/2017	Mid-Point Project Presentation (.5) ASHTO/Budget(.5)	Darbi McPhail, ASTHO Site Visit, Jeremy Vanderknyff	Saluda Shoals- River Center
4/12/2017	Conflict Management	Diane Frea	Saluda Shoals- River
5/17/2017	Ethical Decision (.5) Preparation of Projects and Preliminary Reviews (.5)	Robin Rosenthal	Saluda Shoals- River Center
6/12/2017	Final Project Presentation & Final (.5) 11am-2pm	Jeremy Vanderknyff, Executive Leadership Team, Dir. Heigel	Saluda Shoals- River Center
7/12/2017	Resiliency	Ronald Harvey	Saluda Shoals- River Center
8/2/2017	Graduation	Dir. Heigel	Archives and History

Efforts to Address Employee Performance

Overview:

The agency seeks to empower employees to achieve agency goals and objectives through regular meetings, feedback and performance evaluations. Over the past year, the agency has made significant changes to its employee evaluation system to ensure that employees are regularly assessed, provided feedback, rated on their performance, and provided corrective supports, if needed.

Improving Performance Management:

1. In 2015, it was discovered that only approximately **37.5 percent of agency employees** received an Employee Performance Development Plan (EPDP) over the prior three years.
2. The EPDP completion rate has been so low, it's been impossible to identify the bottom 20 percent of performers.
3. The EPDP process has been revised and renamed **the Employee Performance Management System (EPMS)** and the complicated numerical system has been reduced to a 3-tiered rating system:
 - **Exceeds expectations** – consistently above the Performance Expectations and success criteria for the job throughout the rating period.
 - **Meets expectations** – meets the Performance Expectations and success criteria for the job.
 - **Does not meet expectations** – fails to meet the Performance Expectations and success criteria of the job.
4. EPMS features three stages of evaluations that are focused on how the employee is performing relative to the agency's core values and individual performance goals:
 - Planning Stage
 - Mid-year Review
 - Final Evaluation
5. **The EPMS process has been presented to employees as a foundation for a successful work environment** and also as a tool of professional growth and development.
6. **Human Resources Information Software (HRIS) is being implemented** to support performance management and will eventually include onboarding, recruiting, and succession planning. The electronic process, which is scheduled to be up and running in April 2017, will allow for a user-friendly, efficient process in which to conduct employees' evaluations.
7. With the new HRIS and EPMS tools, agency leadership will be able to query and sort employees not meeting expectations overall (or by any single rating measure) and develop performance improvement plans accordingly, by July 1, 2018.

Employee Engagement and Morale

Overview:

As part of change management efforts, DHEC places high importance on gauging and addressing employee morale. In June 2016, an Employee Engagement Survey was conducted as a way to measure how employees feel about their daily work and DHEC as an employer. The Office of Human Resources used the findings to establish goals for improving engagement and morale.

By the Numbers:

Approximately **60 percent of the agency's workforce** participated in the survey.

Five areas of engagement were assessed:

1. Organizational engagement and strategic alignment
2. Relationship management
3. Career development
4. Work environment
5. Internal communication

Top suggestions by employees to boost morale and make DHEC a better place to work included:

- Offer market competitive salaries and address internal salary disparities
- Establish a formal career development program that provides opportunities for professional growth and training
- Strengthen working relationships between coworkers and managers
- Recognize and value employees for high performance
- Improve the condition of DHEC facilities and ensure employees have access to adequate resources to perform job duties

Status Update and Next Steps:

DHEC has implemented the following improvements to address employee morale across the areas assessed in the survey:

Agency Initiatives in Progress	Areas of Engagement Addressed
The Leadership Excellence Achievement Program (LEAP) was launched in 2016 to identify and enhance high-potential future leaders across the agency. The first cohort will graduate in August 2017.	<ul style="list-style-type: none">• Relationship Management• Career Development• Organizational Engagement
IT Service Desk Self-Service Account Unlock – New feature that provides better, faster service. Unlock your own account simply and quickly without having to contact the Service Desk.	<ul style="list-style-type: none">• Work Environment & Culture
Salary – For current employees the agency is working to identify opportunities for advancement and competitive salary increases. DHEC has also worked with the Department of	<ul style="list-style-type: none">• Work Environment & Culture• Career Development

Agency Initiatives in Progress

Administration to obtain increased hiring salary ranges for some key healthcare positions like pharmacists, nurse practitioners, and epidemiologists.

Director's Town Hall Meetings – Director Heigel and various members of the Executive Leadership Team conduct regular town hall meetings in each region and across functional areas to meet employees, become more familiar with the work they do, and hear employees' concerns and suggestions.

Director's Award – The Director's Award was established in 2016 and is the agency's highest recognition presented to employees or teams who exemplify DHEC's core values. The Director's Award is given annually.

DHEC Career Fair – The event was held on March 7 at the Columbia Metropolitan Convention Center to help fill over 90 vacancies, including environmental health managers, nurses, nutritionists, IT, and administrative positions. Current employees were also invited to attend and express interest in other open positions across the agency. It is estimated that more than 1,000 people attended.

Talent Management System – The system will be implemented over the next year and includes an: 1) Employee Performance Management module to provide goal management, ongoing feedback and coaching, and performance assessments; and 2) Succession planning module that will identify, develop, and help retain top talent for the agency.

Worksite Wellness Program – The program is devoted to the health and wellness of employees. Examples of Wellness initiatives include:

- Employee fitness challenges (Bike Challenge, Billion Step Challenge, etc.)
- Annual Biometric Wellness Screenings offered to employees
- "Gold Star" recognition from SC Hospital Association for achieving the highest standard of tobacco-free excellence at work and service sites
- Breastfeeding friendly worksites with identified lactation rooms at most locations
- Additional notable initiatives: walking meetings, recreational sports leagues, employee discount for gym memberships, and Wednesday Walkers groups

Areas of Engagement Addressed

- *Relationship Management*
- *Internal Communications*
- *Work Environment & Culture*
- *Relationship Management*
- *Career Development*
- *Organizational Engagement*
- *Organizational Engagement*
- *Career Development*
- *Relationship Management*
- *Work Environment & Culture*
- *Relationship Management*

Regulation and Oversight of the Savannah River Site

DHEC's Role:

The Savannah River Site (SRS) is a U.S. Department of Energy (DOE) facility in Aiken, Allendale, and Barnwell counties. SRS focuses on cleanup, like many DOE sites around the nation, and is unique in that it is part of DOE's ongoing mission. DHEC regulates SRS through the issuance and enforcement of state air, water, and waste permits that govern environmental management to current standards. DHEC regularly inspects SRS for compliance with permits and regulations. In addition, DHEC oversees cleanup of contaminated areas at SRS and independent environmental monitoring on and around SRS.

By the Numbers:

SRS receives one of the largest site budgets in the DOE complex, usually only exceeded by Hanford in the State of Washington. Under DHEC's oversight of the SRS cleanup:

- **Eight high-level waste tanks** have been closed,
- **94 percent of legacy transuranic waste** has been disposed, and
- **80 percent of contaminated sites** at SRS have a cleanup decision in place.

The 2017 DOE federal budget request for SRS is **\$1.4 billion**.

Partners:

DHEC oversees cleanup of soil and groundwater at SRS in partnership with the U.S. Environmental Protection Agency (EPA). Many SRS permits have been issued by DHEC under EPA authorization. The U.S. Nuclear Regulatory Commission (NRC) monitors some high-level waste activities in coordination with DHEC. DHEC has partnered with the SC Nuclear Advisory Council on SRS high-level waste goals and objectives. In addition, DHEC serves as an ex-officio representative on the SRS Citizens Advisory Board, a forum for community feedback related to SRS. The agency also participates in national forums, such as the National Governors Association Federal Facilities Task Force, and serves on the DOE Environmental Management Advisory Board.

Background:

As a result of the Cold War and pre-regulated activity, SRS accumulated significant environmental liabilities, including 35 million gallons of highly radioactive and toxic liquid waste in aging underground storage tanks, 12,000 cubic meters of legacy transuranic waste, and over 500 areas of contamination. DHEC focuses on cleanup of the legacy waste and contaminated areas.

SRS is not only a cleanup site; it has an ongoing DOE mission. SRS is home to H Canyon, a one of a kind nuclear material processing facility. SRS also currently maintains tritium supplies and hosts the Savannah River National Laboratory.

SRS has accumulated a large amount of plutonium and spent fuel from around the nation and world in support of national nonproliferation goals. These types of materials are not generally regulated by DHEC. SRS has been constructing the Mixed Oxide Fuel Fabrication (MOX) Facility to process the

plutonium into fuel for use in commercial reactors. The plutonium disposition is addressed in federal law.

Hazardous Waste Cleanup

DHEC also oversees cleanup of contaminated areas at SRS, including soil, groundwater, and surface waters. This cleanup is largely conducted by the authority of a Hazardous Waste Permit and pursuant to a Federal Facility Agreement (FFA). The FFA is a tri-party agreement between SRS, DHEC, and EPA, and establishes a team approach to remediation. The team approach fosters collaborative and efficient real time decision-making to ensure that the requirements of all the parties are integrated into comprehensive cleanup decisions. This team approach has resulted in protective cleanup decisions at **80 percent of the over 500 contaminated areas at SRS**, and incorporated innovation; for example, making cleanup decisions on multiple contaminated areas at once to gain efficiencies of scale, and has finished several large projects (T and M Areas) ahead of schedule at significant cost savings.

Additionally, the in-situ stabilization of the P and R Reactor Buildings and Disassembly Basins was completed in 2011 and 2010, respectively, **making them the first successful closure of plutonium production reactor buildings for national defense within the DOE complex nationwide**. Cleanup of the site will continue into the 2060's under a schedule set through the FFA.

Tank Closure and Risk Reduction

DHEC also focuses on legacy waste disposition. DHEC has utilized flexibility in regulations to facilitate disposition of over 94 percent of legacy transuranic waste. Much of this waste has been disposed in the Waste Isolation Pilot Plant (WIPP) in New Mexico, leaving approximately 600 cubic meters remaining at SRS for ultimate shipment and disposal.

One of the biggest remaining legacy waste challenges at SRS is the 35 million gallons of highly radioactive and toxic liquid waste in aging tanks. Although DHEC has collaboratively contributed to great past success in waste treatment and tank closure, **this waste remains the single largest environmental threat in SC.** It is critical that the waste be treated and the tanks closed in a timely manner for risk reduction.

DHEC has several regulatory mechanisms that require treatment and closure on a schedule in accordance with DHEC-approved plans. DHEC has worked with DOE to develop plans that reduce risk and minimize radioactive residuals in SC. DHEC has permitted several large and pilot-scale treatment facilities for this liquid waste, some of which are the only operational facilities of their kind in the nation. Since 1996, a treatment facility has operated to treat the sludge portion of this waste to a glass form. The treated glass waste form is intended to be disposed of in a federal repository once one is approved. A large Salt Waste Processing Facility (SWPF) has recently been constructed under a permit with startup scheduled for December 2018. The existing treatment facilities have enabled closure of eight liquid waste tanks at SRS, under DHEC-approved closure plans with input from the public, EPA and the NRC. A Dispute Resolution Agreement, signed in 2016, commits DOE to additional and accelerated treatment capacities.

Waste storage continues in 43 tanks; 16 of these tanks, without adequate secondary containment, are under a DHEC closure schedule. The startup of treatment in the SWPF is designed to reduce tank

volumes more quickly; however, DOE still projects waste treatment and tank closure into the 2030s. Sufficient federal funding is imperative to reduce this legacy risk and meet regulatory schedules.

Continued Surveillance and Oversight

Due to the unique nature of activities at SRS, DHEC's emergency preparedness personnel maintain the capability to assess radiological incidents and communicate regularly with SRS to be aware of current issues. DHEC also conducts independent environmental surveillance and oversight that performs radiological and non-radiological monitoring on and around SRS for air, soil, water, fish, game, vegetation, milk, sediments, and drinking water. To date, DHEC monitoring results have been consistent with SRS generated data.

DHEC remains committed to SRS oversight and preparedness, with a focus on reduction of risk to human health and the environment.

Saluda River – Carolina Water System – Friarsgate Facility

DHEC's Role:

Pursuant to the Pollution Control Act and the federal Clean Water Act, DHEC regulates discharges of treated wastewater to rivers.

By the Numbers:

Carolina Water Service (CWS), Inc., owns and is responsible for the proper operation and maintenance of the wastewater treatment facility located off of Irmo Drive, serving residents of the Friarsgate Subdivision, in Lexington County. The CWS/Friarsgate wastewater treatment facility serves about 3,800 customers (primarily residential). The facility has a discharge permit allowing 1,200,000 gallons per day to the Saluda River at Saluda Shoals Park.

Partners:

DHEC's permitting is required to concur with the regional wastewater plan developed by the Central Midlands Council of Governments and approved by the federal EPA. This "master plan" for wastewater discharges identifies this CWS facility as needing to connect to a regional sewer system – and thereby eliminate the discharges to the Saluda River (along with other facilities).

Background:

The Friarsgate discharge became a public health issue in the summer of 2016 when it had operational problems that led to improperly treated wastewater being discharged for a period of time. DHEC staff issued a swim advisory, conducted numerous inspections, and oversaw interim corrective measures to return the facility to proper operating status. **DHEC subsequently issued a consent order with a civil penalty of \$78,940 and directed the facility to make further improvements.** This facility, unlike the I-20 facility, does not have a regional sewer system proximate that has the capacity to take the flow and thereby eliminate the discharge to the Saluda River.

Status Update and Next Steps:

The CWS/Friarsgate situation has been resolved, although DHEC continues to monitor needed long-term improvements as specified in the consent order. **The order requires, amongst a host of other remediation actions, a Corrective Action Plan to be submitted in March 2017,** which will contain a plan for further required short and long-term improvements.

Saluda River – Carolina Water Systems – I-20 Facility

DHEC's Role:

Pursuant to the Pollution Control Act and the federal Clean Water Act, DHEC regulates discharges of treated wastewater to rivers.

By the Numbers:

Carolina Water Service (CWS), Inc., owns and is responsible for the proper operation and maintenance of the wastewater treatment facility (WWTF) located in the Laurel Meadows area of Lexington County. This WWTF serves about 2,200 customers (primarily residential) and has a discharge permit to the Saluda River allowing up to 800,000 gallons per day. The discharge is located near the I-20 Bridge.

Partners:

DHEC's permitting is required to concur with the regional wastewater plan developed by the Central Midlands Council of Governments and approved by the federal EPA. This "master plan" for wastewater discharges identifies this CWS facility as needing to connect to a regional sewer system -- and thereby eliminate the discharge to the Saluda River (along with other facilities).

Background:

This facility is in proximity of a regional sewer line owned by the Town of Lexington that was built, in part, to take the wastewater flow out of the Saluda River and move it to a regional treatment plant. Recently, **DHEC denied renewal of the CWS discharge permit and issued administrative orders to CWS and the Town of Lexington to require the CWS flow to be connected to Lexington's sewer system** -- which would eliminate the discharge to the Saluda River. The permit decision and orders were appealed by CWS and the Town, and are being reviewed by the SC Administrative Law Court. The Congaree Riverkeeper has also intervened as a party in the permit denial contested case. CWS is also defending a federal law suit from the Congaree RiverKeeper about the same topic. DHEC is not a party to this latter suit.

Status Update and Next Steps:

On August 1, 2016, DHEC denied renewal of the National Pollutant Discharge Elimination System (NPDES) permit for the CWS I-20 Wastewater Treatment Plant in Lexington County. Additionally, DHEC issued administrative orders directing the Town of Lexington and CWS to develop a coordinated transition plan to safely shut down the facility and eliminate wastewater discharge into the Saluda River. The orders gave the Town of Lexington and CWS 60 days to submit a coordinated plan to DHEC detailing how CWS will interconnect the wastewater discharge from the I-20 plant to Lexington's sewer system. Within 12 months, CWS must complete the tie into the Lexington sewer system, shut down the I-20 facility, and eliminate discharge into the Saluda River.

The CWS/I-20 and Town of Lexington situation has been appealed and is currently being addressed as a contested case at the Administrative Law Court. The outcome of this case will set the stage for the next steps. In the meantime, the provisions of the DHEC orders are stayed pending disposition of the appeals.

Coastal Resource Management

DHEC's Role:

The Office of Ocean and Coastal Resource Management (OCRM) implements the state's Coastal Management Program under authorities established through the federal Coastal Zone Management Act (16 US Code Chapter 33) and the SC Coastal Tidelands and Wetlands Act (SC Code Ann. §48-39-10 *et seq.*)

The mission of the SC Coastal Management Program (SCCMP) is to protect and enhance the state's coastal resources by preserving sensitive and fragile areas while promoting responsible development in the eight coastal counties of the state. SCCMP is implemented through:

- Direct permitting of beachfront activities and wetland alterations within defined Critical Areas (coastal waters, tidelands, beaches, and beach/dune systems),
- Certification of federal and state permits in the 8 counties of the SC Coastal Zone, and
- Technical, planning, and financial assistance to local governments and the public to resolve coastal resource issues.

By the Numbers:

Coastal SC provides resources for a vast range of competing interests vital to the state's economy. SC has **2,344 miles** of beachfront and estuarine coastline. Additionally, over **1.2 million people** live in the **eight coastal counties**. OCRM balances the needs of diverse stakeholders through implementation of the SCCMP. During the 2016 Fiscal Year:

- Coastal Zone Consistency staff issued **211 federal and 1,696 state consistency determinations**;
- Wetland Permitting and Certification staff took action on over **1,800 Critical Area requests**, including major and minor permits, permits issued jointly with the U.S. Army Corps of Engineers, Critical Area line delineations, and maintenance and repair notifications; and
- Compliance and Enforcement staff performed over **750 compliance inspections and 139 incident investigations**.

Partners:

- Coastal Counties and Municipalities
- Three regional Councils of Government
- SC Marine Association
- National Estuarine Research Reserves (ACE Basin and North Inlet/Winyah Bay)
- Coastal States Organization
- **Partnering state agencies:** SC Department of Natural Resources (DNR), SC Energy Office, SC Emergency Management Division (EMD), SC State Ports Authority, SC Department of Archives and History (DAH), SC Parks, Recreation and Tourism (PRT), and SC Sea Grant Consortium
- **Partnering federal agencies:** National Oceanic and Atmospheric Administration Office for Coastal Management, Bureau of Ocean Energy Management, U.S. Army Corps of Engineers, U.S. Coast Guard, U.S. Geological Survey, U.S. Environmental Protection Agency, and U.S. Fish and Wildlife Service

Office of Rural Water

DHEC's Role:

State regulations require DHEC to implement the Clean Water Act and Safe Drinking Water Act programs. The agency has historically found that small, rural water and wastewater systems have struggled the most to comply with these regulations. The Office of Rural Water was established to facilitate collaboration between internal and external resources to assist these rural systems in complying with regulations. The Office is currently working on these issues:

- Lead in Drinking Water
- Water System Partnerships
- Technical Assistance (TA)
- Funding Opportunities for Rural Communities
- Environmental Justice (EJ)
- Community Engagement

Additionally, the Office of Rural Water helps guide local municipalities to ways to identify funds to meet their needs. These funds are often available for upgrades or consolidation.

By the Numbers:

One prominent example of the disparity in regulatory compliance has recently been seen with the Lead and Copper Rule (LCR). Of the 695 water systems sampled for lead in tap water from 2011 through 2015:

- **667 water systems (or 96 percent)** did not report a lead exceedance (greater than .015 mg/L).
- **No large public water systems** (serving more than 50,000 customers) exceeded the EPA's lead action level.
- **28 water systems (or 4 percent)** had a sampling round that exceeded the U.S. Environmental Protection Agency's lead action level of greater than 15 parts per billion. Those public water systems were mostly smaller providers.
- Half, 14, of the systems that had an action level exceedance served 102 customers or less.

Partners:

SC Rural Water Association (SCRWA); Southeast Rural Community Assistance Project; various financial aid groups/entities; and various councils of governments, counties, and municipalities.

Background:

The Office of Rural Water was created in May 2016. Early efforts focused on a special study regarding the status of lead in drinking water in SC. The Office also reviewed existing Bureau of Water (BOW) programs and internal/external resources to determine areas where the agency could be more proactive with rural communities. It was determined that water system partnerships and wastewater technical assistance would be areas of focus for the Office.

Onsite Waste Water (Septic Tank) Program

DHEC's Role:

The Onsite Waste Water (OSWW) program evaluates individual sites for the suitability of an onsite wastewater treatment system, issues permits to construct these systems, and performs final inspections of installed systems to determine if they have been constructed according to the issued permit. OSWW reviews applications and as-built plans prepared by professional soil classifiers and engineers for specialized septic systems. In addition, OSWW investigates complaints regarding septic system malfunctions and certifies and regulates septic system installers, pumpers, and product manufacturers.

This authority is granted to DHEC under SC Code Section 44-1-140 and the OSWW regulations: R.61-55, R.61-56, R.61-56.1, and R.62-56.2.

By the Numbers:

- Since January 1, 2005, our OSWW team has permitted **more than 166,000** onsite wastewater systems.
- In 2016, DHEC received **11,403 applications** and issued **9,576 permits**.
- The average statewide timeframe from activation date, the date the site is prepared, to construction permit issuance was **12.26 calendar days**.
- Currently there are **69 onsite wastewater staff**.

Partners:

DHEC partners with developers, homebuilders, engineers, soil scientists, and septic tank contractors to ensure that onsite wastewater disposal systems do not pollute the state's ground or surface waters.

Background:

Onsite Wastewater Systems, Regulation 61-56, was originally promulgated pursuant to 1976 SC Code Section 44-1-140 and last amended on May 27, 2016. This Regulation governs the methods of disposition of sewage and prescribes design, construction, and installation standards for onsite wastewater systems (septic tank systems). The May 2016 amendment clarified specific requirements through refined definitions and improved uniformity and consistency of applications for installation of onsite wastewater systems by using updated, uniform, and consistent information sources. It also provided clarity regarding the use of a professional engineer to submit an application for a conventional system. Additional regulations related to the onsite wastewater program are:

- R.61-55 – Septic Tank Site Evaluation Fees – **fee of \$150** to evaluate a site of an individual sewage disposal system
- R.61-56.1 – License to Construct or Clean Onsite Sewage Treatment and Disposal Systems and Self-Contained Toilets
- R.61-56.2 – Licensing of Onsite Wastewater Systems Master Contractors

Process:

As part of the OSWW permitting process, the applicant is required to submit an application to the agency. The application identifies the steps to prepare and activate the site and the specific information required to evaluate the site's suitability for an onsite wastewater system. Applicant also pays a \$150 site evaluation fee.

Once notification is received that the property is ready for an evaluation, an OSWW team member will visit the site to determine if the land is suitable for a septic system. The team looks at:

- Soil type (only certain types of soils work well for septic systems)
- Soil samples (borings) are taken to classify the soil by its characteristics: color and texture. This evaluation determines if the soils are suitable for an onsite wastewater system. Many years ago a "Perc Test" was used.
- Slope of the lot to see if a system will work and how the system must be built
- Information provided in the application:
 - Calculate the specific system size requirements based on the number of bedrooms in the proposed house plan
 - Review the location of both public and private wells on or near the site, property lines, surface waters, buildings, drainage ditches, planned house footprint, driveway, outbuildings, etc.
 - Measurement of distances to determine if there is enough room to install the septic tank, drain field, and repair area

If the site is suitable for a conventional or alternative OSWW system, a construction permit is issued to the applicant. If the soils are not suitable and DHEC cannot issue a permit for a conventional or alternative system, the applicant is provided options. These options could include fewer bedrooms, a different site on the property, the need for additional property, or hiring a licensed Professional Engineer and Professional Soil Classifier to design an "engineered" or specialized system.

Once the OSWW system is installed, the installer contacts DHEC and a final inspection of the system is conducted. The installer calls by 10:00 a.m. the day before the final inspection is needed so DHEC staff can get it on the schedule. If the system was installed in accordance with the construction permit, an operating permit is issued.

The OSWW program continuously evaluates processes and procedures to ensure **continuous improvement**.

In addition, the agency is currently conducting an internal review of statute, regulations, and procedures to determine any further efficiencies can be identified or if regulatory changes are needed.

To meet customer needs and evaluate sites as quickly as possible, the agency shifts staff resources to areas with high demand to issue permits within its goal of 20 business days of activation. In areas where the agency has activated sites but they have not been evaluated within 10 business days, DHEC staff will contact the applicant to give them a target date for their site evaluation.

Disease Control Response Efforts and Public Awareness

DHEC's Role:

The Division of Acute Disease Epidemiology (DADE) is responsible for surveillance and control of reportable communicable diseases that may pose a public health threat. This is accomplished in part by close collaboration between DHEC's medical consultants and epidemiologists working in the central office and the regions and healthcare providers, laboratories, and facilities that are required to report conditions to the agency.

- SC Law (44-29-10) requires reporting of specified contagious and infectious diseases and conditions to DHEC. A comprehensive list of these diseases and instructions of how and where to report can be found on DHEC's website at: <http://www.scdhec.gov/Library/CR-009025.pdf>.
- Regulation (61-20) establishes that DHEC shall investigate a known or suspected Case of a Reportable Condition within the state and within the designated time frame for the condition in accordance with Centers for Disease Control and Prevention (CDC) or agency protocols.

By the Numbers:

In 2016, DADE:

- Investigated nearly **12,000** probable and confirmed cases of reportable communicable diseases; and
- Regional and central office disease control staff conducted almost **250** disease outbreak investigations.

These numbers do not reflect the thousands of additional reports that required preliminary investigation to be ruled out as probable or confirmed case reports.

Reporting and Response:

Healthcare providers, laboratories, and facilities are required to report conditions within specified timeframes depending on the urgency of the needed public health response. These times are, immediately by phone, within 24 hours, or within three days.

DHEC's medical epidemiologists and medical consultants are on call in each of the four public health regions and DADE, and are reachable by an answering service to respond to reports 24/7.

Regional and central office disease control staff conduct coordinated efforts to respond to communicable disease threats by:

- Conducting investigations to identify the source of infections;
- Implementing control measures to interrupt transmission by assuring that individuals who are infectious are treated, isolated, or excluded from group settings, as appropriate;
- Assuring preventive treatment or vaccination of contacts when indicated;
- Eliminating point sources of infection like contaminated food products; and

- Notifying individuals and populations that are identified contacts or potentially at risk of exposure of recommended measures to prevent or reduce the risk of infection.

These investigation and control activities follow recommended CDC guidelines and public health best practices. To comply with federal grant performance measures, DADE monitors our response time to reported outbreaks.

Over the past several years, DHEC has **met the expectation to initiate response activities within one hour of the outbreak being reported to the agency over 90 percent of the time.** Outbreak reports are created for each to monitor compliance with best practices.

Improvements are continually made through revisions in guidance, policies or procedures, and ongoing training for response staff.

Partners:

An effective disease surveillance system is essential for detecting communicable diseases and implementing prevention and control measures. Regional epidemiology staff make annual visits to hospitals and larger outpatient practices to provide education about reporting requirements and to encourage timely reporting of conditions. DADE distributes guidance statewide to healthcare providers, laboratories, and facilities. If delays in reporting occur, DHEC medical consultants and epidemiologists follow up with partners to offer education about disease surveillance and assist in eliminating barriers to prevent future missed reporting opportunities.

DHEC Assures Public Awareness of Disease Threats:

When disease cases, clusters, or outbreaks are identified, DHEC disease control staff respond by providing **Health Alerts and Advisories** with guidance for healthcare providers about signs and symptoms of illness, medical evaluation, diagnostic testing, and personal protective equipment.

Resources about environmental cleaning and other control measures are distributed to healthcare facilities, restaurants, school and child care settings, and any setting where reported conditions occur.

DHEC routinely directs notifications to at-risk populations to prevent and control disease. When reportable disease cases or clusters occur in **school or childcare settings**, DHEC regional staff communicate directly with school officials and routinely send parent letters to assure awareness about the disease, and provide recommendations for prevention and control measures.

DHEC works closely with local and state media outlets whenever education for the general public is needed about disease threats and prevention and control measures. DHEC provides updates about evolving events along with accompanying prevention information on our website.

Obesity Prevention Efforts

DHEC receives approximately \$6.9 million from the Centers for Disease Prevention and Control (CDC), the U.S. Department of Agriculture (through the SC Department of Social Services), and \$2.5 million from the Blue Cross Blue Shield of SC Foundation to fight obesity and diabetes in SC.

Obesity

Obesity is a complex, serious, and costly public health issue that affects two out of three SC adults and one out of three children. Obesity is linked to chronic diseases such as diabetes, heart disease, and some types of cancer. The economic cost of obesity in our state is estimated to be \$8.5 billion per year and growing.

DHEC, working with partners at the state and local level, provides content expertise and technical assistance on environmental and systems approaches, education to support healthy eating and active living, and obesity prevention.

DHEC launched the SC Obesity Action Plan (Scale Down) initiative in 2014. The initiative focuses on both long-term and short-term strategies to reduce obesity in our state. The plan promotes comprehensive actions to stimulate changes at the environmental, policy, and systems level.

Community Initiatives:

- **Farm to Institution** - DHEC and partners are working to increase access to fresh produce for South Carolinians. We have partnerships in **15 counties** with **11 food pantries affiliated with three food banks, serving about 6,600 people**, and distributing an estimated **50,522 pounds of produce** monthly. Four small retail stores are participating in the SC Farm to Retail pilot program reaching an estimated **87,790 residents**. Over **194 schools/preschools** have participated in an effort to bring fruits and vegetables to their sites.
- **SC Farmers and Roadside Market App**—A statewide fruit and vegetable outlet inventory was conducted in 2016 with **289 outlets** surveyed. We launched an interactive online map showing the general public where to find fresh fruits and vegetables at farmers markets and roadside stands statewide. Over **21,000 hits** have been made by **12,509 users**.
- **Health + Planning** – Over **1,000 community planners, government, and health representatives** have participated in national, statewide, and local trainings on the SC Health + Planning Toolkit, which provides guidance on integrating healthy eating and active living policy recommendations into planning efforts. Eight communities worked with **Alta Planning + Design**, a firm that works with communities to improve pedestrian planning efforts. The **potential reach is 84,969 residents**.
- **Group Education** – Interactive education opportunities are provided to SNAP/SNAP-eligible participants in urban and rural counties with high rates of overweight/obesity and in high-poverty counties. In 2016, 15 six-week long Cooking Matters courses that teach families how to cook healthy meals on a budget, 31 farmers' market cooking demonstrations were conducted, 32 It's Your Health Take Charge, and nine Taking Charge in the Meadowlands (children) courses were held.

Worksites:

- DHEC collaborates with the SC Hospital Association on the Working Well program, funded by the Duke Endowment and our federal grant funds. Working Well seeks to help employers create a sustainable culture of wellness. DHEC provides support for 25 worksites **reaching 18,533 employees**.
- **Seven worksites and one WISEWOMAN clinic site** participated in the SC Farm to Institution pilot program. WISEWOMAN helps women understand and reduce their risk for heart disease and stroke by providing services to promote heart-healthy lifestyles.

Schools and Child Care:

- **Child Care Centers** - DHEC and DSS ensure training and compliance with nutrition and physical activity standards. ABC Grow Healthy child care centers were **90%+ in compliance** with nutrition and physical activity policy and all mandatory meal service standards. **19 child care centers** received design assistance to support outdoor learning environments.
- **Schools** - 28 school districts, with **estimated student population reach of 253,642**, attended local wellness policy training. In school year 2016-17, 65 of 82 (79%) public school districts, including the State Charter School District, are participating in **FitnessGram**, a web-based system that assesses and reports student fitness information, including body mass index. The **potential student population reach is 641,112 (86%)**. Open community use, allowing free community access to schools' outdoor recreational facilities, is an effective and affordable strategy to combat obesity. 12 school districts have now adopted the SC School Boards Association's Open Community Use of School Recreational Areas model policy.

Partners:

- Alliance for a Healthier Generation
- Alta Planning + Design
- BlueCross and BlueShield of SC Foundation
- University of SC, Clemson University, Medical University of SC Boeing Center for Children's Wellness, and Federally Qualified Health Centers
- Eat Smart, Move More SC, John Newman Planning, Inc., and SC Alliance for Health, Physical Education, Recreation, and Dance
- SC Chapter of the American Planning Association
- SC Community Loan Fund
- SC Department of Agriculture, SC Department of Education, SC DSS, and SC Department of Transportation
- SC Hospital Association
- SC School Boards Association
- Head Start programs, schools and school districts, and children's museums and summer camps
- County libraries, worksites, senior centers, recreational and community centers, churches, and housing authorities

Diabetes Prevention Efforts

DHEC receives approximately \$6.9 million from the CDC, the U.S. Department of Agriculture (through the SC Department of Social Services), and \$2.5 million from the Blue Cross Blue Shield of SC Foundation to fight obesity and diabetes in SC.

By the Numbers:

Diabetes is a serious condition which often leads to complications, such as blindness, kidney failure, heart attacks, strokes, and amputations. According to the 2015 SC Behavioral Risk Factor Surveillance System, more than **330,000** adults over the age of 18 have pre-diabetes and more than **448,000** have diabetes.

Background:

The prevalence of diabetes has been on the rise in the last two decades in SC and the United States. There is a direct relationship between diabetes and obesity. Studies have shown that people who lose weight and increase their physical activity can prevent or delay type 2 diabetes, and in some cases, return their blood glucose levels to normal.

DHEC's Role:

DHEC receives funding to implement targeted strategies that have statewide reach and the potential to impact multiple population groups to improve outcomes in diabetes prevention and management. Our initiatives—in collaboration with multiple partners, contractors, and community organizations—are focused on health systems interventions to improve the effective delivery and use of clinical and other preventive services, and community-clinical linkages.

DHEC partnered with the Diabetes Advisory Council of SC (DAC) to develop and launch the 2016 – 2021 Statewide Comprehensive Diabetes Prevention Plan with over **150 stakeholders**. DAC has an active involvement of **38 unique organizations** from across the state with approximately **80 individuals** representing those organizations.

- DHEC has provided technical assistance to implement the **National Diabetes Prevention Program (NDPP) in diverse settings** to including medical practices, worksites, free clinics, senior centers, and faith-based settings, which has assisted with recruiting, retention, and positive lifestyle changes among participants at risk for type 2 diabetes. Total weight loss for all participants in a NDPP supported by DHEC through week 16 of the program is **1,925.8 pounds**. This is from a combined group weight of 36,112 pounds, which is **5.3 percent**, exceeding the CDC's 5 percent threshold of minimum weight loss to qualify for program recognition.
- DHEC's partnership with the SC Pharmacy Association has enabled **70 pharmacists** to be trained in the hypertension adherence program. In **one year**, the hypertension adherence coaching program enrolled **95 patients** with a **54 percent completion rate**.
- One practice site reported **93 percent of their patients** identified with diabetes went without hospital visits after implementing health systems quality improvement strategies.

- DHEC provided support to increase the number of American Association of Diabetes Educators accredited Diabetes Self-Management Education Programs within Federally Qualified Health Centers from a baseline of **four to nine**.

DHEC is dedicated to implementing quality improvement across health systems and building community clinical linkages through a variety of initiatives to:

- Improve health systems that support the delivery of high-quality care for patients with or at risk for diabetes and obesity.
- Increase community-clinical linkages to support prevention and self-management and control of diabetes, hypertension, and obesity.
- Improve medication adherence for adults with diabetes and/or hypertension.
- Increase self-monitoring of hypertension tied to clinical support.
- Increase use of accredited/recognized diabetes self-management education and lifestyle prevention programs.
- Improve prevention and control of hypertension, diabetes, overweight, and obesity.
- Build support for healthy lifestyles, particularly for those at high risk, to support diabetes prevention efforts.

Partners:

- Carolinas-Georgia-Florida Chapter - American Society of Hypertension
- Care Coordination Institute
- Carolina's Center for Medical Excellence
- Diabetes Advisory Council of SC
- Diabetes Initiative of SC
- Eat Smart Move More of SC
- Federally Qualified Health Centers
- Health Systems and Medical Practices
- SC Pharmacy Association and Retail Pharmacies
- SC Primary Health Care Association
- SC Medical Association
- SC Office of Rural Health
- University of SC

Next Steps:

- Medicare will begin reimbursing for the NDPP in 2018. DHEC will continue to work with DAC to identify employers and other large group insurers in SC to cover the program.
- Explore the opportunity for state agencies, like DHEC to implement the NDPP.
- Continue to provide education opportunities for healthcare providers and health systems that are focused on building provider knowledge and skills on current clinical practice guidelines, team-based care, and innovative clinical tools for use in primary care practices.
- Work with communities and healthcare providers to establish at least one NDPP per county.

Maternal and Child Health Efforts and Collaborations with DHHS (Medicaid)

Maternal and Child Health Collaborative Efforts:

- **A total of 59 sites across SC provide preventive health services**, including family planning as well as testing and treatment for sexually transmitted infections. Many of these services are reimbursed by Medicaid.
- **Maternal and Child Health (MCH) programs that bill Medicaid are: Nurse-Family Partnership (NFP) under the new Pay for Success project; Postpartum Newborn Home Visits (PPNBHV); and Family Planning.**
- **Each DHEC region has an NFP site that provides intensive case management to Medicaid-eligible first-time moms.** PPNBHV are voluntary home assessments completed on high-risk moms and babies referred to DHEC. The visit includes a physical assessment of mom and baby, as well as an assessment of the home environment.
- **DHEC is an active participant in the Department of Health and Human Services' (DHHS) SC Birth Outcomes Initiative (BOI).** BOI seeks to improve the health of newborns in SC.
- **DHEC's Children with Special Health Care Needs Program (CSHCN) is contracted with DHHS to operate the Orthodontia, Hemophilia, and Hearing Services Programs for Medicaid fee for service recipients.** CSHCN also has contracts with some Medicaid MCOs for these services.
- **The Universal Newborn Hearing Screening and Intervention Act, 44-37-40, requires DHEC and DHHS to "establish procedures for providing reimbursement for expenses incurred by entities providing newborn hearing screenings under this section."** When this was enacted, DHHS incorporated the fee for the screening into the costs approved for the delivery and DHEC established contracts with the hospitals to fund the screenings for patients without a payment source. When BabyNet (the State's Part C Early Intervention Program) transfers formally from First Steps to DHHS, DHEC anticipates continuing its partnership for sharing newborn hearing screening data between the two entities.
- **The DHEC Public Health Dental Prevention Program** contracts with private dental providers to deliver preventive services in public health settings as defined in the SC Dental Practice Act. For those services provided for Medicaid-eligible children, the individual providers are reimbursed by Medicaid.
- **Perinatal regionalization is a system of care that helps to ensure that all women with high-risk pregnancies can receive care at a hospital with the neonatal intensive care unit technology, staffing, and experience to provide the best chance for a good birth outcome. Through a contractual agreement, DHHS provides nearly \$290,000 annually to support DHEC's perinatal regionalization program.** Additionally, DHHS has maintained policies that support the functioning of this important system, including allowing hospitals and physicians who provide care for mothers and infants prior to transferring them to a Regional Perinatal Center to be reimbursed for the care that was provided.
- **WIC is currently working with the SC Revenue and Fiscal Affairs Office to develop a data sharing agreement that will allow for the direct linking of WIC and Medicaid data.** This will help both DHEC and DHHS with forecasting areas of need and program evaluation efforts.
- **Children's Health partners with Environmental Health for lead home assessments for children with elevated lead levels.** DHEC can bill for home assessment for children identified with elevated blood lead levels.

- **DHHS is an active member of DHEC's Pediatric Advisory Committee (PAC).** The PAC meets quarterly and uses this venue to discuss emerging pediatric concerns and how potential policy could impact providers, as well as the families that they serve.
- **Infant Mortality reduction activities** include participation in the national Collaborative Improvement and Innovation and Network (CoIIN) process. CoIIN was created by HRSA and is led by the National Institute for Child Health Quality (NICHQ). The CoIIN initiative in SC is focusing on Safe Sleep and the Social Determinants of Health. The SC stakeholders in CoIIN are Children's Trust, Healthy Start, DHHS, Family Solutions of the Low Country, and DHEC. Currently, 31 U.S. states and eight territories are involved in NICHQ's initiative. The collaborative "action period" is expected to end in December 2017, and will likely be renewed to last for another 18 months as it has for the last several "action periods". The planned outcome for SC is to acquire knowledge about Safe Sleep work via the Safe Sleep CoIIN webinars and conference calls.

Community Health and Chronic Disease Prevention Collaborative Efforts:

- **Worked with DHHS in the implementation of the Nutritional Counseling Program for children up to 21 years and adults with obesity on Medicaid.** The program includes an initial screening, five additional face to face behavioral counseling visits/encounters with a physician, physician assistant, and/or a nurse practitioner, an initial dietitian visit for nutritional counseling, and five follow up visits with a dietitian.
- **DHHS is an active member of the SCAledown coalition.** Specific objectives for DHHS are to create a State Plan Amendment (SPA) regarding reimbursement for a lifestyle change program such as the National Diabetes Prevention Program (NDPP).
- **DHHS is an active member of the Diabetes Action Council.** The committee is sponsoring the round tables for National Diabetes Prevention Program lifestyle change coaches to gather feedback on their experience with the program.
- **DHHS and DHEC collaborate on CDC's 6/18 initiative,** a partnership between state Medicaid programs and public health agencies, to accelerate evidence into action by focusing on the six common and costly health conditions and the 18 proven interventions known to effectively address them among health care purchasers, payers, and providers. The initiative is working towards Medicaid expanding access to evidence-based tobacco cessation treatments, removing barriers that impede access to covered cessation treatments (such as cost sharing and prior authorization), and promoting increased utilization of the covered treatment benefit by tobacco users in Medicaid programs.
- **DHEC provides provider training and Quitline services for DHHS for their Medicaid SBIRT initiative** (Screening, Brief Intervention, and Referral to Treatment), which is an evidence-based approach to the screening, identification, intervention, and treatment of substance abuse, domestic violence, depression, and smoking for pregnant women. SC Medicaid providers are reimbursed when they screen all pregnant women for these high-risk behaviors, as well as when they conduct a brief intervention and make referrals to the appropriate treatment entity, such as the SC Tobacco Quitline for tobacco use treatment.

Public Health Statistics and Information Services (PHSIS) Collaborative Efforts:

- **Vital Statistics provides a daily electronic listing of decedents** shared securely for the purpose of marking Medicaid recipients deceased, as well as for **DHHS estate recovery program.** This helps to reduce benefit fraud.

- Through BOI, **data collected on birth certificates are linked with Medicaid claims data and hospital billing data.** This linked data set is used to provide quarterly reports to hospitals related to BOI initiatives.
- Environmental Public Health Tracking Program in the Division of Surveillance houses the children's blood lead database for the agency. **A newly signed MOU (signed 12/8/16) is in place with DHHS for linkage by RFA of children's blood lead test records with Medicaid billing records** for a Medicaid indicator, and for records missing race/ethnicity in children's blood lead records.
- **SC Central Cancer Registry - Meaningful-Use (MU) Activities:** DHHS provides guidance with – reviewing DHEC program agency templates related to MU letters and various others forms of correspondence sent to eligible providers. DHHS has advised the DHEC program areas with recommendations and suggestions for the new DHEC MU web site to provide a more informative and concise approach to communicating to eligible providers. DHHS offers guidance and advice by reviewing any documentation or processes that the DHEC program areas are considering to increase eligible provider participation. DHEC and DHHS participate on monthly conference calls along with representatives from SCHIEx to collaborate and network on topics related to MU. Occasionally, there is also representation on these conference calls from CMS and Office of the National Coordinator (ONC) to provide guidance to the various DHEC program areas to move past barriers and to help with the best approaches to streamline current processes for tracking and communicating.

Client Services Collaborative Efforts:

- **DHEC bills DHHS for preventive health services provided at our health clinics** including postpartum newborn home visits and NFP services provided to Medicaid recipients.
- **DHEC is working with Medicaid on the development of a shorter (two-page) family planning Medicaid application.**
- **In State Fiscal Year 2016, DHEC provided the following number of encounters to Medicaid clients across SC:**
 - **49,840** immunization visits
 - **60,592** Preventive Health (includes those with pending Medicaid status)
 - **62,202** WIC visits
 - **Total: 272,634**

Prescription Drug Monitoring Program

DHEC's Role:

The SC Prescription Monitoring Act (PMA) authorizes DHEC to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II-IV controlled substances. The SC Reporting & Identification Prescription Tracking System (SCRIPTS) collects information on Schedule II-IV Controlled Substances dispensed on a daily basis. SCRIPTS identifies and stops diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances. This data is used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

By the Numbers:

Practitioners that prescribe controlled substances, pharmacists, and their delegates may register for access to the SC Prescription Monitoring Program (PMP). Access allows them to search a patient's controlled substance prescription history. The number of registered user accounts and their patient prescription history searches has grown significantly over the past year:

- **8,139** PMP registered users as of June 30, 2015
- **14,940** PMP registered users as of June 30, 2016
- **1,031,185** PMP patient queries for FY 2015
- **2,227,530** PMP patient queries for FY 2016

Background:

In April 2016, SC DHHS began requiring prescribers to check the PMP before prescribing certain controlled substance prescriptions. Registrations in January and February 2016 averaged around 300 per month, March and April 2016 averaged over 2,500 per month, this accounted for an 84% increase in PMP user accounts between June 2015 and June 2016. Increases in registrations were mirrored by increases in patient PMP queries by health care professionals. As PMP searches increase, the number of patients that have received multiple prescriptions from multiple prescribers, often referred to as "doctor shoppers," have decreased. For example, during the second quarter of 2016, 253 patients received schedule II controlled substances from at least five different prescribers and five different dispensers. During the fourth quarter of 2016, the number of patients meeting the same criteria dropped to 201. Utilizing the same criteria and comparing the data over a six month period, results demonstrate a decrease from 1,450 patients in the first half of 2016 to 1,133 patients during the second half of the same year.

Status update and Next Steps:

In an effort to increase utilization of the PMP, steps have been taken to facilitate access to SCRIPTS. Recent changes to the PMA have allowed authorized delegates to assist prescribers and pharmacists with patient PMP searches. Several healthcare facilities in the state have integrated the PMP data directly into their electronic health record system. The integration of SCRIPTS dispensing information into the clinical workflow of practitioners has increased accessibility and utilization. These improvements, coupled with an increase in education, has led to a surge in overall PMP utilization.

Bureau of EMS Relationship with State Fire Marshal

DHEC's Role:

The Bureau of Emergency Medical Services (EMS) provides credentialed EMS personnel, licensed EMS agencies (transport and first responders), and oversight and certification of all EMS educational programs and curriculum.

By the Numbers:

In 2016, the Bureau of EMS:

- Credentialed **1,394 EMS personnel**;
- Performed **141 agency inspections**; and
- Conducted **over 610 ambulance and first responder vehicle inspections**.

Specifically for the Office of the State Fire Marshal, the agency credentialed the SC State Fire Academy as an EMT teaching institution and re-certified the SC Urban Search and Rescue (USAR) Team as an Advanced Life Support (ALS) First Responder agency.

Partners:

The agency occasionally partners with the SC Firefighters Association on projects involving first responders, such as sponsoring and judging the EMT competition at the annual firefighter's conference.

Background:

Although, the Bureau of EMS does not currently have any ongoing projects with the Office of the State Fire Marshal, the office will continue to provide support to the SC State Fire Marshal as requested. The SC Fire Academy requires recertification as a training institution in 2017, and the USAR team in February 2019.

Status update and Next Steps:

In addition to the Bureau of EMS's work with the State Fire Marshal, **the agency recently worked with the SC Department of Social Services (DSS) and the Office of the State Fire Marshal to determine a more cost effective and efficient process for conducting lead risk assessments for foster care and adoptive homes.**

Previously, the process for conducting lead risk assessment for foster care and adoptive homes was often challenging given the multiple agencies involved. To streamline the process, the agency and DSS worked with the Office of the State Fire Marshal to transfer the inspections previously performed by DHEC. The transfer took place in July 2016.

The new process decreases the number of agencies involved and potentially the number of inspection visits necessary to license this critical service to the state. The agency's hope and goal is that it will make the process more effective and efficient for all stakeholders.

Public Health Laboratory and Equipment

DHEC's Role:

The Bureau of Laboratories (BOL) provides clinical laboratory diagnostic testing for the state. BOL also performs analytical services for the assessment and surveillance of infectious and communicable diseases, foodborne outbreaks, and exposure testing associated with suspected biological and chemical terrorism.

Laws/Regulations: SC Code, Sections 44-1-140, 44-1-180, 44-29-15, 44-29-120, 44-33-10, 44-37-30. Public Law 100-578, Regulation 42-CFR493, HSQ-176

By the Numbers:

The annual workload for fiscal year 2016 was approximately **217,132** specimens and approximately **1,033,220** laboratory reports (tests). BOL is comprised of 10 specialty laboratories and six support sections.

Background:

The current DHEC state laboratory, built in 1978, kept pace with the demands of current good laboratory practice and testing systems. The Association of Public Health Laboratories (APHL) visited the laboratory in March 2016 and provided positive feedback about the management and operation of the laboratory. However, APHL stressed that "a modern laboratory facility is necessary to support modern technology and current safety practices." The electrical, communication utilities (*e.g.*, network capacity/bandwidth) and climate control HVAC are not able to keep up with modern instrumentations' heat load and data generation. Workflow streamlining to increase efficiency is not possible with the layout of the current laboratory.

DHEC's BOL includes specialized testing such as Biosafety Level 3 laboratories, which must be utilized in case of certain biological organisms (bioterrorism detection), analytical (chemical terrorism detection), environmental testing (air quality, food, milk, and water safety), genetic testing, microbiology, newborn screening, radiological laboratory, rabies, and tuberculosis.

Several laboratories are operating with instrumentation that is approaching or has exceeded the accepted life cycle.

- The gas chromatography mass spectrometers in the **chemical terrorism detection unit** are no longer operational and need to be replaced. These systems are essential in monitoring volatile organic compounds that are a hazard to human health.
- In **newborn screening**, the tandem mass spectrometers have reached the normal life cycle for updated replacement. These tandem mass spectrometers serve a crucial role in detecting amino acid disorders and metabolic disorders.
- We have a **flow analysis system for enzyme monitoring** that requires day-long maintenance and is subject to random failure.

In addition, we need to expand the molecular (genetic) capabilities to stay current with technology and laboratory testing. The overarching need is for updated laboratory equipment and greater surge capacity.

A state-of-the-art laboratory space with updated laboratory equipment will accomplish several goals:

- Enable DHEC to meet its mission with the highest level of service; and
- Increase capacity to better meet public demand for services.

In addition, a new space will become a landmark facility to retain and attract specialized staff. Such a public health laboratory program will position DHEC to adequately protect the residents of SC.

Partners:

There are opportunities to source funding on an ad-hoc basis to replace outdated equipment and upgrade essential elements. We partner with the CDC through an Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement. In addition, the Laboratory Response Network (LRN) established by CDC supports the chemical and bioterrorism sections of the laboratory. DHEC is also a member of the Association of Public Health Laboratories, which provides a network of other laboratories with whom we can discuss emerging pertinent issues and apply best practices.

Status Update and Next Steps:

Effective April 1, 2017, we are increasing the fees to \$127 per specimen for newborn screening. Fee increases are essential to keeping costs in line with revenue while ensuring efficient and cost effective operations. These fee increases allow for planned instrumentation preventive maintenance and upgrades for the newborn screening program.

There is a need for a laboratory space that would allow for an adequate number of units to expand testing capacity and capabilities using the recommended technology. Any new DHEC lab facility would be designed with emphasis on advanced technology in a modern laboratory space with a focus on safety. Updated instrumentation would be utilized to address and tackle new and emerging chemical, biological, and environmental threats to public health. These concerns require modernization to utilize technological advancements for detection of health and environmentally related toxins and infectious agents. Current testing platforms enable monitoring and discovery of emerging environmental contaminants, mutated or novel infectious diseases, and multi-drug resistant organisms. Such a laboratory—equipped with updated instrumentation—would be in a superior position to address emerging infectious diseases to include Zika, Ebola, West Nile Virus, Dengue Fever, and drinking water contaminants.

Furthermore, there is a need for testing personnel to be trained on cutting edge techniques in a safe environment. Addressing personnel vacancies with qualified staff is essential to continuously providing high-quality service.

Environmental Affairs Laboratory and Equipment

DHEC's Role:

The Bureau of Environmental Health Services environmental laboratories generate data used by agency program areas in making decisions related to public health and environmental protection. The environmental laboratory analyzes various types of environmental samples, manages the ambient air monitoring network, and manages environmental monitoring data. The lab also maintains a mobile radiological laboratory in the event of a radiological emergency. DHEC has approximately 75 scientists and support staff who specialize in the fields of chemistry, microbiology, radiochemistry, electronics, and data processing. The laboratory performs microbiological and chemical analysis of drinking water, wastewater, streams, lakes, ocean water, soil, fish, milk, and other dairy products.

Laws/Regulations: SC Code, Sections 44-1-140, 44-56-10, 48-1-10 and the following state regulations: R.61-58, R.61-68, R.61-79, R.61-33, R.61-71, R.61-107, R.61-9, R.61-58, R.61-51, R. 61-50, and R.61-47; federal Safe Drinking Water Act and Clean Water Act and federal regulations: 40 CFR Parts 122, 136, 141, and 142.

By the Numbers:

In 2016, the water laboratory performed **164,122 analyses** on **23,614 samples**. During this same time period, the ambient air network's **34 monitoring stations** located across the state collected:

- Over **400,000 hourly measurements** for criteria pollutants and precursors;
- Over **4,000 samples** for criteria pollutants; and
- More than **25,000 measurements** in **1,200 air toxics samples**.

Water Laboratory:

The water laboratory is operating with instrumentation that is approaching or has exceeded the accepted useful life. In addition, the replacement of the outdated Laboratory Information Management System (LIMS) has become a necessity in order to trace, record, and report environmental data and meet federal laboratory certification requirements. The agency is at risk of:

- Loss of laboratory certification due to outdated equipment that will not meet regulatory requirements as stated in the Code of Federal Regulations (CFR)
- Sudden fatal, not repairable instrument failure which will incapacitate sample analysis for routine and potential emergency response needs
- Instrumentation and equipment that will not be supported by vendors through service contracts due to age

In addition, where there are limited parts for replacement due to the age of the equipment, more costly service contracts may be needed.

Air Laboratory:

Great strides have been made in updating the aging air monitoring network. The agency has purchased ozone monitors and has funding to update particulate matter monitors. As DHEC moves closer to its ultimate goal of remote access, data loggers will be required in order to be fully functional with cell modem technology. This will be beneficial to support functions related to troubleshooting and data acquisition, and help the agency do more functions remotely.

The aging building has humidity and condensation issues. The make-up air in some of the fume hoods is introducing outside temperature air and humidity into the laboratory. Humidity impacts the data results, causing lab errors and the potential loss of data if a holding time is exceeded, creating a need for additional sample collection, and a delay in reporting results.

Partners:

The environmental laboratories work closely with the EPA, FDA, and other states in the southeast. These partnerships provide a network of other laboratories with whom we can discuss issues and apply best practices.

Status Update and Next Steps:

We continue to seek funding sources to update the laboratory and monitoring equipment and replace the LIMS program.

Certificate of Need (CON) Program

DHEC's Role:

DHEC is designated as the sole state agency for control and administration of the granting of Certificates of Need (CON). The CON program receives, reviews, and decides applications related to certain new or expanded health care facilities and services, as well as applications related to Certificates of Public Advantage. The program also manages the permitting process for the SC Medicaid Nursing Home Permit Program.

By the Numbers:

The CON program has significantly increased throughput of applications and decisions since the re-start of the program in 2014. Since August 13, 2015, when the most recent SC Health Plan was enacted:

- **272** CON applications received
- **212** decisions rendered (208 approvals, 4 denials)
- **50** applications still under consideration
- **7** applications withdrawn
- **3** applications re-filed

Background:

In support of the CON Act and DHEC's role as described above, the SC Health Plan is currently being updated. This update, required no less than every two years, allows staff to revise, the public to review, the State Health Planning Committee to amend, and the DHEC Board to approve important changes to need calculations for health facilities and services.

Status update and Next Steps:

The 2017-2018 draft plan is substantially streamlined compared to the current plan. Superfluous narrative and unnecessary references have been removed in order to better focus the Health Plan on the actual needs for and inventories of health facilities and services. Content relating to cardiovascular care, ambulatory surgery facilities, and psychiatric services are receiving the bulk of the agency's attention during the update process. These updates stem directly from customer feedback regarding which issues are of most consequence to the health of SC's citizens.

SC Health Planning Committee Meetings

- March 6, 2017
- April 14, 2017
- April 21, 2017 (Possible)
- April 28, 2017

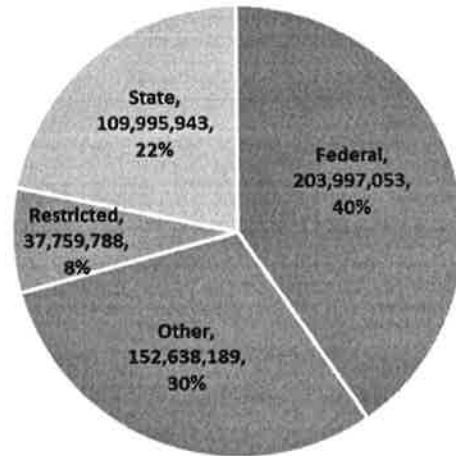
Draft Plan Public Comment Period March 8 – April 7, 2017

Projected DHEC Board Approval May 11, 2017

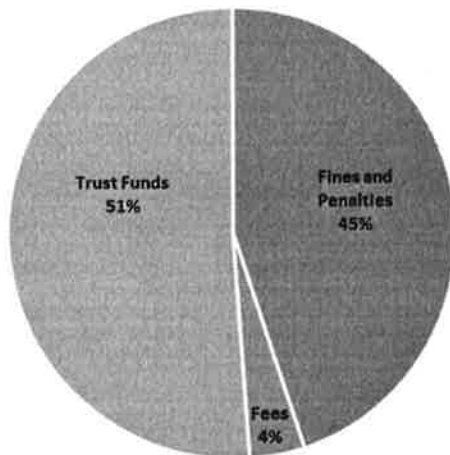
DHEC Expenditure Overview (Other/Restricted/Federal Revenues)

- DHEC is funded through state, federal, other and restricted funds.
- Restricted funds (**\$37,759,788**) consist of special deposits, primarily trust funds. They **can retain their own interest earnings** based on law, proviso, court order or other mandate.
- Other funds (**\$152,638,189**) also include fees, fines, non-federal grants or contracts, and other miscellaneous revenue accounts.

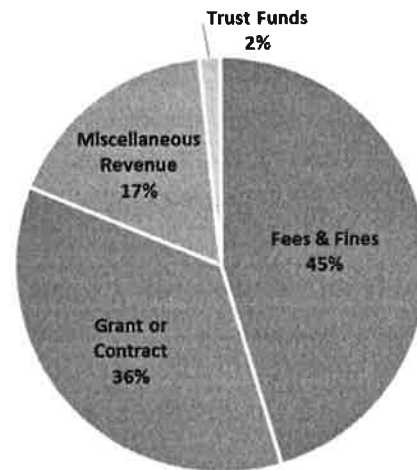
DHEC Funds - SFY16 Expenditures



DHEC Restricted Funds - SFY16 Expenditures



DHEC Other Funds - SFY16 Expenditures



The total combined expenditures for restricted and other funds were \$190,397,977 for State Fiscal Year (SFY16). This represents **38% of DHEC's total expenditures**. The top five sources of other and restricted funds are shown in the chart below:

Source	SFY16 Expended	% Total
WIC/ADAP Rebates	\$ 46,938,273	25%
Medical Services	\$ 37,477,674	20%
Trust Funds	\$ 21,778,879	11%
UST	\$ 16,987,154	9%
Other Fees & Fines	\$ 37,089,489	19%
All Other	\$ 30,126,508	16%
Total Other & Restricted	\$ 190,397,977	100%

Food Safety – Retail Food Establishment Inspections

DHEC's Role:

To safeguard public health and provide consumers with food that is safe, unadulterated, and honestly presented, DHEC's food protection program:

- Permits new retail food establishments
- Inspects retail food establishments statewide for uniformity and consistency in applying regulations
- Conducts surveillance and response for foodborne illness outbreaks

These standards are outlined in the SC Retail Food Establishment Regulation 61-25.

By the Numbers:

In 2016, **85 DHEC inspectors conducted 39,504 food safety-related inspections of 19,168 permitted facilities; DHEC's Division of Acute Disease Epidemiology responded to 917 foodborne illness complaints, investigated 4 foodborne illness outbreaks, and responded to 4,725 general food service complaints.**

Partners:

Food safety at retail food establishments is a **shared responsibility of the food industry and DHEC** to ensure that food provided to the consumer is safe and does not contribute to the transmission of foodborne disease. Other partners include the FDA, CDC, and SC Restaurant and Lodging Association.

Background:

DHEC regulation 61-25 is **based on the FDA Food Code** and establishes practical, science-based requirements for mitigating risk factors that are known to cause or contribute to foodborne illness outbreaks associated with retail foodservice establishments.

Epidemiological outbreak data **repeatedly identify five major risk factors** related to employee behaviors and preparation practices in retail food establishments as contributing to foodborne illness:

1. Improper holding temperatures
2. Inadequate cooking
3. Contaminated equipment
4. Food from unsafe sources
5. Poor personal hygiene

DHEC inspection protocols include:

- Conduct an initial walk through to become familiar with the layout of the facility (prep area, cook and serve areas, walk-in-coolers, dishwashing areas, storage, etc.) and the activities that are currently occurring

- Focus the inspection on preparations or activities that may not be present at a later time; prioritize getting a final cooking or reheating temperature
- Require corrective actions for all critical risk factor violations identified during the inspection to reinforce their importance
- Provide helpful information to the person in charge related to their operation, such as the fact sheets on specific topics related to the regulatory requirements and information available on the DHEC website

Outreach and Education:

Outreach and education to the public and the regulated community is a key component in the prevention and control of foodborne illness risk factors.

DHEC Food Safety Website Provides (www.scdhec.gov/foodsafety)

- Access to regulatory information, including the regulation, applications, examples of applications, forms to assist with various regulatory requirements like variances and special process requests
- Signage that can be printed and posted related to: handwashing, ways to prevent outbreaks, and links to FDA guidance posters
- Guidance and tools to plan, construct, and equip a retail food establishment, employee health, and personal hygiene handbook
- Consumer advisories, emergency action plan, information to water-related emergencies, etc.
- Links to training information, like no bare-hand contact, proper temperatures, shellfish, permit exemptions, mobile food establishments, temporary food service establishments, etc.
- Inspection tools, like a marking guide that describes what we are looking for related to the regulatory citation, a citation and violation index, and copy of the inspection report used
- Links to related websites
- Fact sheets, signage, and several of the training resources are multi-lingual
- Easy to use food safety complaint form

Food Grades (www.scdhec.gov/foodgrades)

Developed in-house by the agency in 2016, "Food Grades" is an online data base system that allows for the full inspection report to be viewed using a map search designed for mobile phone use or a more detailed web search engine.

Ongoing Training to the Regulated Community

In June 2014, the SC Retail Food Establishment regulation was revised based on the most current scientific information as provided in FDA's Food Code. DHEC partnered with the SC Restaurant and Lodging Association to conduct public outreach forums in the development and implementation of the regulation that is still ongoing today. Meetings across the state have been held annually to update and provide training to the regulated community. In the early spring of 2017, we will begin the next round of statewide sessions for the regulated community.

Food Safety – Mobile Food Units

DHEC's Role:

Under SC Code 44-1-140 and regulation 61-25, mobile food units are subject to the same regulatory requirements as retail food establishments. DHEC is charged with the inspection and permitting of these facilities. DHEC also conducts surveillance and response for foodborne illness outbreaks.

What are Mobile Food Units?

Mobile food units are a type of retail food establishment that are gaining popularity across the country. A mobile food establishment is defined by state regulation as consisting of a commissary and mobile food unit(s) or mobile food pushcart(s). Mobile food units are subject to the same regulatory requirements as any other retail food establishment.

By the Numbers:

DHEC has **over 500 mobile food unit** permits statewide. In 2016, DHEC conducted **946 inspections** of mobile food units.

Partners:

DHEC partners with the SC Restaurant and Lodging Association to conduct public outreach and education.

Background:

DHEC has regulated mobile food units since 1967. When the SC Retail Food Establishment Regulation was last revised in June of 2014, some of the requirements for mobile food units were changed to reflect the new business models associated with mobile unit operations.

Under the previous regulation, mobile food units were not permitted separately and were allowed to operate only as an extension of a retail food establishment. The updated regulation allows for mobile food units to be independently permitted, while maintaining certain requirements important for public health protection. These requirements include a permitted commissary to provide an approved public water supply; the disposal site for sewage, and any other preparation or clean up services needed, depending on the scope of the unit. This change has allowed mobile food unit operators to rent space in commercial shared use kitchens instead of having to own a commissary.

Status update and Next Steps:

DHEC provides educational outreach to mobile food units and other retail food establishments to keep them informed of state requirements. As the mobile food unit industry continues to grow and develop, DHEC will seek to adapt to new business model needs while keeping the necessary public health protection requirements. The ongoing dialog with operators will provide input for the next revision of the regulation process, which will begin later this year.

Hotel and Motel Inspections

DHEC's Role:

DHEC has no role in regulating or inspecting hotels or motels unless they hold a retail food establishment permit, in which case we would inspect that portion of the facility.

Statutory Authority:

SC Code 44-1-140 states that DHEC may make, adopt, promulgate, and enforce reasonable rules and regulations from time to time requiring and providing for the sanitation of hotels. In 1944, pursuant to this authority, the first regulation for hotel and motel sanitation was enacted; however, that regulation was repealed in 2005.

Partners:

DHEC communicates and collaborates with the SC Restaurant and Lodging Association on any issues related to hotel and motel sanitation.

Background:

The Hotel and Motel Sanitation Regulation was repealed in 2005; the reason stated in the State Register notice was because the requirements were obsolete. In addition, this notice stated that the hotel and motel industry had become largely self-regulating, the business was very customer driven and competition dictated that facilities be maintained and operated properly.

Status update:

Since the repeal of the regulation, no public health issues have emerged that would warrant promulgating a new regulation for hotel and motel sanitation. Although the question of bedbugs has come up in association with hotel and motel sanitation, there have been no outbreaks of disease where bedbugs have been shown to be the vector (carrier) of the disease.

No other agency has regulations or oversight of hotel and motel sanitation. The Department of Consumer Affairs has some oversight of business practices and the office of the State Fire Marshal has fire safety jurisdiction.