

SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND ENVIRONMENTAL CONTROL

House Ways and Means Budget Briefing FY 2018-19



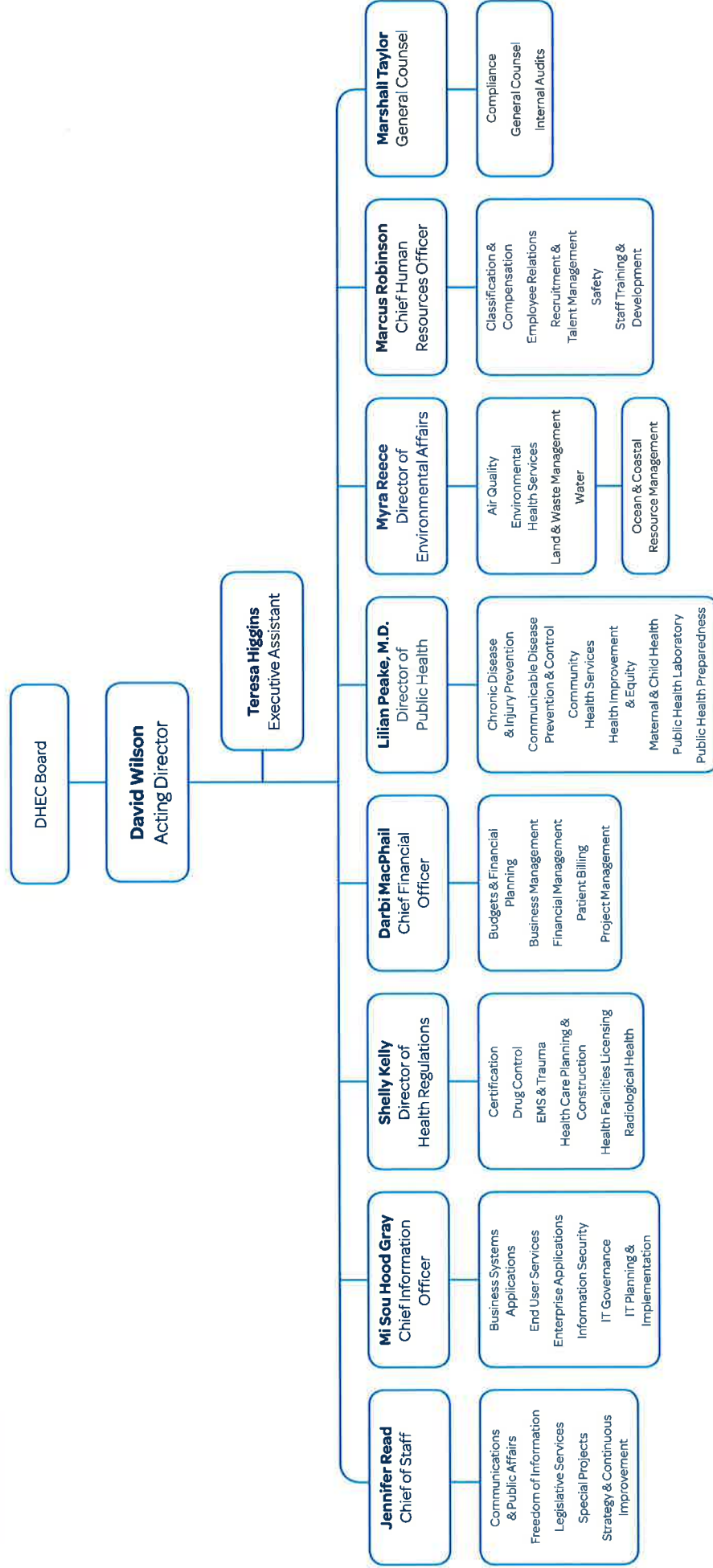
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Organizational Chart

January 12, 2018



Major Program Areas

Environmental Affairs

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

Bureau of Air Quality (BAQ)

Develops and implements strategies to maintain the quality of South Carolina's air. BAQ provides a variety of services including:

- Reviewing permit applications and issuing air quality construction and operating permits to industrial, commercial and institutional facilities
- Supporting permitting through modeling, technical assistance and daily ozone forecasts
- Implementing federal and state air toxics programs by offering technical and compliance assistance to staff and industry
- Conducting compliance assistance and assurance through routine monitoring, review of operational and emissions reports and periodic inspections

Bureau of Environmental Health Services (BEHS)

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

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

Bureau of Land & Waste Management (BLWM)

Coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. BLWM provides a variety of services including:

- Providing technical assistance for the proper management of solid and hazardous waste, technical review of sampling protocols and analytical data
- Issuing permits for solid waste and mining activities as well as underground storage tanks
- Promoting waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses and the public
- Overseeing the investigation, remediation and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks and brownfield sites

Bureau of Water (BOW)

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

- Permitting wastewater discharges from industrial and domestic sources and as well as on-site wastewater systems (septic tanks)
- Issuing stormwater permits through the National Pollutant Discharge Elimination System for construction sites, municipal systems and industrial sites
- Developing state water quality standards, issuing the bi-annual list of the state's polluted waters and developing corrective action plans for those waters and controlling nonpoint sources of pollution through grants, voluntary measures and technical assistance
- Implementing and overseeing the state's dam safety program for more than 2,300 dams statewide

Office of Ocean & Coastal Resource Management (OCRM)

Preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties. OCRM offers a variety of services including:

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

Public Health

DHEC Public Health is comprised of the following areas: Maternal and Child Health; Chronic Disease and Injury Prevention; Communicable Disease Prevention and Control; Community Health Services; Public Health Laboratory; Health Improvement and Equity and Public Health Preparedness. Public Health works with the four health regions, the Centers for Disease Control and Prevention, and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

Maternal and Child Health (MCH)

Promotes the health of women, children, and infants by providing health care services and programs, linking community services, and facilitating systems of care for pregnant women and infants. MCH is comprised of three divisions: Children's Health, Women's Health, and Women, Infants and Children (WIC).

Chronic Disease and Injury Prevention

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

Communicable Disease Prevention and Control

Works to prevent and control communicable diseases and illnesses in South Carolina. Disease Control is comprised of Acute Disease Epidemiology (DADE), STD/HIV, Immunizations, Surveillance and Technical Support and Tuberculosis Control.

Community Health Services

Responsible for assuring the implementation of public health services across the state. Community Health Services is comprised of four health regions across the state, Vital Statistics, the Primary Care Office, the Office of Public Health Nursing, and Social Work.

Public Health Laboratory

The Public Health Laboratory provides laboratory-based health and environmental testing for accurate diagnosis, prevention and surveillance of infectious and chronic diseases, congenital disorders and environmental hazards to reduce the incidence of illness and death and to improve the quality of life among the people of the state.

Health Improvement and Equity

The Bureau of HIE houses three teams, Surveillance, the SC Cancer Registry, and Population Health Data. Together with a data visualization expert, communication and community liaisons, a health equity specialist and a planned health economist, the BHIE is poised to be the stewards, users, and producers of much of the health data within the agency.

Public Health Preparedness

Works with DHEC staff and community partners to prepare for public health emergencies. Prepares all hazards plans, policies and procedures and conducts training and exercises to support DHEC's preparedness. Works with communities to prevent and respond to public health emergencies.

Health Regulations

DHEC Health Regulations' primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided.

Health Facilities Licensing and Certification

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

Certificate of Need (CON)

Authorizes the implementation or expansion of health care facilities and services in South Carolina. A certificate of need is based on a calculation of need for a particular medical service from the South Carolina Health Plan. A CON authorizes a person or facility to provide a portion of that calculated need in a county or service area, which may comprise several counties.

Emergency Medical Services (EMS) and Trauma

Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.

Radiological Health

Energy emitted from a source is generally referred to as radiation. Radiation exists in the natural environment (*e.g.*, heat and light from the sun), as well as being generated by man-made devices (*e.g.*, X-rays). The Radiological Health program works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.

Construction, Fire and Life Safety

Reviews plans, specifications, and construction for health care facilities licensed by the state. The program also conducts periodic fire and life safety surveys of facilities to ensure continued compliance with appropriate codes, standards, and regulations.

Drug Control

Aims to promote and protect public health through enforcement of South Carolina's Controlled Substances Act. The program administers the state's prescription drug monitoring program (known as SCRIPTS), which tracks the prescribing and dispensing of all Schedule II, III and IV controlled substances by licensed professionals such as doctors, pharmacists, dentists, and veterinarians.

Agency Accountability Highlights

Over the past two years, the S.C. Department of Health and Environmental Control (DHEC) has experienced tremendous transformation—new leadership, new priorities and a new approach to the way we do business. Our strategic plan was approved in December 2015 and, as a part of our continuous improvement, was enhanced this year to better guide our 3,400 employees in fulfilling our vision of healthy people living in healthy communities.

The minor revisions to the agency's strategic plan clarify our intent and lay out the strategic goals and initiatives that will enable us to meet our mission and vision, guiding us closer to our aspiration of being the preeminent public health and environmental protection agency in the nation.

Although the agency is facing leadership changes, our plan remains constant as we chart a path toward modernization in service delivery, build on our existing successes and aim to establish DHEC as a model of operational excellence in state government.

Here's a snapshot of what "business as usual" looks like for DHEC:

- In SFY 2016, we had **696,953 clinical client encounters in our local health departments**, including:
 - 508,254 Women, Infant and Children (WIC) visits
 - 142,058 Preventive Health visits
 - 46,641 Immunization visits
- Our infectious disease experts investigated a total of **238 acute disease outbreaks** in 2016. During this time period, our staff also received and reviewed **44,809 reports of acute diseases** (laboratory, morbidity reports).
- **More than 1 million laboratory tests** were performed by our Public Health Laboratory, including the **testing of 536 individuals for Zika**.
- In 2016, more than **100,000 birth and death records** were filed and approximately **300,000 requests** were received for birth and death records.
- As of December 2016, DHEC's Environmental Affairs had **over 39,900 active permits**, including asbestos projects, private wells, septic tanks, industrial storm water general permits, infectious waste generators, mines and more.
- In 2016, **our Environmental Affairs team conducted over 61,000 inspections**, covering programs as diverse as recreational waters and underground storage tanks to air quality.
- Also during this time, our Bureau of Environmental Health Service team **responded to and investigated 47,500 complaints**, ranging from rabies exposures to open burning to emergency response spills.
- During Federal FY 2017, our Health Regulation team conducted **over 10,000 inspections and investigations** of health facilities, providers, and equipment, including:
 - 4,400 state licensing inspections
 - 391 construction inspections

- 675 fire and life safety inspections
- 814 Medicare certification surveys*
- 246 CLIA surveys*
- 129 EMS agency inspections
- 626 EMS vehicle inspections
- 939 X-ray inspections
- 81 radioactive materials inspections
- 2,061 controlled substance inspections
- Other notable numbers for Health Regulation during Federal FY 2017:
 - **10,285 new prescription monitoring program (PMP) users registered**
 - **1,194,000 PMP patient queries** during June 2017, which is an almost **400% increase** from the 240,000 PMP patient queries during June 2016
 - **1,623 state and local law enforcement officers were trained to carry and administer naloxone** to combat opioid overdoses
 - 199 Certificate of Need (CON) decisions were issued

STAKEHOLDER ENGAGEMENT

DHEC recognizes the value of collaboration and is proud of our work with stakeholders. This is evident through our Environmental Affairs teams' stakeholder engagement on groundwater planning. Six stakeholder meetings and four public hearings have been held to gather stakeholder input on groundwater management issues. In partnership with representatives from local governments and stakeholders, Groundwater Management Plans were developed for existing Capacity Use Areas. There also have been additional stakeholder meetings held around the state to discuss the potential designation of a new Western Capacity Use Area that would include Aiken, Allendale, Bamberg, Barnwell, Calhoun, Lexington and Orangeburg counties. This process is just one of many examples of how DHEC collaborates with stakeholders to develop healthy outcomes for South Carolina.

AGENCY REORGANIZATION

As part of our transformation, our Health Services division changed its name to Public Health to better reflect and emphasize the important role we play in assessing the health of South Carolina. Several bureaus were renamed and DHEC created a new bureau called Health Improvement and Equity, which will allow us to take full advantage of our ability to collect data, analyze that data and share it with the community. It will better position DHEC to engage partners in collaborative health improvement with a focus on health equity. This is one of the many efforts the agency is undertaking in its pursuit of accreditation by the Public Health Accreditation Board.

FACILITY IMPROVEMENT

As reported last year, the agency's facilities are not suitable for a high-performance organization due to facility degradation, outdated structures and equipment and inadequate space. These adverse work conditions affect morale and reduce operational efficiency and productivity. The building conditions also impact customers receiving DHEC services and visiting our facilities to conduct business.

DHEC's aging facilities present potential safety issues and draw concerns of employees and visitors. Many DHEC locations continue to struggle with building leaks, the presence of asbestos, prolonged

temperature extremes due to frequent heating and air equipment outages, and moisture issues – which increase the possibility of mold, electrical problems and potential trip hazards, such as torn flooring and broken pavement.

The agency partnership with the Department of Administration allows us to evaluate our facility needs, especially those locations comprising our Central Office. The Department of Administration recognizes that DHEC's Central Office locations have substantial deferred maintenance expenses and present significant space challenges. As such, the agency and the Department of Administration continue to evaluate DHEC's options and potential hurdles, including funding, in addressing these issues.

TALENT RECRUITMENT AND RETENTION

While DHEC has exemplary employees, we continue to struggle with talent recruitment and retention due to non-competitive market compensation and poor facilities. DHEC recognizes that we are unable to compete financially with the private sector for high-quality talent. Career advancement opportunities, increased pay and challenging work are often identified as what employees and candidates seek from employment. To address these concerns, the agency continues to identify opportunities for advancement and to increase employee salaries. Additionally, DHEC is leveraging succession planning and career development mapping to identify career advancement opportunities and challenging work as recruiting and retention tools.

Through recruiting, developing and retaining high-quality employees, DHEC is implementing strategies to make our aspiration of becoming the premier employer in South Carolina and the nation a reality. To assist in this process, we have revised our recruiting strategy to increase the pool of talented applicants interested in working for DHEC. In addition, the agency implemented a comprehensive, electronic talent management system to include modules for succession planning, onboarding and performance review.

DHEC also recognizes that succession planning is vital for employee retention, and the agency's first class graduated from the Leadership Excellence Achievement Program (LEAP) on August 2, 2017. Twenty-three graduates participated in this year-long leadership training program that identifies and develops future agency leaders who have the potential to attain management positions.

HURRICANE IRMA RESPONSE

- DHEC assessed the condition of 91 dams in areas impacted by the storm
 - **0 dams** were found to have **breached**.
 - **1 Emergency Order** was issued to owners of a regulated dam (D2164 Edna Yon Dam).
 - **0 Directive Letters** were issued to owners of regulated dams.
 - **18 Consent Agreements** pursued dam owners
 - Remainder to be addressed with inspections report / "directive" letters (essentially, results on inspection with repair and maintenance requirements).
- 3 Boil Water Advisories were issued for storm-related issues.
- **5 Special Medical Needs Shelters** were opened for a total of **23 shelterees**.
- **25 inpatient health care facilities**, including 1 hospital, **evacuated** from the mandatory medical evacuation zones. **14 patients** were transported by EMS. 2 hospitals and 1 nursing home in the mandatory medical evacuation zones sheltered in place.

2016-2017 SC DHEC TOBACCO PREVENTION AND CONTROL PROGRAM

Over the past year, the DHEC Tobacco Control Program has made great progress towards preventing use among young people, eliminating exposure to unsafe secondhand smoke, and helping current users quit, particularly within vulnerable populations. Here are some highlights:

- **The SC Tobacco Quitline**, in its 10th year, it has served over 150,000 residents with evidence-based quitting programs and specialized counseling for high-risk tobacco users. The Quitline continues to successfully provide nicotine replacement products to callers who can't get them through their healthcare plan. Over 15,500 have been served since July 2016. Expansion of healthcare provider referrals has been a priority; over 4,000 have been sent to the Quitline this year.
- **Model tobacco-free policies for school districts** now prohibit the use of Alternative Nicotine Products, such as e-cigarettes. Four new districts adopted model policies in 2017, bringing the total to 42 of 81, protecting nearly 390,000 students, faculty and staff. Of the SC's 59 colleges, universities and technical schools, 37 have campus-wide tobacco-free policies and four have campus-wide smoke-free rules.
- **The Clinical Effort Against Secondhand Smoke Exposure** in SC provides pediatricians with the training and tools to help protect young patients from the harmful effects of secondhand smoke. The program has partnered with an Upstate pediatric practice to pilot CEASE SC, referral to the Quitline has been established, and state-specific program materials have been developed.
- **Backfire SC**, a youth prevention campaign, was launched in December 2016 as a multi-component campaign including cable TV, social and digital media, out-of-home placement, and a website. Pre- and post-testing findings show increases in recognition and recall and acceptance of the messaging.
- **Secondhand Smoke Exposure protection.** In September, the Gaffney City Council prohibited smoking in places such as restaurants, public buildings, entrances, playgrounds, parks and outdoor seating areas. Forty percent of SC's population is protected by a local smoke-free law. In multi-unit housing, over 24,500 residents and staff are protected in living and common areas.
- **S.C. CAN Quit** works to establish tobacco cessation as a standard of care for oncology patients and provide enhanced cessation opportunities for pregnant women to reduce the rates of smoking during pregnancy. DHEC was honored with a 2nd place Vision Award for creativity and innovation for SC CAN Quit through the Association of State and Territorial Health Officials (ASTHO). Most notably within the cessation area has been the successful implementation of an enhanced tobacco cessation benefit for SC's Medicaid beneficiaries. Barriers to access have also been removed, including co-payments and prior authorization for all full-benefit Medicaid members. While 19% of adults in SC smoke cigarettes, 73% of these expressed a desire to quit, with 59% making an attempt in the past year.
- **Baby and Me Tobacco Free** helps pregnant tobacco users quit smoking through prenatal counseling sessions and referral to the SC Tobacco Quitline. Mothers who quit during the program are eligible to receive vouchers for diapers up to 12 months after the baby is born. Over 80 pregnant tobacco users have been enrolled in this pilot program. Seven healthy babies

have been born to date, creating a savings of \$348,320 in health care costs. Counties with DHEC's Baby and Me Tobacco Free program have seen smoking rates decline: Oconee County smoking rates have declined from 37% in 2014 to 31% in 2016; Laurens from 35% to 31%; Cherokee from 37% to 28%; and Union from 36% to 34%. Overall rates of smoking during pregnancy in SC have declined over the past two years (from 37% to 30%).

South Carolina Department of Health and Environmental Control
 Appropriations Balance Sheet: FY15; FY 16; FY 17
 Expenditures pulled from SCEIS 424

	FY 15		FY 16		FY 17	
	Budget	Expended	Budget	Expended	Budget	Expended
General Fund*						
State Base*	108,880,627	111,851,427	(2,970,800)	109,634,750	133,797,832	122,452,261
Pay Plan	100,480,255	104,572,403	(4,092,148)	107,409,750	119,916,820	117,587,317
Supplemental*	1,849,672	1,849,672	1,849,672	376,255	2,631,012	2,631,012
Federal	6,550,700	7,279,024	(728,324)	2,425,001	11,250,000	4,864,944
Earmarked	286,140,200	237,667,612	48,472,588	204,096,960	286,140,200	202,301,985
Restricted	175,589,511	144,303,814	31,285,697	152,896,290	175,589,511	160,390,205
	25,310,221	17,048,514	8,261,707	13,209,921	25,310,221	16,568,049
	595,920,559	510,871,367	85,049,192	479,837,921	620,837,764	501,712,500
						119,125,264

*Expenditures also include supplemental and/or base funds carried forward from previous fiscal years.

1. Fringe distribution
2. Salary and Fringe Increments

Budgets are as appropriated

Federal Funds: Not All Funds Listed	
Women Infant & Children	\$96M
Family Planning	\$5.6M
Ryan White	\$37M
HIV/Aids	\$3M
MCH Block Grant	\$13M
Preventive Block	\$2.5M
Immunization	\$5.1M
Emergency Preparedness	\$9M
Non Point Source	\$5.4M
Consolidated Performance Grants	\$8.4M

Earned Funds: Not All Funds Listed	
Vital Records	\$7.5 M
Women Infant & Children Rebates	\$16.6M
Ryan White ADAP	\$6M
Lab Fees	\$8.6M
Private Pay	\$8.8M
Family Planning Program Income	\$7.3M
Medicaid Patient Fees	\$5.5M
Public Health Fund	\$17.5M
Drug Control	\$3.2M
Safe Drinking Water	\$5.1M
Title V. Air Fees	\$6.6M

Restricted Funds: Not All Funds Listed	
Smoking Prevention & Cessation	\$8.8M
Waste Tire Grant Trust Fund	\$4.5M
Petroleum Fund	\$2.4M
Solid Waste Trust Fund	\$4.9M

Updates on Programs Receiving Past State Funding

Data Center Relocation

- Recurring funds: \$11.2M
- One-time funds: \$3.7M (plus \$2,618,400 from sale of Home Health)
- Hired 17 contractors to support the migration activities (advance preparation, system documentation and post-migration tuning/cleanup); 3 additional in the hiring process
- Migrated 29 servers; 12 during Pilot (GIS Systems), 17 during Phase 1 (Non-PHI/Back-end)
- Finalizing Master Services Agreement and Statements of Work to complete the migration
- Migration scheduled to be complete before end of June 2018
- Of the \$22.9M received in state funding, \$10.2M has been spent or committed through October 2017

Electronic Health Records

- Recurring funds: \$3.8M
- One-time funds: \$2M (plus \$5,781,600 from sale of Home Health)
- Request for Proposals (RFP) for an Electronic Health Record system was published on 8/1/2017
- Bids due on 11/17/2017; vendor demonstrations will be in early 2018
- Contracted with a consulting company with expertise in Electronic Health Record systems to assist in the procurement process
- Staff have been mapping clinic workflows, creating a forms inventory and a reports inventory to determine what will need to be in the new Electronic Health Record system, identifying and reviewing policies which will be impacted by the new system, and completing a variety of other tasks to help prepare for the new system.

Lead Screening

- Recurring funds: \$511,234
- Hired 3 EPA-certified lead assessors
- Funded a new lead tracking data system
- Provided training for nurses doing lead investigations
- Currently working to hire additional staff to work on lead investigations with regional Child Health nursing staff

Stroke Prevention

- Recurring funds: \$215,638
- Hired Stroke Coordinator
- Developed stroke regulation to be presented to Board on 12/14, then to General Assembly in January
- Formed Stroke Advisory Council, which has met 4 times this year
- Specific funds for stroke registries (\$2500 per hospital) will be billed in December and funds paid out by February

Best Chance Network (Cancer Screenings)

- Recurring funds: \$1M (\$500k goes to USC)
- DHEC's portion of funding used to provide mammogram services to women ages 49 and younger who are symptomatic or asymptomatic with family history, or other factors that deem them high risk. These women or services being covered with state funds do not qualify for use of federal funds.
- Approximately 1,015 women have received mammograms so far this year using state funding
- The number of women receiving services covered with state funds will increase towards the end of the fiscal year as bills are received/processed and new provider contracts are finalized

Highlights of Improvements to the Dam Safety Program since Flood of 2015

- Additional funding from the Legislature allowed the Department to increase staffing levels from 2.57 full time employees in 2012 to 14.5 full time program staff today. This has allowed the Department to place six engineers in our regional offices throughout the state to inspect and work closely with dam owners in their local areas.
- The Department also has contracted with the engineering firm of CDM Smith to provide technical and logistical support to program staff to quickly address critical program functions such as engineering plan review, inspections, and response to incidents at dams.
- Through funding provided to the program in 2016, CDM Smith is working to complete inspections of most of the dams that we regulate. Between this effort and inspections by staff and private-sector engineers in the wake of the 2015 Flood and Hurricane Matthew, each of the roughly 2400 dams regulated by the program will have been assessed within the past two years.
- We now have inundation maps for all high and significant hazard dams in the state. Inundation maps identify the area that may be flooded in the event of dam failure. In addition, locations of all regulated dams are available on DHEC's website via a mapping application at www.tinyrul.com/scdams.
- DHEC staff are working with dam owners to develop Emergency Action Plans (EAP) for high and significant hazard dams using the inundation maps generated this year. Owners of each of these dams are required to have an EAP. EAPs guide dam owners and operators through who to call and what actions to take when their dam is at risk of failure.
- DHEC has contracted with the Emergency Communications Network to utilize their CodeRed emergency notification system to send automatic voice call, text messages, and emails to owners and operators of regulated dams. For example, in advance of both Hurricanes Matthew and Irma, CodeRed was utilized to notify dam owners to evaluate their structures and lower water levels and to remind them of how to contact the Department for assistance. Following the successful launch of CodeRed notification before and after Hurricane Irma, the program increased the number of licenses to expand the capabilities to reach additional contacts for dams.
- Using funding allocated to the dam safety program, the Department has recently completed work on the constructed breach of a regulated dam in Richland County. Mandel Park Dam was damaged during the 2015 flood. The owners had been unable to maintain the water level at an elevation to prevent the dam from failing. The Department maintained siphons on the dam for more than 18 months while plans were developed to safely breach the dam. The final

construction and engineering costs exceeded \$600,000. Engineering design is currently underway for the constructed breach of two dams.

- Since the flood of 2015, the Department has utilized a tool called the ArcGIS Collector, which is an app that DHEC staff can download on their phones or an iPad that allows us to rapidly collect data on dams as they are assessed by our staff before and after the arrival of a tropical weather system. Once an assessment is entered into the ArcGIS Collector app, the results are available for review in real time by central office staff in Columbia. This was an invaluable tool for dam assessments during Hurricane Matthew and Hurricane Irma.

Dam Safety Program Operating Budget Summary

(as of 11/21/17)

Operating Expenses, Oct. 2015 - June 2019 (Projected)

Expense	Spent to Date	Projected Remaining Cost
Engineering	\$5,326,926	\$1,912,500
Individual Dams	\$684,448	\$300,000
Program Support	\$1,567,678	\$1,140,000
Inundation Mapping/Modeling	\$547,300	\$0
Statewide Inspections	\$2,527,500	\$472,500
Construction	\$901,486	\$1,700,000
Dam Stabilization	\$381,813	\$0
Dam Removal	\$519,673	\$1,700,000
Mandel Park	\$519,673	\$0
Upper North Lake	\$0	\$850,000
Moragne Lake Pond	\$0	\$850,000
Program Operating & Support	\$280,722	\$390,478
TOTAL	\$6,509,134	\$4,002,978

SFY18/19 Dams Operating Budget

Budget	Amount
SFY18 One-Time State Funds	\$4,893,750
SFY18 Budget*	\$1,529,775
SFY18 Spent & Committed to Date	-\$2,335,240
SFY19 State Budget	\$65,800
Balance	\$4,154,085

*Includes State funds plus balance of Flood Recovery allotment.

Budget Summary

Available SFY18/19 Budget	\$4,154,085
Projected Remaining Operating Expenses	-\$4,002,978
Projected June 2019 Balance	\$151,107

2016-2017 SC DHEC Childhood Lead Poisoning Prevention Program Summary

After DHEC lost CDC and state monies for childhood lead in 2005 and 2006, very few staff were assigned any duties for lead tracking and follow-up. Staff from Food Protection and Rabies, a Child Health Nurse Consultant working with regional children's health nurses, and Public Health Surveillance programming staff had surveillance and tracking responsibilities, mostly without dedicated funding.

Between 2006 and 2016, DHEC staff performed a limited number of environmental lead assessments, collected and reported lead data (hand-keyed into an antiquated data system), and provided some guidance to healthcare providers on management of children with elevated blood lead levels (EBLLs).

Without staff, systems, and equipment, we could not provide critical services to address or prevent children's lead exposure. We could not reliably use our limited surveillance data to identify geographic areas or populations at elevated risk for lead exposure. We were often not able to provide long-term follow-up for families with lead-exposed children. We did not have the capacity to address water issues for schools and out-of-home childcare providers – especially in rural areas. Most important, our staffing only allowed us to provide environmental assessments for children whose blood lead levels were three or four times the CDC's standard for exposure to lead of 5 micrograms per deciliter (mcg/dL).

Beginning in 2016, the Maternal and Child Health Bureau, the Public Health Statistics Program, the Division of Food Protection and Lead Investigation, the Bureau of Water, and other staff met to assess DHEC's capacity to work with families, water systems, healthcare providers, and others to prevent children's exposure to lead. A white paper was developed, identifying risks associated with lead, DHEC's current response capacities, and the direction in which the agency was headed to address this almost entirely preventable threat. The white paper grew into a business plan, and then into a legislative budget request for a childhood lead poisoning prevention program. We applied for and were awarded CDC funding for childhood lead. **The infusion of state (\$511,234) and federal (\$292,848) money and staunch support from agency leadership allowed the DHEC lead program to:**

- Develop and implement a data system to track routine lead surveillance and to direct the work of staff responding to children with EBLLs;
- Drop the threshold for environmental assessments to a single confirmed value of 10 mcg/dL;
- Provide training for two dozen nurses to provide case management for children with EBLLs; and
- Hire staff to do outreach with healthcare providers, public housing, nursing case managers, tribal entities, schools and childcares, and rural water systems;
- Initiate updates to lead educational information on DHEC's website; and
- Hire three new EPA-certified lead assessors, one of whom supervises the program, to conduct environmental assessments for children with EBLLs of 10 or greater. This has led to a much-improved lead risk assessments (LRAs) program. Since joining the agency, the three investigators have conducted six environmental assessments; more are scheduled. The increased staffing enables us to conduct follow-up assessments for cases where a lead hazard is found and remediated. That capacity did not exist previously. We are also equipped to handle an expected increase in referred cases that will come as health care providers adjust to the new lower threshold for lead.

These additional resources have put us in better position to carry out the mission of our agency, which focuses on keeping the people and communities of South Carolina healthy. We appreciate the support of the Legislature and look forward to additional successes in 2017-2018.

Prioritized Summary of FY 2018-2019 Budget Request

	Recurring Request	Non-Recurring Request
Mission Critical/High Risk to State:		
Reducing the Spread of Communicable Diseases	\$998,717	
State/Federal Regulatory Requirements:		
SC EMS Reporting Repository: EMS Performance Improvement Center (EMS PIC)	\$350,000	
Foundational/High Priority:		
Ensuring Quality Data for Decision-Making	\$214,856	
Mitigate Public Health Impacts from Mosquito-Borne Disease Through Surveillance	\$489,166	
Cancer Screenings: Best Chance Network and Colorectal Cancer Prevention Network	\$1,000,000	
Groundwater Quantity Permitting and Planning	\$192,461	\$106,354
Protecting Public Health by Preventing Petroleum Contamination to Drinking Water Supplies	\$250,000	\$291,000
Office of Rural Water Partnerships to Improve Wastewater Infrastructure	\$484,154	\$194,202
Subtotal Recurring & One Time Requests	\$3,979,354	\$591,556
Total Budget Request		\$4,570,910

Authorization Request Only

Earned Authorization Increase: Ryan White ADAP Pharmaceutical Rebate	\$20,000,000
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DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUDGET REQUEST SUMMARY

Budget Request Detailed Summary

Item	Summary	Amount	Recurring/ Non-Recurring	FTEs
Mission Critical				
Reducing the Spread of Communicable Diseases	<p>Need: Rates for sexually transmitted infections (STIs) are rising in SC.</p> <p>Solution: Create a three-member team for each public health region to better target communicable disease prevention, including:</p> <ul style="list-style-type: none"> • allowing a more seamless referral and follow-up relationship between field and clinical staff, • decreasing wait times for appointments, • increasing outreach efforts, and • providing more flexibility for education and specialty clinics. <p>Methodology:</p> <ul style="list-style-type: none"> • Personnel cost for 12 FTEs: \$944,516 (4 Registered Nurse II, 4 Human Services Coordinator I, 2 Medical Assistant Technician II, 2 Health Educator II) • Regional travel costs and routine training for 12 FTEs: \$30,000 • General supplies, computers and operating costs for 12 FTEs: \$24,201 	\$998,717	Recurring	12
Regulatory				
SC EMS Reporting Repository: EMS Performance Improvement Center (EMS PIC)	<p>Need: Funding for the SC Emergency Medical Services Performance Improvement Center system was lost due to a change in federal funding guidelines.</p> <p>Solution: Secure funding to support the EMS PIC system, which addresses our statutory requirement to collect and report patient and provider information for the EMS community, including training, certification, licensing, and inspection and regulation of ambulances. The system also will allow us to continue to track ambulances in an emergency situation, such as during hurricane response efforts.</p> <p>Methodology:</p>	\$350,000	Recurring	NO

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUDGET REQUEST SUMMARY

	<ul style="list-style-type: none"> EMS PIC system current contract price: \$350,000 			
Foundational				
Ensuring Quality Data for Decision-Making	<p>Need: DHEC does not currently have an Office of Quality Assurance to evaluate processes or Quality Assurance Project Plans (QAPPs) for environmental data collection, as required by federal grant commitments.</p> <p>Solution: Create two positions to satisfy Environmental Protection Agency (EPA) requirements on ensuring lab and data competency as addressed during recent EPA audits.</p> <p>Methodology:</p> <ul style="list-style-type: none"> Personnel cost for 2 FTEs: \$192,291 (1 Environmental Health Manager II, 1 Environmental Health Manager III) Travel and training costs for 2 FTEs: \$5,308 General supplies, computers and operating costs for 2 FTEs: \$7,257 Automated data review software: \$10,000 	\$214,856	Recurring	2
Mitigate Public Health Impacts from Mosquito-Borne Disease Through Surveillance	<p>Need: Globalization and modern travel are making U.S. communities more vulnerable to mosquito-borne disease outbreaks.</p> <p>Solution: Enhance surveillance activities to allow the agency to increase preparedness for potential mosquito-borne disease outbreaks (e.g. West Nile, Zika) and better target mosquito populations during an outbreak.</p> <p>Methodology:</p> <ul style="list-style-type: none"> Personnel cost for 5 FTEs: \$418,329 (1 Environmental Health Manager I, 4 Environmental Health Manager III) Travel and training costs for 5 FTEs: \$9,568 General supplies, computers and operating costs for 5 FTEs: \$10,649 Lab equipment and supplies: \$32,000 Contractual costs for mosquito collection and diagnostic testing: \$18,620 	\$489,166	Recurring	5
Cancer Screenings:	Need: In 2016, only 42% of uninsured women age 40 and older in SC had received a	\$1,000,000	Recurring	NO

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUDGET REQUEST SUMMARY

Best Chance Network and Colorectal Cancer Prevention Network	<p>mammogram in the past two years, compared to 74% of insured women. Likewise, only 59% of uninsured women ages 21-65 had received a Pap test in the past three years, compared to 77% of insured women. On the colorectal cancer front, each year in SC, 2,200 new people will be diagnosed with the disease and more than 800 will die. The medically underserved population has a higher incidence of and lower survival rates from the disease.</p> <p>Solution: Screen an additional 2,500 women through DHEC's Best Chance network, which provides breast and cervical cancer screenings to low-income women. Also, provide screenings to 600-1,000 additional underserved men and women through USC's Colorectal Cancer Prevention Network.</p> <p>Methodology:</p> <ul style="list-style-type: none"> Average breast/cervical cancer screening cost for 2,500 women: \$500,000 Average colon cancer screening cost for 600-1,000 individuals: \$500,000 			
Groundwater Quantity Permitting and Planning	<p>Need: Currently, South Carolina has 339 permitted facilities, such as water suppliers, industry and agriculture, in four existing capacity use zones. Two capacity use permitting staff cover all of these permitted facilities and do not have adequate time to assist with increasingly complex water planning issues, data assessments, compliance audits, or in-depth stakeholder engagement efforts.</p> <p>Solution: Establish two additional capacity use permitting positions to enhance the agency's ability to properly monitor, plan and permit water quantity in the state.</p> <p>Methodology:</p> <ul style="list-style-type: none"> Personnel cost for 2 FTEs at band midpoint: \$173,461 (2 Geologist/Hydrologist II) Travel and training costs for 2 FTEs: \$1,000 General supplies and operating costs for 2 FTEs: \$3,000 	\$192,461	Recurring	2

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUDGET REQUEST SUMMARY

	<ul style="list-style-type: none"> Supplies and contractual costs for sampling: \$15,000 			
Groundwater Quantity Permitting and Planning	Methodology for One-Time Costs: <ul style="list-style-type: none"> Office furniture, computers, field equipment and vehicle for 2 new FTEs: \$106,354 	\$106,354	Non-Recurring	NO
Protecting Public Health by Preventing Petroleum Contamination to Drinking Water Supplies	<p>Need: State Underground Petroleum Environmental Response Bank (SUPERB) funds cannot be directed toward the clean up of petroleum releases from unregulated sources, which are typically above ground tank or storage tank systems where the responsible party has defaulted or has a high likelihood of defaulting on their liability. Confirmed petroleum releases at 54 sites represent ongoing sources of contamination to the drinking water and soil resources of the state.</p> <p>Solution: Secure state funding to assess and remediate (<i>i.e.</i>, clean up) these contaminants over time.</p> <p>Methodology:</p> <ul style="list-style-type: none"> Contractual cost for cleanup of two sites annually, based on the average cleanup cost of \$119,524 per petroleum release: \$250,000 	\$250,000	Recurring	NO
Protecting Public Health by Preventing Petroleum Contamination to Drinking Water Supplies	Methodology for One-Time Costs: <ul style="list-style-type: none"> Estimated contractor costs to remove 27 orphaned underground storage tanks or fill with inert material and conduct limited assessments to determine if further cleanup work is required (SUPERB funds cannot be used to remove tanks). 	\$291,000	Non-Recurring	NO
Office of Rural Water Partnerships to Improve Wastewater Infrastructure	<p>Need: Many of South Carolina's sewer systems are in poor condition due to improper operation and maintenance and infrastructure being used past life expectancy. Growing populations, inadequate capacity and groundwater inflow and infiltration all add further stress to these aging treatment and conveyance systems, often resulting in system upsets.</p> <p>Solution: Create six new positions within the Office of Rural Water that will work</p>	\$484,154	Recurring	6

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUDGET REQUEST SUMMARY

	collaboratively with systems to identify problems and develop solutions. Methodology: <ul style="list-style-type: none"> Personnel cost for 6 FTEs: \$427,649 (6 Environmental Health Manager I) General supplies, computers, field equipment, travel and operating costs for 6 FTEs: \$17,886 Field vehicle and fuel: \$38,619 			
Office of Rural Water Partnerships to Improve Wastewater Infrastructure	Methodology for One-Time Costs: <ul style="list-style-type: none"> Furniture, computer and field equipment for 6 new FTEs: \$40,152 5 field vehicles for new FTEs: \$154,050 	\$194,202	Non-Recurring	NO
	Total Recurring Form B	\$3,979,354	FTEs	27
	Total Non-Recurring Form C	\$591,556		
	Total Budget Request	\$4,570,910		27

Item	Summary	Amount	Recurring/ Non-Recurring	FTEs
Authorization Request Only				
Earned Authorization Increase: Ryan White ADAP Pharmaceutical Rebate	<p>Overview: HIV drugs purchased under the federal Ryan White AIDS Drug Assistance Program (ADAP) generate rebates which must be spent on HIV-related efforts.</p> <p>Issue: In 2015, federal funding was \$23M and annual level of rebates was \$18M. The agency has an additional unspent rebate balance of \$19M which must be spent by 2019 in order to continue receiving full federal funding.</p> <p>Request for Authorization Increase: Agency authorization levels for earmarked funds need to be increased to \$20M in order to accommodate this increased spending.</p>	\$20,000,000	Recurring	n/a
	Total Authorization Request	\$20,000,000		

Proviso Requests

Proviso 34.42 Tuberculosis Outbreak

Amend

- Revised language removes the requirement to only use the SC Health Alert Network (SC HAN) system to notify health care providers of a potential outbreak.
- Allows DHEC to use targeted, community-based approaches specific to each outbreak.
- SC HAN would continue to be utilized when appropriate.

Original Language:

(B) During an investigation of an index tuberculosis patient, the Department of Health and Environmental Control, through the South Carolina Health Alert Network, must notify the patient's community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis. This subsection only applies if the investigation of the patient has met all of the following criteria:

- (1) abnormal chest x-rays;
- (2) positive Acid Fast Bacilli (AFB) sputum results of individuals testing positive outside of the index patient's family.

Proposed Language:

(B) Upon identification of a tuberculosis outbreak, the Department of Health and Environmental Control will conduct a comprehensive contact investigation and implement control measures consistent with guidance from the Centers for Disease Control and Protection. As part of the investigation and control of the outbreak, DHEC will alert the appropriate health care providers and community members using the most effective means available.

FTE Requests

Reducing the Spread of Communicable Diseases

4 Registered Nurse II
4 Human Services Coordinator I
2 Medical Assistant Technician II
2 Health Educator II
12 FTEs

Ensuring Quality Data for Decision-Making

1 Environmental Health Manager II
1 Environmental Health Manager III
2 FTEs

Mitigate Public Health Impacts from Mosquito-Borne Disease Through Surveillance

1 Environmental Health Manager 1
4 Environmental Health Manager III
5 FTEs

Groundwater Quantity Permitting and Planning

2 Geologist/Hydrologist II
2 FTEs

Office of Rural Water Partnerships to Improve Wastewater Infrastructure

6 Environmental Health Manager I
6 FTEs

Total FTEs Requested: 27