South Carolina Department of Health and Environmental Control

FY 2005 – 2006 Annual Accountability Report

September 2006

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South Carolina Department of Health
and Environmental Control

Accountability Report Transmittal Form

Agency Name   Department of Health and Environmental Control

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Transmittal Form

Section I — Executive Summary

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

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

I.1

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

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

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

(A) Emergency Response and Preparation:
*Emergency Response***:** Working closely with local, state and federal authorities, the agency responded to the J. P. Stevens Mill fire in Great Falls. DHEC staff: conducted environmental monitoring to determine the extent of the releases; supported the evacuation and sheltering of area residents and provided media coverage to keep the media industry and the public aware of the status of the fire fighting efforts and health and safety implications for the community.

DHEC staff played a leading role in the response to an air quality/food protection complaint at Barnwell Elementary School, which ultimately involved testing, examining, sampling and screening the milk, the cafeteria and all of the food in the school cafeteria. The agency served in a technical capacity to other agencies participating in the response and worked to reduce public confusion and concern and assure the safety and health of children as a result of the incident.

In addition, 96 hazardous material spills, 617 oil spills, 174 other spills, and 77 fish kills were documented. The agency also responded to 15 radiological material releases, participated in 36 exercises and documented 1,207 calls to the 24-hour emergency response line.

Graniteville Norfolk Southern Rail: DHEC continues to work through a community coalition to address citizen concerns regarding the January 2005 derailment. The agency has established an event registry that has identified more than 200 additional acutely injured persons who required medical treatment, and many others who were sickened but went untreated. Between those registered and those who were reported to DHEC, there are more than 1,300 victims.

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

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

Pandemic Influenza: In cooperation with the Governor's Office, DHEC facilitated the State Pandemic Influenza Summit in March 2006 to raise public awareness of the potential threat of a worldwide outbreak of a novel influenza virus. DHEC established a State Pandemic Influenza Coordinating Council to advise the agency on planning and preparedness for the possibility of pandemic influenza. Planning efforts and exercises are underway in all counties and major cities. A speaker's bureau has been formed and a public awareness campaign is being developed. By June 2006, approximately 7,124 individuals had been trained for pandemic influenza preparedness statewide through over 190 trainings provided by DHEC staff.

Breast Cancer Program Expansion: Beginning July 1, 2005, South Carolina began full implementation of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 jointly coordinated by DHEC and the Department of Health and Human Services (DHHS). While funding for the program comes through the DHHS Medicaid program, DHEC staff plays a crucial role in completing the arrangements with service providers and clients to ensure patient eligibility is established and services are initiated. Additional state funding of $1 million was allocated for this program. Previously, breast and cervical cancer treatment through Medicaid was limited to women ages 47-64 in the Best Chance Network. In 2005, Medicaid treatment eligibility was expanded to include any uninsured woman under the age of 65 meeting income guidelines. From July 1, 2005 to June 30, 2006, DHEC staff added 361 eligible enrollees to the expanded coverage treatment program, greatly increasing the number of women eligible for full Medicaid services. [See III.7.2.23.]

Mammography Certification: Last year, the agency became the third state to receive certifying authority from the Food & Drug Administration (FDA) for mammography facilities, and recently became the first state to successfully pass an audit of its certifying program. Authority as a certifying body enhanced customer service by now requiring mammography facilities to comply with only one set of regulations and interface with only one regulatory body regarding operations

at its facility. In addition, the certification process became less expensive for facilities, since fees charged by the agency are less than those assessed by the FDA.

Birth Defects Registry: The South Carolina Birth Defects Program was established within DHEC in May 2004. On July 1st, 2006, the program was funded by the legislature to implement a system of active case identification of major structural birth defects occurring in the state. DHEC's Birth Defects Program will monitor the occurrence of birth defects for the purposes of: determining rates and trends of birth defects; assessing the efficiency and quality of referral of affected infants and families for appropriate services and care; developing public health strategies for the prevention of birth defects; and conducting research on the causes, distribution and prevention of birth defects.

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

Marsh Islands Regulations: DHEC amended R.30-1, *Statement of Policy*, and R.3012, *Specific Project Standards for Tidelands and Coastal Waters*, two of the coastal regulations related to permitting in the critical areas of the coastal zone. The revisions were developed to provide additional clarity and specificity to regulations that address access to coastal islands. They were based on the consensus of a broad-based stakeholder committee. The development of the revisions relied on new information collected by the agency on the number, size and locations of islands in the critical area as well as an ecological evaluation of some of these islands by the S.C. Department of Natural Resources. The revisions address the current lack of activity-specific regulations for accessing islands that resulted from a legal decision that invalidated a portion of the agency's coastal regulations.

Marine Debris Removal Program: The agency implemented Phase II of the marine debris removal operations that provided for the removal of ten derelict vessels in the Beaufort area and two vessels in the Charleston area. In an effort to develop a coast-wide marine debris reduction plan, DHEC organized a stakeholder meeting of non-profit organizations, educational institutions and state and local government agencies. Outreach and educational ideas from this meeting were organized into a grant proposal that received funding from the National Fish and Wildlife Foundation and will be implemented in the upcoming year.

Dock Map Extension: DHEC staff has developed a "Dock Map Extension" for ArcGIS planning software, a tool that allows for the editing, attributing and delineation of docks, dock master plans and tidal creeks. The agency uses this tool to review compliance of new and existing docks (i.e. length, proximity to property lines, square footage, etc.). Through the deployment of this tool, agency staff will delineate and attribute all docks, tidal creek channels and retention ponds in the entire critical area.

Ozone Early Action Compacts: During the past year, DHEC has continued to build upon the early success of this unique partnership of federal, state and local government agencies as well as participants from the environmental community, industry and the public. South Carolina saw another year which three-year average ozone levels continued to decrease. In fact, all of the ozone monitors in the state had three-year averages below the ozone standard. [See III.7.2.8.]

Compliance Assistance for Wastewater Treatment Facilities: DHEC is continuing its compliance assistance efforts for small community and municipal wastewater treatment facilities that, based on historical compliance rates and other factors, have been identified as being at risk for future non-compliance with regulatory requirements. Adjustments in inspection, sampling and monitoring frequencies have been made in the upstate region so that staff can spend less time at the routinely compliant facilities and more time with the at-risk facilities. As a result, regional office staff have been able to work with these facilities to address issues relating to upgrading the

treatment systems, addressing operational concerns, providing information on financial resources, and investigating water quality complaints within the region. In addition, the Center for Waste Minimization, DHEC's non-regulatory technical assistance unit, developed a self-assessment tool for wastewater treatment facilities to help analyze and rate their compliance status. The center has conducted more than twenty site visits to facilities around the state assisting them with the completion of the self-assessment and making recommendations to improve their operations. Other DHEC staff will be trained in the use of this compliance assistance tool so that more facilities can be reached. [See III.7.2.5-6.]

Illegal Dumping: Every day South Carolinians generate more than 14,000 tons of solid waste, including household garbage, appliances, construction and demolition debris, land clearing debris and tires. Although we recycle about 20 percent of the waste, not all of the remainder is disposed of properly. Unfortunately, solid wastes are sometimes dumped illegally, which creates an unsightly mess and degrades our land and water. Citizens and law enforcement officers report these incidents of open or illegal dumping of solid wastes to DHEC.

During fiscal year 2005, approximately 1,200 various complaints of open dumping were reported to DHEC. The majority of complaints concerned illegal construction, demolition debris and land clearing sites. Compliance assistance, in which DHEC staff work with responsible parties or landowners to get debris removed, resulted in the cleanup of five sites. DHEC staff initiated civil enforcement actions against five other sites. DHEC's criminal investigators focused on the larger landfill-like sites and repeat offenders. Staff received 74 cases forwarded from the Solid Waste Review Group and obtained 20 convictions during the fiscal year. Other cases are pending. [See III.7.2.1-2.]

(D) Continued Formation of Public-Private Partnerships:

Georgetown PM$_{10}$ Efforts: Beginning in July of 2005, DHEC initiated discussions with the Georgetown community concerning an air quality issue of concern. Georgetown has elevated particulate matter concentrations (PM$_{10}$) affecting the air quality in their area. Initially, the agency met with area facilities to propose a collaborative partnership, rather than the traditional regulatory approach, to improve local air quality. Additional meetings were held that brought in stakeholders from other state agencies and local government. Across the board cooperation has been the theme throughout this process as everyone has committed to "doing their part" to reduce PM$_{10}$ concentrations. In addition to facility emission reductions, other voluntary activities that have been undertaken include sweeping/cleaning surrounding streets and using dust suppressants on facility property in order to minimize dust re-entrainment. Also, the S.C. Department of Transportation made repairs to the road surrounding the area of concern. During this same time period, DHEC met with area citizens and other stakeholders to discuss what actions were being taken to improve air quality. In order to facilitate this discussion and communication, DHEC created a Web site to provide real time monitoring data to the local industry. This collaborative partnership and teamwork have allowed DHEC and the community to control the PM$_{10}$ emissions in a timely fashion, bring monitored concentrations back down to acceptable levels, and continually improve air quality in the Georgetown community.

S.C. Cancer Alliance (SCCA): The SCCA is the state cancer alliance that coordinates public health efforts to address cancer prevention and control in the state. DHEC took the lead in organizing the SCCA and provided support throughout the formative years of the organization. The agency has provided staff support for the executive director for each of the task forces. Additionally, DHEC has managed the Centers for Disease Control and Prevention (CDC) Comprehensive Cancer Control funding that provides the majority of financial support for the SCCA and has monitored program success through the development of evaluation protocols.

This fiscal year, the SCCA has worked with its partners to: advocate for expanded Medicaid coverage for treatment of breast and cervical cancer in the state and for funding for youth smoking prevention.

Community-Based Health Promotion and Disease Prevention: DHEC works with many community groups targeting diabetes, cardiovascular health, obesity and tobacco use. In addition, the agency has expanded the Faith and Health Partnership to include the Baptist Education and Missionary Convention that has 1,100 affiliated churches and 240,000 members. This partnership, combined with the African Methodist Episcopal Church that includes more than 600 churches and 600,000 members, enhances the agency's capacity to reach a large population disproportionately impacted by chronic diseases and other health problems.

Vital Records: All county health department staff was trained in the new Vital Statistics Fee and Issuance System. The system has been integrated with the Web Birth and Web Death systems so that DHEC staff can record and issue birth and death certificates, as well as collect and process fees associated with the issuance of birth certificates. While continuing the success of online registration of birth certificates throughout the state, the agency, in partnership with the federal government, has completed electronic integration of the South Carolina Web Death System with the Federal Social Security Administration's Online Social Security Number (SSN) Verification System. As a result, all 2005 South Carolina decedents' SSNs were verified online immediately when their death certificates were keyed in at the county public health departments. The new federal Intelligence Reform Act will require states to verify this information. South Carolina is one of very few states that have advanced to this level. [See III.7.2.24.]

I.3 Key Strategic Goals: The goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2005-2010 Strategic Plan has five long-term goals, 21 strategic goals and 88 objectives. [See III.2.2.]

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

I.4 Opportunities and Barriers: DHEC's ability to accomplish its five long-term goals is affected by the following:

Environmental Health: Maintenance of the current level of restaurant inspections remains a challenge with the rapid and continued growth of food establishments at more than 200 per year of 17,000 permitted food establishments in the state. Although DHEC converted to a "risk based" system in 2005 that is more focused than the old method of sanitation inspections, the food service inspection rate continues to be well below Food and Drug Administration recommendations. Temporary food service locations at fairs, festivals and other events are increasing and require inspection. Inspection of those facilities erodes resources that are utilized to conduct routine inspections in permitted food service facilities. The turnaround time on septic tank permit applications continues to be longer than it should be in many counties. The goal is a turnaround time of no more than ten working days, but some counties continue to fail to meet that expectation due to increased workloads. This will be an ongoing challenge for the onsite wastewater program. [See III.7.2.9-10.]

Water Quality and TMDL Development: DHEC uses a nationally recognized watershed approach to water quality protection. This approach divides the state into major river basin groups. Permitting and monitoring are performed according to a schedule that cycles through all basins over a five-year period. DHEC routinely uses data from monitoring activities to prepare a *Listing of Impaired Waters* that identifies sites that need additional management actions in order to meet water quality standards. Once an impaired site is identified, a Total Maximum Daily Load (TMDL) is required by law to be developed for the site. Mathematical models for development of TMDLs consider pollutants from all contributing point and nonpoint sources. For an impaired waterbody, the TMDL document specifies the level of pollutant reductions necessary for the waterbody to meet water quality standards. Development of TMDLs and subsequent pollution reduction strategies guided by TMDLs are imperative to improving water quality in South Carolina. Absent a TMDL, new business and industries which apply to DHEC for a discharge permit, may not be permitted or might have a costlier, more restrictive permit if their proposed discharge contains the substance that is the cause for the water body impairment. More than 300 TMDLs have been developed and approved, 14 more are currently under development and review, and 61 are being implemented by the Clean Water Act Section 319 grant program. As South Carolina grows, the increased amount of stormwater, industrial waste, business waste and nonpoint source "runoff" water pollution that our waterbodies are expected to accommodate will be an ever-increasing challenge. Adequate funding is imperative to allow for continued development of TMDLs. [See III.7.2.5-6.]

Chronic and Communicable Diseases and Their Risk Factors: Chronic diseases such as diabetes, cardiovascular disease, obesity and cancer and their associated risk factors including lack of physical activity, smoking, and poor nutrition combined with emerging infectious diseases including Hepatitis C, challenge current resources and planning efforts. In addition, there are other dangerous infectious diseases (bird flu, SARS, Marburg virus, etc.) that have not yet been detected in this country, but would have serious and widespread consequence if they are introduced and become established. Preventing the spread of communicable diseases is a core public health priority. Potential savings in preventable health care costs and individual disease burden can be achieved through timely and effective responses to chronic and emerging communicable diseases. [See III.7.2.22-23.]

Tuberculosis continues to be a serious public health issue in our state. DHEC provides treatment, prevention and related support services to almost all TB cases in S.C. The state has one of the highest case rates in the country and effectively addressing this health problem requires considerable resources. [See III.7.2.21.]

Although diabetes and its complications adversely affect the health of many South Carolinians, primary and secondary prevention and education will impact diabetes related complications and death.

A prevention focus on HIV/AIDS and syphilis continues to present opportunities, since HIV is an important cause of premature death and enormous health care costs in South Carolina. Both diseases are 100% preventable. Syphilis could be eliminated given the all-time low rates in South Carolina, if the agency and the state continue to implement best practices and successful prevention efforts. [See III.7.2.19-20.]

New Vaccine Recommendations: Vaccines are one of the great success stories in public health and are among the most cost-effective health interventions. An unprecedented number of new vaccines have been introduced in 2005 and 2006 and are now recommended by the Centers for Disease Control and Prevention to fight diseases once thought to be out of reach of prevention efforts. New vaccines have recently become available to prevent diseases like meningitis,

rotavirus gastroenteritis, and to boost immunity to pertussis. The human papillomavirus vaccine was recommended for use to prevent cervical cancer on June 29, 2006. In addition to these new vaccines, recommendations for the hepatitis A, seasonal influenza, and varicella vaccines have been broadened to protect a greater number of persons who still suffer from these vaccine-preventable diseases. States count on both state and federal funding to support the purchases of vaccines for children, adolescents, and adults who are state eligible. For the first time, during 2005 and continuing into 2006, the federal section 317 funding did not receive sufficient funding to carry out its essential public health mission to complement the federal Vaccines for Children (VFC) Program. Thus, the number of state eligible, under-insured children and adolescents who could potentially receive a full series of recommended vaccines without charge continues to decline with each new vaccine or recommendation to broaden use of existing vaccines. Because these new vaccines are important additions to the immunization schedule and will prevent vaccine-preventable diseases in children and adolescents, state funds are needed to purchase these vaccines, so that under-insured children and adolescents throughout the state will have access to the vaccines in their medical home and public health clinics. [See III.7.2.15-17.]

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

Air Issues: Currently, funding for our state's air quality program is generated from fees collected from the regulated community, as well as, state funding and federal grants. The majorities of these funds are restricted by state and federal law and are not intended for use with mobile source initiatives. In South Carolina, mobile sources (cars, trucks, etc.) represent roughly one-half of the pollutants that impact our health and attainment status with federal standards. To address this issue, the agency must secure recurring funding that can be used to target emission reductions from the mobile source sector. [See III.7.2.8]

Shoreline Retreat: DHEC has responsibility for managing and protecting beaches and coastal resources for the use of all citizens. With the current increased intensity and frequency of tropical storms and hurricanes, increasing erosion rates in certain areas, and the threat of sea level rise, long-term shoreline retreat and post-disaster recovery are critical issues for coastal zone management. Twelve coastal communities have state-approved beachfront management plans developed in the late 1980s and early 1990s. These plans, among other elements, address a retreat strategy as a part of a storm damage reduction effort and policies for rebuilding after damage from hurricanes. The agency needs supplemental funding to support an effort to update the Forty Year Retreat Strategy and the Post Disaster Recovery components of beachfront management plans for these local communities in order to address this critical need. [See III.7.2.4.]

Youth Smoking Prevention Funding: The recent Surgeon General's report on the dangers of environmental (second-hand) tobacco smoke describes the need for strong tobacco related policies and programs. Non-recurring funds in the amount of $2 million were allocated to

support efforts for youth smoking prevention and cessation this past year. While these funds offer a tremendous opportunity to address youth smoking and quitting rates for South Carolinians based on best practices outlined by the Centers for Disease Control and Prevention (CDC), recurring funds are needed to sustain this effort. New funds will allow the following: continued support of the membership of the *Rage Against the Haze* youth movement against tobacco use; training and distribution of model prevention curricula to elementary schools; increased advocacy efforts to encourage school districts to adopt model tobacco-free policies; enhancement of the cessation Quitline; and evaluation of these efforts.

Sustainable Water Supplies: Although South Carolina enjoys plenty of rainfall in a typical year, the water supplies used for drinking water and industry are not unlimited. Population growth in the state and in neighboring states, especially in the coastal areas, can stress the limits of groundwater and surface water resources. Some of these resources are shared with Georgia, such as the Savannah River and Upper Floridan aquifer. In some basins, South Carolina is the downstream recipient of water flowing from North Carolina.

All of these factors combine to make establishing a sustainable water supply an increasing challenge. As a result of significant pumping in Savannah from the Upper Floridan aquifer, South Carolina is experiencing salt-water intrusion into the aquifer system along northern Hilton Head Island. Georgia's Environmental Protection Division recently published a permitting plan that includes reductions in withdrawals from the aquifer in Georgia. The development and implementation of a Total Maximum Daily Load for the Savannah River, along with allocating surface water supplies between the states, are also significant issues that must be addressed. The governors of South Carolina and Georgia, through Executive Orders, established committees that are currently discussing ways to address these issues and share water resources.

Legislation in both South Carolina and North Carolina established joint river basin advisory commissions for the Catawba/Wateree River and the Yadkin/Pee Dee River. Members have been named for the Catawba/Wateree Commission and they have met several times. Issues of concern are ensuring adequate quantity for downstream uses and increased pollutant loadings into the Catawba River.

The Governor's Water Law Review Committee recommended in its 2004 Report new legislation to establish a surface water permitting program in South Carolina. The benefits include establishing protection of existing water users and increased protection of water quality and aquatic biology by establishing minimum instream flows. A permit program will also allow South Carolina to better negotiate with our neighboring states that already have surface water permitting programs. Legislation was introduced in the last legislative session as Senate Bill 1159.

Facilities: As aging facilities (many of the agency's facilities are over 50 years old) and infrastructure deteriorate, access to essential public health and environmental services are being impacted as costs of needed renovations or replacements increase.

Budget Reductions: DHEC continues to promote and protect the health of the public and the environment in the most effective and efficient manner while trying to maintain current levels of service and progress in spite of workforce and budget reductions including a $16 million reduction in earned dollars. The agency works toward streamlining and restructuring the organization and continues to evaluate programs and services for efficiency and effectiveness. Although DHEC has focused on reducing central administration before services, reductions to the agency's base budget make it difficult to maintain core performance efforts, diminish field

presence, increase the time for response, and decrease the agency's ability to support communities and citizens.

Federal Budget Cuts: Congressional discussions do not appear promising for future funding of important public health and environmental initiatives. Significant funding cuts have occurred and there is continued risk that future cuts will take place. The CDC Public Health Preparedness and Response to Bioterrorism Grant, the Environmental Protection Agency, and the National Oceanic and Atmospheric Administration have made substantial cuts in their funding. Cuts in these programs will have noticeable, adverse impacts on the agency's capacity to address public health and environmental threats and essential programs.

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

Trauma System: A 2006 legislative proviso created funding for the state's voluntary trauma system, which follows the passage of the S.C. Trauma Care Act in 2004. While the proviso sets funding levels for elements of the trauma system, the annual funding formula for hospitals and EMS providers will be definitively established in future regulations. The amount funded was six million dollars with four million dollars recurring and two million non-recurring. The funding levels for the elements of the state trauma system were delineated in the proviso. Currently, South Carolina's trauma system is totally voluntary and is experiencing symptoms of failure, having lost the participation of several hospitals in recent years, including two in 2006. South Carolina's hospitals with designated trauma centers have lost tens of millions of dollars in recent years due to their participation in the trauma system. The funding directed to hospitals will encourage continued participation in the system, maybe inadequate to affect the deficits incurred by hospitals in providing the resources necessary to maintain trauma center designation. [See III.7.2.11.]

Increased Resources for Disease Surveillance and Response: Federal funding continues to provide the agency with the opportunity to develop and implement a more effective and efficient disease surveillance and response system in the state. Included in these efforts are getting the data and information system working well in all counties and hiring and training front-line disease surveillance and response team members in the use of new electronic systems to: rapidly collect, collate and analyze data; deploy early event detection systems for identification of pre-diagnostic (syndromic) indicators of illness; and communicate to all stakeholders to develop a rapid and focused response to any threat or emergency. Federal funds have been available for hospitals to use to develop the information technology capacity to send disease reports to DHEC. However, these same federal funds are being cut, resulting in potentially serious consequences to the agency's surveillance capacity. All DHEC acute disease surveillance, outbreak investigation and response efforts are totally funded from federal grants. No state-appropriated funds go to these core activities for both emergency preparedness and for maintaining program planning and efficiency. For the coming year, the CDC Emergency Preparedness grant is being cut 12% (beginning August 31, 2006) and the agency's emergency preparedness will suffer as a result.

Wetlands Conservation and Restoration: DHEC is using state permitting programs in conjunction with the S.C. Pollution Control Act and the S.C. Coastal Zone Management Program to protect isolated wetlands to the extent that the authority allows, since a Supreme Court decision removed wetlands from regulatory jurisdiction of the Corps of Engineers. Wetlands are ideal for storing, filtering and recharging water supplies. Revisions to the water quality certification regulation requiring permits for fill into non-jurisdictional wetlands had been promulgated by the DHEC Board, but were not adopted by the legislature. Other bills to address isolated wetlands have been discussed by the legislature, but as yet, not passed into law.

Other Coastal Issues: DHEC must continue to focus on watershed level planning efforts to address growth issues and related impacts to coastal environments. As a result, the agency is undertaking a pilot water body planning effort to develop a model water body management plan. This plan will include considerations of scale (14 digit HUCs or smaller), land use, and water quality and habitat classifications. Every aspect of management for water quality protection and enhancement will be incorporated and implemented in a pilot coastal area in conjunction with the appropriate local government and other identified stakeholders. In addition, adequate public access, beach renourishment, and the management of marsh islands continue to be significant coastal issues. [See III.7.2.4.]

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

Section II — Organizational Profile

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

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

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

Data, Information and Analysis: Delivered by staff via reports, website and linkages

- All S.C. citizens
- General Assembly
- Federal government
- Media
- Other state agencies

- Nursing homes
- Health care facilities
- Patients

- Radiological facilities
- Trauma system
- Families

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

- All S.C. citizens
- Restaurants
- Under-served populations
- Faith communities

- Children with special needs
- Communities
- Women, infants & children
- Clients with TB, STD or HIV

II.3 Key Stakeholders:

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

II.4 Key Suppliers and Partners:

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

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

II.6 Number of Employees: DHEC currently has 4,905 budgeted FTE positions. Of these, the agency has 4,197 employees in FTE positions with 741 FTE vacancies. The number of hourly, per-visit, temporary grant and contract employees varies daily. Approximately 500 additional employees fill positions in these categories.

II.7 Regulatory Environment: [See II. 2.]

II.8 Key Strategic Challenges:
- Human Resource – retiring TERI employees, staff recruitment and retention
- Financial – federal and state budget cuts, unfunded or under-funded federal/state mandates
- Operational – impacts affecting our traditional partners in health care service delivery and local planning for protecting and sustaining the environment

II.9 Performance Improvement Systems: Agency systems include the Strategic Plan, Agency Scorecard and Measurement Plan, Health Service's Performance Management System and Environmental Quality Control's Pilot Performance Partnership Agreement (with EPA).

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

II.11 Expenditures/Appropriations Chart:

Major Budget Categories	04-05 Actual Expenditures		05-06 Actual Expenditures		06-07 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds*	General Funds
Personal Service	$177,541,121	$57,997,991	$179,182,680	$60,672,218	$201,155,634	$65,804,287
Other Operating	$112,991,520	$16,326,897	$115,112,298	$21,636,463	$174,153,626	$20,466,576
Special Items	$2,447,707	$2,073,561	$1,994,767	$1,807,605	$6,908,332	$6,230,747
Permanent Improvements	$652,385	$	$4,003	$0	$0	$0
Case Services	$99,819,382	$6,407,488	$97,726,000	$7,232,080	$96,875,736	$7,934,190
Distributions to Subdivisions	$6,931,165	$2,479,557	$6,031,791	$1,726,109	$13,878,415	$1,583,164
Fringe Benefits	$50,716,104	$16,833,688	$51,005,560	$17,492,939	$61,180,848	$19,645,103
Non-recurring			$4,968,766	$4,967,300	$15,207,140	$15,207,140
Total	**$451,099,384**	**$102,119,182**	**$456,025,865**	**$115,534,714**	**$569,359,731**	**$136,871,207**

*Total funds include federal authorizations.

Other Expenditures

Sources of Funds	04-05 Actual Expenditures	05-06 Actual Expenditures
Supplemental Bills		$4,967,300 ** included above
Capital Reserve Funds	$56,311**included above	$4,003** included above
Bonds	$	$

Interim Budget Reductions

Total 04-05 Interim Budget Reduction	Total 05-06 Interim Budget Reduction

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

Section III – Elements of Malcolm Baldrige Award Criteria

III.1 Leadership

III.1.1 *How do senior leaders set, deploy and ensure two-way communication for: (a) short and long-term direction and organizational priorities; (b) performance expectations; (c) organizational values; (d) empowerment and innovation; (e) organizational and employee learning; and (f) ethical behavior?* Commissioner Earl Hunter leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently if needed, to provide policy guidance, oversight, approve regulations, hear contested cases, and set direction for the

agency. The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and the Board and to follow the Board's guidance and directives. The EMT is comprised of: Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs; Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Bob King, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Carolyn Boltin, Deputy Commissioner for Ocean and Coastal Resource Management; and Pam Dukes, Deputy Commissioner for Health Regulations.

The EMT functions as a cohesive team, meeting each week or more often, as needed to address agency performance, critical issues and strategic direction. Both long- and short-term direction is established in the agency's five-year Strategic Plan. Each deputy area has a detailed operational plan, directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the five deputy area operational plans and are expected to be included in each staff member's Employee Performance and Development Plan (EPDP).

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

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

Staff is encouraged and supported in crafting innovative solutions to matters within the scope of agency policies and procedures. The agency maintains a DHEC Savings Web page where employees may enter suggestions for ways to increase efficiencies or save money. The result of this initiative is that staff offer very creative ideas and actively participate in decisions that can lead to cost savings. All ideas are evaluated, and ideas with measurable savings potential are implemented. Those ideas that need to become policy are referred to the Administrative Policy Issues Committee. Suggestions with substantial monetary savings may be recognized through the Employee Innovation Program. The Employee Survey is offered every other year. [See III.5.6.]

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

In collaboration with the University of S.C. Institute for Public Service and Policy Research training on ethics and public service for managers and staff was offered several times in the past year. Ethical behavior is an expectation of senior leaders and is further addressed in III. 1.4.

III.1.2 *How do senior leaders establish and promote a focus on customers and other stakeholders?* Customer service has been a core agency value for many years. [See III.3-Customer Service.] This focus is established through example and training. Members of EMT have received training in customer service and have established customer service and cultural competency training as requirements for all staff. This past year, the agency incorporated Basic Customer Service training into the required orientation for new employees and has implemented a one-day "Customer Service Excellence" course. This focus on customer service training is reflected in satisfaction with courtesy and attitude of DHEC staff in the 2005 Customer Service Survey. [See III.7.1-4.]

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

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

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

- Through the leadership of Environmental Quality Control's (EQC) Community Liaison and the Public Participation Task Forces, the agency is seeking more and better ways to engage public participation. Each EQC program area (Air, Water, Environmental Services, and Land and Waste) has developed a public participation workgroup to assist with this effort. EQC is currently reviewing all activities to determine the appropriate levels and methods for public participation. Comments from businesses and industries that apply to the agency for environmental permits are compiled and a report is submitted quarterly to each of the EQC Bureaus.

- The EQC Public Participation Workgroup has been working for the past two years on ways to enhance public involvement in DHEC issues. The group has developed a survey instrument that is given to all participants at community meetings, public and staff forums and other public meetings. Among other information, the survey asks citizens for ways in which the agency can be more responsive to those DHEC issues of public concern. The survey responses are tracked on a spreadsheet, and plans are in progress to use focus groups within EQC to address some of the concerns identified as a result of the surveys.

- Two public participation issues that the Bureau of Water was heavily involved in this year were copper in drinking water in one residential community and radium in drinking water wells in another rural community. DHEC initiated several public meetings with both communities to resolve these issues, ending with positive results. DHEC is currently working with both communities to find a permanent resolution to these issues.

- Changing of clinic layouts, signage, hours of operation, location of services and open access appointments are often based on customer feedback and of course, funding availability.

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

The agency is further accountable through internal and external audits (Legislative Audit Council, grant audits) [See III.7.5.3-4.] and control mechanisms, accreditations (CHAP-Community Health Accreditation Program), as well as to the Governor, the DHEC Board and the General Assembly. In addition, the agency introduced a fraud, waste or abuse hot line to report issues involving DHEC contracts, programs or personnel.

III.1.5 *What key performance measures are regularly reviewed by your senior leaders?* The agency recently completed a scorecard based on the 2005-2010 Strategic Plan that reflects the overall performance of the agency and the state of health and the environment in South Carolina. The Strategic Plan Council, at the direction of the Commissioner, is in the process of piloting Goal Five: *Improve organizational capacity and quality.* The Board and EMT review key performance measures periodically. Each member of EMT reviews additional performance measures related to his/her own area of responsibility on a routine basis. In addition the Commissioner has requested that program staff monthly present key measure/s at the regularly scheduled EMT meetings to increase communication between senior leaders and the program area. Critical measures reviewed this past year include [See III.7 – Results.]

- Customer General Impression of DHEC 1998-2005
- Customer Satisfaction with Overall Quality of Service 1998-2005
- Satisfaction with Courtesy and Attitude of DHEC Staff 1998-2005
- Satisfaction with Time had to wait for Service at DHEC 1998-2005
- Uncontrolled Waste Sites Evaluated
- Uncontrolled Waste Site Cleanup Actions
- Hazardous Waste Site Cleanup Actions
- Percentage of Developed South Carolina Beaches with a Healthy Profile, 1997-2005
- Population Served by Community Water Systems in Full Compliance
- Percentage of Assessed Waters Supporting Fishable and Swimmable Uses
- UST Cleanup Completion vs. Goal
- Percent of South Carolinians Living in Areas Meeting the 8-hr Ozone Standard
- Average Number of Unannounced and Follow-up Food Facility Inspections per Facility
- Number of Actual Food Service Inspectors vs. Number Needed to Meet Standard
- Trauma Centers – Numbers by Level Designation
- Percent of Newborns Receiving a Newborn Home Visit and Number of Visits Provided
- Children's Rehabilitative Services – Caseload
- Public Vaccine Usage by DHEC Clinics and Private Medical Practices
- Estimated Vaccine Coverage of Children 19-35 months, S.C. and US
- Family Planning Caseload
- WIC Total Participation
- Influenza Immunization Coverage Levels in SC, 65 years and Older, by Race
- Number Tested for HIV Infection by DHEC and Number Positive
- Number of Aids Drug Assistance Program (ADAP) Clients and Total Expenditures
- S.C. Reported TB Cases 1991 - 2005
- Persons with Diabetes Two or More A1c Tests Per Year
- DHEC – Best Chance Network Percent of Abnormal Breast Screenings with Completed Diagnostic Workup
- Birth and Death Certificates Issued by DHEC
- Administrative Expenditures Compared to Total Expenditures
- Cost Avoidance Savings using Purchasing Cards
- Volume Purchase Prices vs. Corresponding Contract Prices
- DHEC Savings in Annual Facilities Lease Obligations
- Credit Card Transactions
- DHEC Employee Turnover
- Workers Compensation Claims FY01 – FY05
- Average Turnaround Time to Complete a Transaction

- EQC Permit Decisions Made Within Required Time Frame
- Expenditures with the Minority Business Enterprise
- Implementation of Internal Audit Recommendations
- Agency Cost Savings Identified by Office of Internal Audits

III.1.6 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness of management throughout the organization? How do their personal actions reflect a commitment to the organizational values?* Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.6.], focus groups, routine staff meetings, employee suggestion boxes and statewide video and audio meetings. The Commissioner uses video technology to host periodic statewide broadcasts to update staff on key budgetary, performance and policy issues. Staff receive an agenda prior to the broadcast and are encouraged to FAX or call in questions during these broadcasts. He has an open door policy for staff and routinely attends management/staff meetings in the deputy areas. Both internal and external audits as well as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission and other federal agencies routinely provide the Board and EMT with information to improve organization performance.

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

III.1.8 *How do senior leaders create an environment for performance improvement. accomplishment of strategic objectives and innovation?* In addition to the weekly EMT meetings, the Commissioner meets individually with each of the deputy commissioners bi-monthly to discuss more specifically, performance, issues of concern and changing conditions related to a particular deputy area that may affect accomplishment of agency goals and objectives. Senior leaders routinely meet with their respective staff at the deputy level to monitor performance, strategic direction and trends. In addition, senior level managers attend joint EMT meetings monthly where issues of concern are also communicated from the bureau level to senior leadership. [See III.1.6.]

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

Employees are often allowed time away from the job for civic and community involvement related to the mission of the agency and hold numerous agency fund-raisers to support health and environmental issues. These activities include; Harvest Food Bank, Seeds of Hope Farmers' Market Project, March of Dimes, United Negro College Fund, Boy and Girl Scouts, Urban League and walks or other fundraisers for various health related issues (breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff volunteers after hours as firemen, constables and EMS personnel and with area schools as business partners with Lunch Buddies, at science fairs and in school supply

drives. This past year DHEC employees raised over $75,143 for United Way (a 5.3% increase), $17,105 for the American Heart Association Heart Walk (#1 government agency team), and $18,402 for Community Health Charities of South Carolina. (a 14% increase).

III.2 Strategic Planning

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

How does the strategic planning process account for:
(a) Organizational strengths, weaknesses, opportunities and threats are addressed in Broad Goals 1-5 of the Strategic Plan and in the related strategic goals and objectives [See III.2.2.]. The Agency Implementation Recommendations developed as part of the strategic planning process by the Strategic Plan Council include #6 *"Create a mechanism for amending the Strategic Plan at the objective and measures level in order to be responsive to changing circumstances and the political and fiscal environment."* Items included in I.4 are related to the agency's core mission and are addressed in the Strategic Plan [See III.2.2.]

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

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

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

(e) Opportunities and barriers are addressed in a – d above*.*

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

made disasters or terrorist events." DHEC has policies in place for continuity of leadership. A continuity of operation plan is under development, with a focus on preparedness for pandemic influenza.

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

III.2.2 *What are your key strategic objectives?* [See the Strategic Planning Chart – Addendum C.] Goals and key strategic goals in the Strategic Plan 2005-2010 are:

Goal 1: Increase support to and involvement by communities in developing healthy and environmentally sound communities.
- Increase support to develop healthy communities.
- Protect the public against food, water- and vector-borne diseases.
- Promote a coordinated, comprehensive public health preparedness and response system for natural or man-made disasters or terrorist events.
- Work with local governments and communities to improve land use plans to balance growth and natural resource protection.
- Expand public knowledge of and involvement in environmental and health issues.

Goal 2: Improve the quality and years of healthy life for all.
- Promote healthy behaviors.
- Reduce the occurrence of vaccine preventable diseases.
- Improve maternal and child health.
- Improve the quality of life for seniors living at home and in long-term care facilities.
- Improve access to comprehensive, high quality care.

Goal 3: Eliminate health disparities.
- Reduce disparities in the incidence and the impact of communicable diseases.
- Reduce the disparities in illness, disability and premature deaths from chronic diseases.

Goal 4: Protect, enhance and sustain environmental and coastal resources.
- Protect the environment to improve public health and safety.
- Enhance environmental and coastal resources.
- Restore impaired natural resources and sustain them for beneficial use.
- Protect coastal and other sensitive areas.

Goal 5: Improve organizational capacity and quality.
- Provide continuous development of a competent and diverse workforce.
- Provide reliable, valid and timely information for internal and external decision-making.
- Ensure customer focus and cultural competence in the agency.
- Improve the linkage between funding and agency strategic direction.
- Improve operational efficiencies through the use of improved technology and facilities.

III.2.3 *What are your key action plans/initiatives?* The Strategic Plan contains five broad goals, 22 strategic goals and 88 objectives. The Strategic Plan is deployed daily through deputy area or unit operational plans. Each deputy area has developed an operational plan to define the strategies and activities that will be implemented to achieve the goals and objectives of the Strategic Plan e.g. the Health Service's Performance Management System and Environmental Quality Control's Pilot Performance Partnership Agreement (with EPA).

III.2.4 *How do you develop and track action plans that address your key strategic objectives?* The Strategic Plan guides the development of the agency's action plans and program evaluation. The agency's Strategic Plan Council provides agency oversight on all aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT receives periodic reports on progress measures of key objectives. Each deputy area monitors operational plans that are tied into the Strategic Plan.

In May 2005, DHEC was awarded a State Strategic Planning Pilot Project grant from the Environmental Council of States [See II.9.] The overall objectives of the pilot project are to: (1) more clearly and systematically identify internal, cross-media priorities so that Environmental Quality Control is better positioned to negotiate with the EPA on the development of annual EPA-state commitments; (2) improve coordination and utilization of state and federal resources to address priorities; and (3) develop a Performance Partnership Agreement that reflects these priorities.

After considerable discussion and input from both staff and management, EQC has identified three critical areas for the coming fiscal year; local governments/sustainability, staff retention and development, and resources. These priorities will be incorporated in the next iteration of EQC's Operational Plan. This will be an in-depth plan identifying how EQC will implement and achieve DHEC's recently completed 2005-2010 Strategic Plan.

Health Services has designed a Performance Management System that will enable the deputy area to monitor its performance in all aspects of its operations. Categories for which performance measures have been developed are Management, Human Resources, Public Health Capacity, Data and Information Systems, Customer Focus, Financial Systems and Health Status. All of the indicators are linked to the DHEC Strategic Plan.

III.2.5 *How do you communicate and deploy your strategic objectives, action plans and performance measures?* The Commissioner introduced the 2005-2010 Strategic Plan during one of his regularly scheduled broadcasts. A card with the mission, vision, values and broad goals was distributed to each employee with paychecks. Posters with the same information have been placed in many buildings and departments statewide. "Bright Ideas," a tip sheet for managers and supervisors on how to promote and implement the plan with staff, was distributed. The plan and supporting information is available on the agency's intranet. An opening computer "flash screen" was piloted in EQC. As employees log in for the day, a ten second screen with the mission, vision, values and accompanying pictures flashes on the screen as a reminder to every employee. Staff has given very positive feedback to this "electronic poster."

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

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

III.2.6 *How do you measure progress on your action plans?* Measures of key performance are aligned to the objectives in the Strategic Plan and the deputy area operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators in the agency's Measurement Plan.   These objectives have been refined to include data source, baseline, frequency of measure, and staff responsibility. DHEC has developed a scorecard of performance measures from the Strategic Plan 2005-2010 that is linked to deputy area action plans. [See III.1.5-6. and III.2.4.]

III.2.7 *How do strategic objectives address strategic challenges identified in the organizational profile?* Human resources and financial challenges are addressed in Goal 5 and operational impacts are addressed in Goals 1-5 of the Strategic Plan. [See III.2.2.]

III.2.8 View the DHEC 2005-2010 Strategic Plan at www.scdhec.gov

III.3 Customer Focus

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

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

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

III.3.3 *How do you use information from customers/stakeholders to keep services or programs relevant and provide for continuous improvement?* DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.1.1-4.] is reported to the Board, EMT and agency employees. Input from the various customer feedback mechanisms described in III.1.3 and III.3.2 is reported to appropriate management teams for evaluation, follow-up and action. Through this continuous quality improvement process, policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders. Examples of these efforts include:

- The Bureau of Air Quality (BAQ) strives to ensure that all stakeholders who are interested in agency regulations have the opportunity to have their opinions heard. The BAQ uses a variety of media to ensure that stakeholders are informed about the process: posting notices in the State Register; mailing hard copy notices; using electronic mailings; and posting information on the agency Web site in an effort to reach as many stakeholders as possible.

- The Bureau of Water (BOW) established an internal workgroup to improve the public participation process. Work has begun to improve public notice readability and improve public meetings through the use of plain language and an environment that encourages input from participants. As with other environmental programs, the BOW is beginning a process of soliciting input from meeting attendees on how to improve agency processes.

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

- The Marsh Islands Advisory Committee, a diverse stakeholder group comprised of representatives from various interest groups, made recommendations to staff for the development of regulations for accessing coastal marsh islands. In addition to this committee, similar coastal stakeholder groups have been utilized to identify key issues, research needs and future strategies for funding allocations.

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

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

III.3.4 *How do you measure customer/stakeholder satisfaction or dissatisfaction and use this information to improve?* DHEC has systematically measured customer satisfaction at a statewide level for the past eight years (1998-2005) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions; and accessibility. DHEC has a positive public image and, overall, South Carolinians are satisfied with the services. Consistently, DHEC has over 92% satisfaction with courtesy and attitude of staff even with significant reductions in staff over the past few years. [See III.7.1.1-4.] Customer service is assessed at every level of the agency and in all customer groups.

Health Services surveyed every customer whom staff came into contact with during a one-week period in April 2005 and again in April 2006. More than 13,000 surveys were collected during each of these time periods. The 2005 results showed that 98.1% of customers received good or very good treatment, and 97.8% rated the service as good or very good with over 98% saying that they would recommend the service to others. The 2006 results are not available at the time of this report.

III.3.5 *How do you build positive relationships with customers and stakeholders?* A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach and technical assistance activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, local and state government groups, organizations and associations around the state, including: the Bioterrorism Advisory Council, March of Dimes, S.C. Hospitality Association, American Heart Association, S.C. Hospital Association and health care facilities. Examples of these efforts include:

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

- Senate Bill 1263 passed the 2006 S.C. legislature. It creates a voluntary pilot program to test and evaluate the economic and administrative benefits of a statewide expedited permit review program at DHEC. Permit applicants who wish for an expedited review of their project will pay additional fees for this review. The voluntary pilot program will be tested initially for a few specific permit types to evaluate the ability of such a program to provide enhanced customer service to permitees.

- The agency's coastal program is continuing to work with local governments in Jasper, Beaufort and Berkeley counties on natural resource planning and management initiatives. Special Area Management Planning efforts are continuing in Murrells Inlet and the Cooper River Corridor area. Regulatory staff regularly interacts with the public as part of the permit review process for critical area, stormwater certification and federal consistency applications.

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

In addition, agency staffs make numerous presentations and develop educational materials, fact sheets, and educational bulletins for special interest and community groups, professional and academic organizations, local and state governments, schools, and business and industry. The agency has provided more than 200 trainings on Pandemic Influenza for more than 7,000 community members and continues to provide training at no charge for other state agencies in the State Agency Training Consortium.

III.4 Measurement, Analysis and Knowledge Management

III. 4.1 *How do you decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?* Goals and objectives, measures, operations, processes and systems support the agency's mission and the strategic and operational plans. Past measures indicate which strategies work to achieve agency goals and those that need to be revised based on changing conditions. Progress is measured at the agency level and at the deputy level. [See III.2.4–6.] Measurement decisions are prioritized to collect and analyze data necessary for decision making; to track and evaluate progress toward reaching objectives and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; supporting organizational capacity and quality including business and financial management support systems; and measurement of the strategic plan.

The agency has developed a public health informatics approach to deliver the right information to the right people in the right time and format. This process has improved how DHEC business is conducted by leveraging data and information that are gathered, organized, managed and shared. The agency's "Public Health Informatics" committee provides guidance on DHEC's future data systems and information services initiatives. The committee has previewed all existing major public health systems and data sources and has developed an overall public health informatics infrastructure including data, systems, integration, standards, confidentiality and security around the agency. Future initiatives of data systems and information services will be reviewed by this team prior to development and implementation, resulting in improved public health efficiency, oversight and guidance, reduced cost and duplication of efforts, and an overall better fit with the agency's strategic direction, infrastructure and needs.

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

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

led to better internal management with improved productivity tracking of staff as well as improved customer service.

 A selected list of systems follows:

DATA SOURCES USED FOR DECISION MAKING	
DATA SYSTEM	APPLICATION
Enterprise Data Model	Integrates all administrative and clinical data
South Carolina Vital Record and Statistics Integrated Information System (SCVRSIIS)	South Carolina population based system for data collection, analysis and dissemination of vital statistics based health status
Health Alert Network	CDC link to respond to biological terrorist threats
Carolina Health Electronic Surveillance System (CHESS)	Manages surveillance systems for rapid response to threats
Central Cancer Registry	Statewide cancer surveillance; investigates cancer clusters
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits, and violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information Systems	Studies impact of vital events, disease, etc. to develop effective approaches to improve health and environmental outcomes
Health Regulations Data Bases	Analyzes incident and accident reports for response
EMS Trauma	Certification of EMS providers
Internet Shelter System	Manages and staffs Red Cross shelters during disasters
Personnel Action Information System	Processes personnel actions
Data Extract for ORS	Studies data required by Office of Research and Statistics
National Violent Death Reporting System	Death information from multiple state sources to assist policymakers and communities in violence prevention
SCAN-GIS	Interactive retrieval system for public health information
TRAMS	Training management and course tracking system
Laboratory Information Management System (LIMS)	Support for ordering and reporting laboratory tests, data analysis, disease reporting, and lab resource and management activities
Client Automated Record and Encounter System (CARES)	A client encounter and medical record tracking system to replace current clinical management systems utilizing the Agency Data Model
CBARS	Consolidated billing and accounts receivable system

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

III.4.3 *What are your key measures, how do you review them, and how do you keep them current with business needs and direction?* [See III.2.2-4 and Strategic Plan Chart–Addendum C.]

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

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

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

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

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

III.4.6 *How do you translate organizational performance review findings into priorities for continuous improvement?* Organizational performance is monitored at the deputy as well as the

agency level. Results are analyzed and compared to expected benchmarks. If key results are negative or if directives change, they are communicated to senior management for discussion and action that may involve shifting resources, priority or changing processes. If results are positive, they are communicated to appropriate staff to motivate and empower to them to continue the trend. [See III.1.4 and 6.] The agency recently completed a scorecard as part of its strategic planning process. Goal 5 in the scorecard is currently being piloted at the request of the Commissioner. [See III.1.5.]

III.4.7 *How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?*

Regional, district and program discipline meetings, professional organizations, community and academic partners, newsletters, distance learning, intranet, as well as the agency's Capacity Building Project and Mentoring Program are utilized to share best practices and enhance organizational knowledge. [See III.5.3.]

III.5 Human Resource Focus

III.5.1 *How do you organize and manage work: to enable employees to utilize their full potential, aligned with the agency's objectives, strategies and action plans; and to promote cooperation, initiative, empowerment, innovation and your desired organizational culture?* The Strategic Plan addresses development of a competent and diverse workforce. [See Goal 5 in III.2.2.] The Employee Performance and Development Plan (EPDP), the agency's employee performance evaluation process, is used to align employees performance and potential to the agency's strategies, objectives and action plans. Employees are rated on how well they meet the agency values. One of the values for managers is Excellence in Government, which is defined as "Ensuring quality performance and well-trained employees to improve health and the environment." Employees are also rated on Performance Characteristics, which could include cooperation, initiative and innovation. Behavior anchors have been established for several characteristics. Raters identify "Future Performance Expectations" where they identify areas the employee should focus on to reinforce his/her success and contribution to the agency during the upcoming review period. Raters also identify "Future Training and Development" in which employees should participate to enhance future performance. [See III.1.1.] Action plans are linked to the EPDP and the agency allows employees to job share, as well as flextime and telecommute where appropriate.

III.5.2 *How do you evaluate and improve your organization's human resource related processes?* Human Resource processes are evaluated for accuracy and timeliness. All human resource actions are tracked through the Personnel Action Information System (PAIS) to determine the amount of time it takes to process an action. Before PAIS was implemented, the average time for a transaction was over eight days. This has been reduced to less than three days. [See III.7.4.3.] The agency leave system is closed two times a year for audit purposes to correct any negative balances. Personnel files for terminated employees are imaged for quick retrieval to verify service dates and salaries. The Employee Survey administered every other year, individual employee feedback on the EPDP and exit interviews provide further feedback information from the employee perspective.

III.5.3 *How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? How do you evaluate the effectiveness of this education and training and encourage job use of the new knowledge and skills?* The leadership of DHEC believes in the importance of setting appropriate job and training

standards for employees. Managers and staff are assessed to identify what additional training is needed in order to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor and are included in the EPDP performance review form. [See III.5.1.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. The agency has 222 staff who have graduated from the Management Academy at the University of North Carolina and 43 who have graduated from the Southeastern Public Health Leadership Institute. The agency supports annual participation in the South Carolina Executive Institute and had two scholars attend the Environmental Public Health Leadership Institute. Six staff, the largest number of any state agency, complete the Certified Public Manager program this year.

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

The agency provides staff training with an evaluation component. It supports and encourages staff through tuition assistance and altered work time to take advantage of other formal and informal educational opportunities. The agency is integrating technology, content and distance learning methodologies to make learning more easily accessible and more cost effective for staff. Video conferencing, courses on video and CD-ROM, and Web-based training are currently available.

Agency Training – July 1, 2005 – July 1, 2006		
Category	# Courses	Numbers Trained un-duplicated count
Administration	18	1759
Customer Service	6	2908
Communication	17	378
Computer Software	23	720
Job Specialty	598	12,644
Management	23	1280
Leadership	3	15
Orientation	7	428
Safety	51	4865
Public Health Emergency Preparedness	121	5071

As of June 1, 2006, DHEC had 335 employees participating in the TERI Program. Of this number, 42 are scheduled to leave by December 2006, and another 41 during 2007. In addition to the TERI employees, DHEC has 272 employees currently eligible for retirement with another 724 eligible for retirement within the next five years. Succession planning has taken place in the different deputy areas to plan for replacement of management positions. For example, EQC has had more than 120 employees participate in their Capacity Building program. Health Services is in the process of implementing a Health Services Workforce Continuity and Development Plan. Strategies include mentoring, coaching, job shadowing, leadership training and development, job rotation, core public health training, formal academic training and improved recruitment and selection processes.

DHEC has developed and implemented a New Employee Orientation program that includes an on-site session and an intranet component providing an overview and history of the agency,

customer service training and information on important agency policies. Cultural competency training is a requirement for all employees.

III.5.4 *How does your employee performance management system, including feedback to and from employees, support high performance and contribute to the achievement of action plans?* The agency's performance management system, the Employee Performance and Development Plan (EPDP) because of its emphasis on both performance and development, added two new sections emphasizing employee development: "Future Training and Development," which is completed by the supervisor and "Organizational Support," which is completed by the employee giving suggestions as to how the supervisor, co-workers and/or agency management can support him/her in the present job and with future career goals.   These new additions have helped improve workforce development and motivation. This consolidated document has resulted in a streamlining of processes and includes clear and measurable performance standards with direct correlation to the agency mission.

III.5.5 *How do you motivate employees to develop and utilize their full potential?* During State Government Employee Appreciation Week, daily activities were planned to show appreciation to the agency workforce. One morning, the Commissioner and other Executive Management Team members personally greeted employees as they entered the workplace thanking them for their dedication and work.   Other activities that week include drawings for choice parking spaces and for gift baskets donated by different program areas of the agency. These activities were well received by staff.

The Michael D. Jarrett Awards have been given for more than eleven years to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency also has an Employee Innovation Program to monetarily reward employees who develop cost-saving initiatives [See III.I.1.] The "Monthly Award for Excellence" is an agency wide effort where staff is nominated by other employees and is recognized by the EMT and the Board. Several agency employee recognition programs have been implemented including the Employee Bonus Program to reward employees for specific outstanding contributions to the mission of DHEC.

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

III.5.6 *What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction and motivation? How do you use other measures (retention and grievances) and how do you determine priorities for improvement?* Since 1989, the agency has conducted an Employee Survey every other year to assess employee attitudes and opinions on a broad range of topics. The results of the most recent survey in 2004 closely mirrored previous surveys. Respondents were most positive about job satisfaction, quality of services delivered and importance as a contributor to the team. Respondents were least positive about salary, benefits and recognition. Over these past 15 years, DHEC employees have continued to feel positively about their jobs and the contribution they make, but have been dissatisfied with what they get in return - salary, benefits and recognition. The Employee Survey allows for open-ended comments, which give staff an opportunity to voice their concerns. This information is shared with the Commissioner, EMT and staff.

In addition, a variety of formal and informal assessments are used in individual units to determine employee well-being, satisfaction and motivation.   Examples of these include: area/program retreats, focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants and ongoing assessments through the EPDP system.   The

electronic exit interview allows for easier completion and additional analysis of data from departing employees. The PAIS system provides deputy areas with more specific turnover information and allows for better turnover analysis. DHEC has consistently had lower overall employee turnover than other state agencies. [See III.7.4.1.]

III.5.7 *How do you maintain a safe, secure and healthy work environment including workplace preparedness for emergencies and disaster?* DHEC's commitment to the safety of its employees is reflected in the decreases in Workers Compensation claims and in the average amount paid per claim over the last six years. [See III. 7.4.2.]

DHEC has an active Safety Committee and long established policies and procedures for workplace emergencies. The committee representing all parts of the agency meets monthly to help guarantee a safe and healthy environment for both staff and visitors. There are also specific safety committees in the deputy areas, in region offices, and in the laboratory support area. The Risk Management Committee, composed of representatives from several other agency committees, e.g. safety, vehicle safety, infection control and workers compensation, maintains an agency intranet site to provide consolidation of relevant policies and information for employee safety and well being e.g., fire plan, bomb threat plan and safety plan. Practice exercises and safety inspections are held periodically to assure employee safety and response.

DHEC has a "hazards line" information service to provide employees with up-to-date information during weather emergencies. The agency has promoted National Incident Management System compliance and emergency management training for employees. Standard operating procedures are in place for disaster response, as DHEC has lead agency responsibility for Emergency Support Function #8 "Health and Medical Services," and Emergency Support Function #10 "Hazardous Materials."

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

III.6 Process Management

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

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

11. Assist small businesses with regulations and requirements.
12. Provide business and financial management oversight services to support agency program.

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

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

- The agency's coastal program, the Office of Coastal Resource Management (OCRM) is currently working on modifications to the Environmental Facility Information System (EFIS), enhanced GIS capabilities, and internal project tracking methods. These changes will allow for improved internal and external customer service and will help satisfy reporting requirements for DHEC and federal funding sources. OCRM is dedicating resources to technical development in order to increase data storage capacity and improve the collection, management and use of data. OCRM has provided staff training opportunities for ArcGIS, EFIS, and other software to improve basic skills and efficiency and to provide advanced training if desired. As a result, OCRM will utilize improved technical capabilities to refine regulatory and administrative processes.

- The Bureau of Financial Management (BFM) brought in a new check scanning system that results in the funds being directly deposited into the bank when the checks are scanned. In addition, BFM now scans PCAS timesheets, which reduces paper to file and will improve the access to and retrieval of information. As of July 2006, BFM has scanned approximately 159,000 PCAS records.

- The Bureau of Financial Management (BFM) is working to further automate DHEC's payroll processing and enhance financial reports provided to the regions and program areas. BFM has also prioritized automation needs and is working jointly with the Bureau of Information Systems (BIS) to address these requirements.

- The agency's credit card business has increased significantly over the past few years. In October 2005, a system was developed and implemented for customers who received invoices from the various DHEC program areas to pay for those invoice online. In addition, in April 2006, the agency improved the ability for the clinic sites throughout the state to accept credit cards by modifying this system for their use. In FY03, total credit card sales were $880,054. For FY06, total credit card sales were $1,729,679, which is almost double the amount of credit card sales in FY03. Customers have been pleased with this option and the availability of agency funds has improved. [See III.7.3.5.]

- The Bureau of Information Services has developed the CARES Consolidated Billing and Accounts Receivable System (CBARS) which has improved the time it takes to receive Medicaid funds from 19 days to approximately 5 days for some billings done through CBARS. DHEC bills Medicaid for around 5,000 claims per month in CBARS with a total dollar amount of approximately $285,000 per month. The increased timeliness in processing has resulted in more timely access to the billing dollars owed.

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

The Office of Internal Audits (OIA) routinely conducts audits of agency programs. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY06, OIA

issued four audit reports. OIA identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations from calendar years 1995 through 2004 are closed. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.5.2-3.]

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

III.6.5 *What are your key support processes, and how do you improve and update these processes to achieve better performance?* The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services while refining agency processes to be more effective and cost efficient. Other examples may be seen in [III.7.3.3-4.]

The Bureau of Financial Management is responsible for providing accurate and timely services in support of the management of the agency's financial resources. The key support processes in each of the divisions ensures that money due to the agency is received, agency bills are paid, accounting transactions are recorded, budgets are developed and monitored, employees are paid, grants are monitored, grant time and expenditures are documented, and overall fiscal responsibility of the agency is ensured. [See III.7.3.5.]

The Bureau of Financial Management has been working to update its policies, procedures and forms, and re-vamp its intranet site. All of the agency's travel forms and instructions have been updated and put on the Web site. The AIMS Access Form and the Petty Cash Policies and Procedures have also been updated and put on the Web site. The agency PCAS policy was updated and a policy was added to document the grant closeout process.

Agency information systems are used to collect and analyze data used for programmatic and operational decision-making [See III.1. 4 & 6 and III.4.3.] The agency is continually evaluating financial and business processes for cost control and financial oversight to determine whether they can be operated more efficiently and effectively.

III.7 Business Results

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

III. 7.1 Customer Satisfaction Results

Fig. 7.1.1

Customer General Impression of DHEC
1998 – 2005

Source: DHEC Customer Service Survey

Legend:
- Very/Somewhat Positive
- Neither
- Somewhat/Very Negative
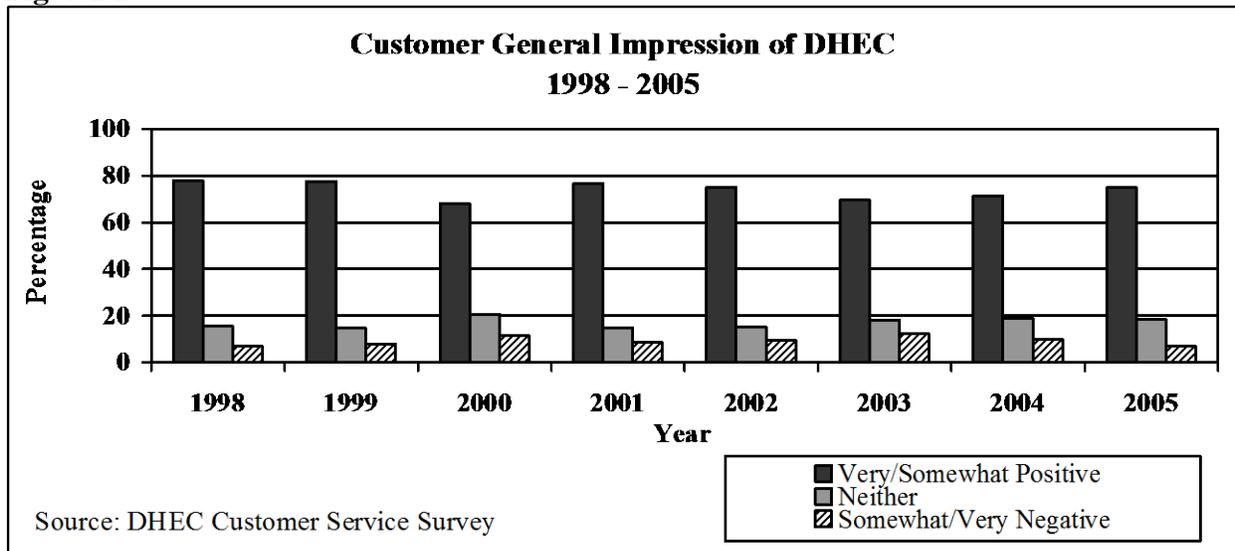
The results of the 2005 Customer Service Survey demonstrated the relative stability of the public's positive view of DHEC (75%). In the last eight years, the average percentage has been 74% for respondents with a positive general impression of DHEC. In 2005, the percentage of respondents with a negative view was less than in any of the previous seven surveys.

Fig. 7.1.2

Customer Satisfaction with Overall Quality of Service
1998 – 2005

Source: DHEC Customer Service Survey
*American Customer Satisfaction Index
(ASCI) Overall Quality Satisfaction

Legend:
- Very/Somewhat Satisfied
- Somewhat /Very Dissatisfied
- ACSI *

Respondents who have used DHEC services were asked to evaluate the overall quality of the service they received. Overall satisfaction with service was 94%, the highest rating since 1999. DHEC remains well above the American Customer Satisfaction Index* (ACSI) overall Quality Satisfaction of 73.2% for 2005.

31

Fig. 7.1.3

**Satisfaction with Courtesy and Attitude of DHEC Staff
1998 - 2005**

Source: DHEC Customer Satisfaction Survey

■ Very/Somewhat Satisfied
□ Somewhat / Very Dissatisfied
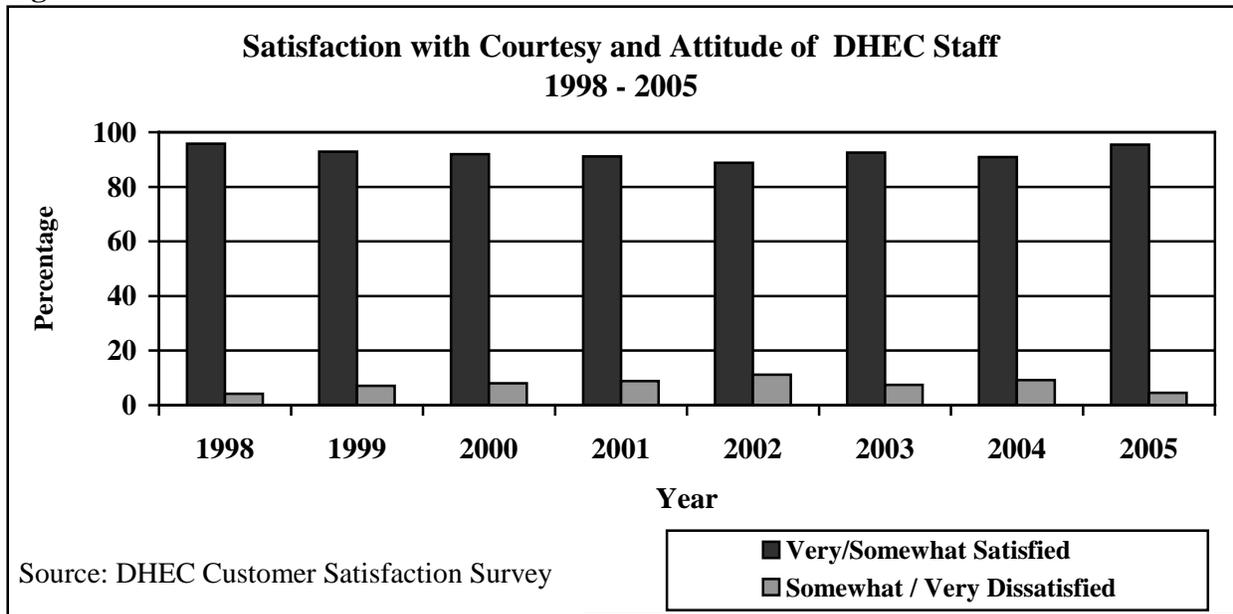
In the 2005 survey, respondents' satisfaction with courtesy and attitude of staff was 95.4%. Consistently over time, the South Carolina public is satisfied with the courtesy and attitude of DHEC staff in the delivery of public health and environmental services.

Fig. 7.1.4

**Satisfaction with Time Had to Wait for Service at DHEC
1998 - 2005**

Source: DHEC Customer Satisfaction Survey

■ Very/Somewhat Satisfied
□ Somewhat / Very Dissatisfied
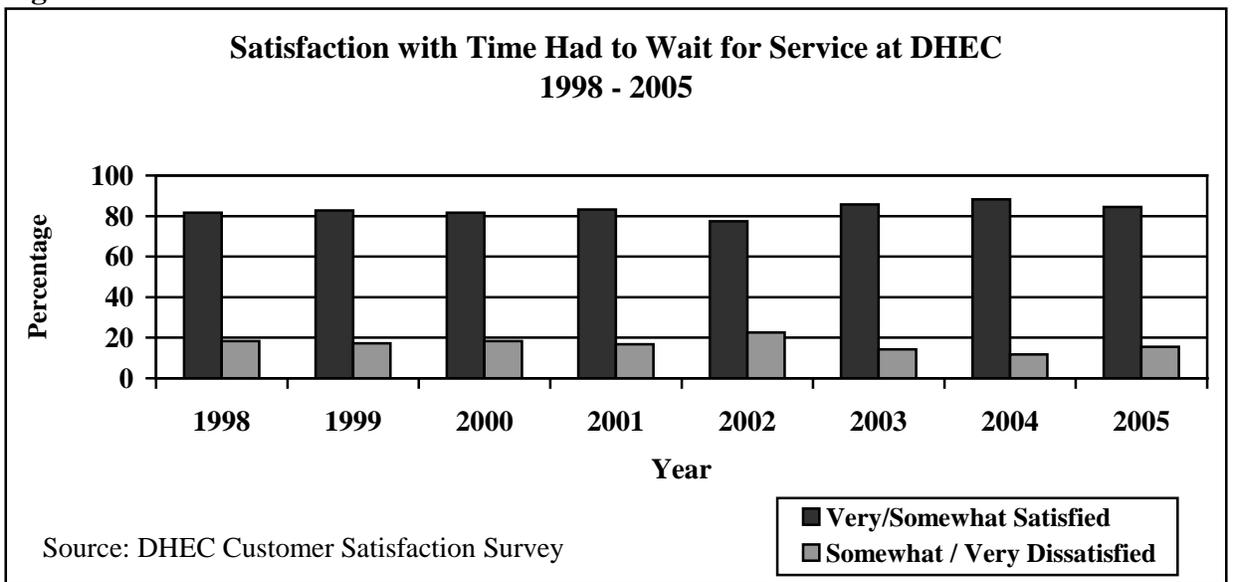
For 2005, overall satisfaction with the time respondents had to wait for service was 84.5%. Satisfaction with wait time has been stable over eight years with 83% of respondents satisfied with the time they had to wait for service.

7.2 Product and Service Results
Fig. 7.2.1

Uncontrolled Waste Sites Evaluated

Source: Division of Site Assessment and Remediation Database

- ■ Total # of Sites
- ▨ Completed Preliminary Evaluations

Fig. 7.2.2

Uncontrolled Waste Site Cleanup Actions

Source: Division of Site Assessment and Remediation Database

- ▨ Clean-up Decisions Made
- ▨ Voluntary Clean-up Contracts
- ▨ Voluntary Clean-ups Completed
- ■ Acres(x10) Restored by Voluntary Cleanups

The Site Assessment and Remediation Division continues to make progress in evaluating and cleaning up uncontrolled waste sites. In FY05-06, the division conducted response actions at 206 sites, some of which are multiyear projects.

Fig. 7.2.3

Hazardous Waste Site Cleanup Actions

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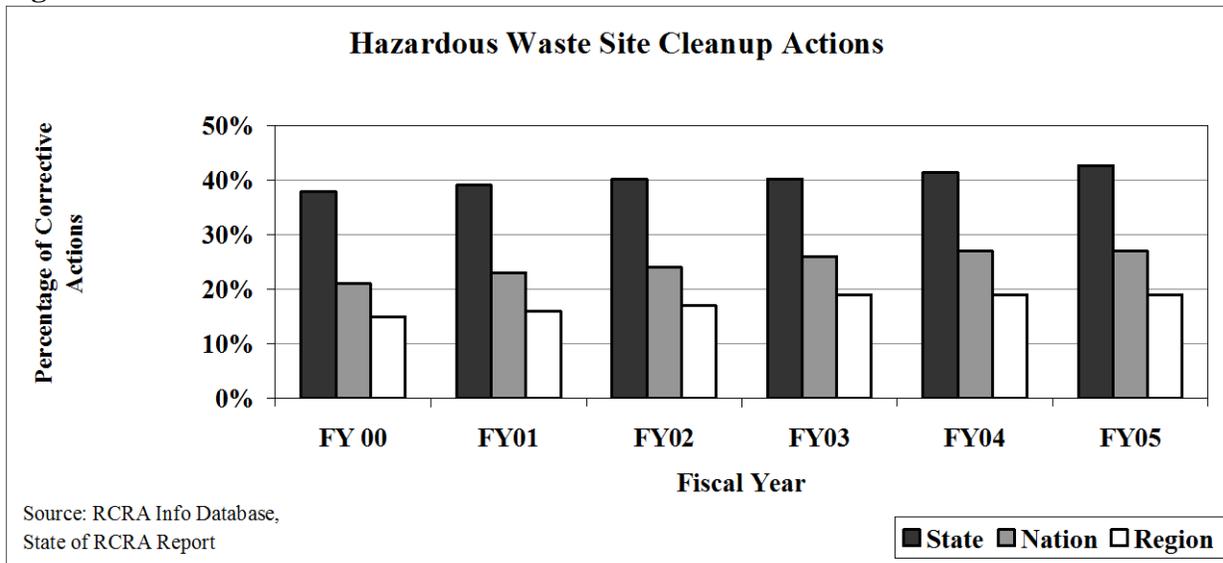
The average Hazardous Waste cleanup rate in South Carolina consistently exceeds the national and regional rates. The Hazardous Waste program addresses a large number of contaminated sites. Aggressive cleanup of these sites reflects DHEC's commitment to maximize limited resources to reduce threats to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

Fig. 7.2.4

**Percentage of Developed South Carolina Beaches
with a Healthy Profile, 1997-2005**

Source: SC State of the Beaches Report, March 2005
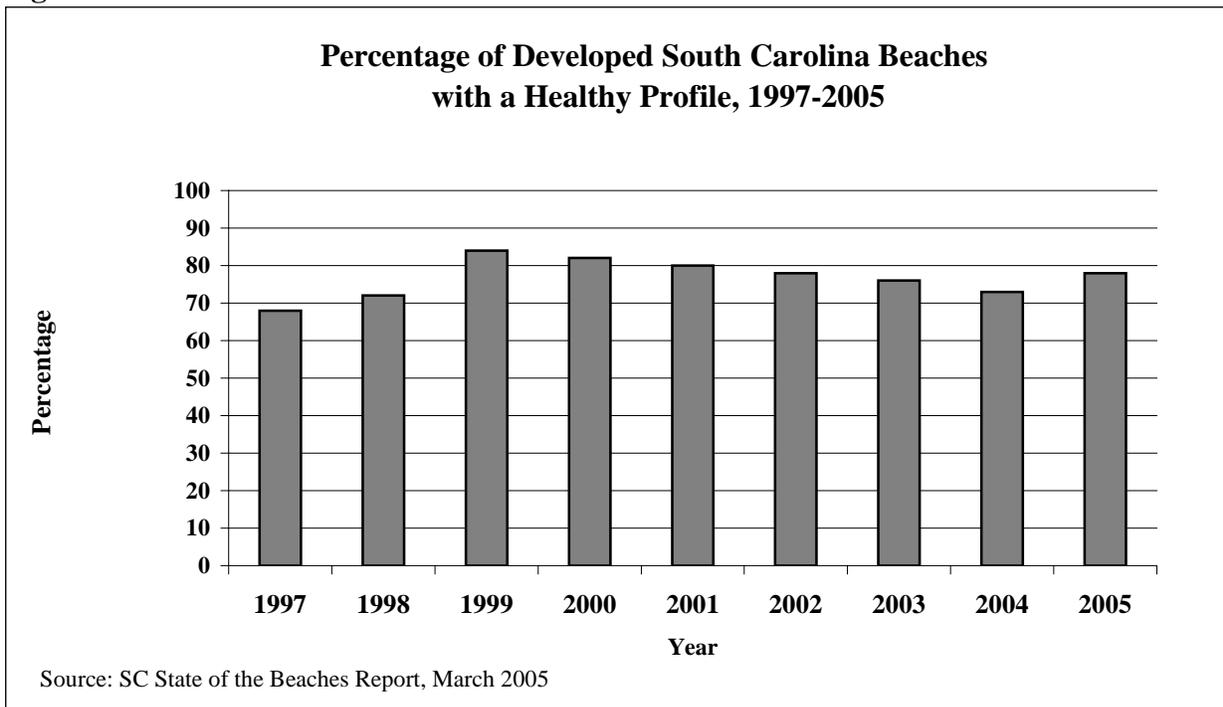
A healthy beach profile is defined as having at least 25 feet of dry sand between the seaward toe of the sand dune and high-tide wave up-rush line. The percentage of healthy beaches increased by 5% from 2004 to 2005 as the result of renourishment efforts. In 2006, the state received $5 million for the renourishment of Edisto Beach, beach erosion monitoring efforts, and other smaller projects.

Fig. 7.2.5

Population Served by Community Water Systems in Full Compliance

Fiscal Year	2000	2001	2002	2003	2004	2005
☐ Standard by 2005	95%	95%	95%	95%	95%	95%
☐ Percent Population Served Without Violations	97%	97%	93%	89%	95%	96%
■ Percent Population Served With Violations	3%	3%	7%	11%	5%	4%

Source: DHEC, Data in EPA Database SDWIS/FED
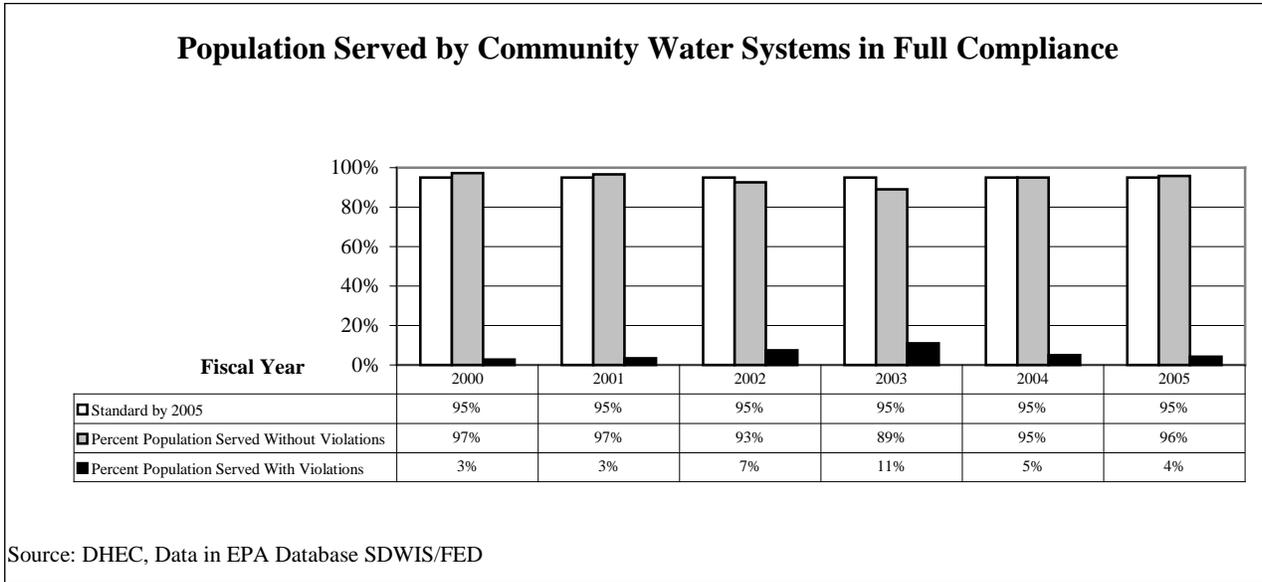
During the 2005 calendar year, 96% of the population received water from systems in compliance with all health based standards.

Fig. 7.2.6

Percentage of Assessed Waters Supporting Fishable and Swimmable Uses

Overall

Rivers and Streams

Reservoirs and Lakes

Estuaries

Source: 2006 South Carolina Integrated Report, Section 305(b)
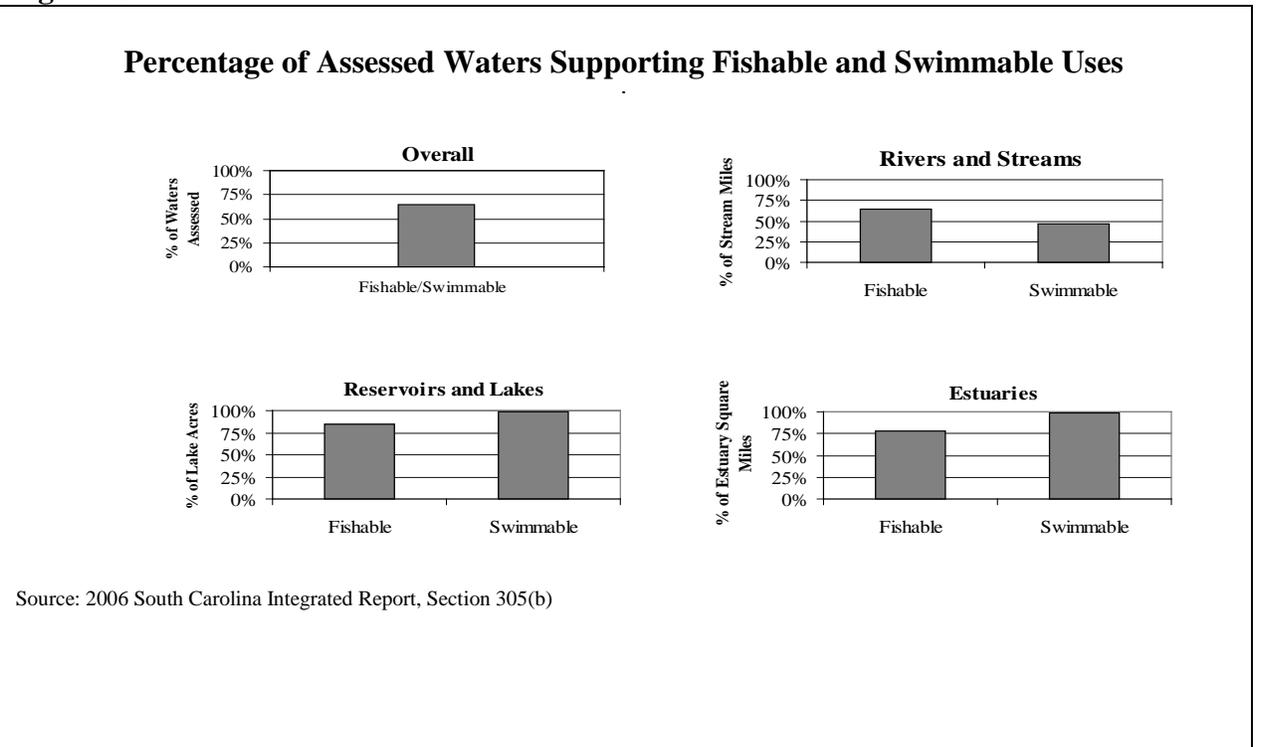
These figures are based on available water quality data collected through the probability-based component of the Ambient Surface Water Quality Monitoring Network from 2001 through 2004. This component is designed to make statewide statements about water quality conditions. When sufficient data have been collected, future assessments will be based on five years worth of data to reduce the influence of natural phenomena, e.g. drought, hurricanes, floods, etc. No statewide assessment is done on an annual basis.

Fig. 7.2.7

UST Cleanup Completion vs. Goal

Goal % — Actually Closed
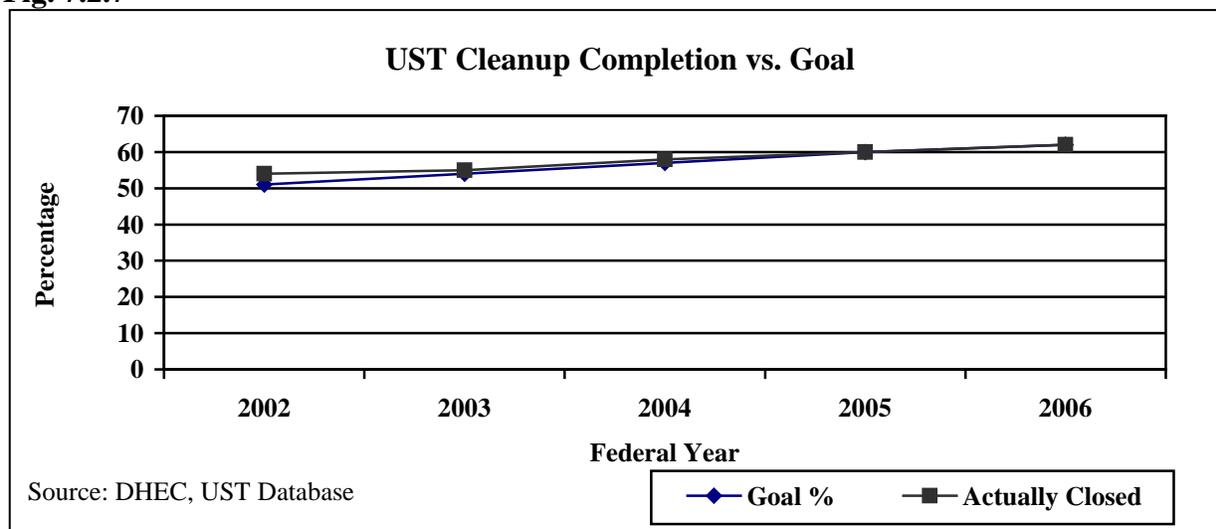
The Underground Storage Tank (UST) Program achieved its 2005 60% closure milestone and is progressing toward its 2010 goal of 67% release closure. Staff excellence in case management, SUPERB fund management and leak prevention activities by staff and the regulated community will continue to be core factors for success.

Fig. 7.2.8

Percentage of South Carolinians Living in Areas Meeting the 8-hr Ozone Standard

97.02%
81.25%
55.92%
35.32%   36.28%
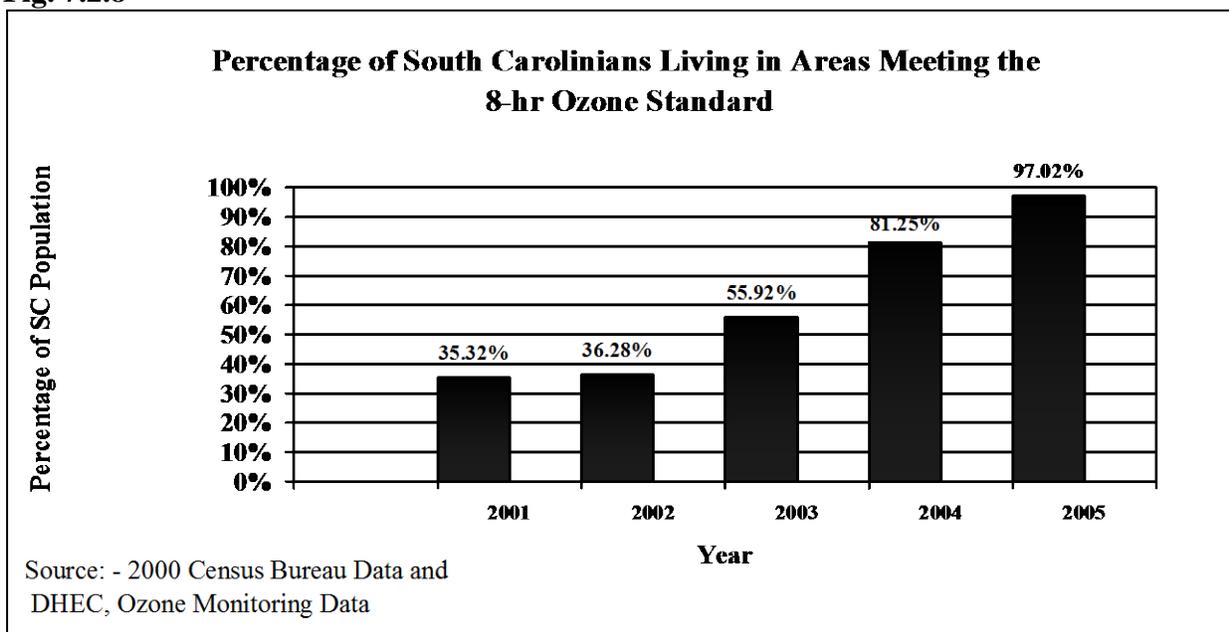
Based on the Bureau of Air Quality's monitoring data and 2000 Census Bureau data, the percentage of South Carolinians residing in areas meeting the 8-hr Ground Level Ozone Standard has continued to increase during the last six years. Emission reductions from South Carolina's Early Action Compact process, federal vehicle emission standards, and favorable weather patterns have contributed to the improvement. The agency is currently working with partners in both North Carolina and South Carolina to improve the ozone levels in the Charlotte, NC-Rock Hill, S.C. ozone non-attainment area.

36

Fig. 7.2.9

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

FDA recommends an average of 4 unannounced inspections per year

Number of Inspections per Facility

FY96 FY97 FY98 FY99 FY00 FY01 FY02 FY03 FY04 FY05 FY06

Fiscal Year

Source: DHEC, Bureau of Environmental Health

■ Unannounced □ Follow-up

Fig. 7.2.10

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

Number of FTE Inspectors

FY96 FY97 FY98 FY99 FY00 FY01 FY02 FY03 FY04 FY05 FY06

Fiscal Year

Source: DHEC, Bureau of Environmental Health

□ Actual # of FTE Equivalent Inspectors
■ # of FTE Equivalent Inspectors needed to meet standard

The occurrence of foodborne illness is an ever-present threat to South Carolinians. By providing inspections that help operators identify and control food handling risk factors, the agency can attempt to limit the incidence of outbreaks. The food industry in the state grows about 2% each year, while the number of trained food service inspectors has decreased from 73 to 68 (6.9%) in the past year as a result of budget constraints. Previous years' fluctuations in the number of inspectors resulted from realigning the duties of inspectors, not increasing the actual number of inspectors. The Food and Drug Administration (FDA) standards would recommend 114 FTEs (full time equivalents) to inspect the 17,076 retail food establishments in the state. The current staffing level is 68 FTEs. This staffing level does not allow for the recommended number of inspections currently required in the FDA Food Program Voluntary Standards.

Fig. 7.2.11

Trauma Centers – Numbers by Level Designation

Source: DHEC, Emergency Management Division

Legend:
- ◆— Level I
- ■— Level II
- ▲— Level III
- ■— Total Trauma Centers
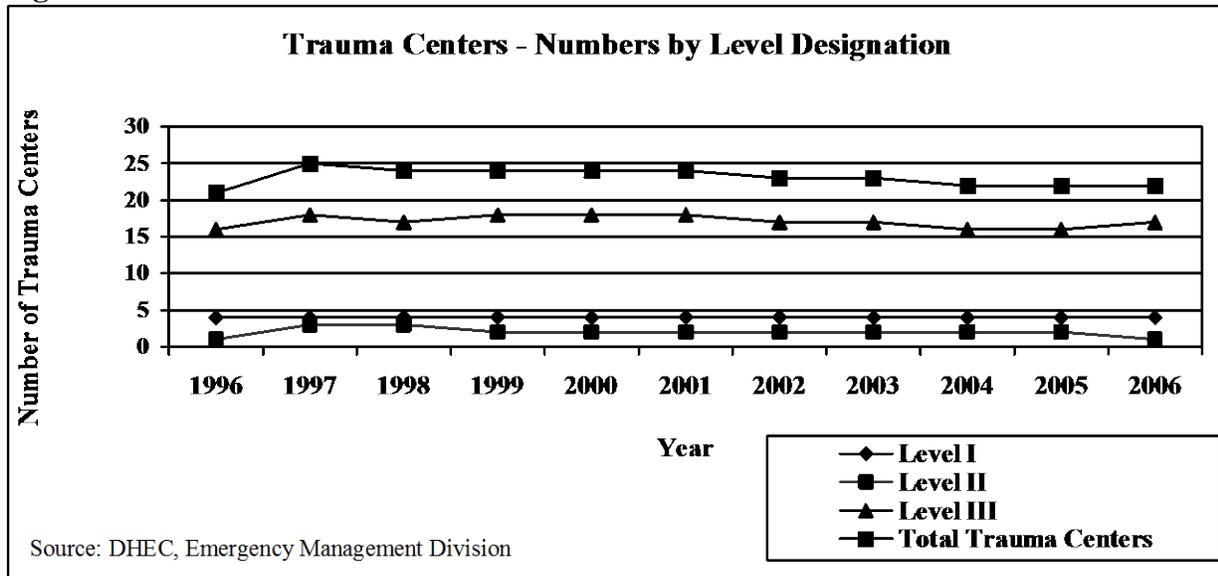
The chart shows the number of Level I, II and III designated trauma centers in South Carolina. The trauma system, which must include an adequate number of medical centers and EMS personnel to serve the growing population of the state, is facing serious problems. The existing trauma centers continue to lose millions of dollars caring for trauma patients and are having difficulty hiring and retaining the necessary medical specialists. The agency is supporting the development of a statewide trauma network with regional planning, enhanced communication and evaluation of the appropriateness of pre-hospital transports of patients within the system.

Fig. 7.2.12

Percentage of Newborns Receiving a Newborn Home Visit and Number of Visits Provided

Source: Title V (MCH) Block Grant, DHEC Note: Visits and percent receiving visits are only for Medicaid newborns. Numbers reflect all providers, not just DHEC (DHEC provides the great majority of visits).

Legend:
- ▨ Percent Receiving Visit
- —◆— Number of Visits
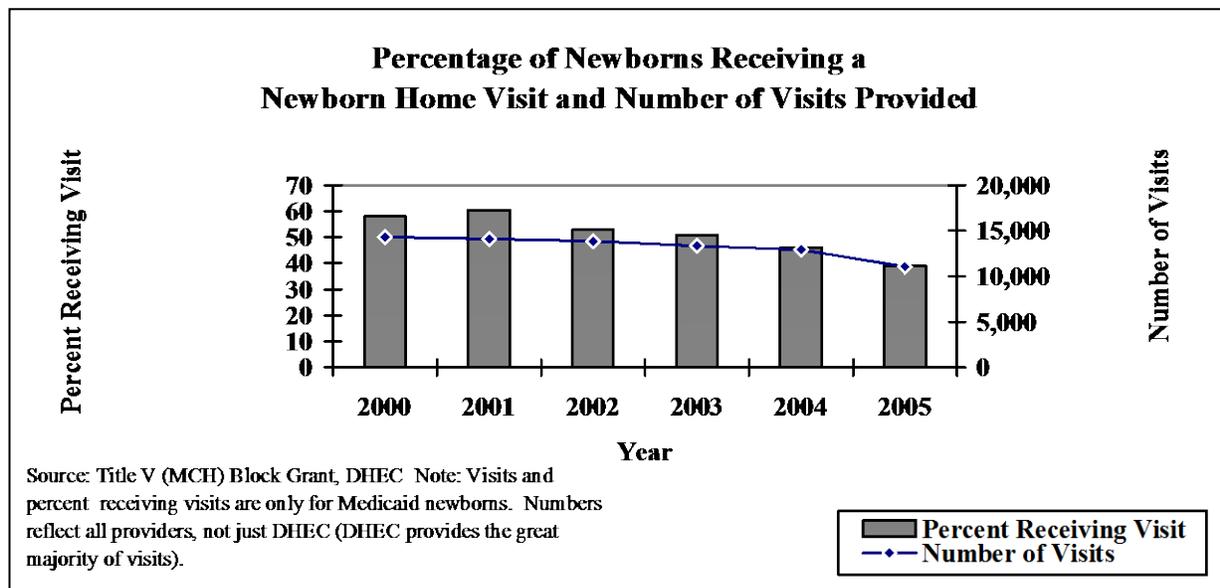
Postpartum newborn home visits to the Medicaid population contribute to outcomes for newborns and are a cost-effective element of health care to this population. In home visits, nurses can identify infant problems early, such as poor weight gain, infant heart murmurs and blood pressure problems in the mother and can assist with finding a medical home. South Carolina's target is for 90% of all Medicaid newborns discharged from a hospital to receive a newborn home visit within three days. In 2005, DHEC provided visits to about 39% of this population. The shortfall is primarily attributed to decreased funding and DHEC's critical nursing shortage.

Fig. 7.2.13

Children's Rehabilitative Services - Caseload

Source: DHEC - Children's Rehabilitation Program
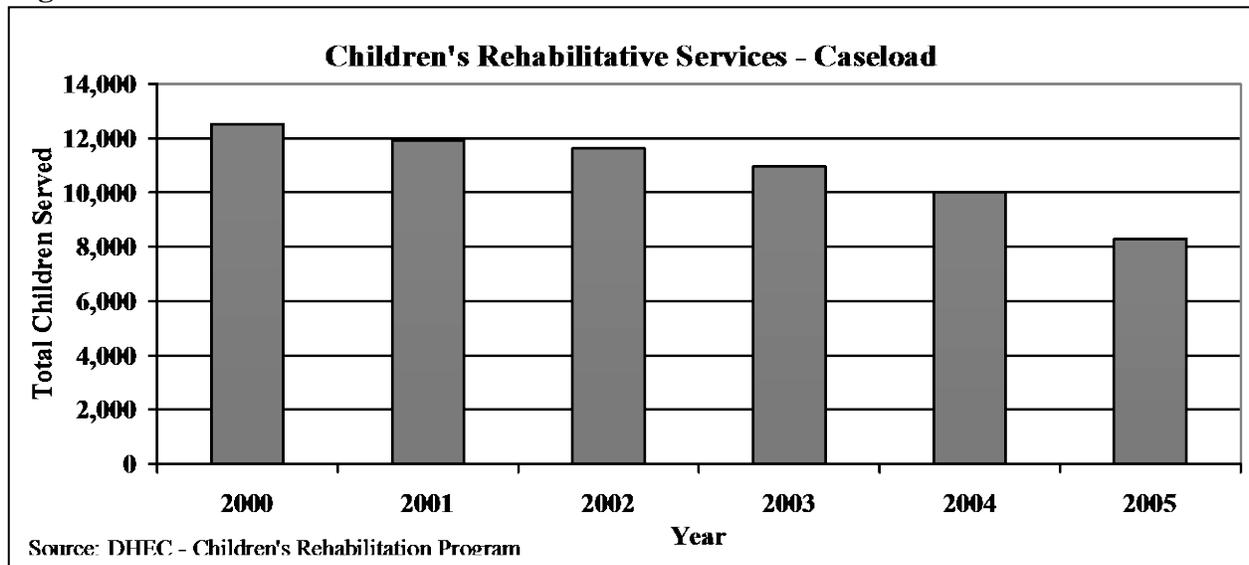
The Children's Rehabilitative Services Program provides: medical sub-specialty and other health care services; purchase of medical equipment supplies; service coordination to assure early and continuous access to needed services; and hospitalization for some of the state's most vulnerable children. The caseload has been dropping steadily due to fewer staff being available to serve clients and increased access to private sector medical and related services.

Fig. 7.2.14

Family Planning Caseload

Source: DHEC, Family Planning Program
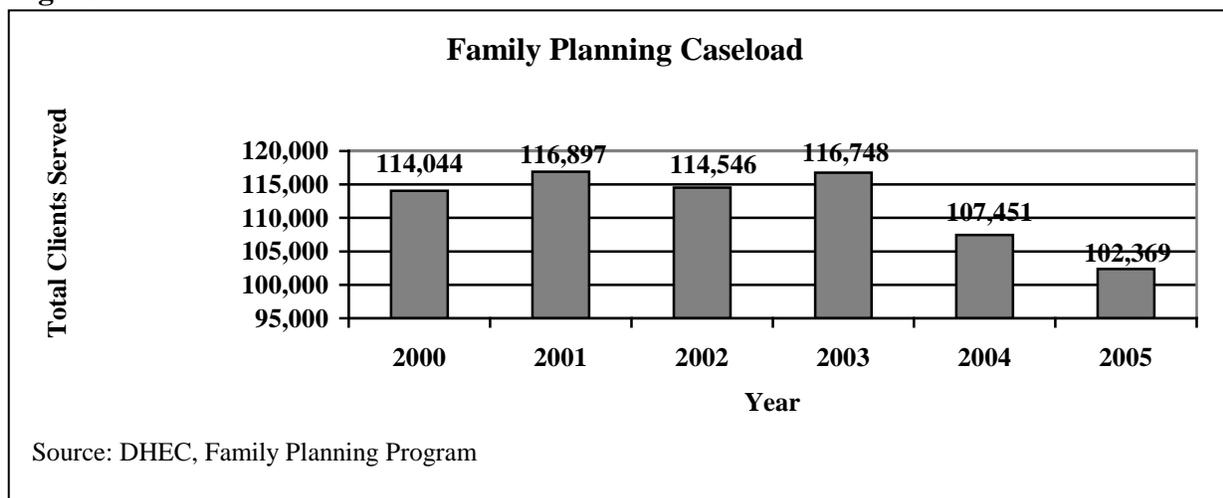
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. DHEC provides services to about 70 % of the Medicaid Waiver customers and to about 56 % of the overall population in need of family planning services (193,010 women of reproductive age). An unknown percentage of women in need of family planning services access these services in the private sector. The caseload in FY05 continued to decrease from the 2003 level due to shortages among nursing staff in DHEC's local public health departments.

Fig. 7.2.15

Public Vaccine Usage by DHEC Clinics and Private Medical Practices

A bar chart titled "Public Vaccine Usage by DHEC Clinics and Private Medical Practices." The y-axis is labeled "Number of Vaccine Dosages Used" ranging from 0 to 1,000,000. The x-axis is labeled "Year" showing years 1995 through 2005. Two series: DHEC (dark bars) and Private (gray bars).
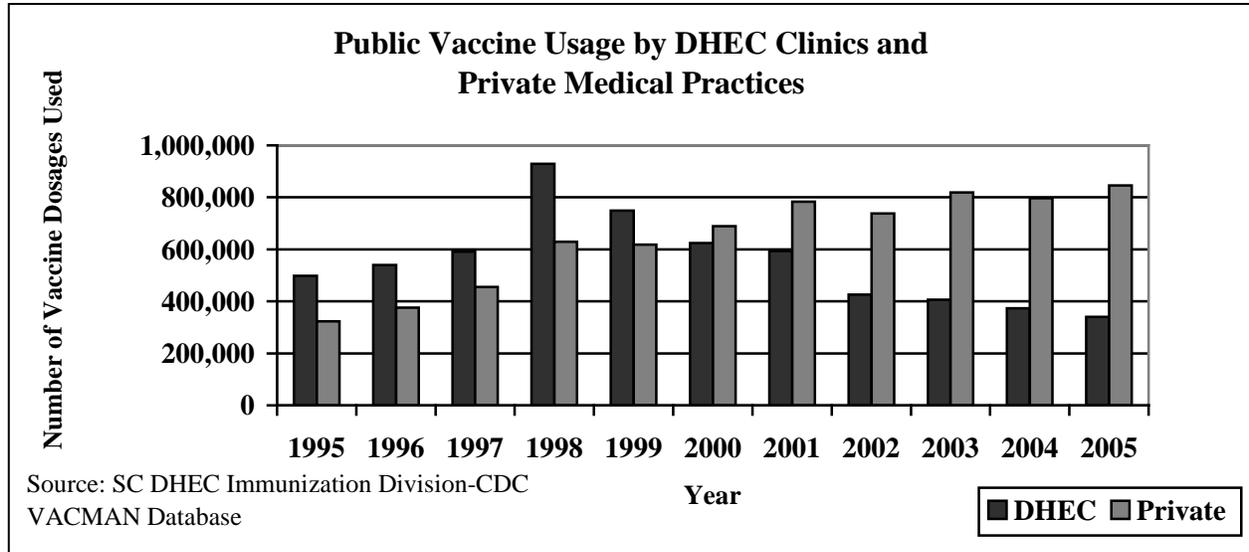
The federal vaccines for children program, known in the state as the Vaccine Assurance For All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled practices. Currently, 590 practices are enrolled in the VAFAC. This includes 99% of all pediatric practices in the state; a large portion of family practices; all DHEC county health departments; all community health centers and rural health clinics, and most hospitals, colleges and universities. Many studies of the impact of this program throughout the nation continue to show the improved health benefits of promoting immunization in the medical home.

Fig. 7.2.16

Estimated Vaccine Coverage of Children 19-35 Months, SC and US

A line graph titled "Estimated Vaccine Coverage of Children 19-35 Months, SC and US." The y-axis is labeled "Percentage Fully Immunized" ranging from 50 to 100. The x-axis is labeled "Year" showing years 1999 through 2004. A box reads "HP 2010 Goal: 90%". Two series: SC and US.
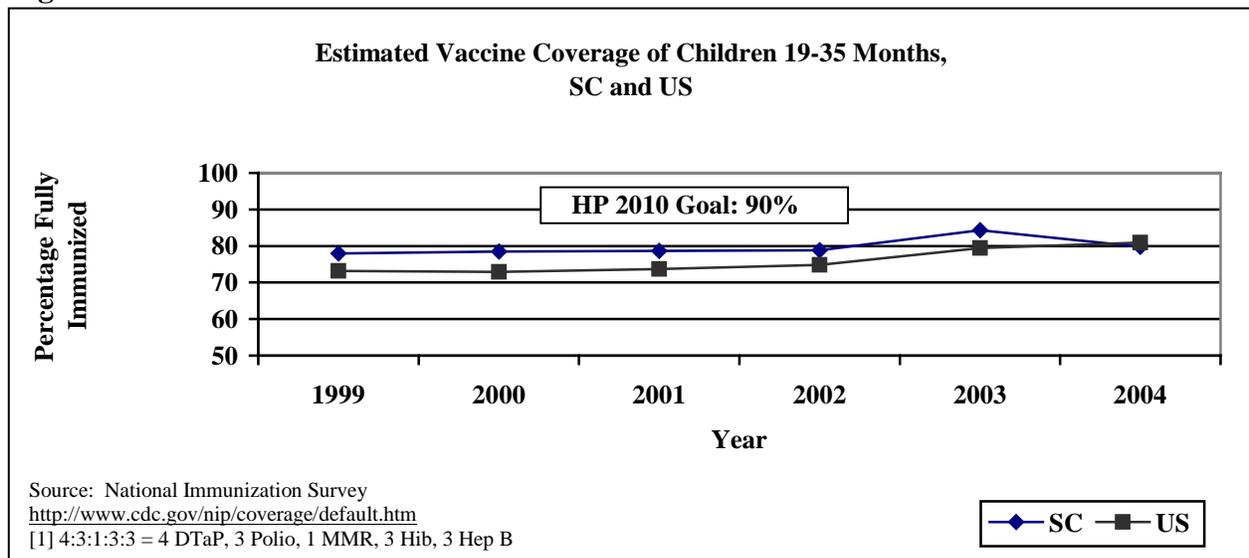
Eighty percent of vaccine doses to protect against 14 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines, and the fact that about 55,000 babies are born in the state each year. Despite these challenges, South Carolina consistently ranks in the top tier of states in terms of its immunization coverage of children. Final 2005 coverage data is not available. Preliminary estimates indicate that S.C. and the nation are both at about 80% coverage.

Fig. 7.2.17

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

Data Source: DHEC BRFSS
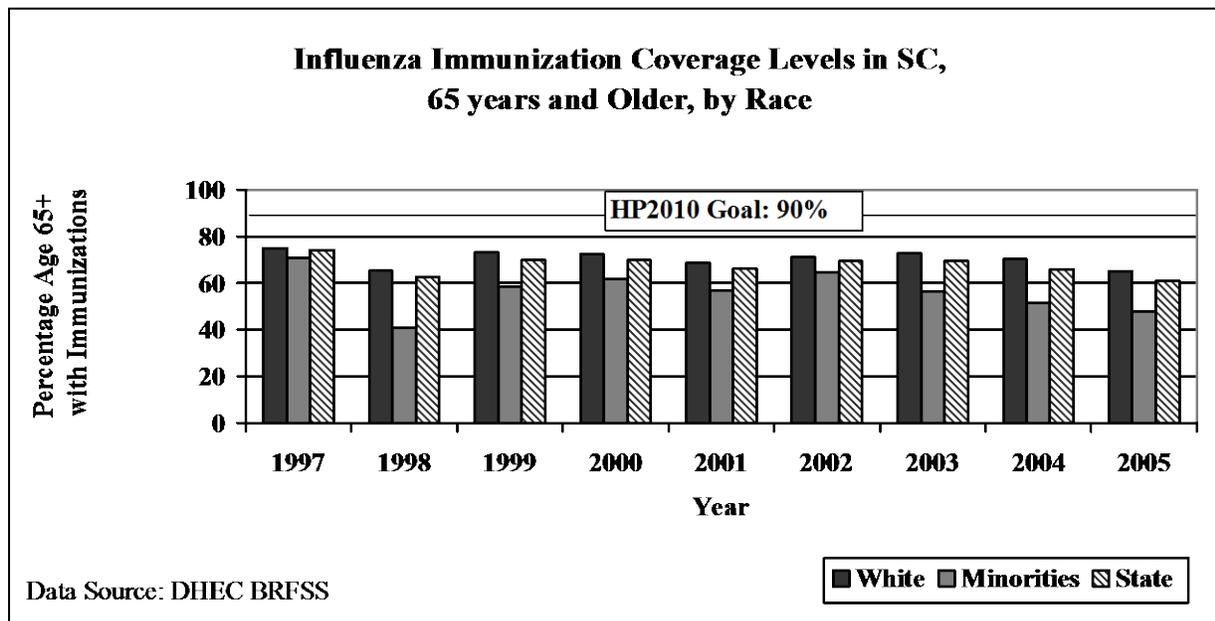
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2010 Goal of 90%. The state continues to see substantial disparities in influenza vaccine coverage between whites and non-white populations (17% higher coverage among whites in 2005). The number of persons who sought influenza vaccination in DHEC clinics increased 32% (45,408) during the 2005-06 season, mostly due to some vaccine manufacturers' late distribution of vaccine to some private physicians' offices.

Fig. 7.2.18

WIC Total Participation

Source, DHEC, WIC Program
*Based on 9 months of data. Final results may
vary slightly
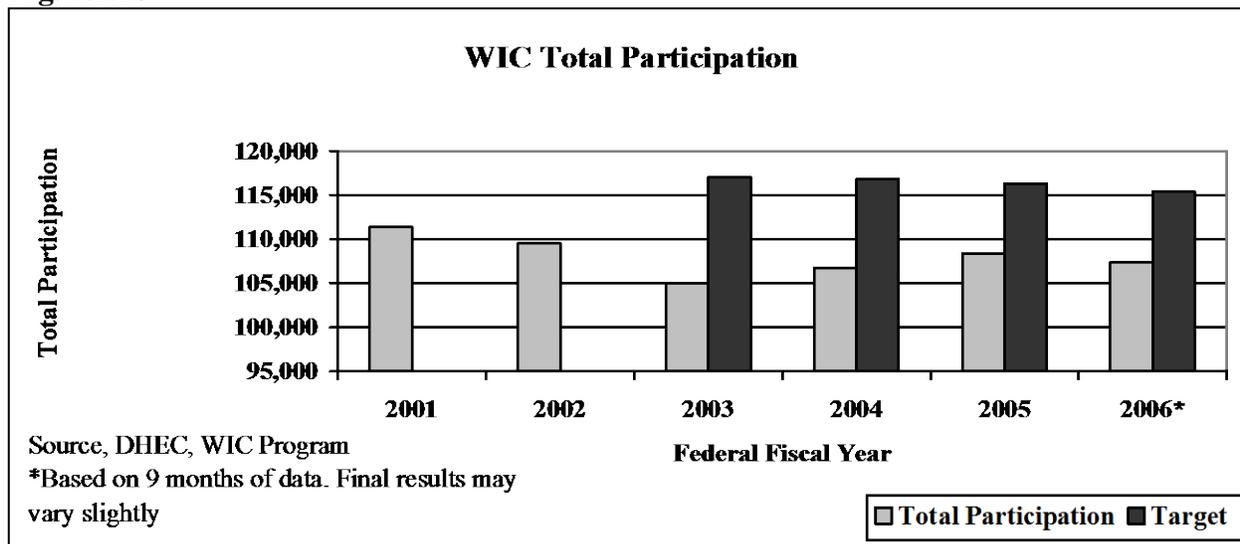
The Women, Infant and Children (WIC) Program is a preventive nutrition education program that provides a prescribed food package for eligible pregnant and breastfeeding women, infants and children to assist in meeting their nutritional requirements during critical periods of growth and development. Priorities of the WIC Program also include reducing obesity and promotion of breastfeeding. Twenty-six percent of WIC infants were breastfed in 2006 compared to 24% in 2004. Services are provided statewide.

41

Fig. 7.2.19

Number Tested for HIV Infection by DHEC and Number Positive

Source: DHEC HIV Counseling and Testing System
Note: Above data reflects total number of persons Tested in each calendar year.

Legend: No. Tested / No. New Positives
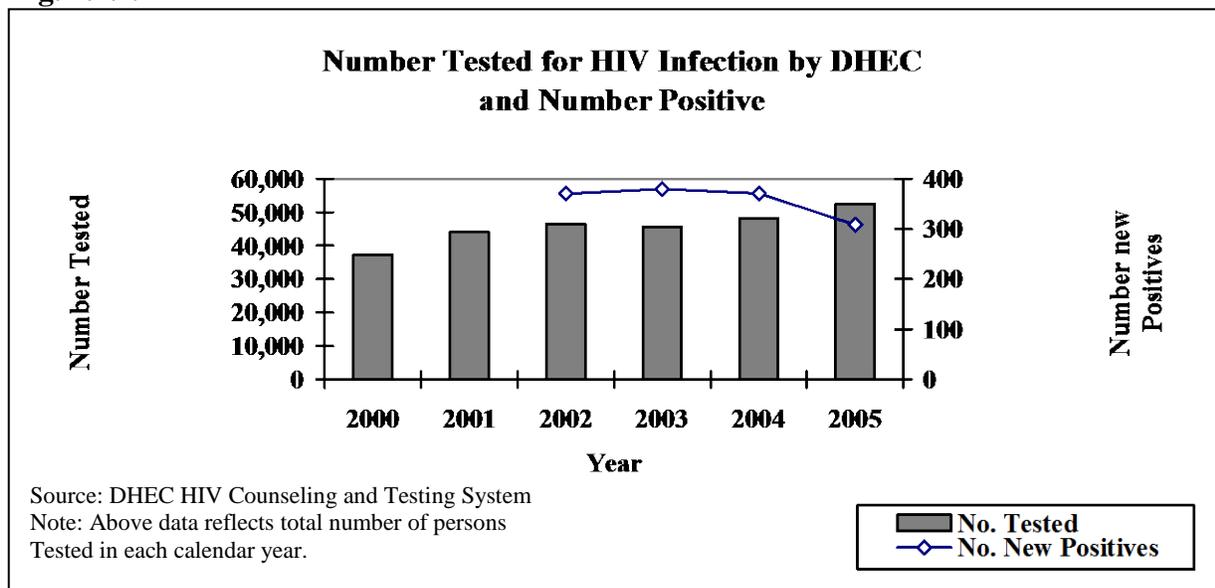
While DHEC HIV testing has increased, the number of new cases detected is leveling, indicating a need for more targeted testing efforts to high risk persons. Total reported HIV/AIDS cases have decreased 17% from 2000 through 2005 (935 to 773 cases). There has been a 22% drop among African Americans. The decrease may in part be due to increased access to effective HIV treatments as well as intense prevention services delivered by community organizations, local health departments and HIV service providers. African Americans account for three of every four persons with HIV. At the end of 2005, more than 13,600 persons were reported to be living with HIV infection (including AIDS) in the state.

Fig.7.2.20

Number of AIDS Drug Assistance Program (ADAP) Clients and Total Expenditures

Source: DHEC, Ryan White Program Reports (QS1 and PROVIDE)
Notes: Total clients served includes duplicates, as some receive both insurance and pharmacy services. Expenditures include Ryan White Federal funds and $500,000 state funds.

Legend: Total ADAP Clients Served (includes central pharmacy and insurance) / Estimated ADAP Expenditures

DHEC's AIDS Drug Assistance Program (ADAP) ensures equal access to all eligible ADAP applicants to FDA-approved HIV/AIDS therapies and other life-saving medicines. The state's ADAP is one of the most cost-efficient programs in the country, leveraging public resources to maximize the use of private funds, and reaching more clients. However, the increasing cost of pharmaceuticals and number of persons living with HIV combined with level federal funds resulted in the creation of a wait list in June 2006. HIV medications are highly effective in preventing pneumonia, and significantly lower viral load resulting in reduced likelihood of transmission. The program has successfully met a key health disparity target, which is for the proportion of ADAP enrolled clients to reflect the state's HIV/AIDS prevalence for race and sex.

Fig. 7.2.21

SC Reported TB Cases 1991-2005

Data: DHEC, Division of Tuberculosis
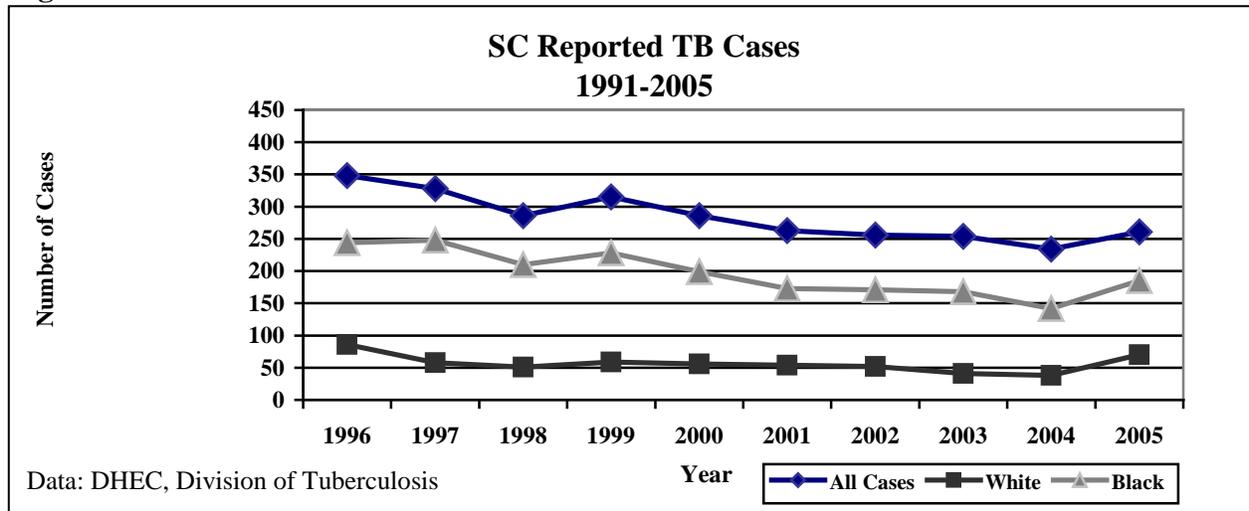
Tuberculosis (TB) continues to be a public health problem. Although the reported number of tuberculosis cases dropped 38% from 1994 through 2004, this decline has slowed. The reported number of tuberculosis cases for 2005 was 261, representing a 10% increase from the 234 cases reported in 2004. South Carolina continues to rank among the top ten states nationally in the number of new cases per 100,000 population with a case rate of 6.2%. In spite of the continued high numbers of new cases, South Carolina is consistently at or above the Healthy People 2010 Goal of 90% treatment completion, with the percentage of persons who completed treatment for tuberculosis disease at 93.2% in 2005.

Fig. 7.2.22

Persons with Diabetes
Two or More A1c Tests Per Year

Source: DHEC, BRFSS
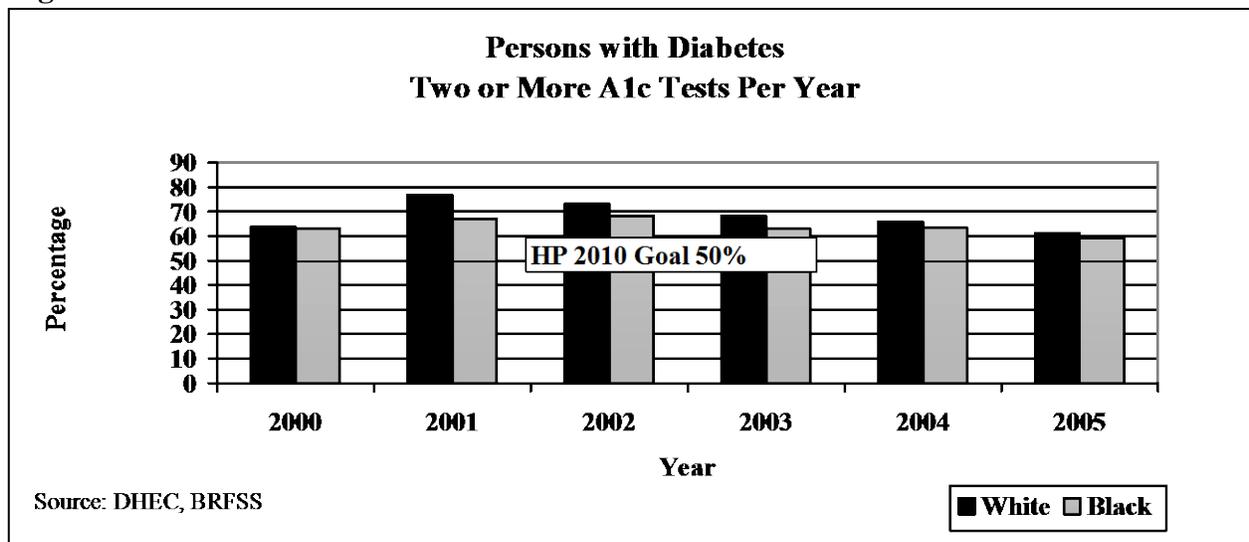
Diabetes is the seventh leading cause of death in the state and sixth in the nation. In 2004 the mortality rate among blacks was 2.6 times higher than that among whites. Complications of diabetes may be prevented or delayed through control and management of the disease. One method is to monitor long-term blood glucose control through a test called Hemoglobin A1c (A1c). South Carolina has been very successful in surpassing the Healthy People 2010 objective of 50% of people with diabetes receiving at least one A1c test per year. Even when reporting on two tests per year, 59% of blacks and 61.1% of whites with diabetes have an A1c test at least twice a year in the state.

Fig. 7.2.23

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

Program Goal: 90%

Percentage (y-axis: 80% to 98%)

Year (x-axis): 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005

Source: Best Chance Network
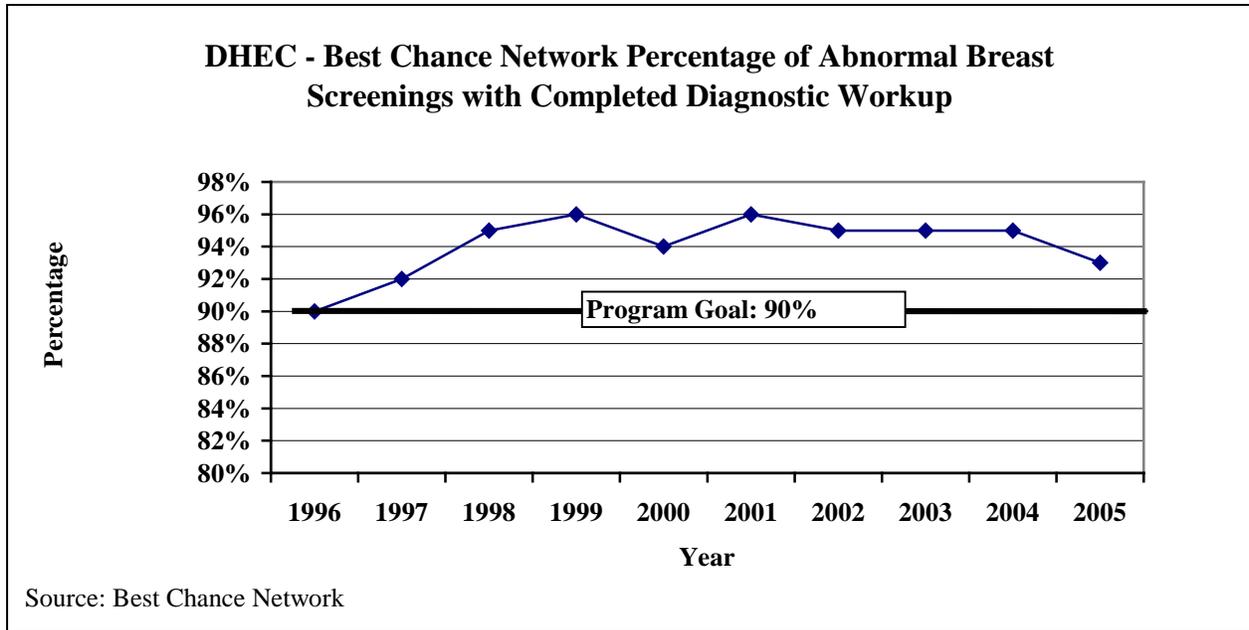
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 8,000 women. The program's goal is that at least 90% of the abnormal breast screenings will complete a diagnostic work-up. Over the past ten years the program has met or exceeded that goal.

Fig. 7.2.24

Birth and Death Certificates Issued by DHEC

Number (y-axis: 0 to 800,000)

Year (x-axis): 2000, 2001, 2002, 2003, 2004, 2005

Source: DHEC, Division of Vital Records

■ State Office ☐ County Offices
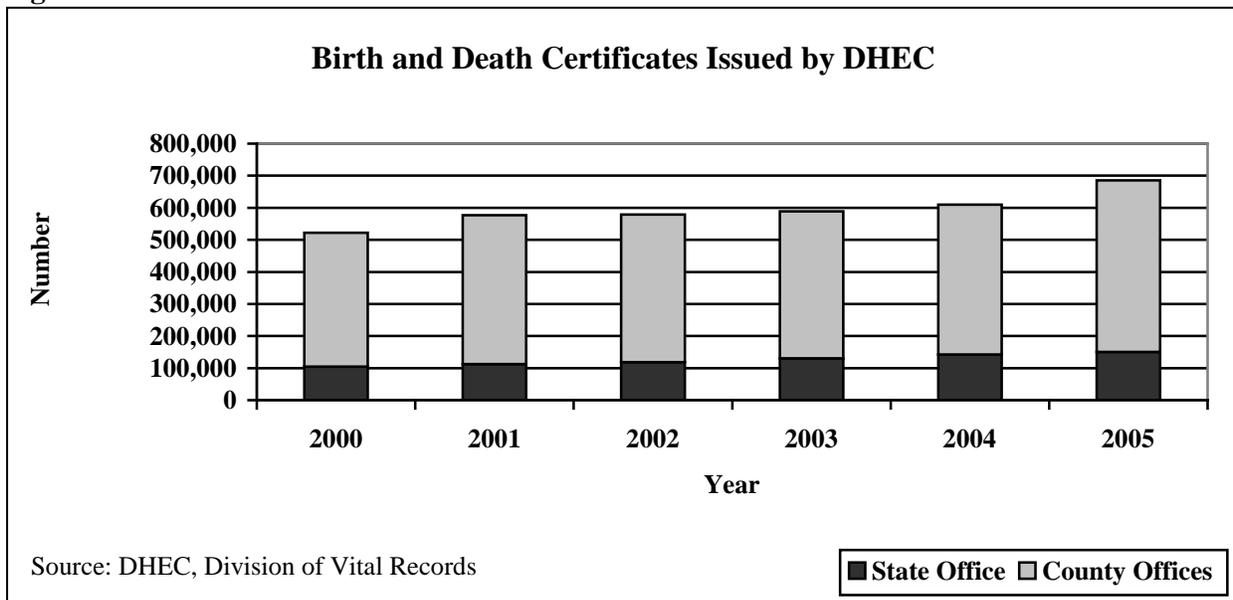
DHEC is the state's official record keeper for vital information pertaining to births, deaths, marriages and divorces in South Carolina. Each of the 46 counties has a vital records office in the county health department, and together with the state office in Columbia, provide this essential service for all citizens in the state. The demand for vital record documentation increased 11% from 2004 to 2005, primarily because of heightened security concerns after 9/11.

III. 7.3 Financial Performance Results
Fig. 7.3.1

Administrative Expenditures Compared to Total Expenditures

A bar chart titled "Administrative Expenditures Compared to Total Expenditures" showing Percentage on the vertical axis (0 to 6) and Fiscal Year on the horizontal axis.

Fiscal Year	Percentage
FY00	4.55
FY01	4.90
FY02	4.35
FY03	4.64
FY04	4.32
FY05	4.34
FY06	4.70

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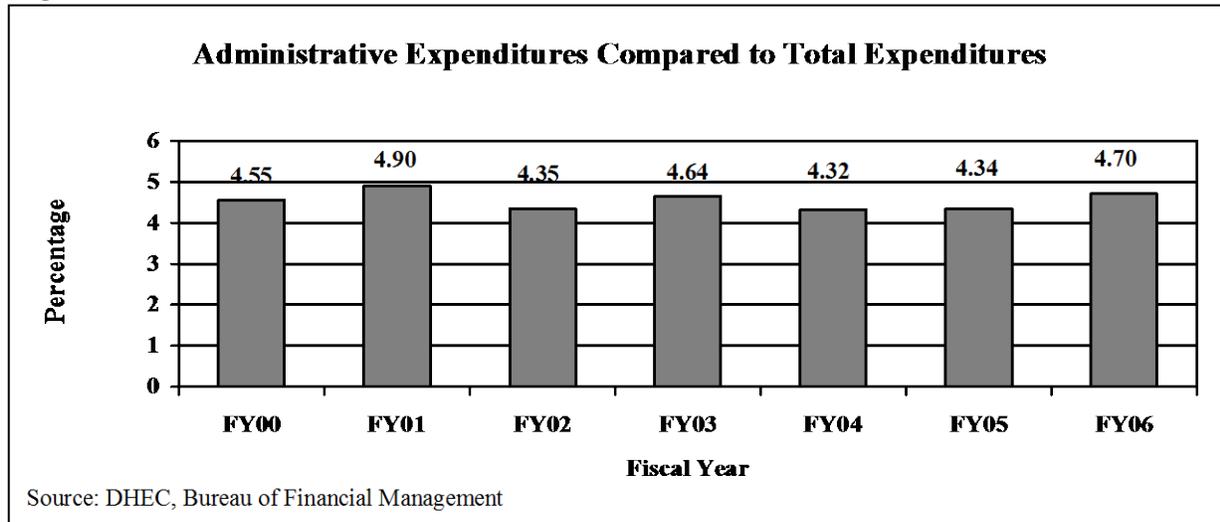
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to the unprecedented budget cuts and the agency's holding down of total expenditures. The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

Fig. 7.3.2

Cost Avoidance Savings using Purchasing Cards

A bar chart titled "Cost Avoidance Savings using Purchasing Cards" showing Cost Avoidance Savings on the vertical axis ($100,000 to $1,100,000) and Fiscal Year on the horizontal axis.

Fiscal Year	Purchasing Card Savings
FY03	~$510,000
FY04	~$590,000
FY05	~$740,000
FY06	~$880,000

Source: DHEC, Bureau of Business Management

■ **Purchasing Card Savings**

The agency continues to increase the usage of the state purchasing card instead of using purchase orders. DHEC currently has 212 cardholders. This year 14,634 purchases were made with the card totaling $3,107,148.04. The average cost to process a purchase order is $83 with an average processing time of 54 minutes. The average purchasing card transaction cost is $23 with an average processing time of 14 minutes. By using the purchasing card to acquire goods that would previously have been procured by purchase orders, the agency has realized a cost avoidance savings of $878,040 this fiscal year.

Fig. 7.3.3

Volume Purchase Prices vs. Corresponding Contract Prices

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

☐ **Contract Price** ■ **Volume Purchase Price**
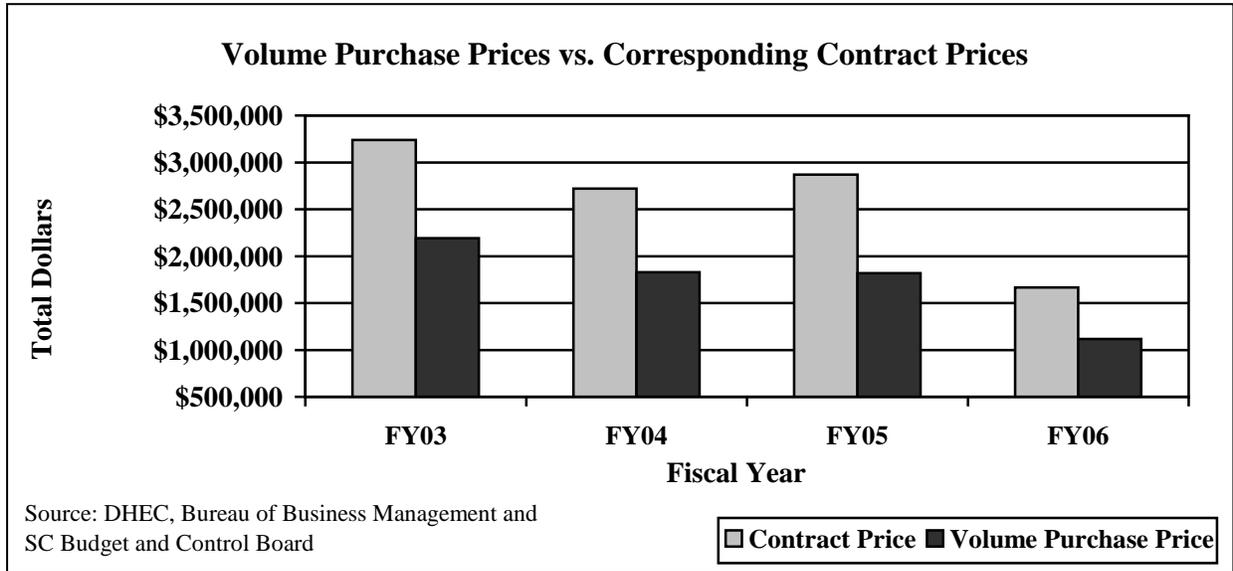
The volume purchase of personal computers (PCs) and other information technology products creates financial savings, reduces administrative activities and utilizes procurement planning across program lines. For FY06 the agency purchased fewer computers than in previous years. However; the savings realized by this process still resulted in a savings of $567,423 from the contract price.

Fig. 7.3.4

DHEC Savings in Annual Facilities Lease Obligations

Source: DHEC, Bureau of Business Management
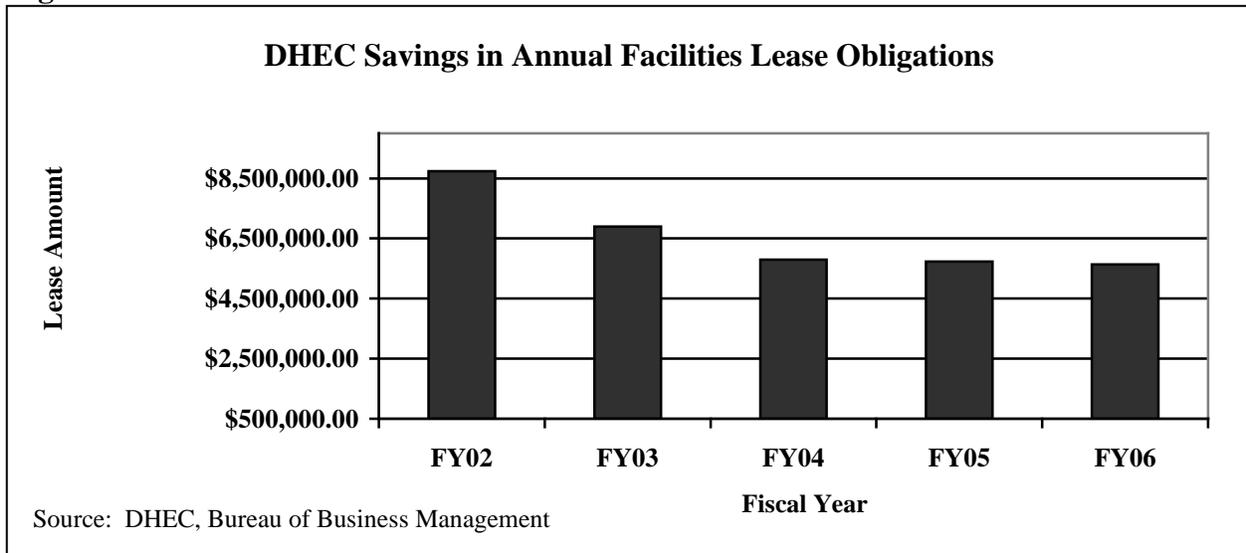
The agency's annual facilities lease obligation was reduced by $90,941 during this reporting period from July 1, 2005 to June 30, 2006. These savings were produced through contract negotiations of existing leases and program review that led to consolidation and reduction in the amount of physical space required. Continual lease negotiations became necessary due in part to budgetary constraints, short-term agreements and maintenance issues. Some contractual savings extend through 2010, and one contract extends until 2022. Over the last five years, the agency has reduced its lease costs from $8,738,340 to $5,637,566, which is a cost reduction of 35.5%.

Fig. 7.3.5
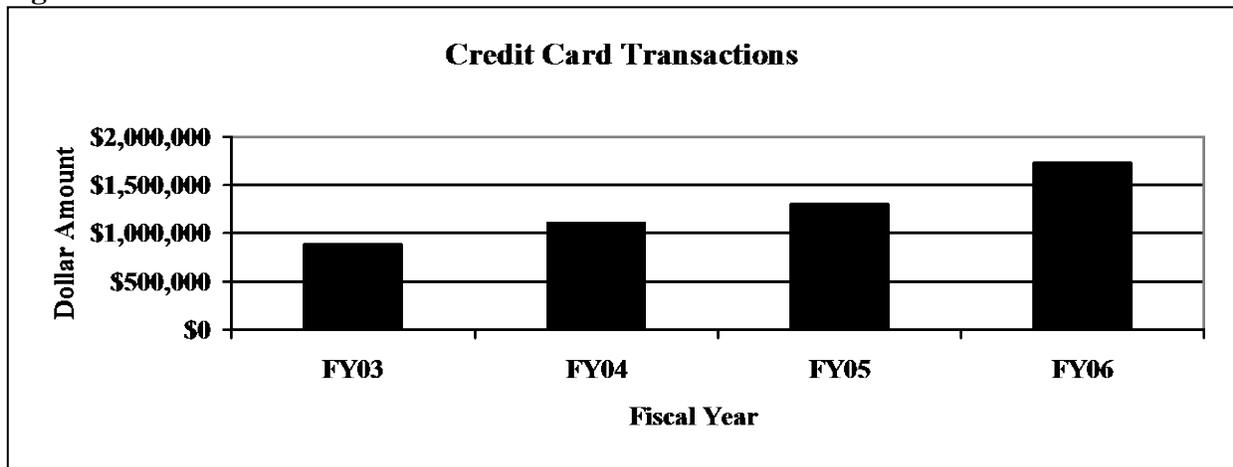
Credit Card Transactions

The agency's credit card business has increased significantly over the past few years. In October 2005, a system was developed and implemented for customers who received invoices from the various DHEC program areas to pay for those invoice online. In addition, in April 2006, the agency improved the ability of the clinic sites throughout the state to accept credit cards by modifying this system for their use. In FY03, total credit card sales were $880,054. For FY06, total credit card sales were $1,729,679, which is almost double the amount of credit card sales in FY03. Customers have been pleased with this option and the availability of agency funds has improved.

III. 7.4 Human Resource Results

Fig. 7.4.1

DHEC Employee Turnover

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

Source: SC Budget and Control Board
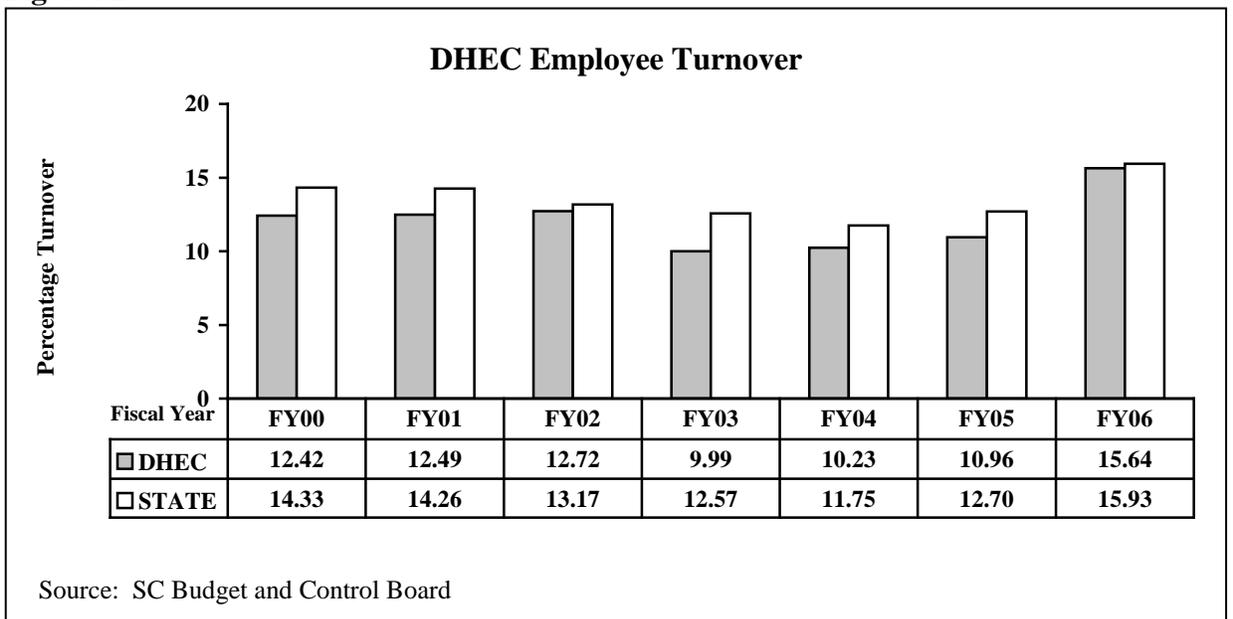
The agency turnover rate for FY06 increased to 15.64%, which is primarily attributable to the number of employees leaving the TERI program during this time. Two hundred twelve of the 681 terminations were employees ending their TERI enrollment. The agency turnover rate is still below the overall state turnover rate of 15.93%.

Fig. 7.4.2

Workers Compensation Claims
FY01-FY05

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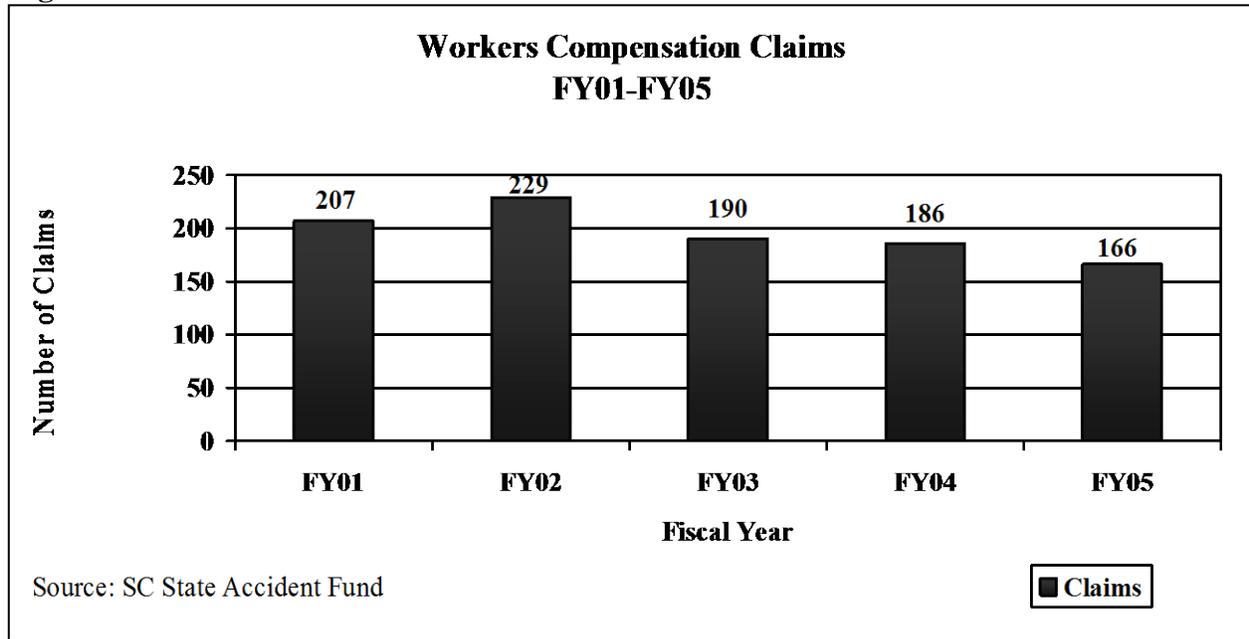
Worker's Compensation claims have continued to drop for the third consecutive year. Employee health nurses have continued to stress safety in the clinic areas and safety committees have monitored hazards in the work place as well as providing safety information to employees. This combination has resulted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

Fig. 7.4.3

Average Turnaround Time to Complete a Transaction

Source: DHEC, Personnel Action Information
System (PAIS) Annual Report
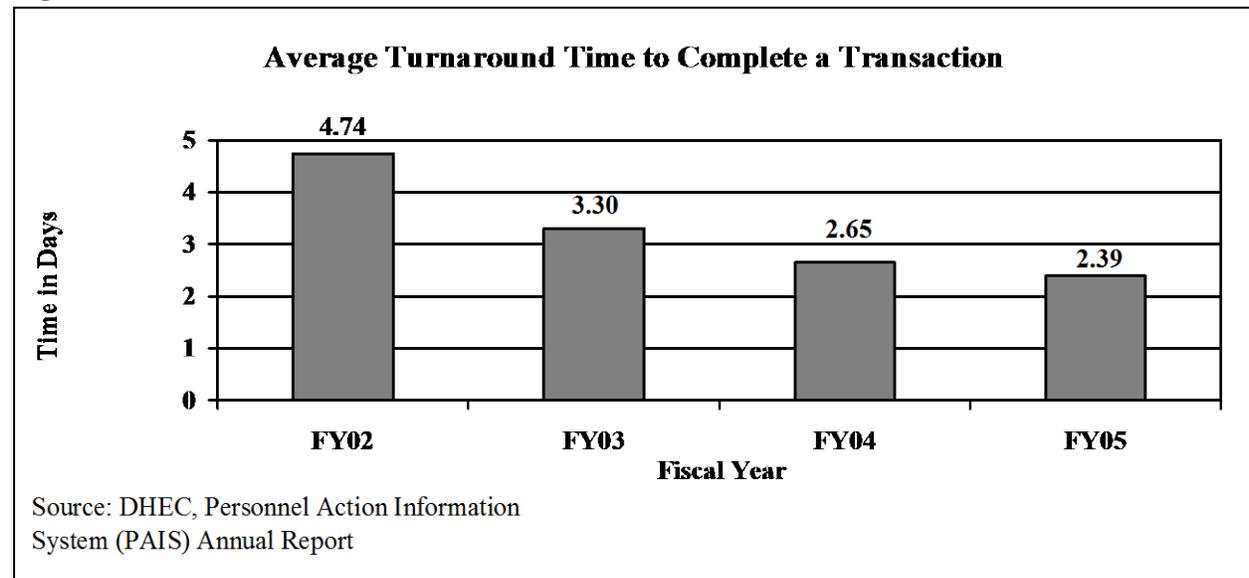
The number of days to process personnel actions has decreased from 4.74 to 2.39 days over the four-year period due to implementation and use of the Personnel Action Information System (PAIS). PAIS is an electronic personnel action system designed to replace the previous manual paper version. System edits, reports, continued changes and improvements have resulted in reduced processing days and improved use of staff time.

III. 7.5 Regulatory/Legal Compliance and Community Support Results

Fig. 7.5.1

EQC Permit Decisions Made within Required Time Frame

Source: DHEC, Permit Directors and Environmental Facility
Information System * Change in Title V permit Requirements by EPA.
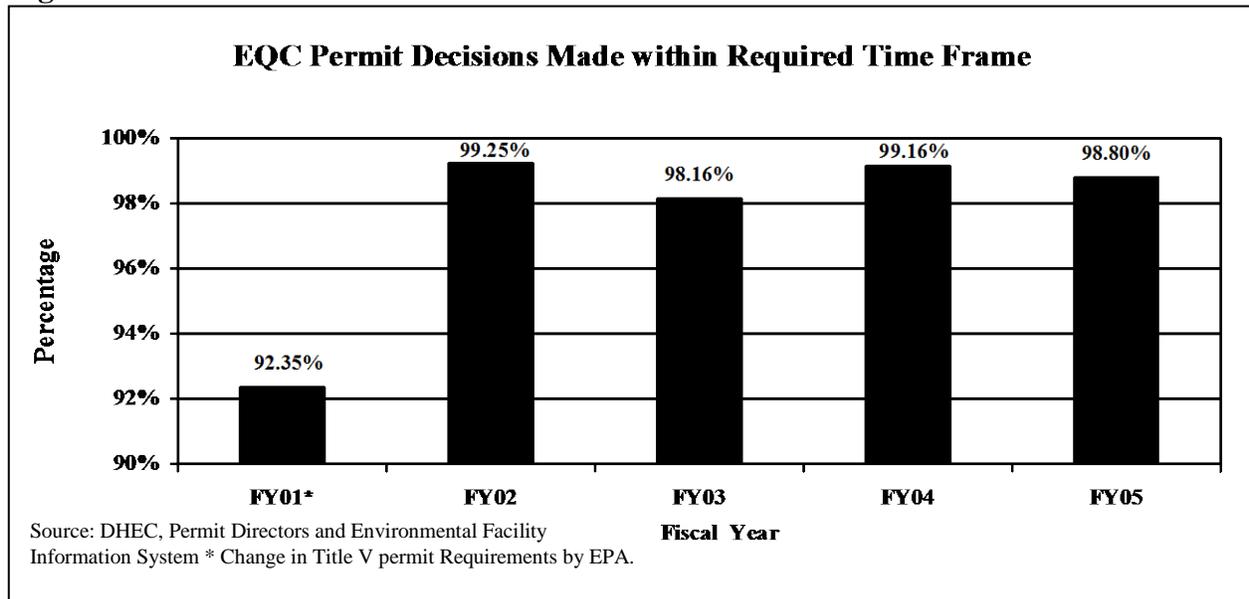
Specific turn-around time frames for permits issued by DHEC were a condition of the business community in exchange for their support of user-fee legislation. DHEC strives to make the permitting process as efficient as possible for our customers while still writing permit conditions that are protective of public health and the environment.

Fig. 7.5.2

2005 Expenditures with Minority Business Enterprises

■ DHEC MBE $ □ All Other Agencies Combined
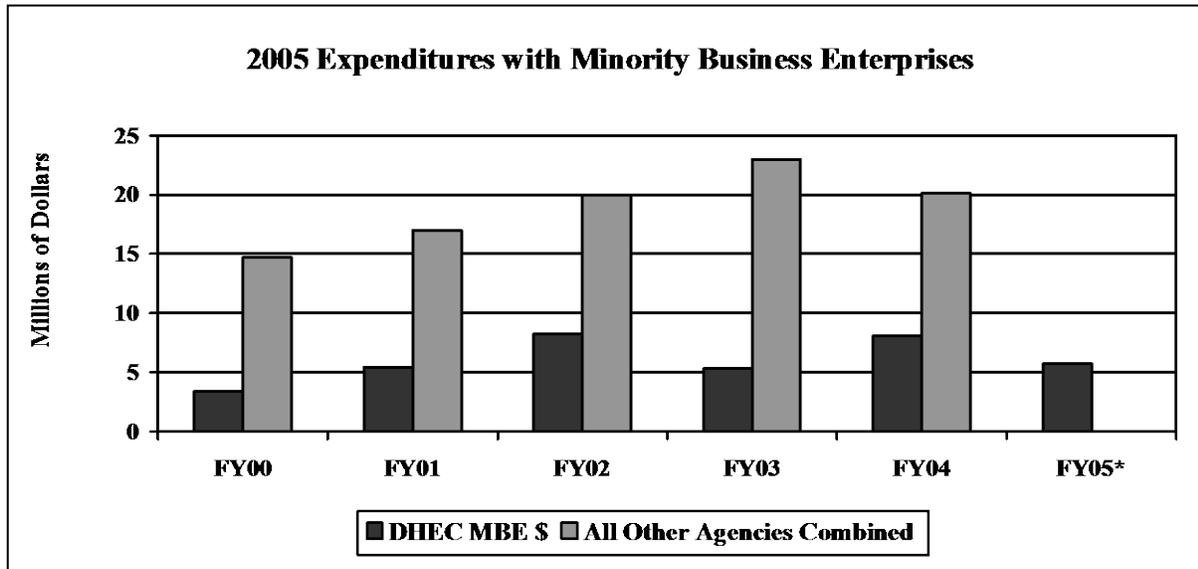
For FY05, DHEC exceeded its Minority Business Enterprise participation goal by 38% by purchasing $5,703,368 in goods and services from minority businesses. According to preliminary yearly figures released by the Governor's Office of Small and Minority Business Assistance (OSMBA), DHEC was again one of the top state agencies in spending with MBE's. *Published FY05 data for all other state agencies combined is not available at this time.

Fig. 7.5.3

Implementation of Internal Audit Recommendations			
Years	**Number of Recommendations**	**Recommendations Implemented**	**Recommendations Outstanding**
FY2004	103	103	0
FY2005	76	76	0
FY2006	44	33	11
TOTALS	**223**	**212**	**11**

Over the past three fiscal years, DHEC Internal Audits has made 223 recommendations to improve agency operations, internal controls and procedures. Of those 223 recommendations, 210 have been implemented with 11 outstanding, which will be implemented in this fiscal year. This shows a serious commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Audit Committee of the DHEC Board. [Source: DHEC, Office of Internal Audits]

Fig. 7.5.4

Agency Cost Savings Identified by Office of Internal Audits		
Years	**Cost Savings Identified**	**Cost Savings Recouped**
FY2004	$793,481.00	$779,114.00
FY2005	$834,881.00	$720,858.00
FY2006	$65,132.00	$65,132.00
TOTALS	**$1,693,494.00**	**$1,565,104.00**

DHEC's Office of Internal Audits also identified cost savings through audits and the agency was able to recoup 86% of these costs savings in FY05 and 100% in FY06. [Source: DHEC, Office of Internal Audits]

South Carolina Department of Health and Environmental Control Organizational Chart

Governor

Board

Commissioner

Assistant to the Commissioner for External Affairs

General Counsel

Division of Media Relations

Division of Communication Resources

Constituents Services

Office of Internal Audits

Freedom of Information Center

Chief of Staff (Administration)

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

Deputy Commissioner: Ocean & Coastal Resource Management

- Coastal Planning & Policy
- Regulatory & Regional Offices
- Communication & Technology

Deputy Commissioner: Health Services

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

Deputy Commissioner: Health Regulations

- Bureau of Certification
- Bureau of Health Facilities
- Bureau of Health Facilities Regulations
- Bureau of Radiological Health

Deputy Commissioner: Environmental Quality Control

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

A-1

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*		
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management, personnel services. This activity represents the "overhead"	State: 6,852,709.08 Federal: 49,791.70 Other: 12,169,229.95 Total: 19,071,730.73 % of Total Budget:	4%	State: 7,317,306.67 Federal: 47,035.00 Other: 14,089,545.43 Total: 21,453,887.10 % of Total Budget:	5%	7.1.1 7.1.2 7.1.3 7.1.4 7.3.1	7.3.2 7.3.3 7.3.4 7.3.5 7.4.1	7.4.2 7.4.3 7.5.2 7.5.3 7.5.4
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation	State: Federal: 1,295,860.70 Other: 1,196,578.45 Total: 2,492,439.15 % of Total Budget:	1%	State: Federal: 1,865,101.76 Other: 1,052,350.33 Total: 2,917,452.09 % of Total Budget:	1%	7.2.7		
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quaility protection and recreational waters through permitting, inspections, public education and complaint response	State: 8,542,290.36 Federal: 6,573,900.88 Other: 10,481,783.73 Total: 25,597,974.97 % of Total Budget:	6%	State: 10,202,541.22 Federal: 6,731,117.97 Other: 9,491,639.58 Total: 26,425,298.77 % of Total Budget:	6%	7.2.5 7.2.6		
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations	State: 939,054.16 Federal: 2,587,625.85 Other: 465,470.96 Total: 3,992,150.97 % of Total Budget:	1%	State: 882,528.65 Federal: 2,803,083.01 Other: 758,437.36 Total: 4,444,049.02 % of Total Budget:	1%	7.2.4		
II.B.1.a National Estuary Research Reserve	Protects specific biogeographical regions under a National Program. SC has two such regions ACE (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay	State: Federal: 307,896.46 Other: Total: 307,896.46 % of Total Budget:	1%	State: Federal: 9,458.81 Other: Total: 9,458.81 % of Total Budget:	0%			

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

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

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*
II.B.1.b Charleston Harbor S.A.M.P.	Federally funded study of the Charleston Harbor	**State:** **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:**	0%	**State:** **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:**	0%	
II.B.1.c Coastal Zone Education	Provides education concerning SC Coastal Tidelands and Wetlands	**State:** 0.00 **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:**	0%	**State:** 0.00 **Federal:** **Other:** **Total:** 0.00 **% of Total Budget:**	0%	
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards) are met and reduces the potential of adverse health effects	**State:** 903,430.10 **Federal:** 1,728,477.96 **Other:** 7,757,031.39 **Restricted:** 123,452.47 **Total:** 10,512,391.92 **% of Total Budget:**	2%	**State:** 898,100.43 **Federal:** 1,747,028.21 **Other:** 7,735,221.34 **Restricted:** 124,033.78 **Total:** 10,504,383.76 **% of Total Budget:**	2%	7.2.8
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites	**State:** 3,309,536.16 **Federal:** 5,741,436.80 **Other:** 1,359,808.19 **Restricted:** 6,095,956.24 **Total:** 16,506,737.39 **% of Total Budget:**	4%	**State:** 3,029,867.56 **Federal:** 6,306,574.87 **Other:** 1,230,311.34 **Restricted:** 5,490,675.41 **Total:** 16,057,429.18 **% of Total Budget:**	4%	7.2.1 7.2.2 7.2.3
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environement has not been adversly impacted	**State:** 76,775.82 **Federal:** **Other:** **Total:** 76,775.82 **% of Total Budget:**	0%	**State:** 74,905.79 **Federal:** **Other:** **Total:** 74,905.79 **% of Total Budget:**	0%	

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

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*
II.D.1.b Hazardous Waste Contingency Fund	Defrays the costs associated with governmental response actions that provide assessment and cleanup of uncontrolled hazardous waste sites	State: Federal: Other: Total: **% of Total Budget:**	104,574.92 104,574.92 0%	State: Federal: Other: Total: **% of Total Budget:**	 0.00 0%	7.2.1 7.2.2 7.2.3
II.E.1 Family Health Infectious Disease Prevention	Ensures that food and beverages served in food service facilitties are safe. Tracks and monitors the distribution and causes of disease and provides immunizations	State: Federal: Other: Total: **% of Total Budget:**	9,216,156.55 29,864,687.81 5,927,371.41 45,008,215.77 10%	State: Federal: Other: Total: **% of Total Budget:**	11,961,677.24 31,495,720.88 4,125,635.21 47,583,033.33 10%	7.2.9 7.2.19 7.2.10 7.2.20 7.2.15 7.2.16 7.2.17
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV	State: Federal: Other: Total: **% of Total Budget:**	18,158.00 18,158.00 0%	State: Federal: Other: Total: **% of Total Budget:**	18,158.00 18,158.00 0%	7.2.19 7.2.20
II.E.2 Maternal/Infant Health	Improve the health of all children and families in the state with an emphasis on eliminating health disparities	State: Federal: Other: Total: **% of Total Budget:**	2,943,180.33 102,615,787.46 15,368,887.85 120,927,855.64 27%	State: Federal: Other: Total: **% of Total Budget:**	2,973,773.32 99,830,719.35 10,784,123.04 113,588,615.71 25%	7.2.12 7.2.17 7.2.13 7.2.14 7.2.15 7.2.16
II.E.2.a Kids Count	Contract for the SC Campaign to Prevent Teen Pregnancy. These funds were awarded to the agency by the General Assembly.	State: Federal: Other: Total: **% of Total Budget:**	42,058.00 42,058.00 0%	State: Federal: Other: Total: **% of Total Budget:**	 0.00 0%	

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

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

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*		
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conduced in hospitals with at least 100 births annually	**State:** 751,466.25 **Federal:** **Other:** **Restricted:** **Total:** 751,466.25 **% of Total Budget:**	0%	**State:** 734,530.16 **Federal:** **Other:** **Restricted:** **Total:** 734,530.16 **% of Total Budget:**	0%			
II.E.3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes	**State:** 1,423,654.93 **Federal:** 4,537,366.65 **Other:** 41,300.33 **Total:** 6,002,321.91 **% of Total Budget:**	1%	**State:** 1,429,777.13 **Federal:** 4,778,961.64 **Other:** 88,519.09 **Total:** 6,297,257.86 **% of Total Budget:**	1%	7.2.22 7.2.23		
II.E.3.a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states, is a primary activity of the Division of Tobacco Prevention and Control.	**State:** **Federal:** **Other:** 9,938.26 **Restricted:** 2,518.41 **Total:** 12,456.67 **% of Total Budget:**	0%	**State:** **Federal:** **Other:** 177,703.78 **Restricted:** **Total:** 177,703.78 **% of Total Budget:**	0%			
II.E.4. Assuring Public Health Services	Provides the basic infratructure funding for the operation of local county health departments. These resources support all public health programs.	**State:** 33,834,420.06 **Federal:** 28,567,088.78 **Other:** 18,828,374.54 **Total:** 81,229,883.38 **% of Total Budget:**	18%	**State:** 36,219,100.88 **Federal:** 28,084,729.57 **Other:** 17,317,218.07 **Total:** 81,621,048.52 **% of Total Budget:**	18%	7.2.9 7.2.10 7.2.11 7.2.12 7.2.13	7.2.14 7.2.15 7.2.16 7.2.17 7.2.18	7.2.20 7.2.21 7.2.22 7.2.23 7.2.24
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state	**State:** 353,310.81 **Federal:** **Other:** **Total:** 353,310.81 **% of Total Budget:**	0%	**State:** 231,997.12 **Federal:** **Other:** **Total:** 231,997.12 **% of Total Budget:**	0%			

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

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

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*
II. E. 4.b Biotechnology Center	These funds were awarded to the agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: Federal: Other: Total: % of Total Budget:	547,620.00 547,620.00 0%	State: Federal: Other: Total: % of Total Budget:	577,620.00 577,620.00 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances	State: Federal: Other: Total: % of Total Budget:	 1,120,241.01 1,120,241.01 0%	State: Federal: Other: Total: % of Total Budget:	 1,174,508.31 1,174,508.31 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities	State: Federal: Other: Total: % of Total Budget:	862,722.84 632,438.12 1,495,160.96 0%	State: Federal: Other: Total: % of Total Budget:	850,740.80 711,628.82 1,562,369.62 0%	
II.E.7 Independent Living	Provides many in-home services such as skilled nurses: provides services to special needs clients to live more independent lives: provides screening, testing, education counseling & managed care	State: Federal: Other: Restricted: Total: % of Total Budget:	6,773,422.43 7,683,346.42 24,352,806.10 38,809,574.95 9%	State: Federal: Other: Restricted: Total: % of Total Budget:	7,259,059.01 9,402,681.72 23,331,976.82 39,993,717.55 9%	
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment	State: Federal: Other: Total: % of Total Budget:	179,597.13 179,597.13 0%	State: Federal: Other: Total: % of Total Budget:	170,393.58 170,393.58 0%	

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

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Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 03-04 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*
II.F.1 Health Care Standards-Radiolocal Health	Registers, licenses and inspects sources of radiation including radioactive materials, x-ray machines, CT scanners, mammography units and baggage/security units	State:	728,215.40	State:	716,796.59	
		Federal:	118,923.11	Federal:	41,188.79	
		Other:	345,543.65	Other:	440,822.09	
		Total:	1,192,682.16	Total:	1,198,807.47	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. F.2 Health Care Standards-Health Facilities & Services Development	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need	State:	698,408.18	State:	750,412.14	
		Federal:	290,000.00	Federal:	58,136.66	
		Other:	117,859.18	Other:	168,388.64	
		Total:	1,106,267.36	Total:	976,937.44	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC are provided appropriate care and services in a manner and environment that promotes their health, safety and well being	State:	1,235,197.05	State:	1,241,969.50	
		Federal:		Federal:		
		Other:	485,063.36	Other:	485,909.10	
		Total:	1,720,260.41	Total:	1,727,878.60	
		% of Total Budget:	0%	% of Total Budget:	0%	
II. F. 4 Health Care Standards-Certification	Ensures all residents, patients, and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care which will attain the highest practicable level of well being	State:		State:		
		Federal:	3,054,300.91	Federal:	3,330,794.39	
		Other:	2,605.98	Other:	2,055.78	
		Total:	3,056,906.89	Total:	3,332,850.17	
		% of Total Budget:	1%	% of Total Budget:	1%	
II. F. 5 Health Care Standards-Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services, certification of medical technicians	State:	1,868,074.24	State:	2,309,579.95	7.2.11
		Federal:	832,334.22	Federal:	312,247.68	
		Other:	36,857.18	Other:	36,720.51	
		Total:	2,737,265.64	Total:	2,658,548.14	
		% of Total Budget:	1%	% of Total Budget:	1%	

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

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

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

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*
II.G.1 Health Surveillance Support Services- Health Laboratory	Assures that integrated, accurate and cost effective laboratory testing is available to support public health	**State:** **Federal:** **Other:** **Total:** **% of Total Budget:**	2,878,121.32 2,446,074.26 4,830,521.84 10,154,717.42 2%	**State:** **Federal:** **Other:** **Total:** **% of Total Budget:**	2,675,397.83 1,928,080.09 4,735,745.85 9,339,223.77 2%	
II. G. 2 Health Surveillance Support Services - Vital Records	Provides for the registration ,correction and certification of all vital events (births, deaths, marriages and divorces)	**State:** **Federal:** **Other:** **Total:** **% of Total Budget:**	203,340.16 1,154,639.78 3,328,389.23 4,686,369.17 1%	**State:** **Federal:** **Other:** **Total:** **% of Total Budget:**	548,240.59 1,396,960.61 3,250,271.69 5,195,472.89 1%	
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance	**State:** **Federal:** **Other:** **Restricted:** **Total:** **% of Total Budget:**	16,833,687.70 15,618,550.03 17,590,077.47 673,789.27 50,716,104.47 11%	**State:** **Federal:** **Other:** **Restricted:** **Total:** **% of Total Budget:**	17,492,939.11 16,791,367.53 16,110,596.74 610,656.60 51,005,559.98 11%	7.4.1 7.4.2 7.4.3

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

FY 05 Water Quality Improvement-Capital Reserve, Water Quality Improvemet, Hazardous Waste Subsidy, Emergency Medical Equipment, Capital Projects, Littlefield Case FY 06 Beach Renourishment, Competetive Grants, EMS Equipment, Captial Projects

Remainder of Expenditures:	**State:** **Federal:** **Other:** **Total:** **% of Total Budget:**	 568,217.79 567,217.79 0%	**State:** **Federal:** **Other:** **Total:** **% of Total Budget:**	4,967,300.00 5,468.21 4,972,768.21 1%	

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Strategic Planning			
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 05-06 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
I. Administration	Improve organizational capacity and quality.	1) Provide continuous development of a competent and diverse workforce. 2) Provide reliable valid and timely information for internal and external decision-making. 3) Ensure customer focus and cultural competence in the agency. 4) Improve the linkage between funding and agency strategic direction. 5) Improve operational efficiencies through the use of improved technology and facilities.	7.1.1 7.3.3 7.5.2 7.1.2 7.3.4 7.5.3 7.1.3 7.3.5 7.5.4 7.1.4 7.4.1 7.3.1 7.4.2 7.3.2 7.4.3
II. A. 1. Underground Storage Tanks	Protect, enhance and sustain environmental and coastal resources.	1) Restore impaired natural resources and sustain them for beneficial use. 2) By 2010, achieve cleanup standards of 67% of documented petroleum UST releases. 3) Reduce the percentage of confirmed petroleum releases from the active UST population by 25% in 2010 compared to the percentage of releases documented in 2005.	7.2.7
II. A. 2. Water Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Assist communities in planning for and responsible managing growth. 2) Protect the public against food, water and vector borne disease. 3) Protect the environment to improve public health and safety. 4) Protect public drinking water. 5) Reduce non-compliance of regulated activities and facilities to meet applicable protective standards. 6) Protect the environment to improve public health and safety. 7) Restore impaired natural resources and sustain them for beneficial use. 8) Reduce non-compliance of regulated activities to meet applicable protective standards. 9) Reduce direct and indirect loadings of pollutants to surface and groundwater. 10) Protect the environment to improve public health and safety. 11) Increase areas in South Carolina where environmental standards for air, water, and land and waste management are met.	7.2.5 7.2.6
II.B.1 Coastal Resource Improvement	Protect, enhance and sustain environmental and coastal resources.	1) Percentage change in acres of coastal habitat directly disturbed by permit activities; 2) Percentage change of coastal habitats restored or protected; 3) Number of respondents under order that have returned to compliance; and 4) Number of emergency training and disaster preparedness event/exercises conducted.	7.2.4
II.B.1.a National Estuary Reserve Research	Protect, enhance and sustain environmental and coastal resources.	DHEC no longer has management or fiscal responsibility for this program.	
II.B.1.b Charleston Harbor S.A.M.P.	Protect, enhance and sustain environmental and coastal resources.	DHEC no longer has management or fiscal responsibility for this program.	
II. B. 1. c. Coastal Zone Education	Protect, enhance and sustain environmental and coastal resources.	DHEC no longer has management or fiscal responsibility for this program.	

	Strategic Planning		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 05-06 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
II. C. Air Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Increase public understanding of air pollutants, such as ground-level ozone and particulate matter through increased education and outreach activities to segments of the public. 3) Increase percentage of state and associated populations living in areas meeting state and federal ambient air quality standard. 4) Reduce air toxins. 5) Assure strategic plans are in place to address adverse air quality impacts on natural resources. 6) Reduce the amount of asbestos released into the environment as a result of demolition projects.	7.2.8
II.D.1 Land Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increases support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Track and report number of non-responsible party contracts (Brownfields) executed. 4) Reduce the number of landfills through regionalization. 5) Track and report the number of Record Decisions (RODs) issued for dry-cleaning facilities. 6) Protect the environment to improve public health and safety. 7) Minimize the impact to public health and the environment from environmental emergencies, disasters and spills. 8) Maintain effective and efficient disaster preparedness and response capability. 9) Provide technical information for state, federal and local emergency responses.	7.2.1 7.2.2 7.2.3
II. D. 1.a Savannah River Plant	Protect, enhance and sustain environmental and coastal resources.	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Develop an early warning protocol for notifying downstream customers of releases to the Savannah River with adequate lead time to take appropriate actions to protect drinking water supplies.	
II.D.1.b Hazardous Waste Contingency Fund	Protect, enhance and sustain environmental and coastal resources.	Track and report the number of actions taken to remediate contaminated land.	7.2.1 7.2.3 7.2.2
II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Protect the public against food, water and vector-borne diseases. 2) Ensure that food service facilities are routinely inspected, that septic tank systems are permitted, and that vector and rabies related incidents are handled thoroughly and completely. 3) Eliminate disparities in the incidence and impact of communicable diseases. 4) Reduce the number of TB cases, STDs, HIV, and increase the number of persons in the state living longer with AIDS as a result of proper treatment (indicating that appropriate treatment is reaching those who need it). 5) Reduce the occurrence of vaccine preventable diseases. 6) Maintain or increase the proportion of the target populations that are fully immunized.	7.2.9 7.2.10 7.2.15 7.2.16 7.2.17 7.2.19 7.2.20

	Strategic Planning		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 05-06 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
II.E.1.a Palmetto Aids Life Support	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	7.2.19 7.2.20
II.E.2 Maternal and Infant Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Improve maternal and child health. 3) Improve access to comprehensive, high-quality care. 4) Increase the percentage of very low birth weight infants delivered in Level III hospitals. 5) Reduce the number of infants that die before their first birthday. 6) Reduce the birth rate in teenagers, age 15-17. 7) Increase the number of 3rd graders who have protective sealants on their teeth. 8) Increase the number of post partum new born home visits within 3 days of hospital discharge. 9) Increase the number of women who receive prenatal care.	7.2.12 7.2.13 7.2.14 7.2.15 7.2.16 7.2.17
II. E. 2. a Maternal and infant Health-Newborn Screening	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Improve maternal and child health. 2) Screen all newborns prior to hospital discharge for hearing problems.	
II. E. 3 Chronic Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Reduce disparities in illness disability and premature deaths from chronic diseases. 2) Increase, over time in exercise among adolescents and adults in the state. 3) Improve nutritional intake among the same populations. 4) Increase in women receiving mammograms and pap smears. 5) All health regions will incorporate healthy nutrition and physical activity into community services and initiatives.	7.2.22 7.2.23
II.E.3.a Youth Smoking Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Promote healthy behaviors. 2) Decrease the proportion of youth who smoke.	
II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. In keeping with the agency's value of "local solutions to local problems," each county may focus on different health activities depending upon the needs of the community.	7.2.9 7.2.14 7.2.20 7.2.10 7.2.15 7.2.21 7.2.11 7.2.16 7.2.22 7.2.12 7.2.17 7.2.23 7.2.13 7.2.18 7.2.24
II.E.4 Injury and Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Decrease the number of fatalities/injuries of children under 6 years old by increasing the number of children appropriately restrained. 2) Decrease the number of fatalities/injuries due to residential fires by increasing the number of smoke alarms installed in low socioeconomic homes. 3) Increase access to health facilities to the disabled by conducting inspections and making recommendation for improvement. 4) Create a uniform surveillance system for risk factors and circumstances related to violent deaths.	

	Strategic Planning		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 05-06 Key Agency Action Plan/Initiative(s)**	**Key Cross References for Performance Measures***
		5) Decrease the incidence of preventable child deaths by surveying data and making recommendations to governor/legislature. 6) Translate Traumatic Brain Injury surveillance data into targeted prevention activities.	
II.E.4 Minority Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Eliminate priority health disparities through: community engagement and capacity building; faith and community-based initiatives; improving access to services; culturally appropriate health promotion efforts in minority communities; program planning and implementation; and an increased capacity of the agency to provide culturally and linguistically appropriate services.	
II.E.4 Protection from Public Health Emergencies	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Outcome measures address 16 critical capacities and 46 critical benchmarks in the federal cooperative agreements.	
II.E.4.a Family Health Centers	Improved access to health care for citizens of rural areas throughout the state.	Projects and centers funded to improve access to care.	
II.E.4.b Family Health Center Lancaster-Kershaw	Improved access to health care for the citizens of Lancaster-Kershaw.	Funds transferred to the University of South Carolina Medical School (Columbia) for the Lancaster Kershaw Rural Health Clinic.	
II.E.4.c Biotechnology Center	Provide operating funds for the SC Biotechnology Center.	Funds transferred to SC Biotechnology Center.	
II.E.5 Drug Control	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Enforce regulations dealing with the distribution of controlled substances in the health care field.	
II.E.6 Rape Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Increase the number of new direct services to sexual assault victims by the 16 centers.	
II.E.7 Independent Living	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all Eliminate health disparities.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset 2) Reduce morbidity and morality among those with sickle cell disorders as well as decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	
II.E.7.a Camp Burnt Gin	Improve the quality and years of healthy life for all.	Camp Burnt Gin conducts client and family satisfaction surveys to assure that programs and services maintain high standards and meet the children's needs.	

Strategic Planning			
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II.F.1 Health Care Standards- Radiological Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Ensure radiation exposures to workers, patients, clients and the general public are kept at or below levels that would subject them to unacceptable levels of risk (within regulatory limits). 2) Complete compliance surveys within specified time frames. 3) Ensure facilities in violation of regulations have appropriate corrective action plans to prevent reoccurrence.	
II.F.2 Health Care Standards-Health Facilities and Services Development	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Produce an annual State Health Plan. 2) Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. 3) Review and allocate Medicaid patient days in a timely manner.	
II. F.3 Health Care Standards-Health Facility Licensing	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Conduct compliance inspections of licensed facilities within specified time frames. 2) Conduct investigations after receiving complaints in a timely manner. 3) Complete perinatal surveys with specified time frames. 4) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	
II.F.4 Health Care Standards - Certification	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Complete compliance and complaint surveys within specified time frame. 2) Successfully complete audit by Centers for Medicaid and Medicare Services. 3) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence. 4) Take action as necessary to protect the immediate safety and well-being of residents and patients.	
II.F. 5 Health Care Standards – Emergency Medical Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Complete compliance surveys of ambulance services and ambulances within specified time frames. 2) Complete complaint investigations in a timely manner. 3) Process grant-in-aid applications and contracts in a timely manner. 4) Consult with hospitals regarding trauma center designations and requirements. 5) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.2.11
II.G. 1 Health Surveillance Support Services – Health Laboratory	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor test turnaround times, test orders, workflows, test costs and productivity.	
II.G.2 Health Surveillance Support Services –Vital Records	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Collect data on which to scientifically base public health decisions.	
VIII. Employee Benefits –State Employer Contributions	Improve organizational capacity and quality.	State employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	7.4.1 7.4.2 7.4.3