

**South Carolina
Department of Health
and Environmental
Control**

**FY 2007 – 2008
Annual Accountability
Report**

September 2008



South Carolina Department of Health
and Environmental Control

Accountability Report Transmittal Form

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Section I — Executive Summary

The S.C. Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state. The agency 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. DHEC 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. Unprecedented state growth is stressing the viability of our environment and the quality of our land, air and water. Changing demographics are leading to greater ethnic diversity and an expanding population of retirees. DHEC has dealt with several years of state and federal budget cuts, along with added responsibilities for emergency preparedness, including homeland security and pandemic influenza planning and preparation.

I.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.

Radioactive Material Licensing and Compliance: In the most recent Integrated Materials Performance Evaluation Program review by the U. S. Nuclear Regulatory Commission (NRC), South Carolina received the highest rating possible in all categories with no recommendations for improvement. The state has entered into a partnership with the NRC, where the NRC relinquishes authority to the state for the responsibility of regulating the use of radioactive materials. In turn, the NRC conducts comprehensive performance reviews of each Agreement State every four years to ensure the state is properly protecting public and environmental health and safety in the use of radioactive materials. The NRC reported that South Carolina is one of only a few states nationwide that has received the highest possible rating in consecutive reviews.

Shoreline Change Advisory Committee Efforts: DHEC has increased its focus on coastal communities' resilience to shoreline erosion and sea level rise through a five-year "Shoreline Change Initiative." Through the establishment of a new Shoreline Change Advisory Committee, the agency is working closely

with researchers, partner agencies and stakeholders to gather accurate information, reexamine policies and develop new approaches for coastal officials and the public to prepare for future shoreline changes in South Carolina. To date, the 25-member advisory committee has held seven meetings in Charleston, Myrtle Beach, Bluffton and Columbia. The agency has secured over \$300,000 in federal funds for projects that support the committee's work or respond to the general research priorities identified by the committee in their initial meetings.

Isle of Palms Beachfront Management Plan and Renourishment Project: The city of the Isle of Palms in coordination with DHEC, prepared a Local Comprehensive Beach Management Plan, which was adopted by City Council resolution. The agency reviewed the plan as required by the State Beachfront Management Act, and approved it at the state level. The development of a comprehensive beach management plan was a key requirement for state support of sand renourishment. It represents a strategic, proactive approach to beach management rather than a narrowly focused, short term, reactive response to such natural occurrences. The coordination between DHEC and the Isle of Palms throughout the development and approval process for the city's plan marks a significant advancement in the management of beachfront at the local level.

Environmental Emergency Response: The agency's environmental Emergency Response Unit documented 161 hazardous material spills, 634 oil spills and 247 spills classified as other; documented 83 fish kills; participated in 12 chemical/oil/disaster/WMD exercises and documented 1,258 calls into the environmental 24-hour emergency response phone number.

Mercury and Swimming Advisories: In March 2008, DHEC began posting health advisory signs on natural water bodies in the state for two separate health concerns: consuming fish that have high levels of mercury and swimming in water with high levels of bacteria. The agency posted signs at public boat landings near water bodies that have a fish consumption advisory for mercury. These advisories were based on data collected as part of the agency's fish tissue monitoring program. Currently, signs have been posted at 229 freshwater and 48 saltwater public boat landings. DHEC posted swimming advisory signs at locations on natural water bodies that meet the following three criteria: 1) readily accessible to the general public; 2) heavily used for swimming; and 3) exceeds the fecal coliform bacteria standard for primary contact recreational use (i.e., swimming). To date, signs have been posted at 18 locations across the state that meet the three criteria. [See III.7.1.6.]

World Café Meetings: DHEC held three "World Café" (public listening) sessions to solicit suggestions on how the agency can better interact with and engage the public in significant environmental issues and agency decisions. These sessions were held in Columbia, Charleston and Greenville and involved representatives of multiple and diverse stakeholder groups that routinely have the opportunity to work with the department on its many activities and permit related decisions.

Expedited Permit Review: In 2006, the S.C. General Assembly passed legislation allowing the department to pilot expedited permitting review programs to applicants who want to obtain permit reviews under shorter timeframes with payment of an additional fee used to support additional staffing. The agency's Bureau of Water developed an expedited permitting process in three areas: stormwater permitting; water and sewer construction permitting; and the approval to place into operation water and sewer construction permits. The agency's Bureau of Air Quality developed an expedited permit review program for construction permit applications. This pilot program has been well received, and based on the successful pilot implementation, the agency will propose changes to agency regulations to establish this program on a more permanent basis. Many other states are taking notice of the agency's expedited review program and are considering similar programs. [See III.7.1.8.]

Solid Waste Program Regulations: After more than three years of working with stakeholders, a consolidated solid waste landfill regulation was promulgated to include: the re-classification of municipal, construction and demolition, industrial and land clearing debris landfills; and the consolidation of four separate landfill regulations into one comprehensive regulation. The regulation also implements new groundwater monitoring requirements, financial assurance, earlier and more frequent public notice, and public participation requirements.

Brownfields Program Expansion: New legislation enacted during the 2008 session expanded the agency's Brownfields program to include sites with petroleum contamination. This expansion will make more abandoned or underused contaminated properties eligible for the voluntary cleanup program, resulting in more productive use and reuse of these sites. Collaborative efforts between DHEC, local government officials and interested parties helped pave the way for this legislation.

Beyond Early Action Compacts: Stronger state and local strategies and efforts are necessary to meet the national ambient air quality standard for particulate matter 2.5 and the March 2008 revised standard for ground-level ozone. This past year, DHEC expanded the scope of the successful Early Action Compact process by including other air pollutants and greenhouse gas emissions, increasing assistance to counties and municipalities, and asking local governments to enhance their efforts. The agency continues to strengthen relationships developed during the Early Action Compact process by providing assistance with grant writing, sharing information/data, and building partnerships at the local level. Management of air quality requires leadership and commitment from national, state and local levels. Collaboration and partnerships with both private and public entities have led to faster improvements in air quality sooner than required under the federal Clean Air Act continue to be successful and more efficient. [See III.7.1.7.]

Clean School Bus USA: DHEC's partnership with the state Department of Education and a subsequent grant award from EPA have resulted in significantly reduced diesel emissions from South Carolina's aging fleet of school buses, which in turn leads to cleaner air and improvements in children's health. Through collaborative partnerships and grant awards, additional air quality goals are being achieved.

Mobile Medical Units Exercise: DHEC's SCMed Mobile Medical Units concept was expanded by developing partnerships to include regional medical assistance teams in Horry and Lexington counties, Spartanburg Regional Medical Center's Hospital Emergency Response Team, and numerous hospitals and local first responder agencies across the state. DHEC utilized and tested its SCMed systems in a variety of applications including triage, treatment and transport operations for a National Disaster Medical System exercise, joint field operations in the S.C. National Guard's Vigilant Guard exercise, and field medical station support for the Great American Balloonfest.

Response to Outbreaks: South Carolina participated in a multi-state response to the identification of a rabid kitten that was handled by players on several girls' softball teams during a tournament held in Spartanburg County. Of these 60 teams of 12 players, 38 teams had players, family and friends who reported exposures that warranted the administration of post-exposure prophylaxis. DHEC Outbreak Response Teams also responded to 105 outbreaks in 2007, affecting more than 2,300 individuals. The most common disease outbreaks were norovirus, chicken pox, pertussis, salmonella and influenza. DHEC response staff was involved in several other multi-state outbreaks with spinach and peanut butter identified as possible sources.

Isolation and Quarantine Exercise: In recent years, DHEC has applied special attention to developing and refining pandemic influenza response plans. Eight drills were conducted to test and validate internal procedures for activation and implementation of authority for the issuance of isolation and quarantine orders. The lessons learned through this process are being used to educate agency hospital partners on how a public health authority can impact and assist their disease control processes in an influenza pandemic.

Special Medical Needs Shelter Training: DHEC's Office of Nursing sponsored four regional workshops to train all public health nurses on their role in the operation/management of Special Medical Needs Shelters. Trainings were held in Charleston, Columbia, Florence and Greenville with over three hundred staff attending the trainings with the goal of improving emergency operations during a sheltering event.

Enhanced Diabetes Initiatives: DHEC received state dollars this past year to help eliminate disparities and diabetes. Funds are used to provide Diabetes 101 presentations, coordinate Body and Soul programs with African American churches, and increase healthcare provider awareness of current standards of diabetes care and testing for people with obesity, cardio metabolic risk factors and diabetes in three targeted rural counties in the state. DHEC has also entered into a two-year contractual agreement with the state

Department of Health and Human Services to pilot integrated proven effective preventive health promotion and health risk reduction strategies in one DHEC public health region. [See III.7.1.13.]

AIDS Drug Assistance Program (ADAP) Wait List Elimination: DHEC was able to eliminate the ADAP wait list in September 2007 by providing lifesaving medication to additional South Carolinians in need. With the increase in state funds, the agency was able to provide HIV treatment drugs for 360 new or additional patients for one year. [See III.7.1.24.]

Expanded HIV Testing: DHEC has received three-year Centers for Disease Control and Prevention (CDC) grant to expand HIV testing primarily in clinic settings and to reach more African Americans. DHEC has created new partnerships with three hospital emergency departments to initiate routine HIV testing in counties that are among those with the highest rates of infection. This grant also supports funding to three community-based organizations for expanding HIV rapid testing and other interventions to reach high risk African American men. [See III.7.1.23.]

Strengthening Partnerships and Collaborations: DHEC continues to work with many partners to improve the health of South Carolinians including: 1) developing agreements with the 20 Federally Qualified Primary Care Centers to obtain delegation of authority for DHEC clinics to give free federal Vaccines for Children Program vaccines for underinsured children and youth; and 2) developing a Memorandum of Agreement with the National Association of School Nurses to partner in development of Web-based educational modules on diabetes care in the schools for school nurses with South Carolina serving as the pilot state for this program.

Get With The Guidelines (GWTG): GWTG is the American Heart Association/American Stroke Association's (AHA/ASA) premier hospital-based quality improvement initiative. This initiative helps ensure that hospitals treat coronary artery disease, heart failure and stroke with the most current scientific guidelines and evidence-based treatments and therapies. Through a partnership between DHEC and AHA/ASA, with support from the S.C. Hospital Association, hospitals have recognized improved outcomes through the GWTG initiative.

New Cancer Funds: This past year, DHEC fortunately received important new funding for cancer prevention and control. First, the agency was awarded a five-year CDC grant to conduct the WiseWoman program in several health regions. In addition, funds were received to expand the Best Chance Network program to enroll an additional 9,000 women for breast and cervical screenings, cardiovascular risk assessment and follow-up. Finally, funds were received to support colonoscopy screenings for uninsured, qualified people. [See III.7.1.14.]

Power to End Stroke Partnership: DHEC won the American Stroke Association's 2008 Power to End Stroke State Strategic Alliance Award. Power to End Stroke is a national campaign that raises stroke awareness among African Americans, who suffer stroke deaths more often than do Caucasians. The Power to End Stroke campaign mobilizes opinion leaders to become "stroke ambassadors" and strives to inspire African Americans to reduce stroke within their community. Forty-two DHEC Power to End Stroke Ambassadors have organized or led over 150 activities within 99 faith-based and community organizations statewide, reaching a total of 5,266 African Americans.

Eat Smart, Move More Partnership: The S.C. Eat Smart, Move More Coalition (ESMMS) is a statewide partnership working to create and promote communities that support healthy eating and active living where South Carolinians live, learn, work and play. Through advocacy, communication and training, the ESMMS supports the implementation of the state obesity strategic plan goals. In this new partnership, DHEC is the lead entity providing support and infrastructure.

Immunization Registry: This successful ongoing partnership with the medical community aims to continue increasing the number of health care providers who participate in a fully operational population-based immunization registry. This partnership is a critical component of the immunization project's public health infrastructure. [See III.7.1.19 & 20.]

Safe Sleep Campaign: The ABCs of Safe Sleep Campaign has been implemented emphasizing the slogan, “Alone, on the Back, in a Crib.” In 2008, a video, "Give your Baby Room to Breathe" was distributed statewide. With support from a March of Dimes grant, DHEC Region I placed billboards in strategic areas and developed toolkits with safe sleep messages for physicians and other providers of services to infants.

Oral Health Partnership: DHEC has established a strong collaborative partnership with EdVenture Children’s Museum, integrating oral health messages into their educational programming which has greatly expanded oral health prevention messages to children, parents, childcare providers and teachers. EdVenture has hosted several of the quarterly advisory summit meetings for the Oral Health Coalition and Advisory Council, allowing these bodies to see first hand the impact of oral health education initiatives.

I.3 Key Strategic Goals: Perhaps the most important goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2005-2010 Strategic Plan has five long-term goals, 21 strategic goals and 88 objectives. View the Strategic Plan and supporting information at www.scdhec.gov.

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

I.4 Key Strategic Challenges:

Response to Emergencies: As required in the S.C. Emergency Operations Plan, DHEC has primary responsibility for coordinating operations for hazardous materials, medical care, public health and sanitation, behavioral health, and deceased identification and mortuary services. Successful planning and execution of response activities for threats ranging from hurricanes and pandemic influenza to bio-terrorism and radiological incidents depends upon the availability and competency of emergency coordinators and core public health staff including nurses, epidemiologists, and environmental specialists, all of whom are in relatively short supply and many solely funded through shifting federal grant sources. While homeland security and preparedness for pandemic influenza remain national priorities, federal funds for public health and hospital preparedness have decreased significantly in recent years, and S.C. is facing state cost share and maintenance of effort requirements in order to maintain federal preparedness grant funding beginning in FY09. State funding is needed to support and invest in consistent public health preparedness capability and to ensure availability of program sustaining federal funds. Stable state funding is also a critical need for disease control, and for trauma and emergency medical services programs that provide lifesaving services in both emergencies and everyday events. [See III.7.5.2.]

Recurring Funds for Vaccines: An unprecedented number of new vaccines have been introduced in the past three years. For the first time, during 2005 and continuing, the federal section 317 funding has not received sufficient funding to carry out its essential public health mission to complement the federal Vaccines for Children Program funds. 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. Without funds to purchase vaccines needed for this population, DHEC must implement the federal entitlement Vaccines for Children program in a way that places approximately 11 to 25 percent of the state’s children and adolescents at increased risk for these vaccine-preventable diseases because access to the vaccines is restricted. The two-tiered immunization system that this kind of implementation creates is problematic for the medical community and public health to implement, is confusing to parents, and is certainly not in the best interest of children and the population at large. [See III.7.1.19 & 20.]

AIDS Drug Assistance Program (ADAP) Wait Issue: ADAP faces growing needs. To ensure all patients have access to ADAP medications without a wait list, DHEC requested \$2.4 million recurring state funds for FY09 and received this amount in non-recurring funds. Recurring \$2.4 million state funds are needed in FY10 to address a projected \$22 million need. More patients are staying on ADAP due to treatment effectiveness, increases in drug costs, new testing initiatives detecting more infected persons needing ADAP, and national treatment guidelines recommending earlier treatment. All these factors contribute to increased costs. Recurring state funds are critical since annual federal ADAP funding amounts are unpredictable and South Carolina's FY09 funding was reduced from FY08. [See III.7.1.23 & 24.]

Infant Mortality: Postpartum Newborn Home Visits (PPNBHV) are provided upon physician referral to mothers and infants covered by Medicaid. Registered nurses provide the newborn and mother with environmental, psychosocial, physical and nutritional assessments, along with education, counseling and linkage to appropriate health care resources. In 2007, DHEC provided home visits to 38% of the families eligible for the service. The shortfall is attributed to DHEC's critical nursing shortage, funding limitations and few visits completed by private providers. For FY08, the S.C. General Assembly provided \$1,136,130 in state dollars to support infant mortality reduction efforts through the PPNBHV program. Preliminary data for 2008 shows that this funding is having a positive effect on DHEC's capacity to provide these visits. In addition to home visits, securing additional resources to address prematurity prevention, Sudden Infant Death Syndrome and preconceptional health will help the agency in its efforts to reduce infant deaths in the state. [See III.7.1.15.]

Assessing Care for the Elderly and Vulnerable Populations: Ensuring appropriate care for the state's elderly and vulnerable population is becoming more challenging for DHEC. Faced with a rapidly growing older population that is demanding more consumer choice in nursing home and assisted living facilities, the providers of services are struggling to achieve the level of care necessary to comply with the agency's regulatory expectations. Recent events involving unacceptable care situations in licensed community residential care facilities and a significant increase in resident and family member complaints indicate a need for the agency to reassess the present regulatory approach. This assessment offers an opportunity to engage the industry, other regulatory agencies and oversight groups, and those receiving care in the regulated facilities.

Chronic Disease (Cancer, Heart Disease/Stroke and Diabetes): Because of the growing burden of chronic disease in South Carolina, the state spends increasing amounts on expensive treatments and medical care. Few resources are directed to address the risk factors for chronic disease - poor nutrition, lack of physical activity and tobacco use. A challenge for FY09 will be the loss of the non-recurring state funds for tobacco that have helped fund the successful South Carolina Tobacco Quitline and the youth tobacco control program, Rage Against the Haze. [See 7.1.11-14.]

The one-time funds received for FY09 for breast and cervical cancer screening and colorectal cancer screening provide an opportunity to implement these life-saving screenings and disease management services for diabetes, heart disease, hypertension and asthma. Additional funds are needed to ensure access to the less-costly disease preventive services.

Emergency Medical Services (EMS): The Duke Endowment has awarded a two-year grant to DHEC's Division of Emergency Medical Services and Trauma to implement an electronic EMS data system throughout the state. The implementation of this data project will provide a modern Web-based interface to promote quality EMS service delivery, resource management, credentialing of EMS personnel and improved patient care. The data system will also improve patient care delivery through the use of data collection toolkits in the areas of cardiac care, stroke care, trauma care, pediatric care and EMS system response times. Another important element in this system is the State Medical Asset Resource Tracking Tool (SMARTT), which provides daily bed count assessments in the state's hospitals, an essential element in disaster management. While grant funds support the implementation and goals of this effort, recurring state funding is essential to sustain this data system. [See III.7.5.2.]

Children's Rehabilitative Services (CRS) and BabyNet: Over the past five years, the cost of covered services for children with disabilities has increased, while funding has remained stable for these vital

services for special needs children. During FY07, CRS expenditures for case services (for the purchase of medical services, drugs, medical supplies and durable medical equipment) exceeded available funding, and “reserves” built up over previous years were exhausted. FY08 expenditures for these purchases for children enrolled in CRS must be reduced by about one-third, which will require changes in eligibility requirements, conditions covered and/or services and equipment provided to enrolled children. In addition, current state and federal funding does not adequately cover personnel costs in the local public health departments for staff providing BabyNet services to children and families. DHEC’s health regions are maximizing available resources, but they struggle to provide federally-required services in a timely manner.

Adapting to Continuing Coastal Development Pressures: As part of a holistic approach to enhanced beachfront management, DHEC is reviewing the existing State Beachfront Management Plan, originally adopted as regulation in 1992. This review will address the beach management challenges of today, including tremendous growth along the coast and the need for better coastal resiliency to natural disasters. Considerable effort will be undertaken to improve and enhance Local Comprehensive Beach Management Plans developed by beachfront counties and municipalities to ensure that the local plans are relevant and complementary to the goals of the State Beachfront Management Plan, and to recommend actions that can be implemented. Local plans are required by regulation to be periodically reviewed and updated. By revising both local and state beach management programs simultaneously, consistency and applicability of these planning efforts will be realized at both levels of government.

Updating the S.C. Coastal Management Program Document: The state’s Coastal Management Program document, which institutes the strategy for the use, protection and enhancement of South Carolina’s coastal resources, was originally approved by the General Assembly and at the federal level by the National Oceanic and Atmospheric Administration in 1979. While the purpose and majority of the document’s policies remain relevant, considerable increases in the level of demand on coastal resources and other changes in population, and commercial and residential development patterns require that a detailed review and update to the document be undertaken. Beginning with a thorough analysis of the existing document, revisions will be suggested that would update and modernize the program document to reflect the current conditions in South Carolina’s coastal zone.

Air Issues: The Clean Air Act requires the Environmental Protection Agency (EPA) to review the latest scientific information affecting air quality standards every five years. In 2006, the EPA revised the air quality standards for particulate matter. The standards measure both a 24-hour and an annual level of exposure at differing levels of particle size. On March 12, 2008, the EPA revised the National Ambient Air Quality Standard (NAAQS) for ground-level ozone. The new 8-hour ground-level ozone standard is 0.075 parts per million (ppm). These lower levels will be more protective for human health, but the southeastern United States may find it difficult to stay in compliance with the more stringent standard. DHEC continues to work diligently with the local governments and stakeholders to improve air quality and achieve the new standard as quickly as possible. [See III.7.1.7.]

Sustainable Water Supplies: The southeastern United States is experiencing the stressors of a rapidly growing population. The Pee Dee area and coastal counties of South Carolina have seen groundwater levels decline. Many of the state’s rivers and lakes have experienced inadequate flows during dry periods. South Carolina has a groundwater use permitting and reporting program and a surface water-use reporting program. There is a need to establish a surface water permitting program. The state also shares surface and groundwater resources with the neighboring states of North Carolina and Georgia. DHEC continues to work with these states and interested stakeholders to address water sustainability issues.

Obesity: Obesity is a complex issue. Efforts to prevent obesity must consider the interwoven relationship that exists between the individual and the surrounding sectors of influence - schools, worksite, health care or the community. A multi-sector approach is needed to create environments that support healthy eating and active living. This requires adequate resources to implement sustainable policy and environmental changes. South Carolina teens have the ninth highest prevalence of obesity in the country (14.4 percent in 2007). The state ranks seventh worst in the nation in rates of adult obesity (29 percent in 2007). Obesity

takes a tremendous toll in terms of physical health and has psychological and economic impacts. Creating communities that support healthy eating and active living can make the healthiest choice the easiest choice.

Federal Budget Cuts: Congressional discussions do not appear promising for future funding of important public health initiatives. Significant funding cuts have already occurred in the federal Centers for Disease Control and Prevention programs such as the Public Health Preparedness and Response to Bioterrorism Grant and the Maternal and Child Health Block Grant, and there is the continued risk of future funding reductions. As the Environmental Protection Agency develops new regulations and environmental protection becomes more complex, it also becomes more costly. Reductions in EPA funds have also been discussed. The National Oceanic and Atmospheric Administration and Centers for Medicare and Medicaid Services have also made substantial cuts in their funding. Cuts in these programs will have noticeable, adverse impacts on DHEC's capacity to address public health and environmental threats and essential programs and services.

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

Staff Retention/Turnover/Vacancies: Funds for staff retention have been approved in past Appropriations Acts to help DHEC fill and retain employees in critical areas such as nursing, nutrition, social work, information systems and for environmental engineers, scientists and managers. Additional funding is needed 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 to provide essential and mandated public health and environmental services. [See III.7.4.1.]

Emerging X-ray Technology: The rapid emergence of new kinds of X-ray equipment being marketed and sold in South Carolina poses significant regulatory testing challenges for DHEC. There are very limited resources available to assist states in establishing regulatory controls. Currently, the manufacturer of the new devices is the only resource available. In the past, state agencies depended upon Suggested State Regulations for controlling radiation by the Conference of Radiation Control Program Directors, Inc. (CRCPD) to assist with regulating new kinds of equipment. Due to the rapid emergence of new technology, CRCPD has been unable to establish suggested guidelines for these X-ray devices. Additionally, the rapid emergence of this technology makes it difficult for the South Carolina Health Plan to remain current as future revisions of the plan are developed.

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

Section II — Organizational Profile

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

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

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

Data, Information and Analysis - Delivered by staff through reports, Websites and linkages

All S.C. citizens	Media
General Assembly	Local and state government
Federal government	Radiological facilities
Nursing homes	Trauma system
Health care facilities	Families
Patients	Visitors and tourists

Health Services - Screenings, treatment, health education, prevention, emergency response, testing, chronic and infectious disease surveillance and investigation, and inspections – delivered by staff and partners

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

II.3 Key Stakeholders Groups:

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

II.4 Key Suppliers and Partners:

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

II.5 Operation Locations: 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 4,706 budgeted FTE positions. Of these, there are 4,222 employees in FTE positions with 521 FTE vacancies. The number of hourly, per-visit, temporary grant and contract positions varies daily. Approximately 600 additional employees fill positions in these categories.

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

II.8 Performance Improvement Systems: Agency systems include Health Service’s Performance Management System and the Performance Partnership Agreement with the Environmental Protection Agency. [See III.2.3.]

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

II.10 Expenditures/Appropriations Chart:

Major Budget Categories	FY 06-07 Actual Expenditures		FY 07-08 Actual Expenditures		FY 08-09 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$173,993,886	\$66,027,755	\$181,115,493	\$76,624,299	\$199,654,079	\$80,700,905
Other Operating	\$122,985,397	\$20,821,980	\$126,276,555	\$28,335,938	\$179,360,551	\$18,052,964
Special Items	\$3,405,238	\$2,364,613	\$1,898,098	\$758,020	\$6,338,754	\$5,653,395
Permanent Improvements			\$35,408			
Case Services	\$111,041,141	\$8,295,756	\$128,490,644	\$13,416,132	\$108,009,530	\$12,019,805
Distributions to Subdivisions	\$7,208,736	\$1,566,394	\$8,960,966	\$1,506,178	\$17,764,325	\$1,583,164
Fringe Benefits	\$50,443,502	\$19,812,299	\$54,392,632	\$23,223,403	\$60,908,041	\$24,530,504
Non-recurring	\$9,720,345	\$9,720,345	\$20,501,010	\$20,501,010	\$9,897,192	
Total*	\$478,798,245	\$128,609,142	\$521,670,806	\$164,364,980	\$581,932,472	\$142,540,737

* Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	FY 06-07 Actual Expenditures	FY 07-08 Actual Expenditures
Supplemental Bills	\$8,862,957	\$20,501,010
Capital Reserve Funds		\$573,886
Bonds		

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

Section III – Elements of the Malcolm Baldrige Criteria

III.1 Leadership

III.1.1 How do senior leaders set, deploy and ensure two-way communication for: (a) **Short and long-term organizational direction and organizational priorities:** Commissioner Earl Hunter leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently if needed, to provide policy guidance and oversight, approve regulations, hear appeals and set direction for the agency. The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and the Board and to follow the Board’s guidance and directives. The EMT is comprised of: Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs; Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Bob King, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Pam Dukes, Deputy Commissioner for Health Regulation; and Carolyn Boltin, Deputy Commissioner for Ocean and Coastal Resource Management.

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

are expected to be included in each staff member's Employee Performance and Development Plan (EPDP). Performance expectations are routinely discussed at full staff meetings and are reiterated on the division level. Staff members are encouraged to provide input on organizational priorities and expectations to ensure that they have a vested interest in the priority areas established.

(c) Organizational values: The EMT expects agency personnel to abide by the seven organizational values, which are the agency's guiding principles. [See I.1.] Posters listing DHEC's values and goals are displayed throughout the agency to reinforce these beliefs. A pocket card with the agency's mission, vision, values and goals is given to each employee. Values are components of the EPDP and are rated each year. [See III.5.1.]

(d) Ethical behavior: In collaboration with the University of South Carolina Institute for Public Service and Policy Research, training on ethics and public service for managers and staff is offered several times each year. Ethical behavior is an expectation of senior leaders and is further addressed in III.1.4 and III.5.6 (c).

III.1.2 How do senior leaders establish and promote a focus on customers and other stakeholders? Customer service has been a core agency value for many years. [See III.3 - Customer Focus.] This focus is established through example and training. Members of EMT have received training in customer service and have established customer service and cultural competency training as requirements for all staff. The agency has incorporated Basic Customer Service training into the required orientation for new employees and has implemented a one-day "Customer Service Excellence" course. This focus on customer service training is reflected in satisfaction with courtesy and attitude of DHEC staff in the 2007 Customer Service Survey. [See III.7.2.1- 4.]

Feedback from customers and stakeholders is routinely monitored and used to improve agency processes. Many of the agency's programs and services are built around community partnerships to ensure customer involvement in planning and delivery. Periodically, Board meetings are held at DHEC facilities in different regions of the state to increase public visibility and accessibility to the Board. [See I.2 - Major Achievements and III.3 - Customer Focus.]

This past year, Commissioner Hunter requested that the agency Web site be improved to be more customer friendly. Several committees have been meeting to this end. Numerous publications such as "Healthy People Living in Healthy Communities" at www.scdhec.gov are produced to inform citizens of South Carolina about the overall health of the population and the state of the environment. Many other documents and presentations by staff are provided to inform customers on a wide range of topics, from childhood immunization requirements for school to information on requirements for business and industry.

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

- Based on comments received from various public meetings, DHEC staff has used different types of meetings to involve the public in agency decisions. Staff is holding more informal community meetings to provide information, listen to concerns and increase dialogue with citizens.
- DHEC staff conducts 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.

- Environmental regional staff continues to be actively involved in the community collaborating with local Councils of Governments, Chambers of Commerce, environmental associations, planning commissions, council meetings, advisory groups, local universities and schools and public meetings.

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

III.1.4 *How do senior leaders maintain fiscal, legal and regulatory accountability?* Senior leadership adheres to established rules and standards involving personnel, management and procurement. The Administrative Policy Issues Committee representing all areas of the agency, reviews and adopts new or revised agency policies. The DHEC policy manual is available on the agency intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. The senior leadership assures that the agency follows both the spirit and the letter of the Freedom of Information Act and the Ethics Act, as well as established professional standards. Many agency staff members are certified and/or licensed in particular professional areas such as law, nursing, engineering, geology, hydrology, social work, nutrition, 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 [See III.7.5.1.] and external audits (Legislative Audit Council, federal and other grant audits) 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 performance measures do senior leaders regularly review to inform them on needed actions?* Senior leaders regularly review the overall performance of the agency and the state of health and the environment in South Carolina. [See III.7 - Results and the "Healthy People Living in Healthy Communities Report" at: www.scdhec.gov.] Each member of the Executive Management Team reviews additional performance measures related to his/her own area of responsibility on a routine basis.

At the request of Commissioner Hunter, the deputy areas continue the series of monthly accountability reports to the EMT. This past year, each of the deputy areas identified key measurements from the Strategic Plan and presented status reports at regularly scheduled EMT meetings. This has given the EMT a chance to hear first hand from staff most familiar with a particular area, how the agency is performing and the opportunities and challenges that lie ahead. Both staff and the EMT have found these reports to be a productive and efficient way to keep senior management aware of agency performance. Critical measures reviewed this past year include:

Broad Goal #1: Increase support to and involvement by communities in developing healthy and environmentally sound communities.

- Environmental Health: Food-borne Disease and Septic Tanks
- Trauma System
- Community water systems that are in full compliance with health based standards
- Public Health Preparedness and Response System
- Partnerships with other agencies to better impact the public's health and the environment

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

Broad Goal #3: Reduce health disparities.

- Communicable Diseases: HIV/AIDS, Tuberculosis and STDs
- Chronic Diseases: Cancer, Diabetes, Obesity, Tobacco Use and Stroke/Cardiovascular Health

- Healthy Infants/Children: Birth Spacing/Unintendedness, Infant Mortality and Breastfeeding
- Immunizations: Senior Immunizations and Childhood Immunizations

Broad Goal #4: Protect, enhance and sustain environmental and coastal resources.

- The percent of leaking underground storage tank cleanups completed
- The percent of available coastal shellfish waters that are approved for harvesting during shellfish season
- Populations living in areas where all primary and secondary national ambient air quality standards are met
- Attain healthy and publically accessible beaches

Broad Goal #5: Improve organizational capacity and quality.

- Data on training and workforce issues
- Customer Service Survey
- Employee Survey

III.1.6 How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness, the effectiveness of management throughout the organization, including the head of the organization, and the governance board/policy making body? How do their personal actions reflect a commitment to the organizational values? Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.12. and III.7.4.3.], focus groups, routine staff meetings, employee suggestion boxes and statewide video and audio meetings. Commissioner Hunter uses video technology to host periodic statewide broadcasts to update staff on key budgetary, performance and policy issues. Staff receives an agenda prior to the broadcast and is encouraged to FAX or call in questions during these broadcasts. The Commissioner has an open door policy for staff and routinely attends management/staff meetings in the deputy areas. Both internal 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. Personal actions by senior leaders reflect a strong commitment to the agency's organizational values. Examples are addressed in III.1 – Leadership and in III.5 – Work Force.

III.1.7 How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders? The EMT supports the succession planning and professional development programs in each of the deputy areas. The EMT is actively involved in these efforts in their respective deputy areas working with staff to identify potential personnel needs. They also work to ensure cross training and mentoring, and offer input, support and direction. In some cases, senior leaders have served as mentors. [See III.5.7, 10 & 13.]

III.1.8 How do senior leaders create an environment for performance improvement and the accomplishment of strategic objectives? In addition to the weekly EMT meetings, the Commissioner meets individually with each of the deputy commissioners bi-monthly to discuss more specifically performance issues of concern and changing conditions related to a particular deputy area that may affect accomplishment of agency goals and objectives. Senior leaders routinely meet with their respective staff at the deputy level to monitor performance, strategic direction and trends. Senior level managers attend joint EMT meetings monthly where issues of concern are also communicated from the bureau level to senior leadership. [See III.1.1-5.]

For example, the EQC deputy area emphasized its accountability focus to staff through training, presentations and manager conferences with the deputy commissioner to ensure that all management and staff are aware of EQC accountability requirements. A series of presentations on the Strategic Plan and its measurement requirements has been given to each EQC bureau and to both senior and frontline managers. This information also remains an important subject in the

required EQC School training for all new staff. Because of this communication effort, all EQC staff are familiar with the DHEC Strategic Plan and its accountability requirements.

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

III.1.10 *How do senior leaders communicate with, engage, empower and motivate the entire workforce throughout the organization? How do senior leaders take an active role in reward and recognition processes to reinforce high performance throughout the organization?* Staff members are encouraged and supported in crafting innovative solutions to matters within the scope of agency policies and procedures. The agency maintains a DHEC Savings Web page where employees may enter suggestions for ways to increase efficiencies or save money. All ideas are evaluated, and ideas with measurable savings potential are implemented. Those ideas that need to become policy are referred to the Administrative Policy Issues Committee. Suggestions with substantial monetary savings may be recognized through the Employee Innovation Program. Staff members are one of the best sources to assist the agency identify better and more efficient ways to do business. The Employee Survey is offered every other year. [See III.5.12.] Senior leaders actively participate in recognizing the many awards and recognitions that staff receives to other employees and to the Board. See III.5.11 for more details.

III.1.11 *How do senior leaders actively support and strengthen the communities in which our organization operates? How do senior leaders determine areas of emphasis for organizational involvement and support, and how do senior leaders, the workforce, and the organization contribute to improving these communities?* Because of DHEC's mission, community involvement and volunteerism are supported and encouraged by management. Senior leaders serve on many national, state and local boards. They are active in organizations, communities, churches and schools and encourage staff to do the same. In addition, leadership encourages local solutions to local problems through community partnerships and community-based organizational support.

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: Legislative Screening Day, Harvest Hope Food Bank, Suicide Prevention, Seeds of Hope Farmers' Market Project, March of Dimes, Boy Scouts and Girl Scouts, and "walks" or other fundraisers for various health related issues (arthritis, breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff members volunteer after hours as firemen, constables and EMS personnel and with area schools in various capacities (at science fairs, presentations, Lunch Buddies and in school supply drives). This past year DHEC employees raised more than \$8,043 for the March of Dimes, \$54,493 for the United Way, \$22,317 for the Heart Walk and \$14,459 for Community Health Charities of South Carolina.

III.2 Strategic Planning

III.2.1 *What is your strategic planning process, including key participants and key process steps?* The Strategic Plan Council with members representing all agency deputy areas, provides direction and oversight for the strategic planning process based on priorities set by the EMT and the deputy areas. For the 2005-2010 Strategic Plan, 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.3.2-6.]

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. The Agency Implementation Recommendations developed as part of the strategic planning process by the Strategic Plan Council include #6 “*Create a mechanism for amending the Strategic Plan at the objective and measures level in order to be responsive to changing circumstances and the political and fiscal environment.*” Items included in I.4 - Strategic Challenges are related to the agency’s core mission and are addressed in the Strategic Plan.

(b) Financial, regulatory, societal and other potential risks are addressed in the Strategic Goal- “*Improve the linkage between funding and agency strategic direction.*” As the public health agency for the state, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency’s efforts to achieve its goals and related objectives. Staff help identify the key strategies and objectives that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. 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, regulatory, societal and other potential risks, and customer preferences are addressed in the Strategic Goals: “*Provide reliable, valid and timely information for internal and external decision making,*” and “*Ensure customer focus,*” and “*Improve operational efficiencies through the use of improved technology and facilities.*”

(d) Workforce capabilities and needs are addressed in the Strategic Goal: “*Provide continuous development of a competent and diverse workforce.*” [See III.5 – Work Force Focus.]

(e) Organizational continuity in emergencies is addressed in the Strategic Goal: “*Promote a coordinated, comprehensive public health preparedness response system for natural or man-made disasters or terrorist events.*” Maintaining essential public health functions during natural disasters, man-made calamities, and large-scale disease outbreaks is a particular planning focus of the agency. This type of contingency planning, Continuity of Operations Planning (COOP), has also received emphasis in our federal preparedness grants activities. COOP is now required by the DHEC Emergency Operations Plan policy, and the department is developing COOP capability on several fronts including assessing essential and deferrable functions, enhancing redundant communications and facilities, and collecting comprehensive personnel contact and capabilities information for staffing purposes. COOP is a frequent theme in planning and exercising with community partners including counties and healthcare facilities. DHEC is providing COOP technical assistance to those partners while continuing to refine and improve its own COOP efforts. [See III.5.14.]

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

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

III.2.3 How do you develop and track action plans that address your key strategic objectives, and how do you allocate resources to ensure the accomplishment of your action plans? The agency's Strategic Plan Council provides agency oversight on aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT receives periodic reports on progress measures of key objectives. Each deputy area monitors operational plans that are tied into the Strategic Plan. [See I.5.] Examples include:

- The Environmental Quality Control deputy area and EPA Region 4 continued to enhance their partnership efforts in many ways, including entering into the first Performance Partnership Agreement (PPA). This PPA will enable DHEC and EPA Region 4 to more effectively focus limited resources on programs and projects that will result in significant environmental benefits and human health protections. Both agencies agreed to use the priority focus areas identified in the PPA to enhance programmatic planning, environmental monitoring and permitting; to increase emphasis on efficiency, flexibility and innovative approaches in DHEC and EPA programs; and to increase emphasis on meaningful measurement of the environmental results of DHEC and EPA activities.
- The Health Services (HS) deputy area is continuing to implement the performance management system that is monitoring more than 200 measures applicable to the regions and state level. Thirty-four of the performance measures were selected as priorities requiring quality improvement efforts across the following seven public health domains: management practices, human resources, public health capacity, data and information systems, financial systems, customer service and health status. Because of the HS Performance Management system efforts, South Carolina along with 15 other states received a grant from the Robert Wood Johnson Foundation to prepare for voluntary national accreditation of health departments and work on quality improvement initiatives.

This past year the Strategic Plan Council revised the agency measurement plan to more accurately reflect agency activities and enhance the ability to monitor progress. See III. 2.1(b) and III.6.7 for information on resource allocation to implement strategic goals and action plans.

III.2.4 How do you communicate and deploy your strategic objectives, action plans and related performance measures? The Commissioner introduced the 2005-2010 Strategic Plan during one of his regularly scheduled broadcasts. A card with the mission, vision, values and broad goals was distributed to each employee with paychecks. Posters with the same information have been placed in many buildings and departments statewide. "Bright Ideas," a tip sheet for managers and supervisors on how to promote and implement the plan with staff, was distributed. The plan and supporting information is available on the agency's intranet. The Strategic Plan is introduced to new employees at orientation.

The Strategic Plan along with supporting information is available to employees in the agency's intranet and is deployed internally via the deputy area plans and organizational unit operational plans. Operational objectives are included in the agency Employee Performance and Development Plan (EPDP). Action plans and performance measures are communicated to staff through the deputy areas. The Commissioner also provides periodic updates to employees through his agency-wide broadcasts. [See III.1.8 and III.5.1.]

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

III.2.5 *How do you measure progress on your action plans?* Measures of key performance are aligned to the objectives in the Strategic Plan and the deputy area operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 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. [See III.1.5 & 6 and III.2.3.]

III.2.6 *How do you evaluate and improve your strategic planning process?* The Strategic Plan Council provides direction and oversight for the strategic planning process based on priorities set by EMT and the deputy areas. The council provides an arena for discussion, deliberation and decision-making around the strategic planning process and its implementation within the agency. The council serves the purpose of sharing information, evaluation, systematically addressing policy and other agency issues as they arise during the five-year course of the strategic plan.

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

III.3 Customer Focus

III.3.1 *How do you determine who your customers are and what their key requirements are?* DHEC's customers – all South Carolina citizens – are determined by virtue of the South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality and environmental data; national 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 I.2-Major Achievements, II.2 and III.3.2-3.]

III.3.2 *How do you keep your listening and learning methods current with changing customer/business needs and expectations?* Customer needs are gathered through both formal and informal listening and learning techniques. Staff members serve on interagency boards and committees, and front-line staff and those working in the community share information learned in one-on-one contact with customers. Customer needs and expectations are also garnered from suggestion boxes, satisfaction surveys, concern/compliment forms, comment/feedback cards, more than 14 toll-free hot lines, and public forums and focus groups. Staff participation on councils and boards, interactive Web pages, participation in teleconferences, membership in professional organizations, and monitoring legislative activity, all yield valuable information about customers and their expectations. [See III.1.3 and III.3.2-3.]

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population for whom English is not the primary language. Effective translation services are available in all local offices, materials are produced in several languages and a Hispanic needs assessment has been completed. 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. The agency has required training in culturally and linguistically appropriate service policies for all staff with an annual refresher. [See III.1.2.2.]

III.3.3 *What are your key customer access mechanisms, and how do these mechanisms enable customers to seek information, conduct business and make complaints?* Key customer access mechanisms include the agency Web site, Constituent Services and public outreach activities. The agency's Web site has extensive information about programs, services, reports, data, etc. and

includes an InfoLine where customers can make direct inquiries and receive a timely response. Responses are documented to monitor follow up. Examples include:

- A director of Constituent and Legislative Services handles critical issues by providing a central point of contact, responding in a timely manner and identifying possible trends.
- There are documented protocols for handling complaints/concerns about the environment to include identified times for expected follow-up and resolution. Many complaints and concerns are handled through legislative inquiry.
- The agency has four community liaisons who are available to the public to answer questions about environmental issues, facilitate meetings and to assist with services to include listening to their complaints.
- Each health region has a customer service coordinator who is responsible for dealing with customer service issues and complaint resolution.

The agency recently developed the S.C. Green Guide which addresses environmental issues and provides “how to” information on conducting business or making complaints.

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 10 years (1998-2007) 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 maintains an average of 90 percent satisfaction with courtesy and attitude of staff even with significant budget cuts, and changes and reductions in the number of staff over the past few years. [See III.7.2.1-4.] Customer service is assessed at every level of the agency and in all customer groups, and that input is incorporated into practices, policies and procedures to better serve customers.

For the fourth year, the public health regions conducted a customer service survey. The total number of surveys received was 9,554 statewide. The results in 2007 were similar to those found in 2006. Overall satisfaction was very high. On a scale of 1-5 (5 being high), the average responses were in the 4.44 to 4.80 range. [See III.3.5.]

III.3.5 How do you use information and feedback from customers/stakeholders to keep services and programs relevant and provide for continuous improvement? DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.2.1-4.] are reported to the Board, EMT and agency employees. Input from the various customer feedback mechanisms described in I.2, III.1.2-3 is reported to appropriate management teams for evaluation, follow-up and action. 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:

- Stormwater engineering positions were funded and placed in each EQC regional office to enable regions to do the initial local plan review as well as the National Pollution Discharge Elimination System (NPDES) Notice of Intent coverage reviews for the Municipal Stormwater Sanitary Surveys (MS4). Benefits include increased direct interaction with the applicant, more timely response by both the applicant and the department and increased efficiency as a result of reduced travel time to site, and less paperwork.
- Agency staff worked to promulgate regulations incorporating changes included in the federal Energy Policy Act of 2005 which became effective in May 2008. The agency has led the way nationally to incorporate changes that include new operator training and certification requirements, secondary containment, and product delivery prohibitions for out-of-compliance underground storage tanks. The agency emphasized

early public notice of the regulatory changes, and worked with tank owners and operators to provide information and training across the state on the new requirements.

- After more than three years of working with stakeholders, the agency successfully promulgated a consolidated solid waste landfill regulation. The regulation also implements new groundwater monitoring requirements, financial assurance, and earlier and more frequent public notice and public participation requirements.
- The Health Services Customer Service Team has done considerable work this year in developing additional reports based on customer input. Performance Management processes which support standards for customer service have been implemented in all regions which include processes necessary to report and track actual performance.

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

III.3.6 *How do you build positive relationships with customers and stakeholders?* Many of the agency's stakeholders, those who have a vested interest in actions taken by the agency are also agency customers. [See II.2 - 3 and III.3.1.] A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach and technical assistance activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, local and state government groups, organizations and associations around the state.

Compliance assistance is part of DHEC's commitment to customer service and is provided as part of a continuum of activities that includes public education and outreach, permitting, compliance and enforcement. DHEC has renewed its emphasis on compliance assistance to help South Carolina's business, industry and government understand and meet their environmental obligations. DHEC partners with other assistance providers to develop and deliver compliance assistance to our customers. Examples [See 1.2 - Major Achievements.] of these efforts include:

- DHEC continues its efforts to increase public participation and outreach. This year, Environmental Quality Control established and filled public participation positions in each of the primary program areas (Air, Land and Water) to coordinate public meetings and hearings, provide appropriate public notices and assist with other customer and stakeholder needs. In addition, community liaison positions were established in the upstate, midlands and coastal areas to interact with the public and assist with community concerns and issues.
- The Bureau of Air Quality has developed many positive relationships with customers and stakeholders by routinely meeting with stakeholders and providing opportunities for involvement in our decision making. Numerous stakeholder committees exist and focus on all program activities, which support the agency's public participation initiative and priority. South Carolina is the only state in the country this year that gave stakeholders an opportunity to work directly with the agency to evaluate and redesign of the state's ambient air monitoring network. As a result of stakeholder input, the air program has an improved monitoring network.
- Routine meetings with various established stakeholder groups to improve relations have resulted in an open exchange of information and they provide a forum to discuss topics of concern. The Bureaus of Water, Air and Land & Waste have formed several committees/advisory councils to this end. 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.

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 the strategies that 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 - Strategic Planning.] Measurements 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.

DHEC has developed a public health informatics approach to improve how the agency's 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 future data systems and information service initiatives that relate to improving the agency's overall data and information efficiency. The committee worked to: design and develop a system network to integrate the birth registry with various MCH and immunization registry systems; improve the agency's efficiency in public health surveillance; design and develop data connections between mortality and disease registry; enhance analytical and reporting functions for rare and reportable diseases; and improve the agency's decision-making abilities during epidemics. Work continues on the design and development of the state's chronic disease informatics network through a grant received from the Robert Wood Johnson Foundation. Mappings have begun to link the individual indicators to the potential data sets/sources with the goal to create a "virtual" system rather than data warehouse with duplicate data.

DHEC has enhanced intra-agency collaboration with DHHS through data exchanges and by automating eligibility inquiries, saving time and manpower resources for both agencies. For example, the Richland County Public Health Department devoted three full-time employees each afternoon to check Medicaid eligibility for next day scheduled patients. With the addition of the automated eligibility capability between the DHEC CARES system and the DHHS eligibility system in Clemson, this task is now performed when the patient checks-in and takes under one second, saving considerable time for staff and ensuring greater accuracy of billing.

III.4.2 *How do you select, collect, align and integrate data/information for analysis to provide effective support for decision-making and innovation throughout your organization?* The complexity of DHEC requires the use of numerous 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. The data systems identified in Addendum D allow the agency to integrate environmental, health and clinical operational data, which in turn, allows tracking of core health/environmental outcomes against agency, state and federal objectives.

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

III.4.4 *How do you select and use key comparative data and information to support operational and strategic decision-making and innovation?* As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment” is part of the agency’s legislative mandate. Many results are benchmarked to national standards. The Healthy People 2010 Objectives set 10 year targets for health improvement based on the latest health-related research and scientific evidence. The U.S. Environmental Protection Agency Core Performance Measures establish goals 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?* The agency continues with the concept of a centralized data base for storage of most of its data. As new systems are developed, data requirements are modeled into this same database, saving data storage space and reducing data duplication in the agency. Decision cube technology is being deployed agency wide as a tool for providing both statistical as well as management information system needs on various data sources. This tool allows the agency to merge data that is on older disparate databases with the centralized database, providing a broader view of data and a more comprehensive approach toward data analysis.

Since DHEC houses some of the most critical data of any state agency, the security of agency data is paramount. Patient data is confidential and could be used for identity thefts or the creation of false documentation for driver’s licenses, passports, etc. The agency has developed automated security, created new policies, and provided staff training (e.g. HIPAA) in these sensitive areas. Staff regularly reviews logs, performs tests and updates automated systems to address potential threats. A disaster recovery plan is being developed to address the capabilities of providing uninterrupted access to data and systems within these key areas.

New systems continue to be developed that enhance the agency’s productivity and improve agency service to the citizens of South Carolina. For example, an Immunization Registry that tracks all immunizations given is operational at all DHEC clinic sites. This past year, the agency has also opened the registry to pediatric physicians, who are allowed to research shot history, update immunizations provided by their practice, and produce immunization certificates for children needing this information for entry into schools.

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.1.5 & 6.]

III.4.7 *How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?* Many tools are used to share best practices and enhance organizational knowledge including regional, district and program meetings, professional

organizations, community and academic partners, newsletters, distance learning, the agency's intranet, as well as the agency's Capacity Building Project, the Workforce Continuity and Development Plan and Mentoring Program. [See III.5.2 & 6-7.]

III.5 Work Force Focus

III.5.1 *How does management organize and measure work: to enable the workforce to develop their full potential aligned with the agency's objectives, strategies and action plans; and to promote cooperation, initiative, empowerment, teamwork, innovation and your organizational culture?* The Strategic Plan addresses development of a competent and diverse workforce. The Employee Performance and Development Plan (EPDP), the agency's employee performance evaluation process, is used to align employees' performance and potential to the agency's goals, objectives and action plans. Employees are rated on how well they meet the agency values and on performance characteristics, which could include cooperation, initiative and innovation. Behavior anchors, including "teamwork, cooperation and initiative," have been established for several characteristics. Raters identify "Future Performance Expectations" where focus areas are identified for the employee to reinforce success and contribution to the agency for the upcoming review period. Raters also identify "Future Training and Development" in which employees should participate to enhance future performance. [See III.1.1 and III.5.5.] Action plans are linked to the EPDP. The agency allows employees to job share, as well as flextime and telecommute, when appropriate. The Employee Suggestion Program has been re-instituted and enables the agency to reward staff with monetary incentives for creative and innovative ideas.

III.5.2 *How do you achieve effective communication and knowledge/skill/best practice sharing across departments, jobs and locations?* Communication in the Health Services deputy area is achieved by monthly meetings of the regional health directors and administrators, and the regional directors of nursing, social work, health education, nutrition and administrative support. Also several regions have an electronic newsletter that goes to employees. In EQC, weekly meetings with the bureau chiefs and bi-monthly meetings with assistant bureau chiefs are held, where knowledge, skills and best practices are shared to increase productivity and efficiency. Weekly meetings of the Executive Management Team and monthly meetings of the Administrative and Policy Issues Committee achieve communication across the deputy areas. The Chief of Staff has two meetings per month with administrative staff and includes the regional administrators in one of the meetings to improve communication between central office and the regions. A monthly DHEC newsletter updates news and events of the agency, and is available to all employees on the DHEC intranet. Several areas within the agency publish best practices reports. The agency's Best Management Practices report is updated each year and is shared with staff and is posted on the agency's Internet and intranet sites.

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

There are two main barriers that the agency encounters in recruiting and retaining employees. First, there is a nationwide shortage of health care professionals, specifically nurses and

candidates with a scientific background. The agency competes with the private sector for these positions. DHEC is participating in the Health Care Recruitment Pilot Program, which allows the agency to give potential healthcare employees signing bonuses, tuition prepayment and reimbursement, retention increases, and time away from work with pay to attend classes. Over 20 employees have taken advantage of this program. The agency has also established special hiring rates for nurses, nutritionists, engineers and environmental health managers. The second challenge the agency faces is that although we have implemented several measures to recruit employees, salaries still lag behind the private sector by thousands of dollars. While DHEC may be able to recruit employees right from college, the skills and experience they obtain as an employee of the agency are in high demand in the private sector. It is not unusual to lose employees to the private sector with salary offers of 30 – 40 percent more than they currently earn.

III.5.4 *How do you assess your workforce capability and capacity needs, including skills, competencies and staffing levels?* Workforce capability, skills and competencies are assessed during the performance review process. Job duties and standards are defined and measured for each position. If an employee falls below acceptable standards, a work improvement plan is implemented to help the employee better their job performance and capabilities. Capacity needs and staffing levels are assessed by upper management to meet the needs of the agency. For instance, the agency has been understaffed in environmental health for several years, specifically in the number restaurant inspectors. Additional staffing in this area was approved in the agency’s budget request, and new staff was added to allow for more restaurant inspections. [See III.5.3. and III.7.1.9-10.]

III.5.5 *How does your workforce performance management system, including feedback to and from individual members of the workforce, support high performance work and contribute to the achievement of action plans?* The agency’s performance management system, the Employee Performance and Development Plan (EPDP), also has sections emphasizing employee development: “Future Training and Development,” which is completed by the supervisor and “Organizational Support,” which is completed by the employee giving suggestions as to how the supervisor, co-workers and/or agency management can be supported in their present job and with future career goals. These additions have helped improve workforce development and motivation. This consolidated document has resulted in a streamlining of processes and includes clear and measurable performance standards with direct correlation to the agency mission.

III.5.6 *How does your development and learning system for leaders address the following:*

(a) *development of personal leadership attributes:* The agency participates in structured leadership opportunities including the: Southeast Public Health Leadership Institute (55 staff); Management Academy for Public Health (257 staff); Executive Institute; Environmental Health Leadership Institute (2 staff); National Public Health Leadership Institute; and Certified Public Manager Program (534 staff) to develop and strengthen leadership skills in current and potential leaders. Each of these structured experiences involves a 360 assessment and requires an Individual Development Plan to address opportunities for growth in leadership. The EQC deputy area uses a Leadership Inventory as an assessment in their Capacity Building Program. Leadership development activities have resulted in having staff prepared to assume leadership positions.

(b) *development of organizational knowledge:* Organizational knowledge is impacted through a structured competency based workforce development initiative. Graduates of the structured programs in III.5.6 (a) have demonstrated new knowledge, skills and abilities and increased

competence and individual performance that translate into improved organizational and unit performance and capacity.

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

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

III. 5.7 How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? The leadership of DHEC believes in the importance of setting appropriate job and training standards for employees. Managers and staff identify what additional training is needed in order to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor and are included in the EPDP performance review form. [See III.5.1.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. [See III.5.6.]

Staff learning and training needs are assessed on an ongoing basis through an evaluation following every training. This data allows for continuous updating of staff needs and course offerings. A formal training needs assessment was conducted this past year and the agency training curriculum was adjusted to accommodate identified needs. The agency supports and encourages staff through tuition assistance and altered work time to take advantage of other formal and informal educational opportunities.

The agency has partnered with the state enterprise initiative, the South Carolina eLearning Center (SCeLC), and implemented a Web-based learning management system, the DHEC eLearning Center (eLC). The eLC enables the agency to: manage employee learning and development at an organizational level through administrative and data tracking functions; allows the creation and delivery of online training; enhances workforce development through the use of tailored learning plans; and positions the agency to more easily transition from classroom instruction to distance and blended learning. This is a learner - oriented system and provides staff 24/7 access to more comprehensive training opportunities. This technology will result in significant savings due to reduced travel and loss of time from the job currently associated with training.

DHEC has 262 employees participating in the TERI program, as of June 1, 2008. Of these, 39 are scheduled to leave by December 2008 and another 43 during 2009. In addition to the TERI employees, DHEC has 249 employees currently eligible for retirement with another 688 eligible for retirement within the next five years. Because of this impact to the work force, succession planning has taken place in the different deputy areas to plan for replacement of management positions. Career progression and succession planning are handled individually in each deputy area. EQC has had the award winning (OHR Human Resources Excellence Award) succession

planning program in place since 2003. Health Services has recently started a workforce plan that includes career paths and mentoring opportunities for employees. Health Regulation also has a mentoring/shadowing program. [See III.5.13.]

DHEC has developed and implemented a New Employee Orientation program that includes an on-site session with customer service e-training and an intranet component providing an overview and history of the agency, the strategic plan and information on important agency policies. The agency has required training for all staff in Customer Service, Cultural Competence, Culturally and Linguistically Appropriate Services, HIPAA and emergency preparedness.

III.5.8 *How do you encourage on the job use of new knowledge and skills?* Employees are encouraged to use their new knowledge and skills. For example, in one of the health regions, two nurses went back to school to earn their nurse practitioner (NP) degree. Once they obtained their degree, they were immediately placed in a NP position and were able to fully function in that role. Nurses who earn their BSN are promoted and quickly placed in areas of more responsibility.

III.5.9 *How does employee training contribute to the achievement of your action plans?* Employee competencies allow the agency to accomplish its mission. The agency has made an organizational commitment to competency development approaches and institutionalizing these efforts. The Workforce Continuity & Development Plan and the Capacity Building Project are integral parts of the agency's quality improvement process.

The competency-based approach provides direction for recruitment, education and training. All agency training is competency-based to address those skills, knowledge and abilities critical to the effective and efficient function of the organization. Competency-based training results in actions that are seen in employee practice and observed in organizational and individual performance. Increasing competency of staff impacts organizational capacity and enables staff to perform more effectively in realizing the goals of the agency through the various operational plans and individual development plans. [See III.7.4.4.]

III.5.10 *How do you evaluate the effectiveness of your workforce and leader training and development systems?* Effectiveness of workforce development and training is evaluated at the individual, unit and organizational levels through performance management approaches including: employee performance and development plans (and individual development plans); competency assessment; learning and knowledge outcomes; business impact; and return on investment.

III.5.11 *How do you motivate the workforce to develop and utilize their full potential?* The agency has implemented a reward and recognition program called "Cause for Applause." The program has two ways to recognize employees. Informally, any employee can give another employee a "High Five" as a thank you or recognition for outstanding customer service. Formally, supervisors may give employees a "Standing Ovation" certificate. Employees receiving these recognitions are entered into drawings for gifts. The program has been enthusiastically received by management and staff.

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 prizes. These activities were well received by staff.

The Michael D. Jarrett Awards have been given for more than fifteen 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. 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. [See III.1.10.]

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

III.5.12 *What formal and/or informal assessment methods and measures do you use to determine workforce well being, satisfaction and motivation? How do you use other measures such as retention and grievances?* DHEC has administered seven statewide surveys since 1984 to assess employee attitudes and opinions on a broad range of topics. The highest rated items on the 2008 Employee Survey mimic those on the 2005, 2003 and 2000 surveys. Respondents were most positive about job satisfaction, quality of services, team work, supervision and personal safety. Least positive items are consistently salary, benefits, recognition, opportunities for promotions and career opportunities. [See III.7.4.3.]

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.5.13 *How do you manage effective career progression and effective succession planning for your entire workforce throughout the organization?* After a successful and award winning Environmental Quality Control (EQC) Capacity Building process allowed EQC to manage the transition from the TERI management staff retiring and new staff taking management positions, EQC began a second phase of Professional Development and Leadership training. Plans focus on offering a series of classes to EQC staff. Formal courses include Budgets 101, Policy and Decision-Making, Regulatory Development and Public Participation. Staff may also take courses through the Office of Human Resources toward achieving Associate and Certified Public Manager certification. Progress is tracked through individual EPDPs and the training database. Preparing staff for leadership positions in EQC is a top priority. Health Services has implemented the Health Services Workforce Continuity and Development Plan. Central office and the regions have developed workforce plans. The plans are being uploaded to the intranet to create an in-house pool of informational resources for sharing ideas and planning the implementation processes. 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.

III.5.14 *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. DHEC has a “hazards line” information service for providing employees with up-to-date information during a weather emergency. The agency has promoted National Incident Management System compliance and emergency management training for employees. Standard operating procedures are in place for disaster response, as DHEC has lead agency responsibility for Emergency Support Function 8 “Health and Medical Services,” and Emergency Support Function 10 “Hazardous Materials” in the State Emergency Operations Plan.

The agency promotes workplace and individual health by providing education, safety and health tips, and preventive health screenings such as mammography and prostate exams, and “Lunch and Learn” sessions that promote healthy lifestyles. Other activities include smoking cessation programs, spring and summer wellness walks during lunch breaks, and Weight Watchers’ classes. Employees are offered annual flu shots each fall. The Employee Health Committee gives direction to these activities.

This past year, DHEC has been named as a Start Fit Friendly Company by the American Heart Association and received the Best Fleet Safety Program award for a large agency by the Southeast Governmental Fleet Managers Association. During a recent OSHA unannounced site visit, the OSHA representative was checking for compliance with asbestos removal procedures. Both DHEC and the HVAC contractor were found to be “In Compliance” in all categories. See III.2.1 (e) for workplace preparedness and continuance of operations activities.

III.6 Process Management

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

III.6.2 How do you determine and what are your key work processes that produce, create or add value for your customers and your organization and how do they relate to your core competencies? How do you ensure these processes are used? As the public health and environmental protection authority for the state, many of the organization’s processes are mandated. Others are a necessary part of the infrastructure for agency and program support and include core competencies that support the following processes:

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 programs.

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

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

III.6.3 How do you incorporate organizational knowledge, new technology, cost controls and other efficiency and effectiveness factors, such as cycle time into process design and delivery?

There is management oversight in each of the deputy areas that support agency processes. Progress reports are required to monitor trends and deviations that exceed selected agency parameters. New trends in government and business are monitored to identify opportunities for improvement. Recommendations and suggestions by staff and from customers and stakeholders for process improvement are encouraged as well. Examples from the past year include:

- The Bureau of Financial Management (BFM) Credit Card System for customers wishing to pay by this method was updated in FY07 to allow the processing of multiple invoices against a single credit card payment. Credit card transactions have continued to increase. In FY07, BFM processed \$2,444,356 in credit card sales. In FY08, BFM processed \$2,916,352 in credit card sales. This is a significant increase over last fiscal year. Customers have been pleased with this option and the availability of agency funds has improved. [See III.7.3.2.]
- In FY07, with all sites online with CBARS, the agency billing system, DHEC billed Medicaid approximately 20,000 claims per month with an approximate dollar value of \$1 million per month, which equates to \$50 per claim per month. In FY08, DHEC billed Medicaid for approximately 15,000 claims per month in CBARS with a total dollar amount of approximately \$985,000 per month, which equates to \$66 per claim per month. The increased efficiency in processing has resulted in more timely access to the billing dollars owed. However, even though the total number of claims processed per month decreased by 5,000 (a 25 percent decrease), the total amount of Medicaid funds billed decreased slightly by only \$15,000 per month (a 1.5 percent decrease). The decrease in claims resulted from increased documentation requirements for Medicaid, which has reduced the eligibility of some clients. [See III.7.3.]
- Health Services Operations and the Bureau of Financial Management have worked together to conduct semi-annual budget reviews with the eight health regions. More frequent reviews are conducted when there are issues that need to be resolved. Overall, this has worked well for both the regions and central office to increase open communication and resolve budget issues more quickly.
- The agency continues to increase the usage of the State Purchasing Card instead of using purchasing orders. This year, a new payment tool, called WORKS, has been implemented, allowing the download of transactions into the agency's payment system called AIMS. During FY08, 15,976 purchases were made with the card totaling \$3,936,906.18. The average cost to process a purchase order is \$83 and the average processing time is 54 minutes. The average purchasing card transaction cost is \$23 with an average processing time of 14 minutes. By using the purchasing card to acquire goods that would previously have been procured by purchase orders, the agency has realized a cost avoidance savings of \$958,560 this fiscal year. The agency will also receive a rebate in the amount of \$23,595.61 as part of the contract terms. [See III.7.3.4.]
- The volume purchase of personal computers and other information technology products creates financial savings for the agency, reduces administrative activities and utilizes procurement planning across program lines. For FY 08, the agency realized a cost avoidance savings utilizing this process of \$710,018 from the state contract price. This allows programs to maximize their purchasing dollars. [See III.7.3.5.]
- The Office of Public Health Statistics and Information Services successfully conducted the first annual 'School of Vital Records' program. All South Carolina lead Deputy County Registrar's (DCR) and selected State Office Vital Records personnel attended the school. The purpose of the school was to provide comprehensive training leading to improved processes, consistency and customer service. [See III.7.18.]

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

III.6.5 How do you systematically evaluate and improve your key product and service related processes? Performance is continuously monitored based on the Strategic Plan and program level objectives. Information systems provide routine reports on program and project status. [See III.4 – Measurement, Analysis and Knowledge Management.] Customer response is used to improve production and delivery. [See III.3 - Customer Focus.] Improvement is coordinated across agency lines to enhance capacity and performance. [See III.6.6.]

The Office of Internal Audits (OIA) routinely conducts audits of agency programs and shares the results with staff and the Board. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY08, OIA issued six 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 2007 are closed. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.5.1.]

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.

- In the DHEC Procurement Services Division, the State Materials Management Office of Audit and Certification completed its three year audit of the DHEC Purchasing Functions. The auditors found very few discrepancies. In fact, they indicated that this was the best audit ever for DHEC, as well as the best among large state agencies. They were especially complimentary of our training program, quality assurance program, certification program, procedures manual, and oversight processes. As a result of their investigation, the Budget and Control Board approved DHEC for the highest overall certification of all the state agencies. The new certification limits for DHEC are \$7.5 million in contracts for drugs, \$2 million in goods and services, \$225,000 in information technology, and \$250,000 for consultant services.
- The Office of Ocean and Coastal Resource Management convened a Process Improvement Team to enhance its ability to measure and report program activities in an accurate and timely manner. The primary goal of the team was to implement a monthly executive management-level measurement report supported to the fullest extent with program/permit data from EFIS data system. The team was charged with tying federal performance measure reporting into strategic planning requirements at the state level.
- This past year, the agency created an Office of Project Management to identify, prioritize, monitor and report on large agency initiatives. Creating this accountability system will improve communication and ensure that limited resources are aligned with the strategic plan and utilized to the fullest potential.

III.6.6 What are your key support processes, and how do you evaluate, improve and update these processes to achieve better performance? Agency information systems are used to collect and analyze data used for programmatic and operational decision-making. The agency is continually evaluating financial and business processes for cost control and financial oversight to determine whether they can be operated more efficiently and effectively. [See III.7.3.1.]

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.

The Bureau of Financial Management (BFM) is responsible for providing accurate and timely services in support of the management of the agency's financial resources. The key support processes in each of the divisions ensures that money due to the agency is received, agency bills are paid, accounting transactions are recorded, budgets are developed and monitored, employees are paid, grants are monitored, grant time and expenditures are documented, and overall fiscal responsibility of the agency is ensured. The bureau continues to update its policies, procedures

and forms, and re-vamp its intranet site. In addition, BFM is continuing to work on streamlining processes and cross-training staff.

The Bureau of Information Systems (BIS) is constantly evaluating support processes, aiming at: 100 percent availability on hardware and systems; better customer satisfaction and improved productivity through the use of new technology and systems; and better long-range planning in concert with agency goals. A detailed yearly project plan is developed incorporating input from BIS staff and by our customers. Measurements are posted monthly on main hallway wall showing staff how the bureau is performing. Every opportunity to be cost efficient is considered and the BIS budget is measured against agency needs and requirements.

The Bureau of Public Health Statistics and Information monitors internal quality assessment of data, participates in the Annual Public Health Information Network Conference, collaborates with the Geographic Coordination Council and the National Association of Public Health Statistics and Information Systems, as well as has a Cooperative Agreement with the National Center for Health Statistics.

III.6.7 *How does your organization determine the resources needed to meet current and projected budget and financial obligations?* Federal funds are secured through grant awards. The agency negotiates work plans with a number of federal agencies. The work plans are based on available funds, personnel efforts needed to fulfill commitments along with associated fringe, operational needs and required matching funds, if applicable. Periodic reviews of expenditures and projected costs are performed throughout the year to ensure adequate funds are available.

Funds available from earned fees and trust accounts are authorized through legislation. Fund availability is determined by fees generated from permit holders or revenue collected through a variety of impact fees. Staff is assigned to these areas based on projected effort. Periodic reviews of expenditures and fees generated are performed throughout the year to ensure adequate funds are available.

State funds have been appropriated through legislation for certain efforts. Staff is assigned to these areas based on projected effort. Periodic reviews of expenditures and projected costs are performed throughout the year to ensure adequate funds are available. For example, the agency created a cost work group from the Bureau of Financial Management along with the Health Services Programs and Operations that was tasked with reviewing the costing methodologies and processes to improve the quality of the costing data available to managers. To date, it has reviewed many of the programs and services in Health Services and has implemented a number of changes in the processes which have improved the costing data.

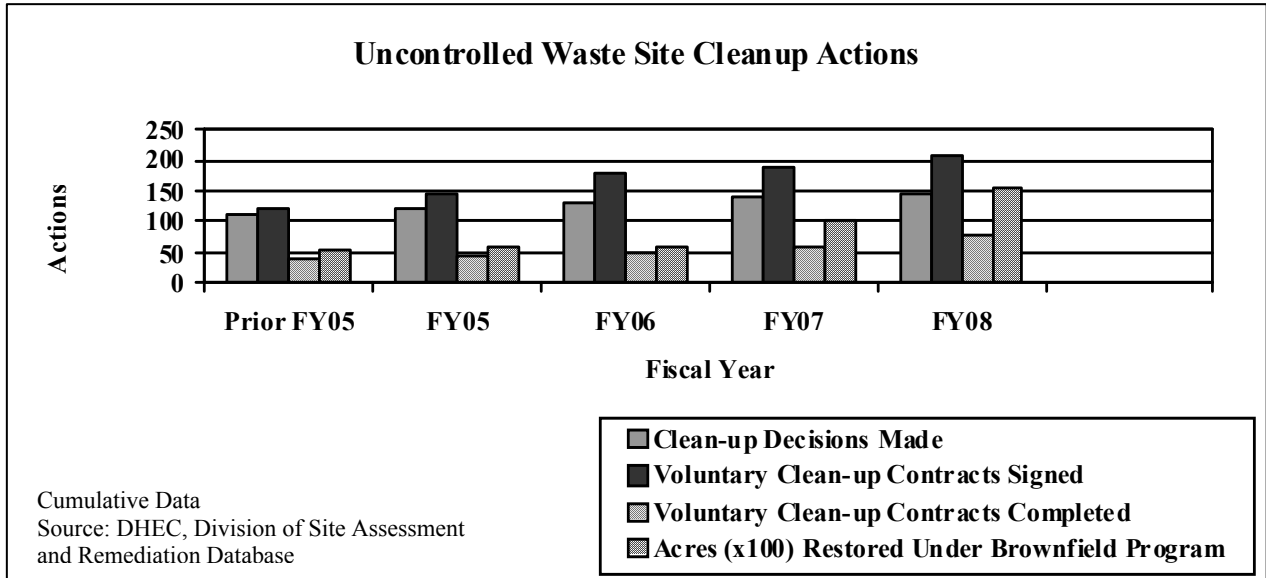
Each year, the agency submits the budget request for additional funds to address priority items. These requests are based on agency priorities, strategic direction, state needs, and on personnel and operating funds needed to accomplish the agency's core mission.

III.7 Key Results

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

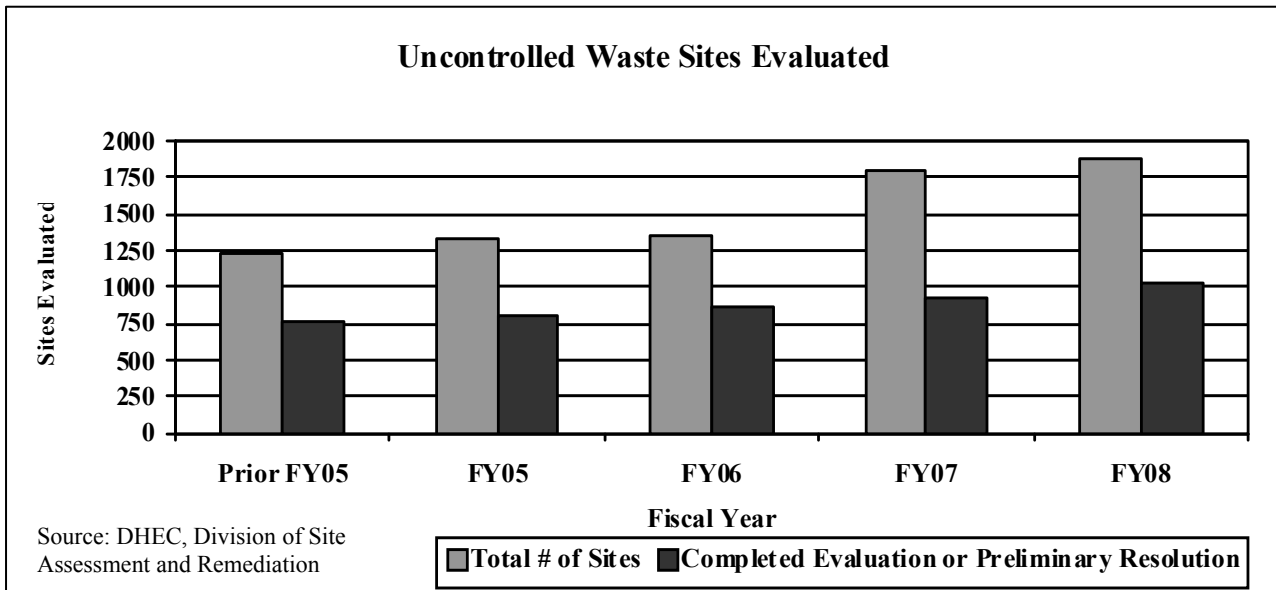
III.7.1 Mission Accomplishment and Organizational Effectiveness Results

Fig. 7.1.1



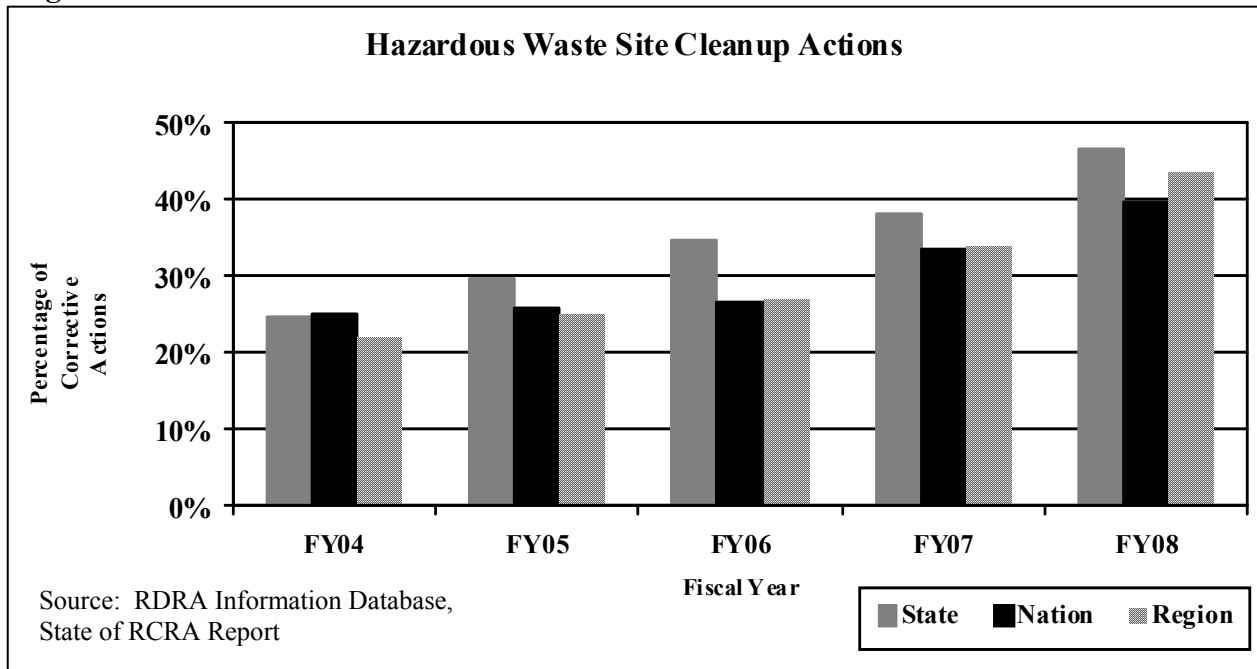
State-lead and voluntary clean-up actions may be multi-year projects in order to put the sites back into safe, productive use. DHEC continues to protect public health by working to clean up as many sites as possible.

Fig. 7.1.2



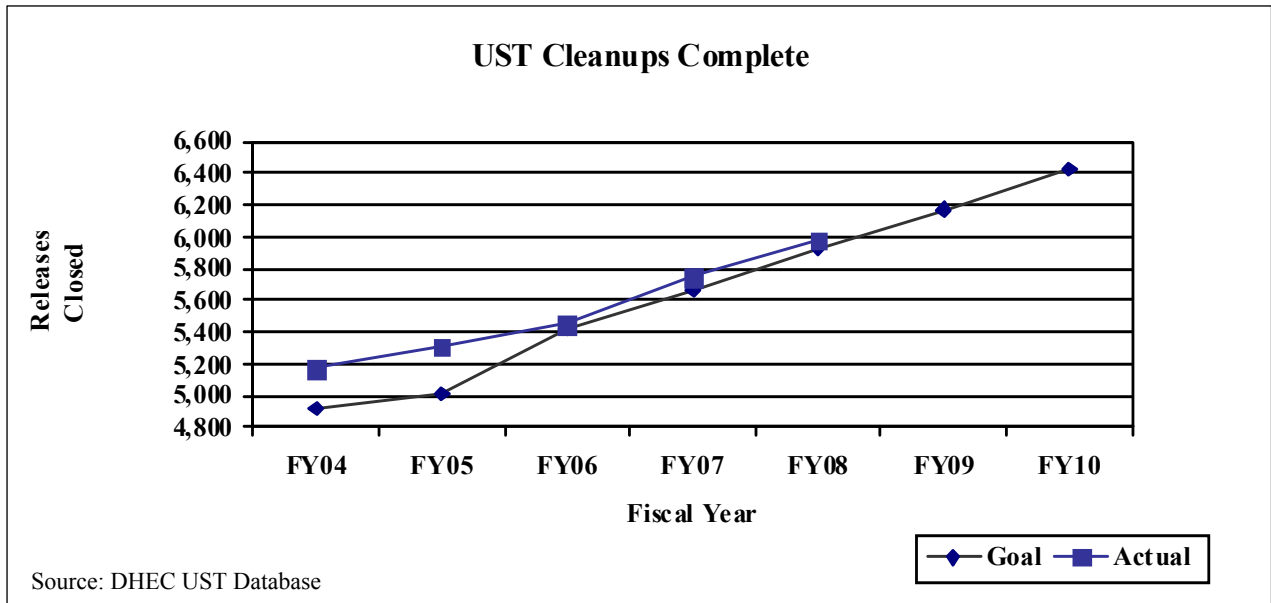
Uncontrolled Waste Sites continue to be discovered and evaluated every year. The agency has added the sites from the Dry cleaning Facility Restoration Trust Fund program to be tracked in the database for total number of uncontrolled waste sites.

Fig. 7.1.3



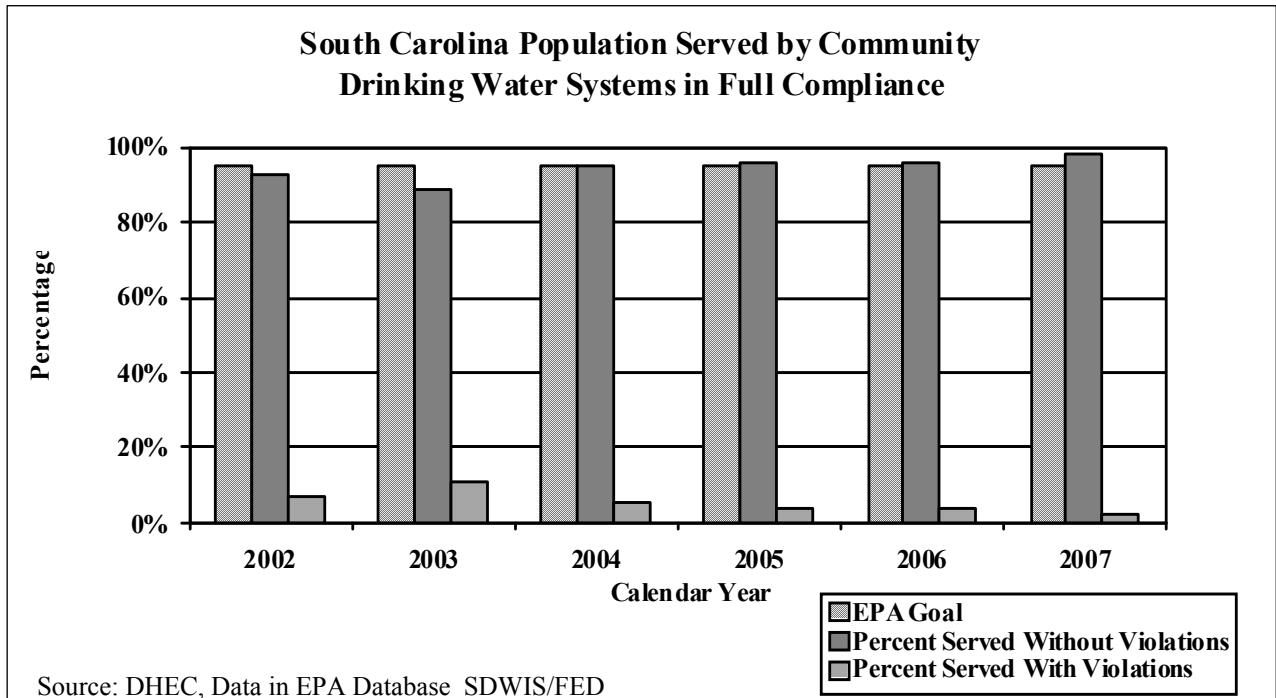
The average Hazardous Waste cleanup rate in South Carolina has either met or exceeded the national and regional rates. The Hazardous Waste Program addresses a large number of contaminated sites. Aggressive cleanup of these sites reflects DHEC’s commitment to maximize limited resources to reduce threats to human health and the environment.

Fig. 7.1.4



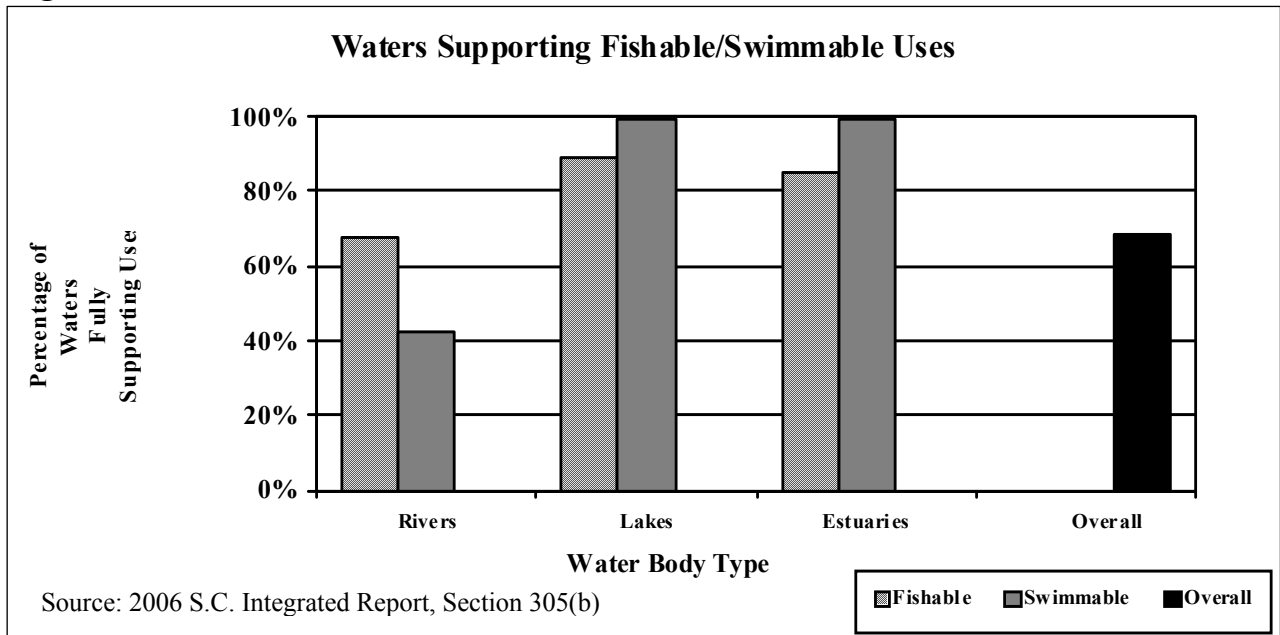
The Underground Storage Tank (UST) Program exceeded its fiscal year 2008 closure milestone and is progressing toward its 2010 goal of 67% release closure. Even with an overall shortage of SUPERB fund capital relative to fund liabilities, the program continues to do a commendable job with available funds.

Fig. 7.1.5



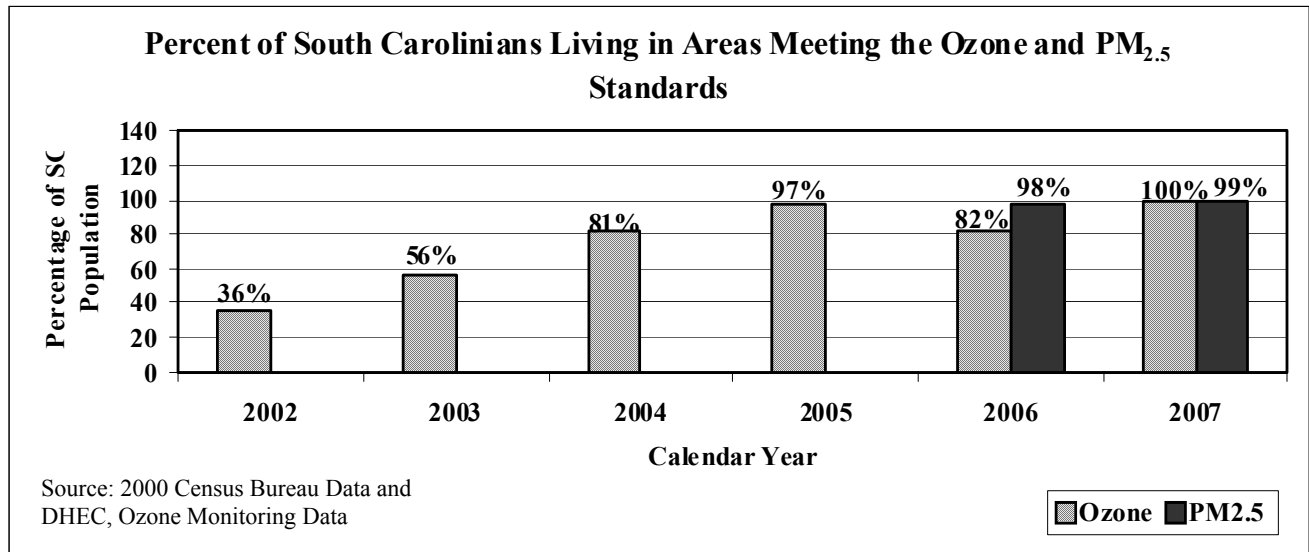
During the 2007 calendar year, 98% of the population served by community water systems received water in compliance with all health-based standards.

Fig. 7.1.6



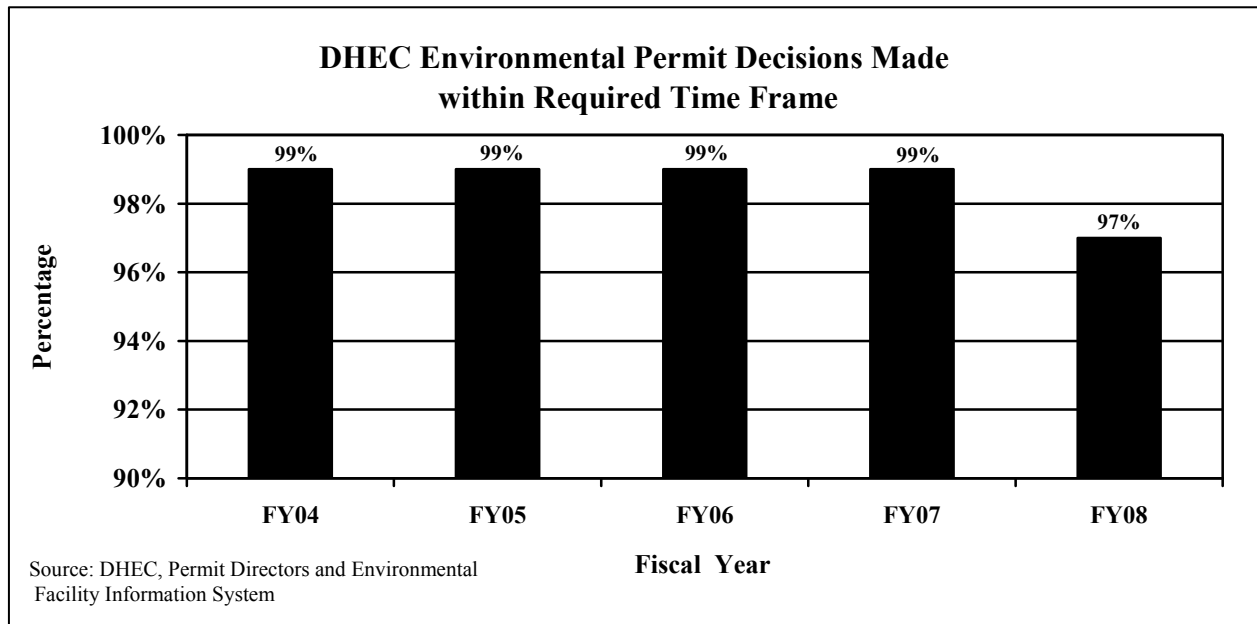
These figures are based on available water quality data collected through the probability-based Ambient Surface Water Quality Monitoring network data from 2002-2006.

Fig. 7.1.7



In 2007, based on DHEC’s monitoring data and 2000 Census Bureau data, the percentage of South Carolinians in areas meeting the 1997 8-hr ground level ozone standard was 100%, and 99% lived in areas meeting the PM_{2.5} Standards. However, the EPA tightened the ground level ozone standard significantly in March 2008. Consequently, DHEC anticipates the percentage of South Carolinians in areas meeting the new 2008 ozone standard to decrease although the actual air quality is continuing to improve.

Fig. 7.1.8



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. The lower percentage for FY08 reflects changes in determining permit turnaround times for several permit types.

Fig. 7.1.9

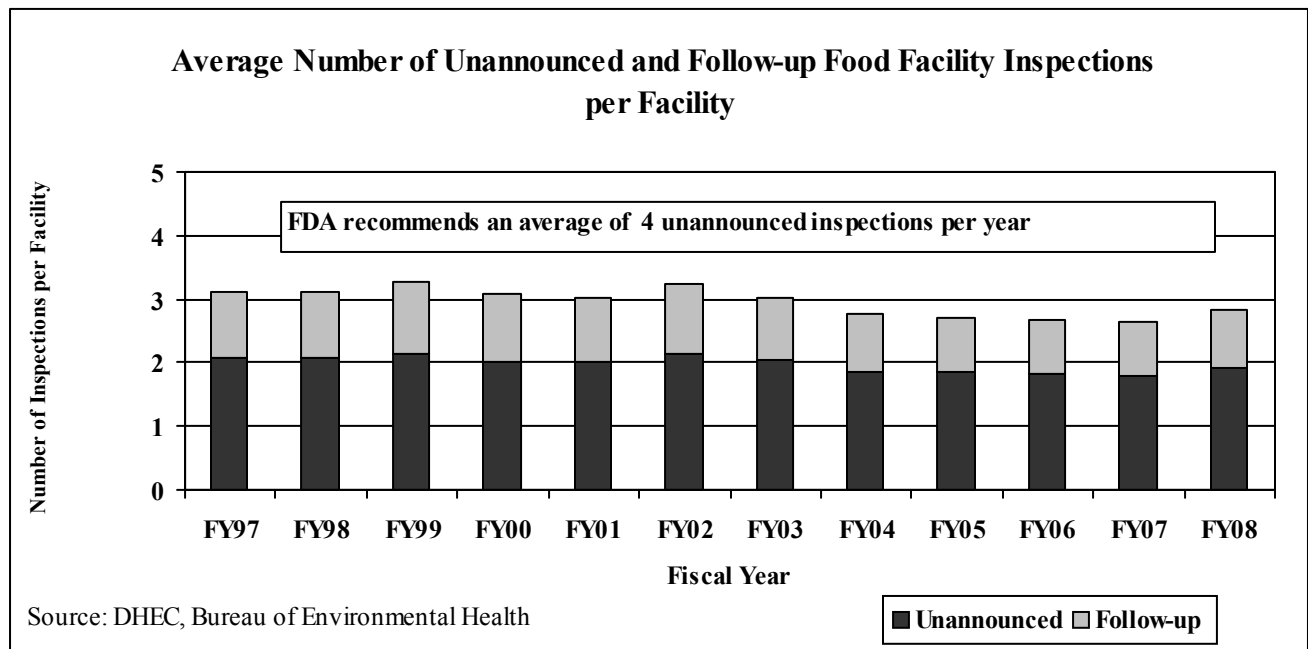
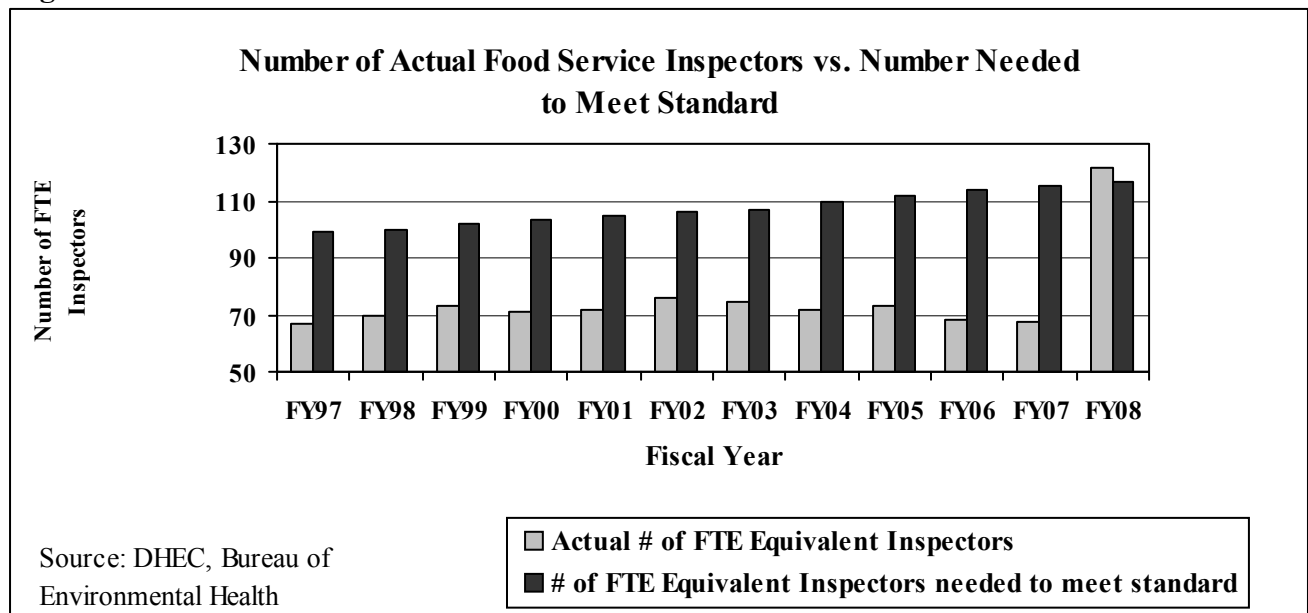
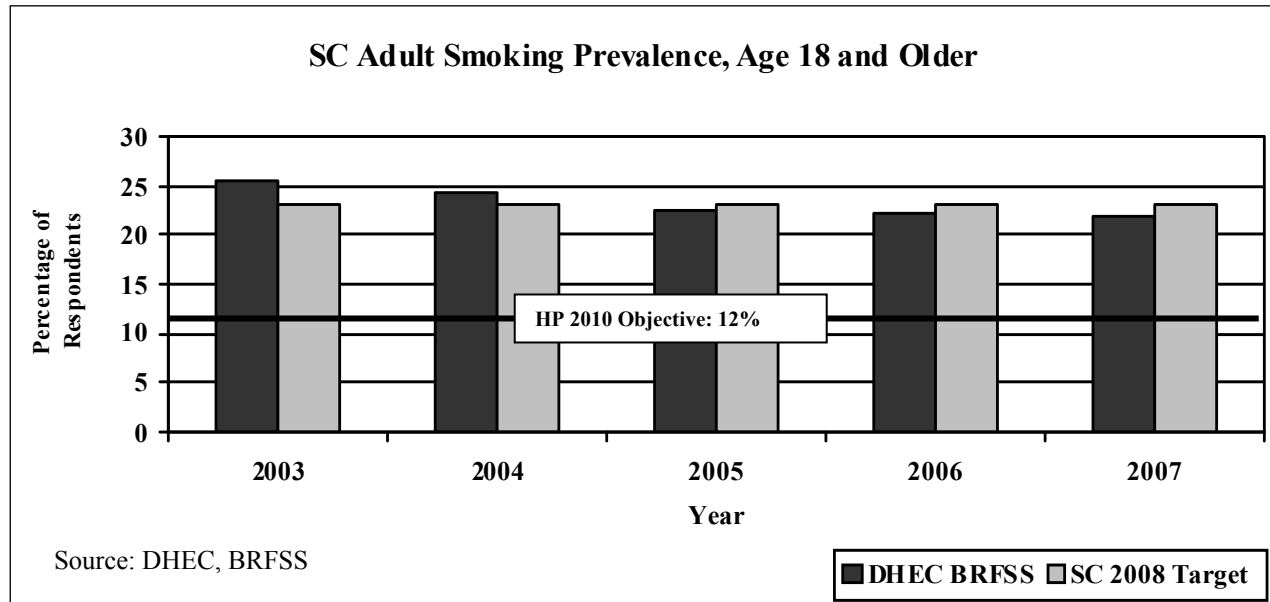


Fig. 7.1.10



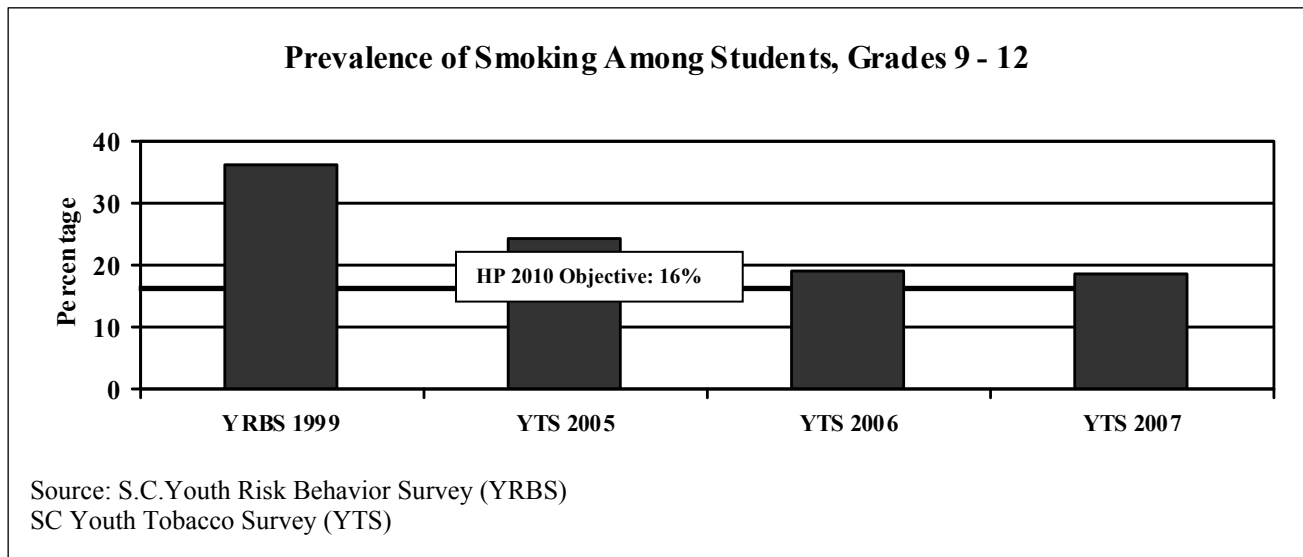
The occurrence of food-borne illness is an ever-present threat to South Carolinians. By providing inspections that help operators identify and control food handling risk factors, the agency can help limit the number of outbreaks. Growth of the food service industry in the state produces an increase in the number of facilities by approximately two percent each year. This is the first year the agency has been able to substantially increase the number of food service inspectors. The state budget for the 2008 fiscal year provided funding to hire an additional 39 field inspectors. This addition, along with filling existing vacancies, will allow the number of facilities-per-inspector ratio to be closer to FDA recommended standards once the necessary training of new inspectors has been completed.

Fig. 7.1.11



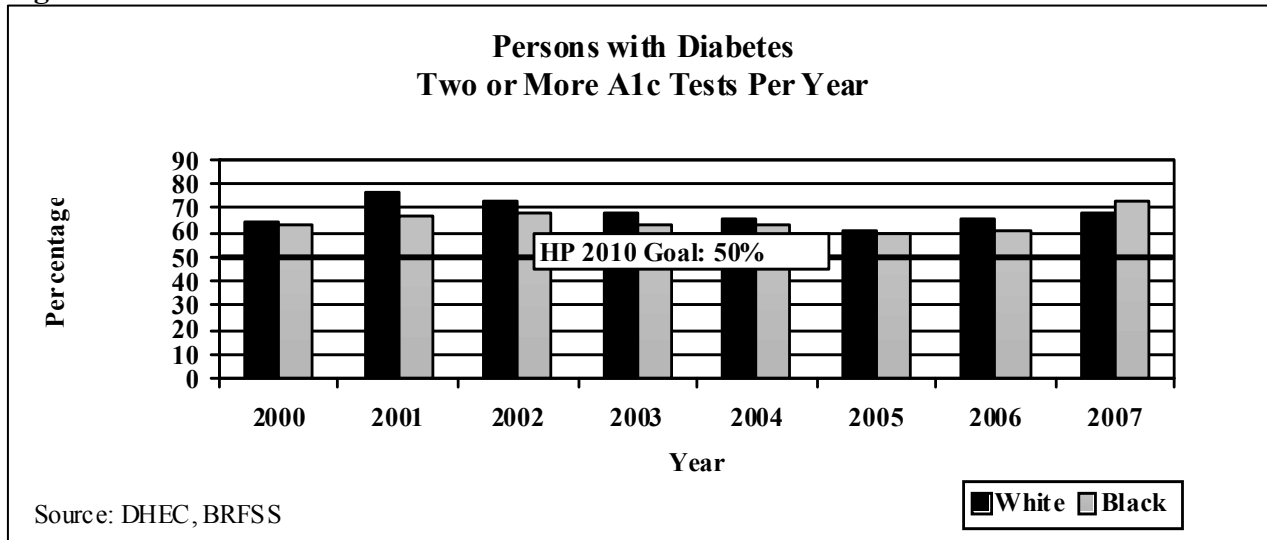
South Carolina’s adult smoking rate continues to be on the decline. In 2002, the adult smoking rate in the state was 26.6% and in 2007 it was 21.9%, a decrease of 17.6%. The current national adult smoking rate is 20.8%. South Carolina rates have already surpassed the state’s 2008 program goal of 23% and are moving toward the Healthy People 2010 objective of 12%.

Fig. 7.1.12



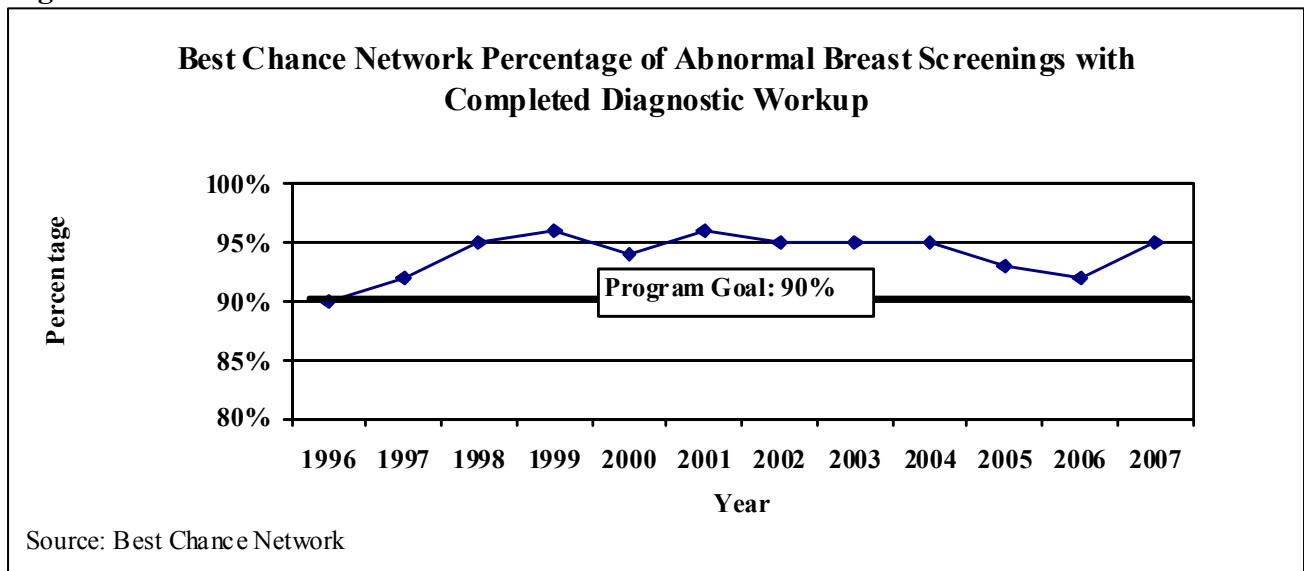
Rates of smoking among high school students in South Carolina continue to decrease, in contrast to what is occurring across the country. From 1999 to 2007, high school smoking rates fell from 36% to 18.7%, a decrease of 48%. With this new rate, the state is moving ever closer to the Healthy People 2010 objective of 16%.

Fig. 7.1.13



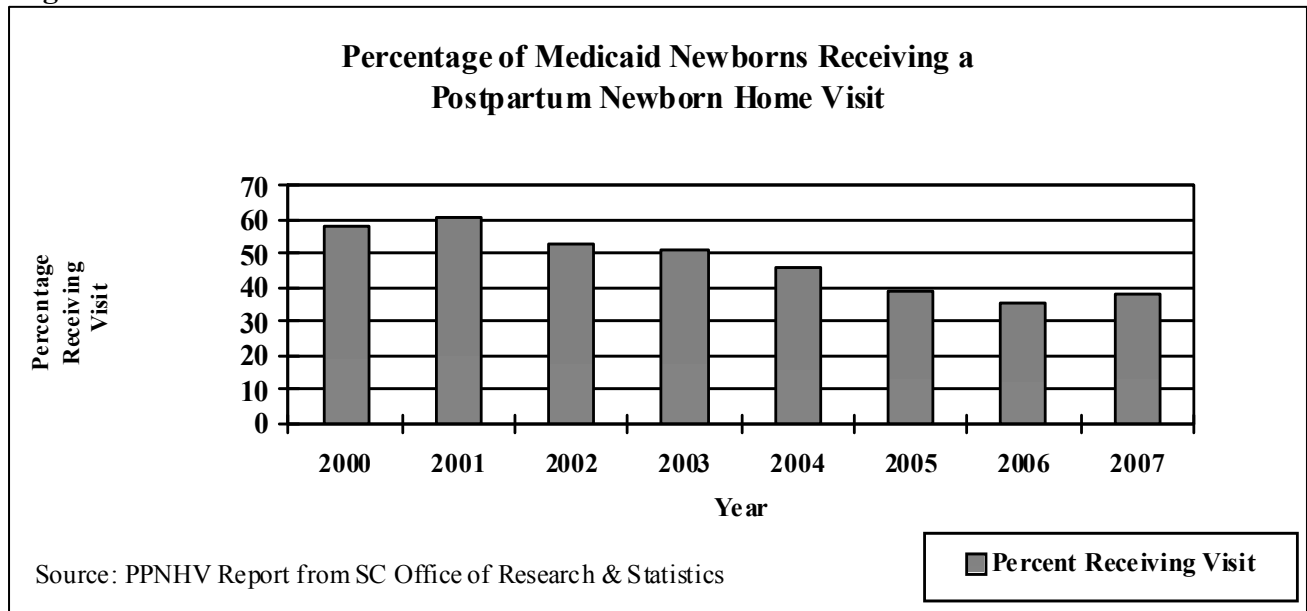
Diabetes is the seventh leading cause of death in the state and sixth in the nation. Complications from diabetes may be prevented or delayed through control and management of the disease. One method is to monitor long-term blood glucose control through a test called Hemoglobin A1c (A1c). An A1c test is the gold standard measurement of a person's average blood glucose level over the last three months. The suggested target for a person with diabetes is below seven. South Carolina has long surpassed the Healthy People 2010 objective of 50% of people with diabetes receiving at least one A1c test per year. In South Carolina, 73.2% of blacks and 67.4% of whites with diabetes have reported having an A1c test at least twice a year in 2007.

Fig. 7.1.14



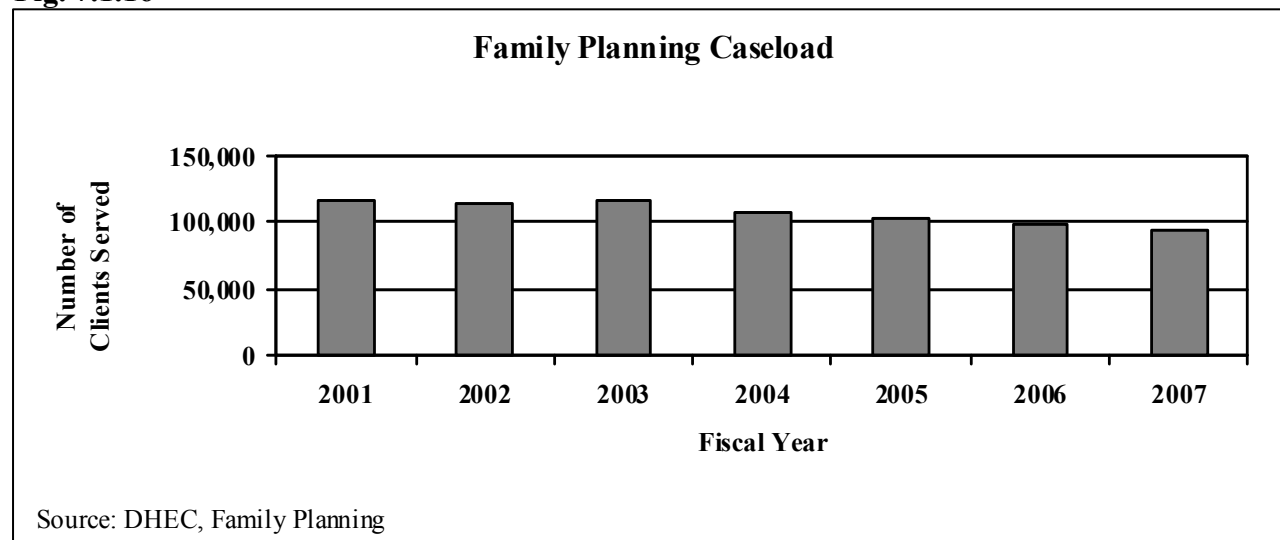
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 8,850 women. The program's goal is that at least 90% of the abnormal breast screenings will complete a diagnostic work-up. In 2007, 95% of abnormal breast screenings completed a diagnostic work-up. Over the past ten years the program has met or exceeded the follow-up goal.

Fig. 7.1.15



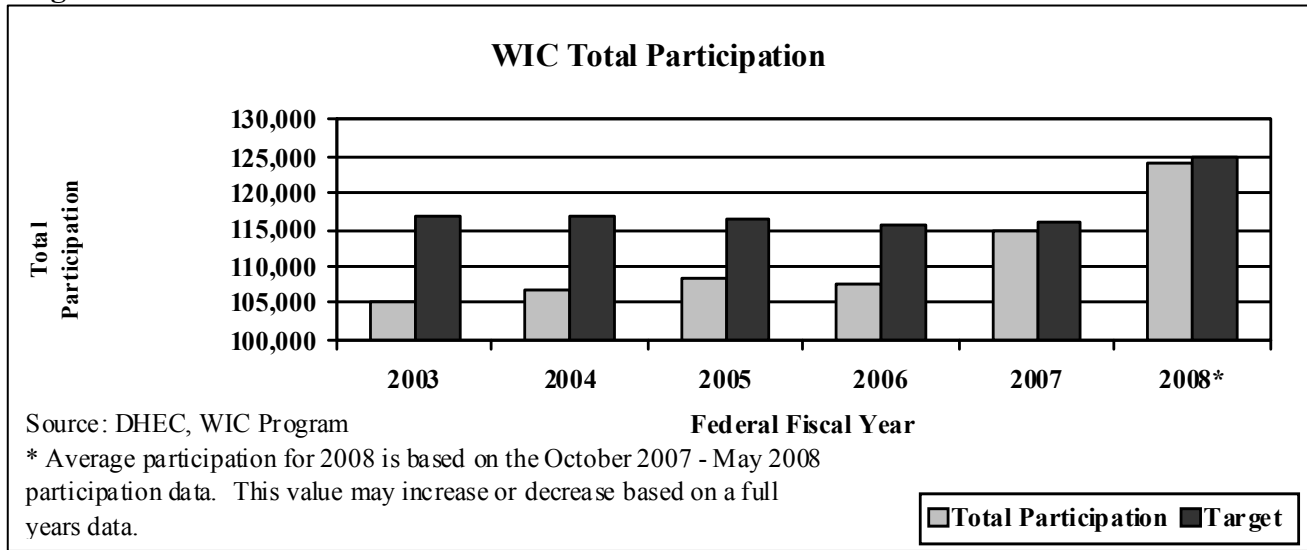
Postpartum Newborn Home Visits (PPNBHV) are one of the activities intended to meet DHEC’s goal of reducing infant mortality and assuring children are healthy. In 2007, DHEC provided PPNBHV’s to 38% of the families eligible for the service, which is well below the program goal of 90%. The state budget in 2007-2008 provided funding to hire nurses to provide additional PPNBHV’s, as a result, the number of visits being provided by DHEC is increasing.

Fig. 7.1.16



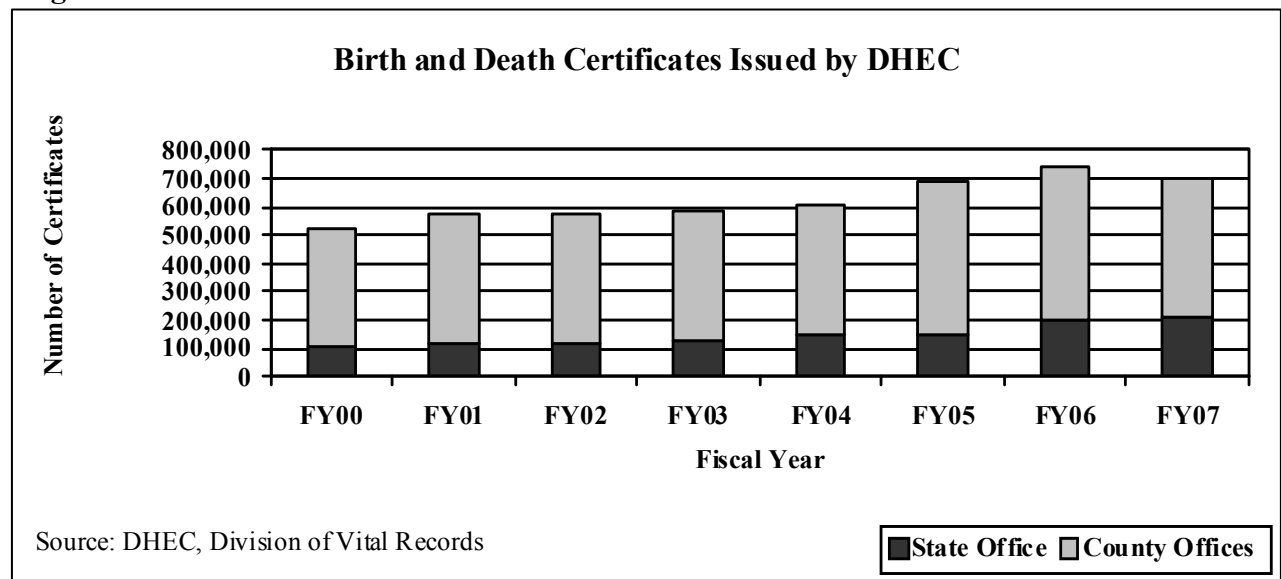
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. Of DHEC clients, 52.3% are at or under 185% of the poverty level. DHEC provides services to about 36% of the overall population in need of family planning services (259,820 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 FY07 continued to decline from the 2003 level due to shortages among nursing staff in DHEC’s local health departments and the increased cost of contraceptives.

Fig. 7.1.17



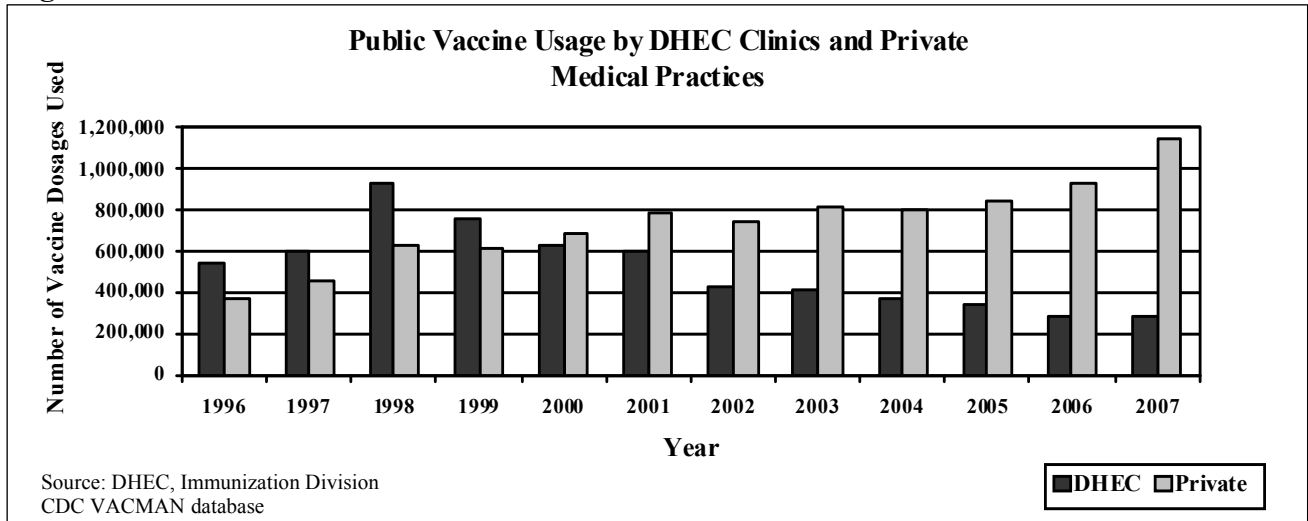
The Women, Infants and Children (WIC) Program is a preventive nutrition education program that provides prescribed food packages for eligible pregnant and breastfeeding women, infants and children to assist in meeting their nutritional requirements during critical periods of growth and development. Priorities of the WIC Program also include reducing overweight/obesity and promotion of breastfeeding. Services are provided statewide. The WIC caseload has increased 7.5% in the past year, serving an additional 9,296 pregnant women, infants and children.

Fig. 7.1.18



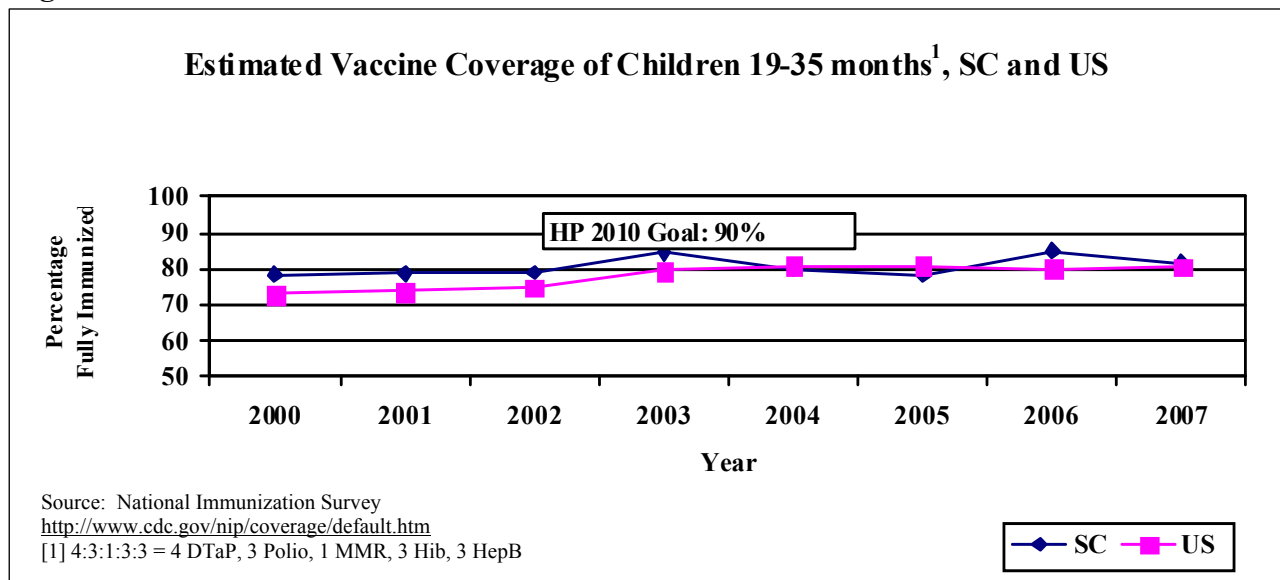
DHEC is the state’s official record keeper for vital information pertaining to births, deaths, marriages and divorces in South Carolina. Each of the 46 counties has a vital records office in the county health department, and together with the state office in Columbia, provide this essential service for all citizens in the state. Over 699,000 certifications were issued in 2007. The first School of Vital Records was held in 2008, which equipped attendees with the knowledge and skills needed to consistently provide customer service in an efficient, professional manner.

Fig. 7.1.19



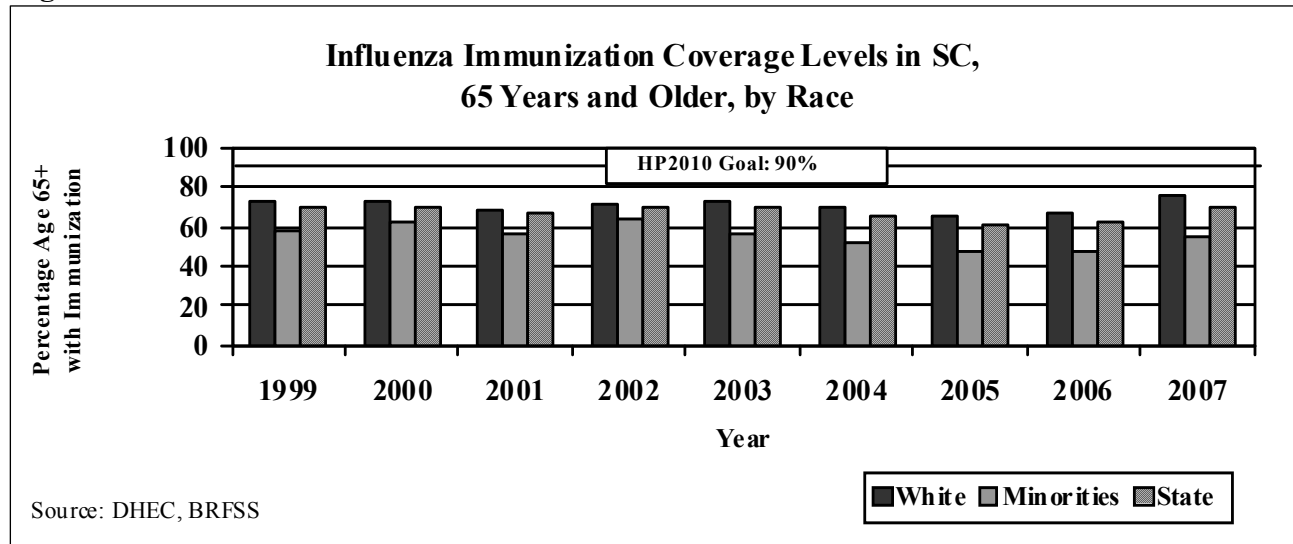
The federal vaccines for children program, known in the state as the Vaccine Assurance For All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled practices. Current enrollment in VAFAC is 625 practices. This includes: 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. The increase in the number of doses from 2006 to 2007 was due to the addition of new recommended vaccines. Many studies of the impact of this program throughout the nation continue to show the improved health benefits of promoting immunizations in medical homes.

Fig. 7.1.20



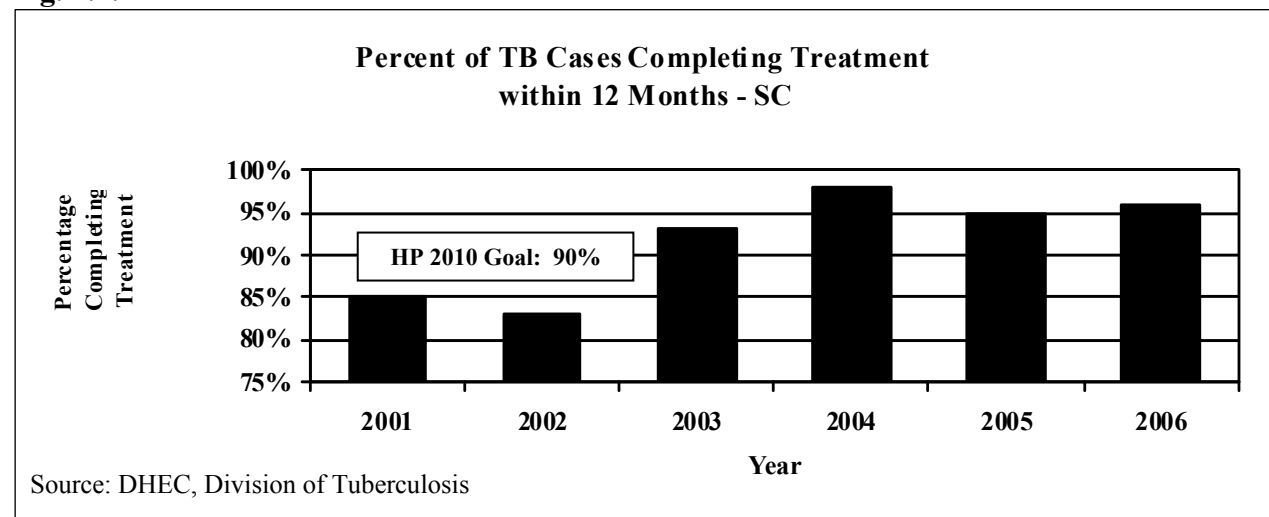
Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the continuing addition of new vaccines and the fact that about 55,000 babies are born in the state each year. Despite these challenges, South Carolina consistently ranks near or above the national average in immunization coverage of children.

Fig. 7.1.21



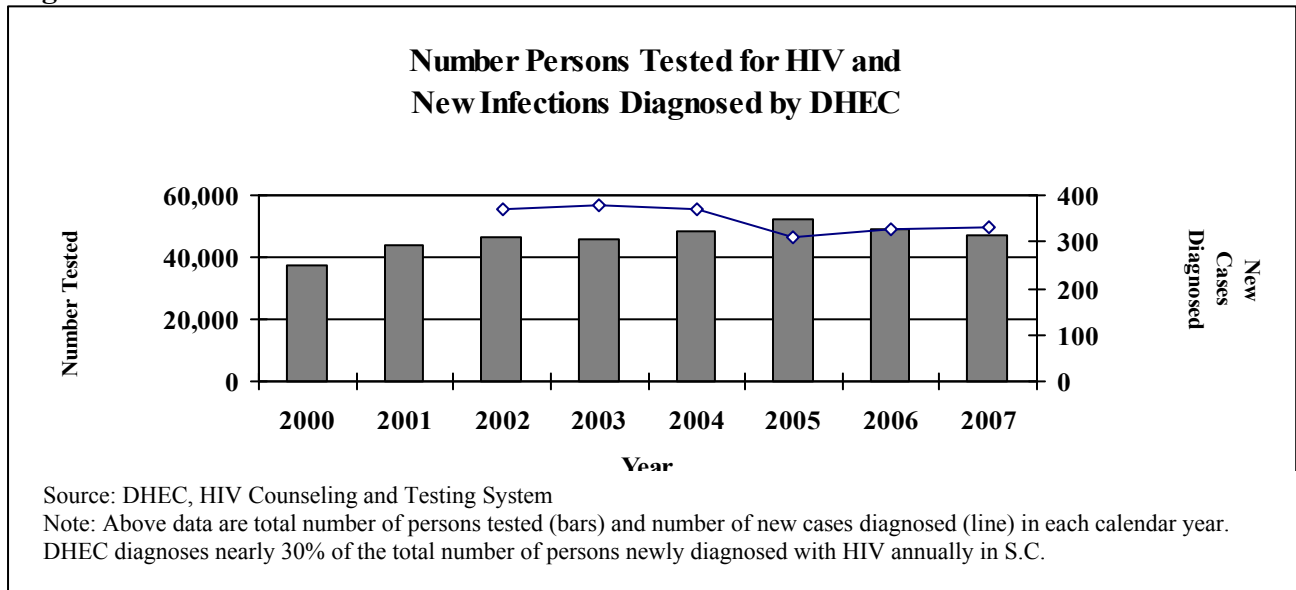
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2010 Goal of 90%. The state continues to see substantial disparities in influenza vaccine coverage between white and non-white populations (20% higher coverage among whites in 2007). The number of persons receiving influenza vaccination in DHEC clinics declined significantly during the 2006-07 season due in part to delays in vaccine shipments from manufacturers. Many persons sought flu shots in their doctor's office where the vaccine was available earlier in the season.

Fig. 7.1.22



Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and sound interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed. The reported number of tuberculosis cases for 2007 was 218, representing a 1.8% decrease from the 222 cases reported in 2006. 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 5.0%. The percentage that completed treatment in 12 months for tuberculosis disease in South Carolina was 96% in 2006 exceeding the Health People 2010 goal of 90%.

Fig. 7.1.23



DHEC HIV tests and number of new cases detected are leveling. Increased access to effective HIV treatments as well as intense prevention services delivered by community organizations, local health departments and HIV service providers have contributed to slowing the annual rate of new HIV cases. Expanding testing services in other clinical settings such as hospital emergency departments is recommended to diagnose more HIV infected persons earlier, allowing for improved health outcomes. A growing number of persons with HIV are living longer, requiring on-going care, treatment and prevention services. At the end of 2007, more than 14,000 persons were estimated to be living with HIV/AIDS in the state.

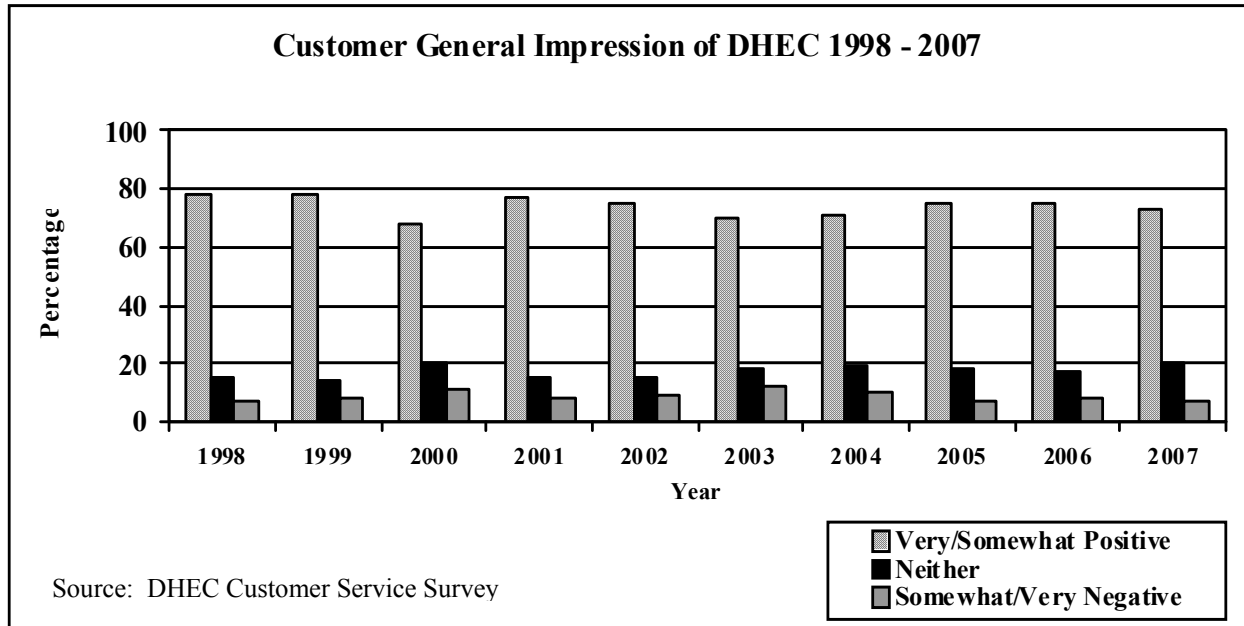
Fig. 7.1.24

South Carolina ADAP Services			
Service Measure	April 2007	April 2008	April 2009 Projected
Number of Patients on ADAP Waitlist	567	0	0*
Number of Patients Enrolled in ADAP	1,590	2,267	3,100
Number of Prescriptions Filled	3,449	4,541	6,209

DHEC’s AIDS Drug Assistance Program (ADAP) ensures equal access to all eligible ADAP applicants for approved HIV/AIDS therapies and other life-saving medicines. In September 2007, DHEC was able to eliminate a 15-month waiting list for the program that reached a high of 567 in April 2007. Since September 2007, there has been a steady increase in the number of patients served each month by the program and there has not been a need to implement another wait list. However, given the enhanced HIV testing initiatives detecting more infected persons needing ADAP, and more patients staying on ADAP due to treatment effectiveness, without recurring state funds and stable or increased federal funding there is a projected wait list of up to 600* by October 2009.

III. 7.2 Customer Satisfaction Results

Fig. 7.2.1



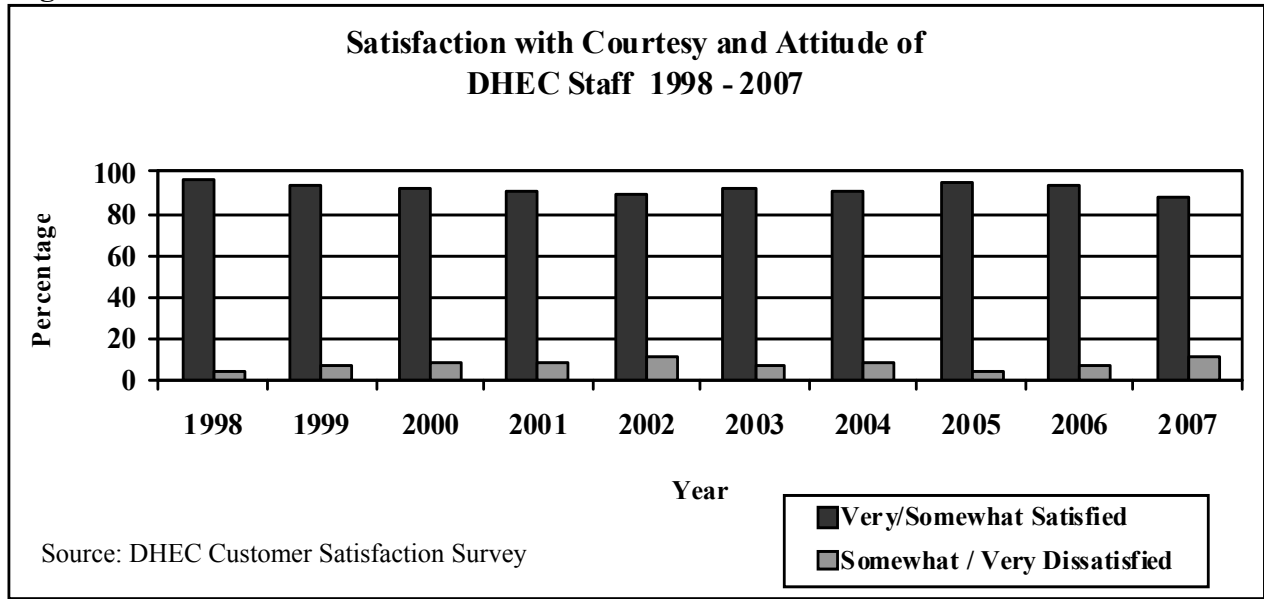
The results of the 2007 Customer Service Survey demonstrated the relative stability of the public’s view of DHEC. For ten years, the percentage of respondents with Very/Somewhat Positive general impression of DHEC has averaged 74%.

Fig. 7.2.2



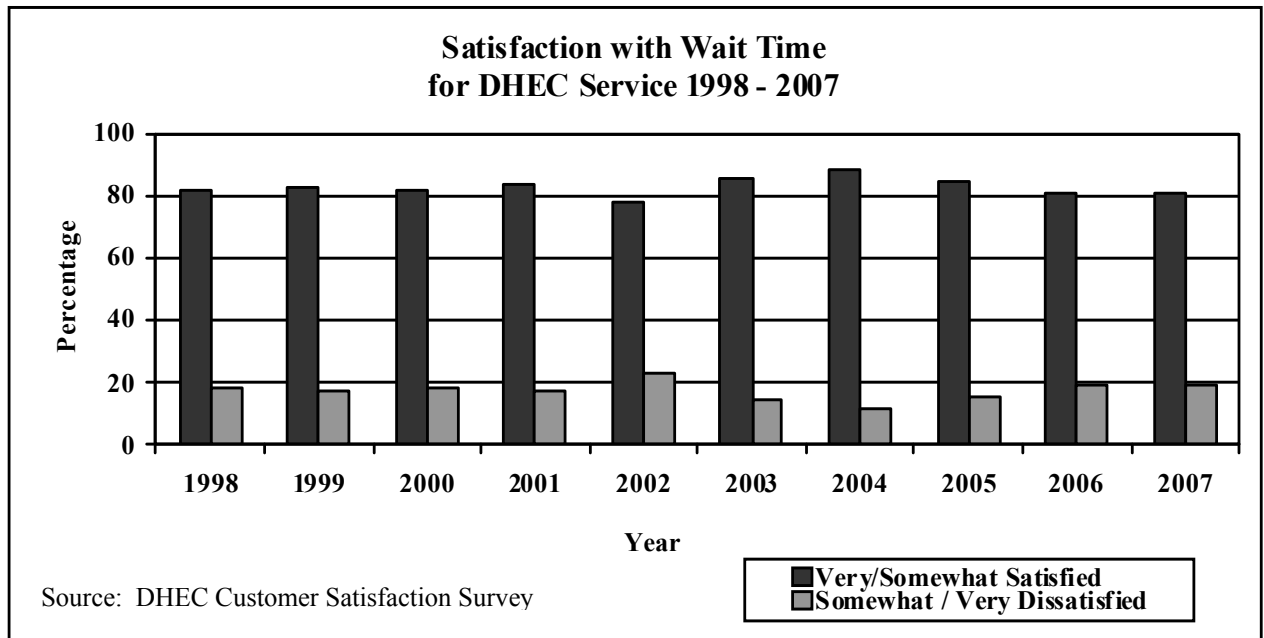
Respondents who have used DHEC services were asked to evaluate the overall quality of the service they received. Overall satisfaction with service averaged 92% for ten years. DHEC continues to remain well above the American Customer Satisfaction Index* (ACSI) overall Quality Satisfaction of 70% for the same ten year period.

Fig. 7.2.3



In the 2007 survey, respondents' satisfaction with courtesy and attitude of staff was 88%. The overall average for the ten years 1998 – 2007 has been 92% of the South Carolina public is satisfied with the courtesy and attitude of DHEC staff in the delivery of public health and environmental products and services.

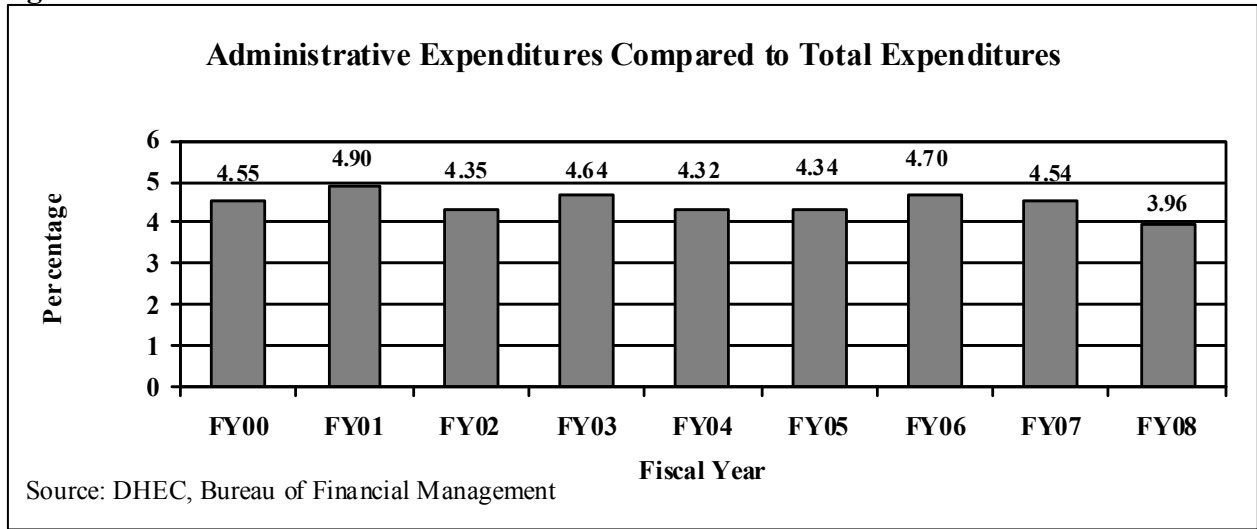
Fig. 7.2.4



For 2007, the overall satisfaction with the time respondents had to wait for service was 81%. Satisfaction with wait time continues to be stable over ten years with 83% of respondents satisfied with the time they had to wait for services.

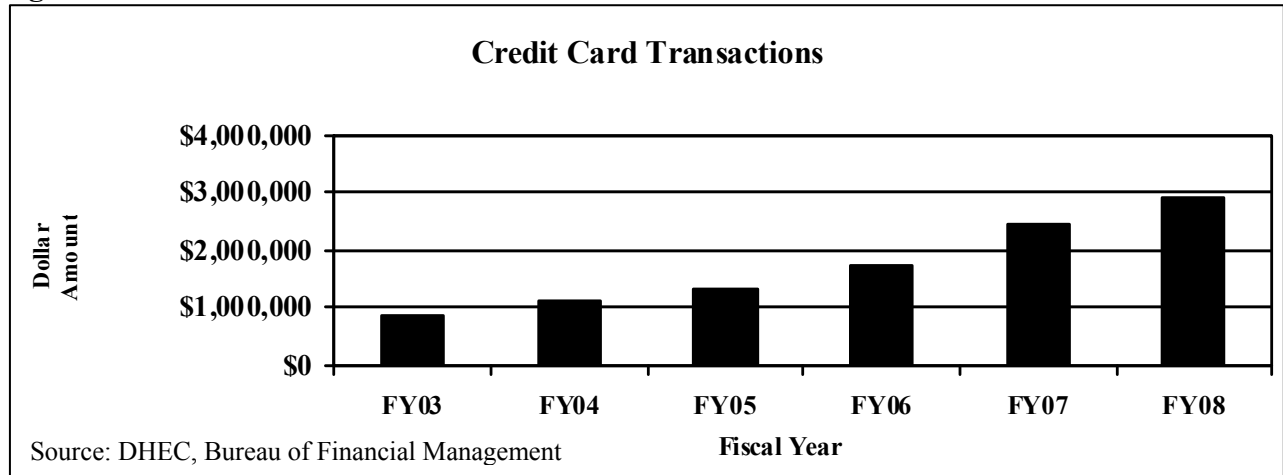
III. 7.3 Financial Performance Results and Process

Fig. 7.3.1



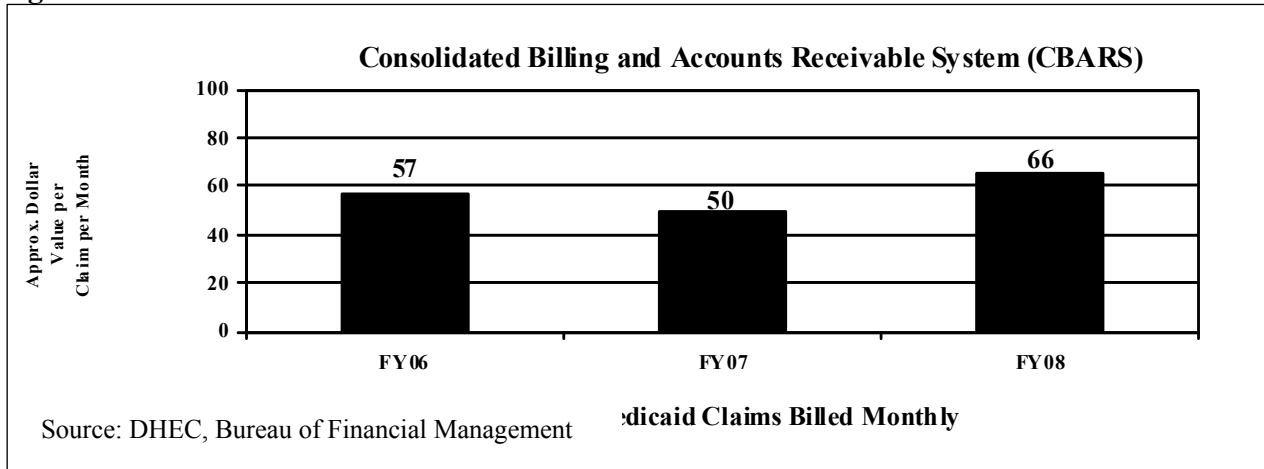
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to the unprecedented budget cuts and the agency’s holding down of total expenditures. The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

Fig. 7.3.2



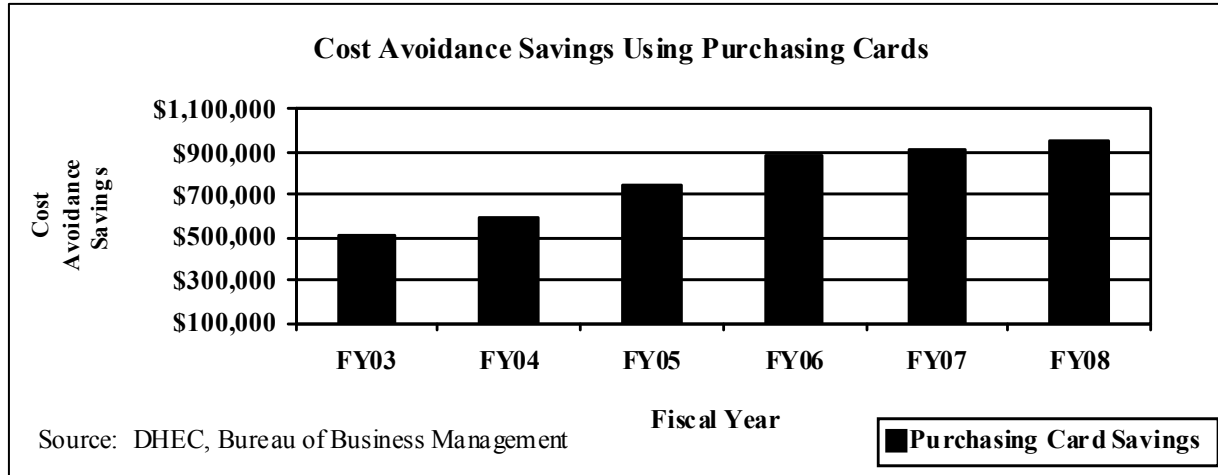
The agency's credit card business has increased significantly over the past few years. In October 2005, a system was developed and implemented for customers who received invoices from the various DHEC program areas to pay for those invoices online. In addition, in April 2006, the agency improved the ability of the clinic sites throughout the state to accept credit cards by modifying this system for their use. In FY07, this system was modified again to allow for multiple invoices to be paid with one credit card transaction. For FY08, total credit card sales were \$2,916,352, which is over triple the amount of credit card sales in FY03. Customers have been pleased with this option and the availability of agency funds has improved.

Fig. 7.3.3



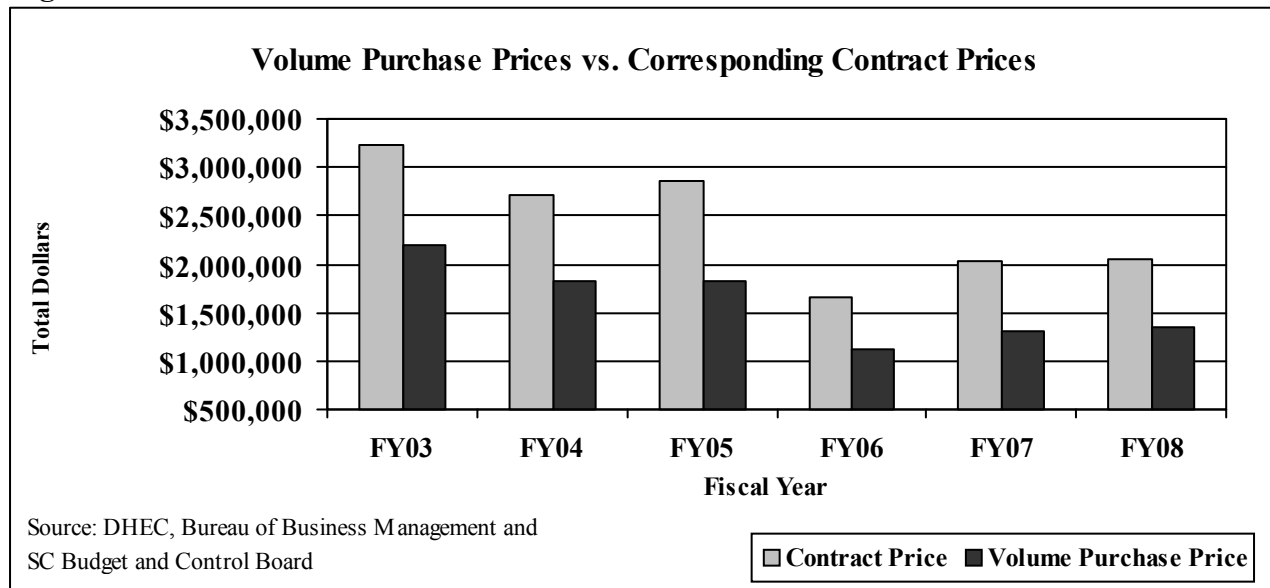
In FY07, with all sites online with CBARS, DHEC billed Medicaid approximately 20,000 claims per month with an approximate dollar value of \$1 million per month, which equates to \$50 per claim per month. In FY08, DHEC billed Medicaid for approximately 15,000 claims per month in CBARS with a total dollar amount of approximately \$985,000 per month, which equates to \$66 per claim per month. The increased efficiency in processing has resulted in more timely access to the billing dollars owed. However, although the total number of claims processed per month decreased by 5,000 (a 25% decrease), the total amount of Medicaid funds billed decreased slightly by only \$15,000 per month (a 1.5% decrease). The decrease in claims resulted from increased documentation requirements for Medicaid, which has reduced the eligibility of some clients.

Fig. 7.3.4



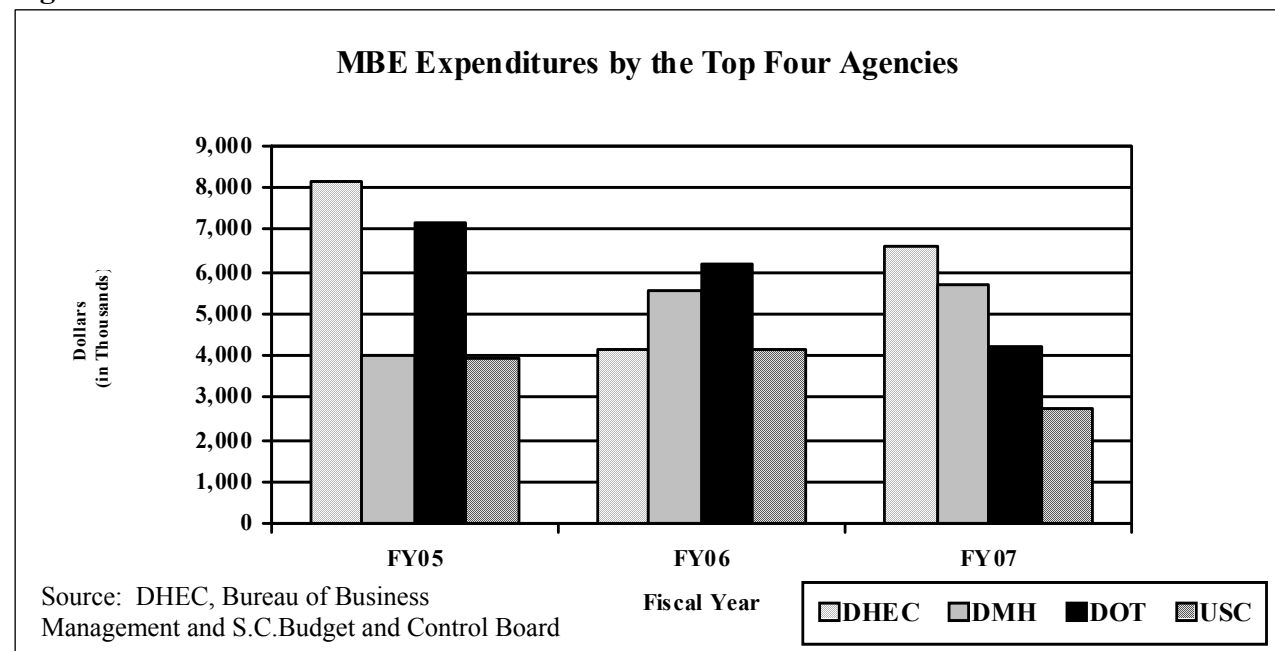
The agency continues to increase the usage of the State Purchasing Card instead of using purchasing orders. This past year, the agency implemented a new payment tool, called WORKS, which allows the agency to download transactions straight from WORKS into the agency's payment system. During this fiscal year, 15,976 purchases were made with the card totaling \$3,936,906. The average cost to process a purchase order is \$83 and the average processing time is 54 minutes. The average purchasing card transaction cost is \$23 with an average processing time of 14 minutes. By using the purchasing card to acquire goods that would previously have been procured by purchase orders, the agency has realized a cost avoidance savings of \$958,560 this fiscal year. The agency will also receive a rebate in the amount of \$23,595 as part of the contract terms.

Fig. 7.3.5



The volume purchase of personal computers and other information technology products creates financial savings for the agency, reduces administrative activities and utilizes procurement planning across program lines. For FY08, the agency realized a cost avoidance savings utilizing this process of \$710,018 from the state contract price. This allows programs to maximize their purchasing dollars.

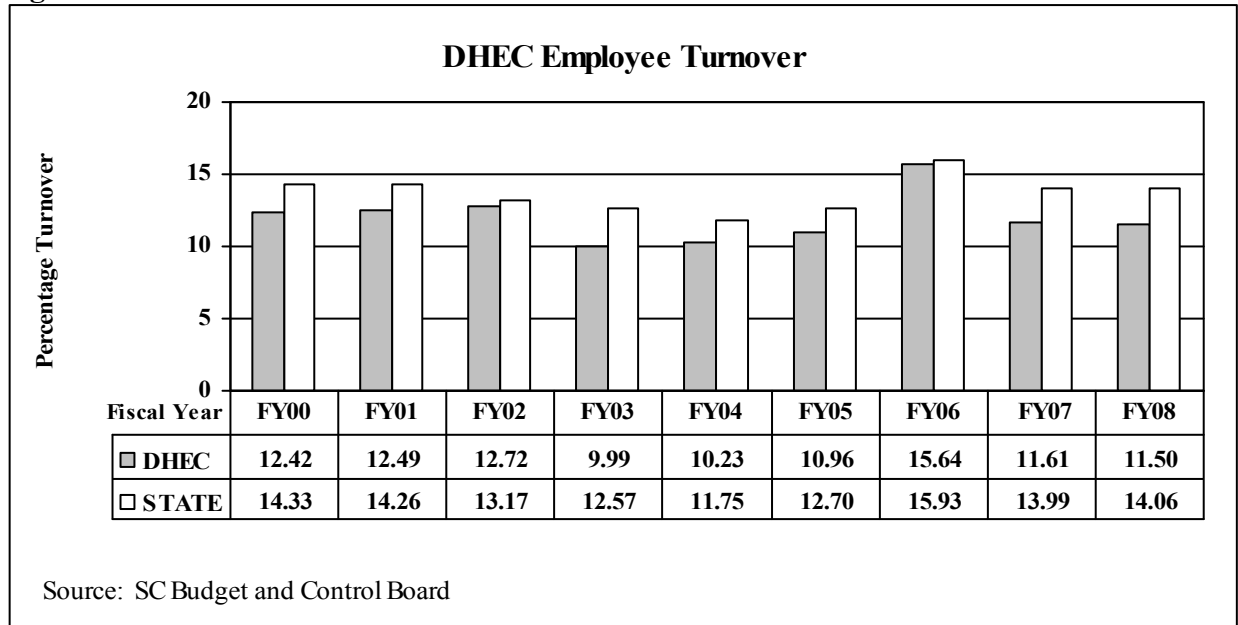
Fig. 7.3.6



For FY07, DHEC was once again the top agency in expenditures with Minority Business Enterprises (MBEs). By spending more than \$6.6 million with MBEs, DHEC exceeded our goal by 33%. During the past ten years, DHEC has frequently been the top agency in expenditures with MBEs. This past year's expenditures represent the second highest amount DHEC has spent with MBEs during any of the previous ten years. DHEC's expenditures were 16% higher than what was spent by the next highest agency.

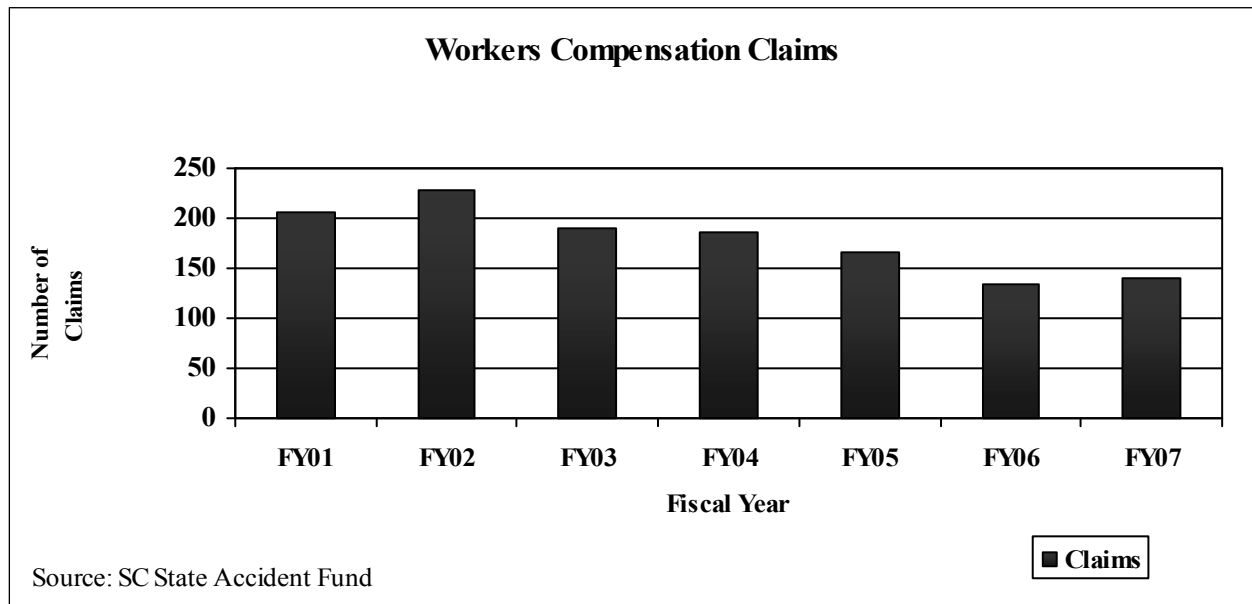
III. 7.4 Work Force Results

Fig. 7.4.1



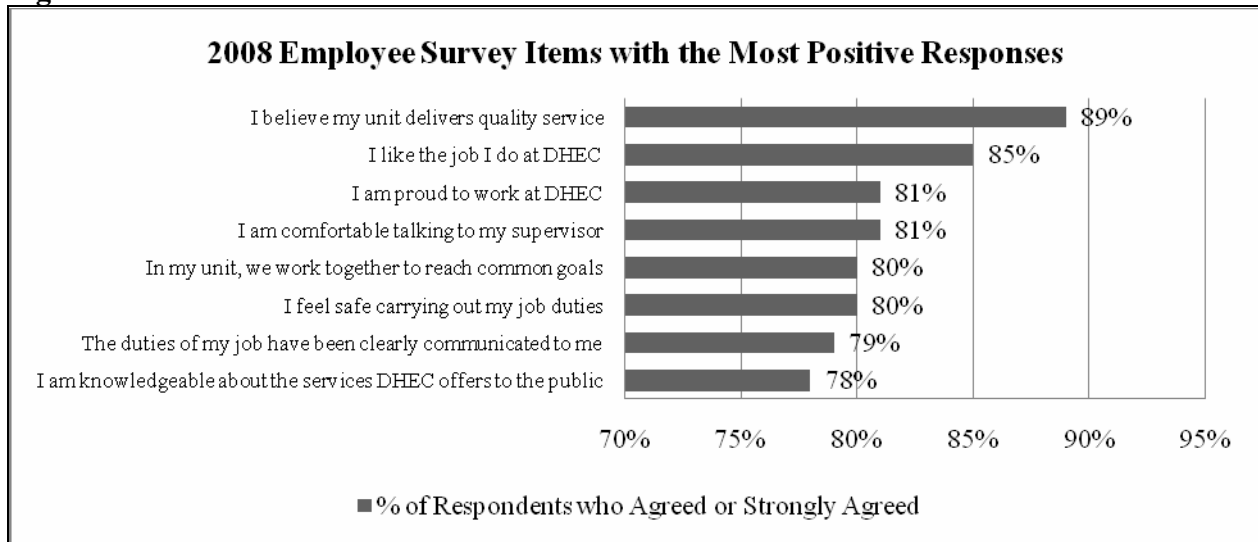
The agency turnover for FY08 decreased to 11.50%. This is the second year in a row that employee turnover has decreased. The reasons for the reduction in turnover are the reduced number of employees in the TERI program and the reduced number of regular retirements. The agency turnover rate continues to be below the state turnover rate as it has been for the past eight years.

Fig. 7.4.2



Worker’s Compensation claims increased slightly this past year, but the agency is still below the previous five years before FY06. 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 and training to employees.

Fig. 7.4.3



The highest rated items on the 2008 Employee Survey mirror those on the 2005, 2003 and 2000 surveys and overall response patterns were similar on most items. As with the 2005 survey, the highest means were on Question 2: *I believe that my unit delivers quality services* (M=4.44), Question 1: *I like the job I do at DHEC* (M=4.29), and Question 17: *I am proud to work at DHEC* (M=4.20). The means for these three items were slightly higher in 2008 than on the 2005 survey.

Fig. 7.4.4

Agency Training: July 1, 2007 – July 1, 2008		
Category	# Courses *	Numbers Trained**
Administration	15	1380
Customer Service	10	2934
Communication	7	796
Computer Software	15	412
Job Specialty	180	4497
Management	33	1679
Orientation	7	957
Safety	32	2704
Public Health Emergency Preparedness	45	1857

During FY08, the agency closed the legacy training management system and migrated to the SCellC learning management system. Numbers do not reflect all data because of the differences in records keeping in the two systems. Note: *Courses are content areas not occurrences of training. **Aggregate by course—totals are not an unduplicated count.

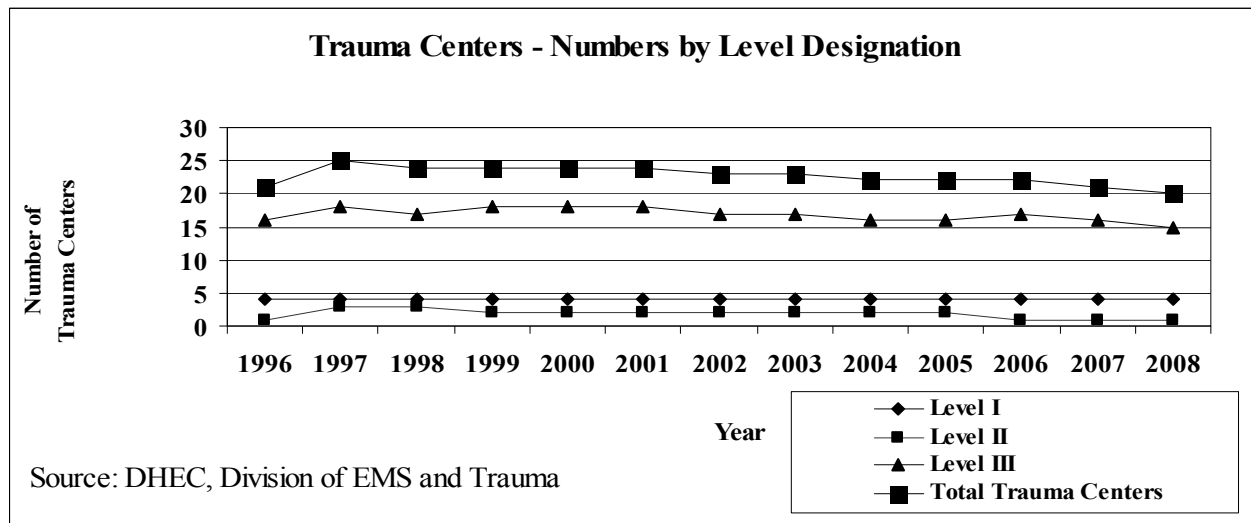
III. 7.5 Regulatory/Legal Compliance

Fig. 7.5.1

Implementation of Internal Audit Recommendations			
Years	Number of Recommendations	Recommendations Implemented	Recommendations Outstanding
FY2006	44	44	0
FY2007	69	69	0
FY2008	82	23	59
TOTALS	195	136	59

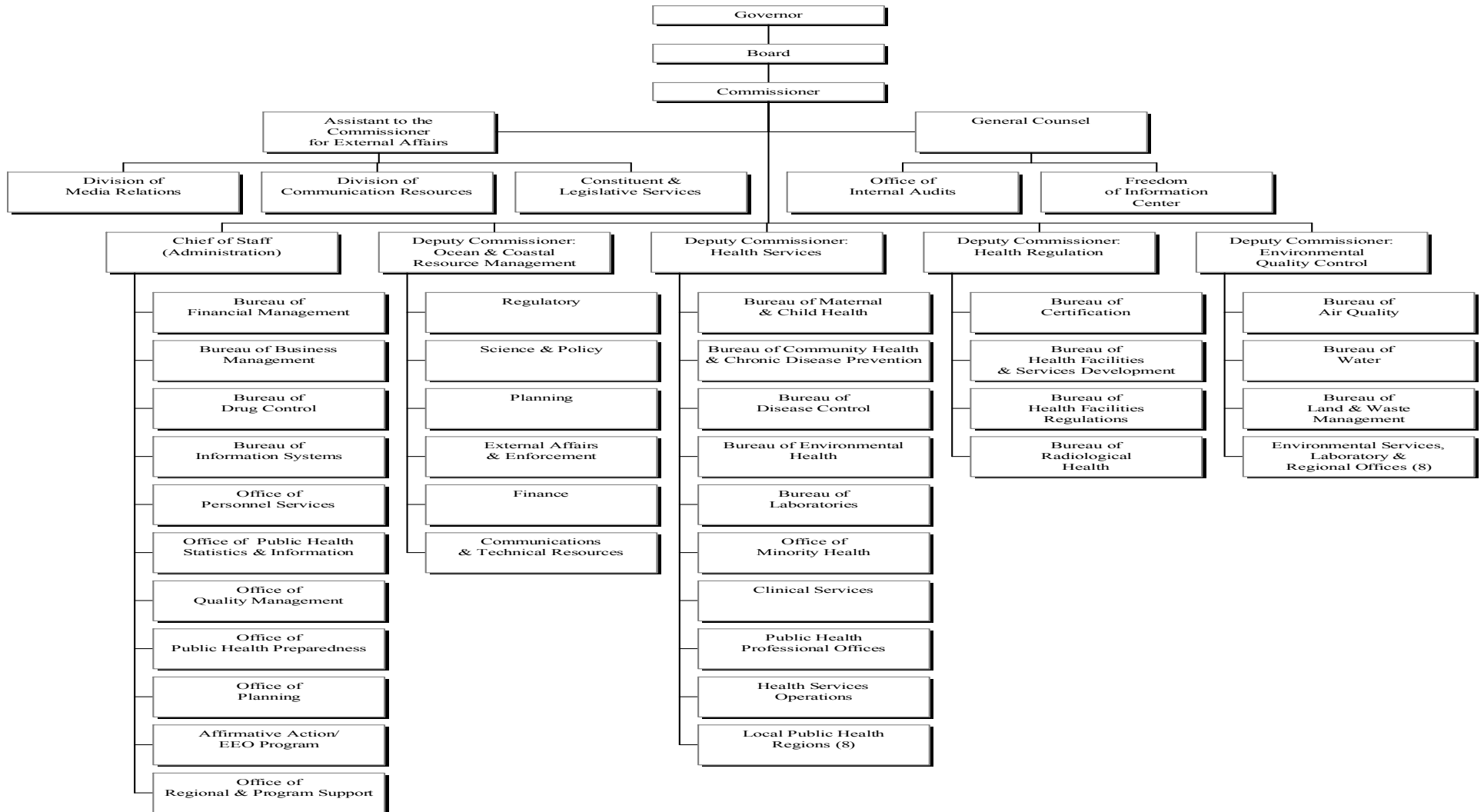
Over the past three fiscal years, DHEC Internal Audits has made 195 recommendations to improve agency operations, internal controls and procedures. Of those 195 recommendations, 136 have been implemented with 59 outstanding, which will be implemented in this fiscal year. Sixteen of the recommendations outstanding are from reports issued in May and June 2008. 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. 7.5.2



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.

**South Carolina Department of Health and Environmental Control
Organization Chart**



Major Program Areas

Addendum B

Program Number and Title	Major Program Area Purpose (Brief)	FY 06-07 Budget Expenditures	FY 07-08 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: 8,216,940.73 Federal: 5,944.35 Other: 13,293,755.55 Total: 21,516,640.63 % of Total Budget: 5%	State: 8,236,010.79 Federal: 0.00 Other: 14,136,270.41 Total: 22,372,281.20 % of Total Budget: 4%	7.2.1 7.3.2 7.4.1 7.2.2 7.3.3 7.4.2 7.2.3 7.3.4 7.4.3 7.2.4 7.3.5 7.4.4 7.3.1 7.3.6 7.5.1
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: 1,368,999.95 Federal: 788,104.63 Other: 2,157,104.58 Total: 2,157,104.58 % of Total Budget: 0%	State: 0.00 Federal: 1,287,084.92 Other: 874,175.14 Total: 2,161,260.06 % of Total Budget: 0%	7.1.4
II. A. 2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting inspections, public education and complaint response.	State: 9,546,354.36 Federal: 6,949,944.76 Other: 10,236,286.40 Restricted: 15,315.98 Total: 26,747,901.50 % of Total Budget: 6%	State: 13,145,542.57 Federal: 6,856,062.27 Other: 10,708,750.95 Restricted: 113,092.01 Total: 30,823,447.80 % of Total Budget: 6%	7.1.5 7.1.6
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: 1,035,658.77 Federal: 2,804,425.25 Other: 921,678.47 Total: 4,761,762.49 % of Total Budget: 1%	State: 1,396,214.56 Federal: 2,821,449.41 Other: 801,723.04 Total: 5,019,387.01 % of Total Budget: 1%	
II. B. 1.a National Estuary Research Reserve	Protect specific biogeographical regions under a National Program SC has two such regions ACE (Ashpoo Combahee Edisto) Basin and North Inlet Winyah Bay	State: 485,673.85 Federal: 485,673.85 Other: 485,673.85 Total: 485,673.85 % of Total Budget: 0%	State: 0.00 Federal: 99,636.69 Other: 99,636.69 Total: 99,636.69 % 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:
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Major Program Areas

Addendum B

Program Number and Title	Major Program Area Purpose (Brief)	FY 06-07 Budget Expenditures	FY 07-08 Budget Expenditures	Key Cross References for Financial Results*
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards are met and reduces the potential of adverse health effects.	State: 954,583.42 Federal: 1,503,821.80 Other: 7,822,236.82 Restricted: 195,896.18 Total: 10,476,538.22 %of Total Budget: 2%	State: 1,800,312.89 Federal: 1,581,482.27 Other: 8,181,549.93 Restricted: 274,421.01 Total: 11,837,766.10 %of Total Budget: 2%	7.1.7
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State: 3,170,894.36 Federal: 6,338,739.66 Other: 1,620,077.69 Restricted: 6,920,224.97 Total: 18,049,936.68 %of Total Budget: 4%	State: 3,833,984.34 Federal: 7,429,821.13 Other: 1,556,695.25 Restricted: 7,427,937.35 Total: 20,248,438.07 %of Total Budget: 4%	7.1.1 7.1.2
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	State: 78,301.35 Federal: Other: Total: 78,301.35 %of Total Budget: 0%	State: 68,577.40 Federal: Other: Total: 68,577.40 %of Total Budget: 0%	
II.E.1 Family Health Infectious Disease Prevention	Ensure that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Immunizations	State: 11,811,353.56 Federal: 31,052,994.08 Other: 4,871,826.67 Total: 47,736,174.31 %of Total Budget: 10%	State: 20,949,579.89 Federal: 37,551,712.87 Other: 5,896,869.49 Total: 64,398,162.25 %of Total Budget: 12%	7.1.9 7.1.22 7.1.10 7.1.23 7.1.19 7.1.24 7.1.20 7.1.21
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: 18,158.00 Federal: Other: Total: 18,158.00 %of Total Budget: 0%	State: 50,000.00 Federal: Other: Total: 50,000.00 %of Total Budget: 0%	7.1.23 7.1.24

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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

Addendum B

Program Number and Title	Major Program Area Purpose (Brief)	FY 06-07 Budget Expenditures	FY 07-08 Budget Expenditures	Key Cross References for Financial Results*
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: 2,872,165.69 Federal: 113,370,927.27 Other: 5,371,837.69 Total: 121,614,930.65 % of Total Budget: 25%	State: 3,976,022.34 Federal: 85,926,168.28 Other: 41,114,888.11 Total: 131,017,078.73 % of Total Budget: 25%	7.1.15 7.1.16 7.1.17
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conducted in hospitals with at least 100 births annually.	State: 750,629.07 Federal: Other: Restricted: Total: 750,629.07 % of Total Budget: 0%	State: 710,059.29 Federal: Other: Restricted: Total: 710,059.29 % 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: 1,464,895.24 Federal: 4,657,340.71 Other: 221,299.01 Total: 6,343,534.96 % of Total Budget: 1%	State: 1,926,220.77 Federal: 4,378,535.03 Other: 261,390.71 Total: 6,566,146.51 % of Total Budget: 1%	7.1.11 7.1.12 7.1.13 7.1.14
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: 554,951.78 Other: 0.00 Restricted: Total: 554,951.78 % of Total Budget: 0%	State: 0.00 Federal: 565,039.23 Other: 0.00 Restricted: Total: 565,039.23 % of Total Budget: 0%	7.1.11 7.1.12
II.E.4. Assuring Public Health Services	Provide the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 38,957,532.05 Federal: 25,547,386.58 Other: 22,240,134.60 Total: 86,745,053.23 % of Total Budget: 18%	State: 43,606,201.40 Federal: 25,608,030.32 Other: 14,639,438.79 Total: 83,853,670.51 % of Total Budget: 16%	7.1.9 7.1.15 7.1.20 7.1.10 7.1.16 7.1.21 7.1.11 7.1.17 7.1.22 7.1.12 7.1.18 7.1.23 7.1.13 7.1.19 7.1.24 7.1.14
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:	

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Major Program Areas

Addendum B

Program Number and Title	Major Program Area Purpose (Brief)	FY 06-07 Budget Expenditures	FY 07-08 Budget Expenditures	Key Cross References for Financial Results*
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state.	State: 312,121.20 Federal: Other: Total: 312,121.20 % of Total Budget: 0%	State: 354,287.79 Federal: Other: Total: 354,287.79 % of Total Budget: 0%	
II. E. 4.b Biotechnology Center	These funds were awarded to the Agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: 577,620.00 Federal: Other: Total: 577,620.00 % of Total Budget: 0%	State: 577,620.00 Federal: Other: Total: 577,620.00 % of Total Budget: 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances	State: 587,121.60 Federal: Other: 943,338.56 Total: 1,530,460.16 % of Total Budget: 0%	State: 0.00 Federal: 109,447.68 Other: 1,410,051.93 Total: 1,519,499.61 % of Total Budget: 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State: 1,170,098.05 Federal: 830,500.68 Other: Total: 2,000,598.73 % of Total Budget: 0%	State: 1,205,803.93 Federal: 627,021.97 Other: Total: 1,832,825.90 % of Total Budget: 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: 9,633,259.49 Federal: 8,449,374.13 Other: 22,819,457.34 Restricted: Total: 40,902,090.96 % of Total Budget: 9%	State: 9,737,392.53 Federal: 8,739,451.17 Other: 22,521,224.18 Restricted: Total: 40,998,067.88 % of Total Budget: 8%	

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:
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Major Program Areas

Addendum B

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 07-08 Budget Expenditures	Key Cross References for Financial Results*
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State: 170,454.54 Federal: Other: Total: 170,454.54 % of Total Budget: 0%	State: 168,766.83 Federal: Other: Total: 168,766.83 % of Total Budget: 0%	
II.F.1 Health Care Standards-Radiological Health	Registers, licenses, and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggages/security units.	State: 705,423.30 Federal: 79,519.90 Other: 743,550.93 Total: 1,528,494.13 % of Total Budget: 0%	State: 738,714.19 Federal: 48,362.17 Other: 1,349,819.59 Total: 2,136,895.95 % 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: 716,464.02 Federal: 74,083.47 Other: 197,413.25 Total: 987,960.74 % of Total Budget: 0%	State: 827,979.20 Federal: 59,604.88 Other: 164,579.85 Total: 1,052,163.93 % 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: 1,303,904.94 Federal: Other: 596,728.93 Total: 1,900,633.87 % of Total Budget: 0%	State: 1,395,709.28 Federal: Other: 829,114.83 Total: 2,224,824.11 % of Total Budget: 0%	
II.F.4 Health Care Standards-Certification	Ensures all residents, patients, and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care which will attain the highest practicable level of well being.	State: 0.00 Federal: 3,022,851.09 Other: 0.00 Total: 3,022,851.09 % of Total Budget: 1%	State: 1,365.78 Federal: 3,089,177.54 Other: 0.00 Total: 3,090,543.32 % 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: Federal: Other: Total: % of Total Budget:	State: Federal: Other: Total: % of Total Budget:
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Major Program Areas

Addendum B

Program Number and Title	Major Program Area Purpose (Brief)	FY 06-07 Budget Expenditures	FY 07-08 Budget Expenditures	Key Cross References for Financial Results*
II. F. 5 Health Care Standards-Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services, certification of medical technicians.	State: 2,076,107.72 Federal: 252,713.79 Other: 34,607.26 Total: 2,363,428.77 % of Total Budget: 0%	State: 2,282,251.95 Federal: 223,361.46 Other: 215,185.38 Total: 2,720,798.79 % of Total Budget: 1%	7.5.2
Trauma Center Fund	New Appropriation	State: 457,328.43 Federal: 0.00 Other: 0.00 Total: 457,328.43 % of Total Budget: 0%	State: 2,885,794.06 Federal: 0.00 Other: 0.00 Total: 2,885,794.06 % of Total Budget: 0%	
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: 2,249,305.82 Federal: 2,376,631.38 Other: 5,284,301.99 Total: 9,910,239.19 % of Total Budget: 2%	State: 4,679,765.15 Federal: 1,883,407.34 Other: 3,283,033.78 Total: 9,846,206.27 % of Total Budget: 2%	
II. G. 2 Health Surveillance Support Services -Vital Records	Provides for the registration , correction and certification of all vital events (births, deaths, marriages, and divorces).	State: 239,821.42 Federal: 1,186,764.11 Other: 3,506,239.37 Total: 4,932,824.90 % of Total Budget: 1%	State: 263,650.69 Federal: 1,308,407.73 Other: 4,294,264.85 Total: 5,866,323.27 % of Total Budget: 1%	7.1.18
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance	State: 19,812,299.39 Federal: 16,806,283.16 Other: 13,171,462.92 Restricted: 653,456.45 Total: 50,443,501.92 % of Total Budget: 11%	State: 23,229,888.56 Federal: 16,612,805.16 Other: 13,795,986.54 Restricted: 755,221.20 Total: 54,393,901.46 % of Total Budget: 10%	7.4.1 7.4.2
Below: List any programs not included above and show the remainder of expenditures by source of funds.				
Competitive Grants, Competitive Grants FY 07, Improve Water Quality, Food Service Inspections & Dairy, Infectious Disease Prevention, ADAP, Infant Mortality Reduction, Vaccine Purchase Underinsured Children & Adol., Vaccine Purchase Underinsured Children & Adol FY 07, Prevent Diabetes & Other Chronic Diseases, Pandemic Influenza, Hemophilia Patient Svcs, Interstate Cooperative Monitoring, Youth Tobacco Program & Cessation, Smoking Prevention & Cessation FY 07, Onsite Water Systems, Air Quality Improvement, SUPERB Fund, Oconee Hospital/EMS, Organ Donor Registry, Reedy River Restoration Project, Camp Cherokee Sewer Line, Hemingway Health Complex, Heritage Community Services, Lakelands Rurl Health Network, Midlands Community Health Center, Biotechnology Incub Program, I-85 Water & Sewer, South Congaree Water & Sewer, Batesburg Leesville Water & Sewer, Darlington Wastewater Plant, Great Falls Sewer Extension, Horry County Health Department, SC Birth Defects, Beach Renourishment, Trauma Center Fund, Lancaster EQC Office/Lab				
	Remainder of Expenditures:	State: 9,720,345.44 Federal: Other: 0.00 Total: 9,720,345.44 % of Total Budget: 1%	State: 21,389,343.84 Federal: Other: 638,960.30 Total: 22,028,304.14 % of Total Budget: 4%	

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Strategic Planning			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 07-08 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.	7.2.1 7.3.3 7.4.3 7.2.2 7.3.4 7.4.4 7.2.3 7.3.5 7.5.1 7.2.4 7.3.6 7.3.1 7.4.1 7.3.2 7.4.2
II. A. 1. Underground Storage Tanks	Protect, enhance and sustain environmental and coastal resources.	1) Restore impaired natural resources and sustain them for beneficial use. 2) By 2010, achieve cleanup standards of 67% of documented petroleum UST releases. 3) Reduce the percentage of confirmed petroleum releases from the active UST population by 25% in 2010 compared to the percentage of releases documented in 2005.	7.1.4
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) Restore impaired natural resources and sustain them for beneficial use. 7) Reduce direct and indirect loadings of pollutants to surface and groundwater. 8) Increase areas in South Carolina where	7.1.5 7.1.6
II.B.1 Coastal Resource Improvement	Protect, enhance and sustain environmental and coastal resources.	1) Number of acres of coastal habitat lost or gained due to permit activities; number of acres of coastal habitats restored or protected. 2) Number of projects that provide, protect or enhance public access; number of acres of coastal zone open for public access. 3) Number of projects that provided local governments assistance with land use planning and natural resource protection; number of coastal communities supported in the development of ordinances or policies to control polluted runoff into coastal waters. 4) Number of coastal communities with programs to reduce damage from hazards or raise public awareness of hazards. 5) Number of participants in outreach efforts; number of participants who indicate usage of information provided. 6) Number of acres of coastal habitat that are inventoried and mapped.	
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. 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	7.1.7

Strategic Planning			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 07-08 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
		natural resources. 6) Reduce the amount of asbestos released into the environment as a result of demolition projects.	
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.	7.1.1 7.1.2
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.	7.1.3
II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Protect the public against food, water and vector-borne diseases. 2) Ensure that food service facilities are routinely inspected, that septic tank systems are permitted, and that vector and rabies related incidents are handled thoroughly and completely. 3) Eliminate disparities in the incidence and impact of communicable diseases. 4) Reduce the number of TB cases, STDs, HIV, and increase the number of persons in the state living longer with AIDS as a result of proper treatment (indicating that appropriate treatment is reaching those who need it). 5) Reduce the occurrence of vaccine preventable diseases. 6) Maintain or increase the proportion of the target populations that are fully immunized.	7.1.9 7.1.10 7.1.19 7.1.20 7.1.21 7.1.22 7.1.23 7.1.24
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.	7.1.23 7.1.24

Strategic Planning			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 07-08 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
II.E.2 Maternal and Infant Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Improve maternal and child health. 3) Improve access to comprehensive, high-quality care. 4) Increase the percentage of very low birth weight infants delivered in Level III hospitals. 5) Reduce the number of infants that die before their first birthday. 6) Reduce the birth rate in teenagers, age 15-17. 7) Increase the number of 3rd graders who have protective sealants on their teeth. 8) Increase the number of post partum new born home visits within 3 days of hospital discharge. 9) Increase the number of women who receive prenatal care.	7.1.15 7.1.16 7.1.17
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, physical activity and cancer prevention activities into community services and initiatives.	7.1.11 7.1.12 7.1.13 7.1.14
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 and adults who smoke.	7.1.11 7.1.12
II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. In keeping with the agency's value of "local solutions to local problems," each county may focus on different health activities depending upon the needs of the community.	7.1.9 7.1.15 7.1.21 7.1.10 7.1.16 7.1.22 7.1.11 7.1.17 7.1.23 7.1.12 7.1.18 7.1.24 7.1.13 7.1.19 7.1.14 7.1.20
II.E.4 Injury and Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Decrease the number of fatalities/injuries of children under 6 years old by increasing the number of children appropriately restrained. 2) Decrease the number of fatalities/injuries due to residential fires by increasing the number of smoke alarms installed in low socioeconomic homes. 3) Create a uniform surveillance system for risk factors and circumstances related to violent deaths. 4) Decrease the incidence of preventable child deaths by surveying data and making recommendations to governor/legislature. 5) Translate Traumatic Brain Injury surveillance data into targeted	

Strategic Planning			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 07-08 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
		prevention activities. 6) Provide information to TBI survivors regarding available post injury TBI services. 7) Translate injury surveillance data into useful and effective preventive programs	
II.E.4 Minority Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Eliminate priority health disparities through: community engagement and capacity building; faith and community-based initiatives; improving access to services; culturally appropriate health promotion efforts in minority communities; program planning and implementation; and an increased capacity of the agency to provide culturally and linguistically appropriate services.	
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 S.C. Biotechnology Center.	Funds transferred to S.C. 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 mortality 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.	
II.F.1 Health Care Standards- Radiological	Increase support to and involvement by communities in developing healthy and	1) Ensure radiation exposures to workers, patients, clients and the general public are kept at or below levels that would subject them to	

Strategic Planning			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 07-08 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
Health	environmentally sound communities. Improve the quality and years of healthy life for all.	unacceptable levels of risk (within regulatory limits). 2) Complete compliance surveys within specified time frames. 3) Ensure facilities in violation of regulations have appropriate corrective action plans to prevent recurrence.	
II.F.2 Health Care Standards-Health Facilities and Services Development	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Produce the South Carolina Health Plan. 2) Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. 3) Review and allocate Medicaid patient days in a timely manner.	
II. F.3 Health Care Standards-Health Facility Licensing	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Conduct compliance inspections of licensed facilities within specified time frames. 2) Conduct investigations in a timely manner after receiving complaints. 3) Complete perinatal surveys with specified time frames. 4) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	
II.F.4 Health Care Standards - Certification	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. 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.	7.5.2
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.	7.1.18
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

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 for monitoring population health status.
Birth Data Exchange Engine (BEE)	Uses birth population to support critical public health surveillance as well legal verification for civil services.
Health Alert Network	A CDC based network for rapid communication among various health and care providers to respond to any emerging threats including biological terrorist threats
Carolina Health Electronic Surveillance System (CHESS)	A CDC based public health surveillance system for collection, analysis and reporting of infectious and other reportable diseases and threats for rapid response.
Central Cancer Registry	Statewide cancer surveillance; investigates cancer clusters
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits, and violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information Systems	Studies geographic impact of vital events, disease and environmental threats 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 Exchanges with the Office of Research and Statistics (ORS, State's Budget and Control Board	A mutually agreed interagency program to allow both DHEC and ORS to conduct assessments on access and quality of health care and effectiveness of public health interventions
National Violent Death Reporting System	Death, victim and crime scene information collected from multiple state and local sources to assist policymakers and communities in violence prevention
SCAN	An Internet based interactive retrieval system for dissemination of public health information
TRAMS	Training management and course tracking system
Laboratory Information Management System (LIMS)	Support for ordering and reporting laboratory tests, data analysis and lab resource and management activities
Client Automated Record and Encounter System (CARES)	A client encounter and medical record tracking system to replace current clinical management systems utilizing the Agency Data Model
CBARS	Consolidated medical billing and accounts receivable system
AIMS	Administrative information management system
SIPS	Non-medical automated billing system
ARMS	System to track access rights to systems for staff (required by HIPAA)