

**South Carolina
Department of Health
and Environmental
Control
FY 2009 – 2010
Annual Accountability
Report**

September 2010



South Carolina Department of Health
and Environmental Control

Accountability Report Transmittal Form

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Section I — Executive Summary

The S.C. Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state and carries out its duties pursuant to numerous statutes including, but not limited to the: Emergency Health Powers Act, Pollution Control Act, Safe Drinking Water Act, Hazardous Waste Management Act, Solid Waste Policy and Management Act, 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. State growth is stressing the viability of our environment and the quality of our land, air and water, and the delivery of health services. Changing demographics are leading to greater ethnic diversity and an expanding population of retirees. 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, preparation and response.

I.2 Major Achievements from the Past Year: The following list briefly describes major achievements from the past year:

Novel H1N1 Response: Novel H1N1 influenza was first detected in the United States and South Carolina in April 2009. Over the days and weeks that followed, DHEC conducted full-scale disease investigation and control efforts to find cases of the new flu, treat those who were ill, and give preventive antiviral prophylaxis to people who had been exposed. Outbreak response teams were mobilized across the state responding to 151 outbreaks of disease. Voluntary isolation of cases and voluntary quarantine of contacts were implemented, as at that time, the severity of the disease was not known. Supplies of antiviral medicine were sent from the state Emergency Pharmaceutical Stockpile to each of the eight public health regions for use in treating the ill and controlling the spread of the disease. A large shipment of antiviral medicines and infection control supplies was also received from the Strategic National Stockpile in preparation for emergency use as needed.

Frequent media briefings were held to inform the public about H1N1 (2009) influenza and what they could do to protect themselves from the flu. A state-wide call center was activated and DHEC Web pages

were updated to provide the latest information to the public. Disease surveillance and reporting were increased to identify suspect cases early. Extensive laboratory testing was done on 2,613 suspected cases. Health Alert messages were sent to doctors, hospitals and health care providers to keep them current on the latest guidance from CDC and DHEC. Conference calls were held with hospitals, state and county emergency managers, and government agency leaders. DHEC worked closely with the Governor's Office, Lieutenant Governor's Office, Department of Education, Department of Corrections, Emergency Management Division, State Law Enforcement Division and city and county authorities to respond to specific situations and address issues such as school closure, visitation at correctional facilities and quarantine measures. DHEC also organized a major vaccination campaign, including vaccination of children in schools for the first time in decades. Through public-private partnerships and public health vaccination initiatives, approximately 23% of South Carolinians were vaccinated. South Carolina achieved a high rate of vaccination among school-aged children, approximately 37.6% according to Centers for Disease Control and Prevention estimates.

Other Health Outbreak Responses: The DHEC Outbreak Response Team responded to 87 outbreaks of disease in 2009, affecting more than 2,000 people. Influenza, whether seasonal, novel or influenza-like illness accounted for 47 percent of the state's total disease outbreaks in 2009, followed by Norovirus (19%), other unknown enteric illness (9%), and pertussis and varicella (8% each). Children were disproportionately affected by disease outbreaks in 2009, with schools (26%), childcare centers (9%), and summer camps (14%) comprising half of the outbreaks identified in the state. Assisted living facilities accounted for 18 percent of outbreaks, most of these caused either by norovirus or other unknown enteric illness, while restaurants, catered events and other gatherings accounted for 10 percent of outbreaks in 2009.

Tobacco Prevention: Collaboration between the state tobacco control program and the statewide coalition led to an increase in the state's lowest-in-the-nation cigarette tax, raising it from 7 to 57-cents with an allocation of \$5 million in recurring dollars to tobacco prevention and cessation programs in DHEC. Of those states that have passed a tax increase this year, South Carolina is the only state to dedicate funding for essential prevention and cessation programs. Additionally, 33 local comprehensive smoke-free ordinances have passed in the state. As a result of these efforts, South Carolina was awarded the American's for Nonsmokers Rights "Smoke-free Air Challenge Award" for the second year in a row. The agency's Division of Tobacco Prevention and Control was awarded four ARRA grants under the "Communities Putting Prevention to Work" program, resulting in nearly \$7 million dollars in additional funding for Comprehensive Tobacco Control at the state and local level, particularly in Florence and Horry counties. [See III.7.1.10-11.]

Infant Mortality & Prevention of Premature Births: The 2008 infant mortality rate is the lowest since accurate record keeping began in the early to middle part of the last century. This rate continues the downward trend and represents the third consecutive year the infant mortality rate among black/other infants has decreased. Fewer infants were born at lowbirth weight and fewer infants were born prematurely than in the previous year. The collective efforts of DHEC and strategic partners to improve the health of pregnant women, assure access to needed preventive and treatment services, and reduce environmental threats to infant health have proven to be effective in improving the overall health and well-being of mothers and infants in the state. Although progress is acknowledged, infant mortality remains a significant health issue in the state and continued efforts to assure all infants celebrate their first birthday should remain a priority. [See III.7.1.15.]

Control of Hospital Acquired Infections: Over the last two years, there has been a statistically significant decrease in Hospital Acquired Infections (HAI) for all South Carolina hospitals, as compared to a national ratio in the National Healthcare Safety Network. Central line associated bloodstream infections decreased from the January–June 2008 report compared to the July–December 2009 report. These two reports include infections in critical care locations and all locations in hospitals with less than 150 beds. In the 2009 reports, inpatient medical or surgical locations and some specialty care areas were added to the

reporting requirements for all hospitals. DHEC has begun to analyze the data by location type to identify specific opportunities for improvement and to recognize locations where HAI prevention efforts are working.

Public Health Laboratory Recertification: The agency's Bureau of Laboratories (BOL) successfully passed two, independent, on-site, subspecialty laboratory inspections to renew its accreditation/certification. The Centers for Disease Control and Prevention - Select Agent Program, renewed the BOL's three-year certification to test for suspected select agents and toxins in human and forensic specimens. This testing is performed in response to suspected acts of bioterrorism. In March 2010, the American Industrial Hygiene Association renewed the BOL's two - year accreditation to test environmental samples for lead and other heavy metals of public health interest.

Health Partnerships and Collaborations:

- **S. C. Residential Fire Injury Prevention Program (SCRFIP):** The SCRFIP program currently partners with more than 60 fire departments across the state. SCRFIP program staff have distributed almost 6,000 smoke alarms since statewide expansion efforts began. Program evaluation has confirmed 23 potential lives saved in homes where the ten - year lithium battery powered alarms were installed.

- **Giving Safety a Boost in South Carolina:** The collaboration of the Columbia Police Department's Traffic Unit and DHEC's Child Passenger Safety (CPS) program assures the safety of the city's children. Eight officers have been trained to evaluate the use and safety of child restraints being used. Citizens may call the city's Traffic Unit to report dangerous misuse or lack of use of child restraints. The Columbia Police Department will send a letter to the registered car owner informing them of the danger of transporting children unsafely. If a parent receives a citation for violation of the child restraint law, education will be provided to the parent to ensure that the restraint is used correctly.

- **Partnership with Blue Cross Blue Shield and Rawl Farms:** The agency partnered with Blue Cross Blue Shield and Rawl Farms in the production and distribution of 40,000 of the "Count for Good Health in 2010" health education and promotion calendars targeting African Americans.

- **Partnership with Greenville Hospital System:** Using one-time state funding, DHEC's Office of Minority Health partnered with Greenville Hospital Systems and others in the Greenville area to pilot the National Diabetes Education Program's "Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention" program. The pilot program focused on preventing or delaying the onset of diabetes in African Americans through a modest reduction in weight by eating a healthy diet and increasing physical activity. At the conclusion of the program, 92 percent of participants were engaging in regular physical activity and the program maintained a 75 percent retention rate.

New Cancer Funds: DHEC received \$2 million in FY10 to expand Best Chance Network services to women ages 40-64 years old. As a result of this additional funding, the number of women screened increased by seven percent from 14,671 in FY09 to 15,822 in FY10. [See III.7.1.13.]

Environmental Emergency Response: The agency's environmental Emergency Response Program documented 182 hazardous material spills, 622 oil spills and 142 spills classified as other; documented 62 fish kills; participated in 23 chemical/oil/disaster/WMD exercises; and documented 1,393 calls into the environmental 24-hour emergency response phone number. The Nuclear Response & Emergency Environmental Surveillance Section documented 16 actual and courtesy notifications while participating in a total of 37 communication drills and exercises.

Mercury Reduction Strategy: DHEC developed a South Carolina Mercury Assessment and Reduction Initiative with input from various stakeholders. This assessment evaluates common pathways of potential mercury exposure in the state and ways to reduce risk. A draft of the initiative was offered for public review and comment. DHEC received over one hundred comments and suggestions from individuals, environmental groups, and representatives from government and industry. From summer 2009 to June 2010, DHEC has met with environmental groups, industry groups, chambers of commerce committees, and other interested parties to discuss the initiative. The initiative focuses on three initial areas for risk

reduction: 1) assessment and reduction of mercury emissions; 2) continued and enhanced risk communication, such as fish consumption advisories; and 3) increased recycling of mercury-containing products. DHEC plans to continue work on mercury reduction through collaborative efforts with stakeholders.

Air Quality Standards More Stringent: The air quality in South Carolina continues to improve. However, as a result of the National Ambient Air Quality Standards (NAAQS) becoming more stringent, many areas of South Carolina may be designated as “non-attainment.” New standards for ozone, sulfur dioxide and nitrogen dioxide have all been proposed over the past twelve months, with standards for particulate matter and carbon monoxide under review. DHEC is providing outreach and assistance to these areas about what “non-attainment” means and actions they can take now to help meet these national health-based standards. DHEC continues to promote a multi-pollutant approach to managing air quality that includes strategies and activities that reduce concentrations of ozone, other air pollutants including air toxics and greenhouse gas emissions. The agency seeks to strengthen relationships with counties and municipalities by working with local governments to enhance their efforts to reduce pollution. Management of air quality requires leadership and commitment at the national, state and local level. Collaboration and partnerships with private and public entities have provided improvements in air quality earlier than required under the federal Clean Air Act. [See III.7.1.1.]

Southeast Diesel Collaborative - Clean School Bus USA: The U.S. Environmental Protection Agency (EPA) replaced the Clean School Bus USA grant program, previously a focus of the Southeast Diesel Collaborative, with a broader funding program known as the Diesel Emission Reduction Act (DERA). EPA Region 4 administers the federal DERA funding to the southeastern states.

Diesel Emissions Reduction Act (DERA) - American Recovery and Reinvestment Act of 2009 (ARRA) Program: The agency received \$295,320 in DERA funding in 2009. This funding was used to establish a state competitive grant program, and with the resources provided by the sub-grantees, \$386,525 will be used to implement diesel emission reduction projects across South Carolina. In addition, the agency’s Bureau of Air Quality received \$1.73 million in ARRA funds for implementation of DERA projects in South Carolina. The bureau administered a state-wide program, which awarded 18 sub-grants. With the resources provided by the sub-grantees, diesel emission reduction projects totaling over \$2 million will be implemented across the state. The types of projects include emission control retrofits, engine repowers, vehicle replacements, idle reduction technologies, the use of cleaner fuels, and community-based education and outreach strategies.

ARRA Brownfields: The Brownfields Revolving Loan Fund received \$1.85 million supplemental capital through an ARRA grant. The funds are being used to make loans and sub-grants to local governments and non-profits for cleanup at Brownfields sites. The state is currently looking to close on one loan and one sub-grant for sites contaminated with a hazardous substance(s) and is actively marketing funds for other petroleum sites.

ARRA Leaking Underground Storage Tank (LUST) Trust Fund Cooperative Agreement: The agency’s Underground Storage Tank (UST) Management Division received \$3,324,000 in ARRA funds and met the ARRA’s commitment and expenditure deadlines within a short timeframe. These funds allowed the UST program to address 70 low priority releases where no viable responsible party existed and where State Underground Petroleum Response Bank (SUPERB) funding was not currently available. [See III.7.1.3]

ARRA Water/Wastewater Facilities Improvements: South Carolina’s State Revolving Fund (SRF) Program received \$60 million in ARRA funding. Combined with the normal SRF budget, the ARRA funds provided funding for \$187 million dollars of water and wastewater infrastructure improvements in South Carolina. DHEC staff worked within the tight timelines mandated by ARRA, resulting in the funds being distributed by the required deadline. The attractive financing conditions, including principal forgiveness set up by ARRA, allowed several municipal systems to make improvements that they would not normally have been able to afford. [See III.7.6.]

Validity of Coastal Management Program and Policies Upheld by S.C. Supreme Court: In February 2010, the S.C. Supreme Court unanimously upheld the validity and underscored the importance of the state's coastal zone management program. The Supreme Court found that DHEC appropriately applied the policies in the Coastal Management Program when it denied coastal zone consistency certification for a permit application to fill over 30 acres of isolated wetlands as part of a 62 acre commercial development. South Carolina's Coastal Management Program does not entirely prohibit the filling of isolated or other wetlands for development, but does require applicants to demonstrate a reasonable attempt to avoid and minimize impacts or demonstrate an overriding public interest in the project. In this case, DHEC denied the permit application because the applicant did not attempt to avoid or minimize impacts to the isolated wetlands on the property. Ultimately, the Supreme Court unanimously upheld both the validity of the Coastal Management Program and DHEC's application of the program policies when reviewing projects in the Coastal Zone, putting to rest years of legal challenges.

Strategic Coastal Policy Development and Interagency Coordination: DHEC has continued to make a concerted effort to address complex coastal resource management challenges. In 2007, DHEC launched a Shoreline Change Initiative to evaluate data collection and research efforts and to formulate policy options to guide the management of estuarine and beachfront shorelines. DHEC established an external technical advisory committee to discuss the past two decades of experiences under the S.C. Beachfront Management Act and to identify beachfront and estuarine shoreline management research and policy needs. After two years of meetings and public forums, the committee released its final report containing 13 general recommendations and numerous sub-recommendations in April 2010. An appointed Blue Ribbon panel will consider the recommendations for potential promulgation beginning in 2011. DHEC also facilitated an Ocean Planning Work Group comprised of representatives from federal and state agencies and academic institutions to explore management issues related to emerging and expanding ocean activities in South Carolina. To date, the Ocean Planning Work Group has hosted public workshops on ocean mapping and monitoring, regional sediment management and offshore energy development. The Work Group's final report is anticipated to be released in 2011.

Review of State Beachfront Jurisdictional Lines: DHEC completed the process of reviewing and revising state beachfront jurisdictional lines, as required by state statute every eight to ten years. This time-intensive process requires the detailed analysis of historical shoreline positions, beach profiles and annual erosion rate data to determine the appropriate location of the baseline and setback line. State beachfront jurisdictional lines guide and limit beachfront development in order to protect the public beach, preserve the integrity of natural habitats, and mitigate damage to private development from chronic erosion, storms and shoreline change.

Emergency Medical Services (EMS): The Duke Endowment 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. As of July 1, 2010, 100% of EMS services that have patient encounters are submitting their patient-run data electronically to the new data system. This system provides 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 be used to 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. While grant funds have supported the implementation of this project, recurring state funding is essential to sustain this data system.

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:

State and Federal Budget Cuts: The agency’s state funding has gone from \$147 million to \$81 million in the last two years. The number of employees has gone from approximately 5,800 to 3,614 currently, and the agency is continuing to adjust that number down to meet the budget. Along with significant cuts in state funding, reductions have occurred in the federal Centers for Disease Control and Prevention programs such as the Public Health Emergency Preparedness cooperative agreement and the Health Resources and Services funded Maternal and Child Health Block Grant, and there is the continued risk of future funding reductions. As the Environmental Protection Agency (EPA) develops new regulations and environmental protection becomes more complex, it also becomes more costly. The EPA funding is flat. 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. [See III.7.4.2.]

Response to Emergencies: As required in the S.C. Emergency Operations Plan, DHEC has primary responsibility during emergencies 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 bioterrorism and radiological incidents depend 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. 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.

DHEC, like hospitals and other agencies, has lost an unprecedented number of registered nurses over the past two years due in part to state budget cuts and an “aging” workforce coupled with a national nursing shortage. The nursing infrastructure was extremely stressed during the H1N1 response efforts. Seasoned public health nurses were critical to the planning, implementation and oversight of mass vaccination campaign efforts. Unlike other entities, DHEC has not been able to fill vacancies due to state and federal reductions in funding. For the first time since Hurricane Hugo, public health nurses will not be available to assist the Red Cross in staffing shelters for the general public during hurricane evacuations and other disasters. DHEC will use its limited nursing workforce to staff special medical needs shelters and assist to the extent possible with assigned emergency response and recovery activities. [See III.7.4.2.]

AIDS Drug Assistance Program (ADAP) Wait List: S.C. ADAP provides treatment access and medications to eligible HIV infected persons across the state. The number of clients served by ADAP has grown at an average rate of 10-15 percent annually while federal funding was cut five percent in FY10. To address the growing need combined with a decrease in funding, a wait list was implemented in March 2010. Additional cost-containment measures are currently being explored to limit expenditures. However, to ensure that all eligible patients have access to medications in FY11, DHEC will require \$10 million in recurring state funds. [See III.7.1.21-22.]

Chronic Disease Burden: In South Carolina, seven of ten deaths and most serious illness, disability and healthcare costs are attributable to chronic conditions such as obesity, diabetes, cancer and heart disease. Chronic disease accounts for more than 75 percent of the state's health care costs. Although common and costly, many chronic diseases are preventable. The agency faces many challenges in fighting chronic disease including: 1) inadequate and essentially flat federal funding; 2) limited state funding; and 3) the rapidly increasing burden of childhood obesity and diabetes.

Overweight/Obesity: Obesity rates have more than doubled since 1990. Although the state's national ranking for obesity among adults moved from sixth in 2008 to thirteenth in 2009, the rate remained steady with nearly 66 percent of adults still overweight or obese. Similarly, nearly 32 percent of high school students are overweight or obese. Because obesity is a complex issue, efforts to prevent obesity must consider the interwoven relationship between the individual and the surrounding sectors of influence – school, worksite, health care and the community. Stable, adequate funding and resources to implement sustainable policy and environmental changes are needed to address this complex issue.

Tdap Vaccination: Pertussis disease remains endemic in South Carolina. In 2009 and during the first five months of 2010, there were 247 pertussis cases and 11 pertussis outbreaks. There have been outbreaks in hospital, day care, elementary and middle school settings. There is a vaccine and booster shot available to stop these outbreaks. Although children 6 years old and younger must get the vaccine (DTaP) to attend school and daycare in the state, immunity wanes over time. A highly effective Tdap booster is recommended for adolescents and adults. Challenges include building effective strategies for implementing and enhancing adolescent and adult patient and health care worker Tdap vaccination rates.

Health Disparities: Minorities make up approximately 34 percent of S.C. population, with African American (28.5%) and persons of Hispanic/Latino origin (4.1%) making up the largest groups. Over the past 20 years, there has been little or no improvement in closing the disparity gaps. The causes of health disparities are complex and range from issues such as poverty, lack of or limited education, unhealthy environments, lack of access to or poor quality health care, or linguistic and cultural barriers. Eliminating racial and ethnic health disparities will require sustained efforts that address policy, social, cultural and environmental factors.

Air Issues: DHEC submitted South Carolina's boundary recommendations for the 2008 Ozone National Ambient Air Quality Standard (Ozone NAAQS) in March 2009. In September 2009, the U.S. Environmental Protection Agency (EPA) announced it would reconsider the 2008 National Ambient Air Quality Standards (NAAQS) for ground-level ozone. This reconsideration is for the identical primary and secondary ozone standards set at 0.075 parts per million (ppm) in 2008. The EPA will issue a final decision in Fall 2010.

The EPA is proposing to strengthen the 8-hour "the primary" ozone standard, designed to protect public health, to a level within the range of 0.060-0.070 ppm. The EPA is also proposing to establish a distinct cumulative, seasonal "secondary" standard, designed to protect sensitive vegetation and ecosystems, including forests, parks, wildlife refuges and wilderness areas. The EPA is proposing to set the level of the secondary standard within the range of 7-15 ppm-hours. While more protective of human health and the environment, meeting these more stringent standards will be a challenge. In addition, the EPA is proposing to accelerate the schedule for designating areas for the primary ozone standard. Final designations for the primary ozone standard will become effective in August 2011. [See III.7.1.1.]

Sustainable Water Supplies: South Carolina 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. Along with better management of the state's own water resources, establishing water-sharing agreements between South Carolina and both North Carolina and Georgia is also of interest. An advisory council was recently established in the Savannah River Basin, allowing stakeholder input into the planning process at the state and regional level. The establishment of a surface water permitting program in the state is also a critical step in the development of sustainable water supplies and water-sharing agreements with our neighboring states. [See III.7.1.6-7.]

Water System Infrastructure Needs: Despite the boost from ARRA, the need for municipal water and wastewater system improvements is greater than available funding for the foreseeable future. In 2009, applicants for State Revolving Fund financing totaled over \$1 billion dollars, while the maximum available funding that year was just \$227 million. In addition, it is an ongoing challenge to increase the ability of water and wastewater system operators (public and private) to properly operate their systems in compliance with applicable regulations. To address this, DHEC implemented a capacity development strategy requiring struggling utilities to develop a business plan to address managerial and financial issues. [See III.7.1.6.]

Environmental Pressures: In the midst of a fiscal crisis unseen in recent times, South Carolina faces serious losses in environmental protections. Pressures to produce permits in shorter time frames, while facing significant reductions in professional staff, have forced DHEC to reassign staff, consolidate departments and make other programmatic adjustments. With less experienced staff and diminished resources, these changes are likely to seriously impact environmental monitoring, assessment, compliance and other protective efforts necessary to achieve the agency's mission. As in the past, DHEC seeks to balance these pressures through sound fiscal management, a willingness to engage in public discourse, and a determination to provide the highest possible level of protection to the state's environment and public health. [See III.7.4.2.]

Challenges to Beachfront Jurisdiction and Regulatory Authority: Subsequent to the official adoption of revised beachfront jurisdictional baseline and setback line positions, DHEC's authority to manage beachfront development has been challenged on several fronts. State beachfront jurisdictional lines guide and limit beachfront development in order to protect the public beach, preserve the integrity of natural habitats and mitigate damage to private development from chronic erosion, storms and shoreline change. Lawsuits have sought to reject DHEC's use of qualified scientific data and historic shoreline positions in the establishment of jurisdictional lines, particularly in areas where jurisdictional lines have been moved landward. In 2010, legislation was introduced in the General Assembly to exclude a specific island community from coastal regulatory jurisdiction entirely. These and other interventions threaten to undermine the state's commitment to sound beachfront management policies and regulations that protect fragile public trust resources.

Responding to Persistent Coastal Development Pressures: As part of a comprehensive approach to enhanced beachfront management, DHEC is reviewing the existing State Beachfront Management Plan, originally adopted as regulation in 1992. This review will address current and future beach management challenges, including continued growth along the coast and the need to improve community resiliency to natural disasters. In addition, DHEC staff will continue to assist beachfront communities and municipalities with updating and improving Local Comprehensive Beach Management Plans. Similarly, DHEC will evaluate the findings of the Shoreline Change Advisory Committee and explore opportunities to engage coastal decision makers and stakeholders proactively in developing long-term shoreline management strategies. [See III. 7.4.2.]

Keeping Pace with Coastal Environmental Review, Compliance and Enforcement: As commercial and private development of coastal property steadily continues, environmental violations and conflicts over access and use also increase. Despite significant improvements made to its permitting, compliance and

enforcement processes, DHEC's ability to address the demanding workload is compromised by the limited number of full time staff available for case management, investigation and resolution. [See 7.4.2.]

Assessing Care for the Elderly and Vulnerable and Providing Public Access to Data: Ensuring appropriate care for the state's elderly and vulnerable population is challenging for DHEC. With severe budget cuts, the agency has struggled to maintain an effective level of oversight to ensure that facilities are complying with the agency's regulatory expectations. To address declining resources, a Resident Care Focused Inspection (RCFI) process has been implemented for Community Residential Care Facilities that concentrates the inspection on major indicators of care in these facilities. The agency has also implemented an electronic inspection process. The RCFI and electronic inspections have reduced the time it takes to conduct an inspection, allowing for more inspections to be completed. The next challenge for the agency is developing a mechanism to make the inspection information collected readily available to the public through the agency's Web site. Numerous technical, logistical and privacy issues must be addressed in order to provide this information readily to the public.

Facilities: Many of the agency's facilities are over 60 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.

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

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

All S.C. citizens
Business and industry
Communities
Families
Visitors and tourists

Local and state governments
Contractors
Developers
General Assembly
Federal government

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

All S.C. citizens	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: Currently, 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, although recent budget reductions may impact some service locations.

II.6 Number of Employees: DHEC currently has 4,711 budgeted FTE positions. Of these, there are 3,614 employees in FTE positions with 1,097 FTE vacancies. The number of hourly, per-visit, temporary grant and contract positions varies daily. Approximately 400 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.

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

II.10 Expenditures/Appropriations Chart:

Major Budget Categories	FY 08-09 Actual Expenditures		FY 09-10 Actual Expenditures		FY 10-11 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$178,352,149	\$63,076,590	\$172,372,694	\$53,376,697	\$170,074,617	\$44,537,645
Other Operating	\$129,294,539	\$17,842,448	\$130,722,469	\$15,473,076	\$185,157,986	\$12,892,132
Special Items	\$6,384,150	\$5,791,073	\$9,568,367	\$6,846,191	\$3,659,812	\$2,717,458
Permanent Improvements	\$107,620		\$1,366,911			
Case Services	\$141,654,459	\$6,022,187	\$120,898,510	\$8,149,663	\$138,978,440	\$7,349,410
Distributions to Subdivisions	\$10,992,348	\$1,348,203	\$15,972,335	\$1,082,874	\$14,803,455	\$899,101
Fringe Benefits	\$55,650,564	\$20,793,859	\$52,452,099	\$16,706,069	\$51,864,853	\$13,557,853
Non-recurring	\$12,116,141	\$12,114,141				
Total*	\$534,551,970	\$126,988,501	\$503,353,385	\$101,634,570	\$564,539,163	\$81,953,599

*Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	FY 08-09 Actual Expenditures	FY 09-10 Actual Expenditures
Supplemental Bills	\$12,114,140.70	\$732,794.35 (included in above)
Capital Reserve Funds	\$107,619.76	\$1,366,910.99 (included in above)
Bonds		

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

Section III – Elements of the Malcolm Baldrige Criteria

III.1 Senior Leadership, Governance and Social Responsibility

III.1.1 How do senior leaders set, deploy and ensure two-way communication throughout the organization and with customers and stakeholders as appropriate for: (a) Short and long-term organizational direction and organizational priorities: 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; 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-Kelly, 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 and Market 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 2009 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. [See I.2 - Major Achievements and III.3 - Customer and Market Focus.]

The agency's Web site continues to be improved at the direction of Commissioner Hunter. This past year, the Environmental Public Health Tracking System was added to the site. Feedback from customers and staff has been very positive. The Web Coordinating Council representing all of the deputy areas and appropriate departments meets regularly to improve agency coordination and communication. Numerous publications such as "Healthy People Living in Healthy Communities" at www.scdhec.gov (suspended this year because of budget cuts and staff reductions) 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:

- The S.C. General Assembly passed the Water Withdrawal Permitting, Use, and Reporting Act, otherwise known as the “Surface Water Bill,” in May 2010. The act was the culmination of over eight years of work by DHEC staff and six years of negotiation with conservationists, industry leaders, utilities and government stakeholders. It represented a commitment from all participants to protect South Carolina’s limited water resources. The new law will enable officials to gather more information on the quantity of water used to better regulate water use in the state. It established a permitting system for those who withdraw more than three million gallons of water a month from rivers or lakes. It also required new water users to have a plan, so they can stop withdrawing water if stream or lake levels get too low. Governor Mark Sanford signed the act into law June 24, 2010, effective Jan. 1, 2011.
- The South Carolina State Ports Authority (SCSPA) and DHEC extended a voluntary partnership agreement to reduce port-related air emissions and to improve air quality in the Charleston region in March 2010. The two agencies have worked together over the past three years to implement programs that cut emissions associated with the port’s existing and future facilities. These include switching to ultra-low sulfur diesel fuels, reducing emissions from cargo-handling machinery and conducting an emissions inventory at the ports facility. Using \$2.75 million in federal funding and leveraging this to over \$5 million through local partnerships, the agencies implemented systems that have reduced over 2,500 tons of pollutants expelled by diesel equipment at the port. The public-private partners include the SCSPA, DHEC and 23 private companies and associations.

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, senior leaders 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) [See III.6.5.] and control mechanisms, accreditations (CHAP-Community Health Accreditation Program), as well as to the Governor, the DHEC Board and the General Assembly. In addition, the agency introduced a fraud, waste or abuse hot line to report issues involving DHEC contracts, programs or personnel.

For example, the Centers for Medicare and Medicaid Services (CMS) conducts comparative inspections to ensure the adequacy and accuracy of the agency’s inspection processes for nursing homes. In addition, CMS conducts quarterly data calls, which compares the agency’s inspector and facility inspection data to other states in the region and county.

III.1.5 *What performance measures do senior leaders regularly review to inform them on needed actions?* Senior leaders regularly review the overall performance of the agency and the

state of health and the environment in South Carolina. [See III.7 – Results] 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 accountability reports to the EMT. 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. This past year, fewer reports were made to EMT because of numerous senior leadership meetings on the impact of budget reductions to agency programs, services and staff. Critical measures reviewed this past year included:

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

- Radiological Health
- Public Health Preparedness and Response System - weekly updates during the H1N1 response

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

Broad Goal #3: Reduce health disparities.

- Tobacco Use

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

- Air Quality Issues
- Land & Waste Management Issues

Broad Goal #5: Improve organizational capacity and quality.

- Customer Service Survey
- Strategic Plan
- Budget Reductions and Impacts to the Programs, Services and Staff

III.1.6 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness, the effectiveness of management throughout the organization, including the head of the organization, and the governance board/policy making body? How do their personal actions reflect a commitment to the organizational values?* Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.12.], focus groups, routine staff meetings, employee suggestion boxes and statewide broadcasts. 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 – Senior Leadership, Governance and Social Responsibility and in III.5 – Work Force Focus.

III.1.7 *How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?* 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, this past year the agency participated in a Storm Water Lean Value Stream Mapping (VSM) event. Staff produced key process improvement areas for the National Pollutant Discharge Elimination System (NPDES) construction site, storm water permitting process. These included: developing clear storm water permit templates that standardize the way the submittal is assembled; enabling direct data import from the permit application into DHEC's Environmental Facilities Information System; standardizing the review process to ensure that it is repeatable, predictable and consistent; exploring electronic submission, e-signature and e-payment to streamline the process; improving data quality; reducing paperwork, paper and time; and improving customer and employee satisfaction. Staff also developed a standardized Coastal Zone Consistency certification as part of the submittal package.

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. Health Regulation Management sends an email to all its employees after each management staff meeting to provide information directly to employees on issues that are relevant to all employees. Staff meeting minutes are also posted on the intranet for easy access by employees. Senior leaders actively participate in recognizing the many awards and recognitions that staff receives to other employees and to the Board. See III.5.1-2 and 11 for more details.

Staff members are one of the best sources to assist the agency in identifying better and more efficient ways to do business. For example, the EMT continues to support the agency Green Team, which identifies areas where DHEC can reduce energy consumption and operational costs. The Save-A-Watt program promotes turning off office lights at day's end. Staff mapped light schematics to determine which single switch turned off light groups. Evaluations have shown monetary and energy savings from this visible demonstration of DHEC's commitment to "go green." Also, DHEC staff is working with the Commission for the Blind to "green" the employee canteen by eliminating styrofoam cups, discounting for re-using a cup, and implementing the use of biodegradable products; e.g., cups, straws. Slated to start fall 2010, DHEC's green canteen may serve as a demonstration project for other Commission for the

Blind-operated canteens. Both initiatives were recommended through staff surveys. The Green Team helps DHEC lead by example and demonstrate accountability to the state's citizens.

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: 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 \$43,168 for the United Way and \$13,195 (an increase from last year) 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 (SPC) 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. The EMT approved the current planning process framework, reaffirmed the agency's mission, vision and broad goals and modified the values. This past year the SPC, with input from agency staff, developed a draft of the 2010-2015 Strategic Plan. The plan has not received final approval because of the impact of budget reductions on agency mission and services. Communities and customers are routinely engaged in dialogue about the indicators used, appropriateness of services, populations reached or needed changes in strategy. [See III.3.2-6.]

In the 2005-2010 Strategic Plan:

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

(b) *Financial, regulatory, societal and other potential risks* are addressed in the Strategic Goal- "Improve the linkage between funding and agency strategic direction." As the public health agency for the state, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency's

efforts to achieve its goals and related objectives. Staff help identify the key strategies and objectives that must be tracked to assess agency effectiveness in accomplishing the DHEC mission.

(c) *Shifts in technology, regulatory, societal and other potential risks, and customer preferences* are addressed in the Strategic Goals: “Provide reliable, valid and timely information for internal and external decision making,” and “Ensure customer focus,” and “Improve operational efficiencies through the use of improved technology and facilities.”

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

(e) *Organizational continuity in emergencies* is addressed in the Strategic Goal: “Promote a coordinated, comprehensive public health preparedness response system for natural or man-made disasters or terrorist events.” Maintaining essential public health functions during natural disasters, man-made calamities, and large-scale disease outbreaks is a particular planning focus of the agency. Continuity of Operations Planning (COOP) is now required by the DHEC Emergency Operations Plan policy, as well as by the federal emergency planning grants. The agency continues to develop and refine its COOP capabilities both at the central and local levels. These plans include: assessments of essential and deferrable functions; enhancing communications and facilities; and collecting comprehensive personnel contact, capabilities and capacity information for staffing purposes in response to any emergency. 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.] The agency is developing a Disaster Recovery Plan to put the agency in a position to recover network and system capabilities should the main campus be destroyed [See III.4.5.]

(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. [See III.2.1(a).]

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. The Strategic Plan Council has 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. Each deputy area monitors operational plans that are tied to the Strategic Plan. [See I.5.]

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 on the agency’s intranet and is deployed internally via the deputy area plans and organizational unit operational plans. Operational objectives are included in the agency Employee Performance and Development Plan (EPDP). Action plans and performance measures are communicated to staff through the deputy areas. The Commissioner also provides periodic updates to employees through his agency-wide broadcasts and e-mails. [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 has been highlighted each year in “Healthy People Living in Healthy Communities” (suspended this year because of budget impacts) 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.]

For example, the Health Services (HS) deputy area continues to implement its performance management system. During FY10, 180+ performance measures were monitored, covering the span of operations for HS. Region and central office staff also worked on making improvements in two priority areas, the Family Planning caseload and implementation of an evidence-based tobacco cessation intervention in all DHEC public health clinics.

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.

This past year, the Environmental Quality Control (EQC) deputy area convened its internal planning team to develop the draft of the 2010-2015 EQC Strategic Plan in anticipation of the completion of the DHEC 2010-2015 Strategic Plan. The EQC leadership and bureau planning staff updated the 2005-2010 EQC Strategic Plan in light of the budgetary and socio-political context for the next five years. After a series of review meetings, staff developed the draft of the 2010-2015 EQC Strategic Plan, including objectives and measures. Once approved, this plan will provide the basis for the individual bureau operational plans.

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

III.3 Customer and Market Focus

III.3.1 How do you determine who your customers are and what their key requirements are?

DHEC's customers – all South Carolina citizens – are determined by virtue of the South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality and environmental data; national agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building and problem - solving activities with customers. [See I.2- Major Achievements, II.2 and III.3.2-3.]

III.3.2 How do you keep your listening and learning methods current with changing customer/business needs and expectations? Customer needs are gathered through both formal and informal listening and learning techniques. Staff members serve on interagency boards and committees, and front-line staff and those working in the community share information learned in one-on-one contact with customers. Customer needs and expectations are also garnered from suggestion boxes, satisfaction surveys, concern/compliment forms, comment/feedback cards, numerous toll-free hot lines, and public forums and focus groups. Staff participation on councils and boards, interactive Web pages, participation in teleconferences, membership in professional organizations, and monitoring legislative activity, all yield valuable information about customers and their expectations. [See III.1.3 and III.3.3.]

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population for whom English is not the primary language. Effective translation services are available in all local offices, materials are produced in several languages and a Hispanic needs assessment has been completed. 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 telephone, the agency Web site, the Division of Constituent Services, public outreach and public participation activities. The agency's recently redesigned Web site has extensive information about programs, services, reports, data, the Environmental Public Health Tracking System and includes an InfoLine where customers can make direct inquiries and receive a timely response. [See III.1.2.] Responses are documented to monitor follow up. Examples of customer access mechanisms include:

- DHEC added more related links and information on proposed regulations to its Regulatory Development Home Page web site, <http://www.scdhec.gov/regulatory.htm>. Among these was the article, "How Does S.C. DHEC Develop Regulations?" It provides a general overview of the regulation promulgation steps covered in the Administrative Procedures Act (APA) and advises the public on how to participate in the process. The DHEC Regulatory Development website proved to be popular with internal and external customers, receiving 64,998 visits during the 2009-2010 Fiscal Year.
- The agency's Bureau of Water created a new web-based Nonpoint Source Outreach Toolbox for watershed stakeholders, local governments and citizens. Staff wrote extensive web site content; built active server pages; developed a searchable database; and used VB Script coding language to enable data searches of other databases. See <http://www.scdhec.gov/environment/water/npstoolbox/>.

- The agency's Bureau of Air Quality Web Review Committee continues to be responsive to customers through its oversight of its web site's home and landing pages. The committee's goal was to improve navigation and provide current, accurate information. A customer feedback tool was posted to gauge the effectiveness of navigation improvements and to enable customers to give input.
- The 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.
- Each health region has a customer service coordinator who is responsible for dealing with customer service issues and complaint resolution.
- The Health Regulation liaison provides a single point of contact for healthcare facilities to resolve problems, answer questions, and seek guidance related to regulatory issues.

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 12 years (1998-2009) 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 its services. Consistently, DHEC maintains an average of 92 percent satisfaction with overall quality of service (93.4 percent in 2009) and also an average of 92 percent satisfaction with courtesy and attitude of staff (97 percent in 2009), even with significant budget cuts, staff changes and reductions in recent 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 sixth year, the public health regions conducted a customer satisfaction survey. The total number of surveys received was 17,578 statewide. Of these, over 98% rated their wait time as good or very good, 97.8 % said that their service was good or very good, and 97.9 and 97.5, respectively, said their questions were answered and needs were met in a good or very good way. These results have stayed consistently strong over the last six years of the survey, despite budget and staff reductions throughout the state. [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. Policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders through this continuous quality improvement process. Examples from the past year include:

- Due to the EPA's new, stricter air quality standards, many areas across the state could face nonattainment designations for ground-level ozone for the first time. Consequences for any nonattainment area include increased permit requirements for businesses and industries and a strict evaluation of road construction projects. To prepare communities, DHEC's Bureau of Air Quality is working with the Federal Highway Administration and the South Carolina Department of Transportation. They are conducting meetings with local government officials, planners, and economic developers in potentially affected areas to inform them of their air quality and the impacts of

nonattainment. Additional meetings with Council of Government representatives and policy makers are being held across the state. [See III.7.1.1.]

- DHEC continues to receive stakeholder input through the South Carolina Mercury Assessment and Reduction Initiative. From summer 2009 to the present, the agency has met with environmental groups, industry groups, chambers of commerce committees, and other interested parties to receive input and suggestions regarding risk reduction proposals. [See I.2 Major Achievements.]
- New stormwater regulations require numerous towns and cities in South Carolina to inform citizens about how everyday behaviors contribute to polluted stormwater. The agency's Bureau of Water worked with community public works programs and assisted with public education. They also developed a workbook, work sheets and a checklist in collaboration with DHEC stormwater permitting and compliance staff to ensure public works programs received helpful reporting materials.
- DHEC hosted the first upstate recreational waters workshop, "Healthy Swimming is No Accident." Topics included new technologies, water-borne illnesses, and changes in regulations and inspection forms. The workshop improved communication between DHEC and the regulated community, encouraging better operation of recreational water facilities.
- The agency developed a partnership with newly regulated auto body shops to explain regulatory requirements and to provide technical assistance. Staff improved compliance of the state's estimated 1,000 auto body shops by creating a simple registration permit and a self-audit tool. They also partnered with paint vendors to conduct thirteen, after-work auto body workshops around the state.

For other 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. [See 1.2 - Major Achievements.] Examples of these efforts include:

- The S.C. Hospitality Association partnered with DHEC to form the South Carolina Green Hospitality Alliance comprised of hotels, motels, restaurants, and other hospitality entities, which must complete an audit of their property's compliance with eco-initiatives that create a more sustainable environment. Participants are reviewed for such measures as energy efficiency, water conservation, recycling activities, environmentally safe cleaning, waste reduction, ongoing maintenance, and purchasing habits. DHEC offers free, confidential assistance through best practice fact sheets, site visits, workshops, and the green hospitality website: www.scdhec.gov/greenhospitality/.
- The agency's "Lawn Mower Exchange" program showed growth in participation from local communities. The program promotes the exchange of gas-powered lawn mowers for electric lawn mowers to reduce the emissions of air pollutants by this source. Staff planned events in cooperation with eleven county partners, and worked with the electric mower company's primary supplier to develop incentives. As a result, hundreds of electric lawn mowers have been purchased, while hundreds of gas-powered lawn mowers have been recycled to scrap metal.

DHEC sponsors citizen and community awards annually to recognize notable environmental conservation efforts around the state:

- DHEC's second annual "Spare the Air" Awards honored individuals, churches, businesses, local municipalities and educational institutions for their positive impact on South Carolina's environment. The program recognized environmental stewardship, community participation and innovative strategies to improve the state's air quality.
- Sixteen top recycling programs and projects received South Carolina's "Recycling Professionals of the Year" Awards at DHEC's 15th Annual Recycle Guys Awards Program. Recognition was given for outstanding salvage activities, waste reduction, electronic office processes, business recycling, used oil recycling, recycling event, and recycling teacher, student, school, volunteer and player of the year.
- DHEC's second annual 2010 "Earth Day" Awards program honored seven organizations for their daily actions toward protecting the environment. The recipients included two manufacturers, a city police department, a school district, a family campground, a local conservation organization, and a church group.

III.4 Measurement, Analysis and Knowledge Management

III.4.1 *How do you decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?* There are many goals and objectives in the agency's strategic and operational plans that support DHEC's central mission. Operations, processes and systems have been implemented to assist in attaining these goals and objectives. Progress is measured at the agency level and at the deputy level based on metrics best suited to demonstrate performance. [See III.2 - Strategic Planning.] Measurements are then used to prioritize activities and aid in the decision making process: to track and evaluate progress toward reaching objectives and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; and supporting organizational capacity and quality with various tools including systems integration.

DHEC utilizes a public health informatics approach to improve how the agency's business is conducted by leveraging data and information that are collected, organized, managed and shared. The agency's Public Health Informatics Committee works to: improve the agency's efficiency in public health surveillance; design and develop data connections between systems; enhance analytical and reporting functions; and improve the agency's decision-making abilities during routine and emergency operations. This work has uncovered linkages between individual indicators to other potential data sources and brought DHEC closer to the goal of a "virtual" integrated surveillance network.

III.4.2 *How do you select, collect, align and integrate data/information for analysis to provide effective support for decision-making and innovation throughout your organization?* The complexity of DHEC requires the use of numerous systems and processes to collect, store and analyze data and information based on programmatic and scientific needs to support decision-making at multiple levels. [See Addendum D – Partial Listing of DHEC Data Sources and Information Used for Decision Making.] Stakeholders including federal, state and local governments, along with the regulated community and citizens, all identify the level of performance required for the services or information they receive from the agency.

DHEC has integrated many aspects of the major public health surveillance systems used by various program areas in the past few years under the direction of the agency's Public Health Informatics Committee. Most of these systems are now automated and integrated on either geography or other common data elements by using enterprise GIS, data extraction utilities and/or system connections. These systems include registries, as well as surveillance systems and tracking networks for infectious diseases, cancer, behavior risk factors, pregnancy risks, violent deaths, injuries, birth defects, environmental permitting, newborn screening, immunizations, births, deaths and laboratory results. Clusters of surveillance systems are also being built around birth and death registries, so that lifelong records are available for surveillance, analysis and decision-making. The Environmental Public Health Tracking Network, developed under the guidance of the Centers for Disease Control and Prevention, is a model of systems integration and continues to significantly improve the agency's capacity to track environmental hazards, human exposure and adverse health outcomes.

Another model system is the Environmental Facilities Information System (EFIS) which allowed the creation of a single permitting application across program areas. EFIS provides the "big picture" view of environmental facilities that was previously not possible. The agency continues to make progress toward bringing stand-alone systems into EFIS. Recent additions include Underground Injection Control, Groundwater Monitoring, Health Licensing Certificate of Need, Title V Air Permitting and Private Well Testing.

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 III.7- Key Results.]

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

Existing systems, such as the Environmental Facilities Information System (EFIS), the South Carolina Community Assessment Network (SCAN) and the Vital Records Statistically Integrated Information System (VRSIIS), all have pre-programmed reports and standardized data that are used in the analysis and reporting required to aid operational and strategic decision-making and improvement. To address the need for customized data, the agency created advanced ad-hoc query and reporting tools that provides users the ability to design their own custom data extracts providing increased operational efficiency through cost and time savings.

III.4.5 *How do you ensure data integrity, timeliness, accuracy, security and availability for decision-making?* The agency continually looks for ways to engage all stakeholders of data and systems maintained by DHEC to ensure accurate and timely information is provided, while

maximizing data integrity and security. Vital statistics, cancer information and patient records are examples of data sets that are used heavily, but required to go through an extensive approval review to protect confidentiality. Decision cube technology has been deployed to state-wide users of DHEC's Client Automated Record and Encounter System (CARES) to fulfill statistical and managerial information needs. This tool allows the agency to merge disparate databases and provide a more comprehensive approach toward client data analysis. Numerous state-of-the-art, web-based data query systems provide aggregate, and in some instances, record-level data on DHEC activities and public health to internal programs and external clients. Clients include concerned citizens, academics, and governmental and industrial counterparts.

Since DHEC houses some of the most critical public health databases, agency data security and system security are paramount. Vital records and patient data are strictly confidential. Since these could be used for identity theft or false documentation (driver's licenses, passports), the agency has developed restrictive security measures, created new policies, and provided extensive HIPAA staff training on protecting health information. Staff regularly reviews system logs, performs tests and updates systems to address potential threats.

A disaster recovery plan is being developed to address the provision of un-interrupted access to the most critical agency data and systems. Electronic security measures have been enhanced to protect access to the agency network and data through the acquisition of hardware and software components to monitor network activity. The agency employs a full-time Chief Information Security Officer and adheres to a strict backup and antivirus policy. Encryption is also applied to the most sensitive data sets and many mobile devices. New systems continue to be developed that enhance the agency's productivity and improve agency service to the citizens of South Carolina. Examples include work toward secure system integration, data sharing through health messaging, and the use of electronic medical records to populate and facilitate access to immunization information and laboratory reporting. [See III.2.1 (e).]

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 the EMT and to senior management for discussion and action that may involve shifting resources, priority or changing processes. If results are positive, senior management communicates this information to the appropriate staff to motivate and empower to them to continue the trend. [See III.1.5-6.]

III.4.7 *How do you collect, transfer and maintain organizational and workforce knowledge? How do you identify, share and implement best practices, as appropriate?* Many outlets are used to share best practices and enhance organizational knowledge, including regional and program meetings, professional organizations, community and academic partners, newsletters, distance learning, the agency's intranet, as well as the agency's Capacity Building Project and the Workforce Continuity and Development Plan. [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 enables the agency to reward staff with incentives for creative and innovative ideas.

III.5.2 How do you achieve effective communication and knowledge/skill/best practice sharing across departments, jobs and locations? Communication in the 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 is sent 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. Several areas within the agency publish best practices reports and newsletters. [See III.5.15.]

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. 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 three main barriers that the agency encounters in recruiting and retaining employees. First, there is a nationwide shortage of health care professionals, specifically nurses and candidates with a scientific background. The agency competes with the private sector for these positions. The agency has also tried to establish special hiring rates for nurses, nutritionists, engineers and environmental health managers. Second, although several measures have been implemented to recruit employees, salaries still lag behind the private sector by thousands of dollars. While DHEC may be able to recruit employees right from college, the skills and experience they obtain as an employee of the agency are in high demand in the private sector. It is not unusual to lose employees to the private sector with salary offers of 30 – 40 percent more than they currently earn. Finally, because of budget cuts, the agency has 285 fewer filled FTE positions than last year. The agency is not able to replace employees who leave because there are not adequate funds to refill the positions. [See III.7.4.2.]

III.5.4 How do you assess your workforce capability and capacity needs, including skills, competencies and staffing levels? Workforce capability, skills and competencies are assessed during the performance review process. Job duties and standards are defined and measured for each position. If an employee falls below acceptable standards, a work improvement plan is implemented to help the employee better their job performance and capabilities. Capacity needs and staffing levels are assessed by upper management to meet the needs of the agency.

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

III.5.6 How does your development and learning system for leaders address the following: (a) development of personal leadership attributes: The agency participates in structured leadership opportunities including the: Southeast Public Health Leadership Institute (65 staff); Management Academy for Public Health (265 staff); Executive Institute; Environmental Health Leadership Institute (2 staff); National Public Health Leadership Institute; and Certified Public Manager Program (545 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.

The Environmental Quality Control (EQC) deputy area sponsors an annual Frontline Managers' Meeting to review priorities, discuss current issues and offer training in special topics. It is attended by front-line managers and other staff who provide technical assistance and support. Similar staff development meetings are held annually in the functional areas of permitting, compliance and enforcement.

(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. The agency supports and encourages staff to take advantage of other formal and informal educational opportunities.

The agency implemented a Web-based learning management system, the DHEC eLearning Center (eLC). The eLC enables the agency to: manage employee learning and development at an organizational level through administrative and data tracking functions; allows the creation and delivery of online training; enhances workforce development through the use of tailored learning plans; and positions the agency to more easily transition from classroom instruction to distance and blended learning. This is a learner - oriented system and provides staff 24/7 access to more comprehensive training opportunities, reducing travel and loss of time from the job. Current on-line offerings include: the HIPAA Training Series, Introduction to Public Health, Culturally and Linguistically Appropriate Services, Agency New Employee Orientation and DHEC's Role in Emergency Operations.

DHEC's New Employee Orientation program 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.

The Environmental Quality Control (EQC) deputy area held one EQC School this past year to orient 36 new staff to the purpose, functions and responsibilities of the program areas. Only one school was held this year due to the impact of budget reductions on new hiring. The school includes presentations, demonstrations, field trips and discussion.

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. The Environmental Quality Control (EQC) deputy area offers the Short Term Enrichment Program (STEP), which is continually available to supervisors as a staff development tool. The aim of STEP is to provide staff with a broader perspective on the deputy area's overall mission and to develop a more versatile workforce.

STEP provides a mechanism for employees to experience a short-term rotational assignment in a different program area. The assignments are designed to increase employee exposure to a variety of work duties and locations within EQC. This enables staff to recognize individual development needs, identify opportunities, and further define career goals.

III.5.9 *How does employee training contribute to the achievement of your action plans?*

Employee competencies allow the agency to accomplish its mission. The agency has made an organizational commitment to competency development approaches and institutionalizing these efforts. The Workforce Continuity & Development Plan 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.

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

III.5.11 *How do you motivate the workforce to develop and utilize their full potential?* The agency had implemented a reward and recognition program called "Cause for Applause." The program had two ways to recognize employees, but because of budget reductions, it was discontinued in early 2009. 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. During State Government Employee Appreciation Week, activities were planned to show appreciation to the agency workforce including 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 sixteen years to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency also has an Employee Innovation Program to reward employees who develop cost-saving initiatives. 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.

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 employee satisfaction surveys since 1984 to assess staff 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 and career opportunities.

In addition, a variety of formal and informal assessments are used in individual units to determine employee well-being, satisfaction and motivation. Examples of these include: area/program retreats, focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants and ongoing assessments through the EPDP system. The electronic exit interview allows for easier completion and additional analysis of data from departing employees. The Personnel Actions Information System provides deputy areas with more specific turnover information and allows for better turnover analysis. [See III.7.4.1.]

III.5.13 *How do you manage effective career progression and effective succession planning for your entire workforce throughout the organization?* DHEC has 132 employees participating in the TERI program, as of June 1, 2010. In addition to the TERI employees, DHEC has 87 employees currently eligible for retirement, with another 433 eligible for retirement within the next five years. DHEC offered a Voluntary Separation Program and Retirement Incentive Program in which 71 employees participated. 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. [See III.7.4.2.]

This year, 44 staff participated in the Environmental Quality Control's (EQC) Professional Development and Leadership training which is available to all staff to encourage professional development. Courses include Budgets 101 and Legislative/Regulation development. 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. Health Services has implemented the Health Services Workforce Continuity and Development Plan. Central Office and the regions have developed workforce plans. 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. Health Services has also worked in conjunction with the USC Arnold School of Public Health to develop the "Introduction to Public Health" curriculum. The on-line course is required for all Health Services employees and provides a comprehensive overview of public health from its historical roots to defining what public health is today, how governmental public health agencies are organized, the core public health functions and the 10 Essential Public Health Services. Six additional on-line courses addressing core public health competencies are being developed and will be available to DHEC staff next year.

III.5.14 *How do you maintain a safe, secure and healthy work environment including workplace preparedness for emergencies and disaster?* DHEC has an active Safety Committee and long established policies and procedures for workplace emergencies. DHEC has a "hazards line" information service for providing employees with up-to-date information during a weather emergency. The agency has promoted National Incident Management System compliance and emergency management training for employees. Standard operating procedures are in place for disaster response, as DHEC has lead agency responsibility for Emergency Support Function 8 "Health and Medical Services," and Emergency Support Function 10 "Hazardous Materials" in the State Emergency Operations Plan.

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

III.5.15 *How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?* Many tools are used to share best practices and enhance organizational knowledge including regional, district and program meetings, professional organizations, community and academic partners, newsletters, distance learning, the agency’s intranet, as well as the agency’s Capacity Building Project, the Workforce Continuity and Development Plan. [See III.5.2 & 6-7.]

III.6 Process Management

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

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

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and environmental or health hazards in the community.
3. Respond to emergencies, both natural and man-made.
4. Inform, educate and empower citizens about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Assist communities in planning for and responsibly managing growth.
9. Inspect, permit and license health facilities and services.
10. Provide laboratory services to the regulated community and the private sector.
11. Assist business and industry with regulations and requirements.
12. Provide business, information and financial management services to support agency programs.

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

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

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

There is management oversight in each of the deputy areas that support agency processes. Progress reports are required to monitor trends and deviations that exceed selected agency parameters. New trends in government and business are monitored to identify opportunities for

improvement. Recommendations and suggestions by staff and from customers and stakeholders for process improvement are encouraged. Examples from the past year include:

- DHEC maintains the official vital records system pertaining to births, deaths, marriages and divorces in South Carolina. The State Office in Columbia and the 46 vital records offices located in the County Health Departments provide an essential service for all citizens in the state. Over 660,000 certifications were issued in the 2010 fiscal year. The implementation of a state-of-the-art customer queuing system and imaging system continue to enhance the level of customer service through decreased wait times and simplified access to information essential for certification and issuance purposes. Efforts to expand this system to other DHEC program areas have been put on hold because of state budget considerations. [See III.7.24.]

- Health Services Operations and the Bureau of Financial Management have continued to work together to conduct semi-annual budget reviews with the eight health regions. The Environmental Quality Control area also conducts at least semi-annual budget reviews with its program areas. More frequent reviews are conducted when there are issues that need to be resolved. Overall, this process has worked well to increase open communication and resolve budget issues more quickly.

Also, see Section III.7.3. - Financial and Process Performance Results, Figures 7.3.1-6.

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

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

The Office of Internal Audits (OIA) routinely conducts audits of agency programs and shares the results with staff and the Board. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY10, OIA issued seven 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.7.3.6.]

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

The Office of Project Management continues to identify, prioritize, monitor and support large agency initiatives. Creating this accountability system has improved communication and ensured 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.

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. For example, the Bureau of Business Management's Fixed Asset Accounting Office streamlined its asset audit process for outlying regions. Previously agency auditors would conduct a 100% verification of assigned assets. This required staff to be onsite three to five days conducting these audits. Under the revised process, the Regional Property Custodian is asked to conduct a region-wide self-audit. The auditor then conducts an audit of the regional office and randomly selects one of the outlying counties to verify. This process allows the entire audit to be completed in a fraction of the time previously required, reduces travel cost and the time staff is out of the office. [See III.7.3.4-5.]

The Bureau of Financial Management (BFM) is responsible for providing accurate and timely services in support of the management of the agency's financial resources. The key support processes in each of the divisions ensures that money due to the agency is received, agency bills are paid, accounting transactions are recorded, budgets are developed and monitored, employees are paid, grants are monitored, grant time and expenditures are documented, and overall fiscal responsibility of the agency is ensured. 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. BFM has also had many staff actively involved in the statewide S.C. Enterprise Information System (SCEIS) over the past year. [See III.7.2-3.]

The Bureau of Information Systems (BIS) is constantly evaluating support processes. Targets include: 100 percent availability of hardware and systems; better customer satisfaction and improved productivity through the use of new technology; and better long-range planning in concert with agency goals. A detailed yearly project plan is developed incorporating input from BIS staff and customers. Every opportunity to be cost efficient is considered and the BIS budget is measured against agency needs and requirements. BIS is merging with the Office of Public Health Statistics and Information Services (PHSIS) in an effort to streamline and consolidate operations to become more efficient and better serve customers. Through this merger DHEC should have more opportunities to develop integrated systems to improve decision making agency-wide. Additional investigations are ongoing on the benefits and feasibility of further consolidating information systems and technology operations across the agency. PHSIS continues to monitor the internal quality assessment of data and participate in numerous statewide and national initiatives related to data quality, data sharing and geographic information systems.

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 process which have improved the costing data.

For the past several years, the agency has submitted a list of critical state needs in the Appropriations Request. These needs are based on agency priorities, strategic direction, state health and environmental needs, and on personnel and operating funds required to accomplish the agency's core mission.

III.7 Key Results

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment,” is part of the agency’s legislative mandate. While some of the objectives reported in the following section are performance measures for the agency, many are health or environmental objectives for the state or nation. See III.4.4 for comparative information and benchmarks to national standards.

The agency has worked diligently to identify additional comparisons for the results charts listed in the following section. It is often challenging to compare DHEC’s environmental actions to those of other states because of different statutory and regulatory authorities and variability in the type of sites in each state’s inventory. On the agency level, there are different targets, measures, reporting requirements and processes, which make meaningful comparisons of both health and environmental results challenging.

III. 7.1 Mission Accomplishment, Organizational Effectiveness and Regulatory/Legal Compliance Results

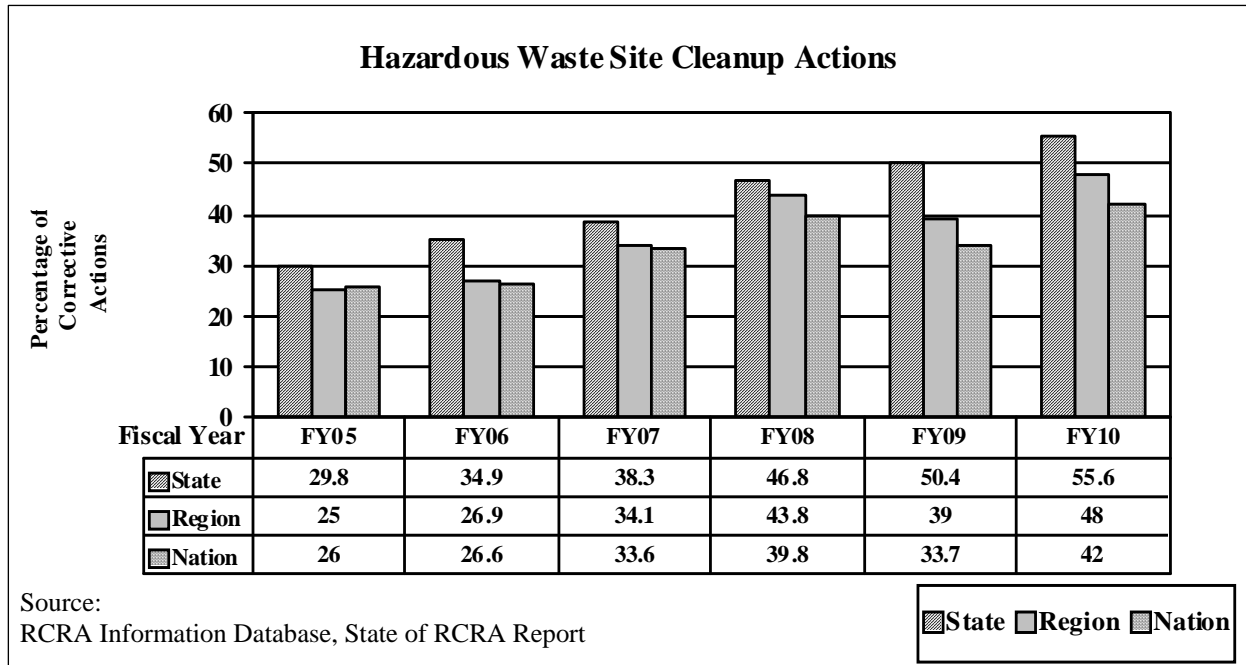
Fig. 7.1.1

Ground-Level Ozone Design Values* at Ozone Monitoring Sites in South Carolina				
County	Monitoring Site Location	2007 Design Value	2008 Design Value	2009 Design Value
Abbeville	Due West	<i>0.081</i>	<i>0.078</i>	0.072
Aiken	Jackson	<i>0.077</i>	<i>0.076</i>	0.075
Berkeley	Bushy Park	0.064	0.063	0.060
Charleston	Cape Romain	0.074	0.072	0.067
Cherokee	Cowpens	0.073	0.074	0.067
Chesterfield	Chesterfield	0.075	0.073	0.070
Colleton	Ashton	0.074	0.073	0.067
Darlington	Pee Dee	<i>0.076</i>	0.075	0.071
Edgefield	Trenton	0.070	0.070	0.069
Oconee	Long Creek	0.072	0.071	0.071
Pickens	Clemson	<i>0.081</i>	<i>0.080</i>	0.075
Richland	Congaree Bluff	0.073	0.071	0.067
Richland	Parklane	<i>0.080</i>	<i>0.078</i>	0.072
Richland	Sandhill	<i>0.082</i>	<i>0.079</i>	0.075
Spartanburg	N. Spartanburg	<i>0.083</i>	<i>0.084</i>	<i>0.078</i>
York	York	<i>0.079</i>	<i>0.077</i>	0.072
Comparison: 2008 EPA Standard: 0.075 ppm				
Notes: Design Values exceeding the 2008 Standard are written in <i>italics</i> . Data Source: EPA Air Quality System database				

The table above shows design values* for all ground-level ozone monitors in the state for which data are available. The EPA replaced the 1997 standard of 0.08 (rounded to 0.084) parts per million (ppm) with a more stringent standard of 0.075 ppm in 2008. In January 2010, the EPA proposed an even more stringent standard of between 0.060 and 0.070 ppm. Even as the state’s overall air quality is improving, the EPA continues to evaluate and lower standards for pollutants, thereby making it more challenging to meet the new standards.

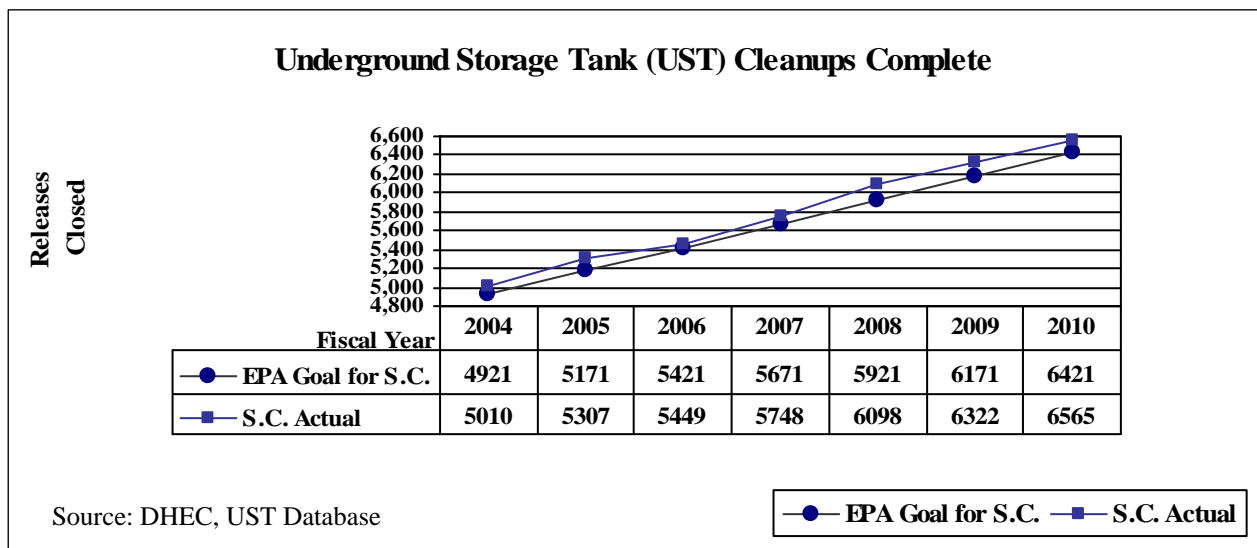
*A design value is a calculation that describes the air quality of a given area relative to the EPA’s health-based limits, or standards. Design values are based on multiple years of ambient air data to ensure a stable indicator of an area’s air quality. Design values are used to classify nonattainment areas, assess progress toward meeting the standards, and develop control strategies.

Fig. 7.1.2



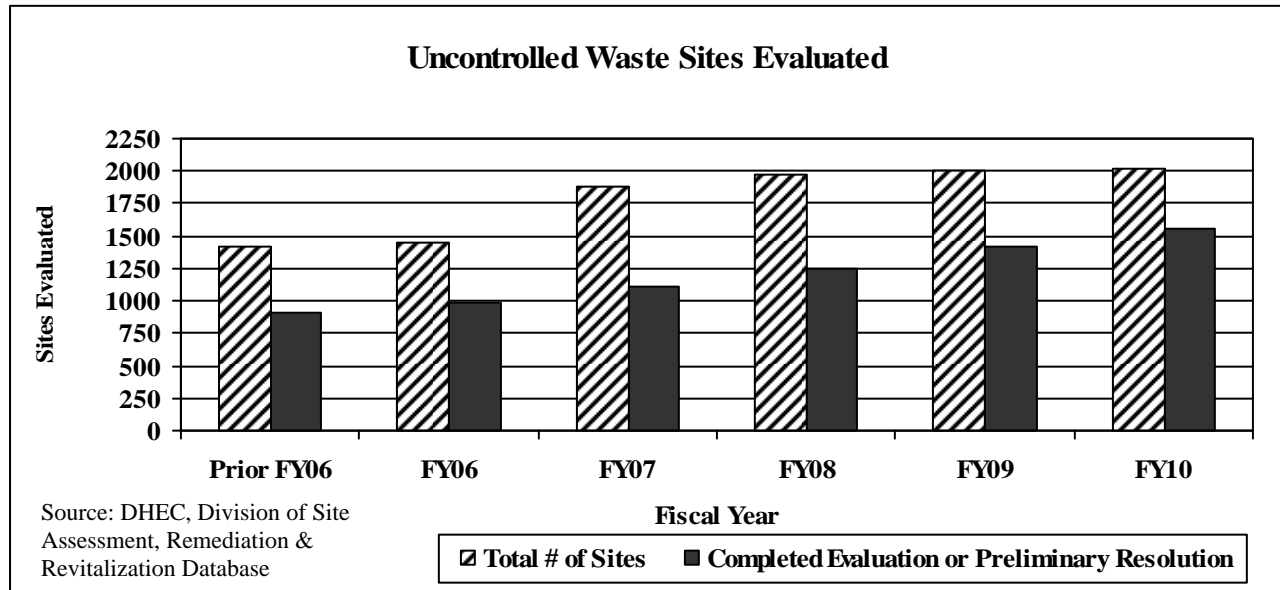
The state’s average Hazardous Waste cleanup rate has exceeded the regional and national rates. DHEC’s Hazardous Waste Program addresses a large number of contaminated sites. Aggressive site cleanup reflects DHEC’s commitment to maximize limited resources to reduce threats to human health and the environment.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

Fig. 7.1.3



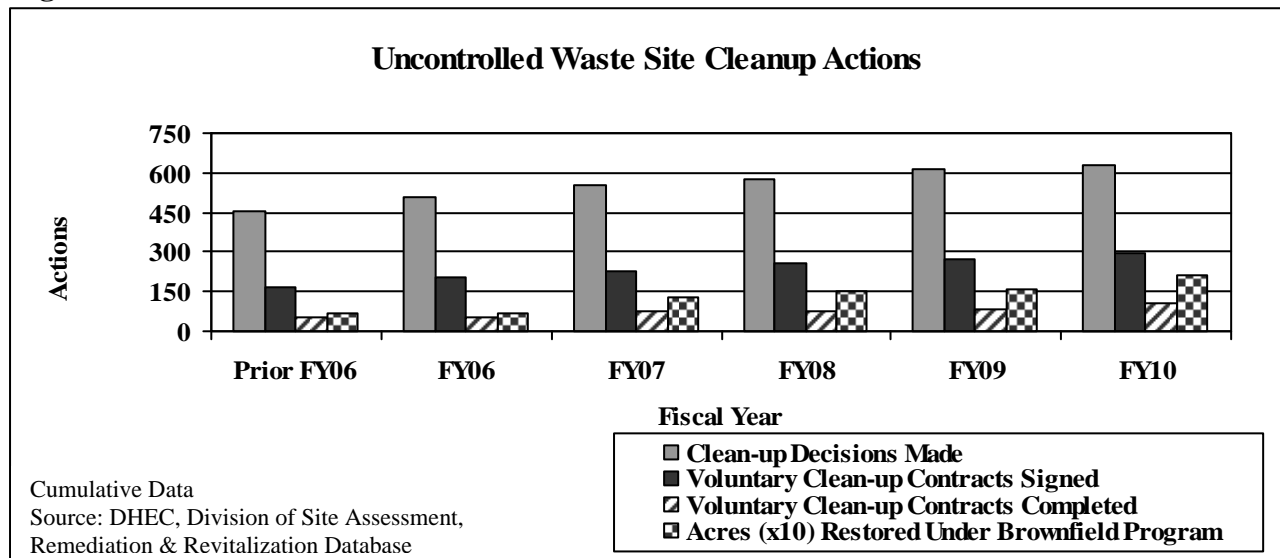
The Division of Underground Storage Tank (UST) Management has closed 70 percent of all confirmed UST releases that have been reported to DHEC. This equates to 6,565 closed releases, reducing the number of open releases to 2,850. As illustrated by the graph, South Carolina continues to exceed the EPA established yearly closure goal.

Fig. 7.1.4



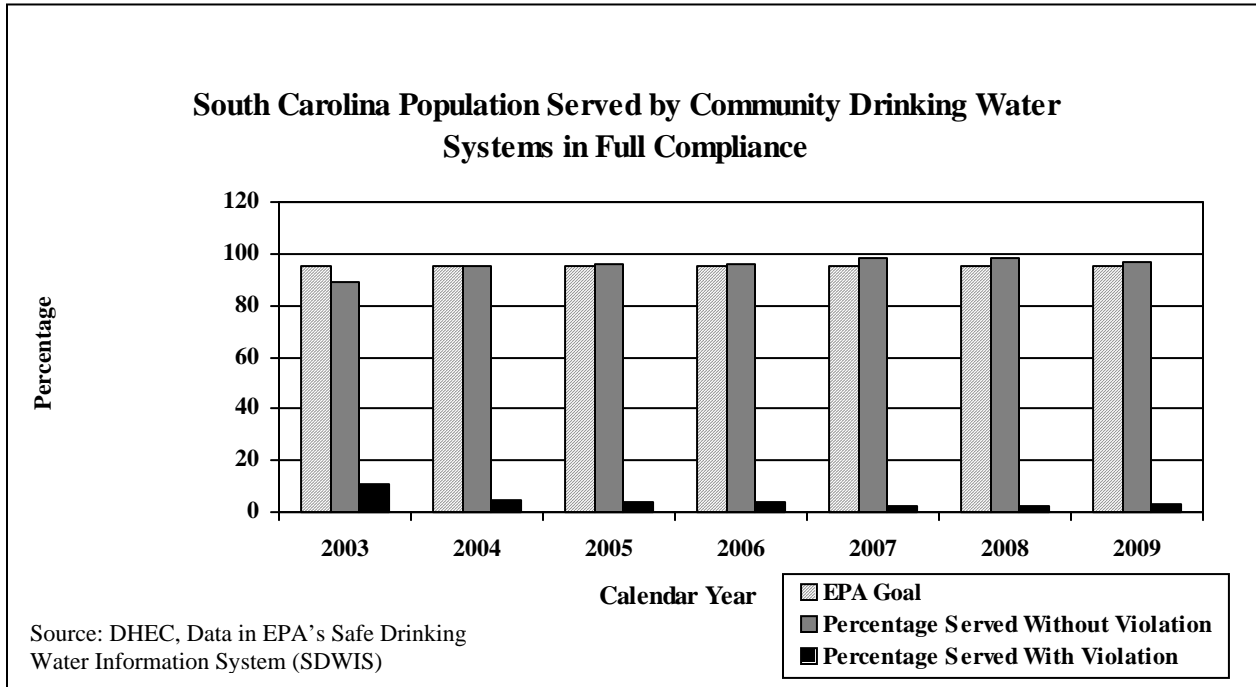
DHEC continues to discover and evaluate Uncontrolled Waste Sites every year. In a recent Environmental Quality Control deputy area reorganization, the Bureau of Water's (BOW) site clean-up activities were moved to the Uncontrolled Sites Program in the Bureau of Land and Waste Management's Site Assessment, Remediation and Revitalization (SARR) Division. SARR is currently integrating the former BOW sites into the Uncontrolled Sites databases. It anticipates reporting on these sites in the FY2010-11 Annual Accountability Report.

Fig. 7.1.5



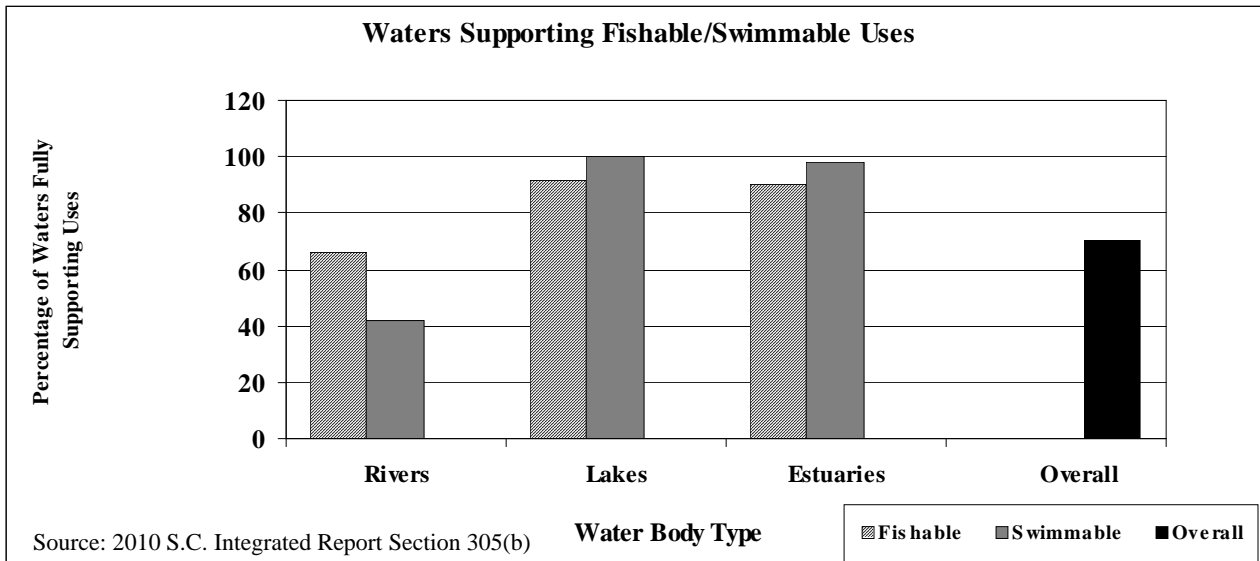
State-led and voluntary clean-up actions are typically multi-year projects that may include multiple phases of investigation and cleanup in order to make the sites available for safe, productive use. Despite limited funding and personnel resources, DHEC continues to protect public health by working to clean up as many sites as possible.

Fig. 7.1.6



During the 2009 calendar year, 97 percent of the state population served by community water systems received water in compliance with all health-based standards.

Fig. 7.1.7



These figures are based on available water quality data collected through the probability-based Ambient Surface Water Quality Monitoring network data from 2004-2008. South Carolina's total average for both fishable/swimmable waters is 70.5 percent. The state's goal is for 75 percent of its surface waters to meet fishable/swimmable uses by 2015. No region or state comparisons are available due to significant differences in monitoring strategies.

Fig. 7.1.8

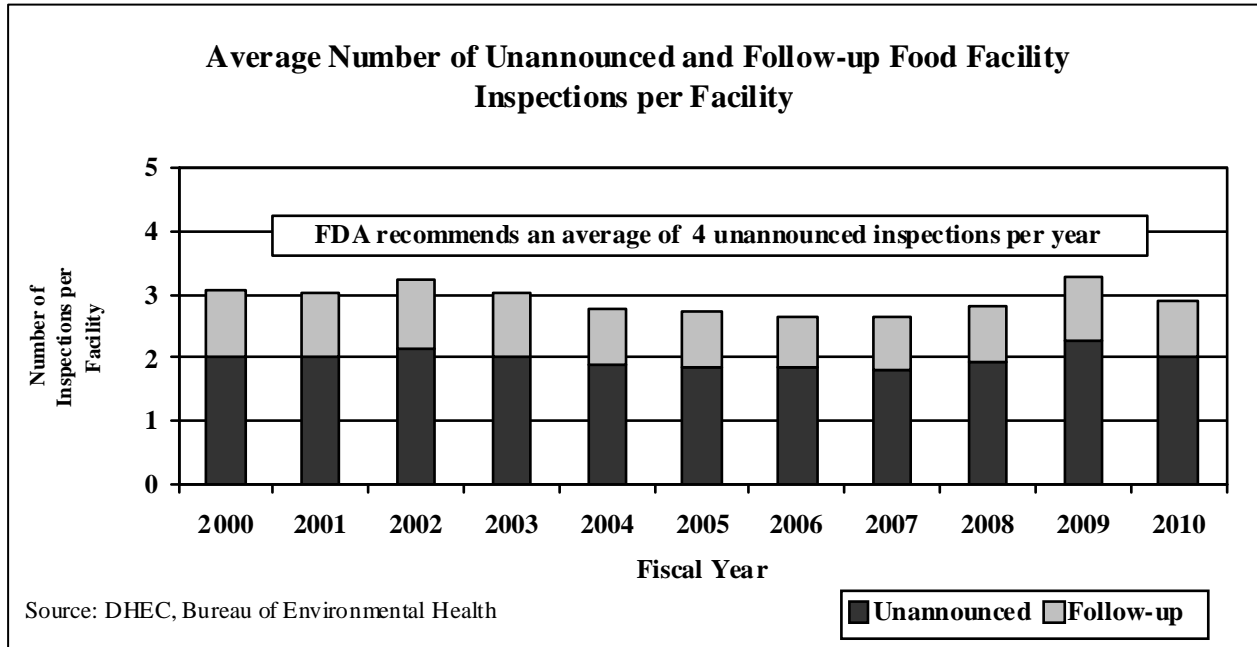
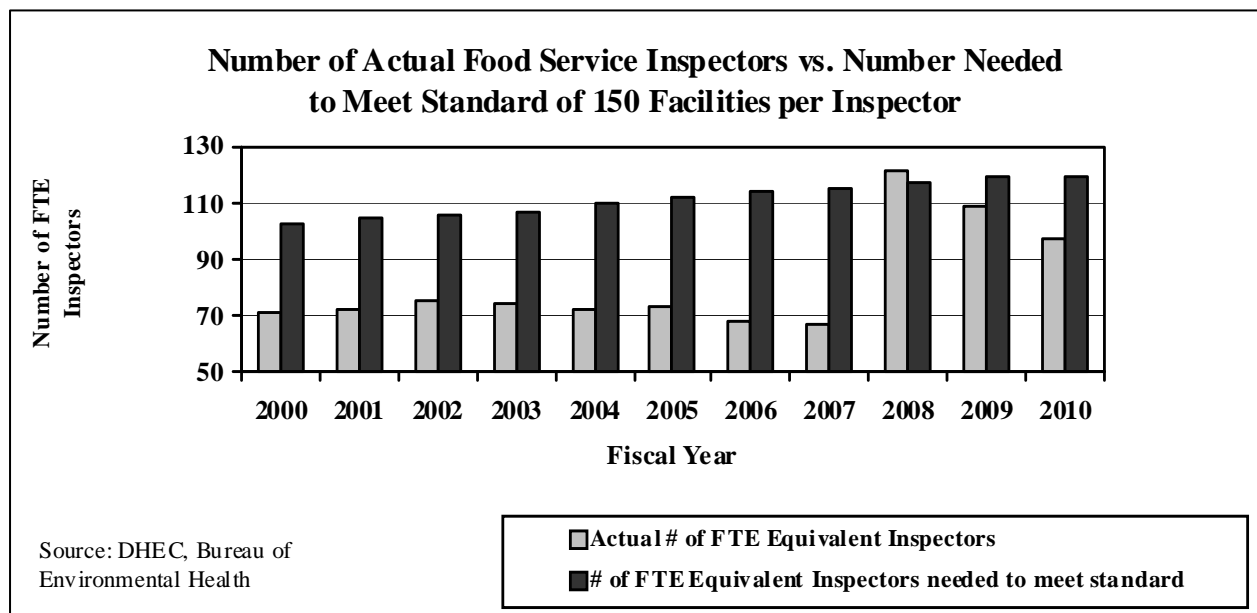
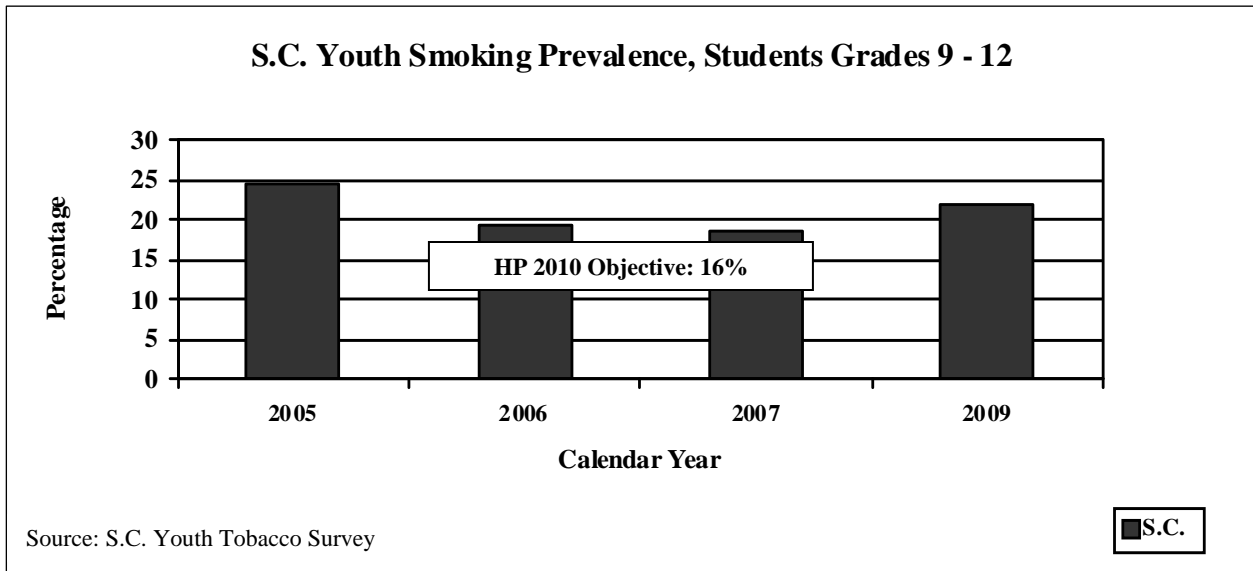


Fig. 7.1.9



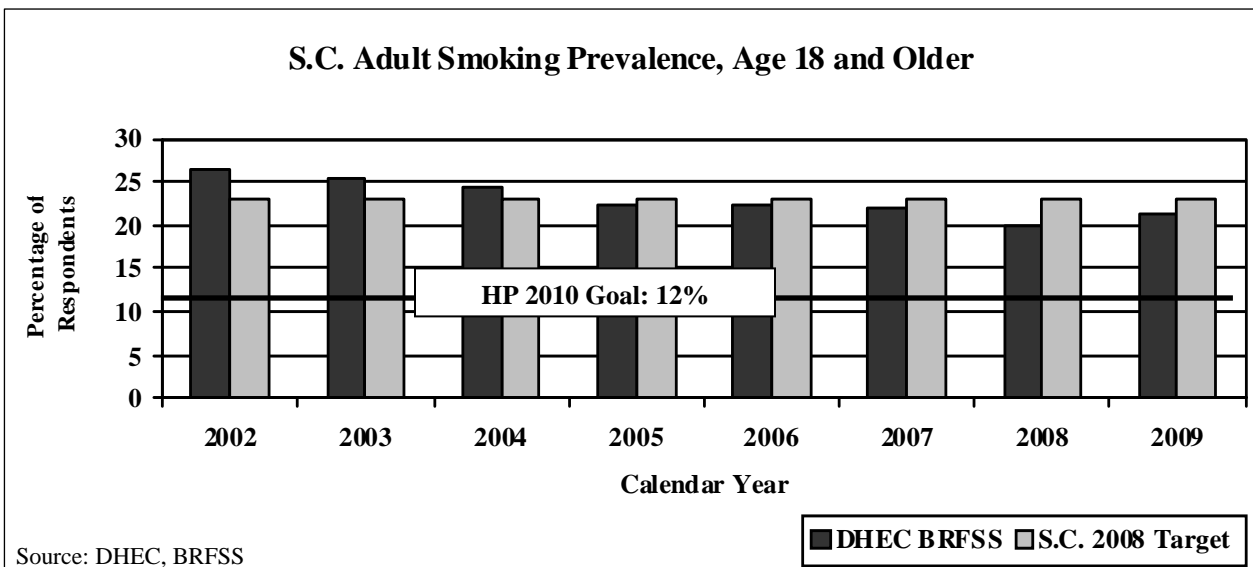
Budget cuts and unfilled vacancies in FY09 and FY10 have erased all gains made in FY08 toward meeting the Food & Drug Administration (FDA) voluntary standards for inspections per facility. As a short-term measure to keep inspection levels up, staff in other environmental health program areas have been cross-trained to conduct food safety inspections, when possible. However, when demand for activities in these other program areas increases and staff are no longer available, new facility inspection levels will decline.

Fig. 7.1.10



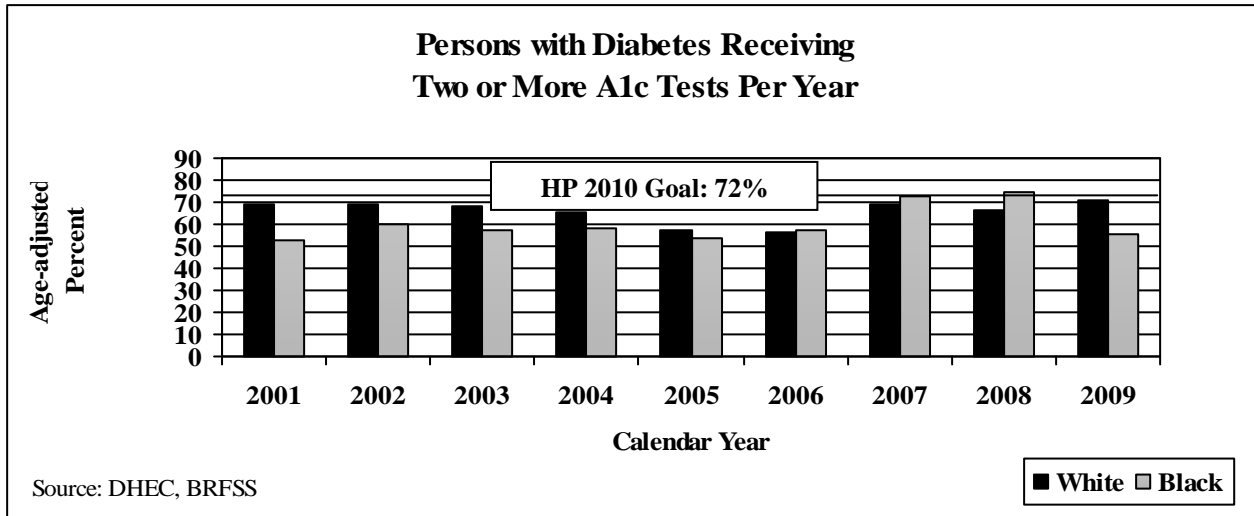
From 2005 to 2007, high school youth smoking rates fell from 24.4 percent to 18.7 percent, a 23 percent decrease moving the state closer to the Healthy People 2010 Objective of 16 percent and to the 2013 state goal of 15 percent. Unfortunately, state budget cuts in 2008-2009 resulted in the loss of funding for the state’s youth tobacco prevention program. After this loss of funding, the smoking rate in 2009 reversed earlier trends and increased to 21.9 percent.

Fig. 7.1.11



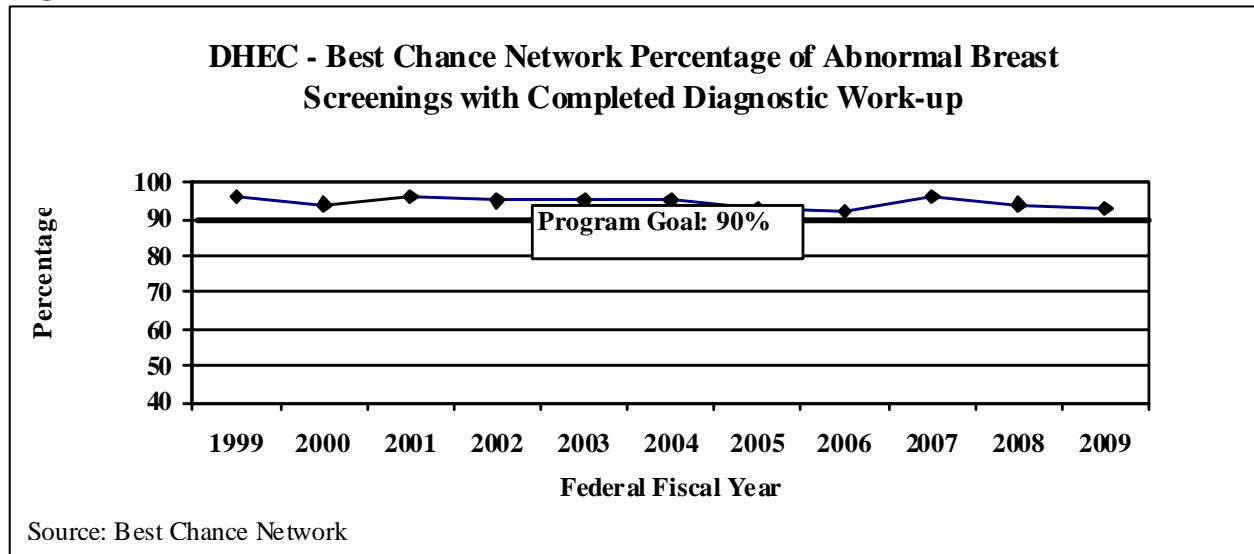
From 2002 to 2008, the adult smoking rates decreased from 26.6 percent to 21.5 percent, a 17.6 decrease moving the state closer to the Healthy People 2010 Objective of 12 percent. Unfortunately, the state budget cuts in 2008 - 2009 resulted in the loss of funding to the state's cessation program, resulting in fewer citizens accessing cessation services. After the loss of funding, the adult smoking rate for 2009 reversed earlier trends and increased to 21.5%. This is the first increase in the state's adult smoking rate since 2001, resulting in fewer citizens who are trying to quit smoking being able to receive cessation services.

Fig. 7.1.12



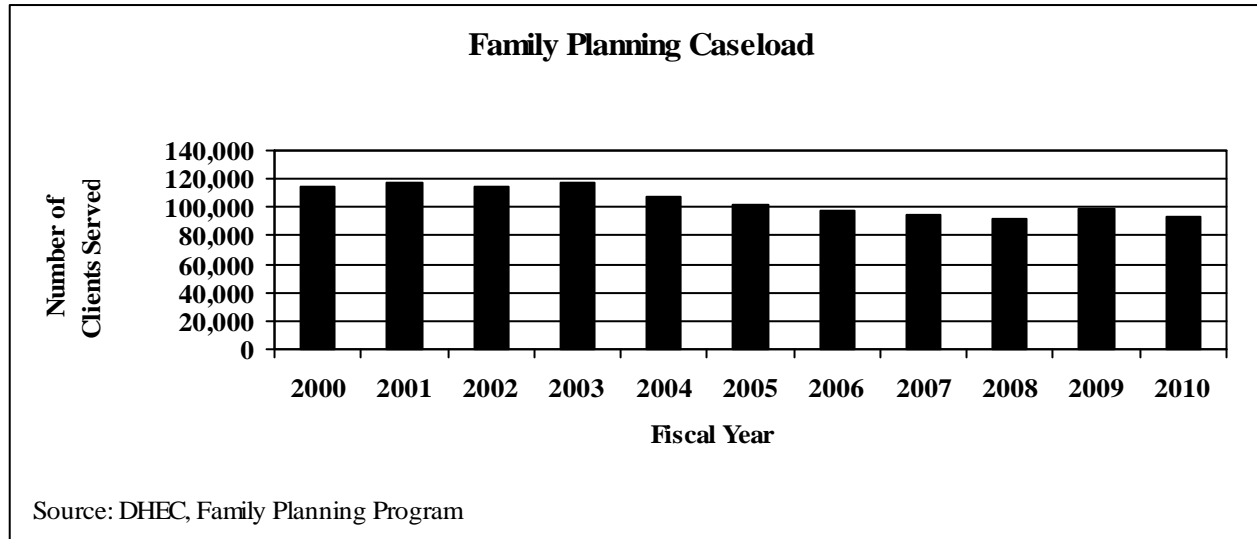
Diabetes is the seventh leading cause of death in the state and sixth in the nation. Complications from diabetes may be prevented or delayed through control and management of the disease. One method is to monitor long-term blood glucose control through a test called Hemoglobin A1c, which is the gold 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. In South Carolina, blacks reached the target of the Healthy People 2010 Objective of 72 percent of people with diabetes receiving two or more A1c test per year in 2007 and 2008, but fell to 56 percent in 2009. During the same time period the percentage of whites receiving two or more tests increased slightly from 69 percent to 71 percent.

Fig. 7.1.13



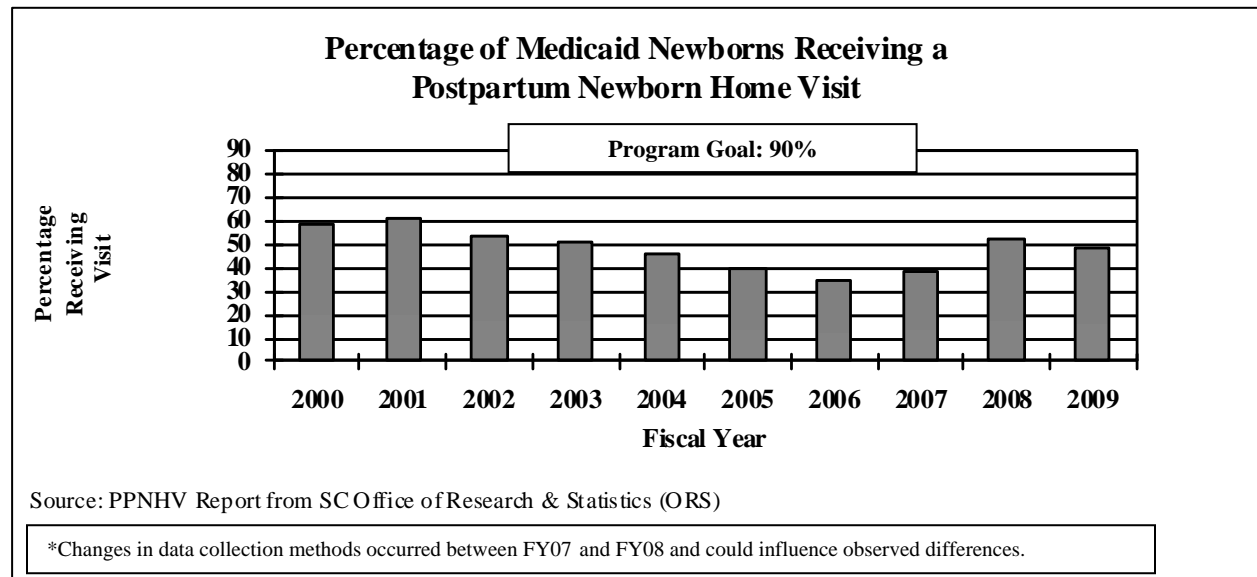
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 14,000 women. The Program Goal is that at least 90 percent of the abnormal breast screenings will complete a diagnostic work-up. In 2009, 93 percent of abnormal breast screenings completed a diagnostic work-up. Over the past eleven years the program has met or exceeded the follow-up goal.

Fig. 7.1.14



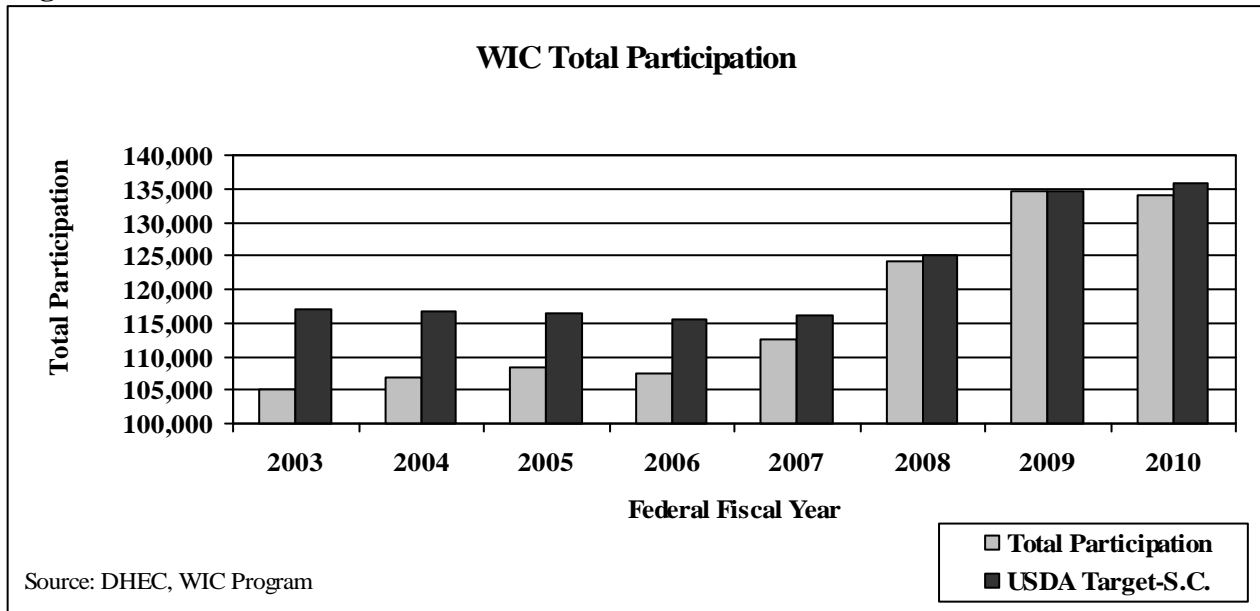
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. Ninety-seven percent of DHEC clients are at or under 185 percent of the poverty level. The agency provides services to about 45 percent of the overall population in need of family planning services. The caseload in FY09 increased for the first time since 2003, attributable to the efficiency measures the program has implemented. Unfortunately, budget cuts led to shortages in nursing and clinic support staff, resulting in a decrease in the FY10 caseload to 92,860.

Fig. 7.1.15



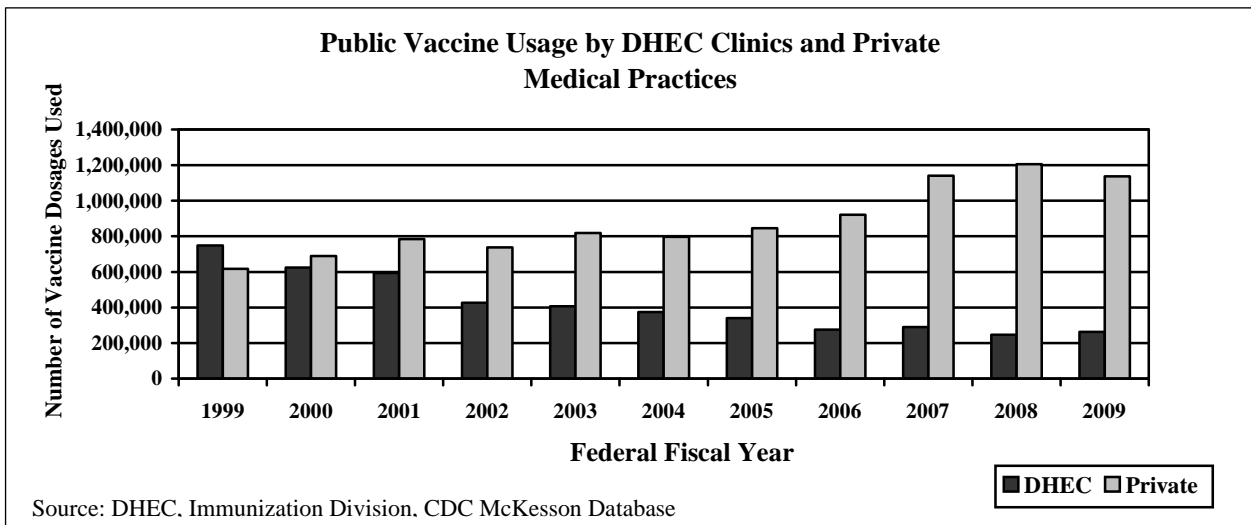
In FY09, state funding to support infant mortality reduction through the Postpartum Newborn Home Visits (PPNBHV) was not available. The percentage of newborns who received a PPNBHV paid for by Medicaid dropped to 48 percent in FY09, compared to 52 percent in FY08. This reduction is due in part to some Medicaid Managed Care Organizations not offering PPNBHV as a service to their enrollees, and DHEC staffing losses. Further decreases are expected in FY10 due to budget shortfalls.

Fig. 7.1.16



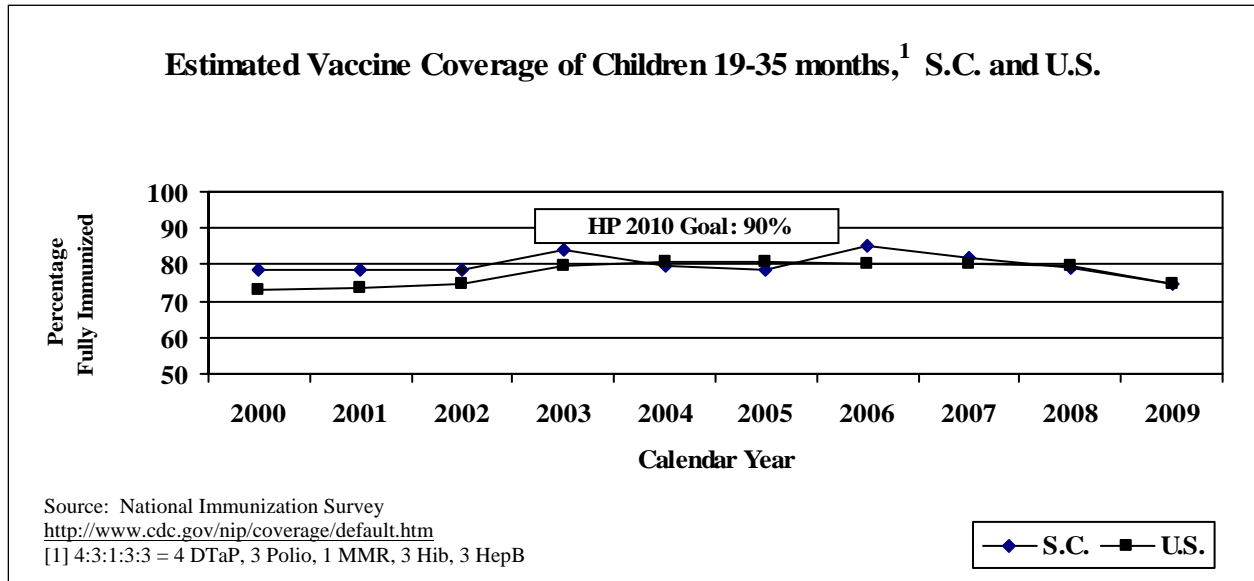
The Women, Infants, and Children (WIC) Program is a preventative nutrition education program that provides prescribed food packages for eligible pregnant and breastfeeding women, infants and children to assist in meeting their nutritional requirements during critical periods of growth and development. Priorities of the WIC Program also include reducing obesity and promotion of breastfeeding.

Fig. 7.1.17



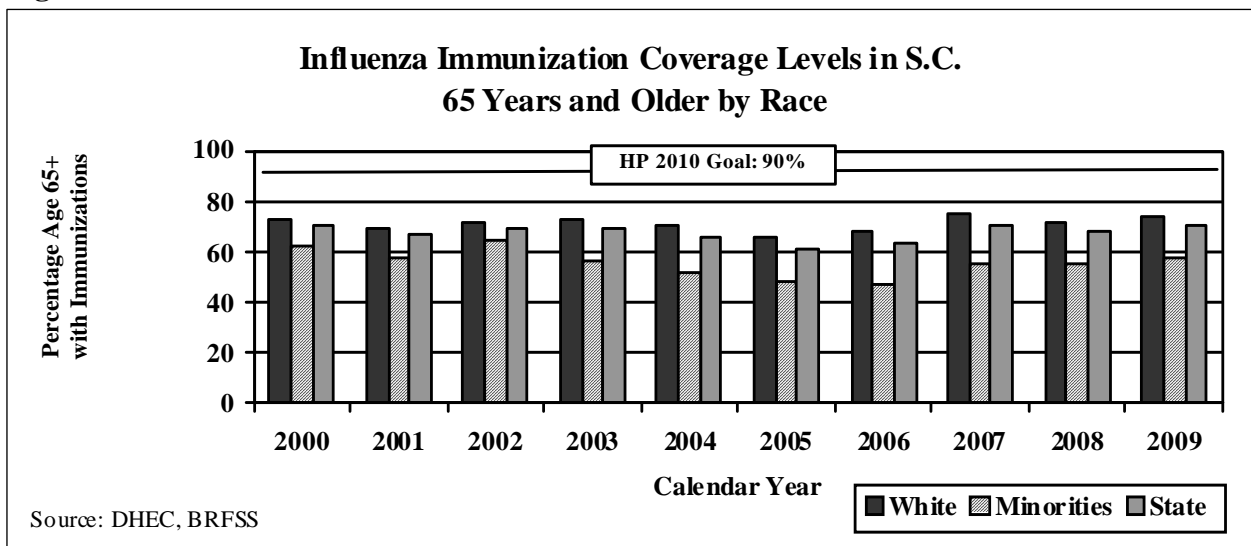
The federal vaccines for children program, known in the state as the Vaccine Assurance for All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled private practices. Current enrollment in VAFAC is 571 practices. This includes the majority of pediatric practices in the state; a large portion of family practices; all DHEC county health departments; all community health centers and rural health clinics; most hospitals; and six colleges and universities. In 2009, private medical practices used over 81 percent of all vaccine dosages in South Carolina, with DHEC using a little under 19 percent.

Fig. 7.1.18



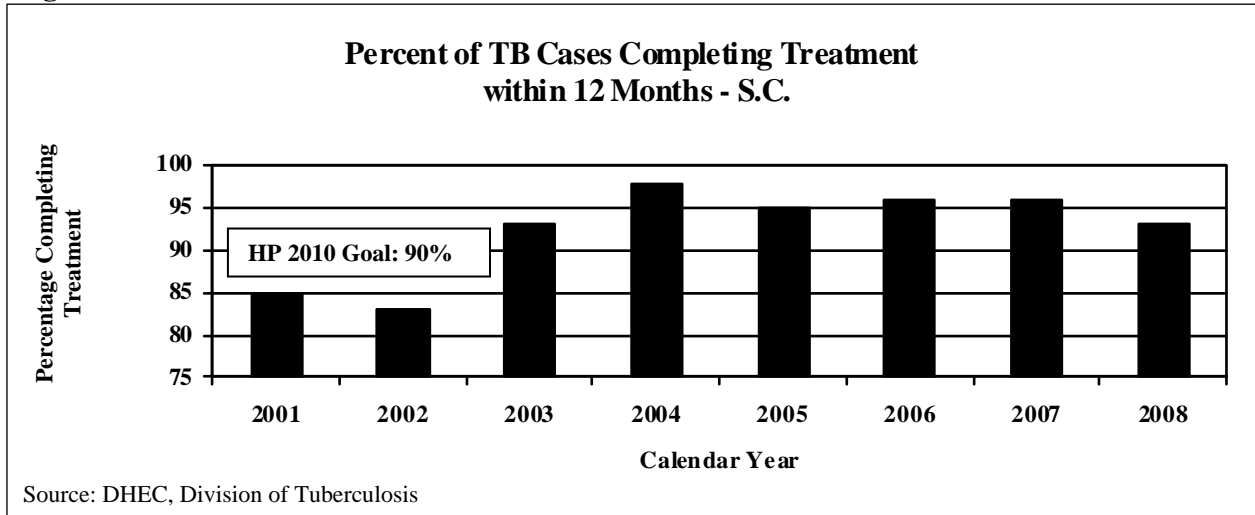
In South Carolina, about 75 percent of children 19-35 months were fully immunized in 2009. Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines and the fact that about 62,000 babies are born in the state each year. While coverage has dropped from 85 percent to 75 percent from 2006-2009, South Carolina has consistently ranked at or above the U.S. average in immunization coverage of children since 2000.

Fig. 7.1.19



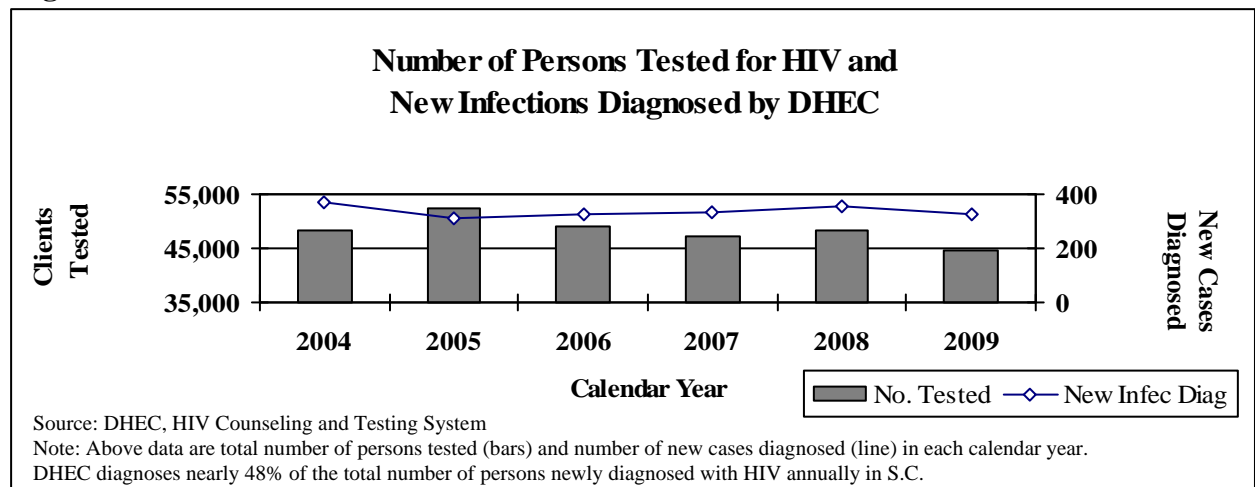
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2010 Goal of 90 percent. The state continues to see substantial disparities in influenza vaccine coverage between whites and non-white populations. The agency is partnering with other state and local organizations to reduce this gap.

Fig. 7.1.20



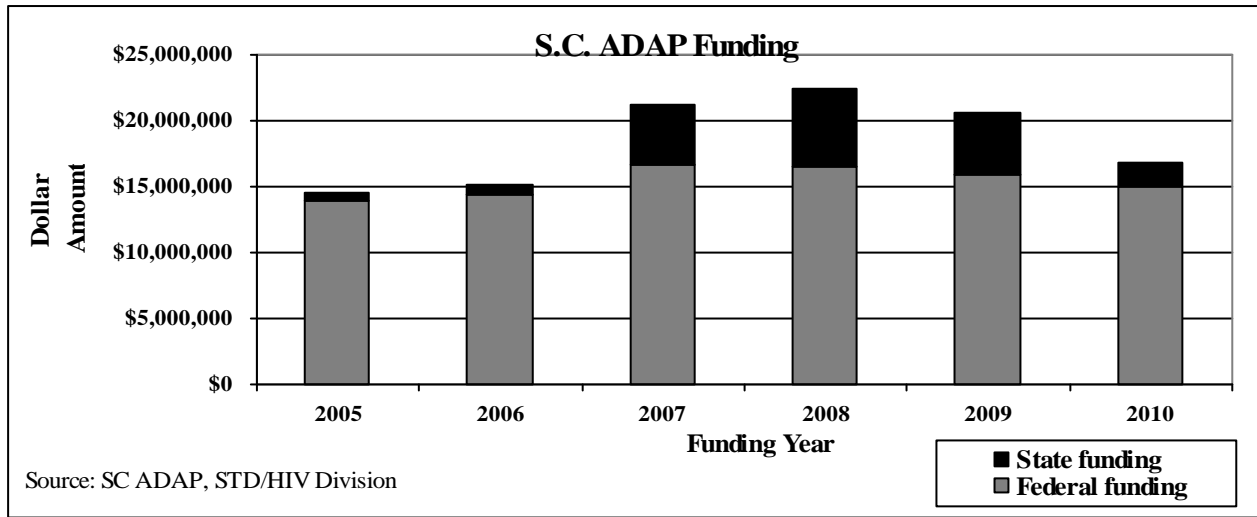
Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and sound interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed. The reported number of tuberculosis cases for 2009 was 164, representing a ten percent decrease from the 188 cases reported in 2008. South Carolina continues to rank among the top states nationally in the number of new cases per 100,000 population with a case rate of 3.7. The percentage who completed treatment for tuberculosis disease in South Carolina was 93 percent in 2008 which exceeds the Healthy People 2010 Goal.

Fig. 7.1.21



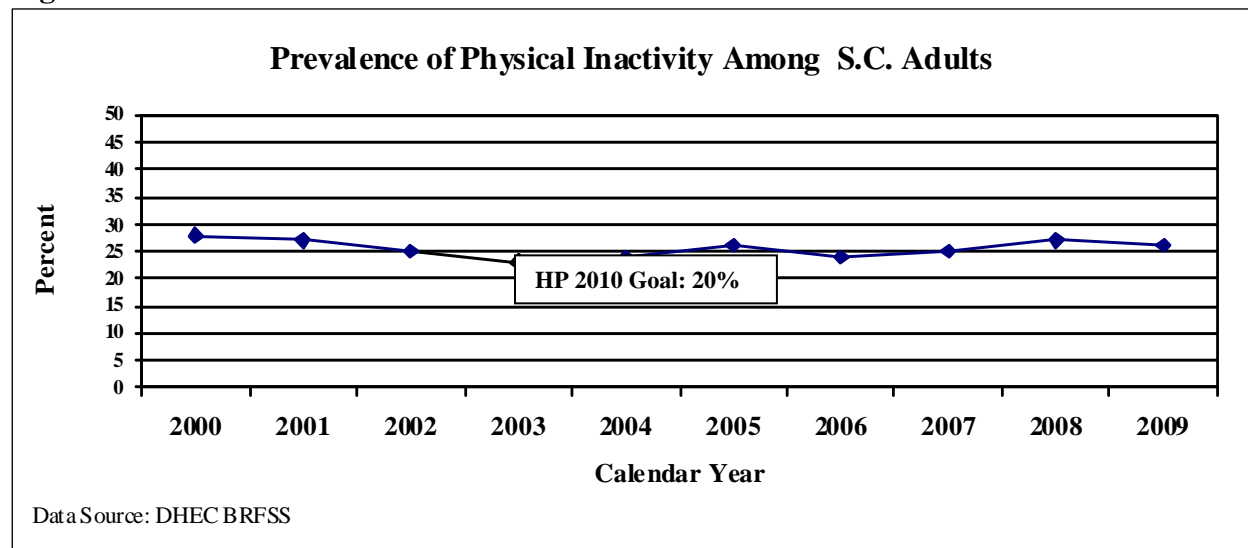
DHEC HIV tests done this year and the number of new cases in South Carolina detected in the state are leveling off. Increased access to effective HIV treatments, as well as intense prevention services delivered by community organizations, local health departments and HIV service providers have contributed 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. A growing number of persons with HIV are living longer, requiring on-going care, treatment and prevention services. At the end of 2009, more than 14,600 persons were known to be living with HIV/AIDS in the state.

Fig. 7.1.22



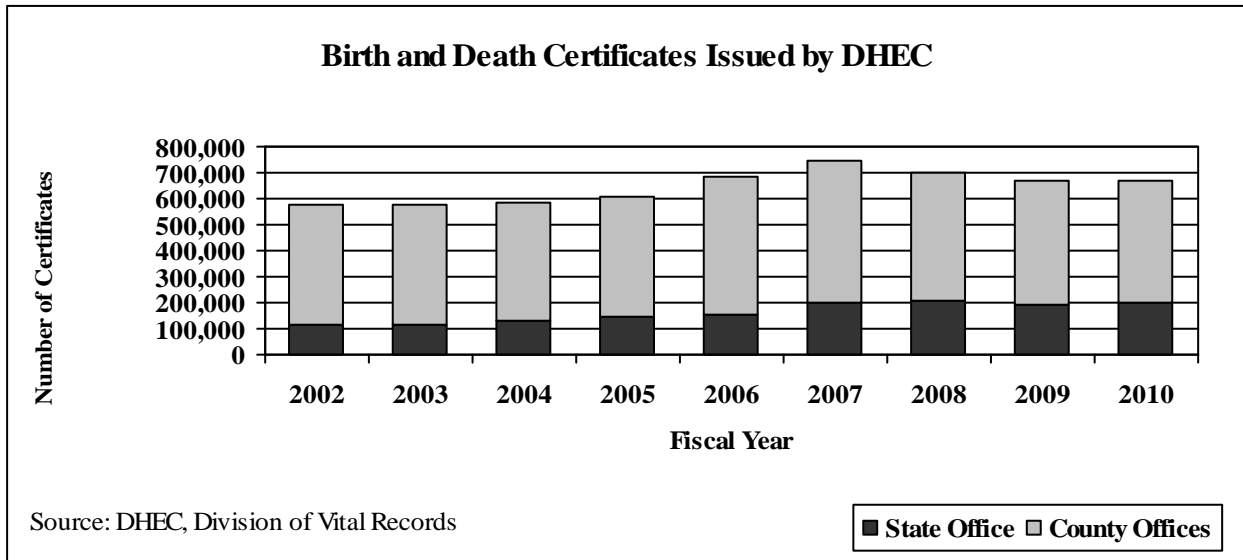
The South Carolina AIDS Drug Assistance Program (ADAP) provides treatment access to eligible HIV positive persons across the state. The ADAP served an average of 2,100 persons per month in 2009, which represents an increase of 15 percent from the previous year. While ADAP receives the majority of its funding through a federal grant, state contributions help fill the budget gap. In 2010, ADAP received a six percent cut in federal funding, while state contributions were cut more than 59 percent. A waitlist was instituted on March 15, 2010 to reduce spending and to limit growth. The demand for ADAP services is very robust and is expected to rise over the coming years with or without increased funding.

Fig. 7.1.23



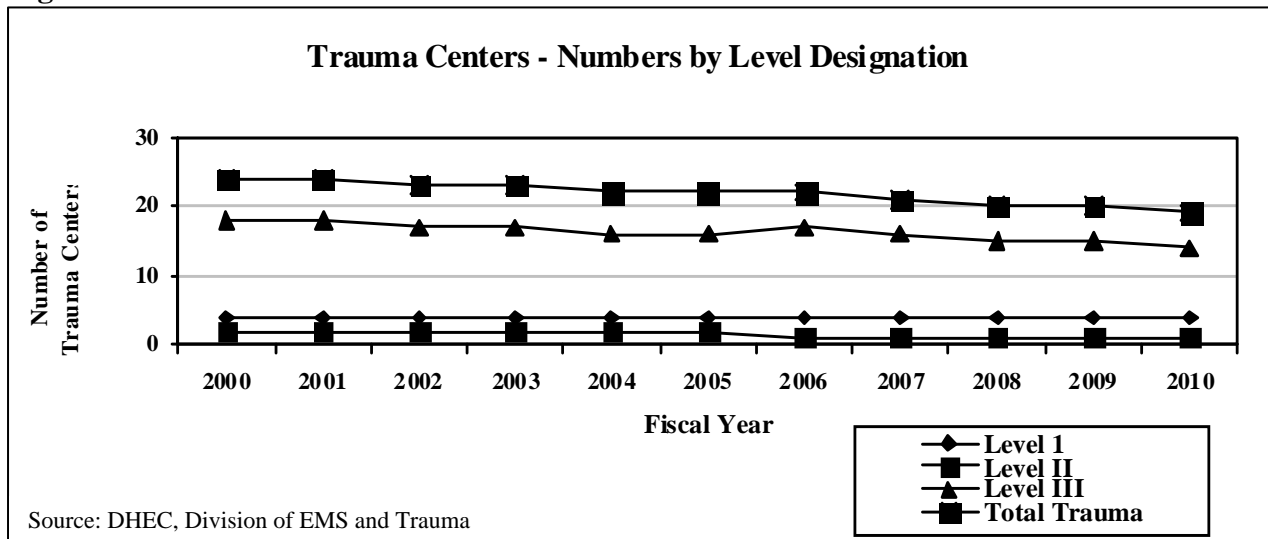
Physical inactivity is a major risk factor for overweight and obesity, and many chronic diseases. The proportion of adults in South Carolina who report no leisure time physical activity or exercise during the past 30 days other than their regular job is decreasing, dropping by 7 percent between 2000 (28%) and 2009 (26%).

Fig. 7.1.24



DHEC maintains the official vital records system for births, deaths, marriages and divorces in South Carolina. The state office in Columbia and the 46 vital records offices located in the county health departments provide an essential service for all citizens in the state. Over 660,000 certifications were issued in the 2010 fiscal year. The 2009 renovations of the onsite customer service area of the state office combined with the implementation of a state-of-the-art customer queuing system and imaging system continue to enhance the level of customer service through decreased wait times and simplified access to information essential for certification and issuance purposes.

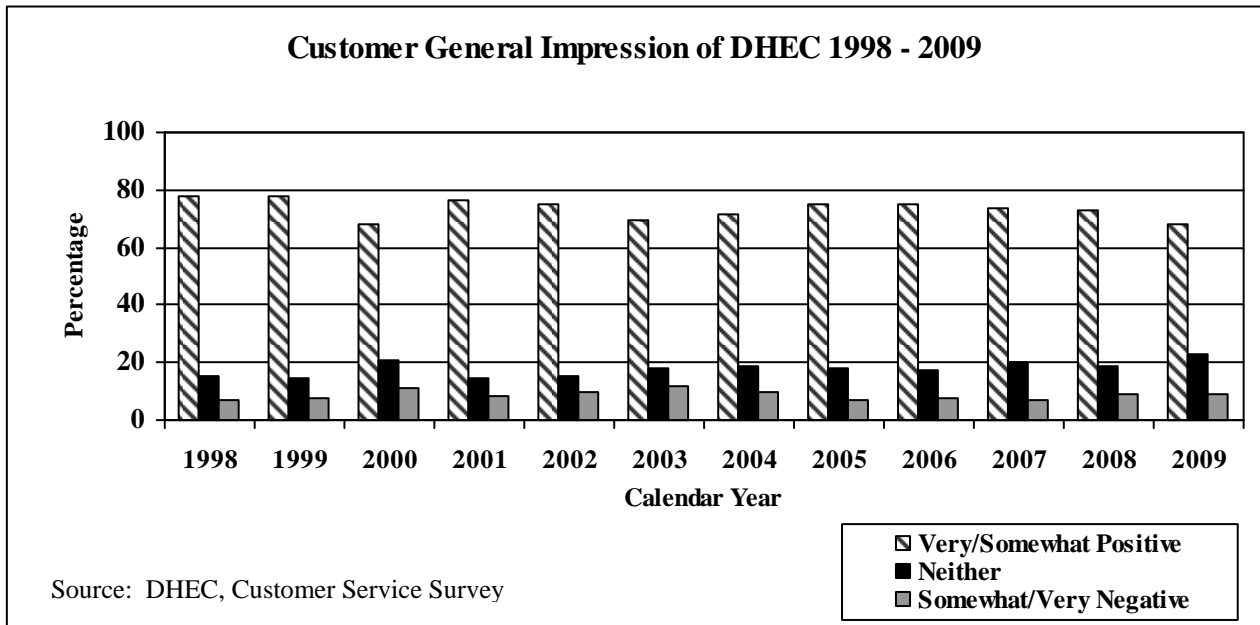
Fig. 7.1.25



The state trauma system is struggling to maintain consistent coverage and stability. The nineteen (19) trauma centers within the state are not strategically located to provide consistent and effective trauma coverage throughout the state. Current support must be enhanced to encourage growth of the current system to address inadequate coverage issues. The agency continues to support the development of a statewide trauma network with regional planning, enhanced communication, and evaluation of the appropriateness of pre-hospital transports of patients within the system.

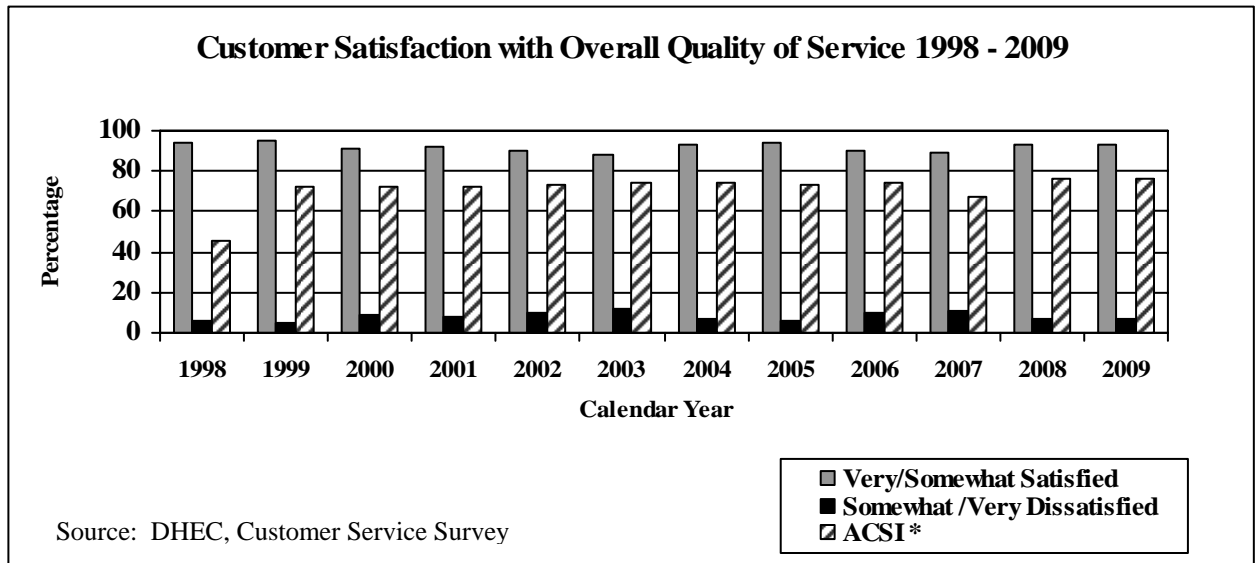
III. 7.2 Customer Satisfaction Results

Fig. 7.2.1



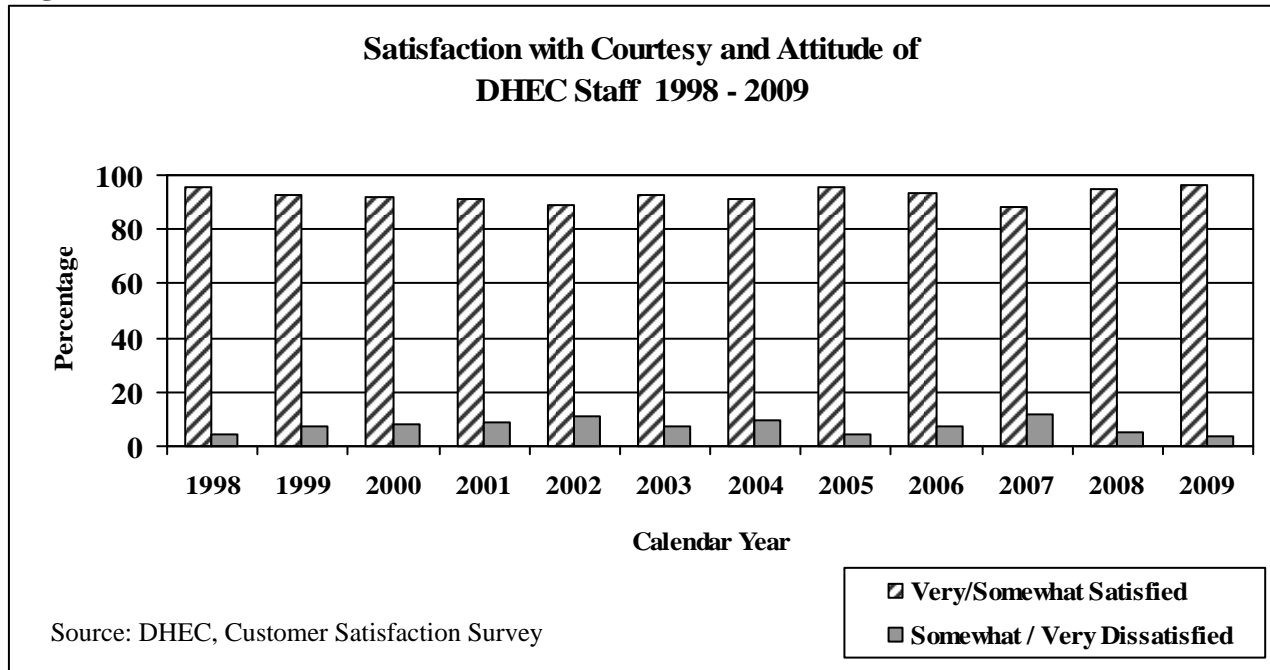
The stability of DHEC’s positive public image is confirmed by the results of the 2009 Customer Service Survey. For 12 years, the percentage of respondents with a positive general impression of DHEC has averaged over 73 percent.

Fig. 7.2.2



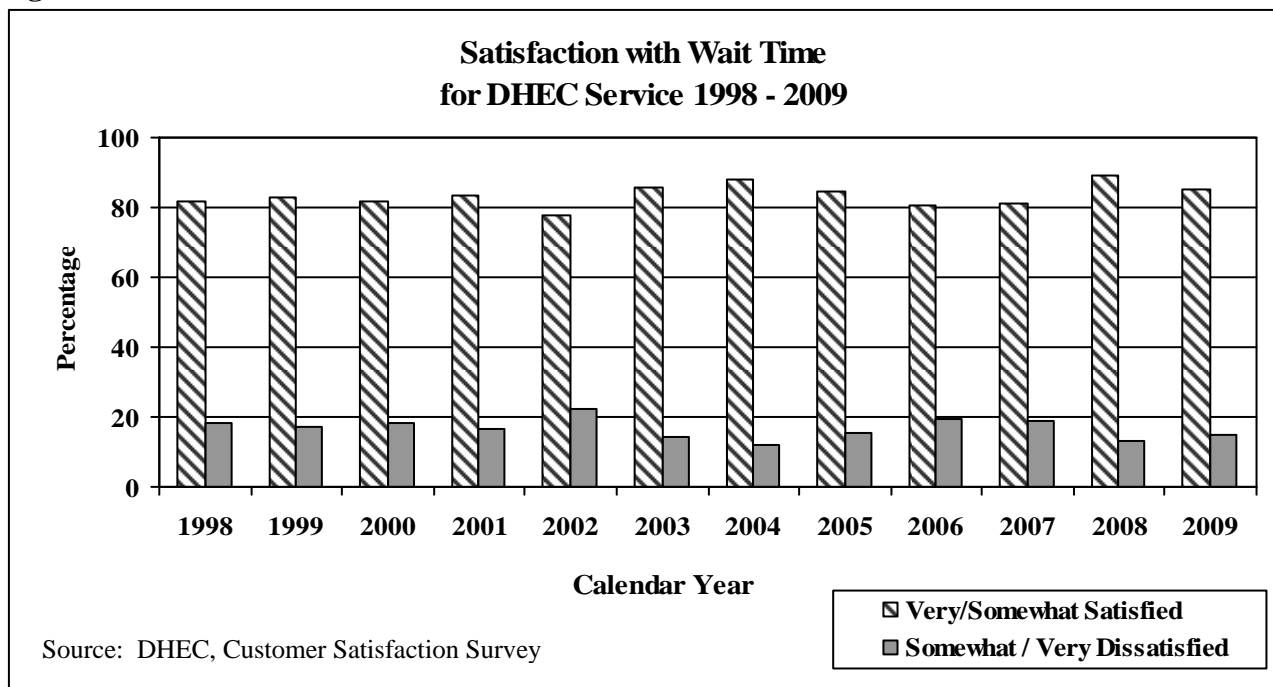
South Carolinians are satisfied with the services they receive at DHEC. In 2009 with a 93.4 percent positive response for overall quality of service, DHEC continues to remain well above the American Customer Satisfaction Index* (ACSI) of 76 percent. Overall satisfaction with DHEC services has averaged 92 percent for 12 years as compared with 71 percent for ACSI for this same time period.

Fig. 7.2.3



For 12 years, DHEC has maintained an average of 92 percent satisfaction with courtesy and attitude of staff. In 2009, this level was 97 percent even with reductions in staff and funding.

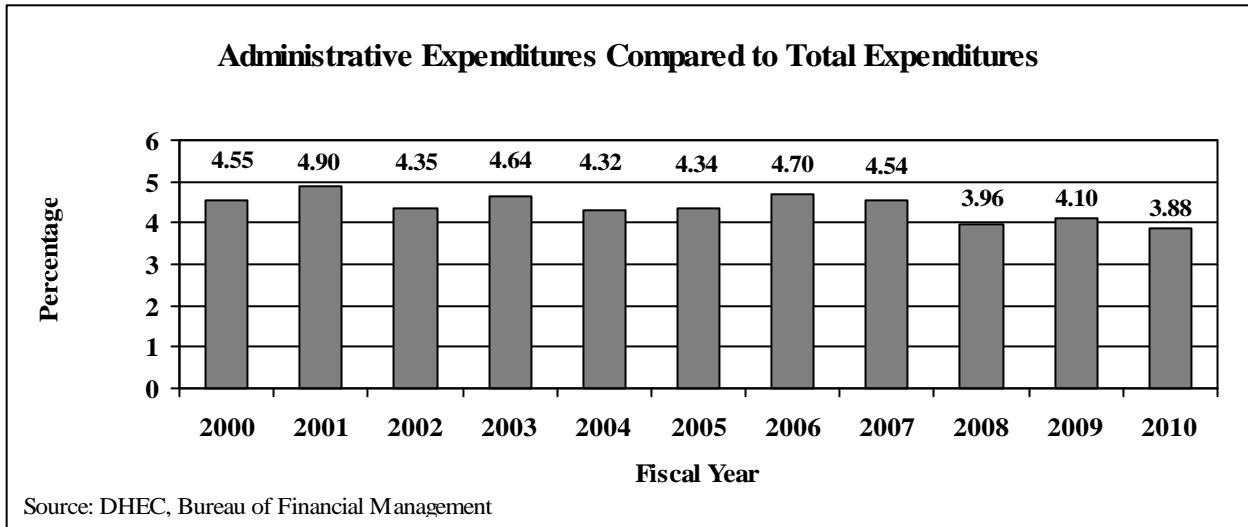
Fig. 7.2.4



In 2009, satisfaction with the time respondents had to wait for service was 85 percent; this is slightly lower than the 87 in 2008, but higher than the 81 percent seen in 2007.

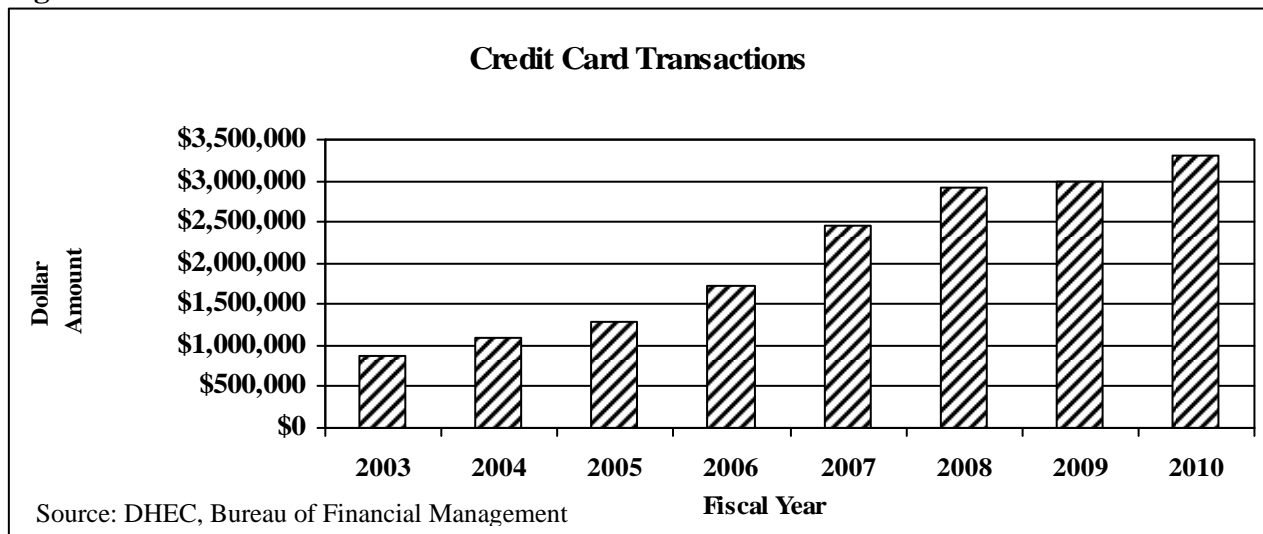
III. 7.3 Financial Performance Results and Process

Fig. 7.3.1



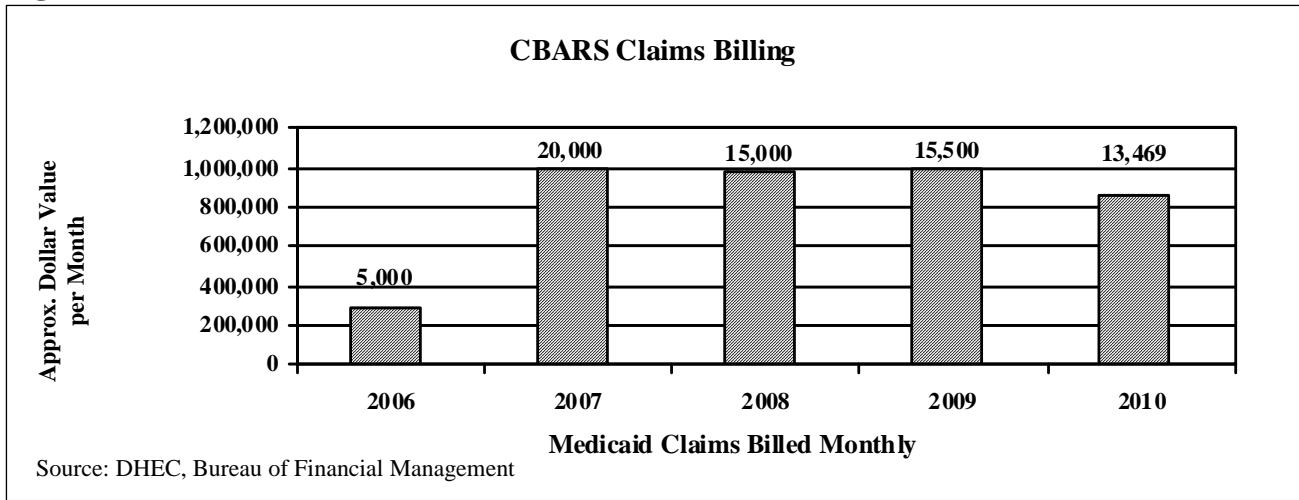
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to budget cuts and the agency holding down total expenditures. The increase in FY06 year 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



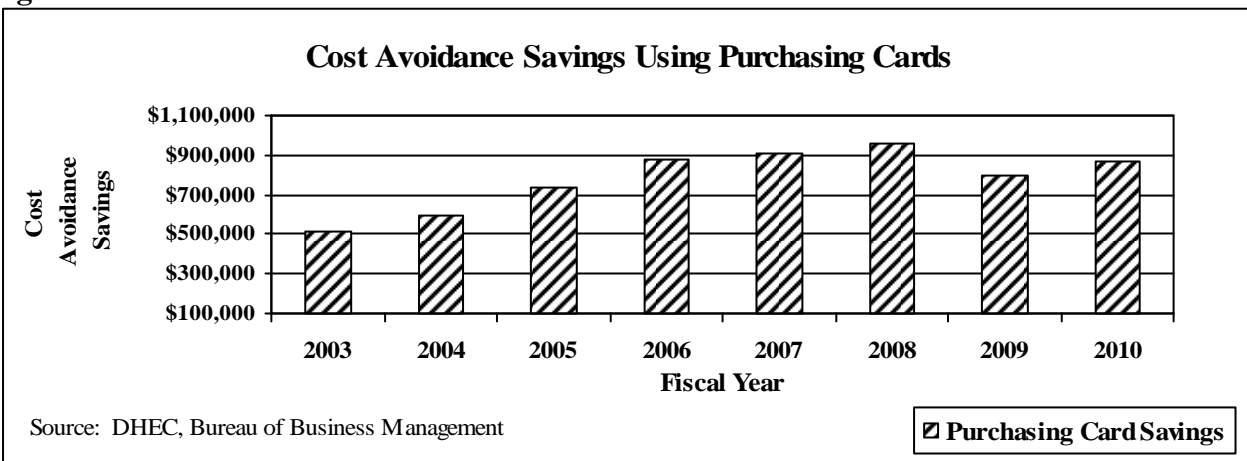
The agency's credit card transactions have increased significantly over the past few years as the system has been modified. In FY10, the Bureau of Financial Management processed \$3,311,764 in credit card transactions. This is a \$326,306 increase (11%) over last fiscal year. Customers have been pleased with this option and the availability of agency funds has been more timely.

Fig. 7.3.3



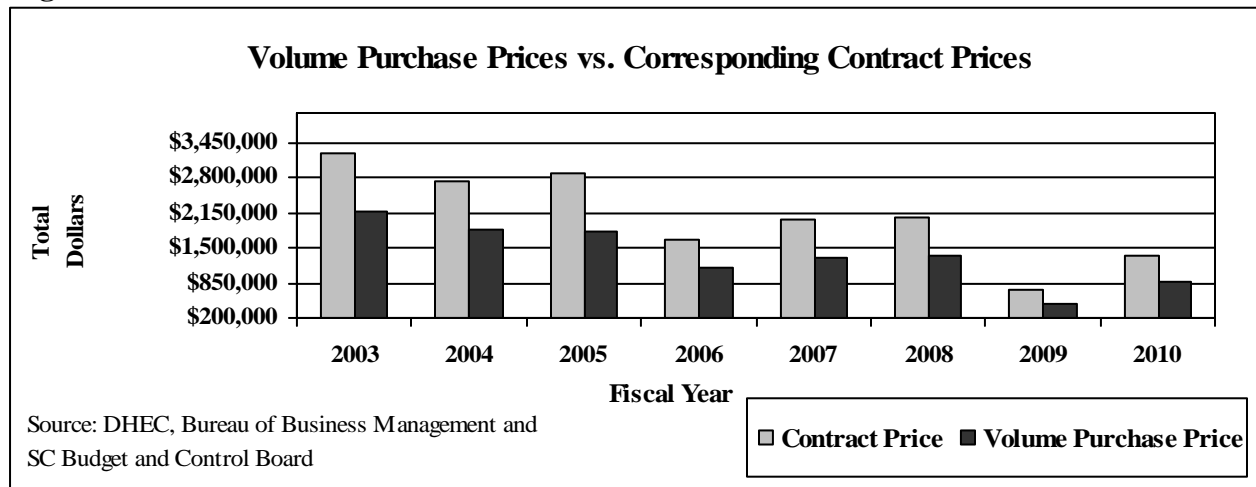
In FY10, DHEC billed Medicaid for approximately 13,469 claims per month using the Consolidated Medical Billing and Accounts Receivable System (CBARS) with a total dollar amount of approximately \$855,198 per month compared to FY09, when DHEC billed Medicaid for approximately 15,500 claims per month with a total dollar amount of approximately \$995,000 per month. The increased efficiency in processing claims has resulted in more timely access to billing dollars owed. The drop in claims processing seen in FY10, resulted in a decrease in Medicaid funds billed of \$139,802 per month. This decrease is attributed to a decline in billing for Children’s Health and Family Support Services (FSS). FSS services in the health regions have dropped due to budget cuts resulting in staff reductions. The health regions can now see only the most critical children.

Fig. 7.3.4



DHEC continues to emphasize the usage of the State Purchasing Card to acquire goods instead of using purchasing orders. During FY10, 14,391 purchases were made with the card totaling \$3,148,263. This represents an increase of 8.3 percent in the number of credit card transactions, while the total expenditure was down by 10.1 percent. 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 rather than purchase orders, the agency has realized a cost avoidance savings of \$863,460 this fiscal year. The agency also received a rebate in the amount of \$19,703 as part of the contract terms.

Fig. 7.3.5



DHEC has developed procedures to group personal computers and other information technology products to take advantage of volume discounts from vendors. This process creates financial savings for the agency, reduces administrative activities and utilizes procurement planning across program lines. For FY10, the agency’s group purchase of 1,051 computers produced a cost avoidance savings of \$509,036, which is 37.2 percent lower than using the state contract price. This process allows programs to maximize their purchasing dollars and redirect the difference toward the purchase of other needed items. By making the effort to group purchases, DHEC has saved approximately 33% each year than what we would have paid for the convenience of using the state contract.

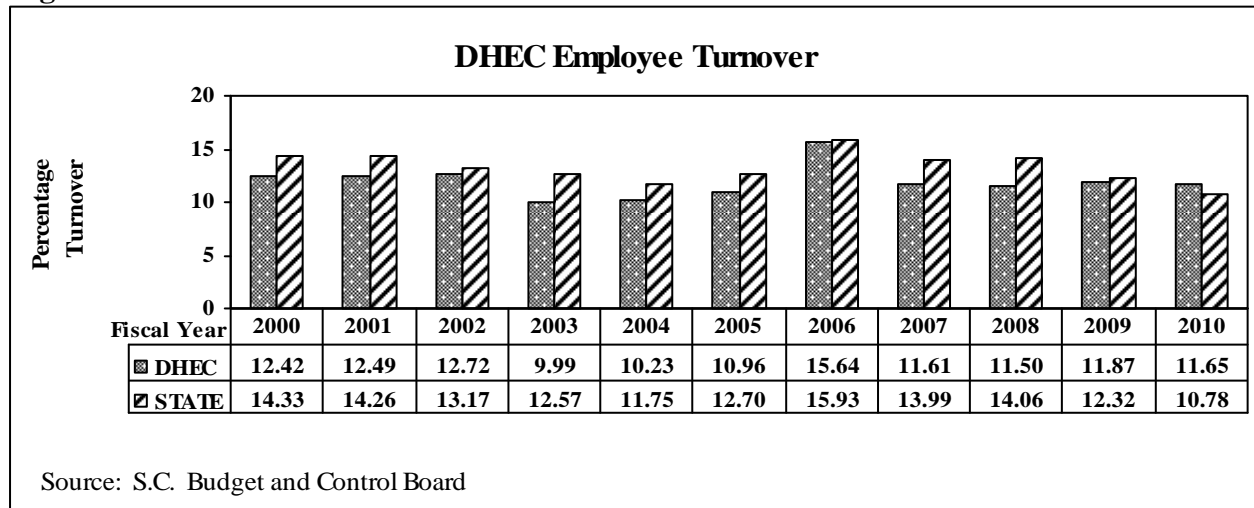
Fig. 7.3.6

Implementation of Internal Audit Recommendations			
Fiscal Year	Number of Recommendations	Recommendations Implemented	Recommendations Outstanding
2006	44	44	0
2007	69	69	0
2008	82	81	1
2009	17	17	0
2010	58	33	25
TOTALS	270	244	26

Over the past five fiscal years, DHEC Internal Audits has made 270 recommendations to improve agency operations, internal controls and procedures. Of those 270 recommendations, 244 have been implemented with 26 outstanding, which will be implemented in this fiscal year. This shows a serious commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Audit Committee of the DHEC Board. [Source: DHEC, Office of Internal Audits]

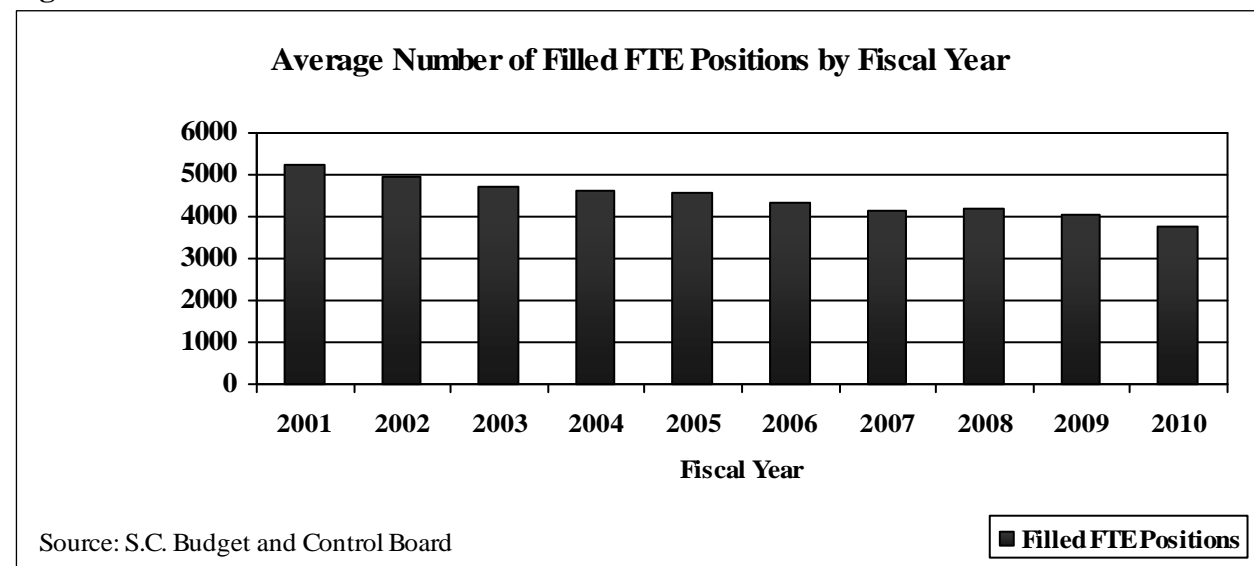
III.7.4 Work Force Results

Fig. 7.4.1



DHEC’S turnover rate for FY10 decreased to 11.65 percent. This is above the statewide turnover rate. However, the agency offered a Voluntary Separation Program and Retirement Incentive Plan during the year affecting the DHEC rate. Seventy-one (71) employees participated in the programs. The agency turnover rate would have been 9.77% if the program had not been offered and the employees did not leave, which would be below the statewide rate.

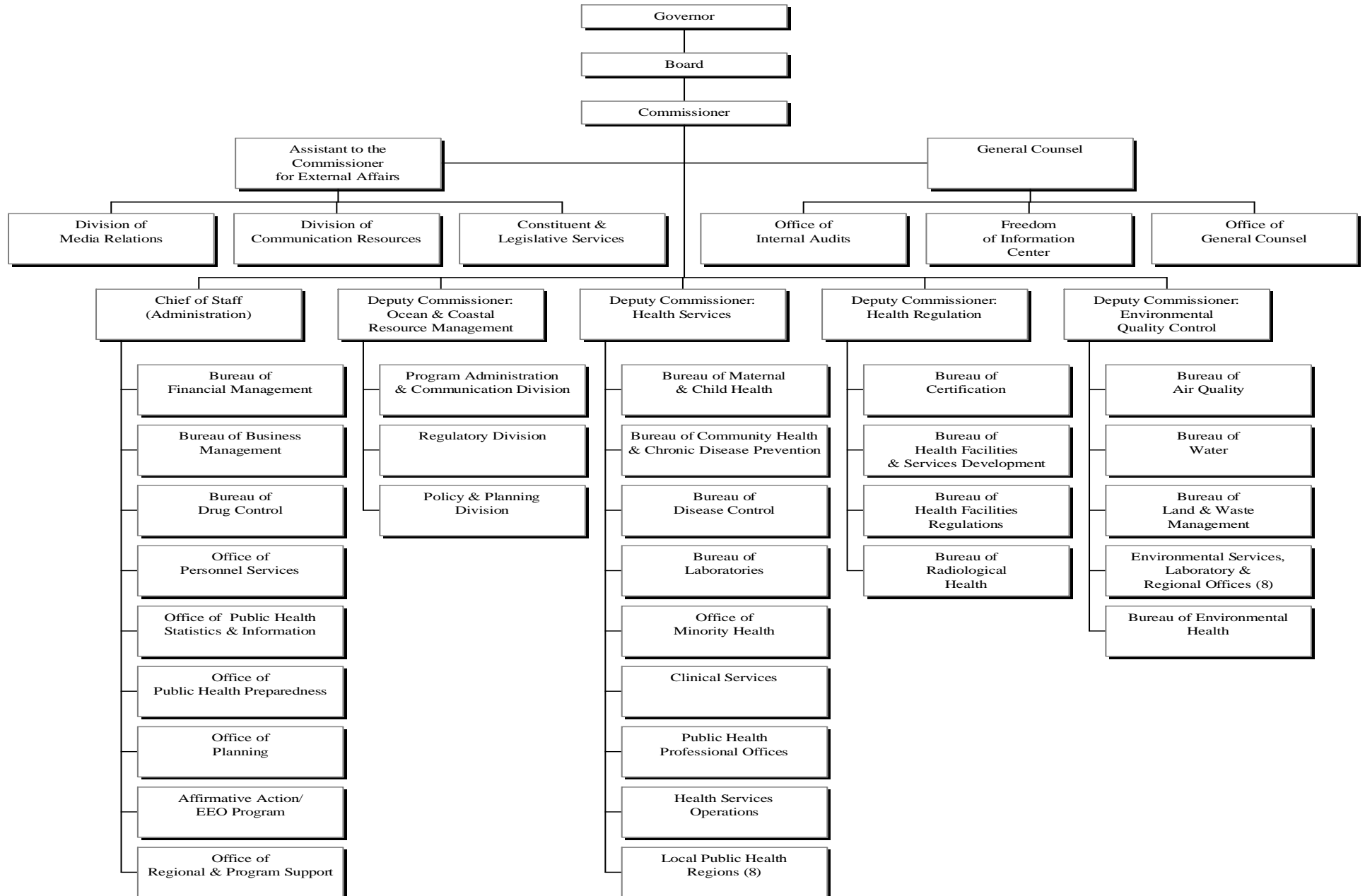
Fig. 7.4.2



The average number of filled FTE positions in the agency has continued a steady decline. Because of budget cuts, DHEC lost 320 filled FTE positions last year, the largest drop in the history of the agency. Last year the agency had an average of 3,748 filled FTE positions, 1,517 fewer filled positions compared to the 2000 staffing levels. Increased environmental pressures, demands for health and environmental services, along with staff shortages for emergency response challenge the agency's ability to accomplish its mission to promote and protect the health of the public and the environment.

South Carolina Department of Health and Environmental Control Organization Chart

Addendum A



Addendum B

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 08-09 Budget Expenditures	FY 09-10 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	State: 6,583,528.87 Federal: 494,399.04 Other: 16,352,674.10 Total: 23,430,602.01 % of Total Budget: 4%	State: 5,441,168.50 Federal: 2,823.44 Other: 13,351,357.08 Total: 18,795,349.02 % of Total Budget: 4%	7.2.1 7.3.2 7.4.1 7.2.2 7.3.3 7.4.2 7.2.3 7.3.4 7.2.4 7.3.5 7.3.1 7.3.6
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	State: 0.00 Federal: 1,154,446.86 Other: 2,180,777.72 Total: 3,335,224.58 % of Total Budget: 1%	State: Federal: 1,867,386.84 Other: 871,711.97 Total: 2,739,098.81 % of Total Budget: 1%	7.1.3
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State: 10,257,471.53 Federal: 6,841,417.01 Other: 11,180,955.36 Restricted: 460,604.56 Total: 28,740,448.46 % of Total Budget: 5%	State: 8,666,962.89 Federal: 7,335,505.95 Other: 10,677,508.54 Restricted: 139,768.52 Total: 26,819,745.90 % of Total Budget: 5%	7.1.6 7.1.7
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: 1,089,622.46 Federal: 1,923,364.25 Other: 726,261.08 Restricted: Total: 3,739,247.79 % of Total Budget: 1%	State: 1,126,423.95 Federal: 1,666,247.18 Other: 528,104.46 Restricted: 2,861.04 Total: 3,323,636.63 % 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 (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	

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

Addendum B

Major Program Areas						
Program Number and Title	Major Program Area Purpose (Brief)	FY 08-09 Budget Expenditures		FY 09-10 Budget Expenditures		Key Cross References for Financial Results*
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards) are met and reduces the potential of adverse health effects.	State: 1,297,564.57 Federal: 1,580,832.22 Other: 8,367,303.36 Restricted: 249,205.74 Total: 11,494,905.89 % of Total Budget: 2%		State: 1,043,234.10 Federal: 2,408,298.03 Other: 8,364,881.04 Restricted: 176,083.49 Total: 11,992,496.66 % of Total Budget: 2%		7.1.1
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State: 3,121,539.35 Federal: 6,813,278.26 Other: 1,727,667.96 Restricted: 9,588,176.96 Total: 21,250,662.53 % of Total Budget: 4%		State: 2,650,371.73 Federal: 5,978,262.93 Other: 1,920,771.62 Restricted: 7,388,999.30 Total: 17,938,405.58 % of Total Budget: 4%		7.1.2 7.1.4 7.1.5
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%		State: Federal: Other: Total: 0.00 % of Total Budget: 0%		
II.E.1 Family Health Infectious Disease Prevention	Ensures that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Immunizations.	State: 14,529,930.00 Federal: 37,019,950.60 Other: 13,274,753.37 Total: 64,824,633.97 % of Total Budget: 12%		State: 13,775,481.50 Federal: 40,611,808.85 Other: 14,211,142.76 Total: 68,598,433.11 % of Total Budget: 14%		7.1.8 7.1.20 7.1.9 7.1.21 7.1.17 7.1.22 7.1.18 7.1.19
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: 40,438.26 Federal: Other: Total: 40,438.26 % of Total Budget: 0%		State: 33,113.00 Federal: Other: Total: 33,113.00 % of Total Budget: 0%		
* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.						

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 08-09 Budget Expenditures	FY 09-10 Budget Expenditures	Key Cross References for Financial Results*
II.E.2 Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	State: 2,404,379.56 Federal: 102,943,426.05 Other: 40,963,613.54 Total: 146,311,419.15 % of Total Budget: 27%	State: 2,419,096.35 Federal: 91,954,810.34 Other: 33,214,438.28 Total: 127,588,344.97 % of Total Budget: 25%	7.1.14 7.1.15 7.1.16
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: 592,137.04 Federal: Other: Restricted: Total: 592,137.04 % of Total Budget: 0%	State: 483,683.69 Federal: Other: Restricted: Total: 483,683.69 % of Total Budget:	
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: 1,250,030.71 Federal: 5,504,757.05 Other: 2,336,260.76 Total: 9,091,048.52 % of Total Budget: 2%	State: 1,010,848.35 Federal: 5,125,968.40 Other: 3,658,374.73 Total: 9,795,191.48 % of Total Budget: 2%	7.1.12 7.1.13 7.1.23
II.E.3.a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states is a primary activity of the Division of Tobacco Prevention and Control.	State: Federal: 277,674.36 Other: Restricted: Total: 277,674.36 % of Total Budget: 0%	State: Federal: 192,122.57 Other: 513,585.62 Restricted: Total: 705,708.19 % of Total Budget: 0%	7.1.10 7.1.11
II.E.4. Assuring Public Health Services	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 33,855,496.46 Federal: 26,564,232.70 Other: 18,048,376.72 Total: 78,468,105.88 % of Total Budget: 15%	State: 29,354,530.82 Federal: 36,488,484.33 Other: 18,279,149.76 Total: 84,122,164.91 % of Total Budget: 17%	7.1.8 7.1.13 7.1.19 7.1.9 7.1.14 7.1.20 7.1.10 7.1.15 7.1.21 7.1.11 7.1.16 7.1.22 7.1.12 7.1.17 7.1.23 7.1.18 7.1.24
* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.				

Major Program Areas						
Program Number and Title	Major Program Area Purpose (Brief)	FY 08-09 Budget Expenditures		FY 09-10 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: Federal: Other: Total: 0.00 % of Total Budget: 0%		State: Federal: Other: Total: 0.00 % of Total Budget: 0%		
II. E. 4.b Biotechnology Center	These funds were awarded to the agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%		State: Federal: Other: Total: 0.00 % of Total Budget: 0%		
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	State: Federal: 138,044.77 Other: 1,651,950.17 Total: 1,789,994.94 % of Total Budget: 0%		State: Federal: 100,120.25 Other: 1,768,942.16 Total: 1,869,062.41 % of Total Budget:		
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: 953,826.00 Federal: 657,968.14 Other: Total: 1,611,794.14 % of Total Budget: 0%		State: 779,225.01 Federal: 834,013.65 Other: Total: 1,613,238.66 % of Total Budget: 0%		
II.E.7 Independent Living	This program: provides many in-home services such as skilled nurses; provides services to special needs clients to live more independent lives; and provides screening, testing, education counseling & managed care.	State: 7,079,043.15 Federal: 9,175,303.94 Other: 23,320,422.64 Restricted: Total: 39,574,769.73 % of Total Budget: 7%		State: 6,901,095.10 Federal: 6,223,733.65 Other: 21,311,725.58 Restricted: Total: 34,436,554.33 % of Total Budget: 7%		
* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.						

Addendum B

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 08-09 Budget Expenditures	FY 09-10 Budget Expenditures	Key Cross References for Financial Results*
II.E.7.a Camp Bumt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State: (28.36) Federal: Other: Total: (28.36) % of Total Budget: 0%	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	
II.F.1 Health Care Standards-Radiological Health	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggages/security units.	State: 516,651.00 Federal: 50,572.55 Other: 930,572.66 Total: 1,497,796.21 % of Total Budget: 0%	State: 434,260.37 Federal: 49,453.75 Other: 717,912.27 Total: 1,201,626.39 % 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: 623,709.41 Federal: 81,895.15 Other: 258,113.17 Total: 963,717.73 % of Total Budget: 0%	State: 518,719.29 Federal: 127,394.32 Other: 5,744,039.65 Total: 6,390,153.26 % of Total Budget: 1%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC. Ensures that clients are provided appropriate care and services in a manner and environment that promotes their health, safety and well-being.	State: 1,048,326.23 Federal: 0.00 Other: 970,298.41 Total: 2,018,624.64 % of Total Budget: 0%	State: 1,061,569.30 Federal: Other: 1,161,159.25 Total: 2,222,728.55 % 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: 3,419,794.98 Other: 0.00 Total: 3,419,794.98 % of Total Budget: 1%	State: Federal: 3,382,783.28 Other: Total: 3,382,783.28 % of Total Budget: 1%	
* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.				

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 08-09 Budget Expenditures	FY 09-10 Budget Expenditures	Key Cross References for Financial Results*
II. F. 5 Health Care Standards-Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	State: 2,016,666.40 Federal: 199,508.80 Other: 474,794.29 Total: 2,690,969.49 % of Total Budget: 1%	State: 1,500,856.48 Federal: 214,352.95 Other: 85,273.37 Total: 1,800,482.80 % of Total Budget: 0%	7.1.25
II. F. 5.a Trauma Center Fund	New Appropriation	State: 5,158,526.10 Federal: Other: Total: 5,158,526.10 % of Total Budget:	State: 5,600,379.99 Federal: Other: 2,016,467.80 Total: 7,616,847.79 % of Total Budget: 2%	7.1.25
II.G.1 Health Surveillance Support Services-Health Laboratory	Assures that integrated, accurate and cost-effective laboratory testing is available to support public health.	State: 1,501,242.99 Federal: 1,810,927.99 Other: 7,014,819.33 Total: 10,326,990.31 % of Total Budget: 2%	State: 1,240,986.84 Federal: 1,917,817.79 Other: 6,904,381.00 Total: 10,063,185.63 % 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: 160,399.53 Federal: 1,113,883.98 Other: 4,438,440.19 Total: 5,712,723.70 % of Total Budget: 1%	State: 153,699.54 Federal: 1,651,971.57 Other: 3,463,874.45 Total: 5,269,545.56 % of Total Budget: 1%	7.1.24
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 20,793,858.63 Federal: 17,817,481.94 Other: 16,107,276.45 Restricted: 931,947.46 Total: 55,650,564.48 % of Total Budget: 10%	State: 16,706,069.00 Federal: 19,421,737.12 Other: 15,498,061.84 Restricted: 826,231.20 Total: 52,452,099.16 % of Total Budget: 10%	
Below: List any programs not included above and show the remainder of expenditures by source of funds.				
Competitive Grants, Competitive Grants FY10, Improve Water Quality, Food Service Inspections & Dairy, Infectious Disease Prevention, ADAP, Infant Mortality Reduction, Vaccine Purchase Underinsured Children & Adol., Vaccine Purchase Underinsured Children & Adol. FY10, Prevent Diabetes & Other Chronic Diseases, Pandemic Influenza, Hemophilia Patient Svcs., Interstate Cooperative Monitoring, Youth Tobacco Program & Cessation, Smoking Prevention & Cessation FY10, 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 Rural 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: 12,114,140.70 Federal: 0.00 Other: 423,022.96 Total: 12,537,163.66 % of Total Budget: 2%	State: 732,794.35 Federal: 58,187.00 Other: 1,308,723.99 Total: 2,099,705.34 % of Total Budget: 0%	

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

Strategic Planning *			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 09-10 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
I. Administration	Improve organizational capacity and quality.	1) Provide continuous development of a competent and diverse workforce. 2) Provide reliable valid and timely information for internal and external decision-making. 3) Ensure customer focus and cultural competence in the agency. 4) Improve the linkage between funding and agency strategic direction. 5) Improve operational efficiencies through the use of improved technology and facilities.	7.2.1 7.3.3 7.2.2 7.3.4 7.2.3 7.3.5 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.	7.1.3
II. A. 2. Water Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Assist communities in planning for and responsibly managing growth. 2) Protect the public against food, water and vector borne disease. 3) Protect the environment to improve public health and safety. 4) Protect public drinking water. 5) Reduce non-compliance of regulated activities and facilities to meet applicable protective standards. 6) Restore impaired natural resources and sustain them for beneficial use. 7) Reduce direct and indirect loadings of pollutants to surface and groundwater.	7.1.6 7.1.7
II.B.1 Coastal Resource Improvement	Protect, enhance and sustain environmental and coastal resources.	1) Number of acres of coastal habitat lost or gained due to permit activities; number of acres of coastal habitats restored or protected. 2) Number of projects that provide, protect or enhance public access; number of acres of coastal zone open for public access. 3) Number of projects that provided local governments assistance with land use planning and natural resource protection; number of coastal communities supported in the development of ordinances or policies to control polluted runoff into coastal waters. 4) Number of coastal communities with programs to reduce damage from hazards or raise public awareness of hazards. 5) Number of participants in outreach efforts; number of participants who indicate usage of information provided. 6) Number of acres of coastal habitat that are inventoried and mapped.	

Strategic Planning *			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 09-10 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
II. C. Air Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Increase public understanding of air pollutants, such as ground-level ozone and particulate matter through increased education and outreach activities to segments of the public. 3) Increase percentage of state and associated populations living in areas meeting state and federal ambient air quality standards. 4) Reduce air toxins. 5) Assure strategic plans are in place to address adverse air quality impacts on natural resources.	7.1.1
II.D.1 Land Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Track and report number of non-responsible party contracts (Brownfields) executed. 4) Reduce the number of landfills through regionalization. 5) Track and report the number of Record Decisions (RODs) issued for dry-cleaning facilities 6) Minimize the impact to public health and the environment from environmental emergencies, disasters and spills. 7) Maintain effective and efficient disaster preparedness and response capability. 8) Provide technical information for state, federal and local emergency responses.	7.1.2 7.1.4 7.1.5
II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Protect the public against food, water and vector-borne diseases. 2) Ensure that food service facilities are routinely inspected, that septic tank systems are permitted, and that vector and rabies related incidents are handled thoroughly and completely. 3) Eliminate disparities in the incidence and impact of communicable diseases. 4) Reduce the number of TB cases, STDs, HIV, and increase the number of persons in the state living longer with AIDS as a result of proper treatment (indicating that appropriate treatment is reaching those who need it). 5) Reduce the occurrence of vaccine preventable diseases. 6) Maintain or increase the proportion of the target populations that are fully immunized.	7.1.8 7.1.9 7.1.17 7.1.18 7.1.19 7.1.20 7.1.21 7.1.22
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	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	

Strategic Planning *			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 09-10 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
	life for all. Eliminate health disparities.		
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.	7.1.14 7.1.15 7.1.16
II. E. 2. a Maternal and Infant Health- Newborn Screening	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Improve maternal and child health. 2) Screen all newborns prior to hospital discharge for hearing problems.	
II. E. 3 Chronic Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Reduce disparities in illness disability and premature deaths from chronic diseases. 2) Increase, over time exercise among adolescents and adults in the state. 3) Improve nutritional intake among the same populations. 4) Increase number of women receiving mammograms and pap smears. 5) Incorporate healthy nutrition, physical activity and cancer prevention activities into community services and initiatives in all health regions.	7.1.12 7.1.13 7.1.23
II.E.3.a Youth Smoking Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Decrease the proportion of youth and adults who smoke.	7.1.10 7.1.11
II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. In keeping with the agency’s value of “local solutions to local problems,” each county may focus on different health activities depending upon the needs of the community.	7.1.8 7.1.13 7.1.18 7.1.23 7.1.9 7.1.14 7.1.19 7.1.24 7.1.10 7.1.15 7.1.20 7.1.11 7.1.16 7.1.21 7.1.12 7.1.17 7.1.22

Strategic Planning *			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 09-10 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
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 (TBI) surveillance data into targeted prevention activities. 6) Provide information to TBI survivors regarding available post injury TBI services. 7) Translate injury surveillance data into useful and effective preventive programs.	
II.E.4 Minority Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Eliminate priority health disparities through: community engagement and capacity building; faith and community-based initiatives; improving access to services; culturally appropriate health promotion efforts in minority communities; program planning and implementation; and an increased capacity of the agency to provide culturally and linguistically appropriate services.	
II.E.4 Protection from Public Health Emergencies	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Outcome measures address 16 critical capacities and 46 critical benchmarks in the federal cooperative agreements.	
II.E.5 Drug Control	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Enforce regulations dealing with the distribution of controlled substances in the health care field.	
II.E.6 Rape Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Increase the number of new direct services to sexual assault victims by the 16 centers.	
II.E.7 Independent Living	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset; and 2) Reduce morbidity and mortality among	

Strategic Planning *			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 09-10 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
	Improve the quality and years of healthy life for all Eliminate health disparities.	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.F.1 Health Care Standards- Radiological Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Ensure radiation exposures to workers, patients, clients and the general public are kept at or below levels that would subject them to unacceptable levels of risk (within regulatory limits). 2) Complete compliance surveys within specified time frames. 3) Ensure facilities in violation of regulations have appropriate corrective action plans to prevent recurrence.	
II.F.2 Health Care Standards-Health Facilities and Services Development	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Produce the South Carolina Health Plan. 2) Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. 3) Review and allocate Medicaid patient days in a timely manner.	
II. F.3 Health Care Standards-Health Facility Licensing	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Conduct compliance inspections of licensed facilities within specified time frames. 2) Conduct investigations in a timely manner after receiving complaints. 3) Complete perinatal surveys with specified time frames. 4) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	
II.F.4 Health Care Standards - Certification	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Complete compliance and complaint surveys within specified time frame. 2) Successfully complete audit by Centers for Medicaid and Medicare Services. 3) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence. 4) Take action as necessary to protect the immediate safety and well-being of residents and patients.	
II.F. 5 Health Care Standards – Emergency Medical Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Complete compliance surveys of ambulance services and ambulances within specified time frames. 2) Complete complaint investigations in a timely manner. 3) Process grant-in-aid applications and contracts in a timely manner. 4) Consult with hospitals regarding trauma center designations and requirements. 5) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.1.25

Strategic Planning *			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 09-10 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
II. F.5.a Trauma Center Fund	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Consult with hospitals regarding trauma center designations and requirements. 2) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.1.25
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.	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.	Collect data on which to scientifically base public health decisions.	7.1.24
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.	

* While the DHEC deputy areas have robust operational/action plans, there are different reporting mechanisms, standards, outputs or measures that these plans use, which are based on grant or program requirements. The broad state budget categories in this chart make addressing the information requested in column #3 - Related FY 09-10 and Beyond Key Action Plans/ Initiative (s) and Time line for Accomplishing the Plans challenging, given the disparate plans and processes within the agency. Agency operational/action plans are available for review in more detail through the specific program areas or in the DHEC Measurement Plan. The agency’s Strategic Plan Council [See III. 2.1.] has developed a draft of the 2010-2015 Strategic Plan and is discussing how best to incorporate the various operational plans into a cohesive whole.

Partial Listing of DHEC Data Sources & Information 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 as legal verification for civil services
Health Alert Network (HAN)	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 (PATS)	Clinical operations & Medicaid billing
Geographic Information Systems (GIS)	Studies geographic impact of vital events, disease and environmental threats to develop effective approaches to improve health and environmental outcomes
Health Regulation Data Bases	Analyzes incident and accident reports for response
Emergency Medical Services (EMS) Trauma System	Certification of EMS providers
WebEOC	System that provides a common operating picture to respond to public health and emergency response incidents statewide.
Personnel Action Information System (PAIS)	Processes personnel actions
Data Exchanges with the Office of Research and Statistics (ORS), State's Budget and Control Board	A mutually agreed interagency program to allow both DHEC and ORS to conduct assessments on access and quality of health care and effectiveness of public health interventions
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
S.C. Community Assessment Network (SCAN)	An Internet based interactive retrieval system for dissemination of public health information
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
Consolidated Billing and Accounts Receivable System (CBARS)	Financial management information
Administrative Information Management System (AIMS)	Procurement, payment and asset accounting financial system
DHEC eLearning Center (eLC)	Manages employee learning and development through administrative and data tracking, allows creation and delivery of on-line training
Services Invoice Payment System (SIPS)	Non-medical automated billing system
Access Record Management System (ARMS)	System to track access rights to systems for staff (required by HIPAA)