

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

**FY 2008 – 2009
Annual Accountability
Report**

September 2009



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 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. For additional accomplishments, see the “Healthy People Living in Healthy Communities Report” at www.scdhec.gov.

Mobile Medical Units Exercise: DHEC's SCMed Mobile Medical Units concept was expanded by developing partnerships to include regional medical assistance teams in Horry and Lexington counties, Spartanburg Regional Medical Center's Hospital Emergency Response Team, Community Emergency Response Teams, and numerous hospitals and local first responders across the state. Operation Coastal Watch was a three-day event which DHEC mobilized all six of the state's SCMED units to Horry County, which together produced over 9,000 square feet of climate controlled patient care area, capable of handling 250 patients.

Response to Outbreaks: Novel H1N1 influenza was first detected in the United States and South Carolina in April 2009. During the first weeks of the outbreak intense work was done in several areas of the state that included case and contact tracing and implementation of voluntary isolation and quarantine of individuals. As of June 30, over 1,700 cases had been reported with over 400 contacts followed-up, and more than 300 persons asked to voluntarily isolate or quarantine themselves. Additional work was done in the development of guidance for active surveillance and public health interventions. DHEC Regional Outbreak Response teams also responded to 93 outbreaks, affecting more than 2,800 individuals. The most common disease outbreaks were norovirus, chicken pox, pertussis, salmonella and influenza.

Expanded HIV Testing: In 2008, DHEC provided HIV testing to more than 54,400 people, an increase of more than five-percent compared to 2007, despite staff shortages in many settings. DHEC received a three-year grant from the Center for Disease Control and Prevention to expand HIV testing primarily in clinical settings and to reach more African Americans. DHEC created partnerships with three hospital emergency departments and expanded partnerships with two more hospitals. These efforts have allowed for providing routine HIV testing in counties that are among those with the highest rates of infection. [See III.7.1.22.]

Health Partnerships and Collaborations:

- **WiseWoman:** DHEC's Division of Cancer Prevention and Control received a five year grant award to implement WiseWoman. Through this grant, the participants in the Best Chance Network in two DHEC Regions will be eligible to receive expanded services to include assessment and follow up for cardiovascular disease.

- **All Health Team:** In May of 2009, Blue Cross, Blue Shield of South Carolina (BCBS) joined DHEC and WIS-TV as an All-Health Team partner and sponsor. This union with BCBS will assist in strengthening the program's effort to outreach youth statewide. The All-Health Team promotes positive preventive health messages and health projects that young people are coordinating across the state. Currently 38 projects have been awarded involving 17,235 youth and 968 adults.

- **Eat Smart, Move More:** DHEC serves as the lead entity providing support to the Eat Smart, Move More Partnership (ESMMS), which is working to create and promote communities that support healthy eating and active living. Thirteen mini-grants have been awarded to communities throughout the state. The agency served as a sponsor for ESMMS Annual Obesity Summit in March 2009. Dr. Steven K. Galson, Acting United States Surgeon General, was a keynote speaker and presented the partnership with the Surgeon General's Health Youth for a Healthy Future Champion Award.

- **Tom Joyner Morning Show Back to School Event:** Columbia was one of seven cities selected to air live on the nationally syndicated Tom Joyner Morning Show during the 2008 Back to School event. DHEC's collaborated with WLXC, KISS 103.1 FM to coordinate the Health and Hygiene Zone, which provided dental and vision screenings and administered vaccines. Over 5,000 participants received education and information on various public health messages. Because the event was a huge success, Columbia has once again been selected as one of the cities to air live during the 2009 Back to School event.

- **Nurse Family Partnership:** Supported by a multi-year investment by the Duke Endowment, Blue Cross Blue Shield of South Carolina and First Steps of South Carolina, the Nurse Family Partnership (NFP) is a nationally recognized evidence based in-home visitation program designed to improve health outcomes among first time low-income mothers and their children.. The NFP is currently operating in six sites across the state, four of which are DHEC sites.

- **Oral Health for South Carolina Children:** This past year, DHEC completed the second Oral Health Needs Assessment (OHNA) of kindergarten and first grade students. Children who were black, participating with the Free and Reduced Lunch program and living in rural communities were most likely to have untreated tooth decay. DHEC has successfully partnered with the South Carolina Dental Association and the Columbia Marionette Theatre in the production of a 20 minute interactive puppet

show, *Flora and Floppy Go to the Dentist*, for children ages 4-8, which has reached over 6,900 school-age children.

- **Multimedia Flu Season Campaign:** In an effort to increase flu vaccine coverage, a statewide campaign based on DHEC's "What Do You Do to Prevent the Flu?" was launched during the 2008 – 2009 flu season. Key stakeholders representing Blue Cross Blue Shield of S.C., S.C. Public Health Association, S.C. Hospital Association, Lt Governor's Office on Aging, Medical University of S.C., S.C. Health Care Association, S.C. Primary Health Care Association, S.C. Coalition of older Adult Immunization and the S.C. Press Association were involved. A multi-layered education and outreach marketing plan promoting vaccine and prevention messages was developed. The head football coaches at the University of South Carolina, Clemson and South Carolina State filmed public service announcements that were aired during home football and basketball games.

New Cancer Funds: DHEC received \$2 million in FY09 to expand Best Chance Network services to women ages 40-64 years old. The number of women projected to be screened with these monies and CDC funds increased from 9,000 in FY07-08 to 15,661 in FY08-09. The Legislature has approved \$2 million in one-time, non-recurring funds for SFY10. Breast and cervical screenings will be available to approximately 16,000 women (with these funds and CDC funding). DHEC received \$1 million in FY09 to implement the SCOPE S.C. (Screening Colonoscopies on Everyone in S.C.) program. It is projected that 600 participants will have completed colonoscopies from these efforts. The Legislature has approved another \$1 million in one-time recurring funds for FY10 to fund SCOPE S.C., allowing the program to expand to other areas of the state. [See III.7.1.13.]

Tobacco: The Clinical Practice Guidelines for Tobacco describe proven interventions to reduce tobacco use among clients. DHEC implemented an internal learning collaborative that piloted implementing the 2As + R (Ask, Advise and Refer) intervention described in the guidelines in two public health regions. The collaborative concluded that the intervention could be implemented with success and without negatively affecting clinic operations. A new policy requiring the intervention is being deployed in DHEC clinics. DHEC also successfully met annual goals of model tobacco-free school policy adoption by at least five school districts per year, with a total of 20. These efforts have garnered South Carolina national recognition as a school board/state agency partnership by the National School Boards Association. In addition, collaboration between the state tobacco control program and the statewide coalition has led to the adoption of 27 local clean indoor air ordinances (four counties and 23 cities and towns) in the state as a result of the work of the state's advocates. South Carolina was recently awarded the 2008 American's for Nonsmokers Rights "Smoke-free Air Challenge Award" at the National Conference on Tobacco or Health. [See III.7.1.10-11.]

Camp Burnt Gin: Over 400 campers with a range of special health care needs will attend one of the seven camp sessions despite significant delay in preparations due to funding issues. In the end, sufficient non-recurring state funding was appropriated ensuring resource for the 2009 camp season.

Healthier Food Package: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has revised the food packages that are offered by the WIC Program in 2009. The food package changes are made to align foods offered in the WIC Program with the 2005 Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics as well as providing WIC participants with a wider variety of foods and encourage consumption of fresh fruits and vegetables. [See III.7.1.16.]

Environmental Emergency Response: The agency's environmental Emergency Response Program documented 105 hazardous material spills, 589 oil spills and 189 spills classified as other; documented 65 fish kills; participated in 13 chemical/oil/diesel/WMD exercises; and documented 1,230 calls into the environmental 24-hour emergency response phone number. The Nuclear Response & Emergency Environmental Surveillance Section documented 27 actual and courtesy notifications while participating in a total of 36 communication drills and exercises.

Mercury Reduction Strategy: DHEC has developed a Mercury Reduction Strategy to reduce risk from mercury exposure through collaboration with the public, interested groups, industry and government. The strategy focuses on three initial areas for risk reduction: 1) reduction of mercury emissions; 2) enhanced risk communication; and 3) increased recycling of mercury-containing products. In the past year, advances have been achieved in all three areas. DHEC signed a Memorandum of Agreement with South Carolina utilities, highlighting their voluntary commitment to provide mercury testing and monitoring of emissions from coal-fired power plant units starting summer 2009 and to participate in a study of mercury deposition from mercury sources both within and outside the state. Recycling of mercury-containing vehicle switches and thermostats continued last year, bringing the total amount of mercury recycled up to 33 pounds since 2002. In addition, DHEC expanded existing risk communication, placing consumption advisory signs at 277 public boat landings.

Demonstration of Need Regulation: After more than two years working with stakeholders, DHEC has revised and promulgated a significantly improved Demonstration of Need Regulation (R.61-107.17). The revision reduces the allowable annual municipal waste disposal capacity in South Carolina by 32 million tons and significantly reduces the potential for additional construction and demolition debris landfills. The revised regulation establishes needs-determination criteria for solid waste incinerators and processing facilities.

Air Quality: As a result of the National Ambient Air Quality Standards becoming more stringent, local communities may find it difficult to stay in compliance. DHEC continues to expand the scope of local stakeholder coalitions established over the several years by taking a multi-pollutant approach that includes ozone, particulate matter, other pollutants and greenhouse gas emissions. The agency seeks to strengthen relationships by increasing access to counties and municipalities and 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 levels. Collaboration and partnerships with both private and public entities have provided improvements in air quality sooner than required under the federal Clean Air Act and continue to be successful and more efficient. [See III.7.1.5.]

Southeast Diesel Collaborative - Clean School Bus USA: DHEC's partnership with the state Department of Education and a second grant award from the Environmental Protection Agency have resulted in improved air quality. The award was for the purchase and installation of equipment that significantly reduces diesel emissions from South Carolina's aging school bus fleet. The award also provides funding each year for outreach to students to help reduce the idling of cars at home and at school. Both efforts lead to cleaner air and improvements in children's health. Through collaborative partnerships and grant awards, additional air quality goals are being achieved.

Federal Review of South Carolina Coastal Management Program: In 2008, the National Atmospheric and Oceanic Administration (NOAA) conducted a five year review of South Carolina's coastal management program and strategies, as administered by DHEC's Office of Ocean and Coastal Resource Management. Citing numerous achievements including enhanced technical capacity and partnerships with local governments, coastal managers and researchers, NOAA complimented DHEC's commitment to implementing S.C. Legislative Audit Council and Council on Coastal Futures recommendations. Additionally, DHEC was praised for full program approval from NOAA and the EPA of its Coastal Nonpoint Pollution Control program, which provides technical assistance to local governments for project-based water quality protection and improvement.

Marine Debris Removal and Education: DHEC continued its successful program aimed at removing abandoned vessels that threaten the health and safety of coastal waterways and raising public awareness of the problems created by marine debris. Partnerships were established with the town of Mt. Pleasant and the cities of Georgetown and Myrtle Beach for the removal of 21 abandoned and derelict vessels. DHEC also partnered with other Southeastern and Gulf of Mexico state organizations to produce the *Educator's Guide to Marine Debris*. This publication was distributed in hard copy and

electronically throughout the greater Southeastern Gulf of Mexico region to engage middle school students on marine debris issues through curriculum and hands-on activities.

Strategic Policy Development and Interagency Coordination: DHEC has continued to make a concerted effort to identify and address complex challenges related to coastal resource management and community resiliency. A 23-member external Shoreline Change Advisory Committee comprised of a broad cross-section of stakeholders including scientists, coastal managers, municipal officials, developers, conservationists and legal professionals continues to meet monthly and hold discussion forums with community leaders throughout the year. The committee will identify and explore new approaches to prepare for and adapt to coastal development, sea level rise and shoreline change. A final report of the committee's findings will be available in late 2009.

An Ocean Planning Work Group was also formed with representatives from federal and state agencies and academic institutions to scope issues related to ocean energy exploration, offshore aquaculture, sand resources and seafloor mapping. This group will continue to meet with experts and stakeholders over the next two years in order to facilitate information exchange and to develop a report to help guide future ocean research, education and policy development.

Review of State Beachfront Jurisdictional Lines: DHEC management began the process of reviewing and revising state beachfront jurisdictional lines, as required by law every eight to ten years. This time-intensive process requires the analysis of historical shoreline positions, beach profiles and annual erosion rate data to determine the appropriate location of the dune line and setback line. These jurisdictional lines guide and limit development within setback areas that are vulnerable to chronic erosion, preventing loss of public recreational beach areas and reducing potential impacts to private development.

Coastal Enforcement Process Improvements: DHEC has developed and implemented a comprehensive Uniform Enforcement Policy to provide greater consistency and efficiency in the enforcement decision making and resolution process. As a result, incident investigation time has decreased from an average of twenty-one days to an average of ten days, and caseload resolution has nearly doubled within the last year.

Clinical Laboratory Evaluation Program: The Centers for Medicare & Medicaid Services (CMS) provides oversight for all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments. In South Carolina this oversight function is performed by the DHEC's Bureau of Certification with biannual reviews by CMS using the State Performance Standard System. The thirteen standards of this system emphasizes the value of timeliness, quality, proper identification of deficiencies, and the enforcement and remedies necessary for improvement in Medicare/Medicaid-certified laboratories. To achieve compliance with these rigid standards, the agency developed and implemented a State Agency Performance Review Plan. Implementation of this plan resulted in full DHEC compliance with all thirteen standards for the past two years.

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

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

I.4 Key Strategic Challenges:

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

DHEC, like hospitals and other agencies, has lost an unprecedented number of registered nurses over the past two years due in part to an "aging" workforce coupled with a national nursing shortage. 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.

Infant Mortality & Prevention of Premature Births: Infant mortality continues to be a challenge for the state. Current fiscal challenges have resulted in significantly reduced capacity for key programs targeting infant mortality reduction. Funds allocated in 2008 to support infant mortality reduction through the post - partum newborn home visit program had a positive effect on DHEC's capacity to provide these visits. However, loss of capacity within the program over the past year has made it difficult to sustain the same level of home visitation as seen in 2008. Family planning efforts to increase caseload and reduce unintended pregnancy have also been met with many challenges. The increased cost of contraceptives, loss of clinic capacity, and changes in Family Planning waiver requirements are obstacles making sustained progress difficult. In addition to decreasing capacity among key programs, securing resources to address issues contributing to infant mortality remains a priority. Efforts to improve the health of the mother before becoming pregnant, prevent premature births and reduce the number of deaths attributable to unsafe sleeping conditions are also critical for reducing the number of infant deaths in the state. [See III.7.1.15-16.]

Chronic Disease Burden: In South Carolina, diabetes continues to be listed as one of the top 10 leading causes of death. Because of the growing impact of the disease, the state spends an exorbitant amount on treatment and medical care. The agency recently lost recurring state funds for the diabetes and disparity program that was implemented in DHEC health regions. These funds were used to: provide community education about diabetes, heart disease and stroke risk factors; work with school nurses and other providers to increase their knowledge of the standards of care; and build the capacity of community partners to implement primary prevention of chronic diseases. [See III.7.1.12.]

Children's Rehabilitative Services (CRS): CRS program expenditures for payment for medical and related services for low - income children with chronic illnesses and disabling conditions leveled off in FY09 after many years of increasing costs, as a result of policy changes that reduced (or clarified) extent of covered services. However, program expenditures still outstripped designated state and federal funding. Legislative recurring appropriations of an additional \$2 million per year are needed to allow the program to again establish the level of service that will assure most effective use of resources for services that include payment for hearing aids and orthodontia in addition to other medical services.

Overweight/Obesity: In South Carolina, obesity rates have more than doubled since 1990. In 2008, the state had the sixth worst obesity rate in the nation. Over 65 percent of adults are overweight or obese and over 30 percent of high school students are overweight or obese. Because obesity is a complex issue, efforts to prevent obesity must consider the interwoven relationship that exists between the individual and the surrounding sectors of influence - schools, worksite, health care or the community. Stable, adequate funding and resources to implement sustainable policy and environmental changes are needed to address this complex issue.

Air Issues: The Clean Air Act requires the EPA to review the latest scientific information affecting each ambient air quality standard every five years. With the exception of ground-level ozone, South Carolina is currently attaining all of the National Ambient Air Quality Standards. In March 2009, DHEC submitted the recommended boundaries for areas attaining the 2008 8-hour ground-level ozone standard to EPA. The new national standard of 0.075 parts per million (ppm) is set lower than the previous standard of 0.08 ppm. Although it is more protective for human health, it may be challenging for the Southeastern states to meet these standards. The EPA is expected to finalize ozone nonattainment boundaries by March 2010. DHEC continues to work diligently with the local governments and stakeholders to improve air quality and achieve the new standard as quickly as possible. [See III.7.1.5.]

Sustainable Water Supplies: Because of the stressors of a rapidly growing population, the Pee Dee area and coastal counties of South Carolina have seen groundwater levels decline. Many of the state's rivers and lakes have experienced inadequate flows during dry periods. South Carolina has a groundwater use permitting and reporting program and a surface water use reporting program. There is a need to establish a surface water permitting program. The state 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. [See III.7.1.6 -7.]

Infrastructure Needs: Stimulus dollars from the ARRA will accelerate clean-up of some contaminated sites and will provide funding to upgrade additional water and wastewater facilities. However, not all needs can be met. Many sites requiring clean-up and many facilities needing upgrades remain.

Environmental Pressures: In the present economic climate, societal pressures on environmental protection in South Carolina are strained. Federal and state funding reductions and the inability to assess new or increased fees also stress the ability to maintain appropriate staff and staffing levels to perform the agency's mission and to accomplish goals. Staff continues to experience ever-increasing pressures to work faster and perform at higher levels. The regulated community, both private and public, also seeks to cut costs in many different ways. These cost-cutting measures may result in compliance issues, which are equally as difficult as permitting activities and often greater in

cost. An increasingly visible environmental conservation community calls for higher standards of protection and where necessary, remediation. DHEC seeks to balance these pressures through sound fiscal management, a willingness to negotiate change processes through public discourse, and a determination to provide the highest possible level of protection to the state's environment and public health.

Keeping Pace with Environmental Review, Compliance and Enforcement: As commercial and private development of coastal property steadily increases, 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.

Updating the S.C. Coastal Management Program Document: The state's Coastal Management Program document, which institutes the strategy for the use, protection and enhancement of South Carolina's coastal resources, was originally approved by the S.C. General Assembly and Governor in 1977, and by the National Oceanic and Atmospheric Administration in 1979. While the program policies remain relevant, considerable increases in the level of demand on coastal resources and other changes in population and commercial and residential development patterns require that a detailed review and update to the document be undertaken. Beginning with a thorough analysis of the existing document, updates and revisions will be suggested that would update and modernize the program document to reflect the current conditions in South Carolina's coastal zone. The principal objective of this effort is to make the program document more accessible and useful for coastal managers, citizens and the regulated community.

Adapting 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 staff will 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 proactively engage coastal decisionmakers in developing long-term shoreline management strategies.

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

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

Staff Retention/Turnover/Vacancies: Funds for staff retention have been approved in past Appropriations Acts to help DHEC fill and retain employees in critical areas such as nursing, nutrition, social work, information systems and environmental engineers/scientists and managers. Additional funding is needed to assure availability and sustainability of a competent work force, particularly in the high-demand, hard-to-fill positions where current salaries are well below the private sector, other Southeastern states, and other agencies. Lack of a competitive structure to replace staff and the growing percentage of experienced staff nearing retirement, further impact the agency's ability to carry out its mission to provide essential and mandated public health and environmental services.

State and Federal Budget Cuts: Significant funding cuts have occurred in the federal Centers for Disease Control and Prevention programs such as Public Health Preparedness and Response to Bioterrorism Grant and the Maternal and Child Health Block Grant, and there is the continued risk of future funding reductions. As the Environmental Protection Agency (EPA) develops new regulations and environmental protection becomes more complex, it also becomes more costly. EPA funding is flat. The National Oceanic and Atmospheric Administration and Centers for Medicare and Medicaid Services have also made substantial cuts in 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 Sections III.6 - Crisis Management & III.7 - Key Results for some agency efforts to address these funding shortages.

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

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 Website 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 and 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	Local and state governments
Business and industry	Contractors
Communities	Developers
Families	General Assembly
Visitors and tourists	Federal government

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

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

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

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

II.3 Key Stakeholders Groups:

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

II.4 Key Suppliers and Partners:

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

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

II.6 Number of Employees: DHEC currently has 4,711 budgeted FTE positions. Of these, there are 3,925 employees in FTE positions with 807 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. [See III.2.3.]

II.9 Organizational Structure: [See Addendum A]

II.10 Expenditures/Appropriations Chart:

Major Budget Categories	FY 07-08 Actual Expenditures		FY 08-09 Actual Expenditures		FY 09-10 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$181,115,493	\$76,624,299	\$178,352,149	\$63,076,590	\$173,726,825	\$58,846,802
Other Operating	\$126,276,555	\$28,335,938	\$129,294,539	\$17,842,448	\$178,051,877	\$16,403,338
Special Items	\$1,898,098	\$758,020	\$6,384,150	\$5,791,073	\$3,985,212	\$3,680,032
Permanent Improvements	\$35,408		\$107,620			
Case Services	\$128,490,644	\$13,416,132	\$141,654,459	\$6,022,187	\$125,195,614	\$9,943,851
Distributions to Subdivisions	\$8,960,966	\$1,506,178	\$10,992,348	\$1,348,203	\$22,065,134	\$1,217,581
Fringe Benefits	\$54,392,632	\$23,223,403	\$55,650,564	\$20,793,859	\$52,478,501	\$17,350,575
Non-recurring	\$20,501,010	\$20,501,010	\$12,116,141	\$12,114,141		
Total*	\$521,670,806	\$164,364,980	\$534,551,970	\$126,988,501	\$555,503,163	\$107,442,179

*Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	FY 07-08 Actual Expenditures	FY 08-09 Actual Expenditures
Supplemental Bills	\$20,501,010	\$12,114,141
Capital Reserve Funds	\$573,886	\$107,620
Bonds		

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

Section III – Elements of the Malcolm Baldrige Criteria

III.1 Leadership

III.1.1 How do senior leaders set, deploy and ensure two-way communication for: (a) Short and long-term organizational direction and organizational priorities: Commissioner Earl Hunter leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the State, 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 direct 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 Promotion; 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 reviewed 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 in ethics and public service for managers and staff is offered several times each year. Ethical behavior is an expectation of senior leaders and is further addressed in III.1.4 and III.5.6 (c).

III.1.2 How do senior leaders establish and promote a focus on customers and other stakeholders? Customer service has been a core agency value for many years. [See III.3 - Customer Focus.] This focus is established through example and training. Members of EMT have received training in customer service and have established customer service and cultural competency training as requirements for all staff. The agency has incorporated Basic Customer Service training into the required orientation for new employees and has implemented a one-day "Customer Service Excellence" course. This focus on customer service training is reflected in satisfaction with the courtesy and attitude of DHEC staff in the 2008 Customer Service Survey. [See III.7.2.1- 4.]

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

The agency's Web site has been improved in that direction of Commissioner Hunter. The home and landing pages have been revised to be more customer friendly. Feedback from customers and staff has been very positive. Several other improvements are either in process or in the planning stage. Web Coordinating Council was formed representing all of the deputy areas and appropriate departments to improve agency coordination and communication. Numerous publications such as "Healthy People Living in Healthy Communities" at www.scdhec.gov are produced to inform citizens of South Carolina about the overall health of the population and the state of the environment. Many other documents and presentations by staff are provided to inform customers on a wide range of topics, from childhood immunization requirements for school to information on requirements for business and industry.

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

- In collaboration with local community and municipal leaders, DHEC designed and conducted a study of the variability of PM_{2.5} concentrations in the Charleston Neck and reported the results to the community. The process directly addressed community concerns about air quality, disseminated information about planned monitoring in the area, and provided community members multiple opportunities to become more informed about current air quality conditions. The process encouraged open communication and trust that has benefited all involved.
- To better inform the public who may be affected by a sewer system overflow, DHEC's Bureau of Water developed a new voluntary public notification program. Since a utility is typically the first to know of an overflow, DHEC asked that they develop and implement a public notification process for overflows which exceed 5,000 gallons or have the potential to have a public health impact. DHEC included a template for the utilities to use as a guide in developing their program, as well as a question and answer sheet to further explain the program. The utility notification program can use the method of notifying the public it felt was appropriate, such as local newspapers, radio or posting signs. Most major municipal utilities have developed a program for notifying the public when significant sewer overflows occur. For smaller utilities without staff to handle timely notifications, DHEC assists them in getting the information out to the public.
- The HELP (Health and Environment Linking People) Team, is a multi-disciplinary team of agency experts to respond to the public more effectively to complex environmental health issues. Working across programs in a coordinated response, the HELP Team draws on other staff and resources as needed. Their purpose is to provide helpful information or intervention, and where possible, to develop solutions to complex problems.

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

The agency is further accountable through internal [See III.7.5.1.] and external audits (Legislative Audit Council, federal and other grant audits) [See III.6.5.] and control mechanisms, accreditations (CHAAC Community Health Accreditation Program), as well as to the Governor, the DHEC Board and the General Assembly. In addition, the agency introduced a fraud, waste or abuse hot line to report issues involving DHEC contracts, programs or personnel.

III.1.5 What performance measures do senior leaders regularly review to inform them on needed actions? Senior leaders regularly review the overall performance of the agency and the state of health and the environment in South Carolina. [See III.7 - Results and the "Healthy People Living in Healthy Communities Report" at: www.scdhec.gov] Each member

of the Executive Management Team reviewed additional performance measures related to his/her own area of responsibility on a routine basis.

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

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

- Environmental Health: Food-borne Disease and Septic Tanks
- Radiological Health
- TMDL's and Impaired Waters
- Public Health Preparedness and Response System

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

Broad Goal #3: Reduce health disparities.

- Communicable Diseases: HIV/AIDS, Tuberculosis and STDs
- Chronic Diseases: Cancer, Diabetes, Obesity/Tobacco Use and Stroke/Cardiovascular Health
- Healthy Infants/Children: Birth Spacing/Unintendedness, Infant Mortality and Breastfeeding
- Immunizations: Senior Immunizations and Childhood Immunizations
- Health Disparities

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

- The percent of leaking underground storage tank cleanups completed
- Air Quality Issues
- Coastal Issues

Broad Goal #5: Improve organizational capacity and quality.

- Data on training and workforce issues
- Customer Service Survey

III.1.6 How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness, the effectiveness of management throughout the organization, including the head of the organization, and the governance board/policy making body? How do their personal actions reflect a commitment to the organizational values? Senior leaders continually seek employee feedback through periodic employee surveys (See III.5.12.), focus groups, routine staff meetings, employee suggestion boxes and statewide video and audio meetings. Commissioner Hunter uses video technology to host periodic statewide broadcasts to update staff on key budgetary, performance and policy issues. Staff receive 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 were as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission and other federal agencies routinely provide the Board and EMT with information to improve organization performance. Personal actions by senior leaders reflect a strong commitment to the agency's organizational values. Examples are addressed in III.1 – Leadership and in III.5 – Work Force 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 program 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 to the bureau level to senior leadership. [See III.1.1-5.]

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 those with measurable savings potential are implemented. Those ideas that need to become policy are referred to the Administrative Policy Issues Committee. Suggestions with substantial monetary savings may be recognized through the Employee Innovation Program. Staff members are one of the best sources to assist the agency in identifying better and more efficient ways to do business. The Employee Survey is offered periodically. Senior leaders actively participate in recognizing the many awards and recognitions that staff receive to other employees and to the Board. See III.5.11 for more details.

This past year, the EMT created the agency Green Team to identify areas where DHEC can conserve resources, reduce energy consumption and improve agency operations. Such measures as making two-sided copies, recycling printer cartridges and turning out lights in unoccupied offices and common areas during after work hours are just a few of the practices initiated by staff. By encouraging environmentally friendly practices and reducing operational costs, 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 businesses to local problems through community partnerships and community-based organizational support. This past year, Dr Lisa Waddell was named to the Middle Atlantic Affiliate of the American Heart Association Board of Directors, and Robert W King, Jr. received the 2009 American Council of Engineering Companies Public Service Award for his many years of service and leadership in the environmental field.

Employees are often allowed time away from the job for civic and community involvement related to the mission of the agency and hold agency fund-raisers to support health and environmental issues. These activities include: Harvest Hope Food Bank, Suicide Prevention, Seeds of Hope Farmers' Market, 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 in school supply drives). This past year DHEC employees raised more than \$51,171 for the United Way and \$12,604 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. Currently, the SPC is in the process of working with agency staff in developing the 2010-2015 Strategic Plan. The EMT approved the current planning process framework, reaffirmed the agency's mission, vision and broad goals and modified the values. Communities and customers are routinely engaged in dialogue about the indicators used, appropriateness of services, population trends 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 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 ensure 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 related objectives. Staff help identify the key strategies and objectives that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. The agency is continuing to evaluate ways to include resource estimates in the operational plans of organizational units. Some regions and programs have estimated resources in FTE positions and dollar amounts devoted to a given activity or strategy. Developing resource estimates is expected to inform and educate

management about costs to administer the different programs, as well as to increase understanding of the roles and functions of the various staff under their supervision.

(c) Shifts in technology, regulatory, societal and other potential risks, and customer preferences are addressed in the Strategic Goals: “Provide reliable, valid and timely information for internal and external decision making,” and “Ensure customer focus,” and “Improve operational efficiencies through 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 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 COOP capabilities both at the central and local levels. These plans include assessments of essential and deferrable functions, enhancing communications and facilities, conducting comprehensive personnel contact, capabilities and capacity information for staffing purposes in response to any emergency. COOP is a frequent theme in planning and working 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. The agency is in a position to recover network and system capabilities should the main campus be destroyed.

(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 the executive summary 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 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 progress measures of key objectives. Each deputy area monitors operational plans that are tied into the Strategic Plan. [See I.5.] Examples include:

- The Health Services (HS) deputy area continues to implement its performance management system. During FY09, 200+ performance measures were monitored, covering the span of operations for HS. Region and central office staff also developed and implemented quality improvement plans on the 34 priority measures identified by HS leadership for this planning and reporting cycle. A final report was issued on this work which summarized the quality improvement work on each of the priority measures, with the results achieved. On most priorities, regions and central office demonstrated improvement in performance from the previous year. The report was

shared with leadership and management in HS at all levels to highlight successes, and to share promising and best practices among different parts of the organization.

- The Environmental Quality Control deputy area and EPA Region 4 continued to enhance their partnership efforts in many ways, including continuing the first Performance Partnership Agreement (PPA). This PPA will enable DHEC and EPA Region 4 to more effectively utilize resources on programs and projects that will result in significant environmental benefits and human health protections. Both agencies agreed to use the priority focus areas identified in the PPA to enhance programmatic planning, environmental monitoring and permitting; to increase emphasis on efficiency, flexibility and innovative approaches in DHEC and EPA programs; and to increase emphasis on meaningful measurement of the environmental results of DHEC and EPA activities.

The 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.

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 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 by the deputy area plans and organizational unit operational plans. Operational objectives 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 is highlighted each year in "Healthy People Living in Healthy Communities" and the Annual Accountability Report which are also available on the Web.

III.2.5 How do you measure progress on your action plans? Measures of key performance are aligned to the objectives in the Strategic Plan and the deputy area operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators in the agency's Measurement Plan. These objectives have been refined to include data source, baseline, frequency of measure and staff responsibility. [See III.1.5 & 6 and III.2.3.]

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

This past year, the EQC deputy area formed a Planning Work Team which meets to coordinate strategic and operational planning within the deputy area. The purpose is to

develop strategic plan goals, objectives and measures for progressive review and approval by EQC upper management, the Strategic Planning Council and the Executive Management Team.

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

III.3 Customer Focus

III.3.1 *How do you determine who your customers are and what their key requirements are?* DHEC's customers – all South Carolina citizens are determined by virtue of the South Carolina Code of Laws, as amended, Section 1-28. Additional or new services to specific targeted groups of customers are based on a state's morbidity, mortality and environmental data; national disease prevention agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building and problem solving activities with customers. [See I.2- Major Achievements, II.2 and III.3.2-3.]

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

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population for whom English is not the primary language. Effective translation services are available in all local offices, materials are produced in several languages and a Hispanic needs assessment has been completed. DHEC has a objective in the 2005-2010 Strategic Plan assuring that culturally and linguistically appropriate service policies are 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 Constituent Services and public outreach activities. The agency's recently redesigned Web site has extensive information about programs, services, reports, data, etc. and includes an InfoLine where customers can make direct inquiries and receive a timely response. [See III.1.2.] Responses are documented to monitor follow-up. Examples of customer access mechanisms include:

- DHEC's Bureau of Air Quality sends an email update to a list of approximately 700 stakeholders on a weekly basis. This update contains information on air quality issues, grant and training opportunities, important meetings and webinars.

- The public notice process includes the ability to hold public meetings on an informal basis, as well as public hearings required by regulation. Public notices, including the draft permit and statement of basis, are on the DHEC Web to broaden public awareness and access to notices
- A director of Constituent and Legislative Services handles critical issues by providing a central point of contact, responding in a timely manner and identifying possible trends.
- Each health region has a customer service coordinator who is responsible for dealing with customer service issues and complaint resolution.

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 11 years (1998) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions, and accessibility. DHEC has a positive public image and, overall, South Carolinians are satisfied with the service. Consistently, DHEC maintains an average of 92 percent satisfaction with the overall quality of service and 90 percent satisfaction with courtesy and attitude of staff even with significant budget cuts, and changes and reductions in the number of staff over the past few years [See III.7.2.1-4.] Customer service is assessed at every level of the agency and in all customer groups, and that input is incorporated into practice policies and procedures to better serve customers.

For the fifth year, the public health regions conducted a customer satisfaction survey. The total number of surveys received was 17,117 statewide. Of these, 87% rated their wait time as good or very good. [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, and agency employees. Input from the various customer feedback mechanisms described in I.2, III.1.2-3 is reported to appropriate management teams for evaluation, follow-up and action. Through this continuous quality improvement process, times, practices and procedures are changed, as appropriate; to more effectively meet the needs of customers and stakeholders. Examples from the past year include:

- At many public meetings and public hearings, attendees are asked to complete an evaluation form to give feedback about the meeting. Staff hold a debriefing to review the evaluation comments and discuss ways to improve future meetings and hearings. Evaluation responses are recorded to track trends and areas of improvement. This feedback has resulted in many changes to the format of meetings and the content provided.
- During the permit process, the Bureau of Air Quality maintains continuous contact with permitted facilities. By letter, the facilities are informed of application completeness and the assigned permit engineer, and the facility is given an opportunity to comment on the draft permit. Engineering Services Division offers training on regulations and the regulatory process to consultants and the regulated community.

For other examples, please see 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 direct 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 recently placed 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 recent formation of Early Action Compacts (EAC) by DHEC's Bureau of Air Quality was a great success. The EAC's resulted in achieving health and air quality improvements more rapidly than under mandatory Clean Air Act timeframes. The collaborative efforts of EAC stakeholders continue and have been greatly enhanced in 2009. Local stakeholders (including government officials, environmental groups, industry representatives, academia, and citizens) have formed "Local Air Coalitions." These coalitions are focusing, not only on ozone, but also on particulate matter 2.5, air toxics and greenhouse gases. Principles guiding these local efforts include collaborative efforts, innovation, community engagement, capacity building, sustainability and broader partnerships.
- Nine South Carolina businesses were honored for their outstanding waste reduction and recycling programs at the first Annual S.C. Smart Business Recycling Program awards luncheon. This program is a partnership between DHEC and the S.C. Department of Commerce that offers free, confidential, non-regulatory services, including site visits, technical assistance, market research and workshops.
- The "Spare the Air" Awards Program honored schools, businesses, individuals and organizations for their clean air initiatives. The recipients demonstrated leadership skills and level of commitment to voluntarily address air quality issues.
- DHEC celebrated Earth Day with outreach and public education activities, some in partnership with South Carolina Educational Television.

III.4 Measurement, Analysis and Knowledge Management

III.4.1 How do you decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans? Goals and objectives, measures, reports, processes and systems support the agency's mission and the strategic and operational plans. Past measures indicate the strategies that work to achieve agency goals and those that need to be revised based on changing conditions. Progress is measured at the agency level and at the deputy level. [See III.2 - Strategic Planning.] Measurements are prioritized to collect and analyze data necessary for decision making: to track and evaluate progress toward reaching objectives and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; supporting organizational capacity and quality including business and financial management support systems; and measurement of the strategic plan.

DHEC has developed a public health informatics approach to improve how the agency's business is conducted by leveraging data and information that are gathered, organized, managed and shared. The agency's Public Health Informatics Committee provides guidance on future data systems and information service initiatives that relate to improving the agency's overall data and information efficiency. The committee works to: improve the agency's efficiency in public health surveillance design and develop data connections between mortality and disease registry; enhance vital and reporting functions for rare and reportable diseases; and improve the agency's decision-making abilities during epidemics.

Work continues on the design and development of the state's chronic disease informatics network through a grant received from the Robert Wood Johnson Foundation. Mappings have begun to link the individual indicators to the public data sets/sources with the goal to create a "virtual" surveillance network rather than data warehouse with duplicate data.

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? [See Addendum D – Partial Listing of DHEC Data Sources and Information Used for Decision Making.] The complexity of DHEC requires the use of numerous automated systems and processes to collect, store and analyze data and information based on programmatic and scientific need to support decision-making. Stakeholders including federal, state and local governments, the regulated community, the health community and citizens, identify performance levels each expect from the agency.

DHEC has gone through extensive integration of various systems in the past few years under the direction of the agency's Public Health Informatics Committee. For example, there are more than 25 major public health surveillance systems in operation by the agency's various programs. Most of these systems are now automated and integrated on either a geographic or electronic platform by using enterprise GIS, data extraction utilities and/or system connections. These systems include registries, surveillance systems and tracking networks for infectious diseases, cancer, behavior risk factors, pregnancy risks, violent death, injury, birth defects, child blood lead, environmental reporting, newborn screening, immunization, birth, death, fetal death and hospital admissions. Clusters of surveillance systems are also being built around birth and death registries as lifelong records are available for surveillance analysis for decision-making. Additionally, the agency has been developing an integrated Environmental Public Health Tracking system under the guidance of the Federal Center for Disease Control and Prevention. This network will significantly improve the agency's capacity on tracking environmental hazards, human exposure and adverse health outcomes.

The agency developed the Environmental Facility Information System (EFIS) to create a single application across program areas, instead of each program area maintaining records for just the permits for which they were responsible. EFIS provides the "big picture" view of environmental facilities that was previously not possible, with many separate database systems that could not share data. The agency continues to make progress toward bringing stand-alone computer systems into EFIS. Recent additions are Superfund project tracking, Superfund Cost Recovery, Underground Injection Control, Groundwater Monitoring and Health Licensing.

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 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 establishes national coastal management

priorities through a series of five-year strategic plans prepared by each state's coastal management program. The Centers for Medicaid and Medicare Services provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies.

Examples include the Environmental Facility Information System (EFIS) which provides 970 pre-programmed reports for data analysis and reporting needs required to support operational and strategic decision-making and evaluation. To address the need for specific data subsets, the agency created an Oracle Ad-Hoc Query and Reporting Module that provides users with the ability to design their own custom data extracts. This tool saves DHEC money by eliminating the need for program staff to purchase software to perform ad-hoc reporting.

Also, air emissions data is collected from facilities every year, which allows the development of summary level data to be used internally and externally for decision making. Training and technical assistance continues to be offered each year to address changes in submittal format, emission factors and to support new facility staff with their reporting activities.

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 of DHEC programs to make sure that they provide accurate and timely information for decision-making, while their data integrity and security are maximized. Vital statistics, cancer incidences, vital records and birth defects information are a few exemplary data systems which are frequently demanded and supplied for program usage, but required to go through extensive review for approval to protect confidentiality. Decision cube technology has been deployed to state-wide users of the Agency's Client Automated Record and Encounter System as a tool for providing both statistical as well as management information needs. This tool allows the agency to merge data that was in older disparate databases with the centralized database, providing a broad view of data and a more comprehensive approach toward client data analysis.

Since DHEC houses some of the most critical public health databases, the security of agency data is paramount. Vital records and patient data are confidential and could be used for identity thefts or the creation of false documentation. (e.g. driver's licenses and passports). The agency has developed restrictive security measures, created new policies, and provided staff training (e.g. HIPAA) in these sensitive areas. Staff working in or having access to vital records, for example, is required to have background checks for clearance. Staff regularly reviews logs, performs tests and updates systems to address potential threats.

A disaster recovery plan is being developed to address the capabilities of providing uninterrupted access to data and systems within these key areas. Electronic security measures have been enhanced to protect access to agency and the network through the purchase of Intrusion Detection and Prevention software, as well as automated approaches to monitor access attempts from the outside.

New systems continue to be developed to enhance the agency's productivity and improve agency service to the citizens of South Carolina. For example, the agency continues to work in collaboration with DHHS and Office of Research and Statistics to use Medicaid billing information to populate the Immunization Registry from medical practices that might not have direct access to the registry. DHEC is also investigating the potential of allowing

schools to query the Immunization Registry to determine immunization status, in order to produce an immunization certificate for children in schools.

III.4.6 How do you translate organizational performance review findings into priorities for continuous improvement? Organizational performance is monitored at the deputy as well as the agency level. Results are analyzed and compared to expected benchmarks. If key results are negative or if directives change, they are communicated to 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 them to continue the trend. [See III.1.5 & 6.]

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 monetary incentives for creative and innovative ideas.

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

III.5.3 How does management recruit, hire, place and retain new employees? Describe any barriers that you may encounter. The agency uses the www.sc.jobs.gov 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, agencies advertise in other mediums such as newspapers. Applications are accepted for specific positions. The agency conducts a New Employee Orientation for all new employees that 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 specific background. The agency competes with the private sector for these positions. DHEC is participating in the Health Care Recruitment Pilot Program, which allows the agency to give potential healthcare employees signing bonuses, tuition prepayment and reimbursement, retention increases, and time away from work with pay to attend classes. Over 20 employees have taken advantage of this program. The agency has also established special hiring rates for nurses, nutritionists, engineers and environmental health managers. 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 30 – 40 percent more than they currently earn. Finally, because of budget cuts, the agency has 200 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.

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. 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 be supported in their present job and with future career goals. These additions have helped improve workforce development and motivation. This consolidated document has resulted in a streamlining of processes and includes clear and measurable performance standards with direct relation 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 (26 staff); Executive Institute; Environmental Health Leadership Institute (2 staff); National Public Health Leadership Institute; and Certified Public Manager Program (539 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 receive training in special topics. It is attended by frontline 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 through a 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 for staff development. Individual employee development plans are the responsibility of the supervisor and are included in the EPDP performance review form. [See III.5.1.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. [See III.5.6.]

Staff learning and training needs are assessed on an ongoing basis through an evaluation following every training. This data allows for continuous updating of staff needs and course offerings. A formal training needs assessment was conducted this past year and the agency training curriculum was adjusted to accommodate identified needs. The agency supports and

encourages staff through tuition assistance and altered work time to take advantage of other formal and informal educational opportunities when possible, because of budget constraints.

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

DHEC has 183 employees participating in the TERI program, as of June 1, 2009. Of these, 35 are scheduled to leave by June, 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. Because of this impact to the work force, succession planning has taken place in the different deputy areas to plan for replacement of management positions. Career progression and succession planning are handled individually in each deputy area. EQC has had the award winning (OHR Human Resources Excellence Award) succession planning program in place since 2003. Health Services has a workforce plan that includes career paths and mentoring opportunities for employees. Health Regulation has a mentoring/shadowing program. [See III.5.13.]

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 three EQC Schools this past year to orient new staff to the purpose, functions and responsibilities of the program areas. The school includes presentations, demonstrations and flipcharts, and discussion. This past year a total of 113 staff were trained.

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 Employee 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 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 time 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 considerations, 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 fifteen years to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency also has an Employee Innovation Program to monetarily reward employees who develop cost-saving initiatives. The "Monthly Award for Excellence" is an agency-wide effort where staff is nominated by other employees and is recognized by the EMT and the Board.

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, opportunities for promotions 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 on-going 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 also for better turnover analysis. DHEC has consistently had lower overall employee turnover than other state agencies. [See III.7.4.1.]

III.5.13 How do you manage effective career progression and effective succession planning for your entire workforce throughout the organization? The Environmental Quality Control (EQC) deputy area offers Professional Development and Leadership training which is available to all staff to encourage professional development. Courses include Budgets 101, and Legislative/Regulation development. A total of 79 staff participated this past year. Staff may also take courses through the Office of Human Resources toward achieving Associate and Certified Public Manager certification. Progress is tracked through individual EPDPs and the training database. Preparing staff for leadership positions in EQC is a top priority. Health Services has implemented the Health Services Workforce Continuity and Development Plan. Central office and the regions have developed workforce plans. The plans are being uploaded to the intranet to create an in-house pool of informational resources for sharing ideas and planning the implementation processes. Strategies include mentoring, coaching, job shadowing, leadership training and development, job rotation, public health training, formal academic training and improved recruitment and selection processes.

III.5.14 How do you maintain a safe, secure and healthy work environment including workplace preparedness for emergencies and disaster? DHEC's commitment to the safety of its employees is reflected in the decreased Workers Compensation claims and in the average amount paid per claim over the last six years. [See III.7.4.2.]

DHEC has an active Safety Committee and established policies and procedures for workplace emergencies. DHEC has a "hazard" 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 "Health and Medical Services," and Emergency Support Function "Hazardous Materials" in the State Emergency Operations Plan.

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

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

III.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 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 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 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:

- The Environmental Laboratory Certification Program received approval from the EPA to be exempted from a discharge monitoring quality assurance study based on DHEC's proficiency testing requirements. This will avoid duplication and increase efficiency in DHEC's Laboratory Certification program, while reducing the workload for the permittees and the laboratories performing the analyses.
- 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 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.

- The onsite customer service area at the State Vital Records office underwent a major renovation to vastly improve the business environment in which onsite customers are served. Customer service stations increased from two to eight, and general seating capacity was expanded. Additional features of the newly renovated customer service area include a web-based customer inquiry system and digital imagery. Average wait times for customers have been significantly reduced, and the overall level of customer service has greatly improved as a result of the expansion and redesign of the customer service area. [See III.7.17.]

- Also, see Section III.7.3. - Financial 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 reporting program and project status. [See III.4 – Measurement, Analysis and Knowledge Management.] Customer response is used to improve production and delivery. [See III.3 - Customer Focus.] Improvement is coordinated across agencies to enhance capacity and performance. [See III.6.6.]

The Office of Internal Audit (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 FY09, OIA issued four audit reports. OIA identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations from calendar years 1995 through 2007 are closed. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.5.1.]

The Office of Internal Audit also receives and reviews the 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 Agreed Upon Procedures audit for FY08 had no findings. This is the seventh straight AUP audit report that contained no audit findings (Note: AUP audits were not done for FY01 & FY04). FY99 was the last time DHEC had any audit findings in the AUP audit. Also, the Statewide Single Audit for FY08 had no reportable findings. Considering DHEC has such a large number of federal grants, this is a big accomplishment.
- During 2008, the State Materials Management Office of Audit and Certification completed its three year audit of the DHEC Purchasing Functions. The auditors found very few discrepancies. In fact, they indicated that this was the best audit ever for DHEC, as well as the best among large state agencies. They were especially complimentary of the agency's training program, quality assurance program, certification program, procedures manual and oversight processes. As a result of their investigation, the Budget and Control Board approved DHEC for the highest overall certification of all the state agencies. Starting FY09, the new certification limits for DHEC are; \$7.5 million in contracts for pharmaceuticals; \$2 million in goods and services; \$225,000 in information technology; and \$250,000 for consultant services.
- 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 to gain cost control and financial oversight to determine whether they can be operated more efficiently and effectively. [See III.7.3.1.]

The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services, while refining agency processes to be more effective and cost efficient. Examples from the past year include:

- During FY09, the Bureau of Business Management identified several areas where the agency could further improve current procurement processes, enhance accountability measures and realize greater costs savings. To further align with the agency's strategic goals and objectives, Procurement Services negotiated contract prices based on current economic conditions, used life-cycle costing to consider total cost of ownership, served as procurement consultants for internal customers, and researched and identified open contracts and purchase orders with remaining funds. Also, through successful negotiations and invocation of the 10% rule through price matching, have resulted in decreased costs for agency-wide procurements.
- The Bureau of Business Management, through the assistance of the Office of the General Counsel, also continues to collaborate on contractual issues to ensure the governing terms and conditions are crafted in a way to minimize potential liability and ensure that performance issues are effectively addressed. The Underground Storage Tank Program worked with staff from Legal and Procurement Services to adjust the terms and conditions of its pay-for-performance contracts. The changes included a move to charge liquidated damages in the event of a contract breach in order to increase performance and to provide greater accountability of contractors.

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 ensure 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 in 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.

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

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

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

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

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

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

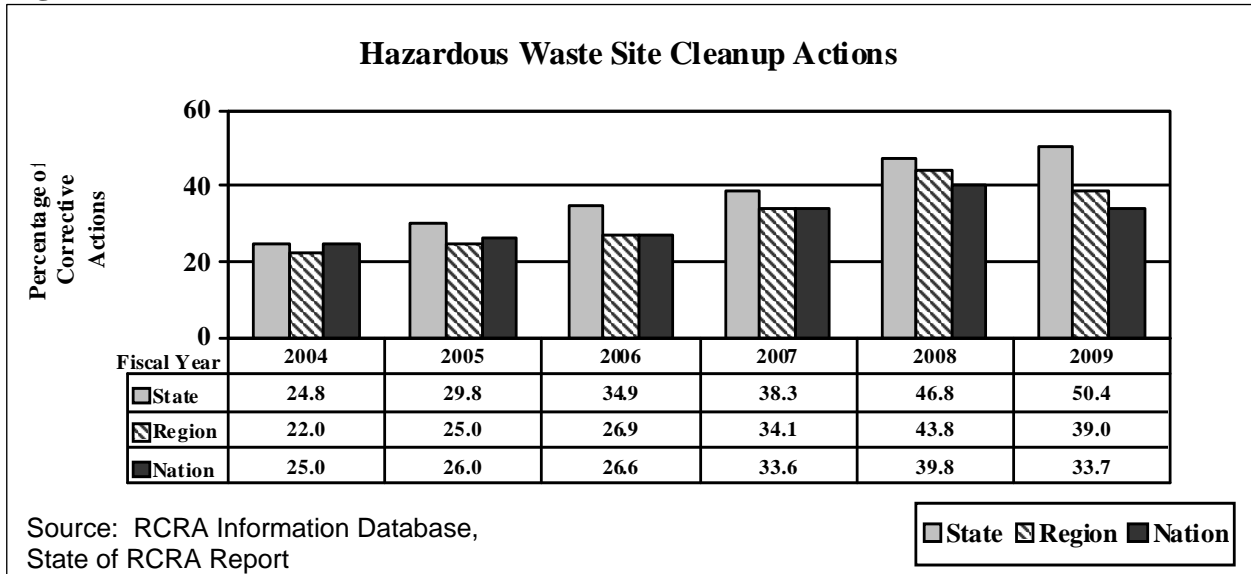
III.7 Key Results

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 data information and benchmarks to national standards.

Note: This past year 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 other states because of different statutory and regulatory authorities and variability in the types 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.

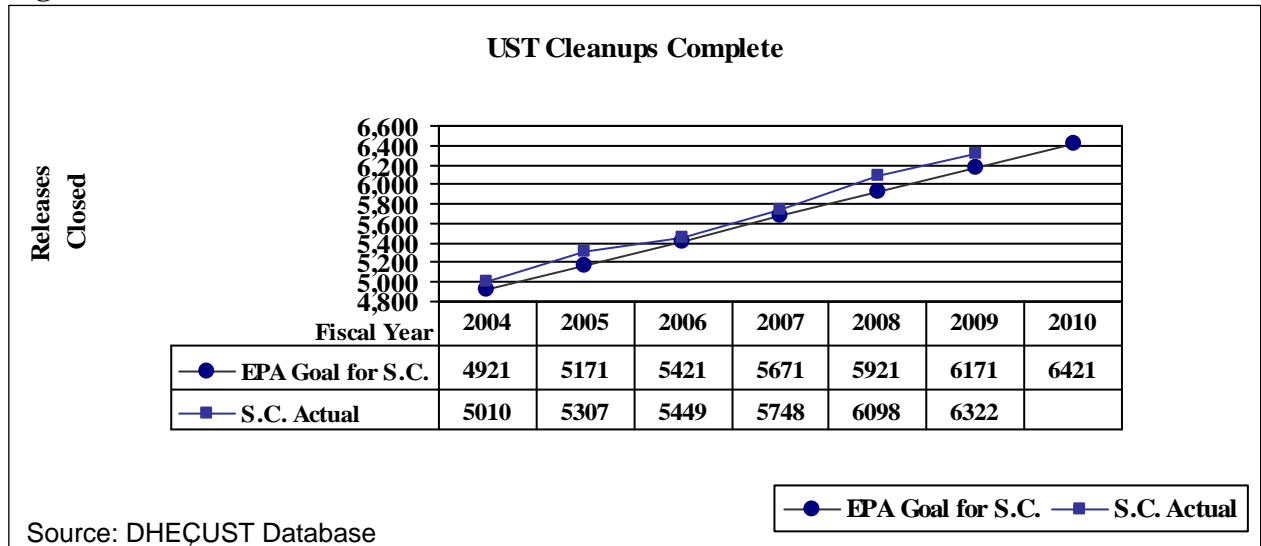
III. 7.1 Mission Accomplishment and Organizational Effectiveness Results

Fig. 7.1.1



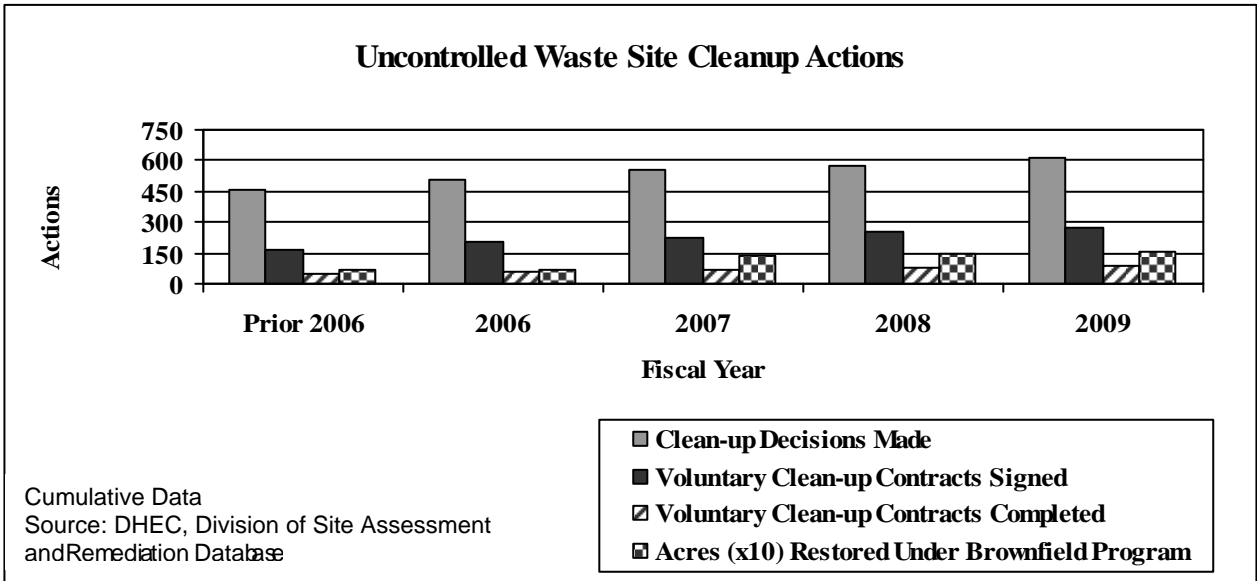
The average Hazardous Waste cleanup rate in South Carolina has either met or exceeded the national and regional rates. The Hazardous Waste Program addresses a large number of contaminated sites. Aggressive cleanup of these sites reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment. The national and regional percentages dropped in 2009 because the EPA added additional sites for the new 2020 baseline.

Fig. 7.1.2



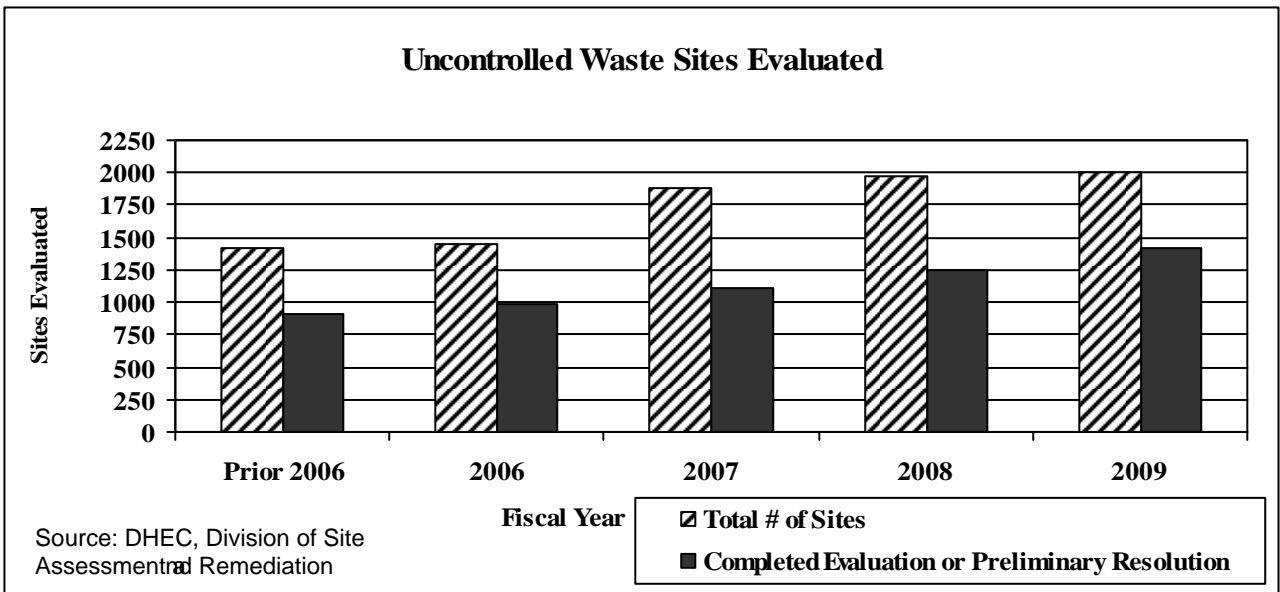
The Division of Underground Storage Tank (UST) Management has closed 68 percent of all confirmed UST releases that have been reported to the agency. This equates to 6,322 closed releases and represents a significant milestone, reducing the number of open releases to below 3,000 (2,973). As illustrated by the graph, S.C. has exceeded EPA established closure goal of 250 closures per year, with the greatest results during the last two fiscal years.

Fig. 7.1.3



State-led and voluntary clean-up actions are typically multi-year projects that include multiple phases of investigation and cleanup in order to make sites suitable 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. Between 2006 and 2009, DHEC increased the number of cleanup decisions made and implemented each year.

Fig. 7.1.4



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

Fig. 7.1.5

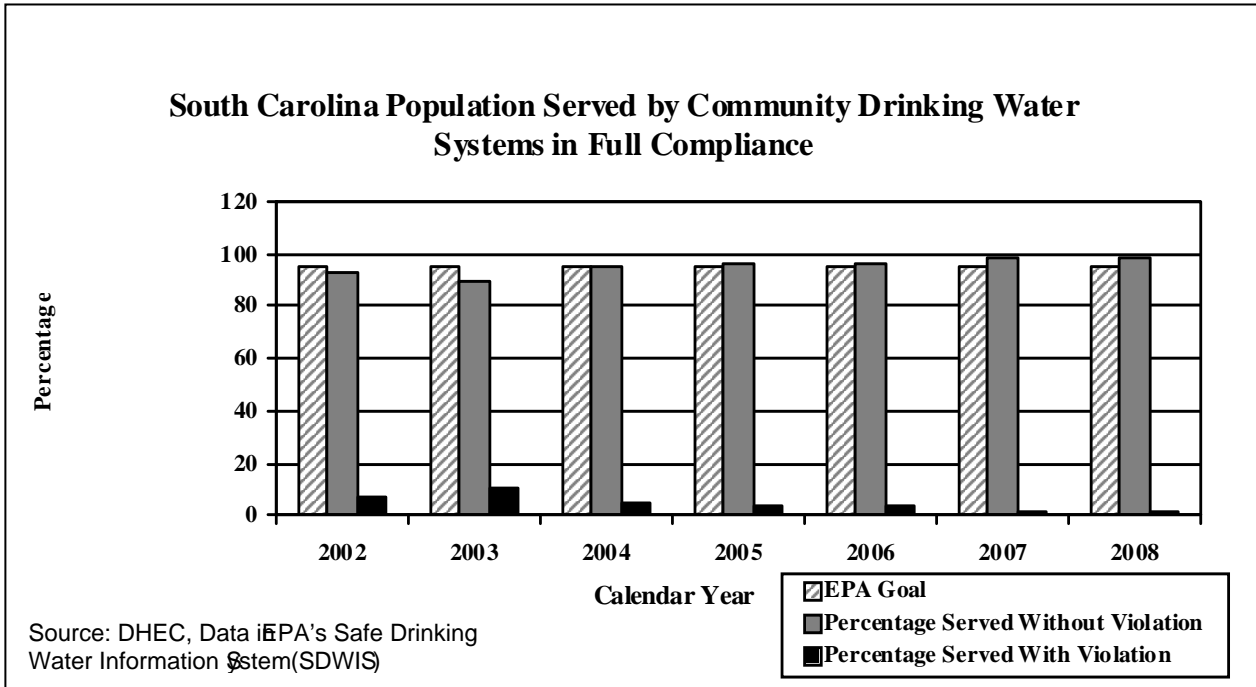
Ground-Level Ozone Design Values* at Ozone Monitoring Sites in South Carolina				
		Subject to 1997 EPA Standard		Subject to 2008 EPA Standard
County	Monitoring Site Location	2006 Design Value	2007 Design Value	2008 Design Value
Abbeville	Due West	0.079	0.081	0.078
Aiken	Jackson	0.077	0.077	0.076
Berkeley	Bushy Park	0.069	0.066	0.064
Charleston	Cape Romain	0.075	0.075	0.072
Cherokee	Cowpens	0.074	0.074	0.074
Chesterfield	Chesterfield	0.075	0.075	0.073
Colleton	Ashton	0.074	0.074	0.072
Darlington	Pee Dee	0.077	0.076	0.075
Edgefield	Trenton	0.070	0.071	0.070
Oconee	Long Creek	0.072	0.071	0.070
Pickens	Clemson	0.079	0.081	0.080
Richland	Congaree Bluff	0.072	0.073	0.071
Richland	Parklane	0.082	0.080	0.078
Richland	Sandhill	0.082	0.083	0.079
Spartanburg	N. Spartan. FD	0.083	0.083	0.084
York	York	0.070	0.079	0.077

Notes:
 1997 EPA Standard: 0.084 ppm
 2008 EPA Standard: 0.075 ppm
 Design Values exceeding the 2008 Standard are written in *italics*.
 Data Source: EPA Air Quality System database

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

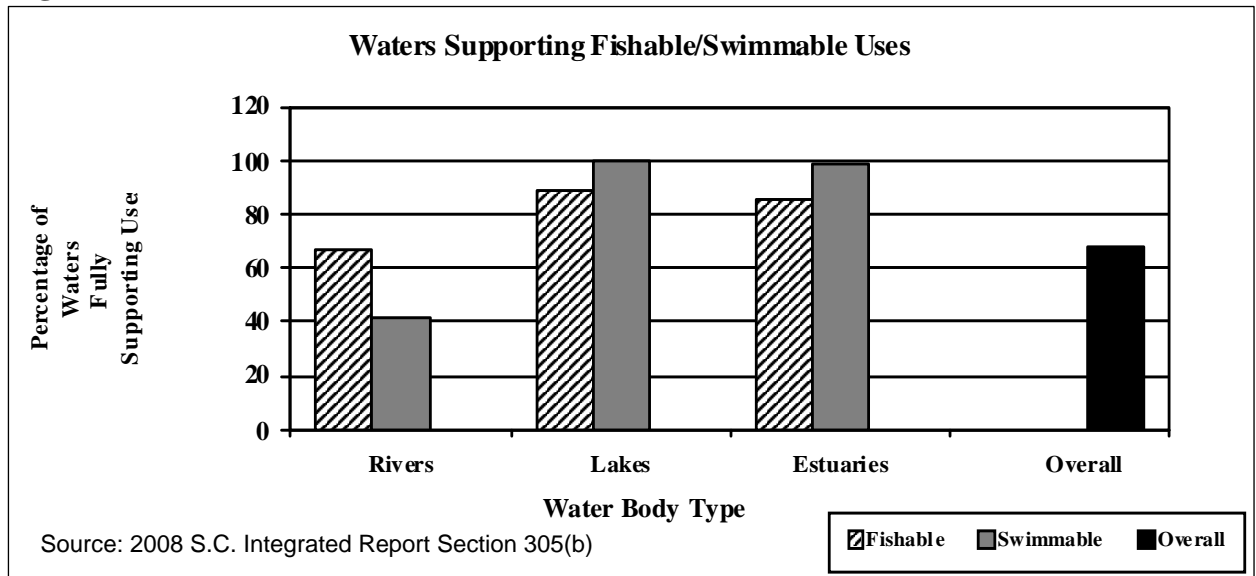
*A design value is a calculation that describes the air quality of a given area relative to the EPA's health-based limits, or standards. Design values are based on multiple years of ambient air data to ensure a stable indicator of an area's air quality. Design values are used to classify attainment areas,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

Fig. 7.1.6



During the 2008 calendar year, 98 percent of the population served by community water systems received water in compliance with health-based standards, which is the same percentage achieved in 2007.

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 2002-2008. South Carolina's total average for both fishable/swimmable waters is 68 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

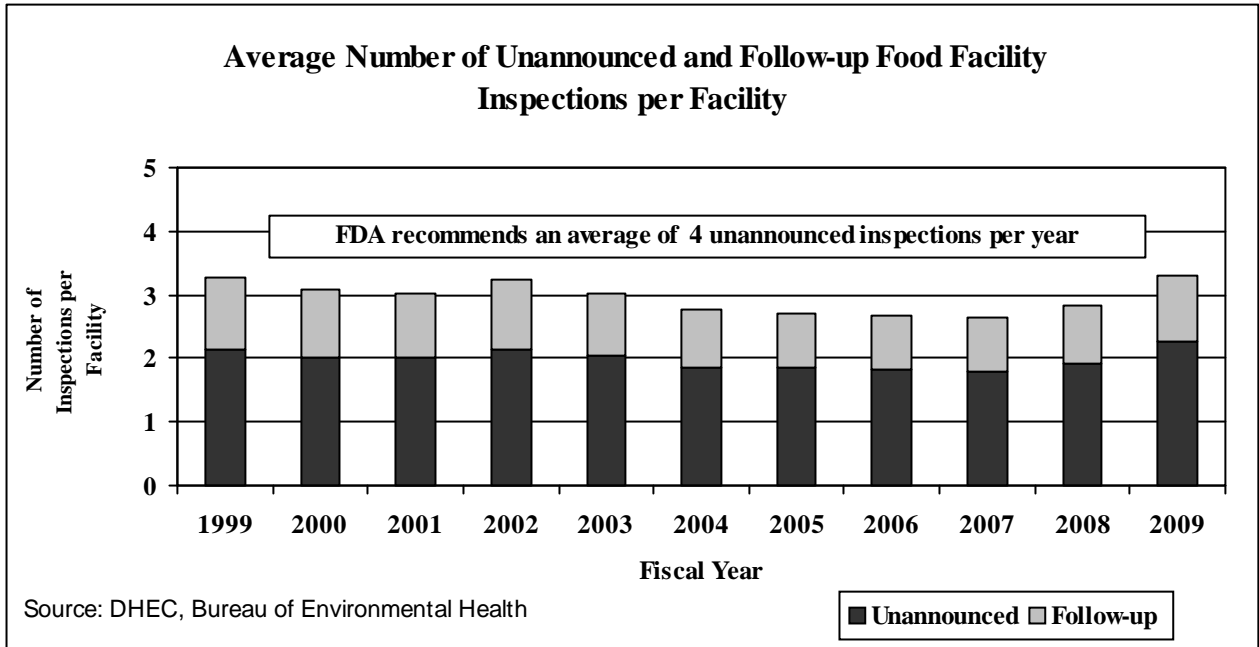
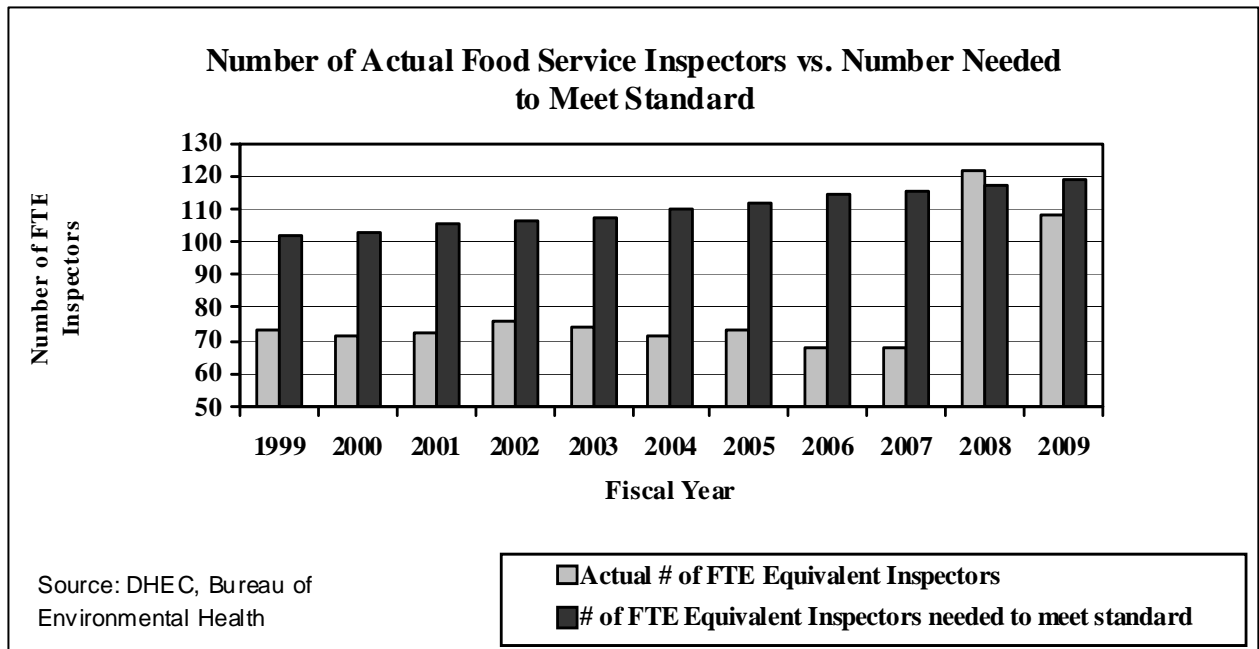
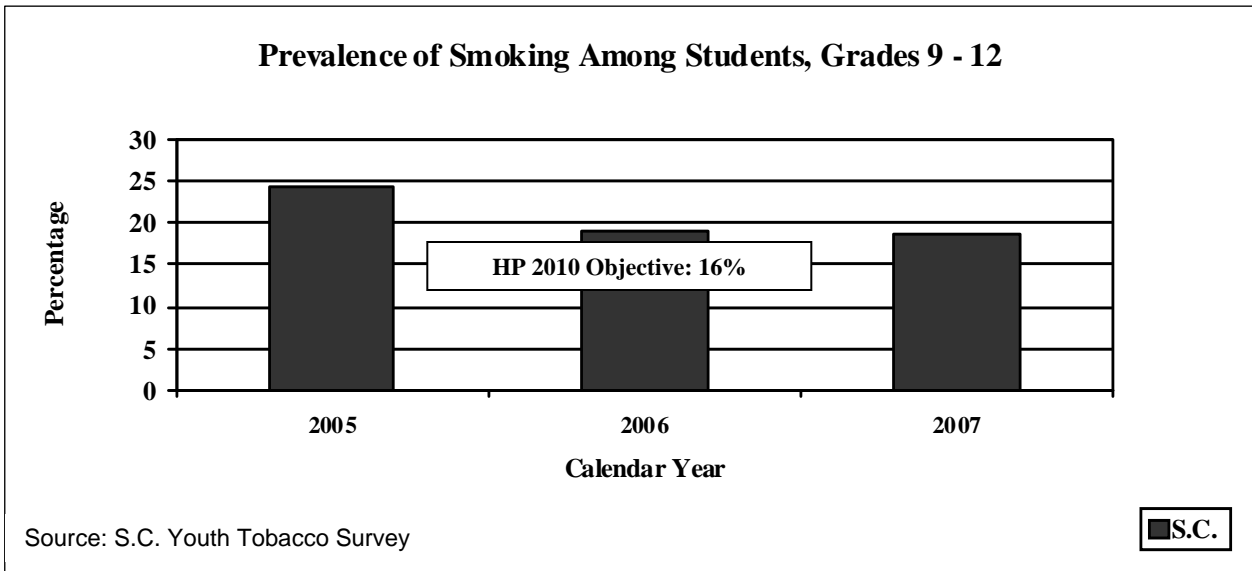


Fig. 7.1.9



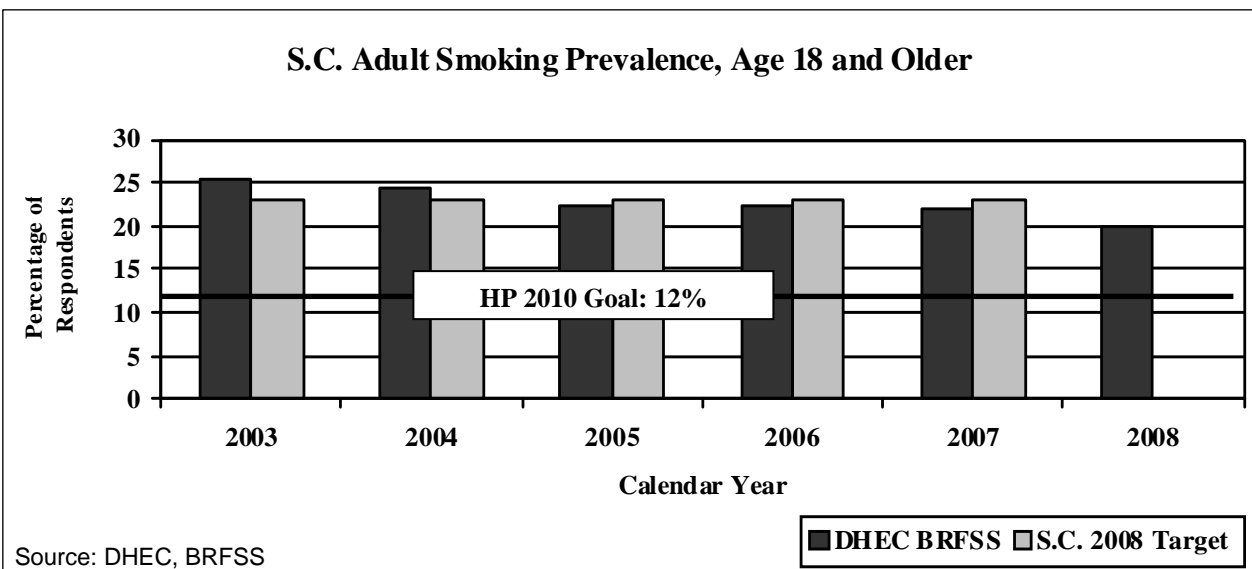
Growth of the food service industry in the state produces an increase in the number of facilities by approximately two percent each year. Budget cuts and unfilled vacancies have erased all gains the agency had made in FY08 toward meeting the FDA voluntary standards for inspections per facility. As a short-term measure to keep inspection levels up, staff in other environmental health program areas have been cross-trained to food safety inspections, when possible. However, when demand activities in other program areas increase, these staff are no longer available to perform food safety inspections.

Fig. 7.1.10



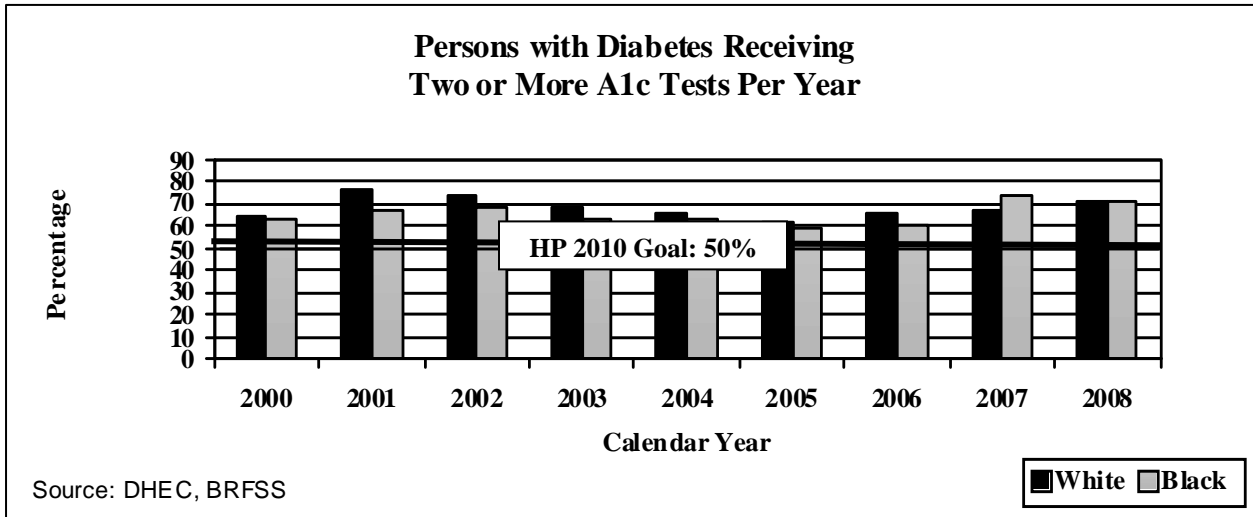
Rates of smoking among high school students in South Carolina continue to decrease, in contrast to what is occurring across the country. From 2005 to 2007, high school smoking rates fell from 24.4 percent to 18.7 percent, a decrease of 23 percent. With this new rate, the state is moving ever closer to the Healthy People 2010 Objective of 16 percent. Unfortunately, state budget cuts in 2008-2009 resulted in the loss of funding for the state's prevention program. It is unclear how this will impact youth smoking rates in the future.

Fig. 7.1.11



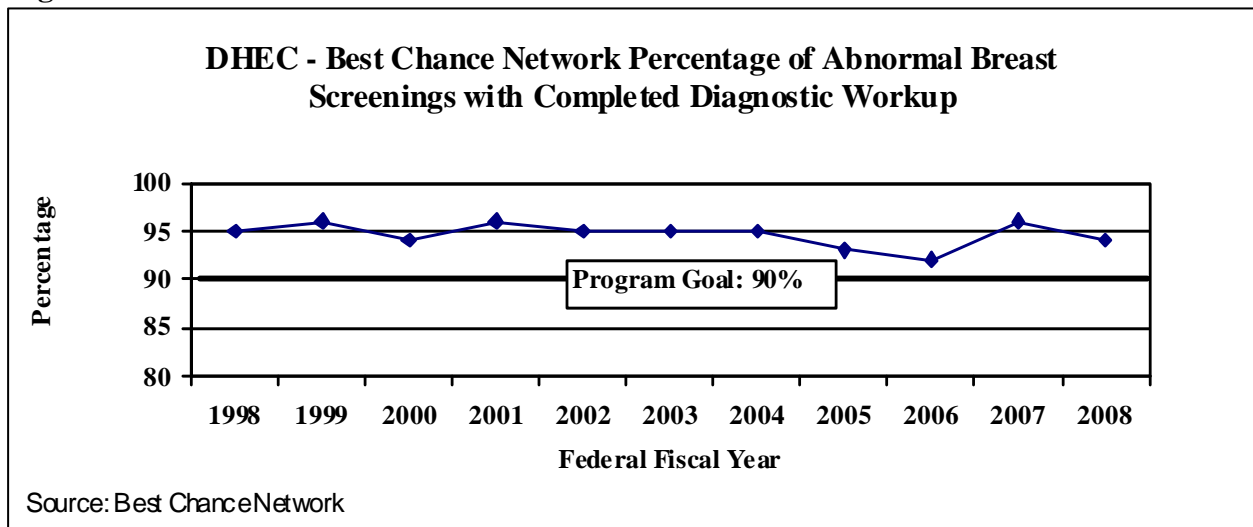
South Carolina's adult smoking rate continues to decline. In 2002, the adult smoking rate in the state was 26.6 percent and in 2007 it was 21.9 percent, a decrease of 17.6 percent. These rates have already surpassed the 2008 target of 23 percent and are moving toward the Healthy People 2010 Goal of 12 percent. Unfortunately, state budget cuts in 2008-2009 resulted in the loss of funding to the state's cessation program, which may result in fewer citizens who are trying to quit smoking able to receive cessation services.

Fig. 7.1.12



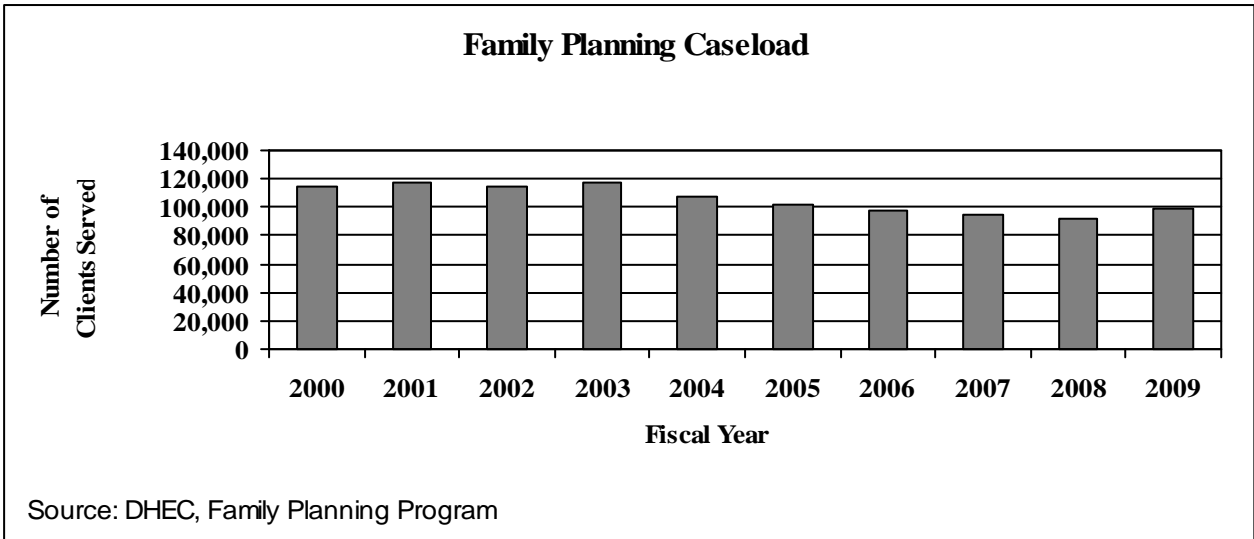
Diabetes is the seventh leading cause of death in the state and sixth in the nation. Complications from diabetes may be prevented or delayed through careful management of the disease. One method is to monitor long-term blood glucose control through a test called Hemoglobin A1c, which is the gold standard 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. South Carolina has long surpassed the Healthy People 2010 Objective of 50 percent of people with diabetes receiving at least one A1c test per year. In South Carolina, 70.8 percent of blacks and 71.5 percent of whites with diabetes reported having an A1c test at least twice a year in 2008. This number has been steadily increasing in both races since 2005.

Fig. 7.1.13



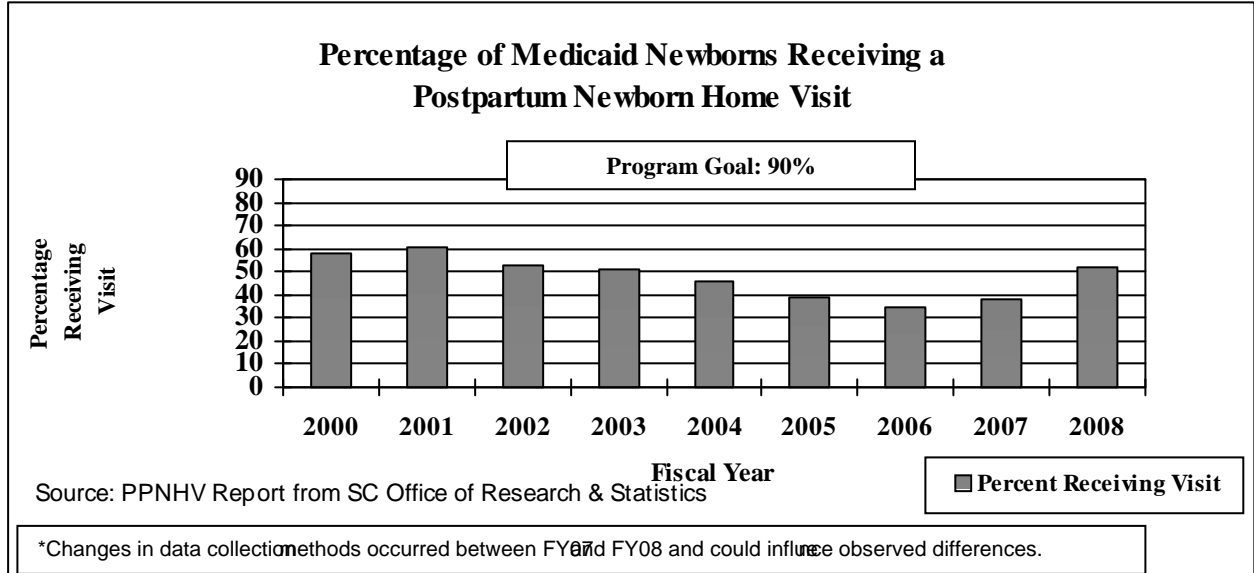
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In the last year, the BCN program has provided clinical breast exams and mammograms to over 11,000 women. The Program Goal is that at least 90 percent of the abnormal breast screenings complete a diagnostic work-up. In 2008, 94 percent of abnormal breast screenings completed diagnostic work-up. Over the past eleven years the program has met or exceeded the follow-up goal.

Fig. 7.1.14



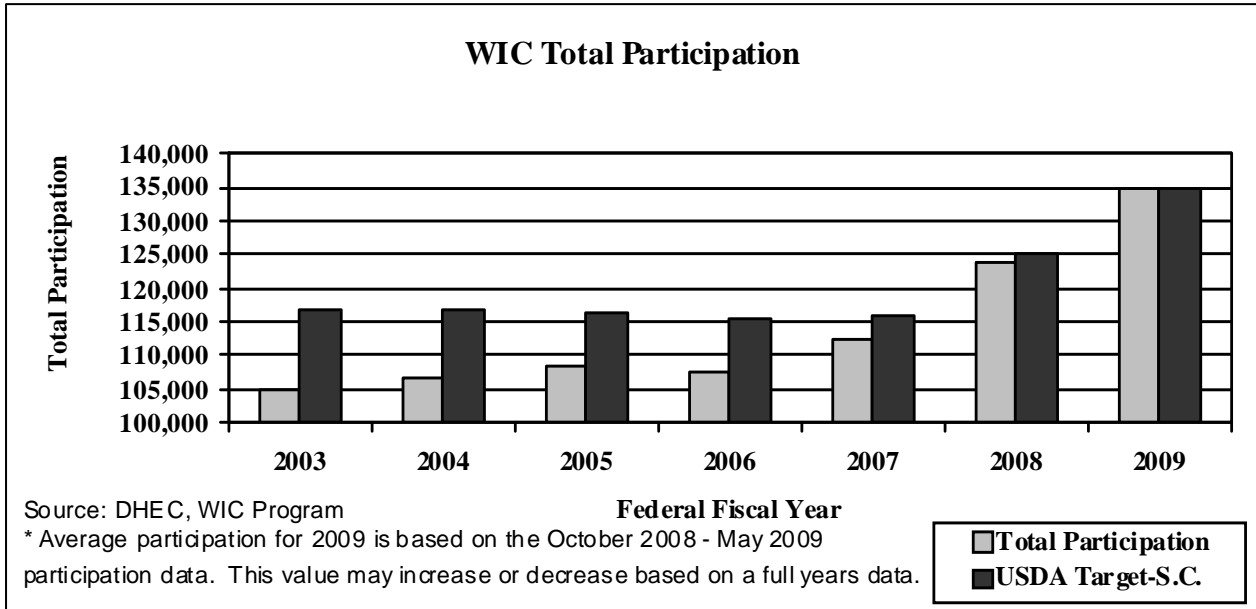
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. 95.5 percent of DHEC clients are at or under 185 percent of the poverty level. The agency provides services to about 33 percent of the overall population in need of family planning services (279,820 women of reproductive age). The caseload in FY09 increased for the first time since 2003, which is attributed to the efficiency measures the program has implemented. However, there continues to be shortages among nursing staff in DHEC's local health departments, high cost of contraceptives and budget shortfalls.

Fig. 7.1.15



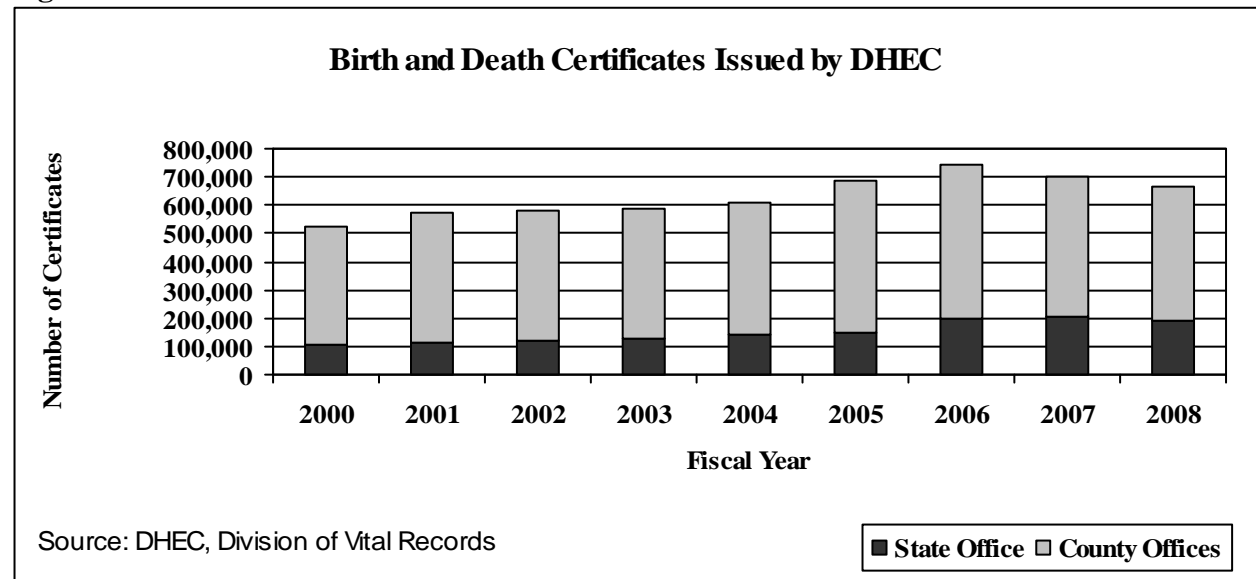
Funds allocated in FY08 to support infant mortality reduction through the Postpartum Newborn Home Visits (PPNBHV) program had a positive effect on DHEC's capacity to provide these visits. In 2008, DHEC provided PPNBHV to about 52 percent* of the families eligible for the service. However, capacity within the program has been eroding during FY09 making it difficult to sustain the same level of visits provided in FY08. Preliminary data from FY09 indicate fewer visits were provided than in FY08.

Fig. 7.1.16



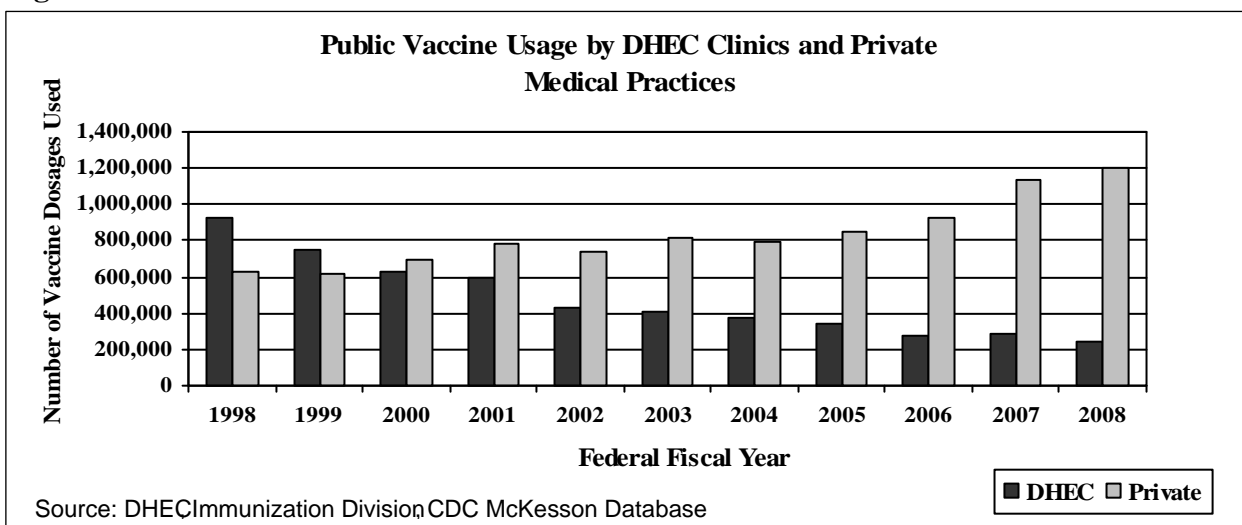
The Women, Infants, and Children (WIC) Program is a preventative nutrition education program that provides prescribed food packages for eligible pregnant and breastfeeding women, infants and children to assist in meeting their nutritional requirements during critical periods of growth and development. Priorities of the WIC Program also include reducing obesity and promotion of breastfeeding. Services are provided statewide. Due to the economic impact (unemployment and food insecurity), there has been an increase in the WIC caseload especially the participation of children.

Fig. 7.1.17



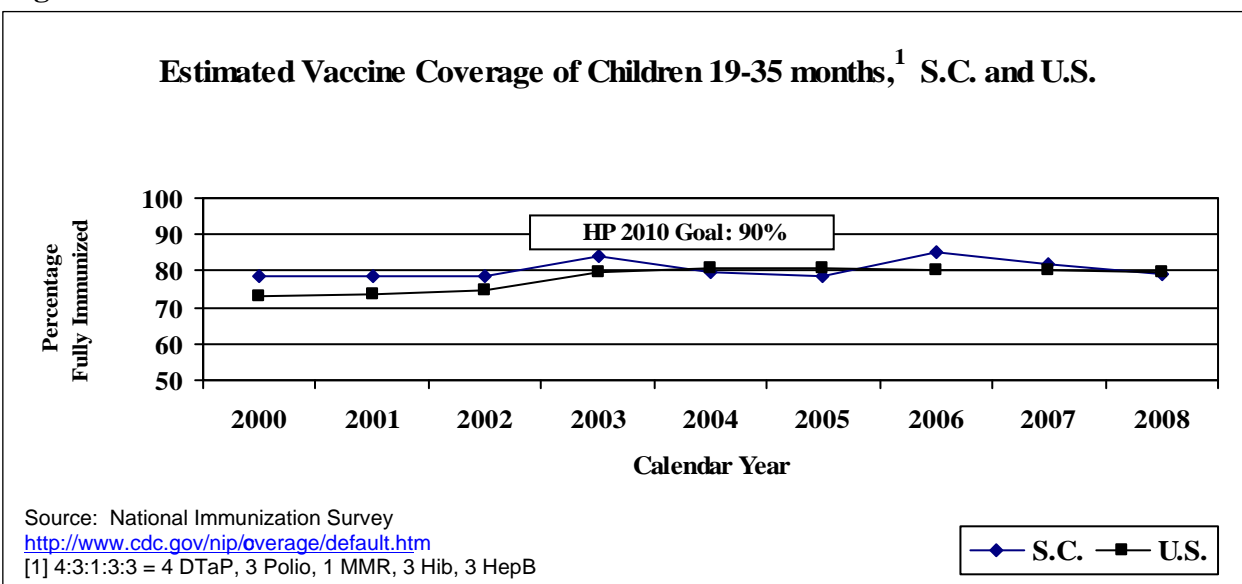
DHEC is the state's official recorder for vital information pertaining to births, deaths, marriages and divorces in South Carolina. Each of the 46 counties has a vital records office in the county health department, and together with the state office in Columbia, provide this essential service for all citizens in the state. Over 650,000 certifications were issued in 2008. In 2009, the onsite customer service area of the State Vital Records office underwent a major renovation to improve the business environment in which onsite customers are served. A new customer queuing system provides efficient customer flow, which has resulted in an overall improved level of customer service.

Fig. 7.1.18



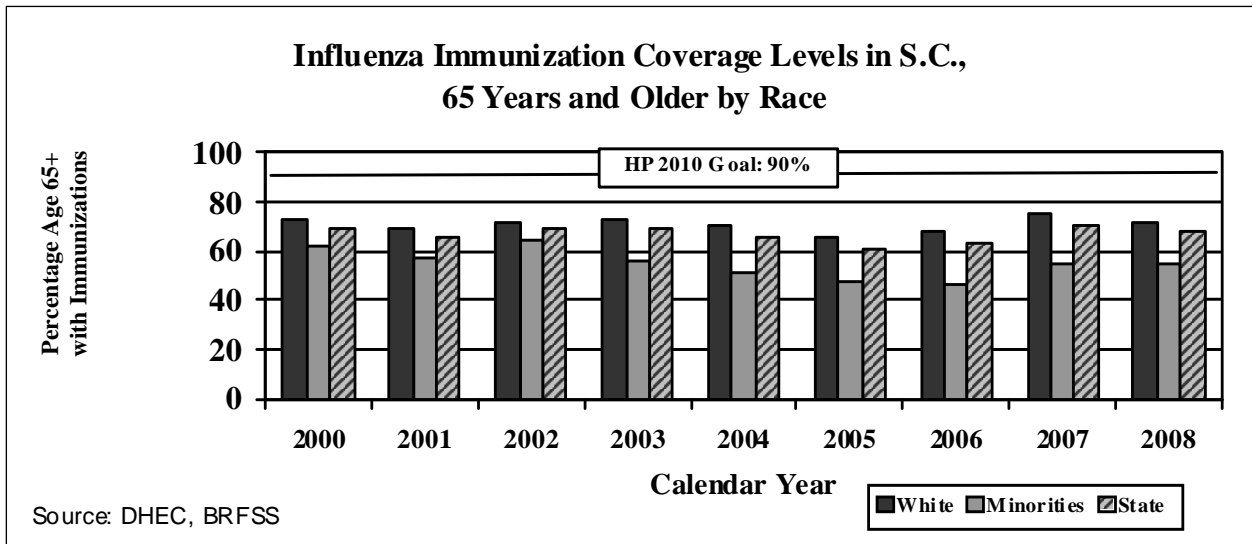
The federal vaccines for children program, known in the state as the Vaccines Assurance For All Children (VAFAC) Immunization Partnership, continues to promote medical homes by making publicly-purchased vaccine available to enrolled practices. Current enrollment in VAFAC is 571 practices. This includes the majority of all pediatric practices in the state, a large portion of family practices; all DHEC county health departments; all community health centers and health clinics; most hospitals; and six colleges and universities. Many studies of the impact of this program throughout the nation continue to show the improved health benefits of promoting immunization in the medical home.

Fig. 7.1.19



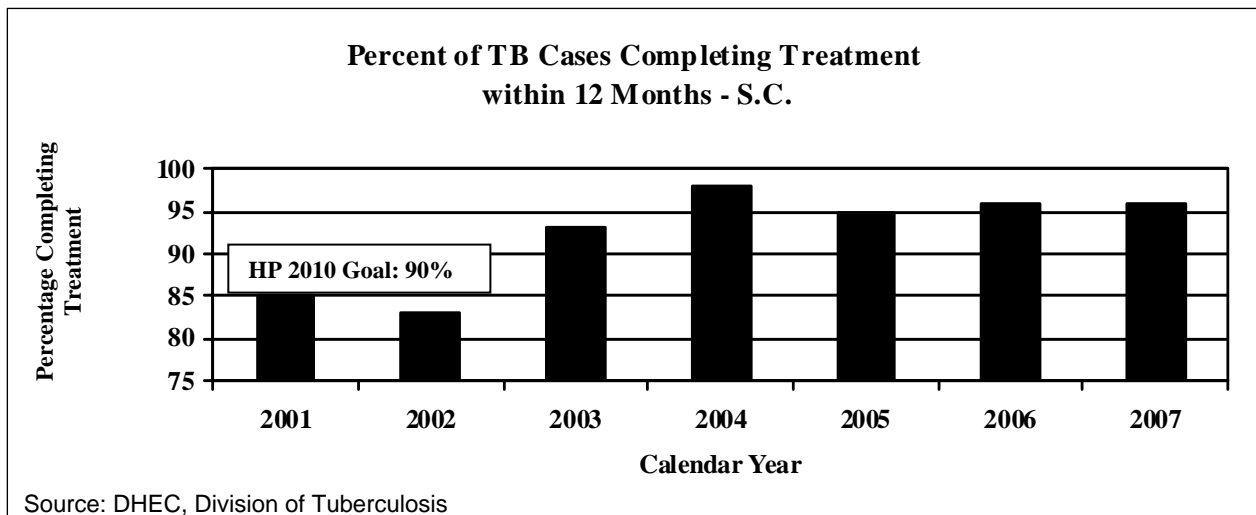
The 2008 rates are estimates based on the July 2007-June 2008 rates. Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are administered before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines and the fact that about 62,000 babies are born in the state each year. Despite these challenges, South Carolina has consistently ranked near the US average in immunization coverage of children.

Fig. 7.1.20



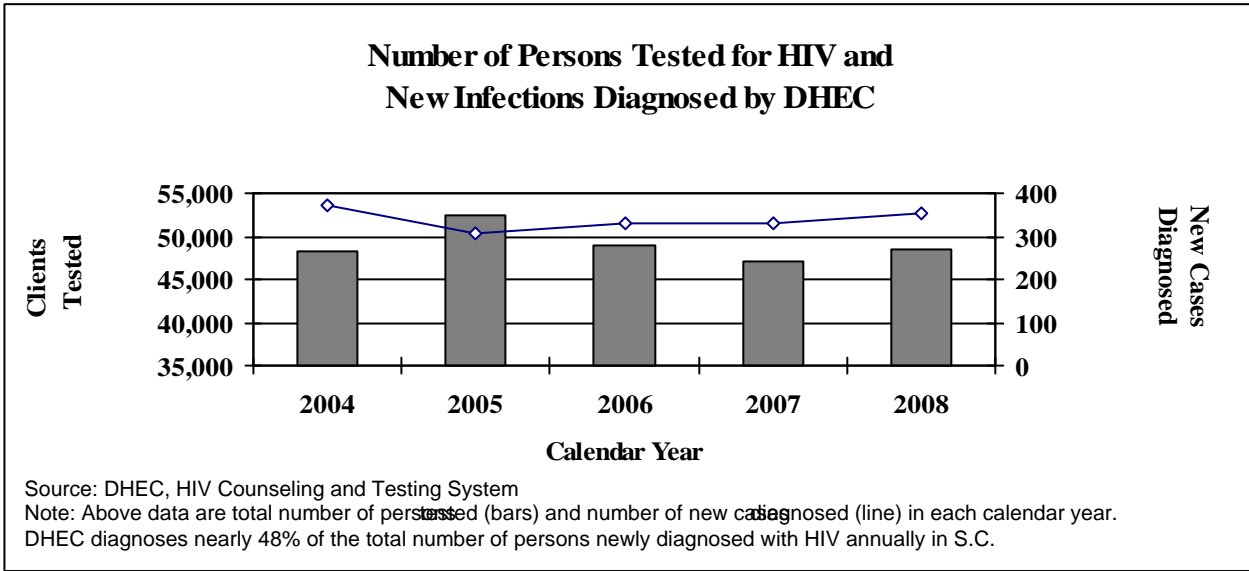
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are far from the Healthy People 2010 Goal of 90 percent. The state continues to see substantial disparities in influenza vaccine coverage between whites and non-white populations.

Fig. 7.1.21



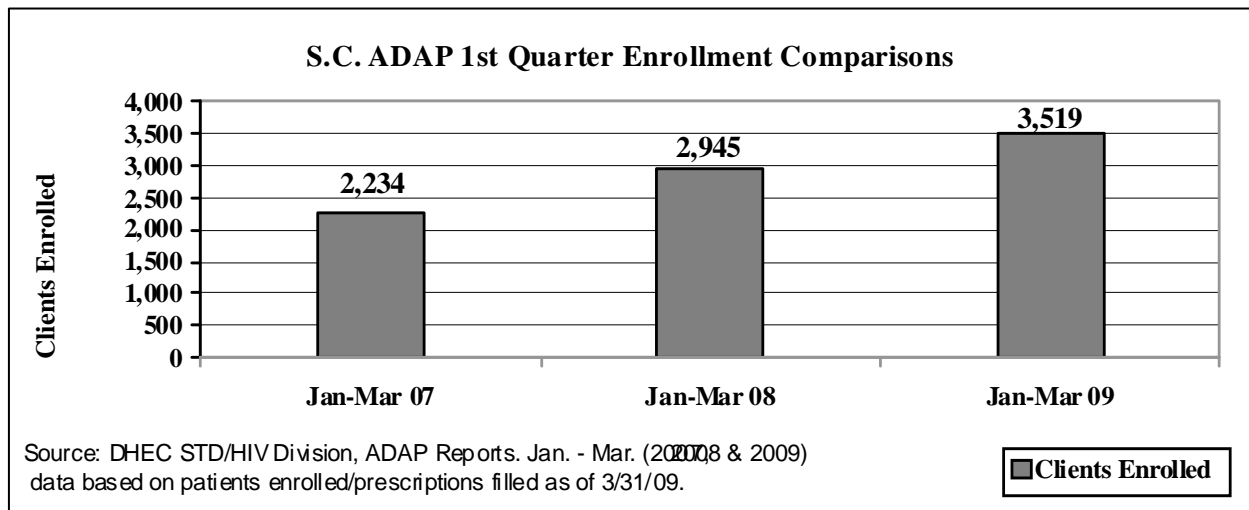
Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and sound interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed. The reported number of tuberculosis cases for 2008 is 188, representing a 14 percent decrease from the 218 cases reported in 2007. 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 4.3. The percentage who completed treatment for tuberculosis disease in South Carolina was 96 percent in 2007 exceeding the Healthy People Goal of 90 percent.

Fig. 7.1.22



DHEC HIV tests and number of new cases detected are leveling. Increased access to effective HIV treatments as well as intense prevention services delivered by community organizations, local health departments and HIV service providers have contributed to slowing the annual rate of new HIV cases. Expanding testing services in other clinical settings such as hospital emergency departments is recommended to diagnose more HIV infected persons, 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 2008, more than 14,000 persons were known to be living with HIV/AIDS in the state.

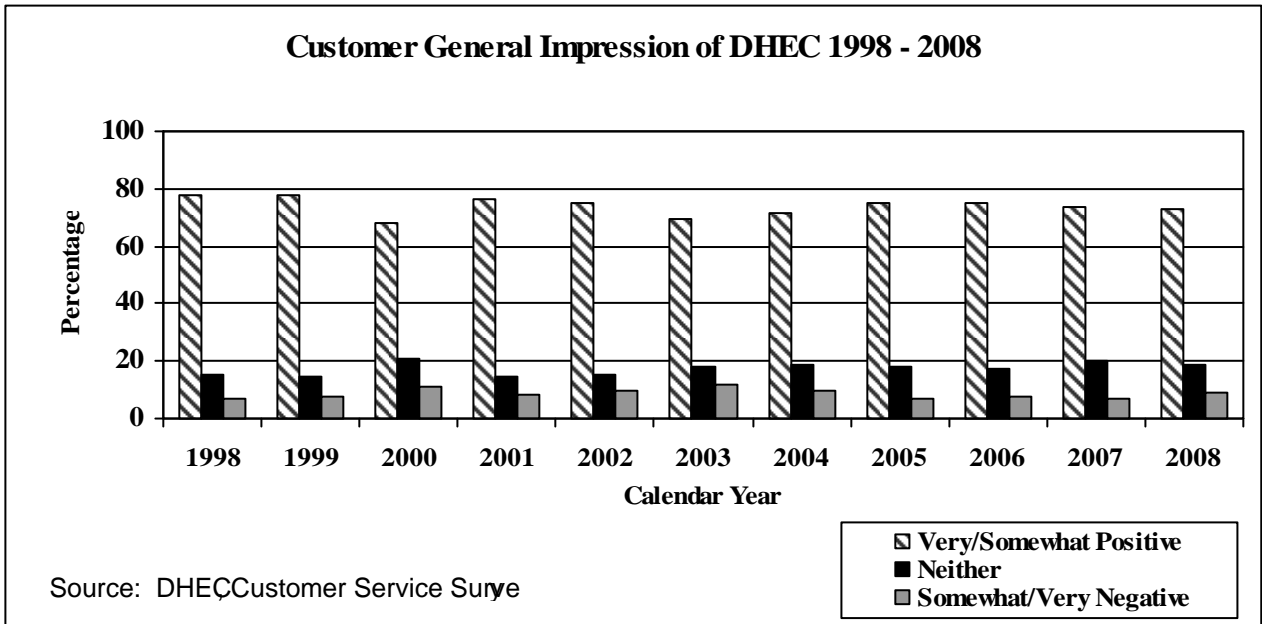
Fig. 7.1.23



As of October 2008, the AIDS Drug Assistance Program (ADAP) was currently serving about 17 percent of prevalence in the state. State appropriated funds for the S.C. ADAP serve an additional 512 people in FY09. Demand for ADAP services and resources is strong and will probably increase. Applications are averaging more than 100 per month. Since treatment is increasingly effective, people may stay on ADAP for a long time, and the cost of medications is increasing. Revised National Treatment Standards recommend starting HIV treatment earlier, and there is a decrease in federal funding in 2009.

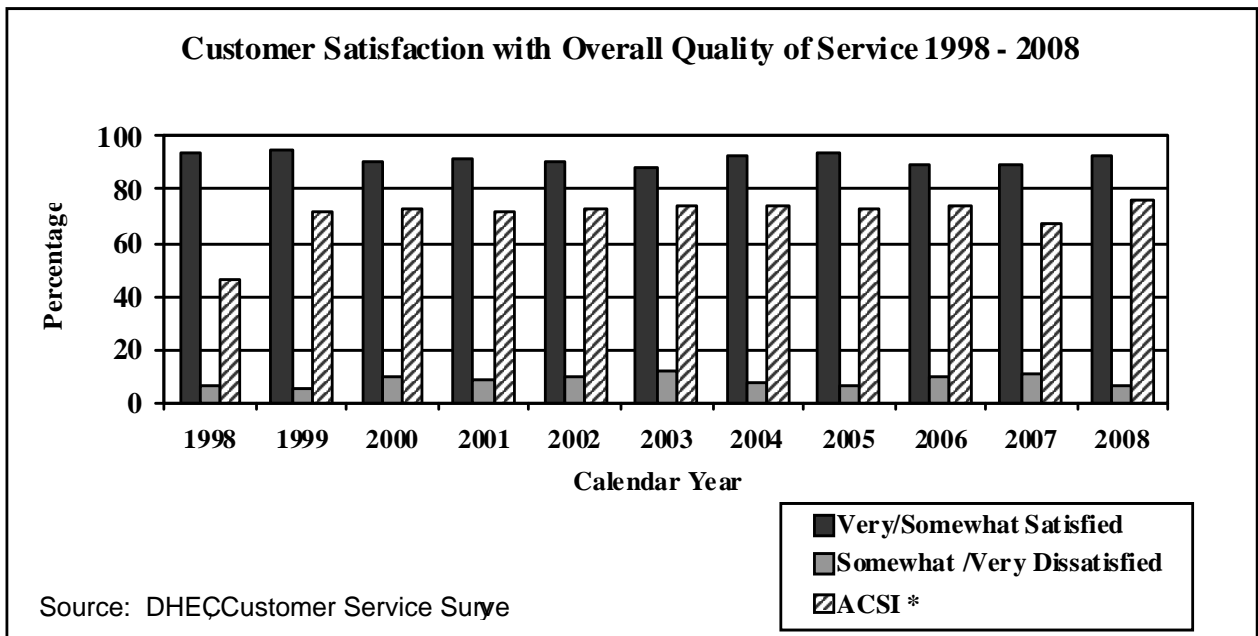
III. 7.2 Customer Satisfaction Results

Fig. 7.2.1



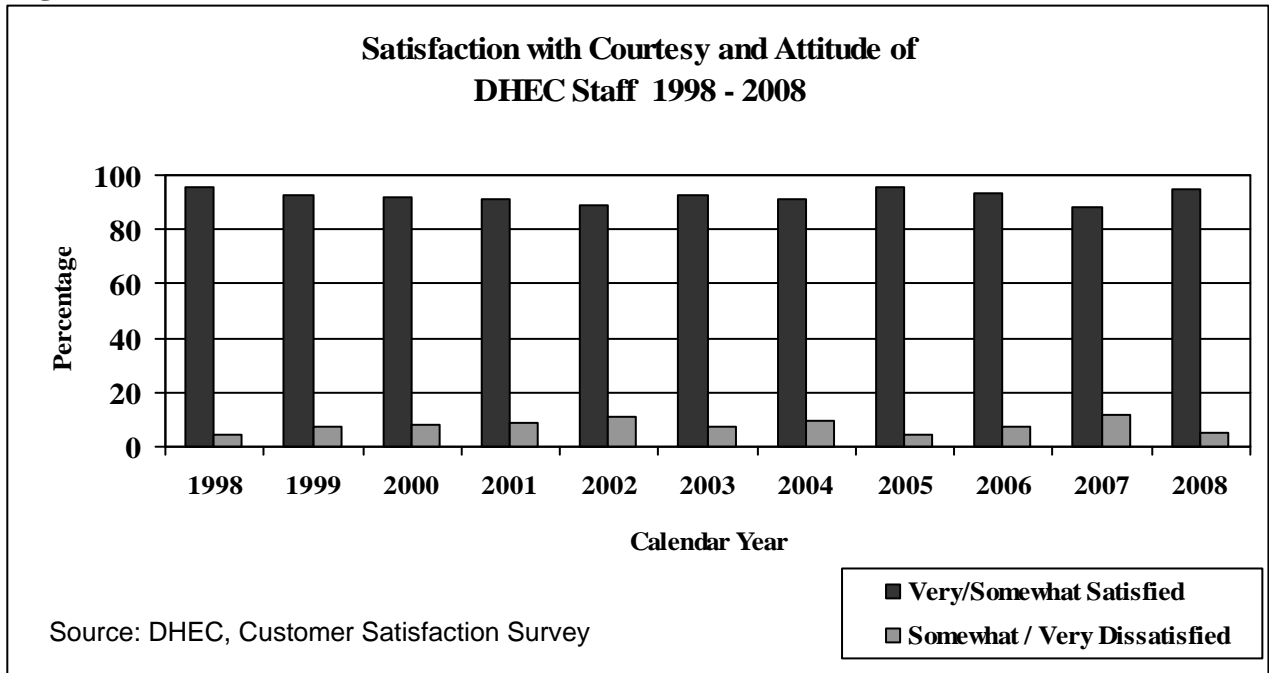
The stability of DHEC’s positive public image is confirmed by the results of the 2008 Customer Service Survey. For 11 years, the percentage of respondents with a positive general impression of DHEC has averaged 74 percent.

Fig. 7.2.2



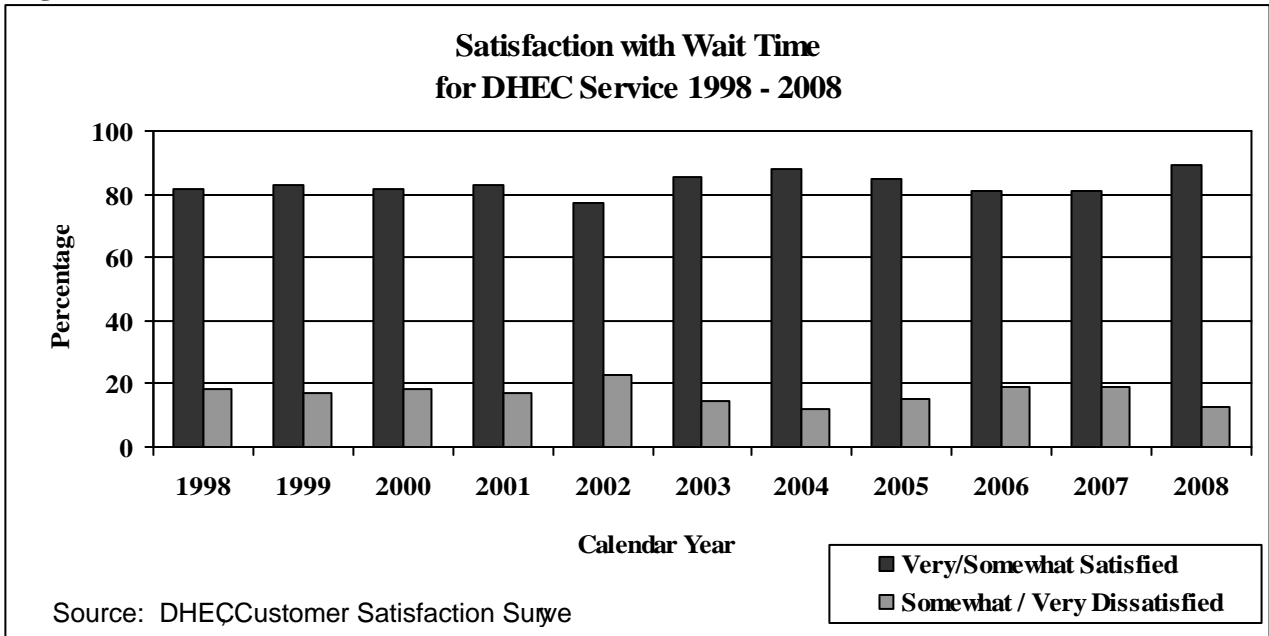
South Carolinians are satisfied with the services they receive at DHEC. In 2008 with a 93.4 percent positive response for overall quality of service, DHEC continues to remain well above the American Customer Satisfaction Index* (ACSI) of 76 percent. Overall satisfaction with DHEC services has averaged 92 percent for 11 years, as compared with 71 percent for ACSI for this same time period.

Fig. 7.2.3



For 11 years, DHEC has maintained an average of 92 percent satisfaction with courtesy and attitude of staff. In 2008, this level was 95 percent even with reduction in staff and budget cuts.

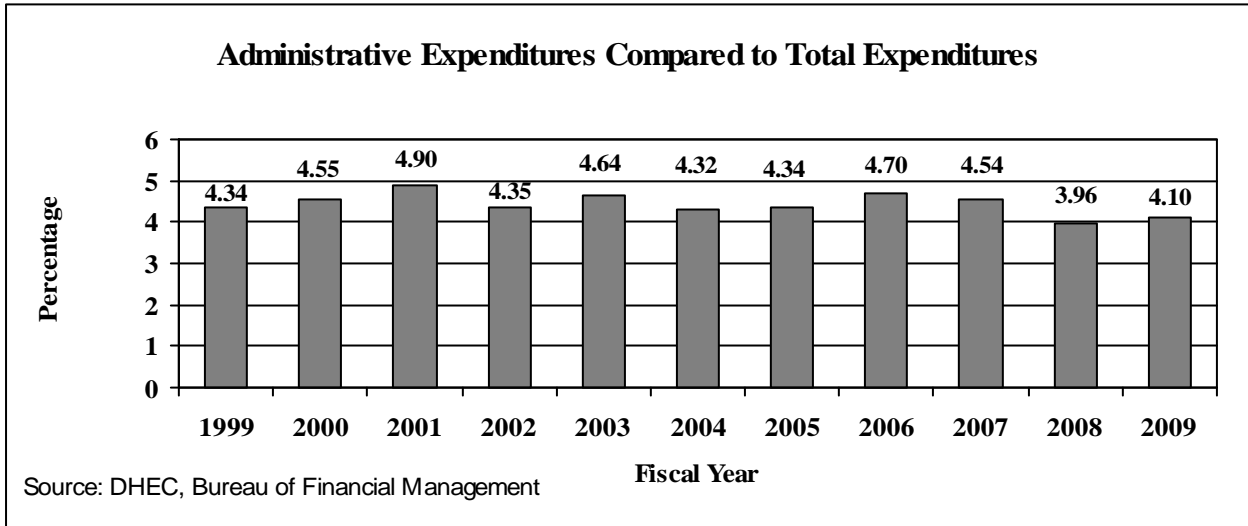
Fig. 7.2.4



In 2008, satisfaction with the time responded to wait for service was 89 percent, a significant increase from 2007.

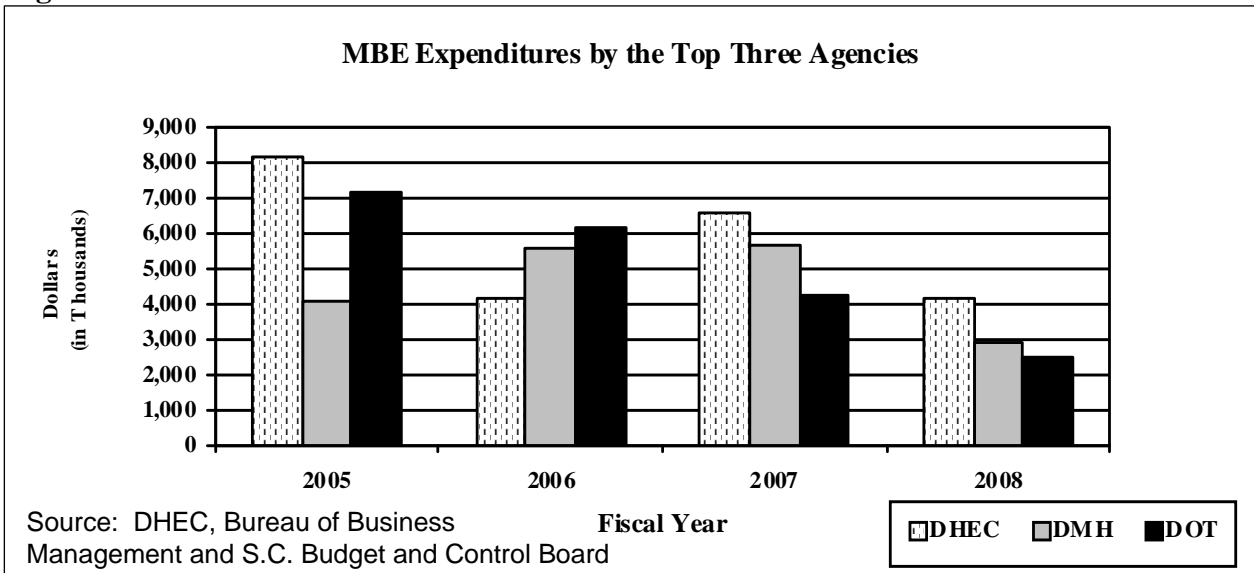
III. 7.3 Financial Performance Results and Process

Fig. 7.3.1



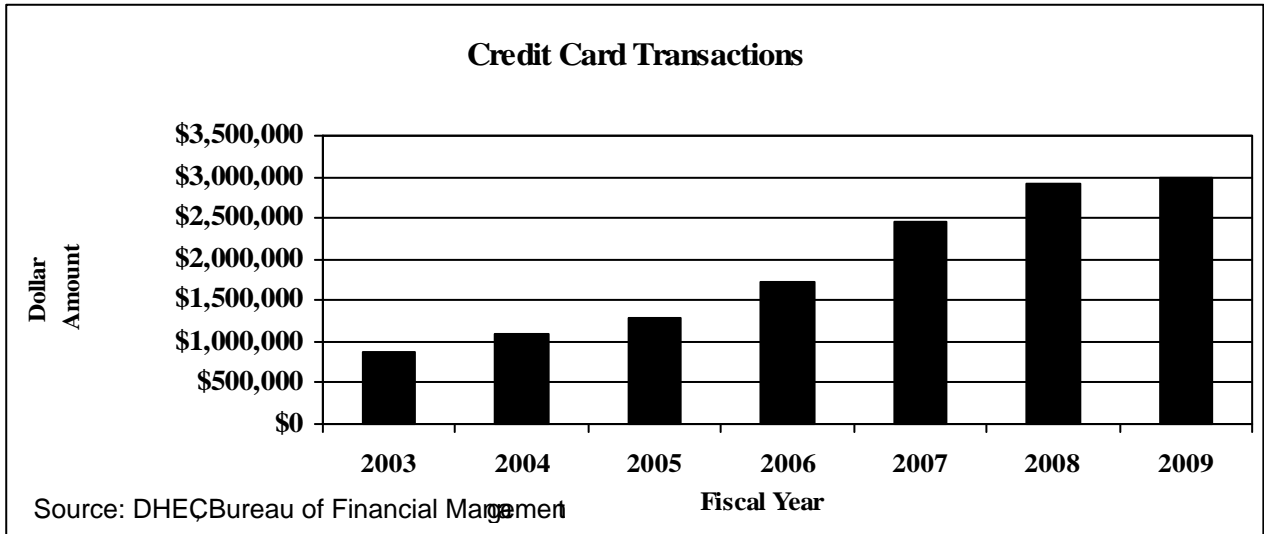
The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to budget cuts and the agency holding down total expenditures. The increase in FY06 year 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 figure percentages, as the agency's budget varies, total administrative expenditures fluctuate accordingly.

Fig. 7.3.2



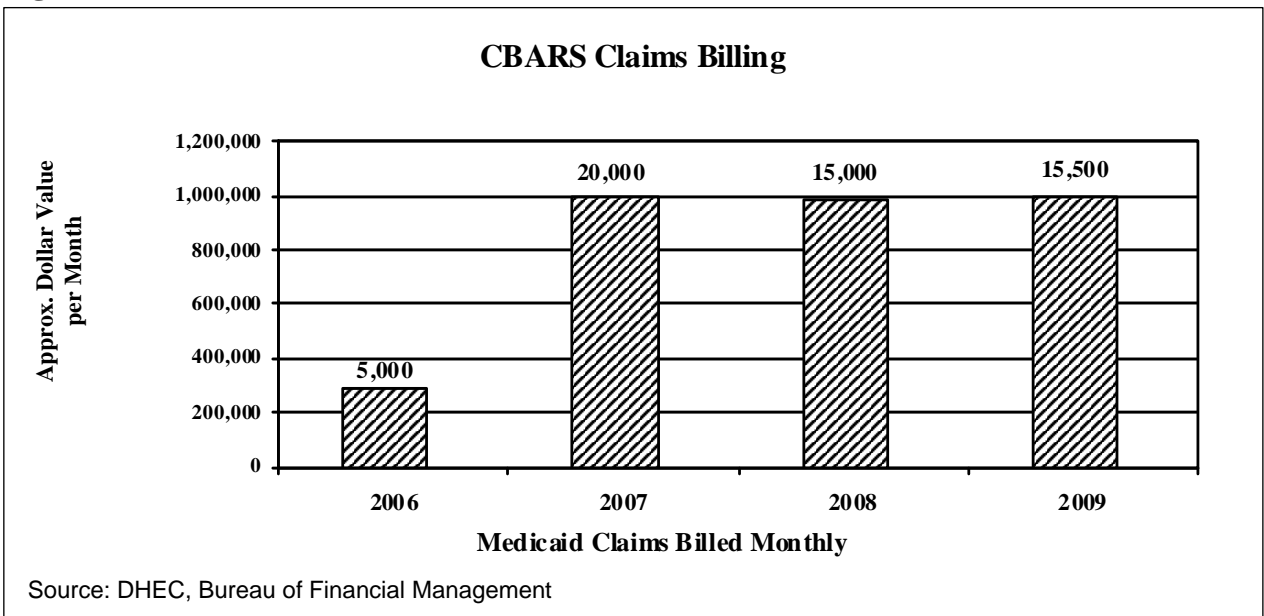
For FY08, DHEC was once again the top agency in expenditures with Minority Business Enterprises (MBEs). By spending nearly \$4.2 million with MBEs, DHEC's expenditures were 43 percent higher than what was spent by the next highest agency. DHEC is committed to reaching out to the minority business community and we have frequently been the top agency in expenditures with MBEs during the last ten years. Because of the current economic conditions, there has been a decrease in expenditures by all agencies during FY08, and even more of a decline is expected in FY09.

Fig. 7.3.3



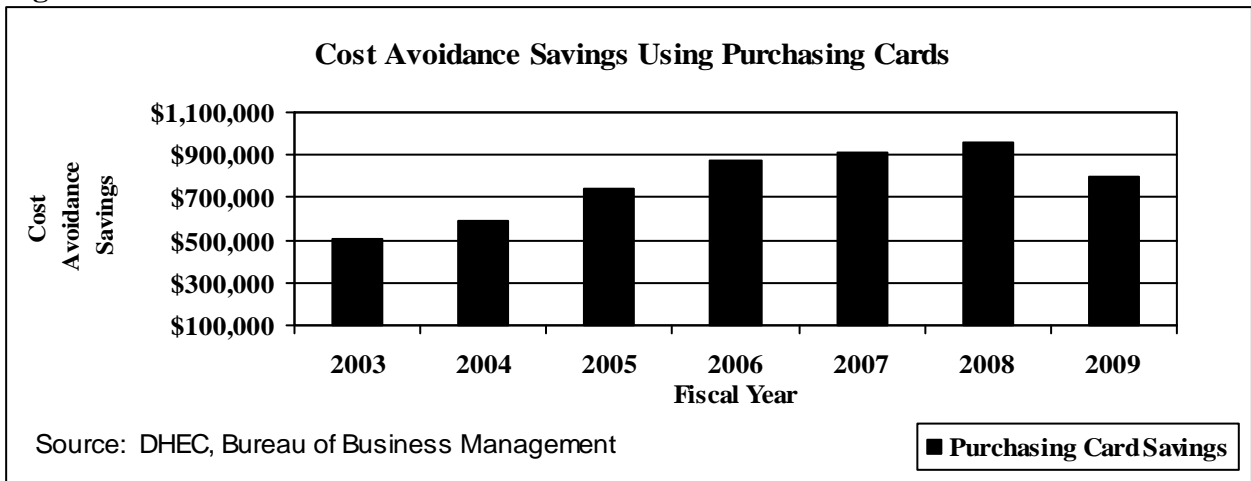
The agency's credit card transactions have increased significantly over the past few years as the system has been modified. In FY09, the Bureau of Financial Management processed \$2,985,458 in credit card transactions. This is an increase of \$69,106 (3 percent) over last fiscal year, over triple the amount of credit card sales in FY03. Customers have been pleased with this option and the availability of agency funds has been more timely.

Fig. 7.3.4



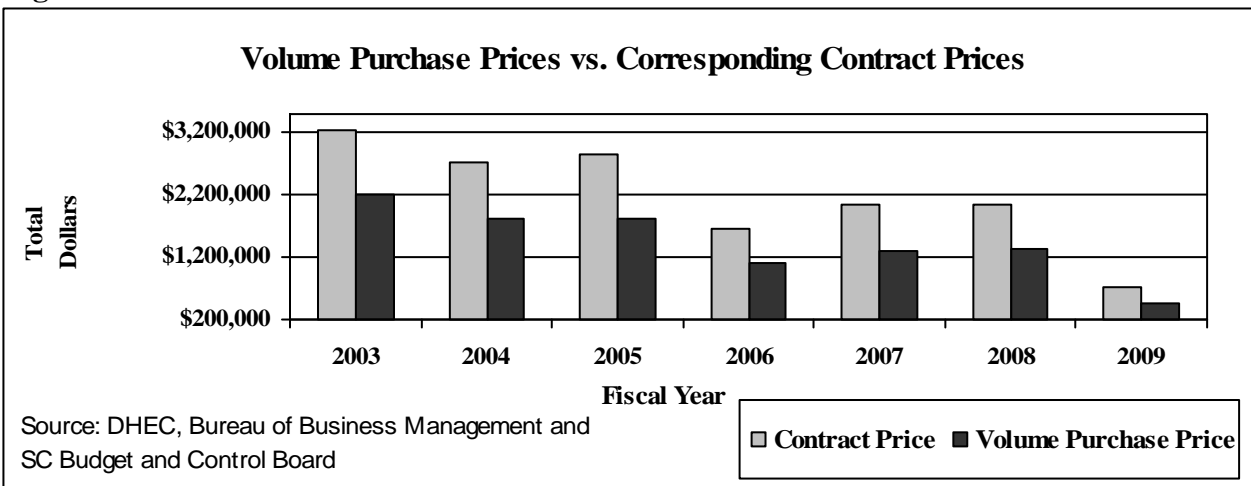
In FY09, DHEC billed Medicaid for approximately 15,500 claims per month in the Consolidated Medical Billing and Accounts Receivable System (CBARS) with a total dollar amount of approximately \$995,000 per month. The increase in efficiency in processing claims has resulted in more timely access to the billing dollars. The increase in claims processing by 500 per month resulted in an increase of Medicaid funds billed of \$10,000 per month. This increase is attributed to the increase in clients due to the economy and unemployment rates.

Fig. 7.3.5



DHEC continues to emphasize the use of the State Purchasing Card to acquire goods instead of using purchasing orders. During FY09, 13,291 purchases were made with the card totaling \$3,502,612. Compared to the 15,155 purchases made in FY08, this represents a 12 percent reduction in the number of purchases. However, the use of the card saves the agency considerable time and money. 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 realized a cost avoidance savings of \$797,460 this fiscal year. The agency also received a rebate in the amount of \$21,570 as part of the contract terms.

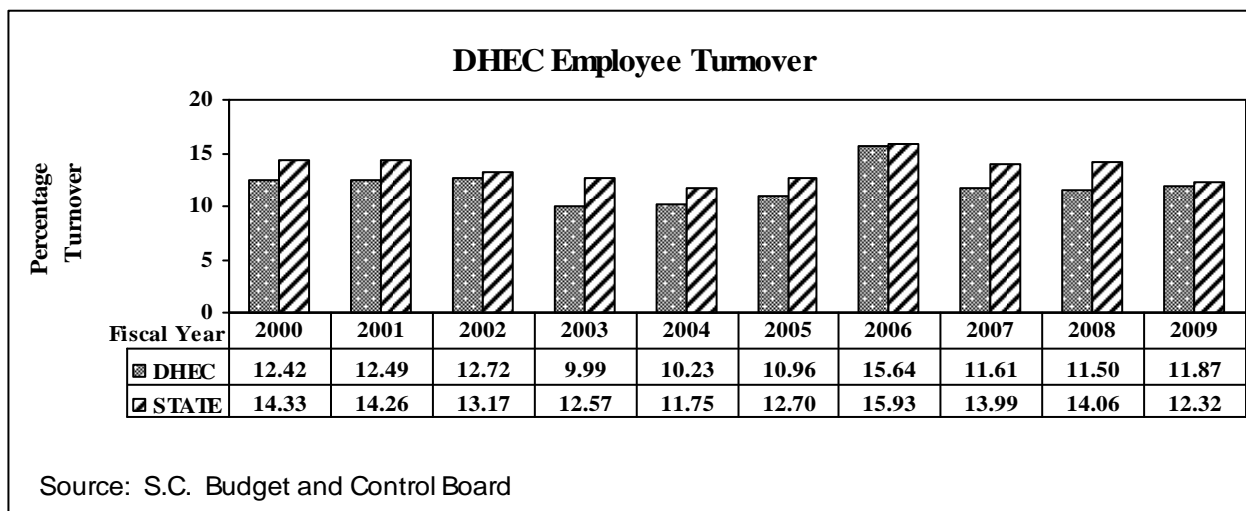
Fig. 7.3.6



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 costs and utilizes procurement planning across program lines. For FY09, the agency realized a cost avoidance savings utilizing this process of \$255,539, which is 35 percent lower than using the state contract price. This volume programs to maximize their purchasing dollars. It is important to note that as a percentage below the state contract, this is in line with, and even slightly better than in most previous years. However, because of budget cuts, the total quantity of PC's purchased in FY09 was significantly below recent years. During FY08, DHEC purchased 1457 computers compared to just 555 computers purchased in FY09, which is a 62 percent reduction.

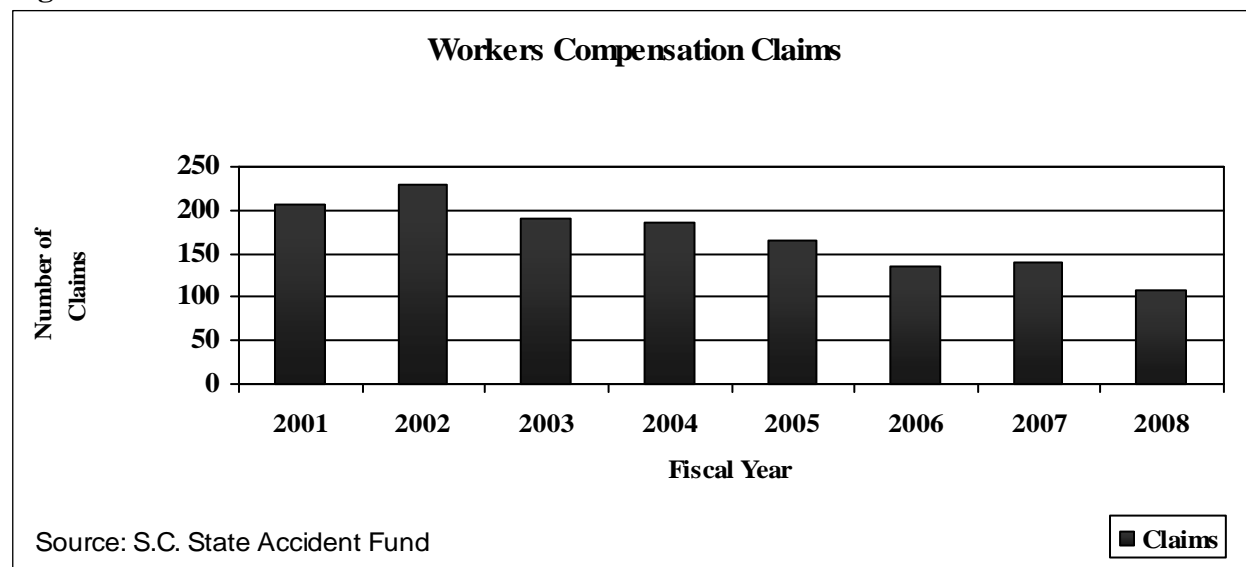
III. 7.4 Work Force Results

Fig. 7.4.1



DHEC'S turnover rate for FY09 increased to 11.87 percent. One reason for the increase was the Voluntary Separation Program and Retirement Incentive Plan offered by the agency. Sixty-seven (67) employees participated in the program. The turnover rate would have been 10.22 percent if the program had not been offered and the employees did not leave. Despite the increase, the agency is still below the state average of 12.32 percent.

Fig. 7.4.2



Worker's Compensation claims dropped by more than 25 percent this year. This continues the general downward trend since FY02. Employee health issues have continued to stress safety in the clinic areas and safety committees have monitored hazards in the work place as well as providing safety information and training to employees. It is difficult to make comparisons with other state agencies because the agency uses the number of incidents, not a percentage and because of the varying types of work performed by other agencies.

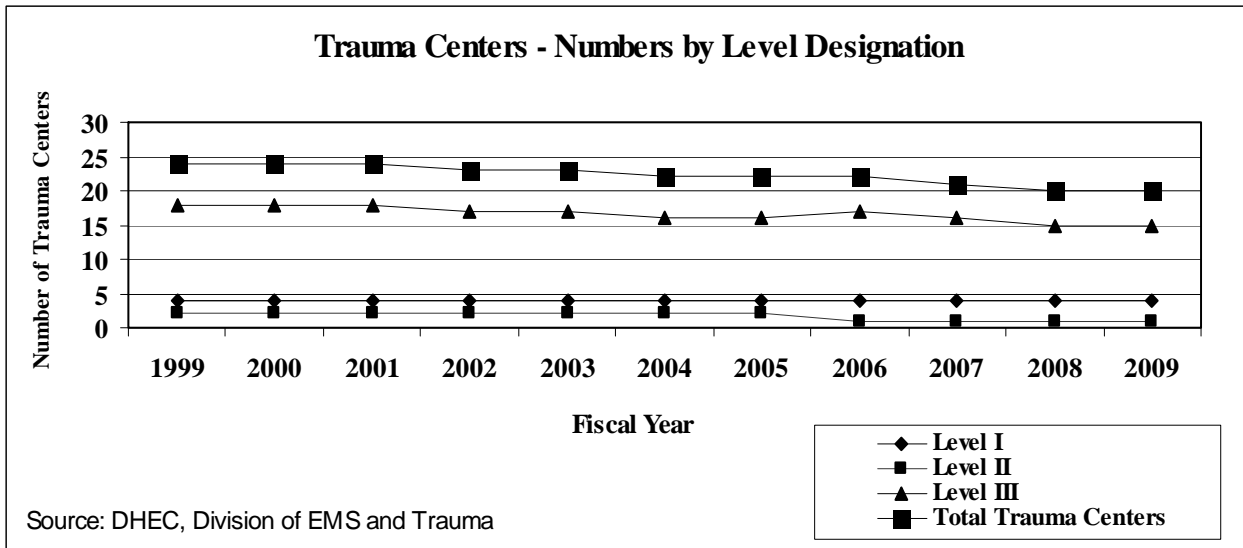
III. 7.5 Regulatory/Legal Compliance

Fig. 7.5.1

Implementation of Internal Audit Recommendations			
Fiscal Year	Number of Recommendations	Recommendations Implemented	Recommendations Outstanding
2006	44	44	0
2007	69	69	0
2008	82	73	9
2009	17	5	12
TOTALS	212	191	21

Over the past four fiscal years, DHEC Internal Audits has made 212 recommendations to improve agency operations, internal controls and procedures. Of those 212 recommendations, 191 have been implemented with 21 outstanding, which will be implemented in this fiscal year. This shows a serious commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Audit Committee of the DHEC Board. [Source: DHEC, Office of Internal Audits]

Fig. 7.5.2



The chart shows the number of Level I, II and III designated trauma centers in South Carolina. The state trauma system is struggling to maintain consistent coverage and stability. The twenty 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.

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 08-09 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management & personnel services. This activity represents the "overhead."	State: 8,236,010.79 Federal: 0.00 Other: 13,831,105.02 Total: 22,067,115.81 % of Total Budget: 4%	State: 6,583,528.87 Federal: 494,399.04 Other: 16,352,674.10 Total: 23,430,602.01 % 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 7.5.1 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: 1,287,084.92 Other: 872,153.18 Total: 2,159,238.10 % of Total Budget: 0%	State: 0.00 Federal: 1,154,446.86 Other: 2,180,777.72 Total: 3,335,224.58 % of Total Budget: 1%	7.1.2
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: 13,126,913.39 Federal: 6,788,205.81 Other: 10,683,755.35 Restricted: 113,092.01 Total: 30,711,966.56 % of Total Budget: 6%	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%	7.1.7 7.1.8
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: 1,392,768.48 Federal: 2,734,999.61 Other: 624,713.62 Total: 4,752,481.71 % of Total Budget: 1%	State: 1,089,622.46 Federal: 1,923,364.25 Other: 726,261.08 Total: 3,739,247.79 % of Total Budget: 1%	
II.B.1.a National Estuary Research Reserve	Protects specific biogeographical regions under a National Program. SC has two such regions ACE (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay.	State: 0.00 Federal: 99,636.69 Other: Total: 99,636.69 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 Total: 0.00 % of Total Budget: 0%	

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 08-09 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: 1,791,170.05 Federal: 1,578,816.94 Other: 8,163,359.95 Restricted: 272,553.11 Total: 11,805,900.05 % of Total Budget: 2%	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%	7.1.5 7.1.6
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid waste, infectious waste and hazardous waste sites.	State: 3,812,311.75 Federal: 7,417,213.56 Other: 1,550,709.32 Restricted: 7,385,499.70 Total: 20,165,734.33 % of Total Budget: 4%	State: 3,121,539.35 Federal: 6,813,278.26 Other: 1,727,687.96 Restricted: 9,588,176.96 Total: 21,250,682.53 % of Total Budget: 4%	7.1.1 7.1.3 7.1.4
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: 52,530.00 Federal: Other: Total: 52,530.00 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 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: 20,933,485.84 Federal: 36,478,277.38 Other: 5,867,914.19 Total: 63,279,677.41 % of Total Budget: 12%	State: 14,529,930.00 Federal: 37,019,950.60 Other: 13,274,753.37 Total: 64,824,633.97 % of Total Budget: 12%	7.1.9 7.1.22 7.1.10 7.1.23 7.1.19 7.1.24 7.1.20 7.1.21
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	State: 50,000.00 Federal: Other: Total: 50,000.00 % of Total Budget: 0%	State: 40,438.26 Federal: 0.00 Other: 0.00 Total: 40,438.26 % of Total Budget: 0%	

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 08-09 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: 3,976,005.00 Federal: 85,802,588.96 Other: 41,097,291.83 Total: 130,875,885.79 % of Total Budget: 25%	State: 2,404,379.56 Federal: 102,943,426.05 Other: 40,963,613.54 Total: 146,311,419.15 % of Total Budget: 27%	7.1.15 7.1.16 7.1.17
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge to be conducted in hospitals with at least 100 births annually.	State: 675,855.99 Federal: Other: Restricted: Total: 675,855.99 % of Total Budget: 0%	State: 592,137.04 Federal: 0.00 Other: 0.00 Restricted: Total: 592,137.04 % of Total Budget: 0%	
II.E.3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes.	State: 1,924,803.15 Federal: 4,260,901.21 Other: 258,250.70 Total: 6,443,955.06 % of Total Budget: 1%	State: 1,250,030.71 Federal: 5,504,757.05 Other: 2,336,260.76 Total: 9,091,048.52 % of Total Budget: 2%	7.1.13 7.1.14
II.E.3.a Youth Smoking	Supports 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: 0.00 Federal: 565,039.23 Other: 0.00 Restricted: Total: 565,039.23 % of Total Budget: 0%	State: 0.00 Federal: 277,674.36 Other: 0.00 Restricted: Total: 277,674.36 % of Total Budget: 0%	7.1.11 7.1.12
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: 43,599,896.02 Federal: 25,448,577.74 Other: 14,538,005.47 Total: 83,586,479.23 % of Total Budget: 16%	State: 33,855,496.46 Federal: 26,564,232.70 Other: 18,048,376.72 Total: 78,468,105.88 % of Total Budget: 15%	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 7.1.13 7.1.18 7.1.23

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 08-09 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: 354,174.80 Federal: Other: Total: 354,174.80 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 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: 577,620.00 Federal: Other: Total: 577,620.00 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 0.00 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: 0.00 Federal: 109,447.68 Other: 1,405,606.23 Total: 1,515,053.91 % of Total Budget: 0%	State: 0.00 Federal: 138,044.77 Other: 1,651,950.17 Total: 1,789,994.94 % of Total Budget: 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State: 1,205,803.93 Federal: 627,021.97 Other: Total: 1,832,825.90 % of Total Budget: 0%	State: 953,826.00 Federal: 657,968.14 Other: 0.00 Total: 1,611,794.14 % of Total Budget: 0%	
II.E.7 Independent Living	Provides many in-home services such as skilled nurses. Provides services to special needs clients to live more independent lives and provides screening, testing, education counseling & managed care.	State: 9,736,955.05 Federal: 8,724,379.69 Other: 22,040,716.26 Restricted: Total: 40,502,051.00 % of Total Budget: 8%	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%	

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 08-09 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: 168,233.03 Federal: Other: Total: 168,233.03 % of Total Budget: 0%	State: (28.36) Federal: 0.00 Other: 0.00 Total: (28.36) % 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: 738,394.19 Federal: 48,362.17 Other: 1,348,079.00 Total: 2,134,835.36 % of Total Budget: 0%	State: 516,651.00 Federal: 50,572.55 Other: 930,572.66 Total: 1,497,796.21 % 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: 827,918.98 Federal: 59,604.88 Other: 164,127.98 Total: 1,051,651.84 % of Total Budget: 0%	State: 623,709.41 Federal: 81,895.15 Other: 258,113.17 Total: 963,717.73 % of Total Budget: 0%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC. Ensures that clients are provided appropriate care and services in a manner and environment that promotes their health, safety and well being.	State: 1,395,709.28 Federal: Other: 821,488.54 Total: 2,217,197.82 % of Total Budget: 0%	State: 1,048,326.23 Federal: 0.00 Other: 970,298.41 Total: 2,018,624.64 % 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: 1,365.78 Federal: 3,081,222.77 Other: 0.00 Total: 3,082,588.55 % of Total Budget: 1%	State: 0.00 Federal: 3,419,794.98 Other: 0.00 Total: 3,419,794.98 % of Total Budget: 1%	

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures	FY 08-09 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: 2,249,675.41 Federal: 218,554.95 Other: 215,185.38 Total: 2,683,415.74 % of Total Budget: 1%	State: 2,016,666.40 Federal: 199,508.80 Other: 474,794.29 Total: 2,690,969.49 % of Total Budget: 1%	7.5.2
Trauma Center Fund	New Appropriation	State: 2,589,096.82 Federal: 0.00 Other: 0.00 Total: 2,589,096.82 % of Total Budget: 0%	State: 5,158,526.10 Federal: 0.00 Other: 0.00 Total: 5,158,526.10 % of Total Budget: 1%	
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: 4,675,304.48 Federal: 1,878,317.64 Other: 3,173,836.61 Total: 9,727,458.73 % of Total Budget: 2%	State: 1,501,242.99 Federal: 1,810,927.99 Other: 7,014,819.33 Total: 10,326,990.31 % 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: 262,873.69 Federal: 1,306,460.74 Other: 4,281,798.97 Total: 5,851,133.40 % of Total Budget: 1%	State: 160,399.53 Federal: 1,113,883.98 Other: 4,438,440.19 Total: 5,712,723.70 % of Total Budget: 1%	7.1.18
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 23,229,888.56 Federal: 16,612,805.16 Other: 13,795,986.54 Restricted: 755,221.20 Total: 54,393,901.46 % of Total Budget: 10%	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%	7.4.2
Below: List any programs not included above and show the remainder of expenditures by source of funds.				
Competitive Grants, Competitive Grants FY07, Improve Water Quality, Food Service Inspections & Dairy, Infectious Disease Prevention, ADAP, Infant Mortality Reduction, Vaccine Purchase Underinsured Children & Adol., Vaccine Purchase Underinsured Children & Adol FY07, Prevent Diabetes & Other Chronic Diseases, Pandemic Influenza, Hemophilia Patient Svcs, Interstate Cooperative Monitoring, Youth Tobacco Program & Cessation, Smoking Prevention & Cessation FY07, 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: 21,186,196.19 Federal: Other: 630,749.58 Total: 21,816,945.77 % of Total Budget: 1%	State: 12,114,140.70 Federal: 0.00 Other: 423,022.96 Total: 12,537,163.66 % of Total Budget: 2%
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* 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 08-09 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 7.5.1 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.	7.1.2
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.	7.1.7 7.1.8
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	

Strategic Planning*			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 08-09 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
		usage of information provided. 6) Number of acres of coastal habitat that are inventoried and mapped.	
II.B.1.a National Estuary Reserve Research	Protect, enhance and sustain environmental and coastal resources	DHEC no longer has management or fiscal responsibility for this program.	
II. C. Air Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Increase public understanding of air pollutants such as ground-level ozone and particulate matter through increased education and outreach activities to segments of the public. 3) Increase percentage of state and associated populations living in areas meeting state and federal ambient air quality standards. 4) Reduce air toxins. 5) Assure strategic plans are in place to address adverse air quality impacts on natural resources.	7.1.5 7.1.6
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.	7.1.1 7.1.3 7.1.4
II. D. 1.a Savannah River Plant	Protect, enhance and sustain environmental and coastal resources	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Develop an early warning	

Strategic Planning*			
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		protocol for notifying downstream customers of releases to the Savannah River with adequate lead time to take appropriate actions to protect drinking water supplies.	
II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Protect the public against food, water and vector-borne diseases. 2) Ensure that food service facilities are routinely inspected, that septic tank systems are permitted, and that vector and rabies related incidents are handled thoroughly and completely. 3) Eliminate disparities in the incidence and impact of communicable diseases. 4) Reduce the number of TB cases, STDs, HIV, and increase the number of persons in the state living longer with AIDS as a result of proper treatment (indicating that appropriate treatment is reaching those who need it). 5) Reduce the occurrence of vaccine preventable diseases. 6) Maintain or increase the proportion of the target populations that are fully immunized.	7.1.9 7.1.10 7.1.19 7.1.20 7.1.21 7.1.22 7.1.23 7.1.24
II.E.1.a Palmetto Aids Life Support	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	
II.E.2 Maternal and Infant Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Improve maternal and child health. 3) Improve access to comprehensive, high-quality care. 4) Increase the percentage of very low birth weight infants delivered in Level III hospitals. 5) Reduce the number of infants that die before their first birthday. 6) Reduce the birth rate in teenagers, age 15-17. 7) Increase the number of 3rd graders who have protective sealants on their teeth. 8) Increase the number of post partum new born home visits within 3 days of hospital discharge. 9) Increase the number of women who receive prenatal care.	7.1.15 7.1.16 7.1.17
II. E. 2. a Maternal and infant Health- Newborn Screening	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality	1) Improve maternal and child health. 2) Screen all newborns prior to hospital discharge for hearing problems.	

Strategic Planning*			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 08-09 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
	and years of healthy life for all. Eliminate health disparities.		
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.	7.1.13 7.1.14
II.E.3.a Youth Smoking Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Decrease the proportion of youth and adults who smoke.	7.1.11 7.1.12
II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. In keeping with the agency's value of "local solutions to local problems," each county may focus on different health activities depending upon the needs of the community.	7.1.9 7.1.14 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 7.1.13 7.1.18 7.1.23
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 data into useful and effective preventive programs	

Strategic Planning*			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 08-09 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 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.4.a Family Health Centers	Improve access to health care for citizens of rural areas throughout the state.	Projects and centers funded to improve access to care.	
II.E.4.b Family Health Center Lancaster-Kershaw	Improve access to health care for the citizens of Lancaster-Kershaw.	Funds transferred to the University of South Carolina Medical School (Columbia) for the Lancaster Kershaw Rural Health Clinic.	
II.E.4.c Biotechnology Center	Provide operating funds for the SC Biotechnology Center.	Funds transferred to SC Biotechnology Center.	
II.E.5 Drug Control	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Enforce regulations dealing with the distribution of controlled substances in the health care field.	
II.E.6 Rape Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Increase the number of new direct services to sexual assault victims by the 16 centers.	
II.E.7 Independent Living	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset; and 2) Reduce morbidity and mortality among those with sickle cell disorders as well as decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	

Strategic Planning*			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 08-09 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.7.a Camp Burnt Gin	Improve the quality and years of healthy life for all.	Camp Burnt Gin conducts client and family satisfaction surveys to assure that programs and services maintain high standards and meet the children's needs.	high
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.	7.5.2

Strategic Planning*			
Program Number and Title	Supported Agency Strategic Planning Goal/Objective	<u>Related FY 08-09 and beyond</u> Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
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.	7.1.18
VIII. Employee Benefits –State Employer Contributions	Improve organizational capacity and quality.	State employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	7.4.2

* While the DHEC deputy areas have robust operational plans, there are different reporting mechanisms, standards, outputs or measures these plans use, which are based on program requirements. The broad state budget categories in this chart make accessing the information requested in column #3 Related FY 08-09 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 plans are available for review in more detail through the specific program areas or in the DHEC Measure Plan. The agency's Strategic Plan Council [See III. 2.1.] is in the process of developing a 2010-2015 Strategic Plan and will discuss how best to incorporate the various operational plans into a cohesive whole. While this information will not be ready for this year's report, there will be better information available once the agency's strategic plan and supporting plans are completed.

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
Internet Shelter System	Manages and staffs Red Cross shelters during disasters
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)