Behind the Numbers

Devastating budget cuts and the impact on health & social services in South Carolina

A Project of the South Carolina Appleseed Legal Justice Center

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SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER

ABOUT US

South Carolina Appleseed Legal Justice Center is a nonprofit organization located in Columbia, South Carolina. We are affiliated with the Washington-based Appleseed Foundation.

MISSION STATEMENT

South Carolina Appleseed Legal Justice Center is dedicated to advocacy for low-income people in South Carolina to effect systematic change by acting in and through the courts, legislature, administrative agencies, community and the media, and helping others do the same through education, training, and co-counseling.

BOARD

ABOUT THIS REPORT

This report was funded through a generous grant by the Public Welfare Foundation.

It was written by Megan Ehrlich, a second-year law student at the University of South Carolina School of Law and graduate of Emory University. She is an AmeriCorps*VISTA alumni, having served at a program that provides permanent housing and supportive services for homeless and low-income individuals.

EXECUTIVE SUMMARY

INTRODUCTION: FACING THE PROBLEM

South Carolina has faced tremendous budget cuts since the 2000-2001 fiscal year. The reductions began in August 2001, when the South Carolina Budget and Control Board made interim, across the board cuts. Since then, the budget crisis has only gotten worse. State agencies have not only faced additional interim cuts, but also devastating cuts in the General Assembly to funding for health and social service programs.

As the state is forced to cut budgets due to the lack of revenue, real citizens in our state are affected. This report examines the disturbing impact on the lives of South Carolinians, specifically the most vulnerable and needy populations. The focus is on five state agencies that provide vital health and social services: Department of Mental Health, Department of Social Services, Department of Disabilities and Special Needs, Department of Health and Environmental Control, and Department of Health and Human Services.

Based on an examination of agency-specific cuts from fiscal year 2000-2001 to the current fiscal year, service cuts, employee cuts, and the funding priorities of these agencies, we will face the very real problem of the State's inability to provide adequate funding for health and social services to the citizens that need them most.

THE PROBLEM AT A GLANCE

- Since 2000, state funding for the Department of Mental Health has decreased by 21%.
- As a result of budget reductions, mental health patients are not receiving services quickly enough and are not getting out once their treatment is maximized.
- Child protection caseworkers have unmanageably large caseloads and duties that make it impossible to do their jobs to protect vulnerable children.
- If Child Protective Services had been fully funded, $30 million in TANF dollars could have gone to the Childcare program and provided childcare to 17,500 children.
- If the state does not provide Department of Disabilities and Special Needs with the $9 million that is currently nonrecurring, 7,332 individuals will lose services, including over 4,000 children.
- Without additional funding, the waiting list for community residential services for those with disabilities will grow to over 3,000 individuals.

- The Department of Health and Environmental Control suffers from a critical staffing shortage, including a 30% vacancy in nursing positions.

- Department of Health and Environmental Control has over $2 million in nonrecurring funds that if lost will result in a direct loss of funding to county health departments that provide services to prevent the spread of infectious disease.

- The Department of Health and Human Services while not receiving budget cuts still has a waiting list of over 3,000 elderly and sick individuals in need of community long term care.

- There are currently 60,000 South Carolina children at or below 200% of the federal poverty level who do not have health insurance.

The above issues and many others will be further addressed in the report that follows.

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OVERVIEW OF STATE AGENCY BUDGETS

Fiscal Year 2000-2001 Actual Expenditures to Fiscal Year 2004-2005 Appropriations Act

DEPARTMENT OF MENTAL HEALTH

Total Decrease in Total Funds: $52,376,094

Total Decrease in General Funds: $42,339,639

Total Interim Budget Reductions: $17, 002,001

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$384,379,969	$356,942,228	$335,521,510	$348,415,804	$332,003,875
General Funds	$201,239,358	$177,937,249	$158,429,380	$172,491,440	$158,899,719
Interim Budget Reductions			$15,307,618	$1,694,383	

DEPARTMENT OF SOCIAL SERVICES

Total Increase in Total Funds: $332,296,425*

Total Decrease in General Funds: $41,050,937

Total Interim Budget Reductions: $39,015,429

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$737,326,662	$814,101,651	$869,328,285	$915,923,678	$1,069,623,087
General Funds	$119,058,409	$102,113,214	$99,025,118	$89,571,170	$78,007,472
Interim Budget Reductions		$26,779,483	$12,253,946		

* Note the increase in DSS funds is due to Childcare transfer and increased participation in Food Stamp program whose dollars are passed on directly to recipients.

DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Increase in Total Funds: $49,601,650

Total Decrease in General Funds: $15,010,512

Total Interim Budget Reductions: $13,967,978

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$365,575,391	$383,429,182	$376,026,356	$373,608,646	$415,177,041
General Funds	$143,740,475	$144,467,452	$134,966,774	$139,412,145	$128,729,963
Interim Budget Reductions			$12,561,705	$1,406,273	

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Total Increase in Total Funds: $71,981,114

Total Decrease in General Funds: $24,616,105

Total Interim Budget Reductions: $5,708,568

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$455,058,208	$454,052,796	$420,985,204	$423,723,036	$527,039,322*
General Funds	$129,702,721	$110,382,139	$104,412,489	$105,393,561	$105,086,616
Interim Budget Reductions			$4,638,883	$1,069,685	

* Includes new authorizations for Health Access and Hunting Island State Park Beach renourishment.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Total Increase in Total Funds: $1,017,121,703

Total Increase in General Funds: $265,432,302

Total Interim Budget Reductions: $55,100,588

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$3,262,290,087	$3,756,424,709	$4,051,054,483	$4,350,482,258	$4,279,411,790
General Funds	$456,730,845	$488,125,060	$528,985,659	$557,434,047	$722,163,147
Interim Budget Reductions			$49,473,466	$5,627,122	

DEPARTMENT OF MENTAL HEALTH (DMH)

AGENCY OVERVIEW

The mission of DMH is to support the recovery of people with mental illnesses, giving priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders.

In fiscal year 2001, DMH provided services to 101,866 clients. That number, however, has declined. In fiscal year 2004, DMH served only 96,855 clients, with 6,367 individuals receiving inpatients services and 90,588 clients receiving community services.[1]

BUDGET CHANGES THROUGH THE YEARS

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$384,379,969	$356,942,228	$335,521,510	$348,415,804	$332,003,875
General Funds	$201,239,358	$177,937,249	$158,429,380	$172,491,440	$158,899,719
Interim Budget Reductions			$15,307,618	$1,694,383	

Total Funds		**General Funds**	
Change from 00-01 to 01-02	- $27,437,741	Change from 00-01 to 01-02	- $23,302,109
Change from 01-02 to 02-03	- $21,420,718	Change from 01-02 to 02-03	- $19,507,869
Change from 02-03 to 03-04	+ $12,894,294	Change from 02-03 to 03-04	+ $14,062,060
Change from 03-04 to 04-05	- $16,411,929	Change from 03-04 to 04-05	- $13,591,721

A CLOSER LOOK AT THE NUMBERS

- Since FY 00-01, state funding for DMH has been cut by $42,339,639, or 21%.
- Total funding has decreased by $52,376,094.
- Interim budget reductions total $17,002,001.

THE REALITY BEHIND THE NUMBERS

WHERE TO TAKE THE CUTS

DMH budget cuts have eliminated programs and services, as well as led to more than 900 jobs lost, as reported in the 2003-2004 DMH Accountability Report. The agency's primary

[1] DMH Annual Statistical Report, Unduplicated number served

sources of federal funding are grants, Medicaid, and Veterans Administration funding. DMH is unable to use these funding sources to make up for lost state money. There has been a focus on improving services to priority mental health consumers, with the Department absorbing budget reductions in areas serving non-priority consumer groups, central administration, and inpatient facilities. In addition, DMH closed the State Hospital, its long-term care facility. Hospital patients requiring intermediate to long-term care were moved to portions of Bryan and Harris psychiatric hospitals, which formerly served primarily as acute care facilities.

NONRECURRING STATE FUNDING: WHAT THE LOSS WOULD MEAN TO DMH CLIENTS

The 2004-2005 DMH budget has $10,484,452 in nonrecurring funding, commonly referred to as Maybank money[2]. Should DMH not receive this funding again in 2005-2006, the impact will be as follows:

- $5,190,000 reduction in crisis stabilization, resulting in mental health patients returning to long waits in the emergency room
- $2,110,452 reduction in inpatient alcohol and drug treatment center, resulting in longer wait time for a bed
- $1,000,000 reduction in the Sexually Violent Predator Program; this cut, however, will be redirected to another health program[3] because of a legislative mandate to house and treat sexually violent predators; i.e., other DMH clients will feel the brunt of this cut.

> DMH HAS $10,484,452 IN NONRECURRING STATE FUNDING IN THE 2004-2005 BUDGET

- $800,000 reduction in veterans services at Tucker Nursing Home, translating to 90 beds lost
- $400,000 reduction in services for the mentally ill at Tucker Nursing Homes, translating to 45 beds lost
- $502,000 reduction of quality assurance[4]
- $300,000 reduction in family preservation

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[2] Maybank money is funding provided under Proviso 73.9, Personnel for Increased Enforcement Collections. This money is income projected from increased tax collection enforcement by the Department of Revenue and is based on a promise by Department of Revenue Director Bernie Maybank. The state budget for fiscal year 2004-2005 included $90,000,000 in Maybank money. Throughout this report, when we refer to nonrecurring funds or Maybank money, we are referring to Proviso 73.9 funds.

[3] Yet to be determined which program will take on this cut.

[4] Supports DMH's ability to continue billing Medicaid and insurance

- $180,000 reduction in employment services[5]

EMPLOYEES

DMH currently has 5,105 permanent FTEs and 57 temporary employees. The agency has let many jobs remain vacant as there has not been funding to fill them. Since 2000, 190 FTEs have been cut or eliminated either through a Reduction in Force (RIF) or Voluntary Separation Program (VSP). A hiring freeze was implemented in January 2001 and not lifted until August 2004. As DMH has lost employees, the remaining employees have taken on extra duties.

TOTAL REDUCTION IN FTE = 190

Year	RIF	VSP
FY 00-01	50	-
FY 01-02	83	-
FY 02-03	6	-
FY 03-04	1	36
FY 04-05	14	-

Total RIF = 154 Total VSP = 36

RISING CASELOADS AND THE WAITING GAME

Nearly every clinician at DMH has taken on an increased caseload, leading to waiting lists in some locations. Patients requiring immediate assistance will receive it, but others may have to wait a week to begin in therapy. When used, waiting lists are generally first come, first serve; however, clients may be placed on the list according to need. Psychiatric hospitals maintain waiting lists with priority being given to patients in non-psychiatric settings where psychiatric treatment is unavailable. Reductions in the DMH budget have not allowed for the development of community-based services to divert patients from state facilities or high management Community Residential Care Facilities. Many times this results in patients being brought to hospital emergency rooms because there is no where else to treat someone in crisis. Patients are not receiving services quickly enough and not getting out once their treatment is maximized.

ADDITIONAL FUNDING PRIORITIES

In its 2005-2006 budget plan, DMH asked for funding for its Toward Local Care Program. In order to maintain current patient discharge rates and bed availability, the agency needs $1.5 million to expand capacity by 100 beds. In addition, DMH requested $600,000 to purchase additional housing units for its housing and homeless program, which is expected to generate $3 million from federal sources (U.S. Department of Housing and Urban Development) and other state sources.

The Assertive Community Treatment Program provides direct services to consumers. With multidisciplinary, round-the-clock staffing of a psychiatric unit within the client's own home and community, national research shows that clients will have fewer interactions with the criminal justice system, there will be a reduction in emergency room visits, and clients will be hospitalized less. In order to achieve these objectives, DMH needs $900,000 in state funding.

[5] Program that teaches consumers work skills as a form of recovery therapy

DEPARTMENT OF SOCIAL SERVICES (DSS)

AGENCY OVERVIEW

The mission of DSS is to ensure the safety and health of children and adults who cannot protect themselves, and to assist those in need of food assistance and temporary financial assistance while transitioning into employment. DSS provides the following programs: Child Welfare, Adult Protection, Family Independence, Family Nutrition, Youth Programs, and Child Support Enforcement.

BUDGET CHANGES THROUGH THE YEARS

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$737,326,662	$814,101,651	$869,328,285	$915,923,678	$1,069,623,087
General Funds	$119,058,409	$102,113,214	$99,025,118	$89,571,170	$78,007,472
Interim Budget Reductions		$26,779,483	$12,253,946		

Total Funds		**General Funds**	
Change from 00-01 to 01-02	+ $76,774,989	Change from 00-01 to 01-02	- $16,945,195
Change from 01-02 to 02-03	+ $55,226,634	Change from 01-02 to 02-03	- $3,088,096
Change from 02-03 to 03-04	+ $46,595,393	Change from 02-03 to 03-04	- $9,453,948
Change from 03-04 to 04-05	+ $153,699,409	Change from 03-04 to 04-05	- $11,563,698

A CLOSER LOOK AT THE NUMBERS

- State funding for DSS has been cut by $41,050,937 or 34% since FY 00-01.
- Total funding has increased by $332,296,425.
- Interim budget reductions in FY 01-02 and FY 02-03 total $39,015,429.
- The state bleeds $10 million to the federal government annually for not being in compliance with federally mandated guidelines.

THE REALITY BEHIND THE NUMBERS

WHAT ABOUT THIS INCREASE IN TOTAL FUNDS?

This increase can be partially attributed to an increase in Food Stamp benefits and the movement of the Childcare program from DHHS to DSS. While this funding did go directly to clients in the form of benefits, it is important to note that it did not go to the agency to help with staffing of services.

NONRECURRING STATE FUNDS

In 2004-2005, $6,705,418 were cut from the DSS budget and replaced with nonrecurring funds along with a straight cut of almost $5 million. This funding is essential to DSS carrying out its mission of protecting children and adults. Already, DSS is unable to meet federal mandates in child protection due to lack of resources. The state faces $10 million in fines for noncompliance with mandatory Child Support Enforcement requirements. DSS predicts that without the nonrecurring funds, it will be forced to run at a deficit.

DSS PROGRAM OVERVIEW

- **Child Welfare:** Child Protective Services, Foster Care, Managed Treatment, Adoption Services, and Day Care Regulatory and Licensing
- **Adult Protection:** Ensure safety and health of vulnerable adults
- **Family Independence:** Assists those in need of temporary financial and employment-related assistance
- **Family Nutrition:** Network of food assistance programs
- **Youth Programs:** Pregnancy prevention services to adolescents ages 10-19
- **Child Support enforcement:** Enforces child support orders

GOODBYE SERVICES

The 34% reduction in its state budget since FY 2000-2001 has had an impact on the agency's ability to provide services. The following DSS programs and services have been cut or reduced since 2000:

- Statewide agency operated teen pregnancy prevention program
- Personal care aide positions[6]
- After school programs serving approximately 8,000 students statewide
- Prevention program for infants at high risk for abuse and neglect
- Service contract for special needs adoptions
- Clemson summer programs for foster children
- Reduction in foster care board payments by 10% or $240 annually
- Reduced rates paid to providers of therapeutic residential treatment programs for emotionally disturbed children

[6] Provided in- home services to CPS and APS clients

- Contracts with nonprofit providers of support services such as respite care, counseling, training, etc.

PROTECTIVE SERVICES

CHILD WELFARE PROGRAM

Child Protective Services (CPS) has used Temporary Assistance for Needy Families (TANF) money, approximately $30 million, to make up for lost state funding. If CPS had been fully funded, that $30 million would have gone to childcare and provided childcare to 17,500 children. Cuts to CPS services have included personal aid, at-risk services/family preservation (to keep children in the home), parenting classes, and utility bill assistance. The majority of counties are on hiring freeze. There have been cuts in FTEs, including administrative help. The result is that caseworkers are doing administrative work, which takes away from hours that could be spent doing casework. In some counties, CPS workers are also handling Adult Protective Services (APS) cases. In addition, positions have been merged and supervisor positions eliminated. As a result of the use of a buyout program, CPS has lost some of its most experienced employees. In general, caseloads have increased to 50 per worker.[7]

> 17,500 CHILDREN COULD HAVE RECEIVED CHILDCARE IF CPS HAD BEEN FULLY FUNDED

Foster Care

$6 million in TANF dollars has been transferred to the Foster Care program. Foster care board payments were cut by $20 per month. In addition the number of service contracts (such as training, respite services for foster parents, Girls and Boys Club, and Urban League) has been reduced. While there has not been a huge difference in caseloads over the years, budget cuts have forced DSS to put supervisors on the frontline with the result being less time for the supervision and mentoring of workers. Also, caseworkers have less time for casework because there is no clerical help. Despite budget cuts, DSS has been able to increase the number of foster children receiving educational services and to decrease the months-to-adoption time. There has also been a steady increase in the number of children who require therapeutic placement receiving intensive case management: 1,915 in FY 01-02, 1,920 in FY 02-03, and 2,010 in FY 03-04.

ADULT PROTECTION SERVICES

APS handles maltreatment cases such as self-neglect, neglect by another, exploitation, abuse, and psychological abuse. APS does not have access to federal funding to make up for lost state

FY 03 – 04	4,038	6,261

	New Clients Reported	Total Receiving Services
FY 00 – 01	4,333	7,608
FY 01 – 02	3,626	6,894
FY 02 – 03	4,082	6,467

[7] Not across the state

funding. In FY 01-02, 30 positions were cut statewide, resulting in people taking on additional duties. In some counties, positions with APS and CPS have merged and supervisors have multiple roles. Each year the total number of adults receiving services has declined.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF): FAMILY INDEPENDENCE

TANF dollars are being used across the board to supplement DSS program funding cuts. Outside of Family Independence, TANF dollars supplement CPS, Foster Care Board Payments, Childcare, and Day Care Licensing. No TANF services have been completely cut, but what DSS is able to offer is limited primarily to transportation, job training, education, and applicant childcare. From 2001-2003, only $4.2 million in TANF funds has gone to the Child Care and Development Fund.

Employees were cut at the state office, with a huge piece of the RIF coming from economic services and clerical staff in the front line. The TANF program has 90% of the caseworkers they should have, with field workers taking over clerical duties and there being less specialization. The total caseload in January 2005 was 17,391.[8] Caseloads have not fluctuated over the years, but case management is not what it could be (currently 65 cases per worker). TANF workers are also handling some food stamp cases, and there is less ability to help families work their way off being dependent on the state.

CHILDCARE

The Childcare program moved from DHHS to DSS this fiscal year. Not all of the position vacancies have been filled, and DSS does not plan to fill them for one year. Instead, they have shifted people who already have DSS positions. The agency has limited the number of supervisors and high-level administration, as well as put clerical positions online. The Childcare program stopped maintaining a waiting list for services in 2002 because there were and still are no openings. Clients stay in the childcare program the entire time they are on TANF plus two years, with foster care childcare receiving priority. In 2002-2003, 45,207 children received childcare. However, there are currently 88,000 children who are eligible to receive childcare services because they are part of working families who are below 150% of the poverty level.

FAMILY NUTRITION: FOOD ASSISTANCE PROGRAMS

In January 2005, there were 218,146 households or 519,288 persons participating in the food stamp program. The total amount in benefits received since July 2004 is $316,011,625.[9] There is some understaffing in Food Nutrition, but they are working toward full staffing. DSS has not cut any positions, but because of a hiring freeze there are some vacancies. The agency has only recently begun hiring and working to reach 90% capacity. As

Average # of households/month Receiving Food Stamps

FY 00-01: 125,896
FY 01-02: 148,659
FY 02-03: 181,263
FY 03-04: 202,946

61% increase

[8] DSS Caseload Analysis, DSS web site
[9] Food Stamp Participation Statistics, DSS web site

seen in other programs, supervisor roles have merged, as well as clericals. The average caseload is 630 households per worker. South Carolina is still within the federal tolerance of processing times, but has slipped because of growing caseloads. In addition, error rates have increased, jeopardizing the state being within tolerance. Participation rate in the Food Stamp program has gone up. The total caseload was 305,000 clients in FY 2001-2002. The caseload is up to an average of 485,000 clients today, an increase of 59%. Food stamps themselves are 100% federal dollars and are critical for the disabled, elderly, and working poor.

Total Food Stamp benefits

FY 00-01: $260,543,141
FY 01-02: $332,583,776
FY 02-03: $420,518,180
FY 03-04: $491,074,926

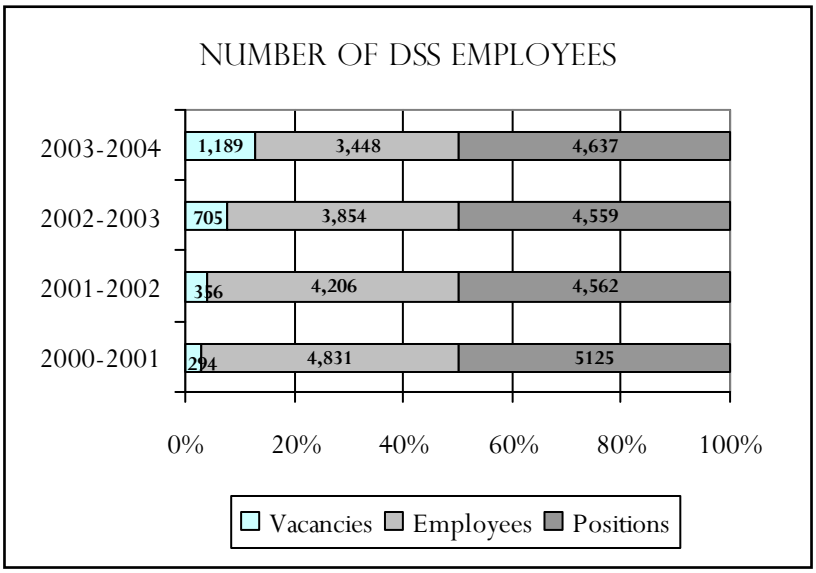
Approximately 86% of South Carolinians living in poverty receive food stamps (FY01-02, 70%)

Food Stamp Cumulative Error Increase

FY 00-01: 4.62%
FY01-02: 4.40%
FY02-03: 4.94%
FY03-04: 5.62%

HIT TO EMPLOYEES

Since 2000, over 1,300 DSS staff have been eliminated through attrition, buy-outs, and RIF, a decrease of 28%.[10] In 2003-2004, the state mandated budget reductions resulted in a mandatory 10-day furlough for all staff and a reduction in force that eliminated 252 positions. The overall trend at DSS has been the merging of positions. With clerical positions being eliminated, caseworkers have less time to complete casework because they must now do clerical work. Supervisors have less time to supervise and now focus also on case management duties.



[10] This number accounts for decrease in employees from fiscal year 2000-2001 to fiscal year 2003-2004.

DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)

AGENCY OVERVIEW

The mission of DDSN is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and to minimize the occurrence and reduce the severity of disabilities through prevention.

DDSN currently serves 25,416 individuals with mental retardation and related disabilities, autism, head injuries, and spinal cord injuries. Home and community-based waiver services are provided for 5,200 individuals. Other in-home supports are provided for 837 people, enabling them to live at home. DDSN serves 23,872 individuals with mental retardation and related disabilities and autism. Of those, 82% live at home with family caregivers.

BUDGET CHANGES THROUGH THE YEARS

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$365,575,391	$383,429,182	$376,026,356	$373,608,646	$415,177,041
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Interim Budget Reductions			$12,561,705	$1,406,273	

Total Funds		**General Funds**	
Change from 00-01 to 01-02	+ $17,853,791	Change from 00-01 to 01-02	+ $726,977
Change from 01-02 to 02-03	- $7,402,826	Change from 01-02 to 02-03	- 9,500,678
Change from 02-03 to 03-04	- $2,417,710	Change from 02-03 to 03-04	+ $4,445,371
Change from 03-04 to 04-05	+ $41,568,395	Change from 03-04 to 04-05	- $10,682,182

A CLOSER LOOK AT THE NUMBERS

- State funding for DDSN has been cut by $15,010,512 or 10% since 2000.
- Total funding has increased by $49,601,650.
- Interim budget reductions in FY 02-03 and FY 03-04 total $13,967,978.

THE REALITY BEHIND THE NUMBERS

EVERY DOLLAR COUNTS

DDSN is not able to make up lost state funding with federal dollars. The agency utilizes Medicaid dollars. As a result, state funding, when it is there, goes a long way. For every $1 of state money spent, the agency gets back 2/3 and is able to serve 2 additional clients. The downside of this is that when DDSN loses state funding, they lose an even greater pot of federal funding. DDSN is really hit hard by budget cuts in that the cuts do not just affect 1 person. Instead, the cuts affect 3 people.

NONRECURRING STATE FUNDING: GREAT LOSS FOR THE FUTURE

Perhaps the most devastating problem facing DDSN clients is the $9,033,318 in state funding that is nonrecurring. Those funds keep DDSN where it is today at its current service level, but without them the agency will be taking a giant step backwards. Should DDSN not receive this funding in the next fiscal year, 7,332 individuals currently receiving DDSN services will lose those services, including over 4,000 children. In addition, 1,965 individuals with mental retardation or autism will lose in-home family services, such as respite care, personal care aids, support stipends, therapies, and specialized equipment. Without the nonrecurring funds, 380 individuals with mental retardation or autism will be cut from Adult Development which provides day programs, supported employment, and job coaching. Over 150 head and spinal cord injury victims will lose individual and family support services. They will lose personal care assistance, assistive technology, and home modification services. Finally, 736 clients will be cut from Service Coordination in all divisions of DDSN.

> 7,332 INDIVIDUALS ARE AT RISK OF LOSING SERVICES, INCLUDING 4,000 CHILDREN

DDSN NON-RECURRING FUNDS – REDUCTION TO COMMUNITY SERVICES

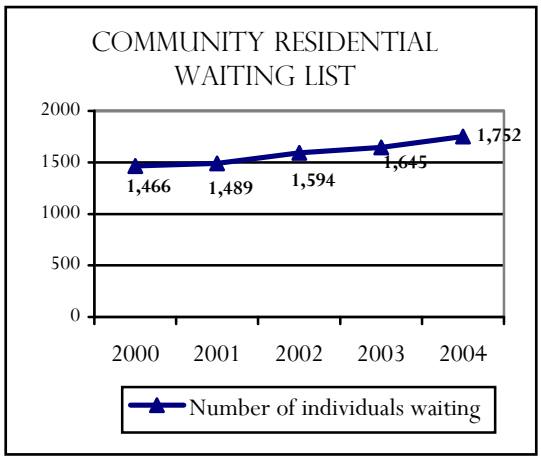
Community Services	Reduction State Funds (Nonrecurring)	Reduction – Other funds	Number of Individuals Losing Services
Prevention	$974,438	$501,983	n/a
Children's Services	$2,504,102	-	4,099
In Home Family Services (Mental Retardation/Autism)	$2,861,725	$373,147	1,965
Individual & Family Supports (Head & Spinal Cord Injury)	$391,241	$58,384	152
Adult Development (Mental Retardation/Autism)	$1,326,264	$2,033,918	380
Service Coordination	$304,836	$476,797	736
Community Residential (Mental Retardation/Autism)	$670,712	$890,973	n/a
TOTAL	**$9,033,318**	**$4,335,202**	**7,332**

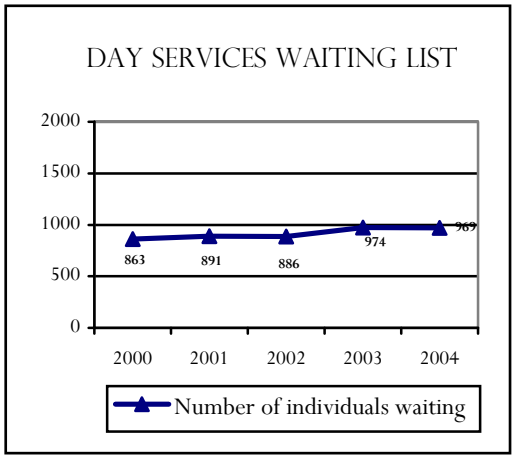
GROWING WAITING LISTS

Each month DDSN receives 200 to 300 requests from new individuals seeking eligibility and services. However, DDSN clients are lifelong clients, and as a result, turnover is limited. In addition, advances in medicine and science have resulted in an increase in the number of children and adults requiring DDSN services. Each year, more babies are born with severe birth defects and survive. An increasing number of adults survive accidents that leave them with severe brain or spinal cord injuries. DDSN continues to get new requests for services, but there seems to be little hope that new clients will be served. As a result of budget reductions, when a person stops being a DDSN client, those services are not offered to the next person on the list. The services simply go away. The agency does not start providing services to a new client because of the likelihood that the service will have to be cut a couple months later. In other words, people are not receiving services. DDSN has been unable to even address its waiting lists in three years.

DDSN HAS BEEN UNABLE TO ADDRESS WAITING LISTS IN 3 YEARS

Since 2000, the waiting list for community residential services has grown by 19.5% or 286 people. Currently, over 1,700 individuals living at home are waiting for community residential services. By the end of 2005-2006, this number will grow to over 3,000 without additional funding. The support services provided by DDSN help maintain families and reduce the number of crisis situations that result in out-of-home placements, which are more expensive. The Day Services Waiting List has over 950 individuals who currently live at home and are waiting for day support services. Since 2000, the waiting list has grown by 12%.

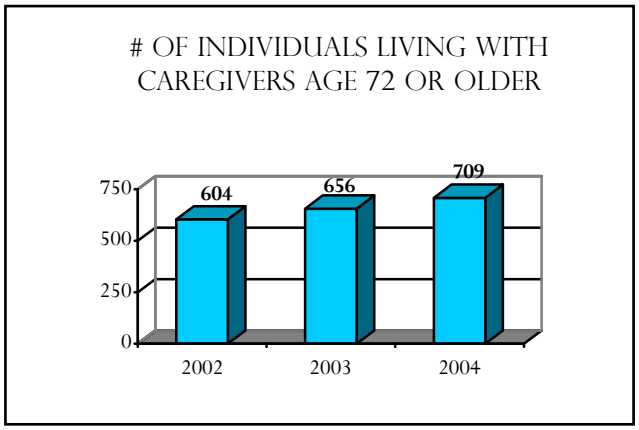




AGING CAREGIVERS

There has been a shift away from institutional services for DDSN clients to community residential services. In addition, DDSN strives to prevent unnecessary and costly out-of-home places through the in-home individual and family support programs. However, of increasing concern to the agency is the growing number of aging caregivers. Over 1,300 individuals with severe disabilities live at home with parents who are 65 years or older, 700 of which live with a parent who is 72 or older. Over 250 individuals live with caregivers who are over the age of 82. The ability to provide adequate care and supervision becomes much more difficult as caregivers

age. When a caregiver becomes ill, needs nursing home care, or even passes away, the state must respond by providing 24-hour care to those left behind in vulnerable life and death situations.



The number of aging caregivers is a problem. The desire is to move clients to residential care now and not upon the caregiver's death. These individuals are already dealing with mental retardation and related disabilities or autism. Transitioning into residential care after a caregiver's death can be extremely difficult. Not only are they having to deal a parent's death, but on top of it moving to a new home. The state cannot under the current system provide these individuals with a smooth transition. In addition, caregivers do not have peace of mind over where their children are going to end up because DDSN is unable to put them into residential care until the caregiver's death. There is a critical need for new services. Some families have started to panic over the situation, and there have been reports of abandonment – families leaving individuals at hospitals or refusing to pick them up after a couple days respite.

NO FLUFF

In 1998, DDSN established its Voluntary Separation Program (VSP). A total of 228 Full-Time Equivalents (FTEs) have taken part in VSP since 1998. Through VSP, DDSN had already made cuts in staffing; therefore, when budget cuts started hitting the agency in 2001, even though it had already trimmed down its FTE staff, DDSN had to make Reductions in Force (RIF). Since 2001, a total of 130 FTEs lost employment by RIF. Although no division has priority over another, employee functions have been prioritized in dealing with cuts in FTEs.

TOTAL REDUCTION IN FTE = 358

Year	# of employees	Type of reduction
1998	108	VSP
1999	57	VSP
2000	-	-
2001	75	RIF
2002	63	VSP
2003	25	RIF
2004	30	RIF

Total VSP = 228 Total RIF = 130

There has been a trend of movement away from institutional treatment at regional centers and toward community-based services. As patients move from institutional care to community-based and home care, the need for professional FTEs, such as doctors and dentists, has decreased; therefore, these types of positions have been cut. In addition, DDSN has been able to handle some of the budget cuts through employee attrition in direct care. DDSN is currently under a hiring freeze, with the exception of direct care positions. The DDSN director must approve the hiring of all other positions.

The 2005 Administrative Reduction will have an impact on DDSN administration, local providers, and service areas. The total administrative reduction in state funds is $1,727,704 and total reduction $3,714,120. The impact will be the following cuts: 5 positions at the Central office/district offices, 23 positions at the regional centers, 33 positions at local providers (5% administrative reduction), and 2 positions at the vehicle maintenance shop. In addition, the total service reduction will be $1,167,133 (with a Family Support Service reduction of $385,500 and Service Coordination reduction of $781,633).

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC)

AGENCY OVERVIEW

The mission of DHEC is to promote and protect the health of the public and environment. For the purposes of this report, however, we are only concerned with health services provided by DHEC.

DHEC Health Services routinely reviews services provided at both the state and local level. The majority of services it provides are mandated by law, and many state-mandated programs are under funded.

BUDGET CHANGES THROUGH THE YEARS

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$365,575,391	$383,429,182	$376,026,356	$373,608,646	$415,177,041
General Funds	$143,740,475	$144,467,452	$134,966,774	$139,412,145	$128,729,963
Interim Budget Reductions			$12,561,705	$1,406,273	

Total Funds		**General Funds**	
Change from 00-01 to 01-02	+ $17,853,791	Change from 00-01 to 01-02	+ $726,977
Change from 01-02 to 02-03	- $7,402,826	Change from 01-02 to 02-03	- 9,500,678
Change from 02-03 to 03-04	- $2,417,710	Change from 02-03 to 03-04	+ $4,445,371
Change from 03-04 to 04-05	+ $41,568,395	Change from 03-04 to 04-05	- $10,682,182

A CLOSER LOOK AT THE NUMBERS

- State funding has been cut by $24,616,105 or 17% since FY 00-01.
- Total funding has increased by $71,981,114.[11]
- Interim budget reductions total $5,708,568.

THE REALITY BEHIND THE NUMBERS

MOTHERS AND CHILDREN

The mission of Maternal/Child Health (MCH) Services is to provide leadership to assure the health and well-being of all women of reproductive age, children, youth, including those with

[11] Includes new authorizations for Health Access and Hunting Island State Park renourishment.

special health care needs, and families. MCH programs[12] suffered a decrease in state funding of almost $6 million over the last three fiscal years, and in addition, the small increase in federal funds to the state has been less than the inflation rate. As a result, there has been a shift of position from state funds to federal funds, a loss of health services and MCH positions, and a 22% decrease in the number of MCH clients seen since 2000.

DECREASE IN MCH CLIENTS SERVED

Number of clients served	2000	2003
Pregnant Women	18,722	19,212
Infants	18,006	26,632
Children	208,695	116,748
Children with Special Health Care Needs	11,914	10,944
Others	114,044	116,748
TOTAL	**371,381**	**290,284**

DHEC discontinued the following MCH programs, services, and contracts due to decreased resources and changes in policies:

- Women's Services
  - 2002: High Risk Perinatal Program/High Risk Channeling Project
  - 2003: Maternal Mortality reviews
- Children Services
  - 2003: Pediatric Clinics; Childhood Comprehensive Systems planning; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Outreach; Healthy Families contract
  - 2004: Lead screening for children served through WIC program

OVER 10,000 CHILDREN BETWEEN THE AGES OF BIRTH THROUGH 20 WHOSE FAMILY INCOME IS LESS THAN 250% OF POVERTY ARE SERVED THROUGH CHILDREN'S REHABILITATIVE SERVICES

Family Planning (FP) caseloads decreased from 116,897 in 2001 to 107,451 in 2004 because the health districts have not been able to maintain nurses to serve clients at the same level. Additionally, DHEC has gone from 93 clinic sites in 2001 to 79 sites in 2004. As a consequence of the decrease in caseloads, federal funding will likely be decreased in the next grant cycle.

CUTS TO LAB SERVICES

DHEC eliminated some of the tests that are readily available elsewhere or that have been replaced by more sensitive and specific tests. Also, where the volume has decreased, tests have

[12] Includes MCH Epidemiology unit, Children with Special Health Care Needs, Perinatal Systems, Women and Children's Services, WIC, and Oral Health.

been eliminated, such as herpes virus serology testing. DHEC charges for tests that benefit only an individual or that are available from private sources. The agency, however, does not charge a fee for "public health testing." State and federal funding cover these tests. Although state funding has remained consistent, supplies and personnel costs have increased, forcing DHEC to examine making fee changes. DHEC has cut three FTE lab technologist positions and has lost four positions to the Teacher and Employee Retention Incentive (TERI) voluntary separation program. It should be noted that Federal grants have provided the much-needed new equipment to improve and expand the scope of lab services provided. Without these grants, the services would have been greatly impacted.

INFECTIOUS DISEASE PREVENTION: A SHORTAGE OF STAFFING & SERVICES

Infectious Disease Prevention corresponds to all funds used for communicable disease control including the control of HIV, STDs, tuberculosis (TB), and immunizations. From fiscal year 2002 to fiscal year 2004, there has been a permanent decrease in state funding for Infectious Disease Prevention of $2,620,091. Where possible, disease intervention specialist positions were federally funded, but DHEC has not been able to fully cover the decrease in state funding. Due to state budget cuts two years ago, the DHEC made the following adjustments:

- Discontinued purchasing tuberculin antigen for screening/testing for TB in employment and school clinics
- Reduced funding for in-patient care of severe complicated TB cases by 50%
- Cut redoing screening for TB in low-risk populations
- Reduced staffing in STD and HIV county clinics

Staffing shortages have had a real impact on clients. The reduced staffing at the county clinics has increased patient waiting time. The speed of response to patients is longer and the surge capacity for HIV/STD/TB cases is much reduced. DHEC also notes that the quality of their clinical care is threatened by decreased staffing without a reduction in patient load. DHEC does not maintain a waiting list for STD, TB, or HIV services. In some small counties, however, clients must wait for days to be seen until a clinic is available due to the staff shortages. Clients may be referred to other clinics; however, a lack of transportation is an issue for many of these clients, making referrals sometimes ineffective or useless.

CHRONIC DISEASE PREVENTION

DHEC reports that state funding for the Chronic Disease Prevention program inadequate. Programs at the central office level are primarily funded through federal grants. Through state budget cuts, small amounts of funding were cut from each local public health district, and the funding was insufficient to provide comprehensive chronic prevention programs.

RAPE VIOLENCE PREVENTION

DHEC provides Rape Violence Prevention services through contracts with 16 Rape Crisis Center. Over the past three fiscal years, funding for the program has been cut by $210,783. Cuts

were made at all the crisis centers; however, other major funding sources for the centers have also been cut. United Way funds have been cut. The CDC funds for Rape Prevention and education were cut. In additional Violence Against Women Act federal funding from Department of Public Safety has been cut.

Crisis centers have had to cut staff. The result of a smaller staff is that employees have to take on more responsibilities. There has been a merging of 2 to 3 jobs into one, and in an effort to handle the demand for services, work is focused on providing victim and educational services. The program stopped providing the extensive wrap-around services that it once did. The staff struggles to maintain just the basic services: emergency hotline, hospital accompaniment, essential counseling and support for victims. Add to the situation trying to find funding to keep the programs running, with a smaller staff and another cut to the program would be devastating.

INDEPENDENT LIVING

Independent Living includes 5 programs that serve low-income individuals at no cost to the client. These programs include Genetics, Hemophilia Assistance, Children's Rehabilitative Services (CRS), Sickle Cell, and Camp Burnt Gin (CBG). The sixth program under Independent Living, BabyNet, requires families to assist in supporting their child and family services by allowing access to insurance.

Funding for the Genetics Centers and Sickle Cell Program has been reduced, with no federal funds to supplement the programs. The Sickle Cell Program, with an average enrollment of 330 clients per year, has ceased funding inpatient hospitalizations. The Hemophilia Assistance Program had an increase of approximately $600,000 to prevent the reduction of services. CBG, which services an average of 525 clients annually, has historically been under funded. With state funding reduced, DHEC has used federal funds to supplement camp operations. It must limit its participants due to structural limitations and staffing restraints, and as a result approximately 10 children are unable to participate in the program each year. CRS, which serves an average of 11,125 clients per year, has ceased providing incontinent products and greatly reduced the provision of supplemental formulas. BabyNet funding and services have not been cut.

INDEPENDENT LIVING CLIENTS: WHO ARE THEY?

- Adults below 200% of poverty and children (under age 21) below 250% of poverty and who are patients of DHEC or other underserved persons are eligible for services from DHEC's genetic centers.
- Individuals with hemophilia qualify for the Hemophilia Assistance Program if they have family incomes at or below 250% of the federal poverty scale and are legal South Carolina residents.
- Children whose family incomes are at or below 250% of federal poverty, are legal residents, and who have an eligible chronic illness or disability qualify for Children's Rehabilitative Services (CRS).
- Sickle Cell Disease program provides health services to individuals with sickle cell disease and who are 21 years and older.
- Camp Burnt Gin (CBG) provides respite for families of children between the ages of 7 to 25 who have chronic illnesses or disabilities.
- BabyNet is a Part C program under the Individuals with Disabilities Education Act (IDEA). This early intervention system provides services to infants and toddlers (birth to age 3) who have documented developmental delay or conditions associated with a high probability of developmental delay.

MINORITY HEALTH

DHEC's Office of Minority Health (OMH) ensures the development or modification of policies, programs, strategies, and initiatives to effectively target and provide culturally appropriate services to South Carolina's minority population.[13] There have been no cuts in services or FTEs or merging of job positions by OMH.

CRITICAL HEALTH STAFFING AND EMPLOYEE-RELATED ISSUES

Since 2001, DHEC Health Services has lost 756 positions, a decrease of 16%. DHEC currently has budgeted 5,527 FTE positions; however, it only has 4,551 FTE employees, with 976 vacancies. The agency faces a major disadvantage in recruiting high-demand, hard-to-fill positions when competing with the private sector. In 2003, DHEC operated with a 30% vacancy in nursing positions. DHEC has the lowest salaries for nurses of all the state agencies, which are in turn lower than the private sector. In its 2005-2006 budget plan, DHEC has requested $2,293,955 to retain a limited and competent workforce of registered nurses. Nurses are critically needed to provide health services, respond during disasters, and positively impact the health of our most vulnerable populations.

Overall, funding limitations have put the Health Services staff in the position of taking on additional duties with no associated pay increase. MCH has lost or kept vacant many positions. The remaining employees have assumed additional duties due to the decrease in individuals to provide technical assistance, training, and consultation for regional centers. As a result of fewer positions and less clinical sites, DHEC is able to serve fewer clients.

NONRECURRING FUNDING AND ACCESS TO CARE

The 2004-2005 budget for DHEC included a total of $7,675,331[14] in nonrecurring funding. Should DHEC not receive this funding in the next fiscal year, direct health services provided by DHEC will be affected as follows:

Program	Total Funds Reduced	Impact
Maternal and Infant Health – Maternal and Infant Health	$460,340	Would eliminate public health staff (primarily nurses) who provide maternal and infant services; Ability to partner with private providers and organizations at the local and state levels would be negatively impacted
Maternal and Infant Health – Family Planning	$300,000	Family planning clients, primarily low-income women, will have reduced access to and longer wait times for preventive family planning services
Maternal and Infant Health – Newborn Hearing and Screening Program	$53,348	Would eliminate staff responsible for critical monitoring of program; Increased risk of babies with hearing

[13] Minority population includes African-Americans, Hispanics and Latinos, American Indians, Asians, and Pacific Islanders

[14] Includes funding not just for health services, but also administration, environmental, licensing, and facilities services

		problems not being properly monitored
Access to Care (Assuring Public Health Services)	$2,749,945	Direct loss of funding to county health departments – this funding is essential to provide services to prevent the spread of infectious diseases and to protect the population's health
Rape Violence Prevention	$59,833	Direct reduction in funding for 16 rape crisis centers that provide direct services and preventive outreach
Independent Living – Children with Special Health Care Needs	$481,990	Would eliminate hospitalization payments for vulnerable children; Would reduce services to children over the age of 18 and under the age of 21
Independent Living – Children with Special Health Care Needs	$682,115	Would have to discontinue the purchase of synthetic blood products[15] for Hemophilia clients
Independent Living – Sickle Cell Program	$50,339	Would eliminate the full time coordinator position which may impact timeliness, effectiveness and overall services
Independent Living – Children with Special Health Care Needs	$13,854	Would affect ability of Genetic Center to provide testing and counseling services

The recurrence of these funds is critical to DHEC being able to provide essential health services.

[15] Synthetic blood products are easier for clients to tolerate

DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)

AGENCY OVERVIEW

The mission of DHHS is to manage the state's Medicaid program to provide the best healthcare value for South Carolinians.

Medicaid provides basic healthcare services to approximately 840,000 individuals who are very poor, elderly, or disabled. It provides for 20% of the state's population, including more than 40% of all children and 33% of all seniors.

BUDGET CHANGES THROUGH THE YEARS

	FY 00-01 Actual Expenditures	FY 01-02 Actual Expenditures	FY 02-03 Actual Expenditures	FY 03-04 Actual Expenditures	FY 04-05 Appropriations Act
Total Funds	$3,262,290,087	$3,756,424,709	$4,051,054,483	$4,350,482,258	$4,279,411,790
General Funds	$456,730,845	$488,125,060	$528,985,659	$557,434,047	$722,163,147
Interim Budget Reductions			$49,473,466	$5,627,122	

Total Funds		**General Funds**	
Change from 00-01 to 01-02	+ $494,134,622	Change from 00-01 to 01-02	+ $31,394,215
Change from 01-02 to 02-03	+ $294,629,774	Change from 01-02 to 02-03	+ $40,860,599
Change from 02-03 to 03-04	+ $299,427,775	Change from 02-03 to 03-04	+ $28,448,388
Change from 03-04 to 04-05	- $71,070,468	Change from 03-04 to 04-05	+ $164,729,100

A CLOSER LOOK AT THE NUMBERS

- State funding for DHHS since FY 00-01 has increased by $265,432,302 or 58%.
- Total funding has increased by $1,017,121,703.
- Interim budget reductions total $55,100,588.

THE REALITY BEHIND THE NUMBERS

NUMBERS CAN BE DECEIVING

While the numbers show an increase of funding to the agency, they do not reflect an expansion of services or eligibility. Medicaid has mandatory services and optional services. In South Carolina, Medicaid pays for 50% of all births and 75% of all nursing home beds. While the costs of all services have increased, medical care costs have gone up by double digits. The lowest rate of increase has been 6% this past year.

South Carolina is one of three states in the nation that only goes up to 150% of the federal poverty level for its Child Healthcare Insurance Program, SCCHIP. The remaining states cover children at a minimum of 200% of poverty. While 446,812 South Carolina children received

Medicaid in November 2004, the US Census shows that there are over 60,000 uninsured children at or below 200% of poverty. The agency has been forced to stop all outreach. It now does only eligibility and is struggling to keep up with caseloads.

DHHS faces significant challenges to contain costs and growth. This concern is not based only on economic and demographic factors, but increasingly from rising pharmaceutical costs and health related inflationary factors.

SIGNIFICANT NUMBERS

COMMUNITY LONG TERM CARE (CLTC) WAITING LIST = OVER 3,300

NURSING HOME WAITING LIST = 300

NUMBER OF UNINSURED CHILDREN AT OR BELOW 200% OF POVERTY = 60,000

If the agency got all these people on, it would run at a deficit, despite what appears to be a dramatic increase in funding.

NONRECURRING FUNDS

The 2004-2005 DHHS budget included $11,902,842 in non-recurring funds. According to the agency's 2005-2006 budget plan, this funding is spread across all DHHS funded Medicaid activities, including Hospital Services, Nursing Services, CLTC, Family Planning Services, Hospice Care, Palmetto Senior Care, and many other programs. Maybank money was allocated to DHHS in order to fund the Healthcare Coordination and Utilization Project, Columbia Urban League, and Greenville Urban League. In addition, $11,668,842 was directed from the Healthcare Tobacco Settlement Trust Fund for recurring Medicaid expenditures. DHHS needs this funding to be replaced with recurring funding in order to continue services at the current level of benefits.

MEDICAID PROGRAM GROWTH

Last year, DHHS contained Medicaid program growth in South Carolina to 6.2%. In the 2005-2006 budget plan, DHHS has noted that in order to maintain the current level of benefits it would need an additional $40,000,000 in recurring state funds. This does not allow for finding and adding eligible children who are not receiving healthcare or reducing the waiting list of those needing CLTC. Over 600,000 South Carolinians are without health insurance. Many of these could be captured by Medicaid. Many more, especially children could receive health insurance if the state expanded the Children's Health program to 200% of poverty. It is estimated it would cost the state between $12-24 million to do this.

CONCLUSION

In looking at state agency budget cuts, it is so simple as to say that the state is saving money. The situation, however, is much more complicated than that. It is imperative that we look behind the bare numbers and really examine how lost funding will impact people. The budget reductions translate into lost services and the abandonment of our state's most vulnerable citizens.

Agencies can only make so many cuts to administration costs before the cuts must be spread to services. Numerous services have been reduced and even eliminated. We have individuals who are eligible for services, but who are not receiving them due to a lack of resources. Staffing shortages result in longer waits for services or the inability of agencies to provide services to new clients. While it sometimes may be possible to refer individuals to private organizations for services, the low-income community may not be able to afford alternative sources of health services. This state cannot continue to abandon those who need assistance. The costs to our citizens are too great to justify continued budget cuts to health and social service agencies.

As the state contemplates reductions to our state revenues, we will only see these drastically reduced services in greater jeopardy. The health and welfare of children, the disabled and elderly are currently at risk. As we recover from recession and budget funds increase we must ensure that we care for those who have least among us.

SOURCES

The research and date for this report was compiled from several different sources, including agency web sites and reports. In addition, interviews were conducted with agency representatives.

AGENCY WEB SITES

DMH, http://www.state.sc.us/dmh
DSS, http://www.state.sc.us/dss
DDSN, http://www.state.sc.us/ddsn
DHEC, http://www.scdhec.net
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South Carolina Legislature
http://www.scstatehouse.net/reports/reports.htm

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South Carolina Budget and Control Board
http://www.budget.sc.gov/OSB-budget-plans.phtm

U.S. CENSUS BUREAU

Health Insurance Statistics
http://www.census.gov/hhes/hlthins/liuc03.html

HEALTHY PEOPLE LIVING IN HEALTHY COMMUNITIES

SC DHEC, 2004

LINDA MARTIN, Director of Family Assistance, DSS

WANDA CROTWELL, External Affairs, DHEC

PATRICIA DOD LOLAS, Director, Office of Planning, DHEC

SHARON MANCUSO, Director of Budget Development, DMH

LOIS PARK MOLE, Director, Government and Community Relations, DDSN