Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

Fiscal Year FY 2026-2027
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2026-2027, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
		Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*	X	Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
PROVISOS *(FORM D)*	X	Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
		Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	Name	***Phone***	***Email***
PRIMARY CONTACT:	Darbi Church MacPhail	(803) 898-3331	macphadc@dph.sc.gov
SECONDARY CONTACT:	Meredith Murphy	(803) 898-4222	murphymb@dph.sc.gov

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	***Board or Commission Chair***
SIGN/DATE:	Ed Simmer 9/26/25	
TYPE/PRINT NAME:	Edward D. Simmer	

This form must be signed by the agency head – not a delegate.

Agency Name:	Department of Public Health
Agency Code:	J060
Section:	31

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Market-Aligned Pay to Strengthen the Public Health Workforce	10,782,519	0	0	0	10,782,519	76.00	-50.00	-25.00	-1.00	0.00
2	B1 - Recurring	Building Bright Beginnings For South Carolina Families	5,003,231	0	0	0	5,003,231	21.00	-14.00	-3.00	0.00	4.00
3	B2 - Non-Recurring	Building Bright Beginnings For South Carolina Families	2,536,890	0	0	0	2,536,890	0.00	0.00	0.00	0.00	0.00
4	B2 - Non-Recurring	Medical Care Sheltering Readiness Program	10,142,000	0	0	0	10,142,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Frontline Staffing for Critical Public Health Services	2,619,385	0	0	0	2,619,385	12.00	-4.00	-2.00	0.00	6.00
6	B1 - Recurring	Olmstead Act	399,135	0	0	0	399,135	2.00	0.00	0.00	0.00	2.00
7	B2 - Non-Recurring	Olmstead Act	577,157	0	0	0	577,157	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Health Systems Modernization: EHR & Paperless Transformation	2,975,433	0	0	0	2,975,433	10.00	0.00	0.00	0.00	10.00
9	B2 - Non-Recurring	Health Systems Modernization: EHR & Paperless Transformation	5,065,830	0	0	0	5,065,830	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Enhancing Workforce Productivity with Microsoft Copilot	943,492	0	0	0	943,492	0.00	0.00	0.00	0.00	0.00
11	B2 - Non-Recurring	Enhancing Workforce Productivity with Microsoft Copilot	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
TOTALS			41,545,072	0	0	0	41,545,072	121.00	-68.00	-30.00	-1.00	22.00

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**1**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**Market-Aligned Pay to Strengthen the Public Health Workforce**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $10,782,519** **Federal: $0** **Other: $0** **Total: $10,782,519**

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**0.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
X	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY

This request supports the Department of Public Health's strategic goal of maintaining a capable, stable workforce to deliver essential public health services across South Carolina. As seen in the agency's 2025 Annual Accountability Report's Strategy 3.1, DPH strives to become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees. Funding will be used exclusively for classified full-time employee salary adjustments, targeted to positions below the Division of State Human Resources (DSHR) market midpoints.

The effectiveness of this investment will be evaluated through:

- **Direct Service Stability:** Tracking turnover, vacancy rates, and service continuity in front-line roles such as nursing, clinical services, inspectors, and epidemiology.

- **Support Function Capacity:** Monitoring fill rates and retention in critical functions like

OF FUNDS

laboratory science, IT, planning, finance, and program operations that enable direct service delivery.

• **Market Alignment:** Comparing average salaries by classification against DSHR-defined midpoints to ensure continued competitiveness.

• **Pay Equity Monitoring:** Reviewing salary distribution by years of service to guard against compression and inequities.

Progress will be assessed annually as part of agency accountability reporting, with measures tied to workforce stability, recruitment outcomes, and service delivery performance. This request also advances the South Carolina State Health Improvement Plan (SHIP)'s priorities of Access to High-Quality Care and building a resilient workforce, by promoting workforce development and retention of skilled public health staff.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

Funds will be used to adjust salaries for 1,182 classified FTEs across 124 job classifications. No outside contractors, grantees, or vendors will receive these funds. Allocations will be made directly to employee salaries through the state payroll system, following the recommendations in the Statewide Classification Study based on tenure-based compa-ratio targets.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

Problem:

The Department of Public Health (DPH) continues to face serious workforce challenges directly tied to pay. Across our agency, persistent vacancies, salary compression, and turnover are straining operations. The State's 2024 **Classification and Compensation Study**, conducted by Mercer in partnership with the Division of State Human Resources (DSHR), confirmed that South Carolina salaries overall are **15% below market**, with nearly 40% of benchmarked jobs more than 20% below. Aligning DPH salaries with this statewide framework ensures our proposal is consistent, transparent, and externally validated.

At DPH, the consequences are immediate and visible. In agency exit surveys, **66% of departing employees reported pay as the reason for leaving.** The **2024 Public Health Workforce Interests and Needs Survey (PH WINS)** echoed this finding: only **43% of DPH staff reported being satisfied with their pay**, compared to **56.1% nationally**. Among staff considering leaving, **70% cited pay as the reason**, compared to **51% nationally**. These findings confirm what we see every day — qualified candidates often decline to interview once they see our salary ranges, and those who accept positions are frequently recruited away by hospitals, neighboring states, or private employers offering higher salaries. *(See Figure 1.)*

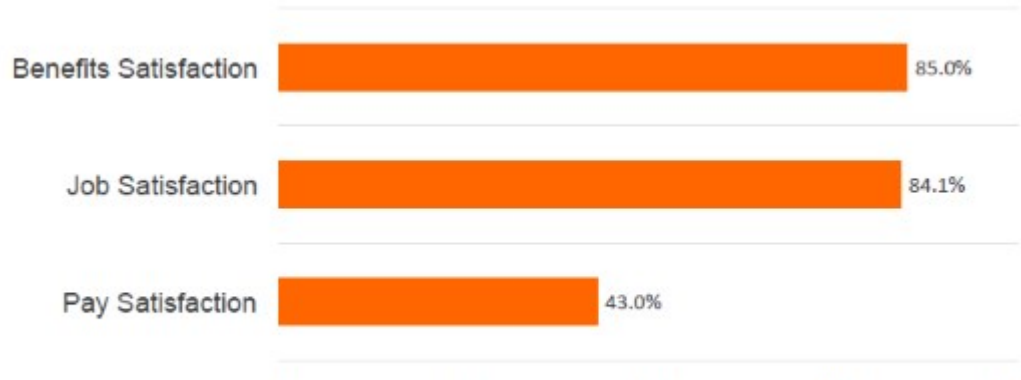

Figure 1. Pay dissatisfaction drives turnover at DPH: Only 43% of DPH staff reported satisfaction with pay (vs. 56.1% nationally), while 70% of staff considering leaving cited pay as the reason (vs. 51% nationally).

JUSTIFICATION OF REQUEST

This dissatisfaction with pay stands in stark contrast to other measures of staff satisfaction. In PH WINS, more than 85% of DPH staff reported being satisfied with their supervisor and benefits, and over 80% were satisfied with their immediate work unit. The clear gap is pay. Without action, DPH risks continued instability — becoming a training ground for other employers while weakening the state's capacity to provide essential public health services.

DPH's responsibility to protect the public health in S.C. Code § 44-1-80 implicitly requires it to maintain a stable and competitive workforce as necessary to fulfill its public health mission. Federal Uniform Guidance (2 CFR 200.430) further requires that salaries funded through federal grants be reasonable, equitable, and aligned with market conditions. Together with statewide classification and compensation standards set by the Division of State Human Resources, these authorities obligate DPH to ensure salaries are sufficient to attract and retain the qualified workforce needed to carry out its statutory responsibilities.

Solution:
This request represents DPH's first structured step toward closing the market gap. By applying the Mercer-recommended compa-ratio framework consistently across all 152 classifications, we ensure every classified employee is measured against the same statewide definition of market. This eliminates arbitrary differences in how salary alignment is calculated and provides a fair, transparent, and consistent approach.

- **Market Anchor**: The **statewide classification and compensation study defined the midpoint of each pay grade as the market rate** for that classification. These midpoints serve as the anchor for all salary calculations.
- **Tenure Buckets**: Employees are assigned to compa-ratio "buckets" (80%, 85%, 90%, etc.) based on years of state service, progressing toward midpoint over time.
- **Target Salary**: Calculated as grade midpoint × tenure-based compa-ratio.
- **Budget Guardrail**: Increases are capped at 15% of current salary to maintain fiscal responsibility.
- **No Adjustment**: Employees already at or above their tenure-based target receive no increase.

Definition: A compa-ratio is a simple way of comparing someone's salary to the "market rate" for their job. A compa-ratio of 100% means the employee is paid at market; 80% means they are 20% below market; 110% means they are 10% above market. It is a clear, consistent scorecard for fair pay.

Example: In the Supply Manager I classification (midpoint $53,100), an employee with 1.5 years of state service currently earning $39,300 would be adjusted to $42,480 (80% of midpoint), while an employee with 6 years of service earning $40,800 would be adjusted to $45,135 (85% of midpoint). These represent increases of 8.1% and 10.6%, respectively — fair, transparent, and consistent.

***Results and Cost*:**

- Total classified FTEs in agency: 1,886
- Employees receiving an increase: 1,182 (63%)
- **Total cost: $10,782,519**
- Average increase for affected employees: 10.1% ($6,055)
- Market gap reduced from 13% below midpoint to 8% below midpoint

Impact of Not Receiving Funds:
If this request is not funded, DPH will continue to lose trained staff at unsustainable rates. Nurses, IT professionals, epidemiologists, and laboratory scientists will be recruited away by hospitals, neighboring states, and private employers offering higher salaries. Vacancies will persist in direct service and support roles alike, directly limiting South Carolina's ability to:

- Deliver front-line services to families and communities,

- Monitor and respond to disease outbreaks, and
- Protect families from preventable health risks.

Without action, DPH risks becoming a training ground for other employers; paying to recruit and train employees, only to lose them once they gain experience. This cycle creates higher turnover costs and weaker capacity to fulfill the agency's public health mission — undermining workforce development and resilience goals identified in SHIP; 6.4 and 7.3.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**2**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**Building Bright Beginnings For South Carolina Families**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $5,003,231** **Federal: $0** **Other: $0** **Total: $5,003,231**

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**4.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
X	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
X	Related to a Non-Recurring request – If so, Priority # 3

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

The S.C. Department of Public Health (DPH) is committed to protecting families by improving health outcomes for mothers, babies, and children. This initiative will be evaluated through clear performance measures, rigorous oversight, and transparent reporting to ensure funds are used effectively and responsibly. As part of the agency's 2025 Annual Accountability Report, Strategy 4.1 directs DPH to align its priorities and strategies with the 2025-2030 State Health Improvement Plan (SHIP). This comprehensive initiative aligns with multiple priorities of that Plan.

Evaluation and accountability will include:

- **Maternal Health Pilots**: Evaluation methods are outlined in the one-time request.

- **Birth Defects Program Expansion:** Outcomes align with the intended result of the Maternal and Infant Health priority area of the SHIP, that all mothers and babies in

ACCOUNTABILITY OF FUNDS

South Carolina experience positive health outcomes during pregnancy, delivery, and the first year of life after birth. Benchmarks from the National Birth Defects Prevention Network (NBDPN), including data quality, timeliness of abstraction, number of families receiving tailored resource packets within five days, and the volume of referrals successfully completed. Oversight will be provided by the S.C. Birth Defects Advisory Council.

• **Healthy Futures Youth Initiative:** Outcomes align with the SHIP Chronic Health Conditions, Affordable and Nutritious Foods, and Safe and Affordable Places to be Physically Active priorities, such as the number of schools and childcare centers served, increased student participation in nutrition and physical activity programs, expansion of farm-to-school and garden initiatives, and improvements in student health and wellness indicators.

• **Project Support and Evaluation:** Standardized reporting across all Bright Beginnings initiatives, annual program evaluations, and independent review of contracts and expenditures to ensure fiscal integrity.

Together, these measures ensure alignment with SHIP priorities of Maternal and Infant Health, Chronic Health Conditions, Affordable and Nutritious Foods, and Safe and Affordable Places to be Physically Active. Evaluation findings will be shared with the General Assembly, community partners, and the public through reports and presentations, reinforcing transparency and continuous improvement.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

To strengthen maternal, infant, and child health outcomes across South Carolina, DPH is advancing a set of targeted recurring initiatives. These combine community partnerships, staff support, and program infrastructure to deliver sustainable improvements.

Funds will support:

- **Birth Defects Program Expansion:** Four new FTEs (epidemiologist, two abstractors, and a referral specialist), plus a contract with a geneticist for clinical oversight and quality assurance.
- **Healthy Futures Youth Initiative:** Fourteen FTEs (program coordinators, managers, dietitians, and nutrition educators), along with contracts for Healthy Palmetto coalition leadership, fitness and recognition platforms, and program supplies.
- **Project Support:** Three FTEs (Contract Specialist, Evaluator, and Program Coordinator) to provide backbone support across all Bright Beginnings initiatives.

Expenditures will follow the S.C. Procurement Code, using existing contracts whenever possible. One-time maternal health pilots are described in the separate one-time request.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

Problem

The health of mothers, babies, and children in S.C. is an urgent health crisis that directly affects their and their families' well-beings and threatens our state's future prosperity. High rates of maternal and infant mortality, birth defects, obesity (often originating in childhood), and chronic disease are harming families, especially in rural and underserved areas. These issues are largely preventable and lead to massive healthcare costs, setbacks in educational attainment, and reduced economic productivity for individuals and the state as a whole.

The Need by the Numbers

- **Maternal Mortality:** SC has a pregnancy-related death rate of **47.2 per 100,000 births**, more than double the national average of 18.6 deaths per 100,000 live births in 2023. Cardiovascular issues—largely preventable—account for nearly 30% of these deaths.
- **Infant Mortality:** In 2022, SC reported **364 infant deaths**, with many linked to birth defects or limited prenatal care.
- **Birth Defects:** About **1,700 SC babies** are born with birth defects annually, the leading cause of infant death in the state. Early detection and timely referrals are critical but currently not occurring at optimal levels universally.
- **Childhood Obesity:** Nearly **40% of SC public-school students** ages 10–17 are overweight or obese, with one-third not eating fruit daily and almost one-half not eating vegetables daily. Only 1 in 5 children ages 6–17 gets the recommended 60 minutes a day of physical activity. Poor nutrition and sedentary behavior lead to development or worsening of the most common chronic health conditions and complications from them, driving up healthcare costs and contributing to poor quality of life, as well as reducing children's academic success.

Fiscal and Family Impact
Investing now will save lives and save money. Every dollar spent on prevention reduces the need for costly emergency care and chronic disease management later in life. For example, annually in the U.S.:

- Maternal and infant health complications cost the nation **over $32 billion**
- Birth defect–related hospitalizations cost **over $22 billion**
- Physical inactivity contributes to **$117 billion** in avoidable healthcare costs

This proposal takes a state-specific, evidence-based, and cost-effective approach to addressing these big problems, by empowering families, strengthening community organizations, and reducing government dependency.

Solution
The "Building Bright Beginnings" budget package supports a healthier start and stronger future for every South Carolinian by:

- Reducing preventable maternal and infant deaths through early interventions to address risks
- Strengthening early detection and support for birth defects
- Promoting behavior change for better nutrition and physical activity among children, to lessen their risk of developing lifelong and/or poorly controlled chronic diseases

With a portfolio of targeted, community-based investments, DPH aims to work with stakeholders across the state to reverse these trends and protect the health, safety, and future of S.C.'s families—while reducing potential long-term costs to taxpayers and preventing possible negative economic impacts statewide.

These investments will help families lead healthier lives, reduce long-term healthcare costs, and ensure every child in S.C. has the opportunity to grow up strong and well to their full potential, as well as helping to ensure the state's economy remains strong for generations of South Carolinians to come.

This recurring request supports the ongoing infrastructure needed for lasting improvements. All five elements of the "Building Bright Beginnings" package are referenced here, however the one-time maternal health pilots are discussed in further detail in the B2 request.

1. Maternal Health Innovation Grants Pilot Expansion (One-time)
Expand a proven SC State University pilot that trained and funded local leaders and trusted messengers to deliver maternal and infant health education. This expansion would be statewide and take place over a one-year period.
Additional details are provided in the one-time request.

2. Maternal Blood Pressure Monitoring and Virtual Education (One-time Pilot)

Launch a one-year pilot to equip **5,500 pregnant women** (about 10% of all SC pregnancies annually) with validated home monitors, a secure app, and health education resources to detect risks earlier.
Additional details are provided in the one-time request.

3. Birth Defects Program Expansion (Recurring, 4 new FTEs, $604,664)

Problem
Birth defects affect about **1,700 babies each year** in South Carolina and are the leading cause of infant death in the state. Currently, the program provides direct, personal follow-up for about **150 families** each year, focusing on the most severe cases, with phone calls and tailored referrals. Families of children with other, "less severe" but still impactful conditions (for example, **congenital heart defects, cleft lip and palate, limb abnormalities, and gastroschisis**) do not currently receive direct outreach, even though these conditions can contribute to developmental delays and ongoing needs. Processing delays also slow help; it takes **about six months** from abstraction to follow-up.

Solution
Expand and modernize S.C.'s Birth Defects Program to deliver:

- Faster and more accurate and in-depth tracking of birth defects across the state
- Quicker and more individualized referrals to services and support for families of affected children, led by a dedicated referral specialist

Key Activities

- Hire 4 new staff for family case support, program coordination, and data analysis (epidemiology, abstraction, referral)
- Maintain direct calls and referrals for ~150 families with the most severe cases
- Expand outreach to ~1,350 additional families with mailers and brochures connecting them to **BabyNet, Family Connections, Hello Family**, and other local resources
- Reduce processing time from six months to one month
- Upgrade systems to handle higher case volumes and provide faster feedback to hospitals on reporting accuracy

Outcomes

- Reach **1,500 families annually** (150 with direct calls; ~1,350 with tailored mailers)
- Detect emerging trends early, allowing for quicker public health responses
- Identify preventable causes, such as environmental exposures or gaps in prenatal care
- Improve outcomes by informing clinical guidelines, early interventions, and community education
- Reduce long-term healthcare costs by preventing or mitigating the severity of birth defects through early detection and targeted prevention strategies

4. Healthy Futures Youth Initiative (Recurring, $3,979,093)

Problem
Nearly 1 in 3 S.C. children are overweight or obese, setting them up for a lifetime of chronic disease and its complications. Nutrition and fitness education in early childhood is proven to reverse these trends—but is not currently occurring statewide.

JUSTIFICATION OF REQUEST

Solution
Expand an award-winning model to deliver nutrition, physical activity, and healthy living education through childcare centers, schools (K-12), after-school programs, and community hubs.

Key Activities

- Strengthen Healthy Palmetto infrastructure and leadership support

- Deliver CATCH Early Childhood and CATCH Gardening curriculums in ~100 childcare centers
- Implement school-wide CATCH programming in 656 elementary schools that currently report fitness data to DPH
- Employ **13 Registered Dietitians Nutrition Educators** to deliver these programs statewide through a regional implementation model
- Offer grocery store tours and meal-planning workshops for parents and caregivers
- Provide support staff, program and gardening supplies, and technical assistance
- Expand Farm-to-School, Farm-to-Early Care and Education (ECE), and School Garden Programs
- Provide technical assistance for integrating garden and local produce into school meals/snacks
- Facilitate procurement partnerships between schools and local farms/food hubs
- Maintain and expand statewide fitness tracking, recognition programs, and evaluation
- Provide physical activity equipment, training, and technical assistance to schools

Outcomes

- Strengthened Healthy Palmetto infrastructure and statewide strategy
- Increased reach and impact of nutrition education for children and families
- Expanded local food access and sustainable garden initiatives
- Improved physical activity environments and monitoring in schools
- Recognition and support for high-performing schools
- Data-informed evaluation and continuous program improvement
- Increased access to fresh produce in schools, supporting food security and agriculture

Proven Success
DPH's partnership with Florence One School District created a nationally recognized Farm-to-School initiative that incorporated student-grown produce into meals and introduced many students to new vegetables—**60% said they would eat them again.** The project earned the 2025 USDA Healthy Meals Incentives Recognition Award.

5. Project Support and Evaluation (Recurring, 3 positions, $419,474)

Problem
Each initiative requires contracting, evaluation, and coordination. Without shared support, implementation would be fragmented and less efficient.

Solution
Fund three cross-cutting positions to provide backbone capacity across all initiatives.

Activities

- **Contract Specialist** – manage dozens of agreements and ensure fiscal accountability
- **Evaluator** – design and implement outcome tracking and cost-effectiveness studies
- **Program Coordinator** – oversee the package as a whole, aligning timelines and deliverables

Outcomes

- Improve efficiency and avoid duplication across initiatives
- Provide clear, consistent evaluation and reporting for stakeholders
- Ensure smooth, accountable program implementation

Return on Investment (ROI) for SC Taxpayers
These programs are not just life-saving—they're fiscally responsible. They reduce costly emergency care, special education spending, and lost workforce productivity. For example:

- Preventing maternal morbidities saves an average of **$800,000+ in lifetime costs** per mom and baby
- Early detection of birth defects can cut lifetime medical and education expenses by **hundreds of thousands per child**
- School nutrition programs show a positive ROI, estimating a net benefit of **$9 for every $1 invested**

Impact of Not Receiving Funds
Without this funding:

- Preventable maternal deaths will continue—especially in rural and underserved areas
- Children born with treatable conditions may miss the critical early intervention window
- Schools will miss the opportunity to teach lifelong healthy habits
- The emotional and financial burdens on S.C. families will be higher
- S.C. will see rising healthcare costs, lower workforce participation, and a generation of children at risk for chronic diseases and their complications

Statutory and Strategic Alignment
DPH's leadership in maternal, infant, and child health is established in statute. S.C. Code §§ 44-1-80 and -110 gives the Department broad responsibility for safeguarding public health. Chapters 37 and 44 of Title 44 of the South Carolina Code further mandate programs addressing birth defects, infant mortality, and newborn screening. In addition, § 44-1-310 establishes the Maternal Morbidity and Mortality Review Committee, created to develop strategies for the prevention of maternal deaths. Together, these laws establish DPH as the agency responsible for advancing maternal, child, and family health outcomes in South Carolina. These responsibilities are reinforced by the 2025–2030 State Health Improvement Plan (SHIP), which prioritizes Maternal and Infant Health, Chronic Health Conditions, Affordable and Nutritious Foods, and Safe and Affordable Places to be Physically Active. The Building Bright Beginnings package directly advances these SHIP goals while fulfilling the Department's statutory mandate to protect and improve the health of South Carolina families.

Method of Calculation
Recurring budget needs include the following:

- **Personnel – 17 existing, unfunded FTEs and 4 new FTEs**
  - **Birth Defects (new FTEs)**: 1 Program Coordinator I, 2 Program Coordinator II, 1 Epidemiologist II
  - **Healthy Futures**: 1 Program Coordinator I, 1 Program Coordinator II, 1 Senior Consultant, 1 Program Manager I, 5 Nutritionist III, 4 Nutritionist IV, 1 Dietitian Supervisor
  - **Project Support and Evaluation**: 1 Administrative Coordinator II, 1 Program Coordinator II, 1 Research & Planning Administrator
- **Key Operating Costs**
  - **Birth Defects:** Expert Geneticist contract **($51,113)**; Educational materials **($10,000)**
  - **Healthy Futures**: Training **($42,000)**; Nutrition materials **($27,000)**; Licenses **($26,723)**; GreenLight Fitness site license **($75,000)**; Contractors (**$1,863,750** total for Healthy Palmetto, PALMI, and school recognition programs)

Additional overall costs include basic travel, supplies, software, telephones, rent, insurance, equipment, and vehicles for staff. Salaries are based on midpoint ranges with average fringe and assessment rates; operating costs are based on standard per-employee allocations and state contract quotes. Travel costs are estimated using typical mileage traveled at the state reimbursement rate and federal GSA rates.

Following legislative direction, DPH returned 90 vacant FTEs in October 2025. We continue to make all efforts to prioritize and repurpose available, potentially unfunded FTEs in our requests. We have identified 17 for reuse in relation to this request, but require 4 additional new FTEs to implement the birth defects component of the request.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**5**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**Frontline Staffing for Critical Public Health Services**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $2,619,385** **Federal: $0** **Other: $0** **Total: $2,619,385**

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**6.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
X	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

This request continues a priority first submitted in FY26. At that time, the Department of Public Health (DPH) requested $4.3 million to strengthen frontline staffing for three core public health programs — sexually transmitted diseases, tuberculosis (TB), and rabies. The General Assembly funded $2 million, which allowed partial progress toward meeting these urgent needs.

This FY27 request seeks the resources necessary to **fully implement the plan as originally envisioned**. The amount reflects the updated cost of bringing the identified positions online, based on current salary, fringe, and operating expense requirements.

Under **S.C. Code §44-1-80**, DPH is charged with exercising general supervision over the health of South Carolinians, including the abatement and prevention of communicable diseases. These positions directly support that mandate by strengthening frontline response capacity in programs where DPH is often the only, or the expert, provider.

ACCOUNTABILITY OF FUNDS

This initiative aligns with several strategies as part of the agency's 2025 Annual Accountability Report Strategic Plan: 2.2: to enhance its ability to monitor and assess data; 3.1: to strive for operational excellence by building a skilled public health workforce; and 4.1: to align priorities with the State Health Improvement Plan (SHIP).

This request also advances the **2025–2030 SHIP** priorities, particularly Access to High-Quality Care. By fully funding these positions, South Carolina will:

• Improve outbreak detection, investigation, and control for STDs, rabies, and TB.

• Reduce preventable illness, death, and costly complications.

• Expand equitable access to essential public health protections, especially for uninsured and underinsured residents.

Accountability will be demonstrated through program performance measures, including meeting CDC disease intervention targets, reducing investigation backlogs and response times, and maintaining manageable caseloads for nurse case managers, rabies investigators and social workers.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

Funds will be used to support staffing and operational costs to address rising infectious disease cases. They will be applied to fund 16 existing, unfunded positions that were identified in the FY26 request but not yet resourced:

- **STD Program:** 2 Registered Nurses and 4 Disease Intervention Specialists (case workers) to provide diagnostic services, treatment, partner services, and meet CDC federal grant performance measures for disease intervention.
- **Rabies Program:** 6 investigators to reduce backlogs and ensure timely response to animal exposure incidents.
- **TB Program:** 2 Registered Nurses for case management and 2 Social Workers to support treatment compliance and address patient needs.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

This request is a continuation of the priority first submitted in FY26. At that time, the DPH requested $4.3 million to strengthen frontline staffing for sexually transmitted diseases, tuberculosis, and rabies programs. The General Assembly funded $2 million, which allowed partial progress, but critical gaps remain. The FY27 request seeks the resources necessary to **fully implement the plan as originally envisioned**. The amount reflects updated cost requirements for staffing, travel, and operating expenses, ensuring that identified positions can be brought online at current market rates.

DPH's frontline staffing for communicable disease control is directly mandated by law. S.C. Code § 44-1-80 authorizes the Department to take all necessary steps to protect public health, while §§ 44-29-10 et seq. establish requirements for the reporting and management of communicable diseases. Specific statutes such as § 44-31-10 et seq. (tuberculosis), § 44-29-60 et seq. (sexually transmitted diseases), and § 47-5-10 et seq. (rabies control) explicitly assign these responsibilities to DPH. These authorities make clear that the Department must maintain adequate staffing capacity to prevent, detect, and control high-risk communicable diseases that pose an ongoing threat to South Carolina communities.

This work also directly advances the **2025–2030 SHIP** priority of Access to High-Quality Care. Fully funding these positions will allow South Carolina to complete the investment it began last year, fulfill its legal mandate, and protect residents from

preventable disease threats.

DPH provides a number of services to the state of South Carolina for which it is either the only provider or the expert provider of those services. We provide follow-up investigations and treatment of contacts which minimizes the spread of disease across the state. Further, DPH serves as the safety net provider for the state, making sure that uninsured and underinsured people receive the care they need. These are core public health functions, yet funding and staffing levels have not kept pace with their need throughout the state. We are seeking funding to address staffing deficits for three of these critical service needs: STDs, tuberculosis, and rabies.

STDs: ($1,237,920)

South Carolina ranks among the highest in the nation for sexually transmitted diseases. Rising cases are harming not only adults but also infants through congenital syphilis, which is entirely preventable with timely diagnosis and treatment.

The challenge:

• In CDC's 2023 rankings, SC was **4th in chlamydia** and **6th in gonorrhea** nationally.

• **Richland County** ranked **3rd out of 3,142 counties** for combined STD rates.

• Syphilis cases have increased by **17.6% per year** over the last four years.

• Women of childbearing age (15–44) are increasingly affected, contributing to more babies born with congenital syphilis.

• Many syphilis cases are now detected later in infection, meaning more severe health effects and longer transmission windows.

What only DPH does:

Private providers diagnose and treat individual patients, but they do not conduct **partner services, contact tracing, or follow-up investigations**. These are core public health responsibilities that prevent further spread of infection — and they are performed solely by DPH across all 46 counties.

The solution:

Funding for **2 nurses and 4 case workers** distributed across regional offices will balance caseloads statewide, ensure timely exposure assessments, provide partner services, and improve compliance with CDC disease intervention performance measures.

Rabies: ($870,343)

JUSTIFICATION OF REQUEST

Rabies is **100% fatal if untreated, yet entirely preventable with timely public health response.** DPH's rabies program provides 24/7 on-call availability to investigate high-risk animal exposures, coordinate testing or quarantine, and guide victims and providers on treatment decisions. Prompt investigation can prevent unnecessary courses of rabies vaccine, which cost families **$25,000–$30,000** per exposure event.

The challenge:

• Rabies incidents are up **18% since 2018**.

• Current staff can complete about **11,600 investigations annually**, but in 2024, DPH received **15,209 reports** — a gap of more than 3,600 cases.

• Staffing shortages have forced backlogs of **9–14 days** in initiating investigations, far from the 24-hour response standard.

What only DPH does:

Emergency departments can administer vaccine, but they do not investigate the animal, enforce quarantine, or confirm whether costly treatment is necessary. **Only DPH conducts these investigations statewide** to protect the public and prevent avoidable exposures.

The solution:

Funding for **6 additional investigators** will nearly close the gap, allowing timely investigations, reducing unnecessary medical costs, and preventing fatal outcomes from a preventable disease.

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Tuberculosis: ($511,122)

TB remains a serious and growing threat in South Carolina. Outbreaks have frequently occurred in both nursing homes and schools. Treatment is lengthy, complex, and requires consistent observation and social support to prevent relapse or spread.

The challenge:

• Active TB cases in SC increased **24% from 2020 to 2024** (67 ? 83 cases).

• In 2024, DPH reduced latent TB infection (LTBI) treatment by 11% due to staffing shortages.

• Each TB case requires intensive management:

o **Nurse case managers (NCMs)** must provide directly observed therapy (DOT) 5 days per week for 6–9 months.

o Contact investigations average **10–20 contacts per case**, each requiring two rounds of testing.

o Social support is critical for patients who are homeless, elderly, or otherwise vulnerable.

What only DPH does:

Hospitals and clinics may provide clinical treatment, but they do not deliver **directly observed therapy, contact investigations, or social support services.** Without DPH staff, patients would fall through the cracks, creating high risk for relapse and community outbreaks.

The solution:

Funding for **2 nurses and 2 social workers** (currently unfunded positions) will restore treatment capacity, lower caseloads to safe levels, and provide social support to improve compliance. This will reduce outbreaks, prevent costly hospitalizations, and ensure South Carolina can manage both active and latent TB effectively.

In summary, this request ensures South Carolina completes the investment first initiated in FY26. By funding the remaining positions, the state will finish building the capacity needed to respond effectively to rising STD, rabies, and TB cases. These programs are not optional; they are core public health protections required under **S.C. Code §44-1-80** and essential to advancing the **2025–2030 SHIP** priority of Access to High-Quality Care. Completing this investment will place the state's communicable disease programs on stable footing and safeguard residents from preventable threats.

Method of Calculation:

Requests include funding for 4 new FTEs and 10 existing, unfunded vacant positions within the agency. Some are being repurposed for use with these programs.

STD Program (new FTEs):

• 4 Case Worker IIIs (GA16)

• 2 Registered Nurses, Non-Institutional (EA18)

Rabies Program:

• 6 Program Coordinator IIs (AH40)

TB Program:

• 2 Social Workers (GB75)

• 2 Registered Nurses, Non-Institutional (EA18)

Costs were calculated using the midpoint salary for each band, as well as the agency average fringe and assessment rates for the positions listed above. Additional costs include routine staff operating expenses per employee which includes general supplies, software licenses, telephones, rent, insurance, etc. Vehicles, services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs. Travel costs are estimated using typical mileage traveled at the state reimbursement rate and federal GSA rates.

Following legislative direction, DPH returned 90 vacant FTEs in October 2025. This included 6 positions in our STD program that were unfunded. We continue to make all efforts to prioritize and repurpose available, potentially unfunded FTEs in our requests. We have identified 10 for reuse in relation to this request but require 6 additional new FTEs in order to replace the lost STD positions.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

6

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Olmstead Act

Provide a brief, descriptive title for this request.

AMOUNT

General: $399,135

Federal: $0

Other: $0

Total: $399,135

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

2.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
X	Related to a Non-Recurring request – If so, Priority # 7

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

This budget request directly advances the agency's strategic goals by embedding accountability, improving service delivery, and fostering collaboration across agencies and stakeholders. Strategy 4.2 within the agency's 2025 Annual Accountability Report directs the agency to strengthen partnerships and align resources to enhance internal and external initiatives, and Strategy 4.1 aims to align the agency's priorities and strategies with the State Health Improvement Plan (SHIP).

This request also advances priorities outlined in the SHIP, particularly those focused on strengthening systems of care, expanding access to supportive community services, and embedding accountability into public health practice. By ensuring compliance with the ADA and Olmstead decision, DPH will directly contribute to SHIP objectives of improving health outcomes for vulnerable populations and fostering stronger cross-sector collaboration statewide.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

2 new FTEs: 1 Program Manager II (Administrator of Community Living Integration) and 1 Senior Consultant (Americans with Disabilities Coordinator)

Committee Support: Mileage and subsistence costs for up to 50 advisory committee members meeting at least four times annually.

Vendors/Grantees: Printing and website development for outreach and communication.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST

Problem:
South Carolina is out of compliance with the Americans with Disabilities Act (ADA) as interpreted by Olmstead v. L.C. (1999). In December 2024, the U.S. Department of Justice filed a lawsuit against the State for unnecessarily institutionalizing adults with serious mental illness (SMI) in community residential care facilities (CRCFs) instead of providing adequate community-based services. It is estimated that 1,000-2,000 people with SMI are unnecessarily institutionalized in CRCFs, but most could live at home if they had access to community-based services. Without intervention, thousands remain at risk of unjustified segregation, and the State faces ongoing federal litigation and potential penalties.

Solution:
Implementation of 2025 Act No. 3 (S.2) mandates a statewide community integration plan. This will require DPH:

- Hire two new positions to lead and ensure ADA/Olmstead compliance.
- Establish and support a broad advisory committee (up to 50 members).
- Contract for an initial statewide assessment of community integration (related one-time request)
- Conduct outreach and public education, including printed materials and website development.

Impact of not receiving funds:
Failure to fund this request will leave South Carolina unable to comply with state law or federal ADA/Olmstead requirements, perpetuating unnecessary institutionalization of individuals with disabilities. The State risks costly litigation, loss of federal confidence, and harm to thousands of residents with disabilities.

Method of Calculation:

- **2 new FTEs** (figures include salary, fringe, and indirect rates):
  - Program Manager II to serve as the Administrator of Community Living Integration
  - Senior Consultant to serve as the Americans with Disabilities Coordinator
- **Advisory Committee Support:** Estimated mileage and subsistence costs for 50 members × 4 meetings annually: $31,000
- **Operating/Outreach:** Printing and website development costs based on recent state contract quotes: $10,000

Costs were calculated using the midpoint salary for each band, as well as the agency average fringe and assessment rates. Operating costs include a standard per employee cost which includes general supplies, software licenses, telephones, rent, insurance, etc. Vehicles, services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs. Travel costs are estimated using typical mileage traveled at the state reimbursement rate and federal GSA rates.

Following legislative direction, DPH returned 90 vacant FTEs in October 2025. We continue to make all efforts to prioritize and repurpose available, potentially unfunded FTEs in our requests. We are reusing available FTEs in other components of this overall budget package, but need 2 new FTEs to support this specific request.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

8

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Health Systems Modernization: EHR & Paperless Transformation

Provide a brief, descriptive title for this request.

AMOUNT

General: $2,975,433

Federal: $0

Other: $0

Total: $2,975,433

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

10.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
X	HR/Personnel Related
X	Consulted DTO during development
X	Related to a Non-Recurring request – If so, Priority # 9

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
X	Government and Citizens

ACCOUNTABILITY OF FUNDS

This request will fund ongoing support, staffing, and system maintenance to modernize the Department of Public Health's clinical and administrative systems. By optimizing the electronic health record (EHR), upgrading pharmacy operations to comply with the federal Drug Supply Chain Security Act (DSCSA), and eliminating outdated paper-based workflows, this initiative strengthens access to high-quality care, enhances data-driven decision-making, and supports operational excellence. Strategy 3.2 of DPH's 2025 Annual Accountability Report, directing the agency to foster a culture of continuous improvement and operational excellence, is directly supported by this request. Additionally, these objectives directly align with the South Carolina State Health Improvement Plan (SHIP), particularly the goal to expand Access to High Quality Care by optimizing data infrastructure and improving electronic patient accessibility across public health services.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

Funds will support new IT FTEs, licensing, hosting, system maintenance, and records

RECIPIENTS OF FUNDS

management. Vendors and platforms will be procured via the S.C. State Procurement Code.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

DPH's current health record, pharmacy, and paper-based systems are stretched to their limits. Many tasks still rely on manual entry, paper forms, and disconnected systems. This leads to wasted time, high error rates, unnecessary costs, and the risk of falling out of compliance with federal requirements. Patients and providers are frustrated. People cannot always schedule appointments easily, insurance or paperwork issues slow visits, and critical safety tools like real-time inventory tracking or reminders for follow-ups are either missing or inefficient.

The Health Systems Modernization: EHR & Paperless Transformation request brings together a comprehensive set of upgrades and operational supports:

• Upgrading the EHR and pharmacy tools to ensure compliance with the federal Drug Supply Chain Security Act (DSCSA) by the November 2026 deadline. This also adds critical functions such as pharmacy inventory tracking, billing tools, and modern interfaces. This directly supports the SHIP priority of Access to High Quality Care by ensuring patients receive safe, timely, and uninterrupted access to medications.

• Expanding patient portals, virtual visits, and online tools so that patients can schedule appointments, submit information, and complete questionnaires before their visit. These improvements increase access and convenience, especially for rural and transportation-limited populations, advancing SHIP's goal of reducing barriers to care.

• Digitizing historical paper records so that information is searchable and accessible in real time. This frees up physical storage space, reduces the risk of lost or incomplete charts, and makes robust reporting possible. This allows DPH to strengthen its data infrastructure in order to improve monitoring, assessment, and public health decision-making.

• Automating workflows and ensuring ongoing system maintenance. This includes referrals, laboratory interfaces, inventory tracking, and staff training. These activities align with SHIP's call to improve access to high quality care.

Return on Investment and Benefits

This initiative will provide immediate and long-term benefits to South Carolina's public health system.

• Regulatory compliance and risk reduction: Meeting DSCSA requirements is non-negotiable. Without modernization, DPH risks regulatory action, interruptions in pharmacy operations, and compromised medication safety. Investing now ensures compliance and protects patients.

• **Operational efficiency and cost savings:** Moving away from paper eliminates duplicate entry, reduces storage costs, and prevents costly errors. Automated fee structures and inventory systems will streamline billing and reduce human error.

JUSTIFICATION OF REQUEST

• Improved access and patient experience: Online scheduling, patient portals, and virtual visits make it easier for patients to use our services. These tools are especially valuable in underserved areas. National research shows that such systems reduce no-shows and improve satisfaction. This directly supports SHIP's goal of expanding equitable access to high-quality care.

• **Better data and decision-making:** Digital systems allow real-time monitoring of lab results, patient outcomes, and population health trends. This capacity supports SHIP's use of data to ensure South Carolina is moving toward overall health improvement for its residents.

Why This Matters Now

The DSCSA compliance deadline is Nov. 27, 2026. Delays expose DPH pharmacies and health departments to compliance risks and jeopardize safe medication access. Each year that we continue paper-intensive processes drains staff time, increases errors, drives up storage costs, and slows billing. Staff spend too much time on workarounds such as retrieving paper charts, re-entering data, and manually tracking referrals or billing. Modern tools will reduce burnout and allow staff to focus on higher-value work.

Patients also expect modern conveniences such as online scheduling and digital records. For rural and low-income residents, virtual access may determine whether they can receive care at all. This aligns with SHIP's focus on ensuring that all South Carolinians have timely access to care.

What We Get for the Request

This investment provides a complete modernization package that includes:

• Ten dedicated staff (four for EHR and pharmacy support and compliance, six for paperless transformation and data management)

• Software and interfaces to upgrade EHR modules, meet DSCSA compliance, automate billing, and maintain laboratory and clinical system connections

• Digital infrastructure including secure hosting, e-signature tools, enterprise forms, and workflow automation platforms

• Scanning and digitizing historical records so they are securely searchable and integrated into patient files

• Training and redesigning processes so staff can adopt and sustain new workflows

If funded, this initiative will produce a strong return on investment. We expect reduced errors, lower storage costs, faster billing, improved patient satisfaction, and greater staff efficiency and satisfaction. It will also ensure compliance with federal law and strengthen our ability to deliver modern, patient-centered care statewide.

Recurring need:

To sustain these improvements, DPH requires recurring funds to support 10 staff and the ongoing costs of licenses, hosting, records management, and system maintenance. These resources will ensure that the modernized systems are stable, secure, and continuously improved over time. Without recurring support, the one-time investments will not achieve the intended long-term impact.

DPH's authority to modernize its health information systems is grounded in both state and federal law. S.C. Code §§44-1-80 and -110 empower the Department to take necessary actions to protect public health. In addition, federal laws including HIPAA and HITECH require and incentivize DPH to utilize electronic health records systems to strengthen privacy and security of health records. DPH is also required to maintain compliance with federal Drug Supply Chain Security Act (DSCSA) regulations. Together, these authorities necessitate investment in modern electronic health record and paperless systems to fulfill state and federal mandates.

Method of calculation:

• 10 new FTEs: (4 for EHR and compliance; 6 for paperless transformation and data management)

  o 2 AM09 Application Developer II

  o 1 AM10 Application Developer III

  o 1 AM20 Systems Engineer I

  o 2 AM21 Systems Engineer II

  o 1 AM22 Systems Engineer III

  o 1 AM55 IT Manager I

  o 2 AM72 Network Administrator

• EHR/Pharmacy Licenses and Maintenance Fees: $549,584

• Contractual Support: $400,000

• Records Management Solution: $250,000

• Electronic Signature Solution: $75,000

• Employee supplies, equipment and infrastructure costs: $172,659

	Costs were calculated using the midpoint salary for each band, as well as the agency average fringe and assessment rates. Operating costs include a standard per employee cost which includes general supplies, software licenses, telephones, insurance, etc. Services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	**10**

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	**Enhancing Workforce Productivity with Microsoft Copilot**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $943,492** **Federal: $0** **Other: $0** **Total: $943,492**

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	**0.00**

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
	HR/Personnel Related
X	Consulted DTO during development
X	Related to a Non-Recurring request – If so, Priority # 11

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Funds will be used to provide Microsoft Copilot and related Microsoft 365 services to approximately 70% of DPH staff, focusing on the roles where the tools will have the greatest impact. Copilot will reduce time spent on repetitive administrative work, improve the speed and accuracy of reporting, strengthen communication with the public, and expand staff access to real-time data insights. Key staff will manage deployment, configuration, and security to ensure compliance and responsible use within the state's secure environment.

The effectiveness of this investment will be tracked through measurable outcomes and usage data. DPH will use Microsoft's built-in adoption dashboards and usage analytics to monitor:

- The percentage of licensed users who become active users within the first six months.
- Frequency of Copilot use across Microsoft Word, Excel, Outlook, and Teams.
- Reductions in hours required for routine reporting, meeting documentation, and communications.
- Faster turnaround of program and grant documents.

These measures will show both adoption and productivity impact. Together, they directly support the agency's 2025 Annual Accountability Report Strategy 3.2 to foster a culture of continuous improvement and operational excellence. This initiative also supports the State Health Improvement Plan (SHIP) by building a stronger, more resilient public health workforce and ensuring data is used more effectively to guide decisions and respond quickly to emerging health needs.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

DPH intends to utilize funding for Microsoft Copilot and other AI-integrated Microsoft 365 services across the agency to streamline administrative work, enhance data analysis and reporting, improve public communication, support program operations, facilitate knowledge management, and boost workforce productivity. Key staff will manage deployment, configuration, security, and optimization of Copilot across the agency, ensuring effective, compliant integration of AI into daily public health operations.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST

Problem:
Our public health workforce is under growing pressure to deliver timely, accurate services with fewer staff resources. Capacity is greatly diminished by manual tasks such as data entry, report formatting, meeting documentation, and repetitive communications. These tasks pull employees away from core responsibilities like disease prevention, emergency preparedness, and community outreach. Outdated, manual processes slow us down and reduce our ability to meet the expectations of South Carolinians.

Solution:
Implementing Microsoft Copilot largely across the agency will directly support staff by automating repetitive work and simplifying daily tasks within Microsoft 365. Copilot can draft documents, summarize meetings, generate reports, analyze data, and create visualizations — functions that normally consume hours of staff time. This gives employees increased capacity to focus on mission-critical public health work while also strengthening our ability to track trends, use data effectively, and respond quickly to emerging issues.

DPH is targeting approximately 70% of our workforce (about 1,500 staff) for Copilot licenses. This level of coverage ensures that employees in knowledge- and communication-intensive roles—such as program leads, analysts, managers, epidemiologists, and communications staff—gain access to tools that make their work more efficient. DPH selected this level of coverage because Copilot delivers the greatest benefit to knowledge- and communication-heavy roles, and it positions the agency to reach strong six-month adoption benchmarks while avoiding licenses that would see limited use. This approach is cost-conscious, aligns with our training and support capacity, and allows us to demonstrate clear workforce impact. Not every position will need Copilot (e.g. some clinical or field staff), so this request balances investment with realistic workforce impact.

Expected Uptake and Measures:
We anticipate usage rates in line with Microsoft benchmarks, where 70–80% of licensed users become active users within six months. Success will be measured by:

- Increased percentage of staff actively using Copilot in their daily work, tracked through Microsoft adoption dashboards.
- Reduced time spent on routine tasks such as reporting, meeting summaries, and document preparation.
- Faster turnaround times for reports and communications.
- Broader staff access to data-driven insights for decision-making.

Impact of Not Receiving Funds:
Without this investment, staff will remain tied to outdated, manual processes that waste time and strain limited resources. The agency will face higher long-term costs,

slower response to public health needs, and reduced ability to deliver on the goals of the SHIP as well as state and federal performance standards.

DPH's adoption of modern workforce productivity tools is supported by its statutory responsibility to maintain records and carry out its mission efficiently. S.C. Code § 44-1-80 empowers the Department to implement practices necessary to protect public health, while the South Carolina Public Records Act (§30-1-10 et seq.) requires agencies to responsibly manage records, including in electronic formats. Federal mandates such as HIPAA, HITECH, and Uniform Guidance further require secure and cost-reasonable systems for managing health information. These authorities make clear that adopting tools like Microsoft Copilot is not only about improving efficiency, but also about ensuring data security, compliance, and safe handling of sensitive public health information as new technologies are introduced.

Method of Calculation:

- **Microsoft 365 Copilot** – 1,500 users at $30/user/month: Main AI integration across Microsoft 365 tools for general users.
- **Copilot for Security** – 10 users at $100/user/month: Security-focused AI tool for a limited number of users.
- **GitHub Copilot** – 50 users at $39/user/month: AI code assistant for developers.
- **AI Builder Capacity** – $32,207: Powers AI features in Copilot Studio for building and managing workflows.
- **Copilot Studio (Messages)** – $106,470: Provides message capacity for Copilot Studio bots.
- **Contractual support** - $170,850: Configuration, security and compliance

Services and licenses based on current state contracted quotes.

The associated one-time request supports up-front implementation costs. Both requests have been reviewed by the Department of Administration's AI Center of Excellence.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	3

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Building Bright Beginnings For South Carolina Families

Provide a brief, descriptive title for this request.

AMOUNT	$2,536,890

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
X	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
X	Related to a Recurring request – If so, Priority # Building Bright Beginnings For South Carolina Families

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

The S.C. Department of Public Health (DPH) is committed to protecting families by improving health outcomes for mothers, babies, and children. This initiative will be evaluated through clear performance measures, rigorous oversight, and transparent reporting to ensure funds are used effectively and responsibly. As part of DPH's 2025 Annual Accountability Report, Strategy 4.1 directs the agency to align its priorities and strategies with the 2025-2030 State Health Improvement Plan (SHIP). This comprehensive initiative aligns with multiple priorities of that Plan.

Evaluation and accountability will include:

• **Maternal Health Innovation Grants:** Participation rates, number of mini-grants awarded, community leaders trained, and the reach of education campaigns. Outcomes will also be assessed through maternal health indicators such as prenatal care utilization and early identification of risks. Outcomes align with the intended result of the Maternal and Infant Health priority area of the SHIP, that all mothers and babies in South Carolina experience positive health outcomes during pregnancy, delivery, and the first year of life after birth.

• **Maternal Blood Pressure Monitoring Pilot:** Number of women enrolled, monitors distributed, app utilization, number of alerts generated, and impact on early detection of hypertension. Pilot results will be analyzed to inform potential statewide expansion.

Outcomes also align with the SHIP priority area of Maternal and Infant Health.

• **Birth Defects Program Expansion, Healthy Futures Youth Initiative, and Project Support:** Evaluation approaches are outlined in the recurring request.

Together, these measures ensure alignment with the SHIP priorities of Maternal and Infant Health, Chronic Health Conditions, Affordable and Nutritious Foods, and Safe and Affordable Places to be Physically Active. Evaluation findings will be shared with the General Assembly, community partners, and the public through reports and presentations, reinforcing transparency and continuous improvement.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

To strengthen maternal, infant, and child health outcomes across South Carolina, DPH is advancing a set of targeted pilots that test innovative approaches to reducing maternal mortality and complications.

One-time funds will support:

- **Maternal Health Innovation Grants:** A vendor to manage statewide implementation, development of a training toolkit, and administration of 92 mini-grants to trusted organizations across all counties. These funds will also support training for at least 46 community health coaches and public education campaigns.
- **Maternal Blood Pressure Monitoring Pilot:** A vendor to build app infrastructure, provide secure data management, and support integration with providers; purchase and distribution of 5,500 validated blood pressure monitors; app subscriptions for participating women; and program evaluation services.

Expenditures will follow the S.C. Procurement Code and agency grant administration policies. Recurring initiatives are described in the recurring request.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

Problem

The health of mothers, babies, and children in S.C. is an urgent health crisis that directly affects their and their families' well-beings and threatens our state's future prosperity. High rates of maternal and infant mortality, birth defects, obesity (often originating in childhood), and chronic disease are harming families, especially in rural and underserved areas. These issues are largely preventable and lead to massive healthcare costs, setbacks in educational attainment, and reduced economic productivity for individuals and the state as a whole.

The Need by the Numbers

- **Maternal Mortality:** SC has a pregnancy-related death rate of **47.2 per 100,000 births**, more than double the national average of 18.6 in 2023. Cardiovascular issues—largely preventable—account for nearly 30% of these deaths.
- **Infant Mortality:** In 2022, SC reported **364 infant deaths**, many linked to birth defects or limited prenatal care.
- **Birth Defects:** About **1,700 SC babies** are born with birth defects annually, the leading cause of infant death in the state. Early detection and timely referrals are critical but currently not occurring at optimal levels universally.
- **Childhood Obesity:** Nearly **40% of SC public-school students** ages 10–17 are overweight or obese, with one-third not eating fruit daily and almost one-half not eating vegetables daily. Only 1 in 5 children ages 6–17 gets the recommended 60 minutes a day of physical activity. Poor nutrition and sedentary behavior lead to development or worsening of the most common chronic health conditions and complications from them, driving up healthcare costs and contributing to poor quality of life, as well as reducing children's academic success.

Fiscal and Family Impact
Investing now will save lives and save money. Every dollar spent on prevention reduces the need for costly emergency care and chronic disease management later in life. For example, annually in the U.S.:

- Maternal and infant health complications cost the nation **over $32 billion**
- Birth defect–related hospitalizations cost **over $22 billion**
- Physical inactivity contributes to **$117 billion** in avoidable healthcare costs

This proposal takes a state-specific, evidence-based, and cost-effective approach to addressing these big problems, by empowering families, strengthening community organizations, and reducing government dependency.

Solution
The "Building Bright Beginnings" budget package supports a healthier start and stronger future for every South Carolinian by:

- Reducing preventable maternal and infant deaths through early interventions to address risks
- Strengthening early detection and support for birth defects
- Promoting behavior change for better nutrition and physical activity among children, to lessen their risk of developing lifelong and/or poorly controlled chronic diseases

With a portfolio of targeted, community-based investments, DPH aims to work with stakeholders across the state to reverse these trends and protect the health, safety, and future of S.C.'s families—while reducing potential long-term costs to taxpayers and preventing possible negative economic impacts statewide.

These investments will help families lead healthier lives, reduce long-term healthcare costs, and ensure every child in S.C. has the opportunity to grow up strong and well to their full potential, as well as helping to ensure the state's economy remains strong for generations of South Carolinians to come.

This one-time request supports pilot initiatives that directly address maternal health. The recurring initiatives are referenced below and discussed in detail in the B1 request.

1. Maternal Health Innovation Grants Pilot Expansion (One-time, $1,534,700)

Problem
Maternal deaths in S.C. are among the highest in the nation. Many are preventable with earlier education, better prenatal care, and stronger community support.

Solution
Expand a proven pilot developed by SC State University (SCSU) that trained and funded local leaders and trusted messengers (such as church leaders, grassroots organizations, and health professionals) to develop localized initiatives to engage families and reduce maternal and infant mortality. This expansion of the grant program would be statewide and take place over a one-year period.

Over 12,000 people in the state were reached by activities conducted under the SCSU pilot, the Infant and Maternal Mortality (IMM) Program. These activities included community events to raise awareness and provide resources supporting maternal and infant health, film screenings and panel discussions to highlight the real-life impact of maternal deaths on families and communities, and health forums to provide expectant mothers and their partners with knowledge and resources to support healthy pregnancies, postpartum periods, and parenting journeys. Some of the funded organizations provided feedback about the IMM Program:

- "We were able to provide education, vital resources, and self-care to families and the community. The event initiative was truly a success and a dire need in the communities we serve."
- "As a grantee, this opportunity provided our organization with the resources needed to host a front-facing, solutions-based community conversation aimed at

opening the lines of communication between healthcare providers and the communities they serve."
- "This funding empowered us to plan, organize, and execute events that tackled the pressing issues of diaper shortages and maternal and infant health disparities. The IMM Grant Program's contribution enabled us to engage communities and stakeholders in meaningful discussions and deliver resources and information that will leave a lasting impact on the health and well-being of families across South Carolina."

Key Activities
To expand this effort statewide, funds are requested to:

- Hire a dedicated vendor to build and manage infrastructure for the project
- Develop a communication and training toolkit to support community-based mini-grants
- Train **46+ community health coaches** to support pregnant women and new moms, including training on performing pre- and post-natal home visits
- Distribute **92 grants** to organizations statewide in every county to perform education, outreach, and support efforts in a manner specific to the unique locations
- Extend a statewide impact through education, outreach, and summits

Outcomes

- Reach **96,000 South Carolinians**
- Train a new cadre of maternal and infant health leaders (at least 46 community health coaches focused on reducing infant and maternal mortality)
- Build a sustainable, community-based infrastructure for providing maternal health education
- Equip trusted organizations to address their communities' health problems long-term

JUSTIFICATION OF REQUEST

2. Maternal Blood Pressure Monitoring and Virtual Education (One-time Pilot, $1,002,190)

Problem
The top cause of pregnancy-related death in SC is cardiovascular disease. Many women experience undiagnosed hypertension during or after pregnancy, with no tools for early intervention.

Solution
Launch a one-year remote monitoring pilot to equip **5,500 pregnant women** (~10% of total pregnancies in S.C. per year) with:

- A validated home blood pressure monitor
- Access to a secure, app-based platform that tracks blood pressure measurements, offers real-time alerts, and connects data directly to healthcare providers
- Health education materials to guide early recognition of warning signs and healthy behavior

A small pilot, "Check at Church," was done by partnering with 23 faith-based institutions in the Upstate region representing 2,025 parishioners. 70 blood pressure cuffs were distributed, and education was provided on how to use and interpret them. At one of the meetings under this initiative, a woman taking three blood pressure medications received help troubleshooting her own blood pressure cuff. She also received American Heart Association literature after admitting "I have no idea what the numbers mean!" Most attendees to these meetings were on blood pressure medications with many taking more than one. Participants learned skills to use blood pressure cuffs at home, why monitoring blood pressure is vital, and how simple diet changes can improve nutrition and assist with blood pressure regulation.

Since we know how vital blood pressure monitoring and chronic disease management are, particularly during pregnancy, we'd like to build on the success of this small initiative by seeking specifically to reach pregnant women with blood pressure monitoring and education.

Key Activities

- Develop app infrastructure for secure data management and provider integration
- Provide one-year app membership for 5,500 pregnant mothers to support tracking, education, alerts, and secure communications with providers
- Distribute 5,500 monitors (**~$100 each**) and offer technical support for integration
- Monitor and evaluate program for maternal and infant health outcomes to guide future scale-up

Outcomes

- Reach approximately **10% of pregnant women** in S.C. in a year
- Improve early detection and management of high blood pressure in pregnancy and postpartum
- Reduce preventable complications
- Provide data to inform statewide expansion and guide maternal health policy

3. Birth Defects Program Expansion (Recurring)
Expand staffing and speed up processing and referrals for families statewide. ***Details are provided in B1.***

4. Healthy Futures Youth Initiative (Recurring)
Deliver statewide nutrition, physical activity, and diabetes prevention programming across schools and childcare centers. ***Details are provided in B1.***

5. Project Support and Evaluation (Recurring)
Provide backbone staffing for contracts, evaluation, and overall coordination. ***Details are provided in B1.***

Return on Investment (ROI) for SC Taxpayers
These programs are not just life-saving—they're **fiscally responsible**. They reduce costly emergency care, special education spending, and lost workforce productivity. For example:

- Preventing maternal morbidities saves an average of $800,000+ in lifetime costs per mom and baby.
- Early detection of birth defects can cut lifetime medical and education expenses by hundreds of thousands per child.
- School nutrition programs show a positive ROI, estimating a net benefit of $9 for every $1 invested in nutritious school meal programs. The benefits include improved health outcomes, school attendance, academic performance, and reduced financial hardship for families by alleviating food insecurity according to the 2021 Rockefeller Foundation report.

Impact of not receiving funds:
Without this funding:

- Preventable maternal deaths will continue—especially in rural and underserved areas.
- Children born with treatable conditions may miss the critical early intervention window.
- Schools will miss the opportunity to teach lifelong healthy habits.
- The emotional and financial burdens on S.C. families will be higher.
- S.C. will see rising healthcare costs, lower workforce participation with economic impacts on the state, and a generation of children at risk for chronic diseases and their complications.

Statutory and Strategic Alignment
DPH's leadership in maternal, infant, and child health is established in statute. S.C. Code §§ 44-1-80 and -110 gives the Department broad responsibility for safeguarding public health. Chapters 37 and 44 of Title 44 of the South Carolina Code further mandate programs addressing birth defects, infant mortality, and newborn screening. In addition, § 44-8-10 et seq. authorizes targeted community dental health initiatives for children, and § 44-1-310 establishes the Maternal Morbidity and Mortality Review Committee, created to develop strategies for the prevention of maternal deaths. Together, these laws establish DPH as the agency responsible for advancing maternal, child, and family health outcomes in South Carolina. These responsibilities are reinforced by the 2025–2030 State Health Improvement Plan (SHIP), which prioritizes Maternal and Infant

Health, Chronic Health Conditions, Affordable and Nutritious Foods, and Safe and Affordable Places to be Physically Active. The Building Bright Beginnings package directly advances these SHIP goals while fulfilling the Department's statutory mandate to protect and improve the health of South Carolina families.

Method of Calculation:

- Maternal Health Innovation Grants Pilot Expansion:
  - Mini-grant allocations: $920,000 (92 at an average of $10k)
  - Contractual grant management vendor, program promotion and community outreach ($614,700)
- Maternal Blood Pressure Monitoring and Virtual Education:
  - App set-up costs: $61,800
  - One-year app memberships for 5500 women: $373,890
  - Blood pressure cuff and distribution: $566,500

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	4

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Medical Care Sheltering Readiness Program

Provide a brief, descriptive title for this request.

AMOUNT	$10,142,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
X	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
	Related to a Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
X	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

The **Medical Sheltering Readiness** request aligns with agency strategic objectives to protect vulnerable populations and strengthen statewide emergency preparedness. As part of DPH's 2025 Annual Accountability Report, Strategy 2.1 to provide high quality emergency response efforts is directly supported by this request.

Funds will establish enforceable contracts for four new medical care shelters, ensure reliable backup power through portable and fixed generators, and create a dedicated Disaster Readiness Fund for shelter operations and other disaster response activities. Associated operational costs will provide the internal infrastructure needed to manage and deploy these resources effectively. The requested proviso will authorize creation of the Disaster Readiness Fund as an interest-bearing account, with all funds appropriated for Disaster Readiness in Fiscal Year 2027 deposited as initial funding and any reimbursements or costs recovered replenishing expenditures wherever possible to ensure sustainability over time.

Further, this request directly advances the State Health Improvement Plan's (SHIP) priority of improving access to care. By creating new medical care shelter capacity and ensuring Medical Equipment Power Shelters (MEPS) reliability, the Department of Public Health (DPH) addresses identified gaps that leave medically complex residents at risk during disasters.

Statutory authority is provided by S.C. Code §44-1-80, which gives the Department broad responsibility for safeguarding public health, and by §44-4-130, which directs the Department to prepare for and respond to public health emergencies. Together, these establish both the responsibility and the authority for DPH to develop medical sheltering capacity and ensure continuity of services during disasters.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

Funds will be directed to:

- Contractors and vendors providing legal services, portable/towable generators, and generator installations with transfer switches at MEPS sites.
- Partner facilities entering new contracts for medical needs sheltering capacity.
- DPH for establishment of the Disaster Readiness Fund.

All expenditures will comply with the S.C. Procurement Code and will be allocated through competitive procurement, negotiated contracts, or established proviso authority.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

Problem:

South Carolina's medical sheltering system currently has two very different roles to fill.

• **Medical Equipment Power Shelters (MEPS):** These are the long-standing shelters we have traditionally provided, designed to give safe space and power for individuals who depend on electricity for survival (e.g., ventilators, oxygen concentrators, dialysis). MEPS are essential, but they are not staffed or equipped to provide medical or daily living support.

• **Medical Care Shelters (new need):** What the state does not yet have are shelters that serve residents who are too frail for general population shelters but not sick enough for hospitals. These are the "in-between" citizens — homebound, medically complex, and functionally limited individuals who cannot bathe, toilet, or manage medications independently.

For example, consider a woman in her 60s with multiple chronic conditions who lives alone, unable to walk more than a few feet, reliant on home health visits and meal deliveries. She has no reliable caregiver, no emergency plan, and no way to manage daily needs in a general population shelter. Yet she does not qualify for hospital admission. When disasters strike, hundreds to thousands of South Carolinians like her turn to 911 and emergency departments for help, not because they need acute hospital care, but because there is no other safe option.

During the Hurricane Helene response, DPH assisted several clients who would have been better served by a Medical Care Shelter:

• A medically stable pediatric client on a home ventilator was transported to a MEPS. While the child was comfortable at home under parental care, any equipment issue

JUSTIFICATION OF REQUEST

would have required immediate medical attention. This case was not appropriate for a MEPS alone, but hospitalization was also unnecessary. A medical shelter would have provided the right level of oversight and care.

• An adult requiring regular wound care entered a shelter without a companion. The environment could not consistently meet their medical needs, creating risk of complications. A DPH physician had to travel to provide onsite consultation — care that could have been appropriately managed within a medical shelter.

• An elderly shelteree in a general population shelter developed sudden respiratory distress due to lack of access to nebulizer treatment. The intervention required was beyond what a MEPS could provide, yet far below hospital-level care. A DPH physician again had to travel to consult and guide shelter staff. This is exactly the type of case that a medical shelter could handle safely and efficiently.

This predictable surge overwhelms EMS and hospitals at the very moment they are most needed for true emergencies. At the same time, existing MEPS facilities — particularly in the Pee Dee region — face reliability gaps due to lack of permanent backup power. Addressing these gaps aligns with the SHIP priority to improve access to high-quality care by ensuring the appropriate level of care acuity and resources are available to those who need it during disasters.

Solution:

This request provides one-time resources to:

• Establish enforceable contracts and legal frameworks for four **new Medical Care Shelters** with portable generator support.

• Install fixed generators and transfer switches at seven **existing MEPS sites** in the Pee Dee region, ensuring reliable functionality during prolonged outages.

• Create a dedicated **Disaster Readiness Fund**, with all funds appropriated for Disaster Readiness in Fiscal Year 2027 deposited into the account as initial funding. The intent is for **$5 million of this request to serve as the core capitalization of the fund, based on Louisiana's estimated cost of $2–2.5 million per medical care sheltering event.** This level ensures South Carolina can support multiple activations in a single year or sustain operations while awaiting FEMA or other reimbursement. The fund will be interest-bearing, carry forward balances year to year, and be replenished with those reimbursements or recoveries wherever possible, creating a sustainable mechanism for future disaster readiness.

• Cover associated operational costs required to manage and deploy these resources effectively.

Impact if not funded:

Without this investment, South Carolina will remain without Medical Care Shelters to serve the "in-between" population, leaving EMS and hospitals to absorb predictable but inappropriate demand during disasters. Existing MEPS will remain vulnerable to power loss, and the state will continue to lack a sustainable fund for rapid, accountable response.

DPH's role in medical emergency sheltering is grounded in state law. Under S.C. Code §

25-1-440, all agencies must support emergency preparedness and response when directed by the Governor. Additionally, §§ 44-1-80 and -110 empower DPH to act to safeguard public health and § 44-4-130 authorizes the Department to prepare for and respond to public health emergencies. Further, pursuant to Annex 6 (ESF-6 – Mass Care) of the South Carolina Emergency Operations Plan, created pursuant to the authorities outlined in S.C. Reg. 58-101, State Emergency Management Standards, DPH has been established as the state agency responsible for Medical Equipment Power Shelters during emergencies when disasters exceed local capacity.

By creating new Medical Care Shelters, ensuring MEPS resiliency, and establishing the Disaster Readiness Fund, South Carolina will meet its obligations, close critical gaps, and protect its most at-risk residents during disasters.

Method of calculation:

• Medical Emergency Response Fund ($5,000,000): Estimate informed by comparable costs from the state of Louisiana, which projects $2–2.5 million per sheltering event. A $5 million allocation ensures South Carolina can support multiple activations in a single year or sustain operations while awaiting FEMA reimbursement.

• Legal Counsel ($336,000): Estimated contractual costs for outside counsel to develop and negotiate enforceable medical shelter agreements and provide ongoing legal support during contract execution.

• Portable Generators ($200,000): Four towable generators at $50,000 each, ensuring rapid deployment to contracted medical care shelter sites lacking reliable backup power.

• MEPS Generators and Transfer Switches ($4,200,000): Seven fixed generators with transfer switches at approximately $600,000 per site, consistent with recent procurement estimates for similar facilities.

• Engineering ($300,000): Professional engineering services to design and oversee installation of MEPS generators.

• Associated Operational Costs ($106,000): Standard internal infrastructure and support necessary to manage contracts, procurements, and fund administration.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

7

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Olmstead Act

Provide a brief, descriptive title for this request.

AMOUNT

$577,157

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	Consulted DTO during development
	HR/Personnel Related
	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
X	Related to a Recurring request – If so, Priority # Olmstead Act

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

This budget request directly advances the agency's strategic goals by embedding accountability, improving service delivery, and fostering collaboration across agencies and stakeholders. Strategy 4.2 within the agency's 2025 Annual Accountability Report directs the agency to strengthen partnerships and align resources to enhance internal and external initiatives, and Strategy 4.1 aims to align the agency's priorities and strategies with the State Health Improvement Plan (SHIP).

This request also advances priorities outlined in the SHIP, particularly those focused on strengthening systems of care, expanding access to supportive community services, and embedding accountability into public health practice. By ensuring compliance with the ADA and Olmstead decision, DPH will directly contribute to SHIP objectives of improving health outcomes for vulnerable populations and fostering stronger cross-sector collaboration statewide.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

Vendors will receive funding for assessment, report preparation, and development of draft recommendations as well as initial employee set-up costs. All procurements will be made following the S.C. Procurement Code.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST

Problem:
South Carolina is out of compliance with the Americans with Disabilities Act (ADA) as interpreted by Olmstead v. L.C. (1999). In December 2024, the U.S. Department of Justice filed a lawsuit against the State for unnecessarily institutionalizing adults with serious mental illness (SMI) in community residential care facilities (CRCFs) instead of providing adequate community-based services. It is estimated that 1,000-2,000 people with SMI are unnecessarily institutionalized in CRCFs, but most could live at home if they had access to community-based services. Without intervention, thousands remain at risk of unjustified segregation, and the State faces ongoing federal litigation and potential penalties.

Solution:
Implementation of 2025 Act No. 3 (S.2) mandates a statewide community integration plan. This will require DPH:

- Contract for an initial statewide assessment of community integration
- Via related recurring request:
  - Hire two new positions to lead and ensure ADA/Olmstead compliance.
  - Establish and support a broad advisory committee (up to 50 members).
  - Conduct outreach and public education, including printed materials and website development.

Impact of not receiving funds:
Failure to fund this request will leave South Carolina unable to comply with state law or federal ADA/Olmstead requirements, perpetuating unnecessary institutionalization of individuals with disabilities. The State risks costly litigation, loss of federal confidence, and harm to thousands of residents with disabilities.

Method of Calculation:
Services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs.

- Statewide assessment, report and recommendations: $525,000
- Design and initial material printing: $50,000
- Computer and peripherals: $2,157

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	9

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Health Systems Modernization: EHR & Paperless Transformation

Provide a brief, descriptive title for this request.

AMOUNT	$5,065,830

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
X	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
X	Related to a Recurring request – If so, Priority # Health Systems Modernization: EHR & Paperless Transformation

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
X	Government and Citizens

ACCOUNTABILITY OF FUNDS

This request will fund ongoing support, staffing, and system maintenance to modernize the Department of Public Health's clinical and administrative systems. By optimizing the electronic health record (EHR), upgrading pharmacy operations to comply with the federal Drug Supply Chain Security Act (DSCSA), and eliminating outdated paper-based workflows, this initiative strengthens access to high-quality care, enhances data-driven decision-making, and supports operational excellence. Strategy 3.2 of DPH's 2025 Annual Accountability Report, directing the agency to foster a culture of continuous improvement and operational excellence, is directly supported by this request. Additionally, these objectives directly align with the South Carolina State Health Improvement Plan (SHIP), particularly the goal to expand Access to High Quality Care by optimizing data infrastructure and improving electronic patient accessibility across public health services.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

One-time funds will be utilized to scan historical documents and establish and configure an enterprise-level digital forms, file storage and document workflow platform. This initiative will eliminate paper-based inefficiencies, improve service delivery, free physical space, enhance data monitoring and assessment, and foster a culture of continuous improvement and operational excellence. Storage services, platforms and materials will be procured via S.C. State Procurement Code.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

DPH's current health record, pharmacy, and paper-based systems are stretched to their limits. Many tasks still rely on manual entry, paper forms, and disconnected systems. This leads to wasted time, high error rates, unnecessary costs, and the risk of falling out of compliance with federal requirements. Patients and providers are frustrated. People cannot always schedule appointments easily, insurance or paperwork issues slow visits, and critical safety tools like real-time inventory tracking or reminders for follow-ups are either missing or inefficient.

The Health Systems Modernization: EHR & Paperless Transformation request brings together a comprehensive set of upgrades and operational supports:

• Upgrading the EHR and pharmacy tools to ensure compliance with the federal Drug Supply Chain Security Act (DSCSA) by the November 2026 deadline. This also adds critical functions such as pharmacy inventory tracking, billing tools, and modern interfaces. This directly supports the SHIP priority of Access to High Quality Care by ensuring patients receive safe, timely, and uninterrupted access to medications.

• Expanding patient portals, virtual visits, and online tools so that patients can schedule appointments, submit information, and complete questionnaires before their visit. These improvements increase access and convenience, especially for rural and transportation-limited populations, advancing SHIP's goal of reducing barriers to care.

• Digitizing historical paper records so that information is searchable and accessible in real time. This frees up physical storage space, reduces the risk of lost or incomplete charts, and makes robust reporting possible. This allows DPH to strengthen its data infrastructure in order to improve monitoring, assessment, and public health decision-making.

• Automating workflows and ensuring ongoing system maintenance. This includes referrals, laboratory interfaces, inventory tracking, and staff training. These activities align with SHIP's call to improve access to high quality care.

Return on Investment and Benefits

This initiative will provide immediate and long-term benefits to South Carolina's public health system.

• **Regulatory compliance and risk reduction**: Meeting DSCSA requirements is non-negotiable. Without modernization, DPH risks regulatory action, interruptions in pharmacy operations, and compromised medication safety. Investing now ensures compliance and protects patients.

• **Operational efficiency and cost savings**: Moving away from paper eliminates duplicate entry, reduces storage costs, and prevents costly errors. Automated fee structures and inventory systems will streamline billing and reduce human error.

• **Improved access and patient experience**: Online scheduling, patient portals, and virtual visits make it easier for patients to use our services. These tools are especially valuable in underserved areas. National research shows that such systems reduce no-shows and improve satisfaction. This directly supports SHIP's goal of expanding equitable access to high-quality care.

JUSTIFICATION OF REQUEST

• **Better data and decision-making:** Digital systems allow real-time monitoring of lab results, patient outcomes, and population health trends. This capacity supports SHIP's use of data to ensure South Carolina is moving toward overall health improvement for its residents.

Why This Matters Now

The DSCSA compliance deadline is Nov. 27, 2026. Delays expose DPH pharmacies and health departments to compliance risks and jeopardize safe medication access. Each year that we continue paper-intensive processes drains staff time, increases errors, drives up storage costs, and slows billing. Staff spend too much time on workarounds such as retrieving paper charts, re-entering data, and manually tracking referrals or billing. Modern tools will reduce burnout and allow staff to focus on higher-value work.

Patients also expect modern conveniences such as online scheduling and digital records. For rural and low-income residents, virtual access may determine whether they can receive care at all. This aligns with SHIP's focus on ensuring that all South Carolinians have timely access to care.

What We Get for the Request

This investment provides a complete modernization package that includes:

• Ten dedicated staff (four for EHR and pharmacy support and compliance, six for paperless transformation and data management)

• Software and interfaces to upgrade EHR modules, meet DSCSA compliance, automate billing, and maintain laboratory and clinical system connections

• Digital infrastructure including secure hosting, e-signature tools, enterprise forms, and workflow automation platforms

• Scanning and digitizing historical records so they are securely searchable and integrated into patient files

• Training and redesigning processes so staff can adopt and sustain new workflows

If funded, this initiative will produce a strong return on investment. We expect reduced errors, lower storage costs, faster billing, improved patient satisfaction, and greater staff efficiency and satisfaction. It will also ensure compliance with federal law and strengthen our ability to deliver modern, patient-centered care statewide.

One-time need:

To launch this effort, DPH requires one-time funds for system upgrades, software licensing, network enhancements, historical record scanning, and the establishment of enterprise digital platforms. These startup costs are critical to build the foundation for a modern, paperless health system. Without this one-time investment, DPH cannot

transition away from outdated systems or meet the federal compliance deadline.

DPH's authority to modernize its health information systems is grounded in both state and federal law. S.C. Code §§ 44-1-80 and -110 empower the Department to take necessary actions to protect public health. In addition, federal laws including HIPAA and HITECH require and incentivize DPH to utilize electronic health records systems to strengthen privacy and security of health records. DPH is also required to maintain compliance with federal Drug Supply Chain Security Act (DSCSA) regulations. Together, these authorities necessitate investment in modern electronic health record and paperless systems to fulfill state and federal mandates.

Method of calculation:

EHR: $3,726,696

- One-time software fees: $1,384,344
- One-time licensing fees: $918,000
- Upgrade tool and data migration: $561,000
- Set-up, customization and consulting fees: $408,000
- EHR equipment replacement: $255,000
- Network enhancement for pharmacy printers: $153,000
- IT/Program staff training: $38,724

Paperless Transformation: $1,339,134

- Historical document scanning: $515,000
- Data classification licensing and configuration (M365): $154,500
- Dynamics AX and digital forms conversions: $206,000
- Document workflow automation licensing and set-up: $154,500
- Project management and training: $283,250
- Computers and peripherals: $25,884

	Services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

11

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Enhancing Workforce Productivity with Microsoft Copilot

Provide a brief, descriptive title for this request.

AMOUNT

$500,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
X	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
X	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
X	Related to a Recurring request – If so, Priority # Enhancing Workforce Productivity with Microsoft Copilot

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Funds will be used to provide training, reference materials, and governance support that prepare staff to use Microsoft Copilot effectively and securely. This includes vendor-led workshops, bureau-level "Copilot Champions," quick reference guides, IT helpdesk preparation, and consultant support for policy development.

The effectiveness of this investment will be tracked through adoption and workforce measures. DPH will monitor training completion rates, staff evaluations, and the number of bureau-level champions activated, alongside Microsoft's usage dashboards that show the percentage of licensed users becoming active within the first six months. Success will be defined by reaching the benchmark of 70–80% active use and documented reductions in time spent on routine reporting, meeting summaries, and communications.

This one-time investment accelerates adoption, protects the state's recurring license investment, and ensures staff gain back time for core public health priorities, aligning with the agency's 2025 Annual Accountability Report Strategy 3.2 to foster a culture of continuous improvement and operational excellence.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

Funds will be directed to training vendors, consultants, and internal support for program implementation and hardening. External vendors will provide live and virtual training sessions, help develop training materials, and support governance and policy guidance. All funds will be managed by DPH to ensure training is delivered consistently, securely, and in alignment with public health workforce needs.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST

Problem:

Our public health workforce is under growing pressure to deliver timely, accurate services with fewer staff resources. Capacity is greatly diminished by manual tasks such as data entry, report formatting, meeting documentation, and repetitive communications. These tasks pull employees away from core responsibilities like disease prevention, emergency preparedness, and community outreach. Outdated, manual processes slow us down and reduce our ability to meet the expectations of South Carolinians.

Solution:

Implementing Microsoft Copilot largely across the agency will directly support staff by automating repetitive work and simplifying daily tasks within Microsoft 365. Copilot can draft documents, summarize meetings, generate reports, analyze data, and create visualizations — functions that normally consume hours of staff time. This gives employees increased capacity to focus on mission-critical public health work while also strengthening our ability to track trends, use data effectively, and respond quickly to emerging issues.

To ensure these benefits are realized quickly and effectively, DPH requires a one-time investment in training and change management. This will equip staff to use Copilot securely and confidently, accelerate adoption across the workforce, and help the agency achieve Microsoft's benchmark of 70–80% active use within six months. Without this training, adoption may lag, and the value of the recurring license investment will be diminished.

Impact:

This request directly supports the workforce by reducing the learning curve, maximizing adoption, and ensuring staff have increased capacity for core public health priorities. It protects the state's recurring license commitment and supports the State Health Improvement Plan by building a stronger, more resilient public health system that uses data effectively to guide decisions and respond quickly to emerging health needs.

DPH's adoption of modern workforce productivity tools is supported by its statutory responsibility to maintain records and carry out its mission efficiently. S.C. Code §44-1-80 empowers the Department to implement practices necessary to protect public health, while the South Carolina Public Records Act (§30-1-10 et seq.) requires agencies to responsibly manage records, including in electronic formats. Federal mandates such as HIPAA, HITECH, and Uniform Guidance further require secure and cost-reasonable systems for managing health information. These authorities make clear that adopting tools like Microsoft Copilot is not only about improving efficiency, but also about ensuring data security, compliance, and safe handling of sensitive public health information as new technologies are introduced.

Method of Calculation – $500,000 One-Time

- **Microsoft Vendor Services - $300,000**

As recommended by the Department of Administration's AI Center of Excellence, services are needed for Microsoft system implementation and hardening

- **Vendor-Led Training & Workshops – $90,000**

Live and virtual sessions with hands-on practice tailored to DPH use cases.

- **Training Materials Development – $40,000**

Quick reference guides, video tutorials, and scenario walkthroughs hosted on SharePoint.

- **Copilot Champion Program – $15,000**

In-depth, "train the trainer" training for ~50 bureau-level "champions" to function as peer coaches.

- **IT Helpdesk Readiness – $25,000**

Specialized training for IT staff to support Copilot questions and compliance.

- **Governance & Policy Guidance – $30,000**

Consultant support to finalize safe-use guidelines and role-based standards.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM D – PROVISO REVISION REQUEST

NUMBER	NEW
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Disaster Readiness Fund
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	II. Programs & Services, A. Family Health, 4. Access to Care
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	Medical Sheltering Readiness
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	The South Carolina Emergency Management Division (SCEMD) and the Department of Social Services (DSS) have related responsibilities under the State Emergency Operations Plan. SCEMD provides overall coordination for disaster response, while DSS leads ESF-6 (Mass Care). Department of Public Health (DPH) supports DSS on medical-related sheltering and has primary responsibility for ESF-8 (Health and Medical Services). This proviso does not create new responsibilities for SCEMD or DSS. Rather, it strengthens DPH's capacity to meet its ESF-8 obligations and ensure that medical sheltering needs are addressed without placing additional burden on the general mass care system managed by DSS. Both SCEMD and DSS have been informed of and support this request.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	Currently, South Carolina has no dedicated, sustainable funding mechanism to support emergency sheltering and other public health disaster response responsibilities. Funding must be requested annually or pieced together during emergencies, creating delays and uncertainty. Establishing an interest-bearing Disaster Readiness Fund provides a reliable, carryforward account to cover costs of medical care sheltering, Medical Equipment Power Shelters (MEPS), and other DPH-led disaster response activities. FEMA reimbursements, other recoveries, accrued interest and other reimbursements will be deposited back into the fund, supporting efforts to maintain the fund's balance and promote long-term sustainability.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

This proviso directs that funds appropriated for Disaster Readiness in FY27 be deposited into the Disaster Readiness Fund as initial capitalization.

Fund balances will be interest-bearing and carry forward each year. Reimbursements deposited back into the fund will help maintain capacity for future needs, though additional appropriations may be required depending on the frequency and scale of disasters.

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

There is established within the Department of Public Health (DPH) the Disaster Readiness Fund, which shall be interest-bearing. Monies in the fund may be expended by the department exclusively for the purpose of supporting the department's emergency response responsibilities, including but not limited to medical sheltering, Medical Equipment Power Shelters (MEPS), and other related disaster response activities.

All funds appropriated for Disaster Readiness in Fiscal Year 2026–27 shall be deposited into the Disaster Readiness Fund as initial funding. The department may also deposit into the fund any other monies appropriated, received, or otherwise available for the same purpose.

Fund balances shall be carried forward from the prior fiscal year into the current fiscal year and used for the same purpose. Any reimbursements or recoveries of costs for expenditures made from the Disaster Readiness Fund must be deposited back into the fund to support ongoing availability of resources for future disasters.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
AMOUNT	$4,116,976 *What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*
ASSOCIATED FTE REDUCTIONS	Reductions will require that the agency reduce (state) FTEs. A 3% reduction will require that approximately 41 state positions be reduced from the agency. Not all the positions will be FTE slots; some will be hourly positions. All programs will be fully analyzed to determine how to reduce the budget in a way that will minimize the impact to both mission critical services and agency personnel. The actual positions removed from the budget will be determined by analyzing the need for vacancies created through attrition, change in source of funds and reassignment of programs or activities. *How many FTEs would be reduced in association with this General Fund reduction?*
PROGRAM / ACTIVITY IMPACT	All programs and services will be impacted by a 3% reduction as follows: • Administration: $681,451 • Programs and services: $2,809,275 • State employer contributions: $626,250 For a total of $4,116,976 These reductions will strain core public health programs where demand is already greater than available resources. Additional reductions in case services, other operating, and staffing will extend the turnaround time for services. These include the amount of time it takes to get an appointment at a health department, the timeline for inspections, and overall turnaround time for service delivery. *What programs or activities are supported by the General Funds identified?*
SUMMARY	A 3% reduction will result in the loss of $4,116,976. This will result in less state funds to provide services to the citizens of South Carolina. However, the agency will work to minimize the negative impact on mission critical functions and personnel. The agency will lose approximately 41 state-funded positions, and these will be reduced after careful analysis of vacancies resulting from attrition. Where necessary, the agency will reassign positions and activities and change funding sources.

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS

DPH leveraged existing M365 security capabilities to eliminate redundant third-party software renewals for Symantec and MaaS360. Migrating to M365 Defender and Intune streamlined security operations, improved efficiency, and eliminated duplicative costs. Eliminating Symantec licensing and migrating endpoint devices to M365 Defender resulted in an annual savings of $84,000. This also included migrating Mobile Device Management (MDM) from IBM MaaS360 to M365 Intune, a switch which saved the agency over $60,000 annually.

These changes reduce IT complexity, strengthen cybersecurity posture, and **save over $144,000 annually**, demonstrating responsible stewardship of taxpayer resources and allowing funds to be redirected to higher-priority health and safety initiatives.

What measures does the agency plan to implement to reduce its costs and operating expenses by more than $50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Accessing Immunization Records through the Statewide Immunization Online Network (SIMON) portal

Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	The SIMON portal added the South Carolina Certificate of Immunization on Aug. 1, 2025. This allows parents/guardians the ability to access immunization records online for their dependents for grades 5K-12th grade and print a South Carolina Certificate of Immunization when appropriate. Individuals can also access the SIMON portal for themselves to retrieve their South Carolina Personal Immunization Record to receive their immunization history. This public-facing portal is available 24/7/365 and reduces the time and effort once required to access immunization records through agency staff. In addition to immunization records, the Department of Public Health has also made the state's Religious Exemption Form for childhood vaccinations available on the agency's website. Parents or guardians may now securely access, download, and print the exemption form directly online, reducing the need to visit a health department in person. This streamlined process decreases travel time, eliminates scheduling burdens, and ensures that families can complete school registration requirements more efficiently.

What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**
	Repeal or revision of regulations.
	Reduction of agency fees or fines to businesses or citizens.
X	Greater efficiency in agency services or reduction in compliance burden.
	Other

METHOD OF CALCULATION	Prior to the addition to the SIMON portal of the South Carolina Immunization Certificate for 5K-12th grade, parents/guardians were only able to retrieve their child's Certificate of Immunization from a local county health department. Health department staff would process requests with the client in person, taking anywhere from 15 minutes to an hour. Immunization records could not be emailed, faxed or sent by US mail. Now, users can immediately access the SIMON portal on their own from any web browser. They provide basic demographic information on the person whose immunization record is needed (first and last name, gender, date of birth) along with a cell phone number or email address that their vaccine provider has entered in SIMON. The portal allows them to download and print from home a Certificate of Immunization if appropriate. Results usually take 2-3 minutes at most, assuming the information entered is accurately linked to the SIMON system.

Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	Not applicable

Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	Not applicable

Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

	As noted above, individuals can access two types of immunization records from the SIMON portal resulting in a significant savings of time and travel for the clients. The two immunization records are the South Carolina Certificate of Immunization (5K-12th grade) or the South Carolina Personal Immunization Record (immunization history).

SUMMARY	Clients will no longer have to take time from work or pay the cost to travel to a health department or healthcare provider's office to retrieve their needed immunization record. It will also facilitate the ease of parents/guardians registering their child for school between grades 5K-12th grade. College students can access their SC Personal Immunization Record needed for college directly from their computer. It will ensure our agency staff within our health departments are using their time in an efficient way. This will be a significant reduction in cost burden for all parties. Parents of children going to 5K-kindergarten to 12th grade especially benefit from accessing the South Carolina Certificate of Immunizations through SIMON portal as they need to access for school registration. The ability to quickly reference a child's record ensures parents can verify children have received vaccines necessary for various activities and schedule those not yet received. The ease of use of the SIMON portal for all seeking immunization records provides the ability to retrieve such records from the comfort of home. Before the SIMON portal was launched, Department of Public Health immunization staff would receive around 20 record requests per day depending on the time of year. Toward the start of each school year, requests would increase to over 50 per day. Between Aug. 1, 2025, and Aug. 29, 2025, a total of 19,238 constituents had searched the SIMON portal, demonstrating improved access. The autonomy and transparency this service provides to people allows them to more easily determine which immunizations have been received and which might be needed. Alongside the availability of immunization certificates, the Department of Public Health now provides parents and guardians with the option to access the state's Religious Exemption Form for children's vaccinations online. Making this form available through any web browser further reduces administrative burden for families and staff, while maintaining compliance with state law. This additional online service enhances convenience for residents, particularly during peak school registration periods, and supports the agency's broader commitment to reducing regulatory and logistical burdens on citizens.

Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?