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

Fiscal Year FY 2027-2028
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2027-2028, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
		Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2027-2028, 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 2027-2028, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2027-2028, 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	(803) 898-3331	darbi.church@dph.sc.gov
SECONDARY CONTACT:	Meredith Murphy	(803) 898-4222	murphymb@dph.sc.gov

I have reviewed and approved the enclosed FY 2027-2028 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	*Board or Commission Chair*
SIGN/DATE:	9/25/26	
TYPE/PRINT NAME:	L. Brannon Traxler, MD, MPH	

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	Targeted Salary Compensation Investment to Stabilize Public Health Services	4,009,111	0	0	0	4,009,111	30.50	-22.00	-8.50	0.00	0.00
2	B1 - Recurring	Strengthening Community Partnerships Initiative	8,822,419	0	0	0	8,822,419	38.00	-24.00	-14.00	0.00	0.00
3	B2 - Non-Recurring	Subacute Medical Care Shelters for Emergency Response	9,142,000	0	0	0	9,142,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	DPH OneConnect	8,079,199	0	0	0	8,079,199	0.00	0.00	0.00	0.00	0.00
5	B2 - Non-Recurring	DPH OneConnect	12,520,244	0	0	0	12,520,244	0.00	0.00	0.00	0.00	0.00
6	B2 - Non-Recurring	South Carolina Public Health Law Fellowship Pilot	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
7	B2 - Non-Recurring	Partnership to Improve Family Planning Service Availability	3,000,000	0	0	0	3,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			46,572,973	0	0	0	46,572,973	68.50	-46.00	-22.50	0.00	0.00

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

Targeted Salary Compensation Investment to Stabilize Public Health Services

Provide a brief, descriptive title for this request.

AMOUNT

General: $4,009,111

Federal: $0

Other: $0

Total: $4,009,111

What is the net change in requested appropriations for FY 2027-2028? 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
	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
	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
	AI Related
	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 OF FUNDS

Strategies:
1.1: Provide access to high-quality care through the local health departments.
3.1: Striving for operational excellence by building a skilled public health workforce.
3.2: Foster a culture of continuous improvement and operational excellence.

This targeted salary investment strengthens South Carolina's public health system by improving recruitment and retention for critical high-turnover classifications, including public-facing positions at our local health departments. By addressing compensation gaps and turnover, the agency builds a skilled workforce and positions itself as a competitive state employer, supporting operational excellence and sustainable service delivery. Evaluation would focus on measurable outcomes such as improved retention rates and progress toward aligning employee compensation with state benchmarks.

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 be used to adjust salaries for 666 classified FTEs across 28 job

RECIPIENTS OF FUNDS

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?

Staffing challenges for state agencies are routine; at DPH we expect to offer less-competitive salaries than our private-sector counterparts and rely on attracting and retaining people who want to work in public service and in public health, specifically.

An active problem facing mission-essential areas of our agency, however, has been losing functionally critical positions not just to the private sector but increasingly to other state agencies, in large part for modest salary increases we can't match.

These are individuals who chose public health and chose to work in state government over the private sector, and the vast majority (82%) have less than 10 years of service and make less than $50,000 – often far less.

DPH is requesting $4 million to address compensation for 666 positions in its lowest-paid, most operationally critical classifications. This is not an agency-wide salary increase. It is a focused, fiscally restrained effort to improve retention, strengthen recruitment, and protect essential public health services.

DPH applied the methodology from the DSHR-sponsored statewide compensation study to its workforce and found that 1,653 of 2,257 positions (73% of the agency) require salary adjustment to be appropriately placed within their existing pay grades. Correcting the full problem would cost almost $15 million, even with individual increases capped at 15%. Recognizing current budget constraints, DPH has narrowed its request to the classifications with average salaries below $50,000.

These 666 positions support WIC and clinical operations, disease intervention, community outreach, laboratories, procurement, human resources, and facility operations. They include administrative and program assistants, assistant nutritionists, case workers, health educators, laboratory staff, supply specialists, HR coordinators, and maintenance employees.

They are vital resources to our state's public health and wellbeing, yet almost half of these employees (328) meet the qualifications for the very WIC benefits they help others apply for.

A Documented Retention Problem

Lower-paid employees represent 35% of DPH's workforce but 52.2% of its non-retirement departures since the agency's formation in July 2024.

Of the 71 employees who transferred from DPH to other state agencies, approximately 44 (62%) earned less than $50,000. This demonstrates that DPH is not only competing with private employers; it is losing trained employees to other state agencies that can offer better compensation for transferable skills.

Turnover is particularly significant in several frontline classifications:

JUSTIFICATION OF REQUEST

Classification	Turnover Rate
Program Assistant	23.6%
Assistant Nutritionist	23.4%
Administrative Specialist II	20.3%

Every departure creates additional recruitment, training, and workload pressures. Persistent vacancies can delay hiring, weaken continuity, and reduce the agency's capacity to deliver timely services and meet regulatory responsibilities.

A Measured, Evidence-Based Proposal

The proposal uses the established classification study slotting methodology and limits individual increases to no more than 15%. The requested adjustments are therefore based on objective compensation analysis rather than an across-the-board percentage increase.

Even with this targeted salary investment:

• The average salary among the affected lower-paid classifications rises only from $40,645 to $43,751.

• Employees move from an average of 18.44% below salary-range midpoint to 12.51% below midpoint.

• More than 157 employees whose placement would otherwise justify increases above 15% remain constrained by the cap.

This investment does not eliminate DPH's compensation gap. It makes a limited correction for the employees and classifications in our lowest-paid classifications.

Protecting Public Outcomes

This investment supports three direct public outcomes:

• Service delivery: Stabilizing local health department, casework, laboratory, outreach, and administrative capacity helps prevent delays and interruptions in services.

• Compliance and accountability: Retaining environmental health, procurement, HR, and operational staff supports regulatory performance, sound stewardship, and transparent administration.

• Workforce efficiency: Improving retention protects the state's investment in employee recruitment and training while reducing repeated vacancy and onboarding costs.

This request is targeted, capped, and supported by workforce data. It does not add positions, provide an agency-wide increase, or fully correct the compensation

	problem. It directs limited resources to the roles where salary misalignment and turnover pose the greatest risk to compliance, operational continuity, and public service delivery.

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	**Strengthening Community Partnerships Initiative**

Provide a brief, descriptive title for this request.

AMOUNT	**General: $8,822,419** **Federal: $0** **Other: $0** **Total: $8,822,419**

What is the net change in requested appropriations for FY 2027-2028? 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
X	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
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
	AI Related
	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 OF FUNDS

Strategies:
1.1: Provide access to high-quality care through the local health departments.
4.1: Strengthen partnerships and align resources to enhance internal and external initiatives.

The proposal advances Strategy 1.1 by sustaining local health department services through expanded home visiting programs, strengthened preventive care, and continued support for community health workers embedded in every county. It also supports Strategy 4.1 by investing in partnerships with nonprofits, hospitals, schools, and community organizations, providing recurring funding that strengthens collaboration, aligns resources, and enhances statewide community based initiatives.

DPH will use a unified evaluation framework aligned with the State Health Improvement Plan. DPH will monitor:
• Resident referrals, services, collaborations, events, and systems-change initiatives
• Home-visiting reach, postpartum safety indicators, early risk detection, and maternal and infant outcomes
• Oral health provider participation, agreement compliance, service quality, and prevention outcomes
• Violence-prevention grant performance, site-monitoring results, and changes in

violence indicators
This approach provides clear evidence of reach, performance, outcomes, and return on investment.

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

Almost half of the funding will be designated for local partnerships. This includes $2.5M for the maternal home visiting program and $800,000 for community violence prevention mini-grants. Such funds will be awarded competitively in accordance with the S.C. State Procurement Code.

Remaining funds will be utilized to support DPH employees responsible for building partnerships and maintaining programmatic infrastructure.

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?

South Carolinians are at their best when working together, and government is at its best when it works alongside trusted public- and private-sector partners to maximize the benefits of proven programs in the communities where they're needed most. That's why DPH is launching the Strengthening Community Partnerships Initiative (SCPI) and requesting recurring funding to sustain 38 positions and provide local funding to support partnerships and efforts promoting maternal and infant wellbeing, oral health prevention, community-based health partnerships, and violence prevention across South Carolina.

This investment will preserve reliable existing services, stabilize the infrastructure connecting residents to care, and strengthen local organizations' ability to address community needs.

The SCPI investment does not expand government programs or stay in Columbia; it puts the people and dollars out in the field where they are needed, expanding the reach, capacity, sustainability, and impact of trusted community partners serving South Carolinians where they live, work, learn, and raise their families.

We recognize that DPH cannot do it all. This investment maintains positions that are critical to partnership building and program infrastructure, but also focuses on providing funding for partners and community groups doing the work around our state.

Why This Investment Is Needed

South Carolina's communities continue to face interconnected challenges:

- Persistent maternal and infant health disparities and negative outcomes
- Urgent, unmet oral health needs among children
- Chronic disease and barriers to preventive care
- Difficulty navigating healthcare, insurance, and social services
- Limited coordination among local organizations
- Growing demand for school-based and community-led services
- Firearm-related injuries involving youths and young adults

These needs are especially acute in rural and underserved communities. Yet the four DPH programs addressing them lack stable funding and reliable state partners, putting essential staff, partnerships, and prevention infrastructure at risk.

Without this investment, South Carolina would lose capacity to connect residents with essential services, support local health planning, prevent avoidable illness and injury, and advance the 2025 South Carolina State Health Improvement Plan and Healthy People 2030 goals.

What the Funding Will Sustain

Maternal and infant wellbeing

A recurring five-year contract will expand home-visiting services for rural families, strengthen prenatal and postpartum education, and provide tools such as blood-pressure monitors and mental-health screening supports. Many of our tragic outcomes involving infants and mothers can be traced to a lack of access to care. We know that home visits, rather than relying on young mothers to find a way to a hospital that may be in another county, is the best way possible to identify potential dangers before they happen. These services are proven to help identify risks earlier and prevent avoidable complications.

JUSTIFICATION OF REQUEST

Oral health prevention
Sixteen South Carolina counties are federally designated as dental health professional shortage areas, which are areas with significant dental access needs and a documented shortage of providers. In Allendale, Lee, and Orangeburg Counties, the percentage of children with cavities, including tooth loss, is 70% or higher. In Georgetown County, that figure is 85%.

Poor oral health as a child is known to lead to a range of serious health conditions later in life such as diabetes, cardiovascular disease and respiratory infection, and it's something that is 100% preventable. More immediately, untreated oral disease can lead to intense pain, difficulty concentrating in school and can impair social functions such as eating, speaking, or playing.

SCPI will preserve South Carolina's public-private infrastructure for school- and community-based oral health prevention efforts demonstrated to be successful. Funding will support provider coordination, partnership agreements, quality improvement, and evidence-based preventive services while helping the state fulfill its statutory public health responsibilities.

Community partnerships and service navigation
Community Health Workers and Partnership Development Specialists are among the most-visible and important workers DPH has. They are our ambassadors, community resource connectors and trusted voices present in every county in South Carolina and who specialize in understanding local needs and the locals themselves.

SCPI will allow them to continue to assist residents by strengthening collaboration among nonprofits, hospitals, schools, local governments, parks, faith organizations, and other partners.

Their work includes:
- Supporting school and community health initiatives
- Connecting residents with healthcare, food, housing, insurance, and social services
- Providing chronic disease prevention and health education
- Coordinating local planning and systems-change efforts
- Advancing policy and environmental improvements

Community violence prevention
The initiative will sustain Community Violence Intervention and Prevention capacity through staffing, technical support, and competitive mini-grants for community organizations working to reduce firearm-related injuries and deaths among youth and young adults.

DPH currently funds 11 established organizations and programs implementing evidence-based community violence prevention strategies and programs across 19 counties. Partners include MUSC, Sheriff's offices and numerous community- and faith-based groups from the mountains to the coast. Allowing DPH to continue finding and funding programs that work in communities of need is a victory for the safety and future of all South Carolinians.

Results South Carolinians Can Expect from SCPI

Priority	Expected impact
Access to services	At least 4,000 residents assisted annually with health and community-service needs
Community collaboration	At least 1,400 collaborative health efforts maintained each year
Return on investment	An estimated $4.96 returned for every $1 invested in Community Health Workers through early intervention and avoided hospitalizations
Maternal and infant health	Expanded home visitation, earlier identification of hypertension and depression, and fewer preventable complications
Children's oral health	Dental sealants that can prevent up to 60% of cavities in permanent molars
Healthcare savings	An estimated $8-$10 in avoided treatment costs for every $1 invested in school sealant programs
Community safety	Fewer firearm-related injuries and homicides and lower emergency-response and criminal-justice costs
Violence-prevention value	Returns exceeding $100 for every $1 invested in high-performing intervention strategies

SCPI Accountability
SCPI will use a unified evaluation framework aligned with the State Health Improvement Plan. DPH will monitor:
• Resident referrals, services, collaborations, events, and systems-change initiatives
• Home-visiting reach, postpartum safety indicators, early risk detection, and maternal and infant outcomes
• Oral health provider participation, agreement compliance, service quality, and prevention outcomes
• Violence-prevention grant performance, site-monitoring results, and changes in violence indicators
This approach provides clear evidence of reach, performance, outcomes, and return on investment.

SCPI Community Impact
SCPI brings four complementary efforts together under one statewide strategy.

Recurring funding will:
1. Protect proven programs that currently lack stable support.
2. Preserve local infrastructure that would be difficult and costly to rebuild.
3. Prevent higher downstream costs in healthcare, emergency response, and criminal justice.
4. Strengthen community organizations rather than create new state-run services.
5. Advance statewide priorities for access to care, maternal and child health, safer neighborhoods, and healthier communities.

The FY 2028 investment in SCPI is a practical, accountable, and solutions-focused use of state resources. DPH can protect essential services, achieve measurable savings, and ensure that local partners have the capacity to serve South Carolinians effectively for years to come.

Costs include:
• Funding for 2 existing FTEs, 36 repurposed FTEs and associated operating costs: **$4,673,964**
• Community partnerships: **$4,148,455** (includes $2.5M for maternal home visiting and $800,000 for community violence mini-grants)

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

4

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

DPH OneConnect

Provide a brief, descriptive title for this request.

AMOUNT

General: $8,079,199

Federal: $0

Other: $0

Total: $8,079,199

What is the net change in requested appropriations for FY 2027-2028? 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
X	Non-mandated program change in service levels or areas
	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	HR/Personnel Related
	AI Related
X	Related to a Non-Recurring request – If so, Priority # 5

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

Strategies:
1.1 Provide access to high-quality care through the local health departments.
2.2 Enhance our ability to monitor and assess data.
3.2 Foster a culture of continuous improvement and operational excellence.

This request supports the agency's strategies by modernizing how data is monitored, shared, and used, improving access to high-quality services through streamlined licensing, inspections, and public facing information. It advances operational excellence by reducing manual work, improving data quality, and enabling faster, more transparent responses to the public and stakeholders. Success can be evaluated through measurable reductions in processing time, fewer manual data entry tasks, improved accuracy of records, and increased public use of the integrated information platform.

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 support contractors, licensing, hosting, system maintenance, and required hardware. 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?

JUSTIFICATION OF REQUEST

One day soon, DPH hopes to offer the public a one-stop website where families seeking to place a loved one in a long-term care facility can find an appropriate facility near them (that tool currently exists), then look at that facility's history of inspections, complaints, investigations and outcomes with one click.

Today, however, that complete suite of information is only possible to the public or any other stakeholder through a freedom of information request (and subsequent fee) because documents about regulated facilities such as nursing homes, community residential care facilities (known as assisted-living facilities), or hospitals are scattered across separate systems for licensing, inspections, complaints, reports, and other services.

These systems often do not communicate with one another. When lawmakers, citizens, or other stakeholders request information, employees must search several databases, reconcile records, redact documents, and assemble the response manually. This is time-consuming for staff and frustrating for those who need the information to make key decisions about their family members or loved ones. It also takes staff away from other critical work, such as investigating/reviewing complaints and performing inspections.

Today, facilities submit forms and supporting documents by mail or email and then staff manually re-enter this information into agency systems. This process consumes valuable staff time, increases the risk of errors, slows licensing and regulatory work, and contributes to delays in producing public-records requests and status inquiries.

The Department of Public Health is requesting approximately **$8.1 million in recurring funding** and $12.5 million in one-time funding to launch OneConnect, a software solution designed to connect fragmented program systems, automate legacy paper-based tasks and give the public secure, convenient access to essential services.

DPH OneConnect would create a connected, searchable program environment. It would build on technology and infrastructure the agency already has, using additional resources to integrate and extend those tools. The goal is not simply to scan paper records or purchase an unnecessary new platform. It is to modernize how DPH receives, processes, retrieves, analyzes, and shares program information.

The investment would produce clear public benefits:
• Faster service: Applicants and regulated facilities could submit forms and documents electronically and check the status of licenses and other requests without repeatedly contacting agency staff.
• Greater transparency: The public could more easily obtain appropriate information about facilities, inspections, complaints, and services.
• More productive government: Employees could spend less time entering duplicate data, answering routine status questions, and searching disconnected systems - and more time processing applications, conducting oversight, and protecting public health.
• Better data quality: Information could be entered once and reused across connected processes, reducing transcription errors, inconsistent facility names, and incomplete records.
• Stronger accountability: Linked records would make it easier to identify patterns, analyze facility performance, and respond accurately to legislative, media, and public inquiries.
• Improved emergency readiness: Accurate, current facility contacts and documents are vital during emergencies, particularly when DPH must contact healthcare facilities, coordinate evacuations, and arrange patient transportation.

This initiative is distinct from prior work to modernize DPH's internal administrative and financial systems. OneConnect focuses on public-facing programs and the operational systems used for licensing, inspections, complaints, regulatory processing, and records.

Continuing to have employees work around disconnected systems, re-enter information, search manually, and answer preventable inquiries is not in the public interest. This initiative, that allows for a focused investment that improves service, transparency, oversight, and preparedness, is distinct from prior work to modernize DPH's internal administrative and financial systems. Funding DPH OneConnect will turn

existing technology into a coordinated public-service platform and allow skilled employees to focus on protecting people rather than moving information between siloed systems.

Recurring costs include:
• Contractors and typical associated operating expenses to support ongoing system configuration and management, digitizing records and IT staff augmentation: **$4,5204,643**
• Hardware: **$408,000**
• Software licensing: **$3,150,556**

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

Subacute Medical Care Shelters for Emergency Response

Provide a brief, descriptive title for this request.

AMOUNT

$9,142,000

What is the net change in requested appropriations for FY 2027-2028? 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
	AI Related
	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

Strategy 2.1: Provide high-quality emergency response efforts.

This request supports Strategy?2.1 by expanding the state's ability to deliver high quality emergency response through dedicated subacute medical care shelters, ensuring medically vulnerable residents receive appropriate care without overwhelming hospitals during disasters.

Effectiveness can be evaluated by comparing shelter occupancy with hospital utilization during emergencies, along with measures such as residents served, hospital capacity preserved, cost per resident, patient outcomes, and overall reductions in non acute hospital demand.

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

Funding will be utilized for:
- Medical shelter operators (e.g., contracted healthcare providers, nursing services, and medical staffing agencies).
- Vendors for clinical and shelter equipment (beds/stretchers, wound care supplies, monitoring devices, oxygen concentrators, generators/medical power, IT for patient tracking).
- Facility partners (sites that host medical care shelters across the state).
- Training and logistics providers (clinical protocols, credentialing, transportation/EMS interface, and shelter management systems).

Allocation Method:
Combination of competitive procurement for statewide contracts (staffing, equipment, logistics) and predetermined eligibility criteria for facility selection (e.g., geographic coverage, accessibility, power resilience, ADA compliance, clinical space suitability). Funds will be distributed according to implementation phases to ensure regional coverage and surge capacity.

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

South Carolina's growing and aging population is increasing demand for medical support during emergencies. According to the S.C. Revenue and Fiscal Affairs Office, the number of South Carolinians aged 65 or older in 2024 approached 1.1 million. By 2035, that number is expected to top 1.5 million. At the same time, the number of licensed in-home care providers in South Carolina has skyrocketed from just under 400 in 2015 to nearly 1,500 in 2025.

Traditional shelters often cannot safely accommodate residents with complex health needs or active injuries, while hospitals quickly become burdened by people who require monitoring and assistance but not acute hospital care. During Hurricane Helene alone, hospitals in the Upstate surged with patients injured both during and in the aftermath of the storm.

Stretched emergency rooms couldn't handle the volume, and given the acute nature of so many injuries, those with non-lethal injuries who still required treatment or observation found themselves on stretchers in hallways, stacked in cafeterias or even sent back to the shelters they came from.

There currently exists no formal emergency resource available to the people of South Carolina for sheltering individuals who have the kinds of subacute injuries that do not require immediate surgical attention but do require professional medical care. At present, anyone who presents at a DSS general population shelter or Medical Equipment Power Shelter with cuts, open wounds or aggravated medical conditions is immediately sent by ambulance to the nearest hospital.

We are requesting $9.1 million to establish subacute shelter capacity across the state during emergencies. Funds would be deposited into the agency's Disaster Readiness Fund, which the legislature established with the fiscal year 2027 appropriation.

This investment will provide a safe, clinically appropriate alternative for medically vulnerable residents during hurricanes, severe weather, and other emergencies. It will also preserve scarce hospital beds, staff, and equipment for patients who truly need acute care.

The proposal offers a measurable return on investment:
- Protect an increasing number of vulnerable South Carolinians by providing appropriate shelter and medical oversight during emergencies.
- Reduce avoidable hospital utilization among people whose needs can be safely managed in a medical care shelter.
- Preserve emergency and inpatient capacity when hospitals face their greatest operational strain.
- Improve statewide coordination among emergency management, healthcare providers, and community partners.

Program performance will be evaluated by comparing subacute medical care shelter occupancy with hospital utilization during emergencies. Rising shelter use accompanied by reductions in non-acute hospital demand will demonstrate that the program is successfully redirecting patients to the appropriate level of care. Additional measures should include residents served, hospital capacity preserved, cost per resident, patient outcomes, and lives protected.

This request is not simply an expenditure; it is a strategic investment in South Carolina's healthcare readiness, its commitment to its growing population, public safety, and responsible stewardship of state resources. A single emergency can generate substantial hospital costs and place patients at risk when facilities exceed capacity. Subacute Medical Care Shelters provide a more efficient solution while strengthening the resilience of the entire healthcare system.

By funding this request, South Carolina can meet the emergency-response needs of a growing demographic before they become a crisis and in a way we can take pride in as a state. An investment of $9.1 million will protect lives, relieve pressure on hospitals, and ensure vulnerable South Carolinians, including our own loved ones, receive the best care possible during what can be the most difficult, dangerous, and stressful events of an individual's life.

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

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

5

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

DPH OneConnect

Provide a brief, descriptive title for this request.

AMOUNT

$12,520,244

What is the net change in requested appropriations for FY 2027-2028? 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
	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
	AI Related
	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 # 4

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

Strategies:
1.1 Provide access to high-quality care through the local health departments.
2.2 Enhance our ability to monitor and assess data.
3.2 Foster a culture of continuous improvement and operational excellence.

This request supports the agency's strategies by modernizing how data is monitored, shared, and used, improving access to high-quality services through streamlined licensing, inspections, and public facing information. It advances operational excellence by reducing manual work, improving data quality, and enabling faster, more transparent responses to the public and stakeholders. Success can be evaluated through measurable reductions in processing time, fewer manual data entry tasks, improved accuracy of records, and increased public use of the integrated information platform.

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 support IT contractors, one-time software charges, and required hardware. 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?

JUSTIFICATION OF REQUEST

One day soon, DPH hopes to offer the public a one-stop website where families seeking to place a loved one in a long-term care facility can find an appropriate facility near them (that tool currently exists), then look at that facility's history of inspections, complaints, investigations and outcomes with one click.

Today, however, that complete suite of information is only possible to the public or any other stakeholder through a freedom of information request (and subsequent fee) because documents about regulated facilities such as nursing homes, community residential care facilities (known as assisted-living facilities), or hospitals are scattered across separate systems for licensing, inspections, complaints, reports, and other services.

These systems often do not communicate with one another. When lawmakers, citizens, or other stakeholders request information, employees must search several databases, reconcile records, redact documents, and assemble the response manually. This is time-consuming for staff and frustrating for those who need the information to make key decisions about their family members or loved ones. It also takes staff away from other critical work, such as investigating/reviewing complaints and performing inspections.

Today, facilities submit forms and supporting documents by mail or email and then staff manually re-enter this information into agency systems. This process consumes valuable staff time, increases the risk of errors, slows licensing and regulatory work, and contributes to delays in producing public-records requests and status inquiries.

The Department of Public Health is requesting approximately $8.1 million in recurring funding and **$12.5 million in one-time funding** to launch OneConnect, a software solution designed to connect fragmented program systems, automate legacy paper-based tasks and give the public secure, convenient access to essential services.

DPH OneConnect would create a connected, searchable program environment. It would build on technology and infrastructure the agency already has, using additional resources to integrate and extend those tools. The goal is not simply to scan paper records or purchase an unnecessary new platform. It is to modernize how DPH receives, processes, retrieves, analyzes, and shares program information.

The investment would produce clear public benefits:
• Faster service: Applicants and regulated facilities could submit forms and documents electronically and check the status of licenses and other requests without repeatedly contacting agency staff.
• Greater transparency: The public could more easily obtain appropriate information about facilities, inspections, complaints, and services.
• More productive government: Employees could spend less time entering duplicate data, answering routine status questions, and searching disconnected systems - and more time processing applications, conducting oversight, and protecting public health.
• Better data quality: Information could be entered once and reused across connected processes, reducing transcription errors, inconsistent facility names, and incomplete records.
• Stronger accountability: Linked records would make it easier to identify patterns, analyze facility performance, and respond accurately to legislative, media, and public inquiries.
• Improved emergency readiness: Accurate, current facility contacts and documents are vital during emergencies, particularly when DPH must contact healthcare facilities, coordinate evacuations, and arrange patient transportation.

This initiative is distinct from prior work to modernize DPH's internal administrative and financial systems. OneConnect focuses on public-facing programs and the operational systems used for licensing, inspections, complaints, regulatory processing, and records.

Continuing to have employees work around disconnected systems, re-enter information, search manually, and answer preventable inquiries is not in the public interest. This initiative, that allows for a focused investment that improves service, transparency, oversight, and preparedness, is distinct from prior work to modernize DPH's internal administrative and financial systems. Funding DPH OneConnect will turn existing technology into a coordinated public-service platform and allow skilled employees to focus on protecting people rather than moving information between siloed systems.

One-time costs include:
• Contractors and temporary staffing for system development and digitizing records: **$9,585,000**
• Hardware: **$224,900**
• Software licensing and customization: **$2,710,344**

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	6

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	South Carolina Public Health Law Fellowship Pilot

Provide a brief, descriptive title for this request.

AMOUNT	$1,000,000

What is the net change in requested appropriations for FY 2027-2028? 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
	AI Related
X	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
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategies:
3.1: Striving for operational excellence by building a skilled public health workforce.
4.2: Strengthen partnerships and align resources to enhance internal and external initiatives.

This fellowship directly advances the agency's strategy by creating a structured pipeline for developing skilled public health [WB1.1]attorneys at the earliest stage of their careers. By recruiting high achieving graduates and providing two years of focused training in public health law, regulation, rulemaking, and administrative practice, the program builds long term capacity that the Department of Public Health (DPH) cannot currently obtain through traditional recruitment. This opportunity also promotes partnerships through the support of the South Carolina Attorney General's Office and the University of South Carolina Joseph F. Rice School of Law.

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

Funding will support four time-limited employees who will each serve two-year rolling terms as public health law fellows. In addition to salary and fringe, general operating costs are also included. Any purchases will be made in accordance with 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?

JUSTIFICATION OF REQUEST

Employing capable, high-achieving attorneys in state government is critical. Not only do attorneys make certain public policies are legally sound, but they ensure taxpayer dollars are protected, constitutional rights of citizens are upheld, and agencies act within their legal authorities.

Recruiting experienced lawyers has not only become increasingly difficult for state agencies in general, but for DPH in particular. Most attorney vacancies fall within a pay grade requiring at least five years' experience practicing law. As a result, DPH must compete with other state agencies and private employers for a small pool of experienced candidates, resulting in a limited number of applicants. Despite a growing number of lawyers being produced every year by the state's law school programs, DPH has averaged four qualified applicants for each job posting since the agency's creation in July 2024 and often receives two or less.

One of the reasons for this is that the gap between what the state can pay and what private firms can pay for graduates has skyrocketed over the past decade-plus. According to a 2024 U.S. News and World Report study, a brand-new attorney entering a state agency faces an immediate deficit of $100,000 to $150,000 compared to what they would earn at a private firm.

At the same time, highly accomplished law students, including law review members and students committed to public service, want to work at DPH, but few entry-level pathways exist. South Carolina is therefore missing an opportunity to cultivate promising attorneys before they enter the private sector.

To address this glaring need for capable, public health attorneys DPH requests one-time funding to establish a five-year pilot fellowship that will recruit and train four talented, newly graduated attorneys for careers in public service.

The fellowship would provide two-year postgraduate appointments, with a new fellow joining annually. After the first year, two fellows would serve concurrently, allowing the senior fellow to help mentor and onboard the incoming fellow.

Recruitment would begin through a partnership with the University of South Carolina Joseph F. Rice School of Law, emphasizing candidates with demonstrated interests in public health, public service, or joint JD/MPH studies. Outreach could later expand to other regional law schools.

Fellows would gain practical experience in:
- Public health and administrative law
- Healthcare regulation, licensing, and compliance
- Rulemaking and legislative analysis
- Contracts, procurement, and employment law
- Policy development and legal research

Investment

Program Year	# Fellows	Estimated Cost
1	1	$125,000
2	2	$250,000 annually
3	1	$125,000

These estimates include salary, standard fringe, and basic operating expenses for the time-limited employees. The pilot requires approximately $1 million in one-time funding to support 4 fellowship cycles. This pilot is supported by the South Carolina Attorney General's Office and does not create a recurring obligation.

Return for South Carolina
This is more than funding for time limited positions. It is an innovative solution for proactive workforce development and succession-planning that will:

- Expand DPH's legal capacity for major agency priorities.
- Create a pipeline of trained attorneys for DPH and other state agencies.
- Reduce future recruitment and onboarding burdens.
- Strengthen partnerships between state government and South Carolina law schools.
- Give high-achieving graduates a meaningful route into public service.

Success will be measured through fellowship completion, substantive work delivered, agency satisfaction, and placement of fellows in state-government legal positions.

	This pilot program allows the state to invest in the skilled public-service attorneys of tomorrow that South Carolinians can rely on to help protect, promote, and improve the health and well-being of everyone in South Carolina for decades to come.

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		
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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

7

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Partnership to Improve Family Planning Service Availability

Provide a brief, descriptive title for this request.

AMOUNT

$3,000,000

What is the net change in requested appropriations for FY 2027-2028? 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:	
X	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
	AI Related
	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
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategies:

4.1: Strengthen partnerships and align resources to enhance internal and external initiatives.

The proposal supports the agency's strategies by establishing a pilot program that would increase access to family planning services by partnering with a statewide non-profit organization. The pilot program would enable the agency to partner and align resources with a non-profit who focuses on increasing access to reproductive healthcare services and who has a statewide network of service providers that would augment the family planning services currently offered through some local health departments. This would increase the availability of high-quality, affordable, and convenient reproductive healthcare services statewide and expand the delivery of these services to more members of the public. The pilot program would serve as a framework for how the agency can strengthen our current and future collaborations with non-profits to best serve the citizens of the state.

The pilot program's success would be evaluated by the increased utilization of family planning services, by the public, through the partner non-profit's network of service providers.

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 implement the pilot program, the agency will contract with a statewide non-profit organization whose mission is to increase access to affordable, high-quality reproductive healthcare services and who has an established network of providers to deliver these services. The non-profit will be chosen through a combination of predetermined eligibility criteria and competitive proposal process. All funding will be allocated to the non-profit for administration of the program.

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	Family planning services have been offered by DPH's local health departments since the 1970s, providing high-quality, affordable reproductive healthcare to communities across the state. DPH is committed to making these services available to the women and men who need them; however, we recognize that our reach of these services only extends so far. Using non-recurring funds, the DPH proposes the creation of a one-year pilot program solely focused on increasing statewide access to family planning services through a partnership with a non-profit organization. The agency would partner with a non-profit dedicated to increasing access to reproductive healthcare services through a statewide network of service providers. These providers would augment the family planning services currently offered through DPH's local health departments, to increase the availability of high-quality, affordable, and convenient reproductive healthcare across the state, ultimately expanding the delivery of family planning services to the public. The pilot program would serve as a framework for how the agency could collaborate with non-governmental organizations to better serve the citizens of the state and help them achieve their family planning goals.

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	31.47

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	3 - Subacute Medical Care Shelters for Emergency Response

Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.

REQUESTED ACTION	Amend

Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	The South Carolina Emergency Management Division (EMD) and the Department of Social Services (DSS) have related responsibilities under the State Emergency Operations Plan. EMD provides overall coordination for disaster response, while DSS leads ESF-6 (Mass Care). 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 EMD 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.

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. The interest-bearing Disaster Readiness Fund provides a reliable, carryforward account to cover costs of medical care sheltering, Medical Emergency Power Shelters (MEPS), and other DPH-led disaster response activities. FEMA reimbursements, 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. To start addressing this challenge, in the FY2026-27 appropriation, the legislature established the Disaster Readiness Fund at DPH with proviso 31.47 and provided an initial $1M. DPH is seeking the remaining $9.142M to fully fund this initiative. As the fund is now established, language to create the fund is no longer needed. However, the need for language directing any disaster readiness appropriations to the fund remains.

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 FY28 be deposited into the Disaster Readiness Fund as additional 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

~~(A) 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.~~

(~~B~~**A**) All funds appropriated for Disaster Readiness in Fiscal Year ~~2026–27~~ **2027-28** 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.

(~~C~~**B**) 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	$4,250,953 *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 approximately 27 state FTEs to be reduced by the agency. This includes 5 from Administration, 7 from Infectious Disease Prevention, 3 from Maternal/Infant Health, 8 from Access to Care, 3 from Facility Licensing and 1 from Health Laboratory. All programs will be fully analyzed to determine how to reduce the budget in a way that will minimize the impact on both mission critical services and agency personnel. *How many FTEs would be reduced in association with this General Fund reduction?*
PROGRAM / ACTIVITY IMPACT	DPH would make a 3% reduction across all agency programs and services. Funded programs would be impacted by a 3% reduction as follows: Administration: $678,368 Infectious Disease Prevention: $802,526 Palmetto Aids Life Support: $1,589 SCBIO: $9,536 Maternal/Infant Health: $406,192 Newborn Hearing Screenings: $13,557 Sickle Cell Prof Education: $3,178 Chronic Disease Prevention: $126,061 Access to Care: $793,945 Rape Violence Prevention: $49,481 Facility Licensing: $236,902 Emergency Medical Services: $70,721 Trauma Center Fund: $72,473 Drug Control: $30,421 Health Laboratory: $55,423 Vital Records: $4,487 State Employer Contributions: $896,093 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?*
	A 3% reduction will result in the loss of $4,250,953. 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 27 state-funded FTEs, 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.

SUMMARY

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

The DPH procurement team continues to pursue cost savings through competitive sourcing, strategic negotiation, and cost avoidance. Over the past year, two major initiatives have delivered especially significant financial benefits.

Our solicitation for Vital Records security paper—used for issuing birth and death certificates—secured a substantially lower unit cost compared to the previous contract and vendor. Because the new contract is ongoing and savings depend on usage volume, the exact total savings are not yet known; however, based on historical and projected demand, we anticipate savings over the prior contract will ultimately exceed $700,000.

Another major effort is the moving contract for the state laboratory, awarded to KGO. This contract supports the transition of DPH Laboratory Activities from the Hayne Lab to the new Public Health and Environmental Laboratory. The original proposal included a firm fixed price for all services. Through negotiation, we successfully shifted approximately $200,000 of that cost from a fixed amount to a variable cost with a cap at $200,000. This change is expected to reduce overall expenses, as certain services originally included in the fixed price are likely to be unnecessary.

We also regularly generate smaller, routine savings through our everyday procurement activities. For example, negotiation on a service agreement for three Life Technologies laboratory instruments reduced the annual cost from more than $45,000 to approximately $39,000, resulting in savings of about $6,200.

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	Online Complaint Portal for Licensed Health Care Facilities

Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	The Department of Public Health's (DPH) new online complaint portal reduces the time and effort required for citizens and healthcare facilities to submit complaints, concerns, and required incident reports. The streamlined interface, automatic facility lookup, and reliable file upload capability eliminate repeated attempts, prevent form crashes that previously forced users to start over, and simplify how information is submitted and processed. This results in faster, more predictable interactions for citizens and healthcare providers while reducing administrative burdens on all parties.

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.
X	Other

METHOD OF CALCULATION	While a precise numerical estimate is not currently available, qualitative improvements are clear. The redesigned platform eliminates recurring technical failures from the legacy system, including form crashes and upload errors that routinely forced submitters to restart their submission. The new system's guided workflow and automated facility information population reduce the amount of information users must gather, minimizing time spent per submission and lowering the likelihood of incomplete or misdirected complaints. These improvements lead to more efficient complaint intake, triage, and assignment by Healthcare Quality staff, ultimately reducing delays for citizens and regulated facilities.

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

REDUCTION OF FEES OR FINES	Not applicable. This request does not propose changes to agency issued fees or fines.

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. This request does not involve revisions to regulations.

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

	The Department of Public Health's Division of Healthcare Quality has launched a modernized online complaint portal that significantly improves how the public reports concerns about licensed health care facilities and professionals regulated by DPH. The new platform replaces an outdated system that frequently experienced crashes, slowdowns, and file upload failures—issues that often forced users to restart the entire form and created unnecessary frustration and delay. The portal now guides users through a clear, structured questionnaire that helps DPH staff accurately identify the nature of each complaint. It automatically populates essential facility information such as license numbers, addresses, and administrator details, reducing the amount of information citizens must locate themselves and ensuring more complete and accurate submissions. These improvements streamline intake and allow Healthcare Quality staff to triage and assign complaints more efficiently, resulting in more timely review and resolution. In addition to public complaints, the portal provides healthcare facilities with a

SUMMARY	dependable way to submit required accident and incident reports, creating a unified system for both public and provider reporting. This consolidation reduces administrative burden, improves workflow for agency staff, and enhances public access to reliable state services. Overall, the modernized portal accelerates processing, strengthens service reliability, and reduces barriers for South Carolinians seeking to voice concerns or fulfill reporting requirements.

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