



South Carolina Department of Public Health

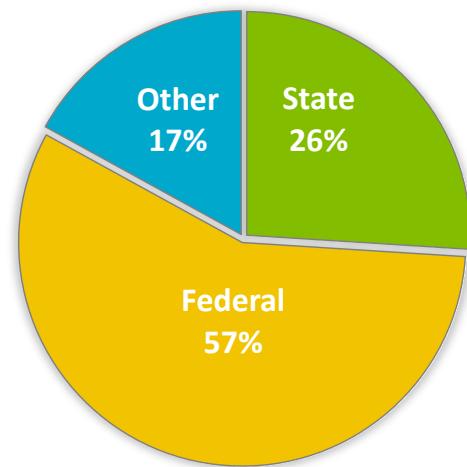
FY 2027 Budget Request
January 14, 2026



DPH at a Glance

- **\$510M** base appropriations
- **2,500** positions serving in all 46 counties
- **Our Vision**
 - *Healthy people living in healthy communities*
- **Our Mission**
 - *To protect, promote, and improve the health and well-being of everyone in South Carolina.*

DPH FY25 Actual Expenditures



Our Framework: Focusing on Core Public Health Responsibilities



- Requests align with the:
 - State Health Improvement Plan (SHIP) priorities
 - Annual Accountability Report strategies
 - Make America Healthy Again (MAHA) report
- Grounded in S.C. Code Title 44 authorities to safeguard Public Health
- **Goal:** Strengthen core public health functions mandated by law – not expand government





FY27 Budget Request Summary

Priority	Title	Recurring	One-Time
1	Market-Aligned Pay	\$10.8M	NA
2-3	Building Bright Beginnings	\$5.0M	\$2.5M
4	Medical Care Sheltering Readiness	NA	\$10.1M
5	Frontline Staffing for Critical Services	\$2.6M	NA
6-7	Community Living Integration	\$0.4M	\$0.6M
8-9	Health Systems Modernization	\$3.0M	\$5.1M
10-11	Microsoft Copilot Implementation	\$0.9M	\$0.5M
TOTAL		\$22.7M	\$18.8M
<i>FTEs: 22 NEW, Repurposing 27 existing</i>			

Budget Request Detailed Summary (Slide 1 of 3):

Priority	Request Title	Recurring Amount	One-Time Amount	New FTEs Needed	Add'l FTEs Funded	Total FTEs Funded
1	Market-Aligned Pay to Strengthen the Public Health Workforce 	\$10,782,519				
		<i>Below-market pay has caused high turnover across key positions. Realigning salaries with statewide market rates, as established by the Division of State Human Resources, will stabilize the workforce, improve service continuity and reduce costly vacancies. Without this investment, ongoing attrition will continue to disrupt core operations statewide.</i>				
2/3	Building Bright Beginnings for South Carolina Families 	\$5,003,231	\$2,536,890	4	17	21
		<i>South Carolina's maternal and infant health outcomes remain among the worst in the nation, driven by preventable conditions and limited early intervention. Expanding birth defects detection, childhood nutrition and fitness programs, and funding one-time projects like mini-grants and prenatal blood-pressure monitoring to better support pregnant women and new mothers, will improve prenatal care and maternal and child wellness statewide. Without these efforts, preventable deaths and chronic disease risks will continue to rise.</i>				
4	Medical Emergency Shelter Readiness Program 		\$10,142,000			5
		<i>South Carolina lacks dedicated shelters for medically fragile residents who need care during disasters. Establishing four staffed Medical Care Shelters will provide safe, medically supported housing during a disaster and prevent hospitals from becoming overwhelmed during emergencies. Without this investment, vulnerable citizens will remain without a safe option for care and shelter when disasters strike.</i>				

Budget Request Detailed Summary (Slide 2 of 3):

Priority	Request Title	Recurring Amount	One-Time Amount	New FTEs Needed	Add'l FTEs Funded	Total FTEs Funded
5	Critical Public Health Services	\$2,619,385		6	10	16
	 <p>Rising cases of sexually transmitted diseases, tuberculosis and rabies have outpaced current staffing levels, delayed investigations and increased disease spread. Funding 16 additional frontline positions will restore 24-hour response capacity and protect community health. Without these positions, preventable infections and treatment costs will continue to soar statewide.</p>					
6/7	Community Living Integration	\$399,135	\$577,157	2	2	2
	 <p>State law requires a Community Living Integration Plan to help adults with serious mental illness live in community settings rather than institutions. Funding two positions and a statewide assessment fulfills these statutory requirements and ensures coordinated implementation. Without this funding, South Carolina cannot meet legislative mandates or deliver required progress on community-based care.</p>					

Budget Request Detailed Summary (Slide 3 of 3):

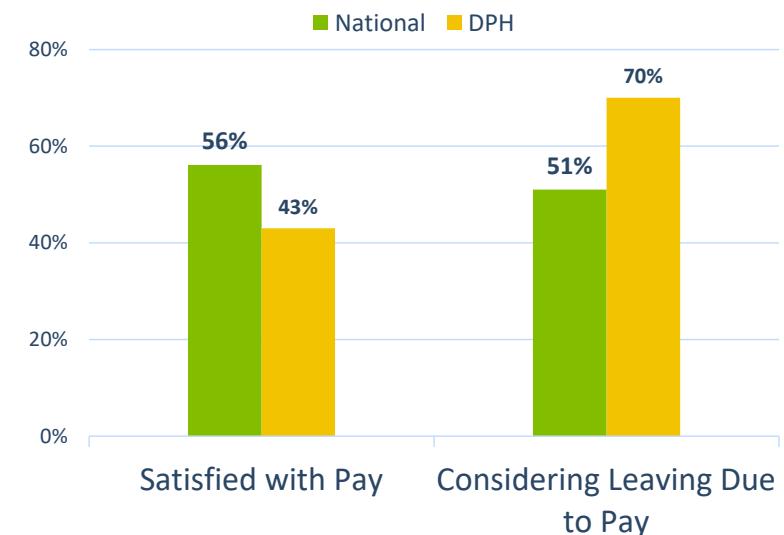
Priority	Request Title	Recurring Amount	One-Time Amount	New FTEs Needed	Add'l FTEs Funded	Total FTEs Funded
8/9	Health Systems Modernization: EHR & Paperless Transformation	\$2,975,433	\$5,065,830	10		10
	 <i>Outdated, paper-based systems slow service, create data errors and limit client access. Upgrading electronic health records, digitizing files and modernizing pharmacy and telehealth systems will improve client experience through faster, more secure and convenient service delivery. It will also reduce the need to store paper records. Without modernization, clients will continue to face delays and fragmented care.</i>					
10/11	Enhancing Workforce Productivity with Microsoft Copilot	\$943,492	\$500,000			
	 <i>Public health staff spend hours on repetitive reporting and documentation that can be automated securely with Microsoft Copilot. Licensing and training 1,500 employees will boost efficiency, accuracy and data security, while freeing staff to focus on core responsibilities. Without this technology, productivity losses and manual errors will persist.</i>					
	TOTAL REQUEST	\$22,723,195	\$18,821,877	22	27	49



Market-Aligned Pay

- There is a gap between DPH salaries and market averages in Public Health
- **66% of staff who left DPH cited pay as reason for leaving**
- 63% of FTEs are below tenure-based targets
- DPH FTE salaries average 13% below statewide market midpoints
- Turnover and vacancies delay critical services and have significant cost

Survey Data: DPH Staff vs. National Public Health Staff



Recurring: \$10,782,519

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Market-Aligned Pay

- Align 1,182 classified FTE salaries to market midpoints per DSHR study recommendations
- Average increase: 10% or \$6000 (applied 15% cap to limit budget impact)
- **Impact:**
 - Stabilize critical operations
 - Reduce turnover and training costs
 - Improve service statewide (62% of increases are for frontline employees)
- **Without Funding:**
 - Persistent turnover & delays in core services

Cost of FY25 Turnover

268

Last fiscal year, DPH had 268 turnovers across the agency.



On average, it costs DPH 40–60% of an employee's salary to replace them. Averaging salaries, this turnover costs DPH on average ~\$8 million each year.

Recurring: \$10,782,519

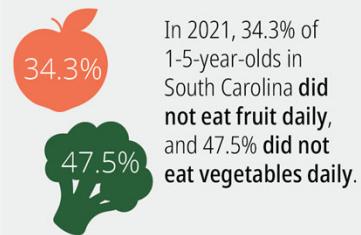
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Building Bright Beginnings

- **Maternal mortality** in SC is over 2x US average
- **82%** of pregnancy-related deaths are preventable
- **364** infant deaths in 2022 – birth defects are leading cause
- **42%** of SC public school students are overweight/obese, largely due to poor nutrition and low activity
- Rural counties have limited prenatal care and health education

Nutrition and Physical Activity



In 2021, 34.3% of 1-5 year-olds in South Carolina did not eat fruit daily, and 47.5% did not eat vegetables daily.



Recurring: \$5,003,231 | One-Time: \$2,536,890 | FTEs: 21 (17 repurposed, 4 new)

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Building Bright Beginnings

- **Recurring Request:**

- Expand Birth Defects Program – reduce referral time from 6 months to 1 month: **\$600k**
- Implement Healthy Futures Youth Initiative (CATCH curriculum, 656 schools, 100 childcare sites, farm-to-school partnerships): **\$4M**
- Provide central evaluation and contract support: **\$400k**



- **One-Time Request:**

- Maternal Health Grants (92 mini-grants): **\$1.5M**
- Blood Pressure Monitoring Pilot (5,500 pregnant women): **\$1M**

- **Impact:**

- Projected reach of 100k people annually
- Fewer preventable deaths and chronic disease



Recurring: \$5,003,231 | One-Time: \$2,536,890 | FTEs: 21 (17 repurposed, 4 new)

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Medical Emergency Sheltering

- No state capacity for “in-between” patients too frail for general shelters but who do not need hospitalization
- These patients often receive home health or other social services that are not available during a disaster
- During recent storms, non-acute patients overwhelmed hospital emergency rooms
- Medical Equipment Power Shelters (MEPS) in Pee Dee region lack permanent generators



One-Time: \$10,142,000

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Medical Emergency Sheltering

- Contract 4 Medical Care Shelters with portable power support
 - Turnkey vendor contract for deployment during disasters
- Install 7 fixed generators with transfer switches at Medical Emergency Power Shelters (MEPS)
- **Impact:** Protects vulnerable residents, reduces hospital strain, ensures sustainable readiness
- **Mechanism:** Establish Disaster Readiness Fund via proviso to cover medical care shelter and disaster costs; to be sustained by reimbursements/interest



One-Time: \$10,142,000



Proviso: Disaster Readiness Fund

- Establishes an interest-bearing account for emergency response, medical sheltering and disaster readiness activities
- Directs one-time FY27 state funds requested for medical care shelters and generators to be deposited into the fund
- Requires FEMA and other reimbursements to be re-deposited for future use
- Creates a sustainable funding mechanism for DPH's ESF-8 Public Health and Medical Services responsibilities under the State Emergency Operations Plan



Proviso: Disaster Readiness Fund

Proposed language: *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.*

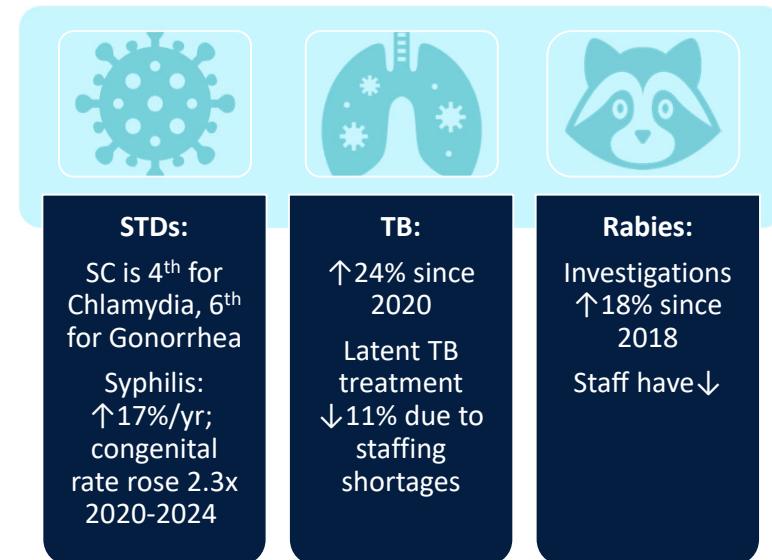
All funds appropriated for Disaster Readiness in Fiscal Year 2026–27 shall be deposited into the Disaster Readiness Fund as initial funding. The department may also deposit into the fund any other monies appropriated, received, or otherwise available for the same purpose.

*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.*



Staff for Critical Services

- Staff shortages impact investigations and contact tracing
- FY26 funding was partial – this completes that investment



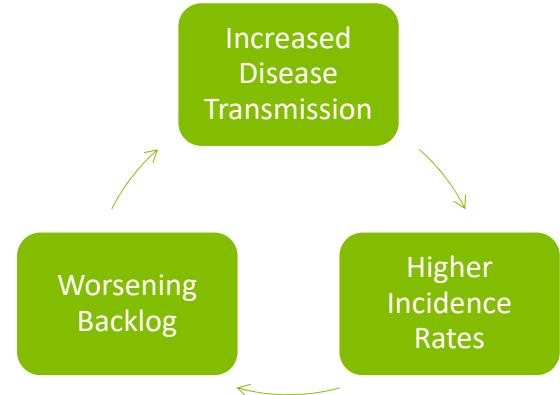
Recurring: \$2,619,385 | FTEs: 16 (10 repurposed, 6 new)

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Staff for Critical Services

- Fund 10 existing unfunded + 6 new FTEs:
 - STD: 2 RNs, 4 Disease Intervention Specialists
 - TB: 2 RNs, 2 Social Workers
 - Rabies: 6 Investigators
- Improves our ability to respond effectively and protect the public
- **Impact:** Reduced transmission, lower hospitalization costs, and enhancement of public health



Recurring: \$2,619,385 | FTEs: 16 (10 repurposed, 6 new)

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Community Living Integration (*Olmstead Compliance*)

- **Act No. 3 of 2025 (S.2)** requires DPH to develop and monitor a Community Living Integration Plan. The goal is to avoid unnecessary institutionalization of adults with serious mental illness.
- **Requires:**
 - **2 new FTEs:** Administrator of Community Living Integration & ADA Coordinator
 - One-time assessment to map statewide integration gaps and form recommendations
 - Establish and support a broad advisory committee
- **Impact:** Ensures compliance with ADA and state law, reduces litigation risk, and improves coordination across agencies.

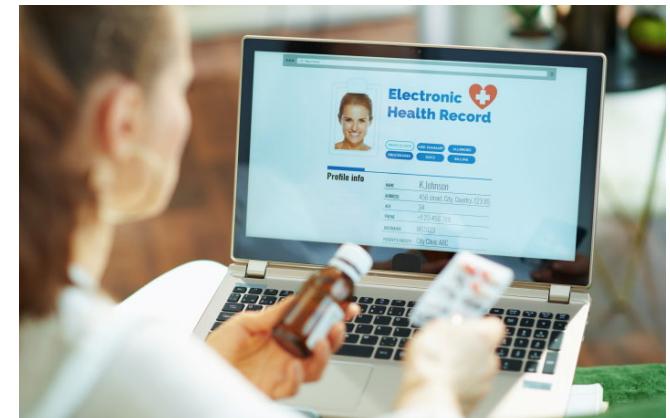
Recurring: \$399,135 | One-Time: \$577,157 | FTEs: 2 new

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Health Systems Modernization

- Electronic Health Record (EHR) and pharmacy systems have poor interoperability
- Limited patient portals and online scheduling reduce access
- Manual workflows cause errors, billing delays, and storage costs
- Pharmacy system is outdated; many processes are paper-dependent
- Need to comply with changing federal pharmacy compliance requirements
- Paper-dependent records and workflows increase operational delays and storage costs



Recurring: \$2,975,433 | One-Time: \$5,065,830 | FTEs: 10 new

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Health Systems Modernization

- **Recurring:** 10 FTEs for EHR support and paperless transformation
- **One-Time:** Upgrade EHR modules, expand patient portals & virtual visits, digitize paper records, add e-signature and workflow automation, ensure pharmacy compliance.
- **Impact:** Improved access, accuracy, efficiency, and data security; federal compliance met; operational costs reduced.



Recurring: \$2,975,433 | One-Time: \$5,065,830 | FTEs: 10 new

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Problem: Priorities 10-11



Implement Microsoft Copilot

- Manual reporting & documentation consume staff time and slow response
- Limited capacity to analyze data & communicate efficiently.
- Need for secure, standardized AI use



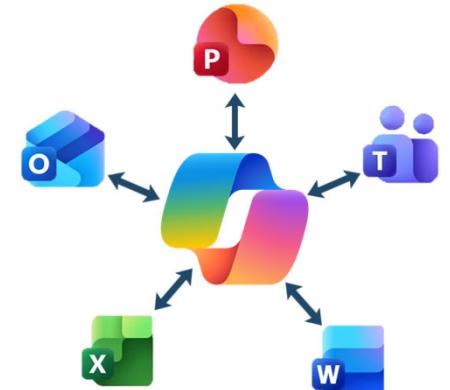
Recurring: \$943,492 | One-Time: \$500,000

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Implement Microsoft Copilot

- **Recurring:** 1,500 Copilot licenses (~70% of staff).
- **One-Time:** Vendor-led training, champion program, IT helpdesk readiness, policy development.
- Developed with guidance from **DOA's AI Center of Excellence**.
- **Impact:** Greater efficiency, secure data management, and staff time reallocated to public health priorities.



Recurring: \$943,492 | One-Time: \$500,000

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Thank you

Dr. Edward D. Simmer, Agency Interim Director

Edward.Simmer@dph.sc.gov