

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



Fiscal Year FY 2024-2025

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS <i>(FORM B1)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

NON-RECURRING REQUESTS <i>(FORM B2)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

CAPITAL REQUESTS <i>(FORM C)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
	<input type="checkbox"/>	Not requesting any changes.

PROVISOS <i>(FORM D)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Meredith Murphy	(803) 898-4222	murphymb@dhec.sc.gov
SECONDARY CONTACT:	Darbi MacPhail	(803) 898-3331	macphadc@dhec.sc.gov

I have reviewed and approved the enclosed FY 2024-2025 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:		

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

Fiscal Year 2024-2025 Executive Summary

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

Agency Priority	Request Type	Title	General Dollars	Federal Dollars	Earmarked Dollars	Restricted Dollars	Total Dollars	General FTEs	Federal FTEs	Earmarked FTEs	Restricted FTEs	Total FTEs
1	B1 - Recurring	Fiscal Impact of Restructuring - IT	\$4,175,796	\$0	\$0	\$0	\$4,175,796	0.00	0.00	0.00	0.00	0.00
2	B2 - Non-Recurring	Fiscal Impact of Restructuring - IT	\$11,762,458	\$0	\$0	\$0	\$11,762,458	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Fiscal Impact of Restructuring - Facilities	\$347,000	\$0	\$0	\$0	\$347,000	0.00	0.00	0.00	0.00	0.00
4	B2 - Non-Recurring	Fiscal Impact of Restructuring - Facilities	\$3,737,000	\$0	\$0	\$0	\$3,737,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Ensuring Healthcare Facility Safety	\$6,469,816	\$0	\$0	\$0	\$6,469,816	47.00	0.00	0.00	0.00	47.00
6	B1 - Recurring	Funding for Federal and Other-Funded Nursing FTE Salary Increases	\$5,062,803	\$0	\$0	\$0	\$5,062,803	24.00	-20.00	-4.00	0.00	0.00
7	B1 - Recurring	Frontline Field Staff to Reduce Spread of STDs and Similar Infectious Diseases	\$1,813,318	\$0	\$0	\$0	\$1,813,318	12.00	0.00	0.00	0.00	12.00
8	B1 - Recurring	Public Health IT Infrastructure Maintenance and Modernization	\$6,719,764	\$0	\$0	\$0	\$6,719,764	0.00	0.00	0.00	0.00	0.00
9	C - Capital	Replacement of Florence Health Department HVAC Units	\$750,000	\$0	\$0	\$0	\$750,000	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Mobile Maternity Care Van	\$1,294,508	\$0	\$0	\$0	\$1,294,508	1.00	0.00	0.00	0.00	1.00
11	B2 - Non-Recurring	Mobile Maternity Care Van	\$702,750	\$0	\$0	\$0	\$702,750	0.00	0.00	0.00	0.00	0.00
12	B1 - Recurring	Community Violence Intervention and Prevention (CVIP)	\$1,035,635	\$0	\$0	\$0	\$1,035,635	2.00	0.00	0.00	0.00	2.00
Subtotal:			\$43,870,848	\$0	\$0	\$0	\$43,870,848	86.00	-20.00	-4.00	0.00	62.00

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Fiscal Impact of Restructuring - IT
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$4,175,796 Federal: \$0 Other: \$0 Total: \$4,175,796
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # 2

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>This request is necessary to fully implement Act 60 (S.399) of FY23. Without additional funding, our agency's ability to implement all goals will be impacted.</p>
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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	<p>Funds would be allocated in line with the fiscal impact statement that was submitted by Department of Health and Environmental Control as the bill was being developed. All expenditures will be made in accordance with current state procurement code.</p>
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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

Act 60 (S.399) of FY23 restructured the Department of Health and Environmental Control (DHEC) into two separate agencies, the Department of Public Health (DPH) and the Department of Environmental Services (DES), effective July 1, 2024. Initial cost estimates provided in the Fiscal Impact Statement detailed costs associated with IT network and system separation and migration. Additional recurring funding is required **to support a successful transition and ensure that both agencies remain fully operational** beyond July 1, 2024. This request reflects the DPH estimated costs only.

DHEC has been a single entity for over 50 years; accordingly, its IT systems are fundamentally integrated, and its infrastructure is shared agency-wide across the state. Currently, the agency maintains one complex network containing business administration and communication software, shared network drives and Intranet, as well as databases and records management systems. To unravel this highly integrated network without losing data, threatening security, impeding business continuity, or interrupting public services will be a massive and complex undertaking.

The Department of Administration has performed a preliminary analysis of the strategic division of information technology processes as they pertain to either public health or environmental operations. Based on their assessment, we believe that these costs are necessary for the process of establishing new environments for each agency. These separation efforts will require the purchase of new equipment and programs and the use of contractors to augment current staff capabilities.

\$4,175,796 in recurring funds are needed for hardware, licensing agreements and appropriate IT systems (security, disaster recovery, servers, document management, etc.). Costs are based on current agency charges for shared services and recent costs for data migrations and upgrades.

Impact of not receiving funds:

Without additional funding, we will need to utilize program funding to offset costs identified above. This has a direct impact on funding available to support core agency missions and direct service delivery.

Method of calculation:

Costs were estimated based on existing costs and a thorough review of IT and operational needs. Reasonable estimates were provided for usage of each agency and impact to each where applicable. IT systems were reviewed for usage by each entity and an estimate made to identify anticipated costs to maintain new systems for each entity based on current actual charges.

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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Fiscal Impact of Restructuring - Facilities
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$347,000 Federal: \$0 Other: \$0 Total: \$347,000
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # 4	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>This request is necessary to fully implement Act 60 (S.399) of FY23. Without additional funding, our agency's ability to implement all goals will be impacted</p>
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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	<p>Funds would be allocated in line with the fiscal impact statement that was submitted by Department of Health and Environmental Control as the bill was being developed</p>
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FUNDS

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

Act 60 (S.399) of FY23 restructured the Department of Health and Environmental Control (DHEC) into two separate agencies, the Department of Public Health (DPH) and the Department of Environmental Services (DES), effective July 1, 2024. Initial cost estimates provided in the Fiscal Impact Statement detail potential facility costs among the two agencies. This request reflects the DPH portion only.

Additional recurring funding is required **to support a successful transition and ensure that both agencies remain fully operational** beyond July 1, 2024.

For optimal efficiency and communication, we will work to limit co-located facilities by both new agencies as much as possible. This will require leasing additional property in some circumstances due to special requirements, or space availability.

Remaining DPH central office locations do not include appropriate space and amenities for Vital Records. Approximately 20,000 square feet of leased space will be needed to store records and provide public access. **\$347,000** in recurring funds are needed to support leasing additional space.

Impact of not receiving funds:

Without additional funding, we will need to utilize program funding to offset costs identified above. This has a direct impact on funding available to support core agency missions and direct service delivery.

Method of calculation:

Commercial lease costs were estimated at the average price per square foot provided by the Department of Administration. Utility costs were calculated at the national average based on the [Commercial Building Energy Consumption Survey](#).

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.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Ensuring Healthcare Facility Safety
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$6,469,816 Federal: \$0 Other: \$0 Total: \$6,469,816
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	47.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>Strategies 1.1 and 1.2 address the protection and improvement of public health, affected at least in part by regulations placed on healthcare facilities. Strategy 3.1 is directly impacted by fulfillment of this request; without adequate staffing, Healthcare Quality is unable to effectively "Implement and enforce standards for health facilities and services to help ensure the health and safety of persons served in this State." Furthermore, Strategy 4.2 seeks to develop and retain high quality employees; increasing FTEs within Healthcare Quality will stabilize workloads, yielding a decrease in employee turnover and a reduction in time lost to training. The return on this investment in workforce results in improvement in the quality and timeliness of work, directly affecting achievement of DHEC's Strategic Plan.</p> <p>The resolution of the current backlog of inspections and investigations would be the most exigent goal and the first method of evaluating this request. Additionally, reduction of time between receipt of complaints and conducting investigations is a measurable goal. Evaluation of complaint volume is another metric of this request; more timely investigations and violation resolutions should yield fewer complaints, indicating better regulatory compliance and increased preservation of health and safety measures. With fewer complaints requiring reactive inspections and resolution, Healthcare Quality employees could devote more time to proactive endeavors like compliance assistance through increased training and education for facilities.</p>
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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

RECIPIENTS OF FUNDS

Funds awarded would support the work of 47 new DPH FTEs to ensure regulatory compliance of various types of facilities across the state. They would also cover acquisition of new vehicles for field inspectors to visit facilities.

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:

DPH is statutorily required to inspect healthcare facilities to ensure safety of all residents and clients in South Carolina. These inspections are handled by our Healthcare Quality team. The bulk are of nursing homes and hospitals, but we provide service to many more facilities. The gamut of life-long care from birthing centers to hospice facilities, essential services such as renal dialysis and addiction treatment facilities, and even elective services offered in tattoo and piercing facilities are supported by DPH's Healthcare Quality inspectors.

Currently DPH is unable to perform timely and quality required inspections of healthcare facilities, due to understaffing rapidly escalated by competition with the private sector and other state agencies. Such understaffing has also led to an investigation backlog.

Long hours and low pay have compounded staffing obstacles. We continue to address our recruitment and retention issues and will be working on further increasing staff salaries significantly with DSHR using existing funding during FY24. Once the current vacancies within Healthcare Quality are filled, the area will be able to address the current backlog, but will not have enough staff to keep up with inspections.

Solution:

Increasing the Healthcare Quality inspection staff by 47 FTEs will improve DHEC's ability to provide timely and quality facility inspections, protecting the safety of SC citizens by significantly improving facilities' regulatory compliance and decreasing the volume of care-related complaints. Adequate staffing will also contribute to a more sustainable workload and improve employee retention.

Additional positions will also allow an expanded team within our Compliance Assistance Program. These staff will proactively work with regulated facilities to identify and mitigate potential problems, provide increased facility staff education opportunities and offer courtesy facility evaluations.

Impact of not receiving funds:

By keeping Healthcare Quality understaffed, the citizens of SC are at risk due to regulatory noncompliance within healthcare facilities. Facilities continuing to operate without timely inspections are not being held to standards, resulting in an increase of care-related concerns and complaints. Furthermore, by maintaining excessive workloads exacerbated by understaffing, current Healthcare Quality inspection staff are often overworked, risking a negative impact not only on their personal well-being but their quality of work and of our state's healthcare facilities.

Privatization of inspections is a significantly costlier option than hiring FTEs and only provides federal nursing home inspections, leaving state inspection requirements unmet. Healthcare Quality has temporarily augmented its inspection staff with contractors, but this solution is unsustainable due to cost, unmet state requirements, and unsatisfactory levels of performance.

Method of calculation:

47 new FTEs:

- 29 AH35 Program Coordinator I
- 6 EA24 Nurse Supervisor, Non-Institutional
- 4 AH40 Program Coordinator II
- 1 AE03 Paralegal
- 1 AH45 Program Manager
- 1 EA18 Registered Nurse, Non-Institutional
- 1 HD83 Architect
- 1 JA85 Inspector III
- 1 HA30 GIS Manager I
- 1 AE30 Attorney III
- 1 AN23 Audits Manager I

Details outlining the service load necessitating these FTEs follow at the end of this section.

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 (\$1,500) 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.

Additional state FTEs are needed because all available FTEs have been assigned to existing programs.

Details on FTEs Needed:

Nursing Home Division

5 - AH35 Program Coordinator I

4 - EA24 Nurse Supervisor, Non-Institutional

- 194 nursing homes licensed in SC
- State inspections occur biennially, Federal inspections occur annually
- State inspections take 5 hours (does not include travel time)
- Recertification (federal) inspections take 3 days (does not include travel time)
- Revisits take 3-5 hours (does not include travel time)
- Complaint investigations take approximately 4 hours (does not include travel time)
- 30-40 complaints received per week
- Currently have 13 staff and 8 vacant positions
- Currently completing 2-3 inspections per month (DHEC staff)
- Goal = 20 inspections per month
- Need 5 teams of 6 staff (30 people) to meet goal
- Five teams = 5 inspections completed per week = 20 inspections completed per month

Residential Facilities Division

1 - AH40 Program Coordinator II

12 - AH35 Program Coordinator I

- 461 Community Residential Care Facilities (CRCFs), also known as Assisted Living Facilities, licensed in SC
- State inspections occur annually
- State inspections take approximately 4-5 hours (does not include travel time)
- Currently have 3 inspectors and 5 vacancies
- Currently completing 1-2 inspections per week
- Goal = 8 inspections per week
- Need 4 teams of 4 staff and 1 team of 5 (21 people) to meet goal
- Five teams = 20 inspections completed per week = 80 inspections completed per month

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Residential Treatment Facilities for Children and Adolescents (RTF)

2 - AH35 Program Coordinator I

JUSTIFICATION OF REQUEST

- 64 ICF/IID facilities licensed in SC
- 8 RTF facilities licensed in SC
- State inspections occur biennially, Federal inspections occur annually
- State inspections take approximately 4-5 hours (does not include travel time)
- Federal inspections take 2 days (does not include travel time)
- Currently have 1 staff inspector
- Currently completing 1-2 inspections per week
- Goal = 1 inspection per week = 4 inspections per month at these facility types
- Need 1 team of 3 staff to meet goal

Division of Complaints Management

2 - EA24 Nurse Supervisor, Non-Institutional

5- AH35 Program Coordinator I

- Currently 216 federal complaints on the backlog list
- Currently 723 state complaints on the backlog list
- Currently have 7 investigators and 2 vacancies
- An average complaint investigation can take 3-4 hours (does not include travel time)
- Currently resolving complaints within 60-150 days
- Goal = resolution of complaint investigations within 14 business days
- Depending on the complaint type, a nurse would be assigned as necessary

Division of Hospitals & Professionals

5 - AH35 Program Coordinator I

1 - AH40 Program Coordinator II

- 108 hospitals licensed in SC
- 928 In-Home Care Providers licensed in SC
- 45 Body Piercing Facilities licensed in SC
- 160 Tattoo Facilities licensed in SC
- 3 Abortion Clinics licensed in SC
- 5 Birthing Centers licensed in SC
- Hospitals, In-Homes, Body Piercing and Tattoo Facilities are inspected biennially
- Abortion Clinics and Birthing Centers are inspected annually
- Routine hospital inspections take 3 days (does not include travel time)
- Routine inspections at Body Piercing and Tattoo Facilities take ½ day each (does not include travel time)
- Routine inspections at Birthing Centers and Abortion Clinics take 1 day each (does not include travel time)
- Currently have 8 inspectors
- Currently completing 1 hospital inspection every other week/2 inspections per month
- Goal = completing 2 hospital inspection per week = 8 inspections per month
- Currently completing 5 In-Home inspections per week/20 inspections per month
- Goal = 10 inspections of In-Homes per week = 40 inspections per month
- Need team of 14 to accomplish goals within these facility types

Division of EMS

1 - JA85 Inspector III

- 313 licensed agencies
- Approximately 150 complaints annually
- Complaint investigations take 3 to 4 hours (does not include travel time)
- Currently completing approximately 2 complaint investigations per week
- Goal = complete 5 complaint investigations per week
- Approximately 3,300 licensed vehicles for inspection
- Routine vehicle inspections take approximately 30 minutes to an hour (does not include travel time)
- Currently have 3 inspectors and 2 vacancies
- Currently completing 12 vehicle inspections per week/48 per month
- Goal = 20 vehicle inspections per week = 80 per month

Office of Training & Compliance

1 - EA18 Registered Nurse, Non-Institutional

2 - AH40 Program Coordinator II

1 - HA30 GIS Manager I

The new nurse would serve as a trainer and share duties with a nurse in the Acute Care Division (CMS training and inspections). The two new Program Coordinator II positions will be dedicated to compliance assistance. These staff will proactively assist with decreasing care-related complaints and violations at the various facility types throughout the state. The GIS Manager I would provide mapping and other geographic visualization of facilities, inspections, etc., supporting all Healthcare Quality Divisions.

Division of Health Facilities Construction

1 - HD83 Architect

The Division of Health Facilities Construction currently has three architects and one vacancy for a 4th. With the passing of Act 20 in May 2023 which partially repealed CON, the increase in demand for architectural services is expected to significantly increase as it did several years ago when the CON Program removed renal dialysis facilities from review. Consequently, the number of new renal dialysis facilities in SC grew exponentially which caused a delay in architectural review of these facilities and other facility types due to Healthcare Quality not having enough architects on staff.

As a result of Act 20, hospitals will no longer require CON review after January 1, 2027, but those that add equipment or beds will still require construction oversight after that date. Facilities such as nursing homes, hospice facilities, opioid treatment facilities, ambulatory surgical facilities, free-standing emergency departments, and residential treatment facilities will continue to require CON review after January 2027, thus requiring architectural oversight.

Office of Policy & Communications

1 - AH45 Program Manager

1 - AE03 Paralegal

One of the main functions of the Office of Policy & Communications is to write and revise the facility and program regulations utilized by Healthcare Quality to inspect, investigate, and regulate facilities throughout the state. The new Program Manager will serve as the regulation writer and the new Paralegal will be responsible for researching policies, statutes, provisos, and laws applicable to Healthcare Quality's regulations and will also be responsible for electronic file management and researching fiscal impacts to the agency from proposed legislation.

Office of General Counsel & Office of Internal Audits

1 - AE30 Attorney III

1 - AN23 Audits Manager I

The Office of General Counsel provides legal advice to Healthcare Quality staff and represents the division in matters related to permitting and enforcement. The new Attorney III will provide support to Healthcare Quality to ensure timely permitting decisions, responses to complaints, and enforcement, if appropriate. The Office of Internal Audits reviews division practices to ensure policies and procedures are followed. The new Audits Manager I will review staff's compliance with policies and procedures to ensure accountability and will make recommendations to improve division efficiency and service to providers and residents.

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
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Funding for Federal and Other-Funded Nursing FTE Salary Increases
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$5,062,803</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$5,062,803</p>
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p><i>Goal 1: Improve and protect the health and quality of life for all (4 strategies).</i></p> <p><i>Strategy 4.1: Become the premier employer in South Carolina by recruiting, developing, and retaining high quality employees.</i></p> <p>The increased nursing salaries resulting from the 2023 statewide nursing compensation study have created a significant cost burden to our federal and other funds. Because of this, DPH is unable to fill 50 positions, having a direct impact on multiple public health services. This funding would allow those positions to be filled and provide thousands of additional appointments for local health department services.</p>
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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 will be used to cover the cost of FY24-required salary increases for FTEs in nursing classifications for positions not currently supported by state appropriations.
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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:

Following the FY23 nursing compensation study, the General Assembly included funding to increase nursing classification salaries statewide. This was a much-needed change for some of DHEC’s positions with the highest rates of turnover; the agency’s nursing classifications were already included in a FY24 budget request for critical salary increases.

We are very grateful for the support in additional pay for these critical positions. The increases were significant and already appear to have positive impacts on recruitment, retention, and morale. The General Assembly was able to provide almost 40% of the total cost, which covered FTEs paid by the General Fund.

Unfortunately, 56% of the agency’s nursing FTEs are supported by federal grants or fee revenue – funding sources that are not expected to increase. The remaining 60% of the cost, almost \$5M, is needed to support our fee and federally funded nurses. Positions are being held vacant until additional funding can be secured.

Solution:

DPH is requesting additional appropriations to cover the remaining balance of cost for the nursing increases. This supplemental appropriation will alleviate the cost burden on other limited funding sources and allow vacant positions to be filled, thus resuming full capacity of critical public services.

Impact of not receiving funds:

Lack of funding has forced the continued vacancy of 50 positions not supported by state appropriations:

- 25 RNs
- 4 Nurse Practitioners
- 1 LPN
- 16 administrative positions (primarily AA75)
- 4 nutritionists

These currently vacant positions are funded by federal and earned dollars that cannot support the increased cost of the nursing salaries. We are only able to hold positions that are both vacant and that reduce the cost burden on impacted funds, which is why these positions are from a variety of classifications. The impact can be felt across DPH services.

The vacancies in nursing-related positions alone reduce the agency’s ability to serve South Carolinians by more than 75,000 appointments each year, many of which are for immunizations. On average, 85-90% of our appointments get filled, so we believe that these appointments would be utilized if available.

Further, 82% of immunizations administered by DHEC are provided to school-aged children who typically do not have access to other providers for such services. The loss of these positions has an impact on students’ ability to begin and stay in school and childcare, as well as parents’ ability to work. Several counties no longer have an immunization nurse at all.

Nursing positions also provide other critical community health services including STD screenings and treatment, HIV treatment, newborn health screenings and in-home visits, family planning, and women's health.

The vacant nutritionist positions each perform almost 3,500 WIC client appointments each year, translating to a loss of 14,000 appointments and reducing the ability to meet community needs in counties such as Dillon and Georgetown.

Administrative staff provide critical support to front-line nursing staff, nutritionists, and

JUSTIFICATION OF REQUEST

WIC counselors, managing patient flow and assisting with medical records. Without them, clinical staff are forced to conduct both administrative and direct client duties, resulting in longer wait times, and fewer patients able to be served.

These critical services are needed across the state, but additional financial support is required to continue providing them. Lack of additional funding will result in elimination of positions, reducing DPH's ability to help maintain and improve the health and safety of South Carolinians.

Method of calculation:

Costs reflect the actual increased salary and associated fringe amount for FTEs in nursing classifications funded by federal or other funds. These figures are calculated per position based on applicable funding sources.

Conversions from 20 federal and 4 other FTEs to 24 State are needed to utilize the requested funding.

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	7
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Frontline Field Staff to Reduce Spread of STDs and Similar Infectious Diseases
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$1,813,318</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$1,813,318</p>
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	12.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p><i>Strategy 1.2 Prevent and Control Communicable Diseases of Public Health Importance in South Carolina</i></p> <p><i>Strategy 1.3 Provide Time-Sensitive Public Health Diagnostic and Surveillance Testing and Expertise to Prevent and Control Disease</i></p> <p>This request advances the strategies above by increasing the number of staff to conduct investigations, provide testing, and administer expert treatment related to Sexually Transmitted Diseases (STDs). We will reduce the spread of STDs across the state with an increase in staffing, focused on preventing and controlling the transmission of STDs. Increased staffing allows for faster response times, more interventions, additional investigations, and more timely treatments.</p>
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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 awarded would support the work of 12 new FTEs to be located across the
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RECIPIENTS OF FUNDS

state. They would also cover costs associated with STD testing, contact investigations, thorough treatment, and other necessary equipment.

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:

The rates of STDs are on the rise across the State of South Carolina. Comparing data from 2018 through 2021, the state's number of cases of chlamydia increased by 5%, gonorrhea by 13%, and syphilis by 80%. These increases resulted in 35,999 cases of chlamydia, 15,706 cases of gonorrhea, and 2,275 cases of syphilis in 2021. That same year, South Carolina ranked 4th highest among the 50 states in chlamydial infections (703 per 100,000 persons) and 5th highest in gonorrheal infections (309.2 per 100,000 persons). Also in 2021, Richland County ranked 3rd for the highest STD rate per 100,000 residents of all 3,142 counties in the United States.

These rates illustrate the demand for DPH to continue providing expert and timely disease prevention services. Across all 46 counties, DPH conducts the following:

- STD testing and treatment
- Educational and counseling services
- Disease investigations

Without each of these services being performed thoroughly and timely, the potential risk of exposure to others, and thus more costly and long-term complications, increases.

Solution:

In response to the state's increase in the number of chlamydia, gonorrhea, and syphilis cases within recent years, we are requesting funding for 12 additional full-time positions in our regional offices. The addition of 8 new case workers, who perform exposure assessments and ensure patients receive full treatment, and 4 nurses would provide services to more people in need, provide an opportunity to better serve the needs of constituents, lead to more prompt diagnosis and treatment of STDs, reduce the burden of STDs, and increase adherence to care and outcomes among its clients.

Impact of not receiving funds:

Without this funding, STD rates will continue to increase across the state, resulting in delayed investigations and interventions. These delays will increase the likelihood of additionally exposed individuals, severity of complications, and overall increased medical costs.

Method of calculation:

12 new state-funded FTEs

- 8 Case Worker III (GA16)
- 4 Registered Nurse Non-Institutional (EA18)

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 (\$1,500) 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.

Additional state FTEs are needed because all available FTEs have been assigned to existing programs.

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
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Public Health IT Infrastructure Maintenance and Modernization
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$6,719,764</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$6,719,764</p>
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>As part of DHEC's Bridge Strategic Plan and, by extension, that of the Department of Public Health, the agency seeks to modernize its IT infrastructure and allow for the automation of many agency functions. This budget request directly addresses those aims, seeking to update and modernize several agency systems while maintaining and improving continued operations to support those modernization and automation efforts.</p> <p>Each of the public-health related performance measures relies heavily on IT operations. Without sustainment of current activities and advancement of system processes, public health staff will not be able to perform their duties to protect and promote the health of South Carolinians.</p>
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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?

	<div style="border: 1px solid black; padding: 5px; display: inline-block;">DPH will utilize funding for Department of Administration shared services,</div>
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RECIPIENTS OF FUNDS

software licenses, technology and security contractors to maintain servers and databases housed at the State IT Data Center. Modernization costs include contractors and software licensing. All procurements will be made in accordance with 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?

Problem:

The Department of Public Health's IT systems play an integral part in every activity currently performed by the agency. The funding request for this vital utility is twofold: first, to maintain the status quo of data storage and security; and second, to prevent business interruptions by modernizing antiquated systems.

DPH's Enterprise Technology Infrastructure maximizes shared services and hosting at the State IT Data Center. These costs, along with staff contractors and licensing necessary to support the hosting currently exceed their annual budget appropriations. One-time funds have been used to support essential modernizations and new systems necessitated by the COVID pandemic since FY20, but those funds will be exhausted by FY25.

In addition, DPH has complex billing and federal reporting requirements that cannot be managed with SCEIS alone. Unfortunately, many of these critical IT systems are utilizing aging platforms and legacy systems that are prone to technical issues and require robust security measures. Some systems are over 50 years old and are still based in a mainframe. Currently, there is discontinuity and poor integration among the various systems, leading to inefficiencies in workflows.

Because of these old, antiquated platforms, we are already experiencing disruption to our business continuity. Examples include:

- Being nine months behind in billing for certain procedures and medications dispensed at our health departments.
- Having delays in our required federal financial reporting due to a breakdown of our primary personnel costing application. Compounding this issue, the system is over 50 years old and the only employee with full system familiarity passed away. Multiple IT staff have had to spend countless hours reviewing documentation and trying to understand the system to fix what was broken.
- Both financial and IT staff are spending significant time troubleshooting and making manual data corrections or workarounds.
- Because data are not housed in a central source, staff are maintaining multiple versions of the same data, requiring unnecessary time and leading to potential errors.

Overall, these systems need to be updated and modernized to improve work efficiency and financial integration, preserve data, improve data quality, and protect client confidentiality.

Solution:

Recurring funding of \$6,719,764 will allow DPH to both maintain the status quo of IT activities and allow for significant modernization of key systems in greatest need of upgrades. This request includes \$3,062,999 for maintenance of DPH's Enterprise Technology Infrastructure without any expansions or upgrades and \$3,656,765 to address the Agency's most pressing modernization needs.

Infrastructure: A majority of the expenses associated with DPH's activities at the State IT Data Center are comprised of shared services and hosting, payable to the Department of Administration. Storage needs and projected costs are significantly higher than anticipated when calculating the current appropriation request in 2016. The original appropriations were also intended to support ancillary costs such as infrastructure maintenance, circuits and cabling, software licensing, and personnel to manage these operations.

In addition, to ensure optimal security of sensitive personal information, we

JUSTIFICATION OF REQUEST

have upgraded and expanded our security posture utilizing one-time funding. New security tools monitor file access to unstructured data, cloud environments and unusual account activity. These tools allow the agency to identify devices that hold sensitive data and disable those devices if lost or stolen, monitor and confirm unusual activity, respond, and remediate those security issues to eliminate threats and return to normal business operations. Recurring funding is needed to sustain these ongoing costs.

Modernization: The modernization of several systems includes those that supplement SCEIS and feed critical financial data with other systems, including our electronic health records platform. These systems are needed for federal reporting as many DPH grantors have very specific and detailed reporting requirements. Additionally, security efforts must evolve and be proactively implemented. DPH has robust security measures already in place, however systems running on outdated platforms are inherently less secure than modern platforms.

To judiciously assess and prioritize IT upgrade needs across the agency, we will work with the Department of Administration to perform a gap analysis of the agency's current operations and develop a roadmap to aid in future system modernizations. The use of these contractors will prevent service disruptions by allowing current IT staff to continue their daily operations, and it will provide focused expertise and support to upgrades, ensuring maximum efficiency of funds and resources.

We anticipate that these upgrades will result in a more streamlined and efficient business model. Any financial efficiencies gained will be used to further improve or expand our services or redirected to direct program services.

Impact of not receiving funds:

These funds are necessary. Without fulfillment of this request, we risk vulnerabilities and recurring service disruptions due to delayed regular system and infrastructure maintenance. Potential security threats may be more likely to affect aging systems without proper updated safeguards. Without evolving modernization, data and protected financial and health information may be at risk, and system failures are more likely. Workflow inefficiencies will worsen due to incompatible systems and technical failures.

Without funding to sustain current activities or to support continuous upgrades, DPH's IT functionality will not allow the agency's own internal operations to continue effectively. If costs had to be redirected from direct program services to cover essential IT-related expenses, the Agency would have to cut services to our citizens.

Method of calculation:

Infrastructure: FY23 expenditures for the DHEC data center totaled \$15,771,640, greatly exceeding appropriations of \$11,200,000. DHEC was able to cover these costs due to one-time funding that is no longer available. To maintain the status quo for data storage and security, expenditures in FY25 would exceed appropriations by \$4,571,640. As Act 60 of FY23 restructured DHEC into two agencies, appropriations and estimated costs have been separated. The DPH portion of the projected shortage is \$3,062,999.

Modernization: Estimates of the highest-priority modernization needs have been calculated based on phases of each project over 5 years and the vendor support needed to coordinate and provide oversight to each phase.

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
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mobile Maternity Care Van
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$1,294,508</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$1,294,508</p>
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	1.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p><i>Strategy 1.4: Assure access to care for residents by linking community services and facilitating systems of care for women, children and infants.</i></p> <p>According to a recent "Where You Live Matters" report by the March of Dimes, areas across South Carolina lack safe, effective, timely, efficient, and equitable access to perinatal care. Public health's role is not only to help reduce barriers to care but also to provide education and resources to communities to improve outcomes before, during, and after pregnancy. A proposed mobile maternity care unit will provide an opportunity to meet women where they are and link them to care, championing Strategy 1.4.</p> <p>Research shows that funding programs and services aimed at reducing adverse maternal and birth outcomes is expected to result in overall healthcare cost savings, estimated as a return of \$30 to \$36 for every \$1 invested.</p>
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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

These funds would support:

- 1 DPH FTE to provide contract oversight and project management,
- Contractual costs associated with:
 - Procuring and maintaining the mobile van (fuel, servicing, insurance, storage, etc.),
 - Operational costs of the mobile clinic services (medical supplies; clinical staff—obstetrician, advanced-practice nurse, LPN, ultrasound technician, administrative assistance; and driver).

Using a solution-based solicitation, DPH will request proposals from external partners to facilitate the launch and continued operations of a **mobile maternity care clinic** in a pilot underserved area of SC. The scope of work of these proposals should include the build of the clinic, staffing, operation, and a data-driven approach to serving women and their communities. Eligible applicants should have demonstrated capacity and experience with facilitating mobile health services and an established relationship with existing health systems.

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:

Across SC, the maternal mortality rate has been increasing over the past 3 years. The maternal mortality rate among non-Hispanic black mothers was 2.3 times greater than that of non-Hispanic white mothers. Over the past five years infant mortality rates across the state have increased by 12%. In that same time, rates among births to non-Hispanic black women increased 37%.

In SC, rurality not only contributes to substandard access to care but also to poor maternal outcomes and health disparities. Fourteen SC counties have no OB/GYN; five more only have one. Data indicate that women who resided in rural counties accounted for over 50% of maternal deaths in SC. The infant mortality rate is 33% higher among rural counties compared to urban counties, and 14 of the 15 counties with the highest infant mortality rates were categorized as rural.

Women living in rural areas must travel long distances to seek care not only during pregnancy but for well-woman services including family planning, chronic disease management, and recommended health screenings. Traveling greater distances to receive care is associated with greater risk of maternal morbidity and adverse birth outcomes, such as stillbirth and NICU admission. Longer travel distances can furthermore cause financial strain on families and increased prenatal stress and anxiety. Decreased access also increases the number of women who show up to hospitals in labor without appropriate pre-natal care.

Access to care in rural areas becomes more challenging with each year. Considering these factors, the distance a woman must travel to access care becomes a critical barrier to address before, during, and after pregnancy and in cases of emergencies.

Solution:

A **mobile maternity care clinic** will directly serve women in their communities, minimizing barriers to accessing care. Strong evidence suggests mobile clinics improve health outcomes, bridge gaps in access to care, build trust in communities, encourage community engagement, and reduce costs to the health care system at large. Mobile clinics provide invaluable referrals to services, education, and resources such as WIC, immunizations, and home health visits to underserved populations.

This mobile clinic will provide DPH the opportunity to facilitate health care access to women before, during, and after pregnancy. Mobile clinic operations will also promote local wellness and educational resources for women that address critical social determinants of health such as transportation, food insecurity, and poverty.

Additionally, DPH can leverage partnerships with clinical stakeholders across SC to serve underinsured and uninsured women in communities where access to healthcare is limited. In partnership with clinical providers, the maternity care unit can provide targeted services across a woman's life course including well-woman, pregnancy and postpartum interventions, newborn interventions, chronic condition management, and primary care (where appropriate).

Impact of not receiving funds:

JUSTIFICATION OF REQUEST

Women who are underserved and have limited access to maternity-related health care will continue to experience harmful complications before, during, and after pregnancy. 39.1% of women live in counties that experience high adverse birth outcomes, and those living in maternity care deserts will continue to travel at least 2.1 times farther to receive care than women living in high access areas. Furthermore, SC cannot promote healthy people living in healthy communities if it cannot provide equitable access to those in rural health care deserts.

Method of calculation:

1 New state-funded FTE (Program Coordinator II (AH40))

Contractual: \$1,185,000 (mobile unit operating costs, clinical staff)

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 (\$1,500) which includes general supplies, software licenses, telephones, rent, insurance, etc. Travel costs are estimated using typical mileage traveled at the state reimbursement rate and federal GSA rates.

Vehicles, services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs. Data from research on mobile health clinics was also used to ensure figures align with industry standard.

An additional state FTE is needed because all available FTEs have been assigned to existing programs.

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	12
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Community Violence Intervention and Prevention (CVIP)
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$1,035,635</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$1,035,635</p>
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	2.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>Strategy 1.1 - Prevent and control chronic disease and promote healthy lifestyles for all South Carolinians.</p> <p>This request will advance Strategy 1.1 by addressing risk and protective factors among populations predisposed to experience violence. Community Violence Intervention and Prevention (CVIP) programming will have a positive impact on public health prevention work. Individuals exposed to Adverse Childhood Experiences violent trauma are more likely to have riskier behaviors and suffer from traumatic brain injury, motor vehicle crashes, and are more likely to smoke, contract sexually transmitted diseases, and develop chronic diseases. Preventing exposure to violent trauma through CVIP programming will lessen the health-related impacts and reduce the likelihood of committing violent acts themselves.</p>
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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?

	Awarded funds would support: 1) Two full-time employees; and 2) Evidence-based
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RECIPIENTS OF FUNDS

violence reduction programming throughout the state. Mini grants will be distributed to community-based partnerships and non-profits through a competitive grant application process.

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: Between 2012-2021, 4,658 people died from homicide in South Carolina. In 2021, our state's homicide rates were more than 50% higher than the national rate. Young black males are disproportionately impacted by firearm-injury and death. In 2019, firearm injuries became the leading cause of death for children and youth aged 0-19.

Homicides in SC increased by more than 30% from 2018-2020. Suicides increased by 7% during the same time. If the same increasing rates continue, SC will continue to spend over \$14 billion per year due to violence. These costs include hospital treatment, police response, long-term disability and mental health care, institutional care, loss of life earnings, and quality-of-life costs for pain and suffering over a victim's life.

Recognizing this issue, the General Assembly established the development of the CVIP program with FY23 proviso 34.66 and further stipulated that the program must award funds through mini grants to nonprofit and community-based partnerships that serve communities disproportionately affected by violence. We are currently able to utilize short-term federal grants to provide two staff and \$200,000 in mini grant funding. We do not have funding to continue offering mini grants or to staff the required program once the grant ends.

Solution: Acquire continued, long-term funding to support the CVIP program to include staff and the awarding of competitive mini grants to community-based partnerships and nonprofits. Mini grants totaling \$800,000 will be awarded to evidence-based violence reduction initiatives including but not limited to, early intervention services, mentor programs, street outreach, hospital-based violence intervention programs, trauma-informed care, etc.

Initiatives will be implemented to tailor resources for the communities they serve and will provide targeted services to individuals identified by data as having the highest risk of victimization or perpetration of violence. As an example, data show that the proportion of violent crimes committed by juveniles is increasing, yet this group may also be the most amenable to intervention.

Impact of not receiving funds: If no sustainable funds are directed toward a public health-driven, community-based approach to the violence epidemic, there will be an increase in costs, injuries, and deaths among a population already susceptible to violence population.

There will be fewer community-based approaches to mitigate violence, which has been increasing and is expected to continue worsening.

Method of calculation:

2 FTEs:

- 1 Program Manager (AH45)
- 1 Epidemiologist (EB42)

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 (\$1,500) 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.

The requested amount of **\$800,000** for mini grants will allow a substantial number of subrecipients to be awarded. Studies have shown that investing in violence reduction programming will reduce the direct costs to taxpayers and total economic costs to society as evidenced in several cities across the nation.

Additional state FTEs are needed because all available FTEs have been assigned to existing programs.

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	2
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Fiscal Impact of Restructuring - IT
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Provide a brief, descriptive title for this request.

AMOUNT	\$11,762,458
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What is the net change in requested appropriations for FY 2024-2025? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
	<input checked="" type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding
<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Priority # Fiscal Impact of Restructuring - IT	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	This request is necessary to fully implement Act 60 (S.399) of FY23. Without additional funding, our agency's ability to implement all goals will be impacted.
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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 would be allocated in line with the Fiscal Impact Statement that was submitted by the South Carolina Department of Health and Environmental Control as the bill was being developed. All expenditures will be made in accordance with current state procurement code.
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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

JUSTIFICATION OF REQUEST

Act 60 (S.399) of FY23 restructured the Department of Health and Environmental Control (DHEC) into two separate agencies, the Department of Public Health (DPH) and the Department of Environmental Services (DES), effective July 1, 2024. Initial cost estimates provided in the Fiscal Impact Statement detailed costs associated with IT network and system separation and migration. Additional funding is required **to support a successful transition and ensure that both agencies remain fully operational** beyond July 1, 2024. This request reflects the DPH estimated costs only.

DHEC has been a single entity for over 50 years; accordingly, its IT systems are fundamentally integrated, and its infrastructure is shared agency-wide across the state. Currently, the agency maintains one complex network containing business administration and communication software, shared network drives and Intranet, as well as databases and records management systems. To unravel this highly integrated network without losing data, threatening security, impeding business continuity, or interrupting public services will be a massive and complex undertaking.

The Department of Administration has performed a preliminary analysis of the strategic division of information technology processes as they pertain to either public health or environmental operations. Based on their assessment, we believe that these costs are necessary for the process of establishing new environments for each agency. These separation efforts will require the purchase of new equipment and programs and the use of contractors to augment current staff capabilities.

\$11,762,796 in one-time funds are needed for hardware and vendor support for data migration and system separation. Costs are based on current agency charges for shared services and recent costs for data migrations and upgrades.

Impact of not receiving funds:

Without additional funding, we will need to utilize program funding to offset costs identified above. This has a direct impact on funding available to support core agency missions and direct service delivery.

Method of calculation:

Costs were estimated based on existing costs and a thorough review of IT and operational needs. Reasonable estimates were provided for usage of each agency and impact to each where applicable. IT systems were reviewed for usage by each entity and an estimate made to identify anticipated costs to create new systems for each entity based on current actual charges.

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
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Fiscal Impact of Restructuring - Facilities
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,737,000
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What is the net change in requested appropriations for FY 2024-2025? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
	<input checked="" type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding Related to a Recurring request – If so, Priority # Fiscal Impact of Restructuring - Facilities

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	This request is necessary to fully implement Act 60 (S.399) of FY23. Without additional funding, our agency's ability to implement all goals will be impacted.
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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 would be allocated in line with the fiscal impact statement that was submitted by Department of Health and Environmental Control as the bill was being developed.
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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

Act 60 (S.399) of FY23 restructured the Department of Health and Environmental Control (DHEC) into two separate agencies, the Department of Public Health (DPH) and the Department of Environmental Services (DES), effective July 1, 2024. Initial cost estimates provided in the Fiscal Impact Statement detail potential facility costs among the two agencies. This request reflects the DPH portion only.

Additional recurring funding for these replicated items is required **to support a successful transition and ensure that both agencies remain fully operational** beyond July 1, 2024.

For optimal efficiency and communication, we will work to limit co-located facilities by both new agencies as much as possible. This will require leasing additional property, moving staff from co-located facilities, upfitting new locations for offices with special requirements and updating signage to ensure informed public access.

\$387,000 in one-time funds are needed to move staff from co-located facilities and to replace signage. Updated signage ensures that the public can easily identify official postings and facilities. Utilizing professional moving services will allow for this process to be efficient and timely, allowing for moving time to be reduced to a minimum.

DPH will also need to upfit new locations for the Agency Coordination Center (ACC) and Vital Records. The ACC is utilized during emergencies to facilitate rapid agency response and has specialized power, communications, and technology requirements. Vital Records not only requires appropriate queues and access for the public, but also space for electric file storage with fire suppression. \$3,350,00 in one-time funds are needed for upfitting 5,000 square feet of space for the ACC and 20,000 square feet for Vital Records. This includes the cost for fire suppression system installation and secure after-hours moving of records to minimize public impact.

Total one-time need is **\$3,737,000**.

Impact of not receiving funds:

Without additional funding, we will need to utilize program funding to offset costs identified above. This has a direct impact on funding available to support core agency missions and direct service delivery.

Method of calculation:

Relocation of ACC was estimated at a cost of \$500 per sq ft for 5,000 sq ft. Relocation of Vital Records was estimated to include the lease of a 20,000 sq ft commercial lease, along with upfitting for a fire suppression system.

Staff moving costs were calculated at \$9,000 per location, based on recent local office relocation costs under state contract.

New signage replacement was estimated based on the number of signs currently in operation at all the current DHEC facilities. Costs were estimated at \$300 per sign.

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
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mobile Maternity Care Van
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Provide a brief, descriptive title for this request.

AMOUNT	\$702,750
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What is the net change in requested appropriations for FY 2024-2025? 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:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
	<input checked="" type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding
<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Priority # Mobile Maternity Care Van	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p><i>Strategy 1.4: Assure access to care for residents by linking community services and facilitating systems of care for women, children and infants.</i></p> <p>According to a recent "Where You Live Matters" report by the March of Dimes, areas across South Carolina lack safe, effective, timely, efficient, and equitable access to perinatal care. Public health's role is not only to help reduce barriers to care but also to provide education and resources to communities to improve outcomes before, during, and after pregnancy. A proposed mobile maternity care unit will provide an opportunity to meet women where they are and link them to care, championing Strategy 1.4.</p> <p>Research shows that funding programs and services aimed at reducing adverse maternal and birth outcomes is expected to result in overall healthcare cost savings, estimated as a return of \$30 to \$36 for every \$1 invested.</p>
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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	<p>Using a solution-based solicitation, DPH will request proposals from external partners to facilitate the launch and continued operations of a mobile maternity care clinic in a pilot underserved area of SC. The scope of work of these proposals should include the build of the clinic, staffing, operation, and a data-driven approach to serving women and their communities. Eligible applicants should have demonstrated capacity and experience with facilitating mobile health services and an established relationship with existing health systems.</p> <p>These non-recurring funds would support the purchase of a mobile health unit (38 feet in</p>
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length), high-range ultrasound model and fetal heart monitor by the contracted partner entity.

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:

Across SC, the maternal mortality rate has been increasing over the past 3 years. The maternal mortality rate among non-Hispanic black mothers was 2.3 times greater than that of non-Hispanic white mothers. Over the past five years infant mortality rates across the state have increased by 12%. In that same time, rates among births to non-Hispanic black women increased 37%.

In SC, rurality not only contributes to substandard access to care but also to poor maternal outcomes and health disparities. Fourteen SC counties have no OB/GYN; five more only have one. Data indicate that women who resided in rural counties accounted for over 50% of maternal deaths in SC. The infant mortality rate is 33% higher among rural counties compared to urban counties, and 14 of the 15 counties with the highest infant mortality rates were categorized as rural.

Women living in rural areas must travel long distances to seek care not only during pregnancy but for well-woman services including family planning, chronic disease management, and recommended health screenings. Traveling greater distances to receive care is associated with greater risk of maternal morbidity and adverse birth outcomes, such as stillbirth and NICU admission. Longer travel distances can furthermore cause financial strain on families and increased prenatal stress and anxiety. Decreased access also increases the number of women who show up to hospitals in labor without appropriate pre-natal care.

Access to care in rural areas becomes more challenging with each year. Considering these factors, the distance a woman must travel to access care becomes a critical barrier to address before, during, and after pregnancy and in cases of emergencies.

Solution:

A **mobile maternity care clinic** will directly serve women in their communities, minimizing barriers to accessing care. Strong evidence suggests mobile clinics improve health outcomes, bridge gaps in access to care, build trust in communities, encourage community engagement, and reduce costs to the health care system at large. Mobile clinics provide invaluable referrals to services, education, and resources such as WIC, immunizations, and home health visits to underserved populations.

This mobile clinic will provide DPH the opportunity to facilitate health care access to women before, during, and after pregnancy. Mobile clinic operations will also promote local wellness and educational resources for women that address critical social determinants of health such as transportation, food insecurity, and poverty.

Additionally, DPH can leverage partnerships with clinical stakeholders across SC to serve underinsured and uninsured women in communities where access to healthcare is limited. In partnership with clinical providers, the maternity care unit can provide targeted services across a woman's life course including well-woman, pregnancy and postpartum interventions, newborn interventions, chronic condition management, and primary care (where appropriate).

Impact of not receiving funds:

Women who are underserved and have limited access to maternity-related health care will continue to experience harmful complications before, during, and after pregnancy. 39.1% of women live in counties that experience high adverse birth outcomes, and those living in maternity care deserts will continue to travel at least 2.1 times farther to receive care than women living in high access areas. Furthermore, SC cannot promote healthy people living in healthy communities if it cannot provide equitable access to those in rural health care deserts.

Method of calculation:

Contractual: \$702,750 (vendor purchase of mobile health vehicle, high-range ultrasound model, fetal heart monitor)

Vehicles, services, computers, and equipment based recent quotes for similar needs. Data from research on mobile health clinics was also used to ensure figures align with

**JUSTIFICATION
OF REQUEST**

industry standard.

This non-recurring request supports the up-front cost to purchase the mobile unit by a contract vendor. The corresponding recurring request supports the ongoing operating and clinical costs needed to deploy the unit.

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 C – CAPITAL REQUEST

AGENCY PRIORITY	9
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Replacement of Florence Health Department HVAC Units
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Provide a brief, descriptive title for this request.

AMOUNT	\$750,000
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How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	<p>This project is not on DHEC's FY24 CPIP, but it is intended to be added as a high priority for FY25. It was believed that the installation of an upgraded HVAC control system currently underway at the Florence Health Department would alleviate the facility's dehumidification issues, thus making a capital project unnecessary.</p> <p>However, in August 2023, we were made aware by the project's HVAC contractor and mechanical engineer that the existing HVAC units were not designed to meet this need. While the new control system can force these units to properly control moisture, it will be done inefficiently, putting great additional strain on the already aging units.</p> <p>Without funding, the current units will fail and be replaced individually using program resources pulled away from direct service delivery. Urgent replacements will be installed depending upon equipment availability and may not be the most appropriate units in response to each failure.</p>
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Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	<p>DPH will present this request to the JBRC for a two-phase approval.</p> <p>If funded, when replacement of the units occurs, DPH will work with a Mechanical Engineer to ensure selection of the most efficient HVAC units with the longest operating life possible.</p>
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Currently DPH does not have the funding to cover the cost of this capital improvement project. However, if funded, DPH expects to replace all ten HVAC units in this state-owned facility as soon as possible. At least a six-month delay between completing procurement and installation is anticipated due to the market availability of HVAC units.</p> <p>In recent years DHEC has used public health programmatic funding for the maintenance, repair, and/or replacement of the current HVAC units, resulting in a reduction of public health program services available to South Carolina residents. Currently, DPH does not expect to have any additional increase in operating expenses, and any potential savings gained will be used to fund these direct public health program services.</p> <p>The average useful life span of a commercial HVAC unit is 12 to 15 years.</p>
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

	<p>Florence Health Department is a state-owned facility located in the City of Florence and was constructed using a one-time state capital improvement appropriation in 1992. This health department provides critical direct services for the county, such as immunizations, family planning, TB and STD treatments, and WIC services. The facility also houses both</p>
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the regional environmental lab and field staff, all belonging to the Department of Environmental Services.

The facility currently has 10 separate HVAC units which are 14 years old with an expected useful life of 12 to 15 years. Ongoing maintenance on the units is costly:

- In recent years DHEC replaced one HVAC unit and the compressors in two other units.
- The existing HVAC units require the use of R22 refrigerant which is being phased out in the U.S. and therefore, the expense of replacing R22 refrigerant is ever increasing.
- Maintenance and repair for the current HVAC units in the last four years has been approximately \$23,500.

In addition to the age of the current HVAC units, they are unable to adequately dehumidify the air in the facility, causing major problems:

- High humidity has been an issue since the facility was constructed (1993).
- Humidity values in the building are over 90% at times.
- Numerous staff complaints have been filed with both DHEC Human Resources and OSHA, prompting remediations, air quality testing, etc.
- In the last ten years, two separate mold remediations were necessary (2014 and 2019) at a cost of over \$350,000. In both instances, staff were relocated during the 4-6 months it took for remediation, clean-up, and air quality testing efforts to be completed. This was an inconvenience to customers, patients/clients, and clinic operations.

SUMMARY

DPH continues to work to address the humidity by:

- Purchasing and installing 9 commercial dehumidifiers in 2019 (~\$8000). These dehumidifiers operate independent of the HVAC units but have not resolved the humidity issue.
- Additional portable dehumidifier placed in the worst impacted areas.
- Installing an upgraded HVAC control system to operate all 10 units cohesively. As noted above, while this will assist with humidity, it will also strain the units further.
- The manufacturer of the HVAC units is working on creating a wiring harness to help the current HVAC units operate better as a dehumidifier.
- Interior office doors in the impacted areas are being left open 24/7 to improve air circulation and reduce the formation of mold/mildew.
- Staff are wiping down workspaces *daily* to reduce the formation of mold/mildew.
- Housekeeping is dry mopping floors and walls *daily* in impacted areas to ensure the safety of customers, patients/clients, and staff and to reduce the formation of mold and mildew. These efforts are time intensive and negatively impact daily operations.
- Staff in areas most impacted were relocated to areas outside the facility until the humidity (mold/mildew) problems were resolved, disrupting customer service and patient/client access to certain program services.

We have recently been informed that the current units were not designed to dehumidify as needed. While the installation of a control system will improve the humidity situation, it will not serve as a permanent solution and will only expedite the failure of these units.

Rather than replace the units individually upon failure, DPH is seeking funding to replace all units at once. This will allow proper procurement of high-efficiency units with appropriate specifications for the building's needs. Complete replacement also eliminates potential downtime in service delivery due to unexpected system failures over time.

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

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

FORM D – PROVISO REVISION REQUEST

NUMBER	34.20
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Allocation of Indirect Cost and Recoveries
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	I. Administration
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	
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Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.

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

OTHER AGENCIES AFFECTED	None.
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>As interpreted, the language in the current proviso directs the agency to include both general fund appropriations and earned funds for Administration in our indirect cost calculation. Because the general funds do not need to be recovered, this artificially inflates the rate, which negatively impacts funds for direct services.</p> <p>Regardless of the funding source, an inflated rate reduces the amount of funding available to support direct program services. DPH wants to clarify the proviso language so that the resources appropriated by the General Assembly are fully available to focus on service delivery.</p> <p>The clarifying language does not change the amount recovered and returned to the state for federal grants as required by law.</p>
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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

There would be no change to overall agency expenditure or authority levels. This language change would simply redirect funding to direct program services.

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**

The department shall continue to deposit in the general fund all indirect cost recoveries **for the department's portion of the Statewide Central Services Cost Allocation Plan (SWCAP)**, derived from state general funds participating in the calculation of the approved indirect cost rate. Further administration cost funded with other funds used in the indirect cost calculation may, based on their percentage, be retained by the agency **The department shall retain recoveries in excess of the SWCAP amount** to support the remaining administrative costs of the agency.

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 D – PROVISO REVISION REQUEST

NUMBER	34.63
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Food Security Council
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	II. Programs and Services E. Family Health
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	
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Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.

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

OTHER AGENCIES AFFECTED	<p>The following agencies were required to provide representation on the Food Security Council. This requirement would be eliminated with the deletion of the proviso.</p> <ul style="list-style-type: none"> • Department on Aging • Department of Agriculture • Department of Education • Department of Health and Environmental Control • Department of Social Services • Department of Health and Human Services • Clemson University PSA • South Carolina State PSA
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>The proviso established a Food Security Council and outlined specific representation and tasks for the Council. Per the proviso, upon submission of a final report in January 2024, the Council is to be dissolved.</p> <p>As Council duties are fulfilled, the proviso is no longer necessary.</p>
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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

None

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) For Fiscal Year 2023-24, there is created the Food Security Council to be housed in the Department of Health and Environmental Control. The purpose of the Council shall be to:~~

~~(1) examine all state agency programs that address food insecurity in the State by providing monetary benefits or meal services that cover infants through senior citizens;~~

~~(2) identify gaps in service, particularly for the most vulnerable populations; and~~

~~(3) make recommendations on improvements to services and additional programs that can address the gaps in services.~~

~~(B) The Council shall be composed of one member representing each agency and appointed by the agency's director as follows:~~

~~(1) the Department on Aging;~~

~~(2) the Department of Agriculture;~~

~~(3) the Department of Education;~~

~~(4) the Department of Health and Environmental Control;~~

~~(5) the Department of Social Services;~~

~~(6) the Department of Health and Human Services;~~

~~(7) Clemson University PSA; and~~

~~(8) South Carolina State PSA.~~

~~(C) Any administrative services or support for the Council shall be provided by the Department of Health and Environmental Control.~~

~~(D) The Council shall provide a report to the President of the Senate, the Speaker of the House of Representatives, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on its findings and recommendations on the issues contained in this provision by January 31, 2024. Upon submission of the report, the Council shall be dissolved.~~

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