



Department of Public Health FY26 Budget Request

January 28, 2025



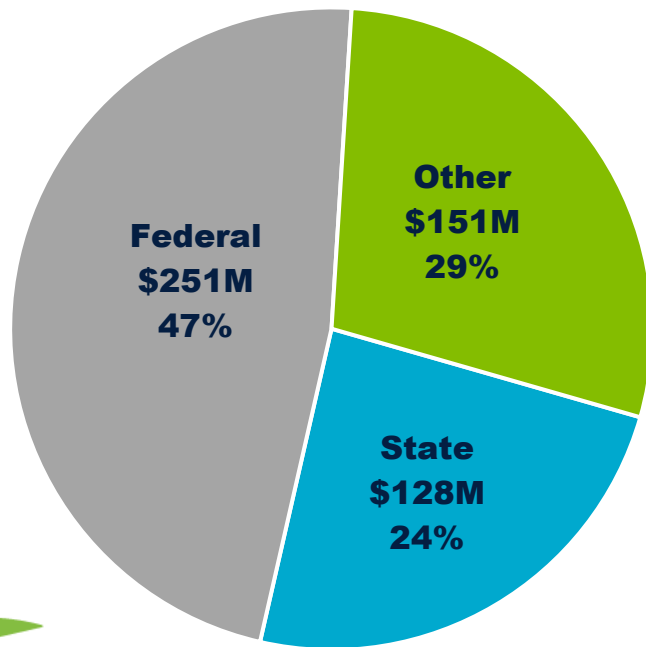
Agency Attendees

- **Dr. Edward Simmer – Agency Interim Director**
- **Dr. Karla Buru – Chief of Staff**
- **Gwen Thompson - Deputy Director of Healthcare Quality**
- **Dr. Brannon Traxler – Deputy Director of Health Promotion & Services**
- **Scott Jaillette –Legislative Affairs Director**
- **Darbi MacPhail – Deputy Director of Finance & Operations**
- **Meredith Murphy – Budget Director**



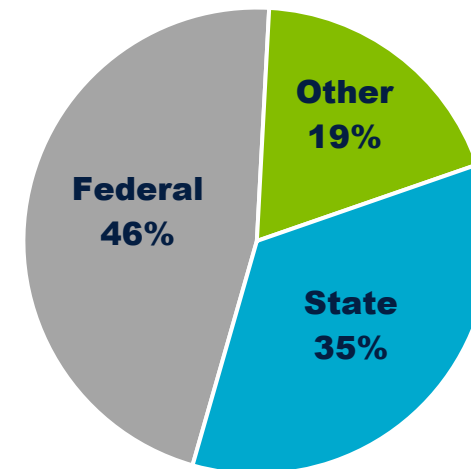
DPH Quick Facts

Total Appropriations: \$530M



Staff:

- **2317 FTEs**
- **435 temp. grant, etc.**
- **Funding:**





FY25 Funding Update

- Restructuring (IT and Facilities)
 - Utilizing funds to continue the separation of DPH and DES systems and locations
- Balance of Nursing Increases
 - Received \$2M of \$5M requested
 - Still holding some positions due to lack of staff funding
- Ensuring Healthcare Facility Safety
 - Received \$2M of \$6.5M requested; 25 of 47 FTEs
 - Working to fill all new positions for which funding was received
- Mobile Maternity Care Van
 - Received funding to purchase van but not to operate
 - Initiating conversations with partners and assessing procurement options





FY26 DPH Budget Request

Summary

- 3 recurring requests - \$10.2M
- 2 one-time requests - \$17.7M
- 1 federal authorization increase request - \$12M

Key Topics

- Healthcare Facility Safety
- Providing Essential Public Health Services to SC
- Modernizing IT Infrastructure

Healthcare Facility Safety

\$4.6M recurring

22 new FTEs
+

Funding for
8 existing FTEs



Problem:

- Received only partial funding for issue in FY25
- DPH facility inspectors remain understaffed
 - Stressful requirements/schedules, competition from the private sector
- DPH has a backlog of inspections and complaint investigations
 - Facility complaints and caseloads have increased, and staff cannot keep up
 - Currently no capability for night/weekend inspections
- Complaints have increased by **35%** since 2020
 - Goal is to resolve complaint investigations within 30 days
 - Average resolution is now **50-77 days**, depending on facility type
- Contracted staff augmentation is costlier and does not meet state requirements



Healthcare Facility Safety

\$4.6M recurring

22 new FTEs
+

Funding for
8 existing FTEs



Solution:

- Increase inspection staff
 - improve DPH's ability to provide timely and quality facility inspections

Costs Include:

- 22 additional FTE inspectors
 - Will allow collaboration teams, night & weekend inspections
- Balance of cost for positions received in FY25

Impact of Not Receiving Funding:

- Worsening inspection backlog, increased complaints, unsustainable workloads, increased staff burnout and turnover
- Decreased regulatory compliance, increase in care-related complaints, negative impact to the health and safety of SC citizens



Healthy Moms, Healthy Babies

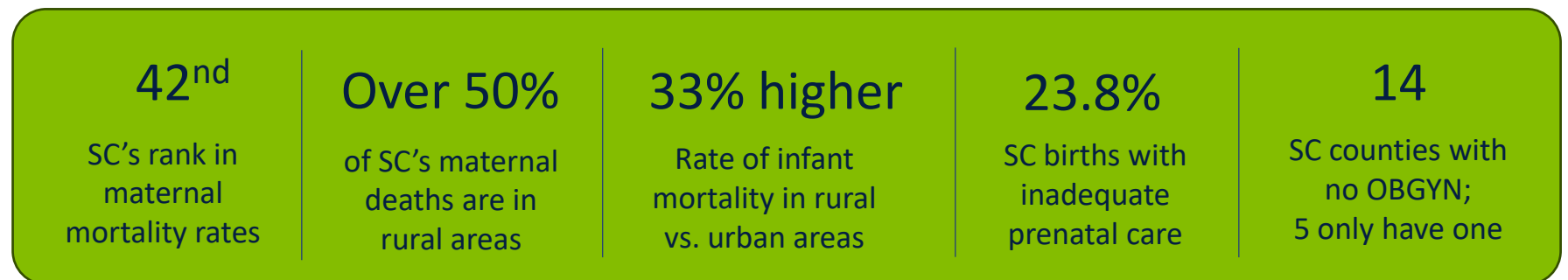
\$1.25M recurring
*(Mobile Maternity Clinic
operating costs)*

\$1.6M one-time
(“Hear Her” Campaign)



Problem:

- SC has some of the worst maternal and infant outcomes in the nation
 - Outcomes are worse in rural areas of SC
- More than **90% of maternal deaths are preventable**, and maternal education can reduce infant mortality rates
 - Need to increase awareness and education of warning signs to moms and their support networks



Healthy Moms, Healthy Babies

\$1.25M recurring
(*Mobile Maternity Clinic
operating costs*)

\$1.6M one-time
(*"Hear Her" Campaign*)



Solution 1 (Recurring):

- Operating expenses for mobile maternity clinic
Van will be purchased with one-time funds from FY25
- Will serve maternity care deserts in SC
 - One of three clusters of four counties each without OBGYNs where an average of only 55.1% of births saw adequate prenatal care

Solution 2 (One-Time):

- Statewide implementation of CDC's "Hear Her" campaign for 1 year
 - Awareness of warning signs of pregnancy complications
 - Advocacy for women to speak up, for support systems to listen
- Radio, TV, streaming, social media ads

Impact of Not Receiving Funds:

- Unable to operate mobile clinic
- Worsening maternal and infant outcomes in underserved areas



Frontline Staffing for Critical Public Health Services

\$4.3M recurring

21 new FTEs
+

Funding for
9 existing FTEs



Problem:

- TB, STDs, and rabies exposure rates are on the rise
 - Example: syphilis rates have increased **80%**; congenital syphilis rates have increased **800%**
- DPH is the leading authority on the control and treatment of these diseases
- These programs are understaffed
 - Some types of investigations are backlogged or are having to be prioritized

Quick Facts



21st

Columbia's ranking in US cities with highest STD rates; Charleston is 52nd

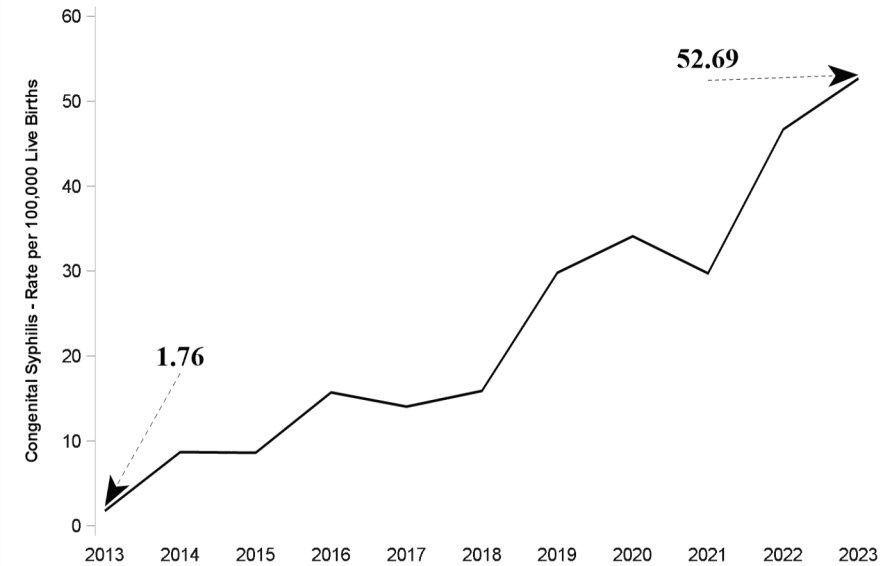


40%

Increase in active TB cases since 2020



Congenital Syphilis - Rate per 100,000 live births, South Carolina, 2013-2023



Frontline Staffing for Critical Public Health Services

\$4.3M recurring

21 new FTEs
+
Funding for
9 existing FTEs

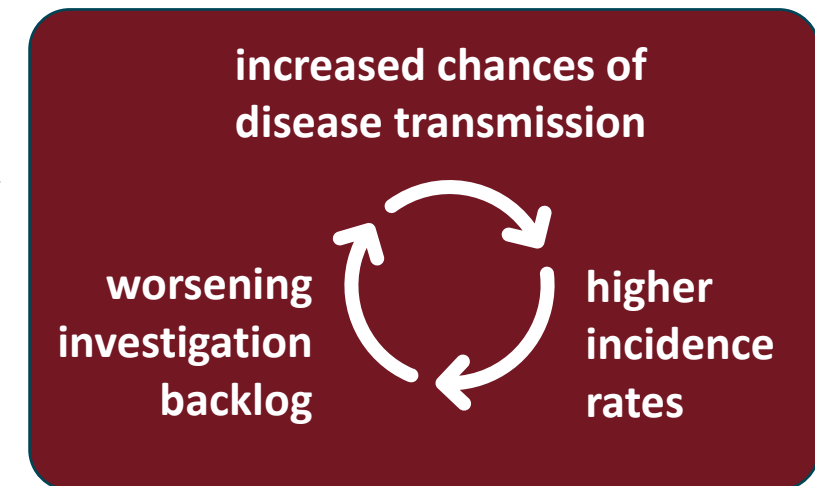


Solution:

- New FTEs:
 - STD Program: 4 RNs, 8 caseworkers
 - Rabies Program: 4 new investigators, funding for 4 existing
 - TB Program: 5 new RNs, funding for 3 existing RNs and 2 compliance support positions

Impact of Not Receiving Funding:

- Worsening investigation backlogs
 - Lapses between infection, diagnosis, and treatment mean higher rates of disease transmission
 - Higher rates of staff burnout and turnover



Modernizing IT Systems

\$16.1M one-time



Problems:

- Critical IT systems are built on antiquated platforms and legacy systems prone to technical issues
 - Still working within mainframe and DB2
 - Backlogs, delays, lost time, risk for errors
 - Reporting delays threaten federal funding
- Discontinuity and poor integration among various systems
 - Inefficient workflows and disruption to business continuity
- DPH is a shared services customer, but application modernization is beyond scope of available services
- Included in FY25 budget request

1972

Oldest coding date for current systems

27

Administrative applications with high technology risk



Modernizing IT Systems

\$16.1M one-time



Solution:

- Perform significant modernization of key systems in greatest need of upgrades
 - Get off mainframe & DB2
 - Collaborate with Dept. of Administration
- Increase security posture
- Provide long-term cost savings by using newer platforms

Impact of Not Receiving Funds:

- Higher risk of vulnerabilities and recurring service disruptions
- Potential security threats more likely to affect antiquated systems
- Worsening workflow inefficiencies and productive time lost
- Lost revenue and federal funding



Support WIC Food Spending

\$12M federal
authorization



Problem:

- WIC program costs have risen from pre-pandemic levels
- Higher participation rates and higher allowances for fresh fruits and vegetables have depleted Federal spending authority

Solution:

- \$12M in increased federal spending authority
 - No state funding requested
- Continue providing WIC program benefits to those who qualify
- Support new enrollees





Thank you!

Dr. Edward D. Simmer, Agency Interim Director