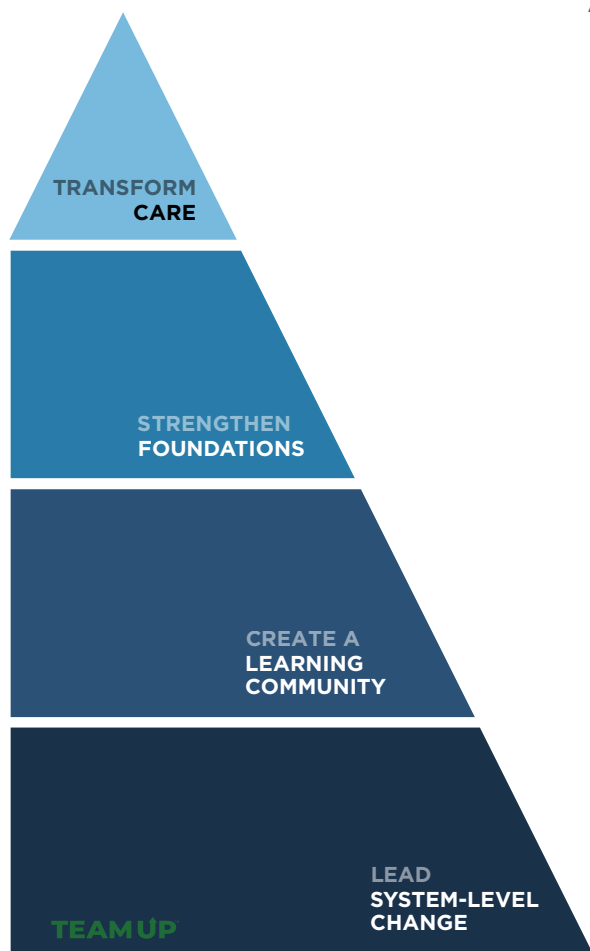


South Carolina Pediatric Behavioral Health Landscape Analysis: Executive Summary

October 2026

Produced by the TEAM UP Scaling and Sustainability Center

Elijah E. Boliver, MPH
Karthika Streb, MPH, M.Ed.
Anita Morris, MSN



Overview

This executive summary presents key findings from a landscape analysis conducted by the TEAM UP Scaling and Sustainability Center (TEAM UP) to inform the *Spartanburg TEAMs UP for Pediatric Behavioral Health* initiative. Drawing on interviews with key informants and a review of publicly available documents, the analysis examined the statewide and regional pediatric behavioral health landscape, including service access, financing, workforce capacity, and opportunities to advance integrated behavioral health (IBH). Findings indicate that South Carolina has an existing foundation for pediatric IBH, while workforce availability, fragmented service delivery, and limitations in reimbursement for preventive services remain important considerations. In Spartanburg County, existing resources and growing community investment provide opportunities to strengthen pediatric IBH capacity.

Introduction

South Carolina is currently experiencing a youth mental health crisis marked by rising rates of suicidal ideation, depression, anxiety, and other behavioral health (BH) needs.^{1–3} Ranked 43rd nationally for youth mental health, the state has begun to address these trends through several strategic plans, outlined in **Figure 1**.²

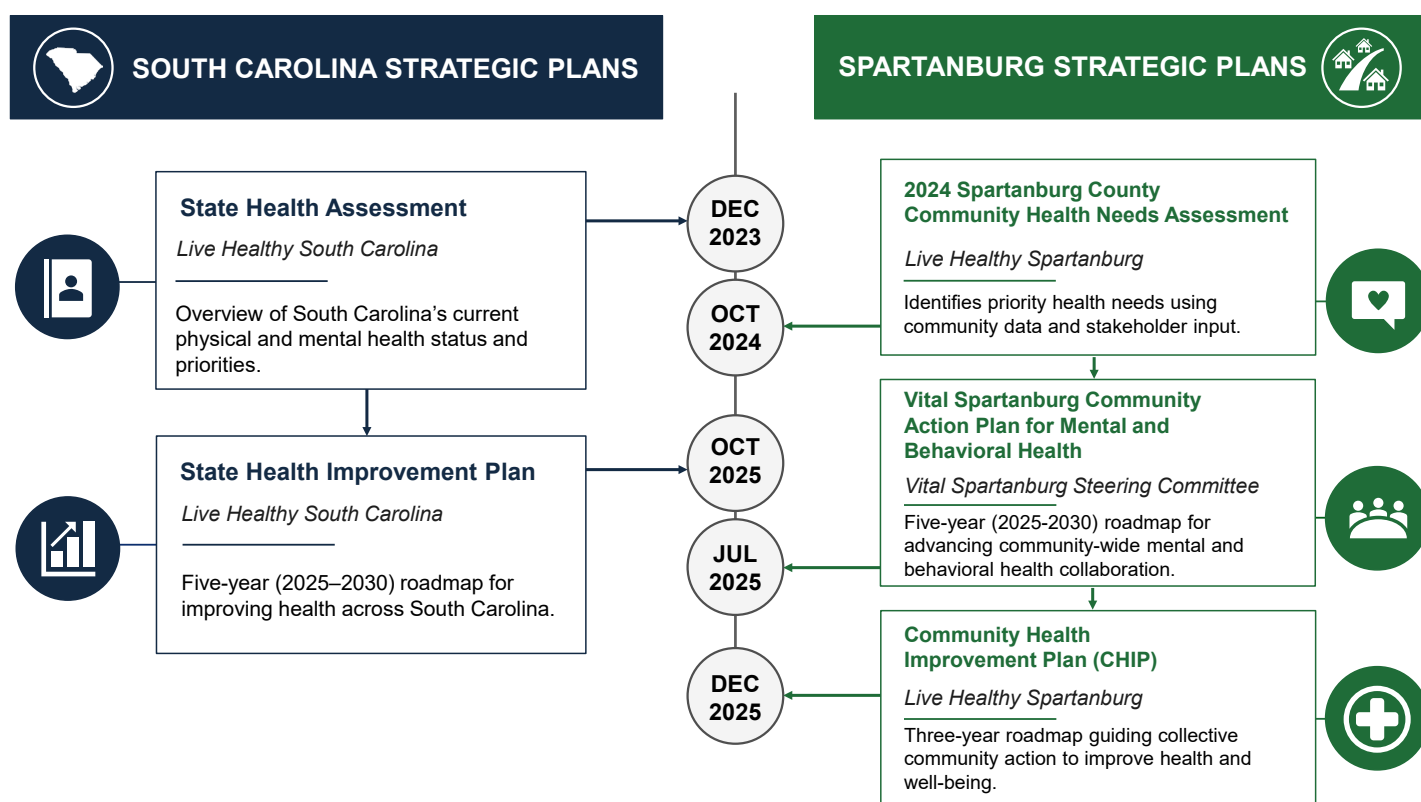


Figure 1: Timeline of Recent Strategic Planning in South Carolina

Integrating behavioral health into pediatric primary care is an established approach to expanding access to BH services for children and families.⁴ As the primary medical home and often the most consistent point of contact with the healthcare system, pediatric primary care is well-positioned to identify and respond to children’s growing behavioral health needs. **Figure 2** illustrates the IBH care pathway, from universal screening or identification of BH and developmental concerns through care delivery.

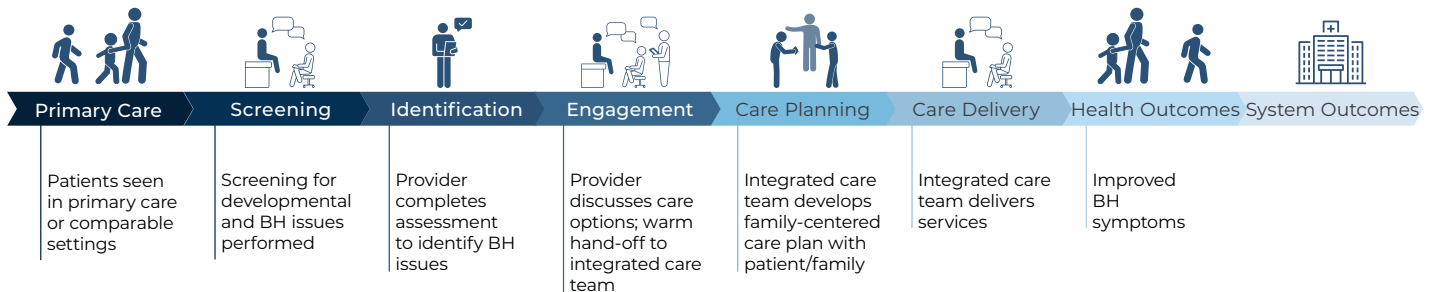


Figure 2: Integrated Behavioral Health Care Pathway

This approach aligns with efforts underway in Spartanburg County to strengthen behavioral health services for children and families. Through its Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), Spartanburg County explored opportunities to address the behavioral health needs of its residents (**Figure 1**).^{5,6} These efforts led to the formation of Vital Spartanburg, a group of 75 community leaders across the healthcare system, to collectively address the youth MH crisis.⁷ Supporting thriving children and families is Vital Spartanburg’s first priority, with IBH identified as a core strategy.

To advance this priority, the Spartanburg Regional Foundation (SRF) engaged TEAM UP, which equips primary care practice with integrated BH services. The [TEAM UP Model™](#) utilizes an integrated, multidisciplinary care team of behavioral health clinicians (BHCs), community health workers (CHWs), and primary care providers (PCPs) to address the BH needs across the complete age-spectrum of pediatric patients and their families. Through this engagement, TEAM UP will partner with [Spartanburg Regional Healthcare System’s](#) (SRHS) Center for Pediatrics to implement the TEAM UP model, referred to as the *Spartanburg TEAMS UP for Pediatric Behavioral Health (Spartanburg TEAMS UP)*. To inform this work, TEAM UP completed a [landscape analysis](#) of the state’s current BH environment. This executive summary of the landscape analysis is structured into three main sections: System-Level Overview of Pediatric Behavioral Healthcare, Regional Overview of Pediatric Behavioral Healthcare, and Opportunities for Impact.

System-Level Overview of Pediatric Behavioral Healthcare

South Carolina's BH system is governed by several agencies that shape coverage, financing, and availability of services (**Figure 3**). The Department of Behavioral Health and Developmental Disabilities (BHDD) oversees the state's public safety-net BH services, while several other organizations support primary care (**Figure 4**). This structure directly affects how primary care practices refer patients, coordinate care, and access services for children and families.

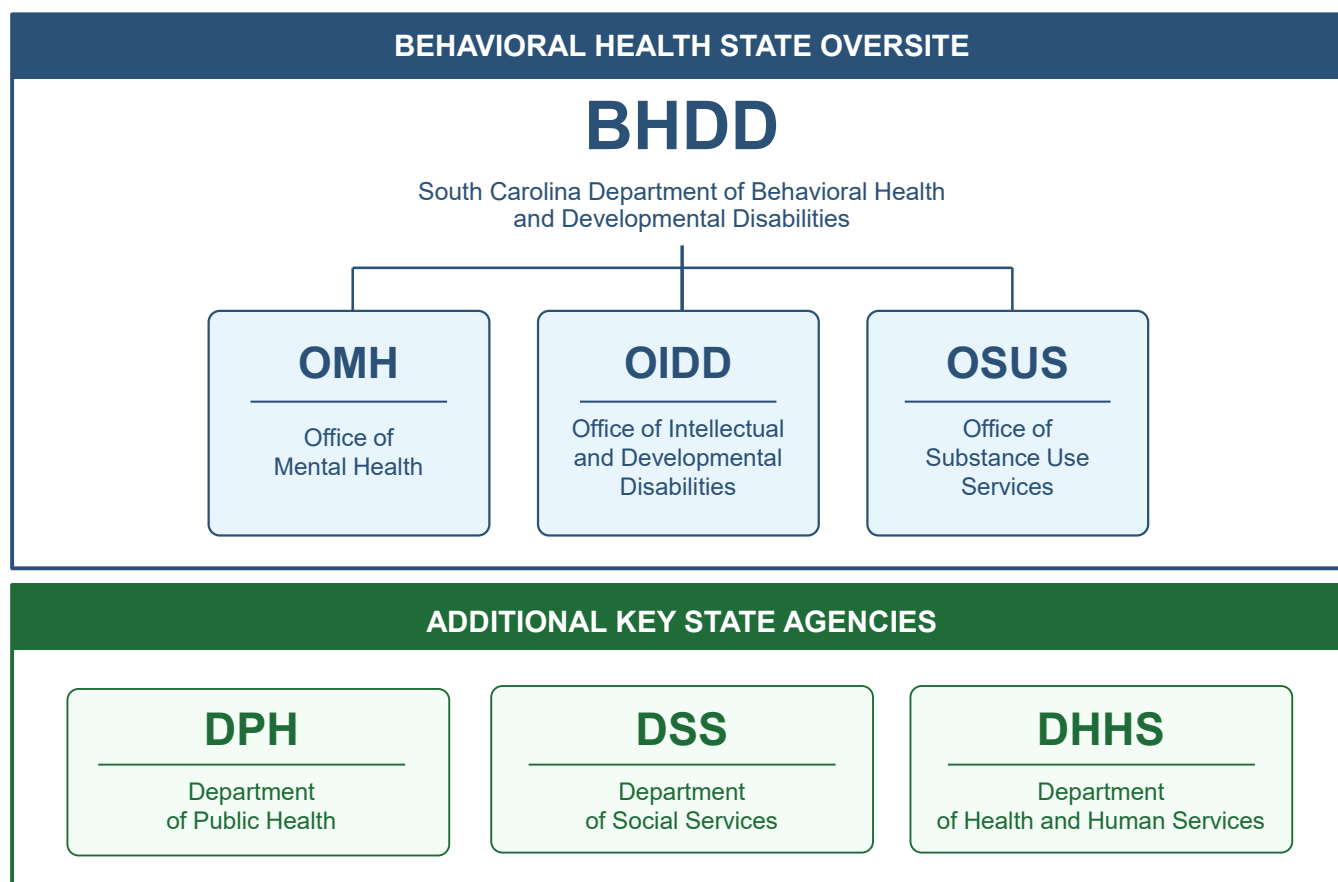


Figure 3: State Organizations that Oversee Behavioral Health and Developmental Services

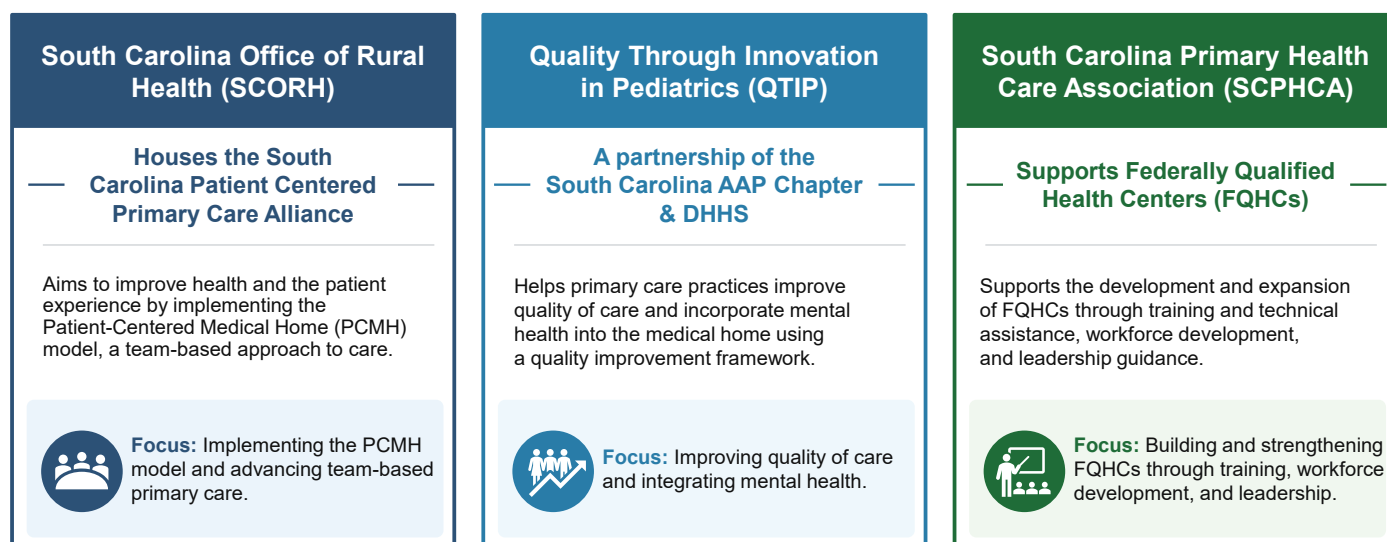


Figure 4: State Organizations that Contribute to the Improvement of Primary Care Service

Healthcare coverage and reimbursement play a central role in shaping access to pediatric IBH. Approximately 44% of South Carolina’s children and youth are publicly insured, with roughly 610,000 children under age 19 covered by Medicaid or Partners for Healthy Children (South Carolina’s Children’s Health Insurance Program [CHIP]).⁸ While the state has not adopted Medicaid expansion, South Carolina’s Section 1115 Waiver, known as “[Palmetto Pathways to Independence](#)” has implications for family-level stability and access to child- and family-related services.⁹

Existing Medicaid reimbursement pathways support pediatric IBH services provided by PCPs, BHCs, and certified peer-support specialists (PSSs). The state also has expanded Rehabilitative Behavioral Health Services (RBHS), which ensures coverage for services provided to children diagnosed with a mental health and/or substance use disorder.¹⁰ However, a key gap remains in reimbursement for preventative-based services to children and families prior to a BH or developmental need rising to the level of diagnosis. The state’s commercial payors follow similar reimbursement structures for children and youth.

Access to pediatric BH services across the state depends on coordination across multiple care settings and systems. **Figure 5** provides a brief overview of each of the major health care access points.

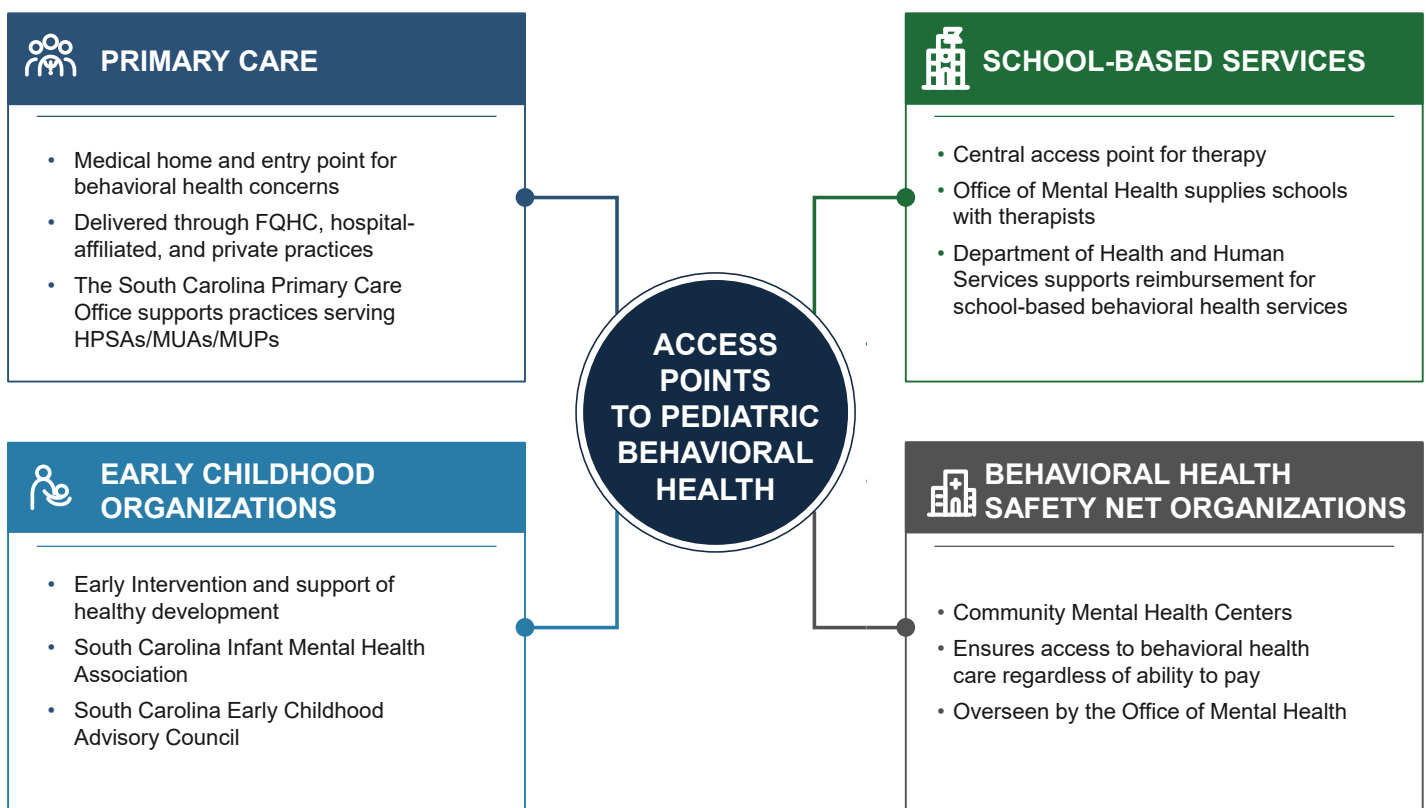


Figure 5: Access Points to Pediatric Behavioral Health in South Carolina

The state’s IBH workforce includes PCPs, psychiatrists, BHCs, CHWs, and PSSs, briefly described in **Figure 6**. These professionals often work within separate organizations rather than as integrated teams, creating challenges for care coordination and referrals. Workforce availability is also unevenly distributed, with fewer behavioral health and primary care resources in rural areas compared to metropolitan communities.^{11,12}

PRIMARY CARE PROVIDER	BEHAVIORAL HEALTH CLINICIAN	COMMUNITY HEALTH WORKER	PEER SUPPORT SPECIALIST	PSYCHIATRIST
Medical providers who identify, diagnose, and manage common pediatric behavioral health conditions.	Licensed behavioral health professionals providing assessment and therapeutic care.	Trusted frontline health workers who connect families with services and community resources.	Certified professionals with lived experience that support recovery and family engagement.	Providers (MD, DO, AP-NP) specializing in behavioral health diagnosis, consultation, and medication management.
KEY CONTRIBUTIONS • Screening and identification of needs • Diagnosis and manage • First-line medication management • Monitoring and follow-up • Care coordination and linkage to specialty and community resources	KEY CONTRIBUTIONS • Behavioral health assessment and diagnosis • Individual and family therapy • Brief interventions • Care planning and treatment planning • Collaboration with primary care and community partners	KEY CONTRIBUTIONS • Care coordination and navigation • Patient and caregiver education and support • Connection to community resources and services, including health related social needs • Promote engagement and retention in care • Help reduce stigma and promote wellness	KEY CONTRIBUTIONS • Recovery coaching and support • Skill building and problem-solving • Family and caregiver support • Peer mentoring and encouragement • Help reduce stigma and promote wellness	KEY CONTRIBUTIONS • Diagnostic consultation • Medication management and bridging to primary care • Consultation to primary care teams • Support for complex behavioral health needs • Maintain a limited patient caseload

Figure 6: Available Integrated Behavioral Health Workforce in South Carolina

Regional Overview of Pediatric Behavioral Healthcare

The Spartanburg Metropolitan Area (SMA), consisting of Spartanburg, Union, and Cherokee Counties, is one of the fastest growing in the state.¹³ This growth has been accompanied by a significant investment in organizations supporting the BH and developmental needs of children. **Figure 7** displays the regional health care access points available to Spartanburg residents.

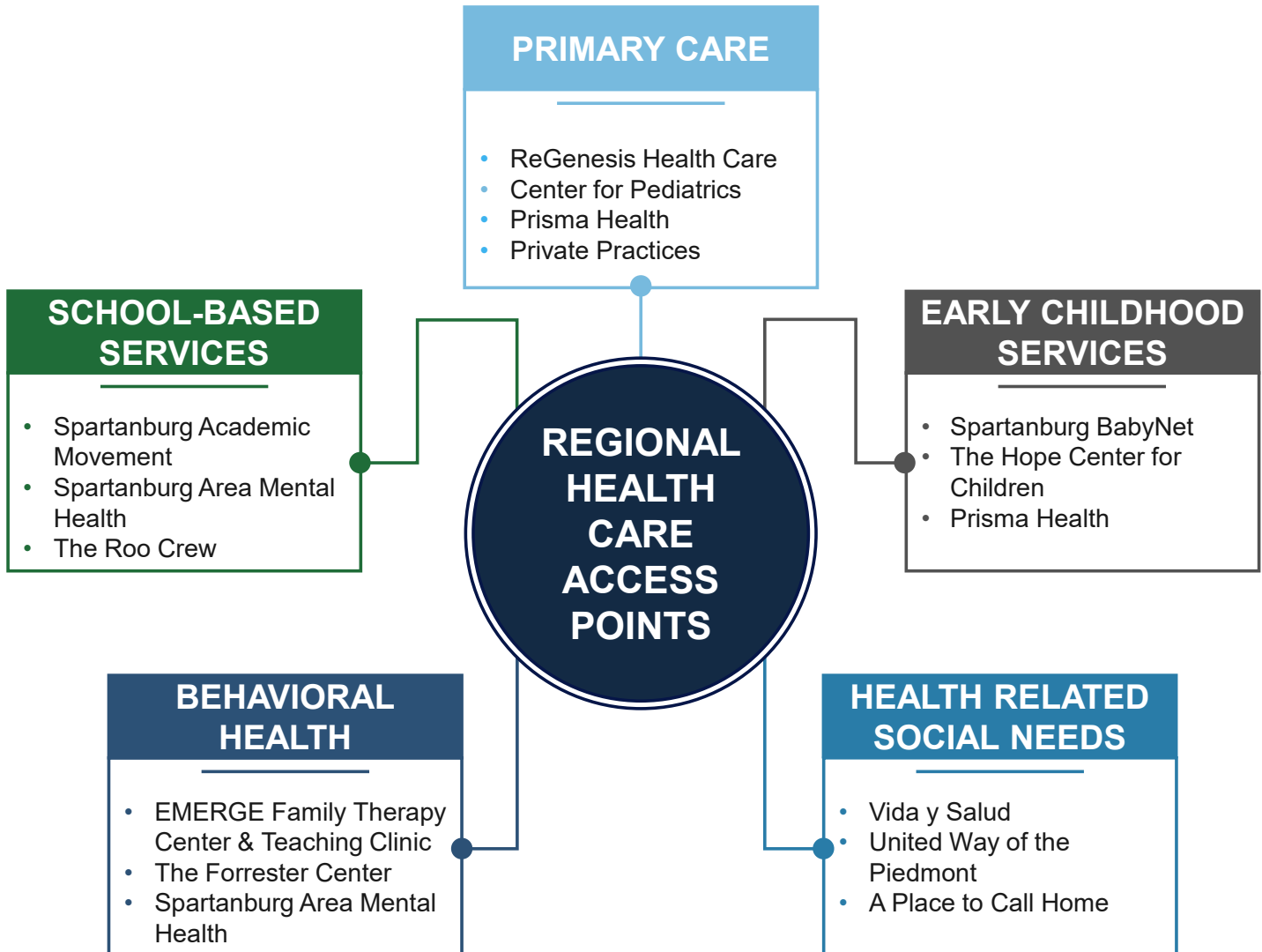


Figure 7: Health Care Access Points Across Spartanburg County

Spartanburg County has a growing workforce to support the pediatric BH needs of the community. Though PCPs vary in their comfort prescribing first-line psychotropic medications, many take advantage of the Youth Access to Psychiatry Program (YAP-P), for consultative support.¹⁴ There's a growing presence of CHWs throughout the county, although most are employed by community-based organizations rather than primary care practices. BHCs are in steady supply, with an estimated one BHC for every 779 residents.^{15,16} Collectively, these findings suggest an existing workforce foundation to support IBH, alongside opportunities to strengthen workforce capacity and integration within primary care.

Opportunities for Impact

Findings indicate that South Carolina has established policy and reimbursement pathways that support pediatric IBH, yet several considerations remain, including workforce availability, fragmentation across service systems, and limited BH capacity within primary care. In Spartanburg County, existing capacity for BH screening and assessment provides a foundation for advancing integrated care. Additional momentum generated by Vital Spartanburg has prompted further investment in pediatric IBH across the county. Together, these findings highlight opportunities to strengthen pediatric IBH through existing policy and financing structures, healthcare access points, workforce resources, and emerging investments. **Figure 8** summarizes the key opportunities identified through the analysis.

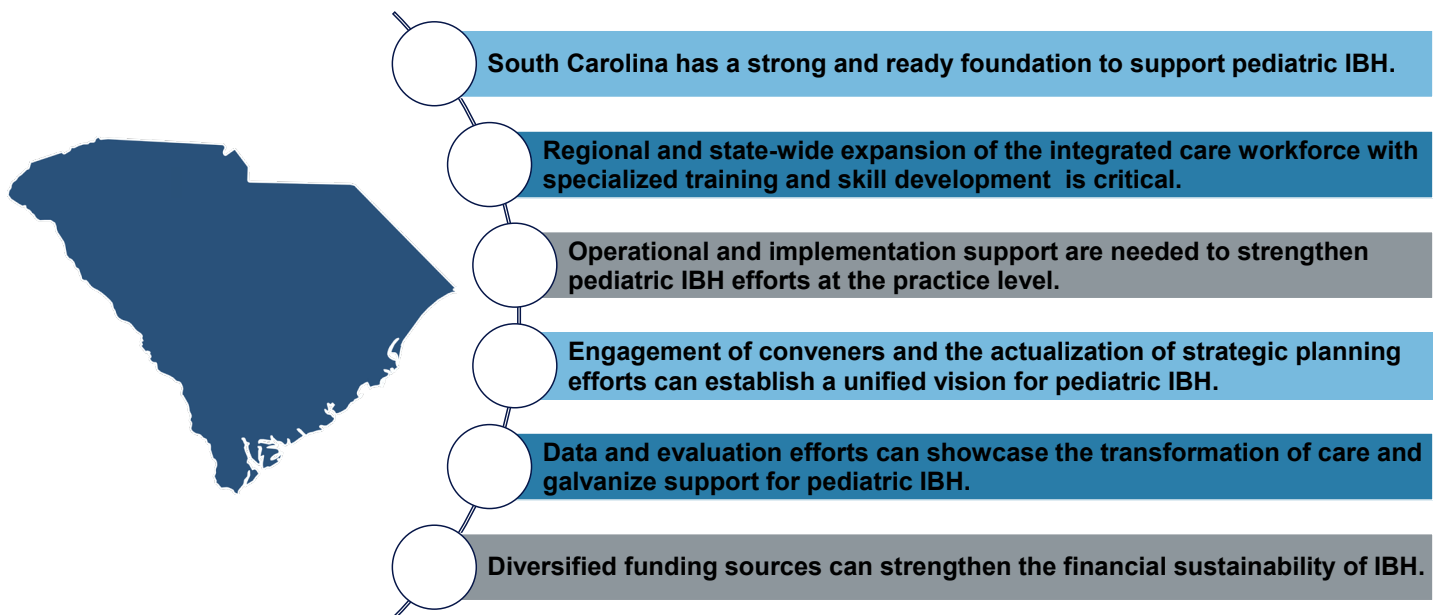


Figure 8: Opportunities to Advance Pediatric Integrated Behavioral Health

Conclusion

Building on the findings of the completed landscape analysis, the Spartanburg Regional Foundation (SRF) and Spartanburg Regional Healthcare System (SRHS) are well-positioned to advance pediatric IBH at the Center for Pediatrics, aligned with the priorities established through Vital Spartanburg. TEAM UP will collaborate with SRF, SRHS, and local partners to provide technical assistance and implementation support, informed by the opportunities and challenges identified through the landscape analysis. This work also presents an opportunity to generate practice-based learning that can inform the long-term sustainability of pediatric IBH in Spartanburg County and potentially across South Carolina.

References

1. Children's Trust of South Carolina. South Carolina Children Fare Among the Worst in the Ongoing Youth Mental Health Crisis. South Carolina Children Fare Among the Worst in the Ongoing Youth Mental Health Crisis. 2022. Accessed July 1, 2026. <https://scchildren.org/news/south-carolina-children-fare-among-the-worst-in-the-ongoing-youth-mental-health-crisis/>
2. Mental Health America. Data & Rankings. Youth: Data & Rankings. Accessed July 1, 2026. <https://mhanational.org/the-state-of-mental-health-in-america/data-rankings/youth-ranking/>
3. South Carolina Department of Behavioral Health and Developmental Disabilities. School Mental Health Services. School Mental Health Services. Accessed July 1, 2026. <https://www.scdmh.org/services-and-programs/school-mental-health-services/>
4. Sheldrick RC, Bair-Merritt MH, Durham MP, et al. Integrating Pediatric Universal Behavioral Health Care at Federally Qualified Health Centers. *Pediatrics*. 2022;149(4):e2021051822. doi:10.1542/peds.2021-051822
5. Live Healthy Spartanburg. *2024 Spartanburg County Community Health Needs Assessment*. 2024. Accessed July 1, 2026. <https://static1.squarespace.com/static/699ca8921cb363732f3b2943/t/699de1d169a47e49a6d30287/1771954641176/Live-Healthy-Spartanburg-2024-CHNA.pdf>
6. Live Healthy Spartanburg. *Spartanburg County Community Health Improvement Plan*. 2025. Accessed July 1, 2026. https://static1.squarespace.com/static/699ca8921cb363732f3b2943/t/699de19e0801635356f2f5d5/1771954590425/FINAL_LHS-CHIP_12052025_compressed.pdf
7. Vital Spartanburg Steering Committee, Spartanburg Regional Foundation. Vital Spartanburg. This Work is VITAL. Accessed July 1, 2026. <https://www.vitalspartanburg.org/about>
8. South Carolina Department of Health and Human Services. Medicaid Enrollment Dashboard. Medicaid Enrollment Dashboard. Accessed July 1, 2026. <https://www.scdhhs.gov/partners/reports-and-statistics/medicaid-enrollment-dashboard>
9. South Carolina Department of Health and Human Services. Palmetto Pathways to Independence Waiver. Palmetto Pathways to Independence Waiver. 2025. Accessed July 1, 2026. <https://www.scdhhs.gov/CEwaiver>
10. South Carolina Department of Health and Human Services. *Rehabilitative Behavioral Health Services (RBHS) Provider Manual*. Accessed July 15, 2026. <https://provider.scdhhs.gov/internet/pdf/manuals/RBHS/Manual.pdf>
11. Kasey J, Laudenschlager C, Chan G. *South Carolina Medicaid Provider Network Analysis*. South Carolina Department of Health and Human Services; 2025. Accessed July 1, 2025. https://www.scdhhs.gov/sites/dhhs/files/documents/SCDHHS_Provider%20Network%20Access%20Analysis_20250.pdf

12. inseperable. *The Workforce Report: Bridging the Mental Health Care Gap*. 2026. Accessed July 1, 2026. https://www.inseperable.us/wp-content/uploads/dlm_uploads/2026/03/Inseperable-2026WorkforceReport.pdf
13. United States Census Bureau. *Slow Growth Impacts Nation's Largest Counties Hardest*. 2026. Accessed July 1, 2026. <https://www.census.gov/newsroom/press-releases/2026/2025-popest-metro-micro-counties.html>
14. South Carolina Department of Behavioral Health and Developmental Disabilities. Youth Access to Psychiatry Program. Bridging the Gap to Psychiatric Care. Accessed July 1, 2026. <https://yapp.scdmh.org/>
15. Chastain-Brown A, Fu B, Gaul K. *The Social Work Workforce in South Carolina*, 2021. South Carolina Area Health Education Consortium; 2025. Accessed July 1, 2026. <https://www.scahec.net/scohw/reports/144>
16. Woolcock S, Andrilla C, Garberson L, Graves J. *South Carolina Rural Behavioral Health Workforce*. University of Washington; 2025. Accessed July 1, 2026. https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2025/10/RHRC_DBOCT2025_SC_BH_Woolcock.pdf