

Pediatric Behavioral Health Landscape Analysis: South Carolina's Opportunity for Integrated Behavioral Health Care

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Report Produced by the TEAM UP Scaling and Sustainability Center

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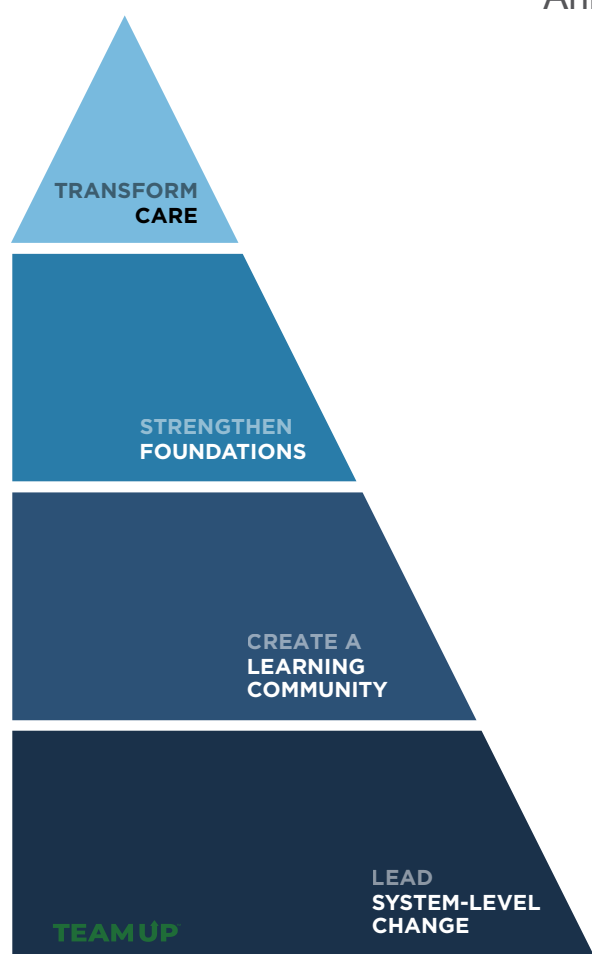


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Introduction

I. Current Status of South Carolina's Pediatric Behavioral Health Landscape

South Carolina is experiencing a youth mental health crisis. Ranked 43rd nationally for youth mental health, the state has experienced rising rates of suicidal ideation, depression, anxiety, and other behavioral health (BH) needs among its young people.¹⁻³ More than 75% of youth diagnosed with major depressive disorder receive no mental health treatment.³ Suicide is among the leading causes of death for adolescents aged 10-17 years.³ Roughly 17% of youth have experienced two or more adverse childhood experiences, which are associated with mental illness and substance use in adulthood.⁴

To address these concerning trends and other population health challenges, South Carolina developed a state health improvement plan (SHIP) outlining a five-year roadmap for improving health.⁵ BH is one of the SHIP's top priorities, and the plan addresses youth mental health through several strategies.⁵ These strategies are primarily focused in two settings where young people already are—schools and primary care. In schools, the South Carolina Department of Health and Human Services (DHHS) has supported expansion of school-based mental health services through policy changes that funnel additional funding to support mental health practitioners.³ In primary care, the SHIP calls for integrating behavioral health into routine care to improve access to services.⁵

Pediatric primary care serves as the medical home and most consistent point of contact with the healthcare system for many children and families, making their capacity to deliver BH services a priority. Families and children in these communities can face multiple barriers to accessing BH care, such as workforce shortages, long wait times, fragmented systems of care, stigma, and other health-related social needs. Integrating BH services in pediatric primary care further strengthens the state's response to the youth mental health crisis. **Figure 1** illustrates the care pathway for primary care with integrated behavioral health (IBH) services, beginning with universal screening for behavioral health and developmental concerns through to care delivery.

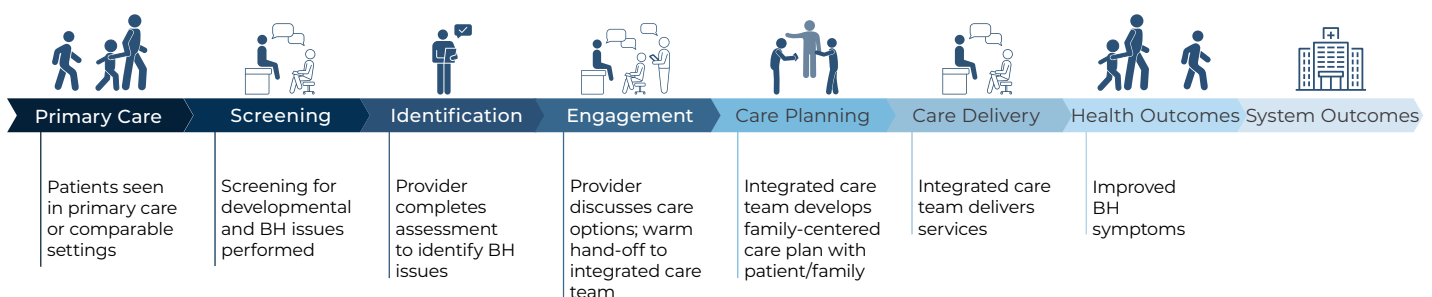


Figure 1. Integrated Behavioral Health Care Pathway

II. Description of the TEAM UP Scaling and Sustainability Center and Spartanburg TEAMS UP for Pediatric Behavioral Health

While the state was finalizing its SHIP, Spartanburg County began a process to advance the health of its residents. In October 2024, [Live Health Spartanburg](#) published the Community Health Needs Assessment (CHNA) that identified health-related challenges faced by residents.⁶ The CHNA led to the creation of Live Healthy Spartanburg's Community Health Improvement Plan (CHIP), which made children's BH a local priority.⁷ At this same time, a group of 75 community leaders across the county came together to establish Vital Spartanburg to address the mental health crisis and develop a community action plan for mental and BH.⁸ The action plan's first priority is to support thriving children and families, with IBH among the strategies recommended. To advance this priority, and with support from the Spartanburg Regional Foundation, the [TEAM UP Scaling and Sustainability Center](#) (hereafter TEAM UP) will partner with the Spartanburg Regional Health Systems' (SRHS) Center for Pediatrics to build its capacity to provide IBH services to the children and families they serve. This collective work is named *Spartanburg TEAMS UP for Pediatric Behavioral Health*. To inform this effort, TEAM UP conducted a landscape analysis of South Carolina's pediatric behavioral healthcare system whose outcomes are detailed in the following pages. The analysis identifies where strategic investments, at the state-level and within Spartanburg County, can strengthen children's BH care. This report maps the opportunities in the primary care environment and most likely to advance pediatric IBH.

The mission of TEAM UP is to equip primary care practices to integrate BH services so all children and youth have equitable access to BH care. This is accomplished through the implementation, scaling, and long-term sustainability of evidence-informed integrated pediatric BH care. 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 full spectrum of BH needs among children and families in their care. The model focuses on the promotion of healthy development, early identification of emerging BH needs, and swift access to care. TEAM UP provides comprehensive clinical training and technical assistance, paired with revenue optimization and advocacy, to bolster practice, policy, and system-level changes to sustain improvements long-term.

TEAM UP has demonstrated positive impacts on children and families, the BH workforce, and the broader healthcare system. Implementation of the TEAM UP model has resulted in improved identification of pediatric BH needs, increased receipt of services, and improved symptoms over time.^{9,10} Staff members working within TEAM UP practices reported increased workforce satisfaction, improved collaboration, and greater professional fulfillment.^{11,12} In addition, these same staff members experienced lower overall levels of professional burnout when compared

to national averages.¹¹ Implementation of the TEAM UP model has increased engagement in primary care visits without significant change in avoidable health care utilization or cost.^{13,14} Collectively, TEAM UP is well positioned to advance pediatric IBH capacity in South Carolina primary care practices.

III. Landscape Analysis Methodology

The landscape analysis was conducted between March and July 2026 during which TEAM UP completed over 20 interviews with key informants, at both the state- and regional-level (Spartanburg County), and among leadership across SRHS. **Appendix 1** contains a complete list of organizations and individuals engaged in the landscape analysis. TEAM UP developed a standardized questionnaire that was used for all interviews and a template to collate information from relevant documents. A comprehensive review of over 75 documents and publicly available sources relevant to pediatric BH policy, financing, and service delivery were reviewed. Themes from interviews and documents were synthesized and categorized based on their contribution to the system- and regional-level BH landscape. This process produced a comprehensive understanding of the pediatric BH landscape of South Carolina and Spartanburg County.

IV. Structure of the Landscape Analysis

This landscape analysis is organized into three main sections. Section 1, System-Level Overview of Pediatric Behavioral Healthcare, outlines the administrative structure, available payment models, access points, and the range of pertinent legislation that shapes BH service delivery within pediatric primary care. Section 2, Spartanburg County: Regional Overview of Pediatric Behavioral Health Care, details the available workforce, service delivery and coordination within primary care practices, and the variety of organizations that support the BH and developmental needs of the pediatric population. Section 3, Opportunities for Impact, details opportunities for further investment to support the delivery and sustainability of pediatric IBH services within primary care across the state. Findings from this section draw on a subset of organizations and leadership representatives that were engaged in the landscape analysis and may not reflect the full range of perspectives across the state.

System-Level Overview of Pediatric Behavioral Healthcare

This section provides an overview of the system-level context shaping pediatric BH care delivery across South Carolina. The overview spans the strategic plans that set the state's current direction, the roles of key state agencies and membership organizations, the payment and reimbursement models that shape access to and sustainability of pediatric BH services, the access points through which children and families receive care, the state's current BH workforce, and regional variation in primary and BH care. Together, this overview situates pediatric IBH within South Carolina's broader policy, financing, and service delivery environment.

I. Strategic Plans

[Live Healthy South Carolina](#) (LHSC), a collaborative effort organized through the Department of Public Health (DPH), led the charge to improve the state's BH care.¹⁵ In December 2023, LHSC completed a comprehensive State Health Assessment (SHA), which drew on input from over 60 organizations across the state and included recommendations for improving children's health.¹⁶ The SHA served as the foundation for the SHIP.^{5,16} The SHIP lays out a five-year roadmap (2025-2030) to address South Carolina's most pressing health challenges and to enhance the wellbeing of all South Carolinians.⁵ Together, the SHA and SHIP summarize the state's public health priorities and inform recent efforts to strengthen South Carolina's primary care and BH care systems. **Figure 2** displays a timeline of the state's strategic planning is included below.

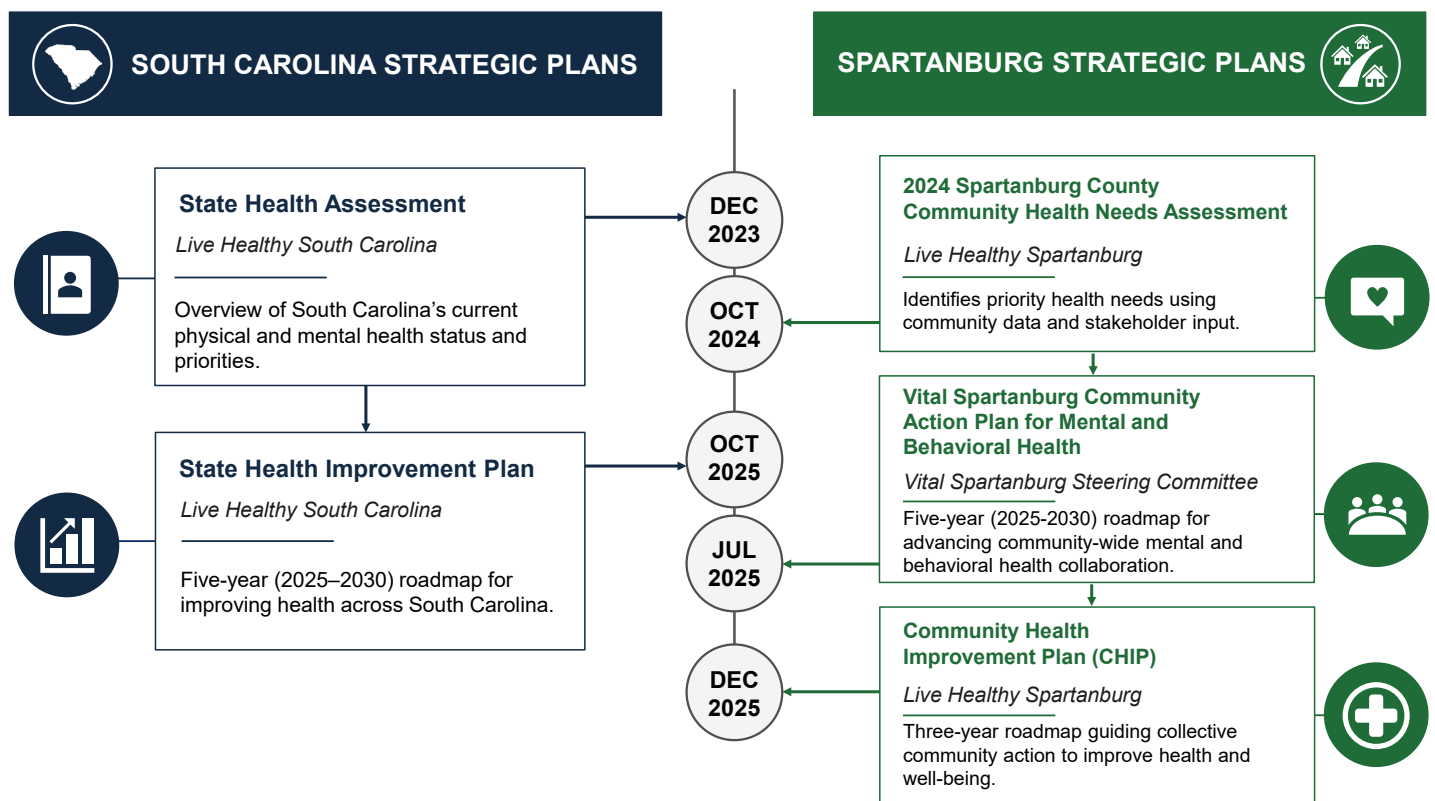


Figure 2. Timeline of Recent Strategic Planning in South Carolina

II. Organizational Structure

Behavioral Health

South Carolina BH is governed by several distinct agencies that shape the coverage, financing, and availability of services (**Figure 3**). This structure directly affects how primary care practices refer patients, coordinate care, and access services for children and families.

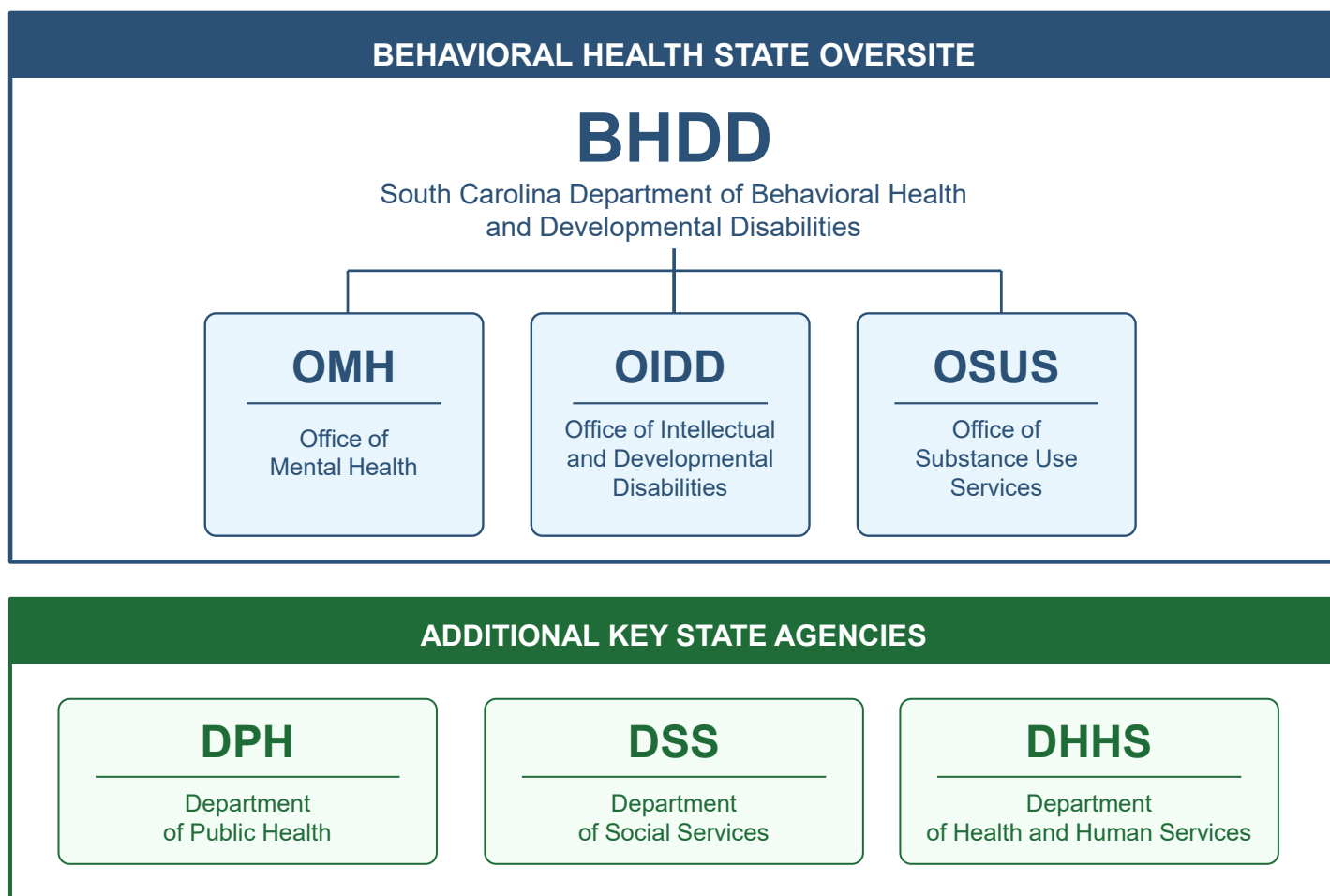


Figure 3. State Organizations that Oversee Behavioral Health and Developmental Services

In 2025, Governor McMaster spearheaded the state's largest government agency merger in over 30 years. The resultant bill, titled the Department of Behavioral Health and Developmental Disabilities Act (HB A3, R10, S2), established the Department of Behavioral Health and Developmental Disabilities (BHDD), a cabinet-level agency that is directly accountable to the governor.^{17,18} BHDD oversees South Carolina's public safety-net BH services and now consists of three offices: Office of Intellectual and Developmental Disabilities (OIDD), Office of Mental Health (OMH), and Office of Substance Use Services (OSUS).¹⁸ This change was considered an important step to advance South Carolina's accountability for providing comprehensive BH services across the state.

Several other state agencies contribute to the BH wellbeing of all South Carolinians. DPH leads the state’s population health efforts, including disease prevention, health promotion, and maternal and child health. DPH also houses the [South Carolina Primary Care Office \(PCO\)](#) and the state’s community health worker certification program, both of which bear directly on pediatric BH.¹⁹ The Department of Social Services (DSS) serves as the state’s child welfare agency by providing protective services for children and vulnerable adults.²⁰ In addition, DSS administers the Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) program.²⁰ The DHHS administers the state’s Medicaid program, Healthy Connections, advancing health care coverage for children and families.²¹ A more detailed description of each office is included **Appendix 2**.

Primary Care

The PCO supports primary care access and workforce across the state. The office serves as the liaison to the Health Resources and Services Administration (HRSA) to support efforts to expand healthcare access through funding and recruitment incentives.¹⁹ The PCO assists in the collection of data to identify Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Population (MUAs/MUPs).

Figure 4 outlines several additional organizations that contribute to the improvement of service delivery within primary care.

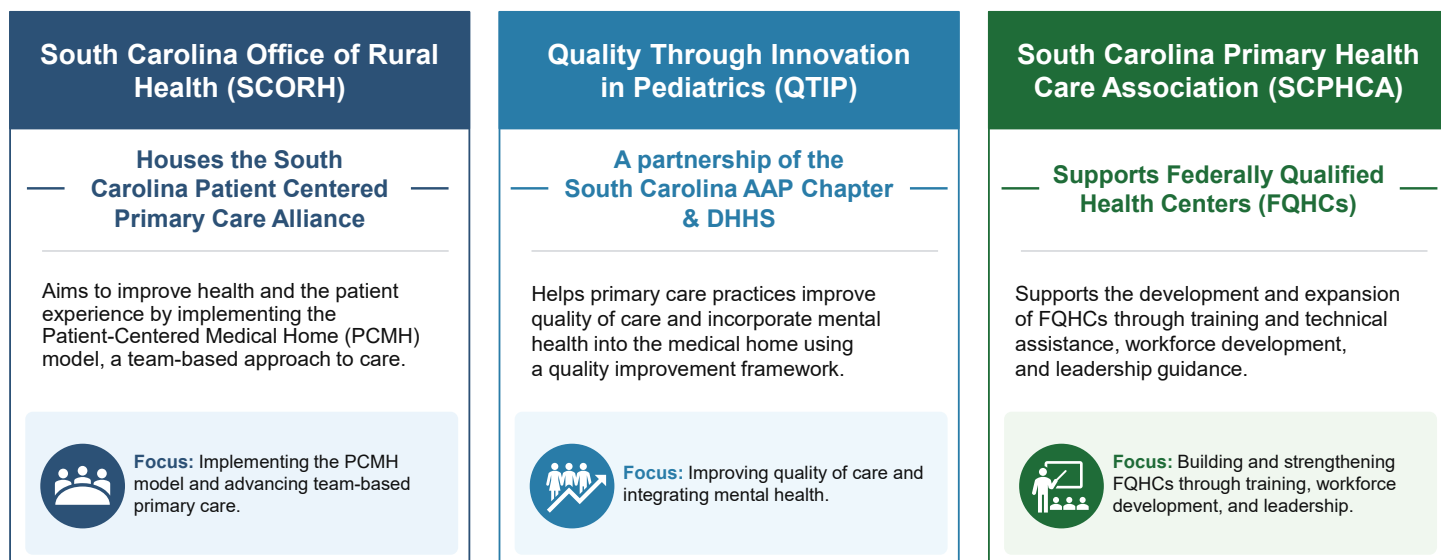


Figure 4. State Organizations that Contribute to the Improvement of Primary Care Service

III. Payment Models

Coverage and reimbursement structures play a central role in shaping access to and sustainability of pediatric IBH. A significant portion of children and youth are covered by Medicaid and Partners for Healthy Children, South Carolina's Children's Health Insurance Program (CHIP).²² BH service delivery within pediatric primary care is closely tied to the public coverage landscape as well as to state policy and associated reimbursement frameworks. Together, this payment structure can provide a steady revenue stream for IBH, though several factors influence its long-term sustainability.

Medicaid & CHIP

Approximately 44% of South Carolina's children and youth are publicly insured.²³ Roughly 610,000 children under age 19 are covered by Medicaid or Partners for Healthy Children, representing 62% of total program enrollment.²⁴ DHHS contracts with five Managed Care Organizations (MCOs) that provide coverage to the Medicaid population: [Absolute Total Care](#), [BlueChoice \(Healthy Blue\)](#), [Humana Healthy Horizons](#), [Molina](#), and [Select Health \(First Choice\)](#). Each MCO maintains its own operational requirements and reimbursement processes, contributing to variation in how BH services are financed and administered.

Medicaid Coverage Expansions Through the 1115 Waiver

South Carolina's Section 1115 Waiver, known as the "Palmetto Pathways to Independence," is a targeted regulatory innovation to expand access to affordable health coverage for adults who would not otherwise qualify for Medicaid, without adopting full Medicaid expansion.²⁵ While primarily focused on adult coverage, the waiver has implications for family-level stability and access to child- and family-related services, particularly among vulnerable populations.²⁵ The program extends Medicaid coverage to adults in the parent caretaker relative (PCR) coverage group with incomes between 67%-100% of the Federal Poverty Level who meet work, training, or volunteer requirements.²⁵ Covering these parents/caretakers may influence continuity of care and engagement with health systems for families with children. As of June 2025, the proposed Palmetto Pathways to Independence waiver was submitted to the Centers for Medicare and Medicaid Services (CMS) and is currently pending. For more information on the 1115 Waiver process and its role in driving state-based innovation in Medicaid, visit the [DHHS's website](#).

FAST FACT

South Carolina is among the ten states across the country to not adopt Medicaid expansion.

Notwithstanding, the state is well-positioned to support integrated pediatric behavioral health initiatives.

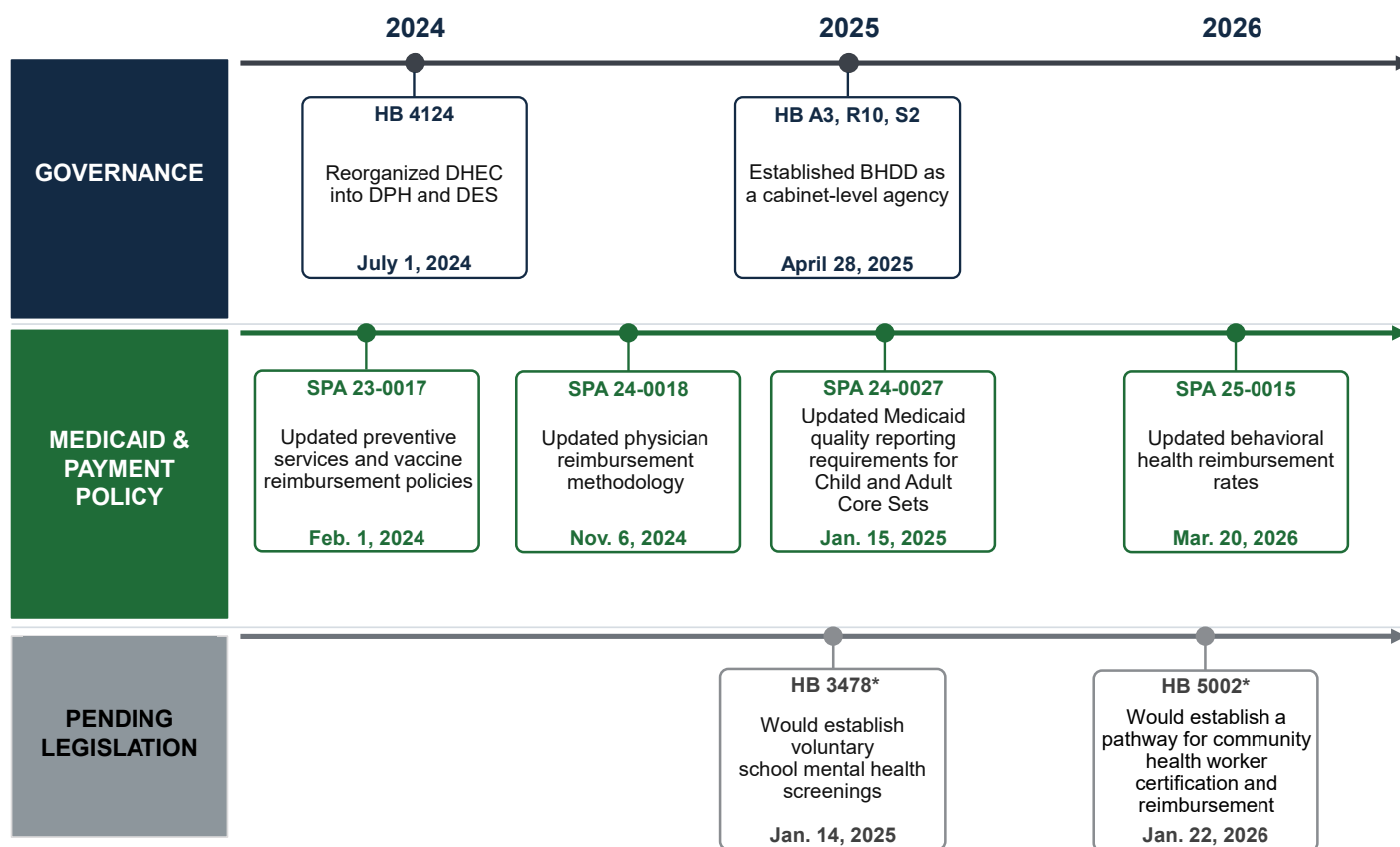
Reimbursement Opportunities for IBH

DHHS publishes maximum allowable Medicaid rates for covered services, which set the payment ceilings for services delivered to Medicaid and CHIP beneficiaries. Levels vary by service and provider type, but primary care practices can be paid for BH services delivered by PCPs and licensed BHCs.²⁶ Certified peer support specialists (PSS) may also support BH related service delivery, though the role is primarily oriented towards individuals with substance use needs and have not been well-operationalized to support pediatric BH.²⁶ Reimbursement for BH services is also supported by the state's commercial payors; the largest commercial payor is Blue Cross Blue Shield of South Carolina.²⁷ Despite these payment pathways, barriers to BH financing are likely to exist.

Reimbursement for CHW services offers another potential pathway to financial sustainability of BH services. Through DPH and the South Carolina Community Health Worker Association, the state has established certification standards that have professionalized the CHW role and codified its contributions to service delivery.^{28,29} Legislation to establish reimbursement for services delivered by certified CHWs is under consideration.³⁰ At this time, organizations that employ CHWs continue to rely primarily on grant funding and operational budgets to fund the role.

Legislative and Policy Actions Affecting Reimbursement

Several legislative and policy actions have expanded BH coverage and strengthened the financial viability of IBH service delivery (**Figure 5**). **Appendix 3** provides a detailed description of relevant legislative and policy actions.



*Pending legislation; dates reflect bill introduction

Figure 5. Timeline of Recent Legislative & Policy Actions that Impact Behavioral Health

Legislation supports early screening for BH and developmental needs and establishes reimbursement pathways for covered services. Effective July 01, 2026, licensed independent social workers – clinical practice (LISW-CP), licensed marriage and family therapists (LMFT), or licensed professional counselors (LPC) can receive reimbursement for providing services to children aged 0-20 years old with a diagnosis of Autism Spectrum Disorder (ASD).³¹ In addition, DHHS has expanded the use of Rehabilitative Behavioral Health Services (RBHS), which ensures coverage for services provided to individuals, including children, diagnosed with a mental health and/or substance use disorder.³² The benefit includes reimbursement for services provided by a PSS, though these require prior

authorization.³² Both the ASD reimbursement and RBHS offer additional pathways to sustain IBH services; however, they do not provide reimbursement pathways for services delivered to pediatric patients that would benefit from intervention prior to having a BH concern rise to the level of a diagnosis. Taken together, these efforts have built multiple pathways to reimburse BH services delivered in primary care by a range of providers. Opportunities remain to address gaps in coverage for prevention and promotion of BH.

IV. Health Care Access Points

Access to pediatric BH services in South Carolina depends on coordination across multiple care settings and systems. Primary care practices, school-based settings, early childhood programs, community mental health centers, and other specialty providers each play distinct roles in identifying needs, delivering services, and supporting referral and follow-up. Currently, no single setting can meet the full range of BH needs for children and families. The sections below describe these access points through which children and families receive care and highlight how these settings interact within South Carolina's broader BH system. **Figure 6** provides a brief overview of each health care access point discussed in this section.

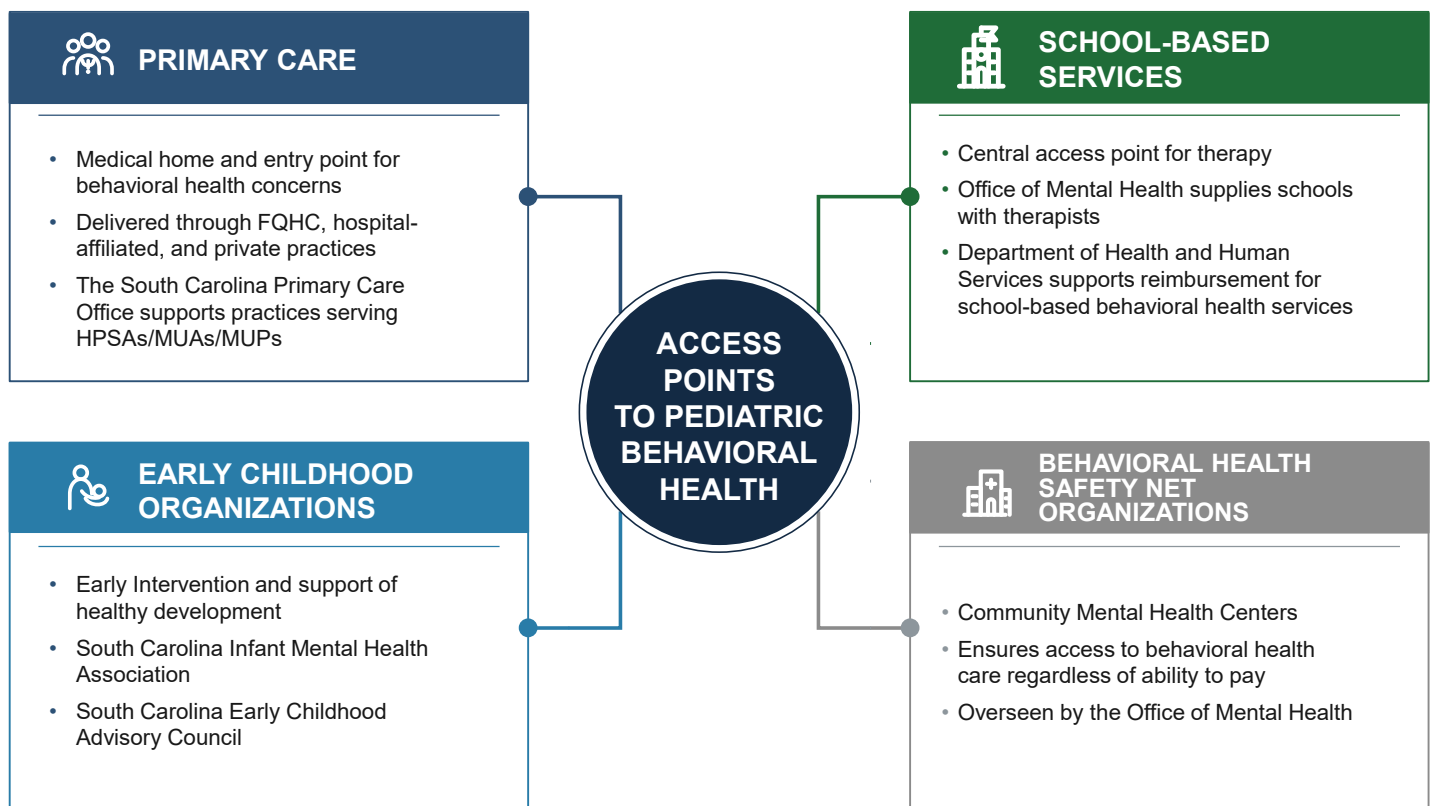


Figure 6. Access Points to Pediatric Behavioral Health in South Carolina

Primary Care Settings

South Carolina pediatric primary care is delivered through hospital-affiliated practices, school-based health centers (SBHCs), FQHCs, and private practices. These practice types collectively form the state's pediatric primary care infrastructure.

SBHCs, hospital-affiliated practices, and FQHCs, typically operate as safety net organizations that serve uninsured, underinsured, Medicaid-enrolled, and other vulnerable populations.³³ Based on 2024 reporting, FQHCs care for approximately 110,549 pediatric patients (25%) younger than 18 years of age, representing a limited portion of the publicly insured pediatric population.^{34,35} This gap suggests that the majority of publicly insured children receive primary care outside FQHC settings, likely predominantly through hospital-affiliated practices and other community-based providers, or are not regularly receiving care in any structured setting. Non-FQHC practices lack formal reporting requirements and convening infrastructure comparable to FQHC networks, making the pediatric population and services delivered in these settings less visible in state-level data.

Primary care practices across all settings have limited capacity to address pediatric BH needs. This variation is shaped by workforce availability, organizational capacity, and the financial sustainability of BH services. FQHCs have access to convening organizations like the SCPHCA that provide training and technical assistance. Hospital-affiliated and school-based health centers, however, lack comparable infrastructure to support BH integration, making targeted attention to these settings critical for the state's pediatric population.

School Based Services

Schools are a central access point for children's BH care. South Carolina's OMH is the largest School Mental Health Services (SMHS) provider. SMHS provide diagnostic services, and a range of therapeutic treatments including individual,

FAST FACT

South Carolina has made strategic investments to strengthen school-based services for children.

The state has helped recruit and retain school mental health clinicians to support the rising behavioral health needs of school-aged children.

group, and family therapy.³⁶ SMHS embeds certified, Master's-prepared professionals in schools to provide direct access to students.³⁶ As of 2025, OMH had mental health professionals employed in approximately 750 schools across the state.³

The state has invested in growing its SMHS in recent years. In 2022,

school districts were granted greater flexibility in hiring therapists, including private counselors and unlicensed, master's prepared clinicians.³ These changes improved the mental health counselor-to-student ratio from 1:1,300 in 2022 to

1:593 by September 2024.³ Much of this growth occurred outside OMH with school districts employing 45.9% of the state's mental health counselors, 27.6% working as private providers, and 25.6% employed by OMH.³ Alongside these workforce changes, DHHS established a Medicaid reimbursement pathway for both licensed and non-licensed mental health counselors working with children in school-based settings.³⁷

Beyond the state program, several other organizations extend BH services in different ways. CareSouth Carolina, an FQHC, and Prisma Health, a healthcare system, have each opened a School-Based Health Center (SBHC). These SBHCs are an extension of primary care and provide an array of services, including BH care.^{38,39} The Medical University of South Carolina (MUSC) offers school-based telehealth services for both general pediatric and BH services within 150 school districts.⁴⁰ Finally, the South Carolina School Behavioral Health Academy (SBHA), a statewide initiative, builds BH workforce capacity by working with school districts to train, coach and develop educators and other staff such as school counselors, administrators to address BH concerns.⁴¹

Early Childhood Organizations

Several organizations coordinate and support early childhood development in South Carolina. The [South Carolina Infant Mental Health Association](#) (SCIMHA) is a multidisciplinary membership association for professionals who provide services to infants, young children, and families. It offers trainings and serves as a resource hub for additional support.⁴² Alongside SCIMHA, the [South Carolina Early Childhood Advisory Council](#) represents the state's early childhood system, convening state agency directors, sector leaders, educators, and caregivers.⁴³

Beyond these coordinating bodies, several programs deliver early childhood services and help families connect to them. DHHS runs the state's Part C early intervention programming, [BabyNet](#), which provides services to children under three years old that have developmental delays or a condition associated with developmental delays.⁴⁴ There are [15 local BabyNet locations](#) throughout the state, that offer the complete range of services, to which referrals can be made.⁴⁴ [Family Connection](#) supports children and families living with disabilities and chronic conditions and manages the [Family Resource Portal](#), a statewide directory to help families navigate the early intervention, early childhood, and related health care system.⁴⁵ For the broader early childhood system, [First Five South Carolina](#), lets families check their eligibility for and apply to dozens of publicly funded programs through a single application.⁴⁶

Public Safety Net (Community Mental Health Centers)

The OMH oversees the state's public safety-net BH services, community mental health centers (CMHCs). There are 16 CMHCs throughout the state that provide services to children, adolescents, and families with BH and substance use needs.⁴⁷

Their staff typically include board certified psychiatrists and licensed clinical professionals who deliver the following services: individual, group, and family therapy, psychiatric medical assessments, supportive nursing services, crisis intervention, and care coordination.⁴⁷

V. Integrated Behavioral Health Workforce

South Carolina's IBH workforce includes PCPs, psychiatrists, BHCs, CHWs, and PSSs, each described in **Figure 7**. Throughout the state, these roles do not consistently work together to support the BH of children and families; more often, each role is typically employed by a role-specific organizations potentially adding complexity to the referral process for children and families in need of BH support. There are several workforce development organizations that support each of these roles across the state.

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	KEY CONTRIBUTIONS	KEY CONTRIBUTIONS	KEY CONTRIBUTIONS	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	• Behavioral health assessment and diagnosis • Individual and family therapy • Brief interventions • Care planning and treatment planning • Collaboration with primary care and community partners	• 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	• Recovery coaching and support • Skill building and problem-solving • Family and caregiver support • Peer mentoring and encouragement • Help reduce stigma and promote wellness	• 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 7. Available Integrated Behavioral Health Workforce in South Carolina

Primary Care Providers

Workforce development for PCP concentrates on rural and medically underserved areas, where provider shortages are most pronounced.^{48,49} The South Carolina Area Health Education Consortium (SC AHEC) offers training and continuing education for PCPs with a focus on rural communities.⁴⁸ South Carolina Office of Rural Health (SCORH) offers technical assistance, education, and trainings to support the development of rural healthcare providers.⁴⁹ These efforts strengthen the general primary care workforce, though they are largely oriented toward general practice rather than IBH specifically.

Child and Adolescent Psychiatry

Availability of psychiatry within primary care greatly varies across the state.⁵⁰ Child and adolescent psychiatrists support pediatric BH care within primary care through consultative expertise, particularly when children and youth present with more complex BH needs. Psychiatry expertise is available through consultation and specialty support models that aim to extend access to primary care settings. The [Youth Access to Psychiatry Program](#) (YAP-P) is South Carolina's pediatric to psychiatry teleconsultation line, which is administered by the OMH.⁵¹ The program also offers clinical training and BH resources to pediatric PCPs to support the identification and management of youth mental health challenges and improve the availability and quality of mental health care for youth.⁵¹

Behavioral Health Clinicians

There is a [shortage](#) of child, family, and school social workers across the state.⁵² There are two organizations that work to build the BH workforce. SC AHEC offers training and continuing education for BHCs at regional sites statewide.⁴⁸ In addition, the [South Carolina Clinical Mental Health Counselors Association](#) (SCCMHCA) supports mental health counselors in South Carolina through education, advocacy, and leadership support.⁵³ Also, SCCMHCA offers a colleague consultation service to support peer consultation and promote clinical effectiveness.⁵³

Community Health Workers and Peer Support Specialists

CHWs and PSSs are community-based roles that support care coordination, engagement, and continuity of BH services. The [South Carolina Community Health Worker Association](#) (SCCHWA) oversees the state's CHW training and certification process, which has standardized training and education requirements for the role.²⁹ The SCCHWA also provides networking and professional development opportunities with the goal to build the CHW workforce.²⁹ The [Center for Community Health Alignment](#) adds technical assistance, training, and resources that further support CHWs across the state.⁵⁴ Peer support specialists, who work primarily in substance use treatment, can earn certification through several pathways. The [Addiction Professionals of South Carolina](#) (APSC) manages the major credentialing pathway and offers additional trainings to PSSs throughout the state.⁵⁵ [SC SHARE](#) is another organization that provides PSS certification and related training to build the PSS workforce.⁵⁶

VI. Regional Variation

South Carolina varies in population density that results in differences in primary care access. In 2025, DHHS identified the state as having a shortage of pediatricians.⁵⁷ Additional reporting found that children in metropolitan areas travel an average of 15 minutes or 10 miles to receive primary care, while those living in rural areas require an average travel time of 40 minutes or 30 miles.⁵⁷ Pediatric primary care is concentrated in urban areas and is less available in rural areas, leaving rural children less likely to receive timely care.

Access to BH services is also linked to differences between urban and rural settings within the state. Recent reporting suggests that only 30% of South Carolinians have their BH needs being met, with the largest unmet need existing for individuals in rural areas.^{23,58} Approximately 92% of the mental health professionals workforce was employed in urban settings, leaving only 8% of the available workforce to care for rural children and families.^{52,59}

Telehealth services have been increasingly leveraged to address regional variation in access to BH services and to meet the growing healthcare needs across the state. As mentioned previously, South Carolina has established consultation-based telehealth service lines like YAP-P for PCPs and the services offered by SCCMHCA's for BHCs. In addition, the [Medical University of South Carolina's Center for Telehealth](#) helps disseminate telehealth initiatives that advance rural health, primary care, and healthcare workforce.⁴⁰ Telehealth is essential to satisfy workforce needs, especially in more rural and underserved communities.

Spartanburg County: Regional Overview of Pediatric Behavioral Health Care

I. Strategic Plans

The Spartanburg Metropolitan Area (SMA), which consists of the Spartanburg, Union, and Cherokee Counties, is one of the fastest growing in the United States.⁶⁰ With a growth rate just under 3%, SMA has experienced increased economic mobility.⁶⁰ This economic growth is marked by a 30% rise in employment over the last decade and \$745 million in capital investment as of 2024.^{61,62} Additional investments have been made to support improvements pertaining to schools and roadway conditions.^{63,64} **Figure 8** provides additional details regarding the population and economic facts pertaining to Spartanburg County.

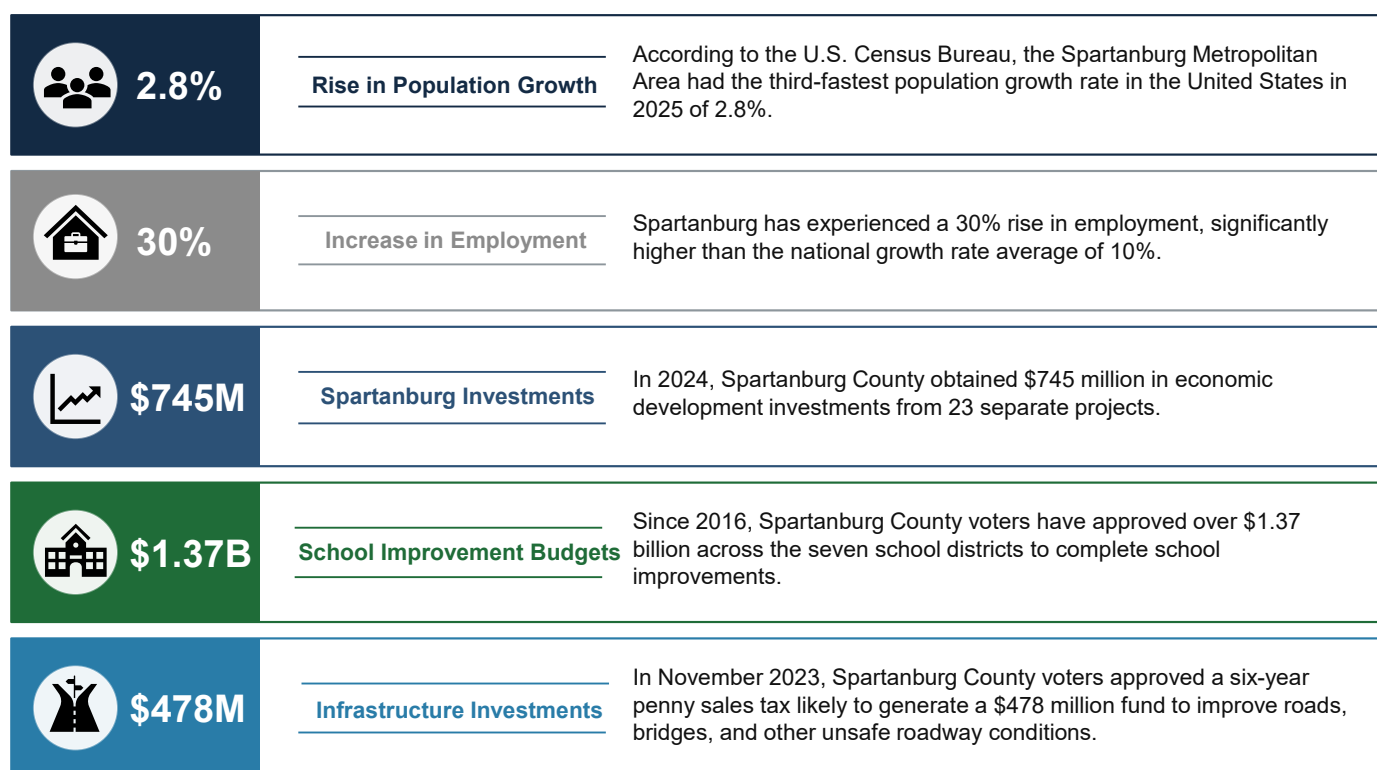


Figure 8. Fast-Facts on Spartanburg County, South Carolina

Consistent with state-level trends, Spartanburg is experiencing a rise in BH concerns among the pediatric population. In 2022, approximately 40% of the county's youth reported persistent feelings of sadness or hopelessness.⁸ In response, community members developed Vital Spartanburg, a 5-year community action plan to better the mental and BH for all of Spartanburg's residents, to address these concerns locally.⁸ Of the three key priority areas outlined in Vital Spartanburg, priority one pertains most directly to pediatric BH and includes IBH as an essential strategy. As described earlier, SRHS engaged TEAM UP to advance this work within the Spartanburg Center for Pediatrics. This section provides a comprehensive summary of organizations and services that contribute to Spartanburg's pediatric behavioral healthcare system and will serve as strategic partners in the implementation of pediatric IBH.

II. Regional Health Care Access Points

Many organizations support the BH and developmental needs of Spartanburg's children and youth, and the county's capacity to meet those needs is growing. However, each organization operates independently of one another. Patient engagement with these service organizations requires significant coordination of care, which often falls to the responsibility of PCPs and family members. **Figure 9** visualizes each health care access point in Spartanburg County.

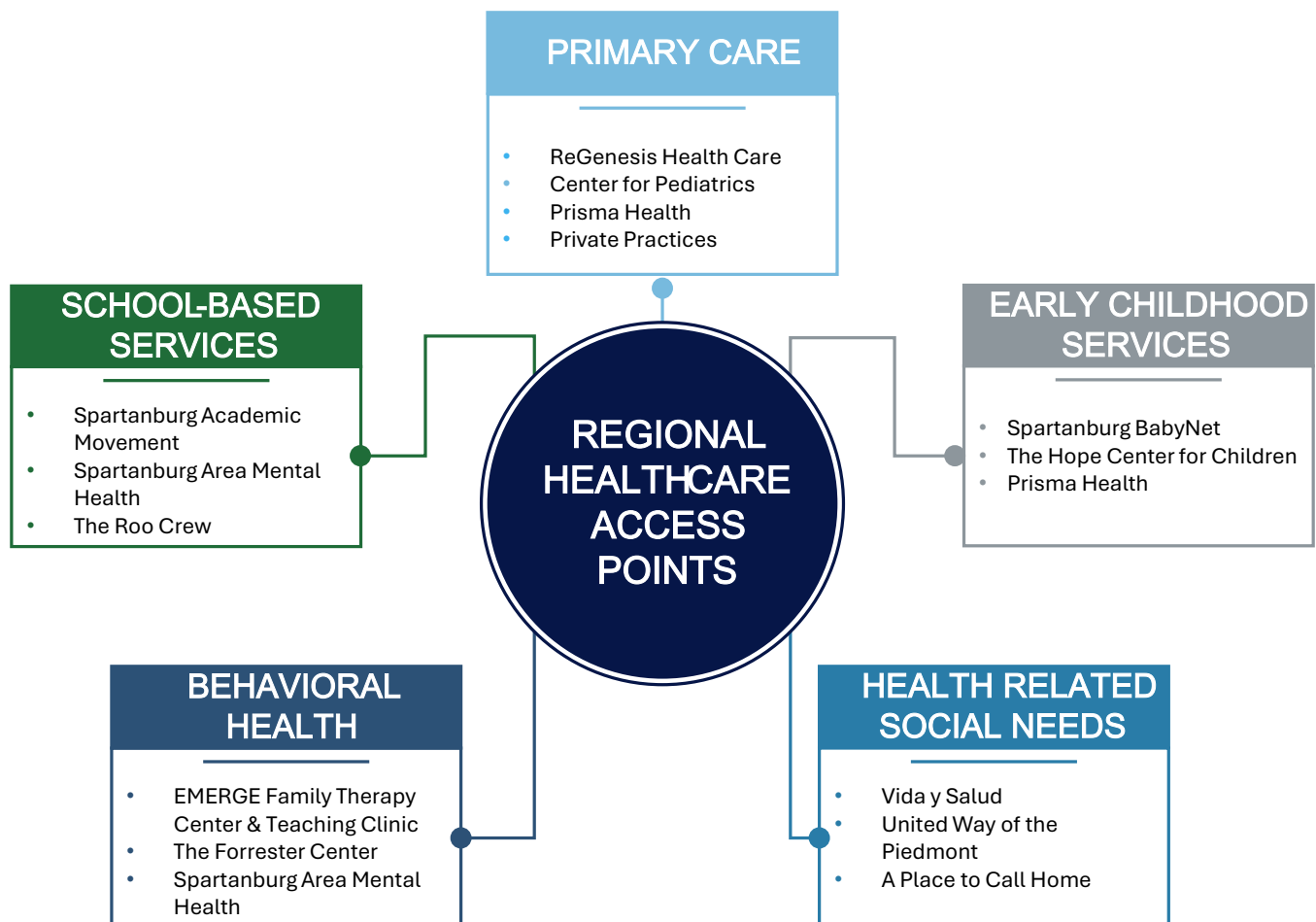


Figure 9. Health Care Access Points Across Spartanburg County

Primary Care

Pediatric primary care in Spartanburg is delivered by several organizations. Beyond private practices, the main providers are ReGenesis Health Care, the Center for Pediatrics, and Prisma Health. ReGenesis, the county's FQHC, serves 6,478 patients under 18 years old and offers a variety of pediatric BH services.³⁵ Prisma Health, the largest health system in South Carolina operates a [pediatric practice in Spartanburg](#) that embeds case management with access to in-house and virtual BH care.⁶⁵ The Center for Pediatrics at SRHS cares for approximately 5,267 patients under 18 years old and offers psychotropic medication management, BH screening, assessment, and diagnosis, but does not currently offer therapeutic pediatric BH services. Collectively, Spartanburg has multiple primary care practices that have a growing capacity to provide pediatric BH services.

School-Based Services

Spartanburg's school-based BH care system supports the pediatric population through several organizations and programs. [Spartanburg Academic Movement](#) (SAM) is a nonprofit organization focused on improving academic achievement throughout the county, housing a number of programs aimed at achieving this goal.⁶⁶ The [Center for Early Childhood Success](#) operates [Hello Family](#), which provides services to support early care and education support for young children and their families.⁶⁷ The [Center for Resilient Schools and Communities](#) partners with community organizations to provide tools, strategies, and trainings that build individual and community resilience.⁶⁸

Students also receive care through SMHSs, which are supported through [Spartanburg Area Mental Health](#) (SAMH), the local state-operated community mental health center.⁶⁹ Spartanburg County has seven school districts, each holding a unique agreement with SAMH that dictates how SMHSs are delivered to students.⁷⁰

Local organizations also help families navigate this variation and to reach services. [The Roo Crew](#) works with families and children by participating in individualized education planning and 504-plan meetings to secure appropriate school support.⁷¹ Beyond the school setting, The Roo Crew connects children and families to broader supports.⁷¹ [Spartanburg First Steps](#) helps children prepare for school through partnerships with evidence-based programming, early learning centers, and collaboration.⁷²

Early Childhood Services

A few organizations support care for the early childhood population, from birth to age five. Early Intervention (EI) services are available within the county; SAMH and the local BabyNet office are the main providers, though other provide EI providers likely operate as well.⁷³ The Hope Center for Children and Hello Family

offer training in the Positive Parenting Program (Triple P), which helps parents navigate their child's behavioral or developmental concerns.⁷⁴

Spartanburg County has limited resources to help PCPs obtain formal diagnostic evaluations for ASD. Further, there are no Developmental Behavioral Pediatrics (DBP) clinics in the county, which often are essential in providing these evaluations. The nearest DBP clinic is operated through Prisma Health and is located in Greenville, SC.⁷⁵ This creates a barrier for children that would benefit from applied behavioral analysis (ABA) services following an ASD diagnosis. Though limited to therapeutic services, Prisma Health Kidnetics in Spartanburg, offers occupational, physical, and speech-language therapy for children from birth to age 21, including those with ASD.⁷⁶

Behavioral Health Services

A variety of behavioral health providers are available to children and families throughout Spartanburg County. For brevity, the following were identified as common behavioral health referral organizations: [EMERGE Family Therapy Center & Teaching Clinic](#) (EMERGE), [The Forrester Center](#), and SAMH.^{69,77,78} EMERGE provides talk-therapy to Spartanburg residents, including treatment for the pediatric population.⁷⁷ The Forrester Center offers substance-use related support, including services for adolescents.⁷⁸ As the county's mental health safety-net organization, SAMH offers a range of behavioral and developmental treatment for the pediatric population. Recently, SAMH opened the [Family Options in Cherokee, Union, and Spartanburg Counties: Center for Adolescent & Family Engagement](#) (FOCUS CAFE). FOCUS CAFE is a mental health diversion center for adolescents who would otherwise seek care in an inpatient setting or the emergency department.⁷⁹ Despite these programs, therapeutic capacity does not match the range of diagnoses and needs experienced by children and youth in the county. Access to specialized services, particularly for complex BH conditions and developmental disorders, remains limited. In response to this gap, SRHS is developing additional specialty psychiatry capacity within the hospital system, including access to child and adolescent psychiatry and an inpatient adolescent psychiatric unit.

Health Related Social Needs Organizations

Children's BH also depends on conditions outside the clinic, like housing, food, and language access; several organizations work to address the rising health related social needs across the county. [Vida y Salud](#) is a culturally centered program that connects the Latino community across all ages to health, education, and social resources using a highly trained CHW workforce.⁸⁰ [A Place to Call Home](#), works to end homelessness in Spartanburg with programs aimed at addressing employment barriers, housing costs, BH interventions, and emergency assistance.⁸¹ The [United Way of the Piedmont](#) provides an array of community resources and helps to connect children and families to needed supports.⁸²

Beyond these regional HRSN-focused organizations, there are variety of state-wide organizations that Spartanburg's children and families can access. [Family Connection](#) primarily supports navigation to early-childhood related interventions.⁴⁵ [SC Thrive](#) helps connect children and families to necessary supportive services that ensure overall wellbeing.⁸³ [Help Me Grow](#) supports infant and early childhood development by offering specialty services, screening, and resource navigation support.⁴²

Convening Organizations

Spartanburg's Behavioral Health Task Force (BHTF), organized by the United Way of the Piedmont, is the county's convening organization. The BHTF brings together agencies and community leaders across Spartanburg, Cherokee, and Union counties to identify how best to reach and serve the region's mental and BH needs.⁸² In 2023, the BHTF put together a Behavioral Health Resource Guide for the three counties, summarizing the services available to its residents.⁸² The BHTF convenes around BH priorities broadly, and no comparable body coordinates the providers who deliver pediatric-specific BH care across the county.

III. Overview of Available Workforce

Spartanburg's BH workforce is working to meet the needs of the community. PCPs vary in their comfort prescribing first-line psychotropic medications. The YAP-P consultation line, described earlier, offers PCPs the opportunity to talk through prescribing decisions with a consulting child psychiatrist. CHWs are a growing presence as well. Often based in community organizations rather than primary care, they connect community members to needed BH and developmental services (Vida y Salud, SAMH, etc). BHCs, in contrast, are in short supply, with approximately 1 BHC for every 779 residents.^{52,59} Similar to trends across the county, BHCs that are independently-licensed often move to private practice and only accept self-pay and private insurance, which reduces healthcare access for publicly insured individuals. Throughout the county there is a growing workforce capacity that can be leveraged to support pediatric IBH efforts.

Opportunities for Impact

The sections below reflect opportunities for advancing pediatric IBH across South Carolina and Spartanburg County, inclusive of SRHS. They draw on state-level policy environment, regional variation in workforce and service delivery, and emerging practice examples. **Figure 10** displays these opportunities. For a detailed review of how this landscape analysis informs specific plans to pilot and implement IBH within the Spartanburg Regional Healthcare System's Center for Pediatrics, please refer to the Implementation Roadmap.

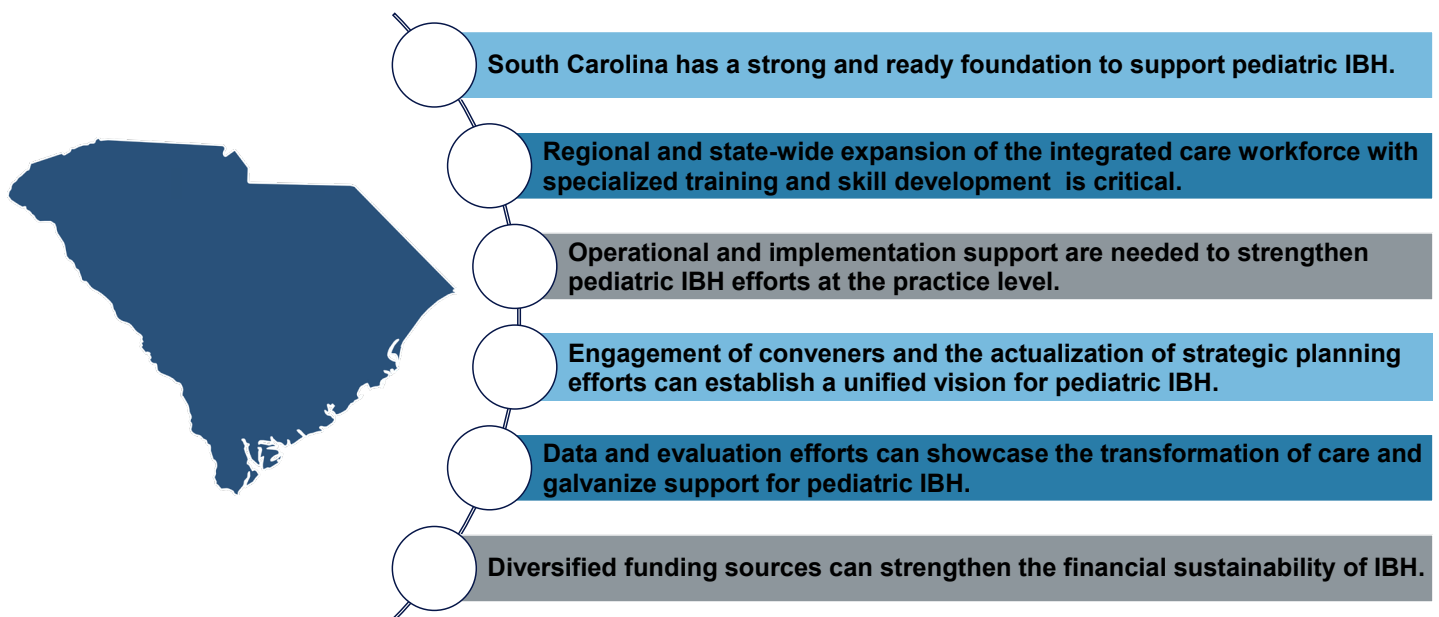


Figure 10. Opportunities to Advance Pediatric Integrated Behavioral Health

I. Strong and Ready Foundation to Support Pediatric Integrated Behavioral Health

South Carolina has a strong and ready foundation to support pediatric IBH. The recent SHIP supports IBH as a mechanism to improve BH care access across the state. In addition, legislative actions have established a reimbursement environment to support BH service delivery within primary care for PCPs and BHCs. Though PSSs have a more limited scope of substance use-related treatment, PSS reimbursement represents a potential pathway to secure CHW reimbursement. Despite these factors that contribute to IBH, advancement in South Carolina is hindered by regional variation of BH service availability and the related workforce. Therefore, county-specific analyses of the BH landscape should be considered to ensure IBH viability.

Spartanburg County has significant momentum in promoting children's BH. The county has emerging BH and developmental resources upon which to build, and a united force of community leaders that are committed to strengthening pediatric IBH as part of Vital Spartanburg. Such support will ensure earlier identification of

BH issues, strengthen primary care capacity to address BH and developmental concerns, and improve coordination that is otherwise spread across many organizations. Despite this significant momentum, ongoing attention to advance the available BH workforce is essential. The shortage of clinicians and their movement toward private, self-pay practice has direct implications for how IBH is sequenced and scaled. Telehealth-based therapy offers one way to extend service delivery. Reimbursement pathways now in place can sustain delivery of IBH, even as coverage gaps remain for prevention and early intervention.

II. Expanding Workforce Skills and Training

There are a variety of workforce factors that affect the ability to expand pediatric IBH. Often, this includes recruiting BH staff with pediatric BH experience, onboarding clinicians into integrated care roles, and ensuring access to appropriate supervision and training. As such, it will be critical to provide training and professional development specific to pediatric integrated care team roles. Partnerships with the state's established workforce development organizations, like SCAHEC and SCCHWA, are critical to expanding the IBH workforce. Awareness of available training opportunities and differences in the ability to access training opportunities due to time, staffing, and operational constraints may also present additional barriers. These factors influence how consistent training can be incorporated into routine practice. Encouraging utilization of training opportunities and addressing barriers to consistent training will support IBH implementation in primary care practices.

III. Strengthening Behavioral Health Capacity at the Practice Level

There is a clear opportunity to provide operational and implementation support to strengthen primary care capacity to deliver IBH. This landscape analysis identified that there are emerging BH screening practices and workflows, based on known pediatric service delivery standards at Prisma and ReGenesis Health Care in Spartanburg County to support same-day or near-term BH services. Such processes indicate that the state's primary health care system has made meaningful investments in integrated care and are well positioned to further strengthen and sustain these efforts with appropriate support.

While screening and early identification is occurring, there are often challenges developing consistent workflows and communication pathways to support handoffs from PCPs to BHCs, CHWs, or PSSs following identification of a BH or developmental concern. Technical assistance would support workflow development and implementation, including clarifying roles, defining handoff logistics, and establishing feedback loops to the care team. Standardized process mapping can be leveraged as a practical tool to support more consistent delivery of BH services within pediatric primary care. Overall, there is a ready environment to strengthen pediatric IBH with targeted operational infrastructure and implementation support within South Carolina.

IV. Engaging Established Conveners and Local Leaders to Align on Strategy

Continued support and development of pediatric IBH often depends on a unified vision among state and local leadership. The success of IBH implementation within Spartanburg County will be influenced by established conveners. The BHTF, which convenes the county's BH service organizations, presents a key partnership opportunity. Through regular presentations on the Center for Pediatrics' progress and associated outcomes, SRHS can showcase its leadership in pediatric IBH and catalyze broader momentum across the county around integrated care. In addition, engagement with Live Healthy Spartanburg and Vital Spartanburg, will strengthen alignment between SRHS's implementation efforts and county-level health improvement plans.

V. Data & Evaluation to Establish a Proof Point

Evaluation of IBH initiatives is critical to showcasing improvements in care delivery. Engaging with organizations with evaluation expertise pertaining to pediatric IBH will be necessary. Regionally, Strategic Spartanburg serves as the evaluator for Vital Spartanburg and will track progress and outcomes across all priority initiatives. While this county-level evaluation provides essential context, primary care practice specific data is essential to support the transformation of workflows and care delivery. Further, consistent and feasible approaches to documenting screening, care processes, and referral pathways will be necessary to surface operational challenges and refine implementation efforts in real time. At a systems-level, data can support efforts related to billing and reimbursement, workforce retention and development, and the long-term sustainability of IBH.

VI. Funding Considerations

Primary care practices can strengthen financial sustainability by diversifying their funding sources. Blended financing approaches, including grants and philanthropic support, may provide flexibility while new reimbursement pathways develop and stabilize. Ongoing advocacy and evaluation efforts can further support long-term sustainability of IBH. Data demonstrating effectiveness and impact of IBH within primary care have proven to be effective in achieving higher reimbursement rates and improving coverage of needed services.^{84,85}

Conclusion

This landscape analysis was completed to inform *Spartanburg TEAMs UP for Pediatric Behavioral Health*, supported by the Spartanburg Regional Foundation to strengthen pediatric IBH capacity within the Center for Pediatrics. Findings indicate that South Carolina has established supportive policy and reimbursement pathways for pediatric IBH, yet multiple barriers constrain implementation including workforce shortages, fragmentation across service systems, and limited therapeutic capacity in primary care.

Across Spartanburg County, pediatric IBH is feasible as demonstrated by early capacity to support BH screening and assessment among care providers. Additional momentum created by Vital Spartanburg, has prompted further investment in advancing IBH care across the county. Importantly, operational infrastructure and implementation support are required to translate existing practice readiness into consistent workflows and sustained care coordination.

SRHS is well-positioned to advance the priorities outlined in Vital Spartanburg and IBH within the county. TEAM UP is well-prepared to provide technical assistance and implementation support in pursuit of those priorities. Efforts to advance IBH will be completed in collaboration with local leaders and partners to strengthen primary care capacity and reduce barriers to accessing BH services. This project presents an opportunity to generate practice-grounded learning that can inform ongoing efforts to sustain pediatric IBH both within Spartanburg County and across South Carolina.

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Appendices

Appendix 1. Names and Affiliations of Individuals Engaged in the Landscape Analysis from March – July 2026

State-Level Informants	
Name/Title	Organizations
Amy Holbert <i>Chief Executive Officer</i>	Family Connect of South Carolina
James McElligot, MD, MSCR <i>Executive Medical Director</i>	The Medical University of South Carolina (MUSC) Telehealth Center of Excellence
Kerry Sease, MD, MPH <i>Executive Director</i>	Institute for the Advancement of Community Health
Regional-Level Informants	
Name/Title	Organization
Ebony Gaffney, MD, PhD, MBA <i>Executive and Medical Director</i>	Spartanburg Area Mental Health Center
Hannah Jarrett <i>Director</i>	A Place to Call Home
Jamison Smith <i>Interim Executive Director</i>	The Forrester Center for Behavioral Health
Lindzey Neely <i>Executive Director</i>	The Roo Crew
Lori Thornton, Ed.D., LPC <i>Director of Behavioral Health</i>	ReGenesis Health Care
Nora Munox-Curiel <i>Director of Programs</i>	Vida y Salud
Taylor Dockter, MS, MPA <i>Director of the Center for Early Childhood Success</i>	Spartanburg Academic Movement
Tom Barnet <i>Co-Chair</i>	Behavioral Health Task Force
Spartanburg Regional Health System Informants	
Name	Title
Anna Morgan, MD	OB/GYN Resident
Chanda Flynn	System Director for Mental Health Behavioral Health Services
Clint Hardin	System Director for Women's & Children's Services
Donna Smith, MD	Pediatrician
Eve Fields, MD	Psychiatrist
Jamie Brown, MD	Pediatrician
Jessica Hemsoth, MD	OB/GYN Physician
John Mack, PA	Chief Operation Officer
John Mauch, DO	Psychiatrist
Lopa Bhansaly, DO	Chief Medical Informatics Officer
Misty Johnson	Practice Manager
Pamela Gilmore	Director of Medical Subspecialties
Polly Edwards-Padgett	Spartanburg Regional Foundation Executive Director

Appendix 2. State Organizations that Oversee Behavioral Health and Developmental Services in South Carolina

Organization	Description
Department of Behavioral Health Developmental Disabilities ⁸⁶	Established by the Governor and General Assembly in April 2025, BHDD is the state's central agency for a holistic, streamlined and coordinated approach to care. BHDD and its extensive network of providers deliver strength-focused treatment and support to promote recovery for individuals facing mental health and substance use challenges. In partnership with community providers, BHDD also provides tailored services to help individuals with intellectual and developmental disabilities build independence and lead fulfilling lives.
Office of Intellectual and Developmental Disabilities (OIDD) ⁸⁷	OIDD plans, develops, coordinates, and funds services for South Carolinians with severe lifelong disabilities relating to intellectual disabilities, autism spectrum disorder, traumatic brain injury and spinal cord injuries, or similar disabilities. OIDD's goal is to provide the very best services to assist all people with disabilities – and their families – in South Carolina. They help meet needs while pursuing possibilities and achieving life goals. OIDD offers a variety of resources and tools that support the state's Early Intervention efforts.
Office of Mental Health (OMH) ⁸⁸	OMH is dedicated to supporting the recovery of people with mental illnesses. As South Carolina's public mental health system, it is one of the largest hospital and community-based systems of care in South Carolina. Its numerous programs, services, and divisions are designed to ensure that South Carolinians in need receive the right treatment, at the right place, at the right time from a robust, interconnected, evidence-based system of care. OMH oversees South Carolina's 16 Community Mental Health Centers (CMHCs), which comprises the state's behavioral health safety-net.

Organization	Description
Office of Substance Use Services (OSUS) ⁸⁹	OSUS contracts with the state's county alcohol and drug abuse authorities to provide the majority of direct prevention, treatment and recovery services to the citizens of South Carolina. OSUS also contracts with a range of public and private service providers, including opioid treatment programs, recovery organizations, hospitals and community distributors of the overdose antidote naloxone. The federal Substance Abuse and Mental Health Services Administration has designated OSUS as the Single State Agency responsible for overseeing the state's Substance Abuse Prevention and Treatment Block Grant and funding for substance use disorder programs in South Carolina.
Department of Public Health (DPH) ⁹⁰	DPH's services include providing vital health care services, coordinating disease control, supporting healthy nutrition, responding to natural disasters, providing research and statistics on the state's health and environment. DPH works with partners, communities, and others to help every South Carolinian have access, resources, and information they need to make decisions that enhance their health and have access to the highest quality, safe health care.
Department of Social Services (DSS) ²⁰	DSS serves as the state's child welfare agency (protective services for children and vulnerable adults, investigations, family support, foster care, and child support); Administers Temporary Assistance for Needy Families (TANF) program; Administers food assistance programs including the Supplemental Nutrition Assistance Program (SNAP) program; Regulates child care providers, including licensing.
Department of Health and Human Services (DHHS) ⁹¹	DHHS administers the state's Medicaid program, Health Connections.

Appendix 3. Recent Legislative and Policy Actions Pertaining to Integrated Behavioral Health Services

Date of Approval	Legislative Action/Policy Name	Description
July 1, 2024	House Bill (HB) 4124	Reconstructed the Department of Health and Environmental Control (DHEC) as two cabinet agencies: the Department of Public Health (DPH) and the Department of Environmental Services
February 01, 2024	State Plan Amendment (SPA) 23-0017	Updated the preventive services to align with the United States Preventive Services Task Force recommendations for preventive screening services and the Advisory Committee on Immunization Practices recommendations for immunizations. Additionally, this SPA included the current reimbursement methodology for vaccines for both children and adults.
November 06, 2024	SPA 24-0018	Updates the reimbursement methodology for Physician Services based on the 2024 Medicare Physician Fee Schedule.
January 14, 2025*	HB 3478	Referred to as the “South Carolina Mental Health in Schools Act”, would establish voluntary annual mental health screenings for students in grades 6-12 (with parental notification and opt out) and provide resources and referrals to students with an identified need. The mental health screening program would sit within the Department of Education.
January 15, 2025	SPA 24-0027	Updated state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.
April 28, 2025	HB A3, R10, S2	Also known as the Department of Behavioral Health Developmental Disabilities (BHDD) Act, established the BHDD, a cabinet-level agency that is directly accountable to the governor. The BHDD now consists of three offices including the Office of Intellectual Disabilities, Office of Mental Health, and the Office of Substance Use Services.
January 22, 2026*	HB 5002	Would establish a pathway for community health worker certification and reimbursement for services delivered.
March 20, 2026	SPA 25-0015	Updated the reimbursement rate for Rehabilitative Behavioral Health Services.

*Legislative action is pending, and date represents when it was first introduced.

Commonly Used Abbreviations

Abbreviation	Complete Name
ABA	Applied Behavioral Analysis
APSC	Addiction Professionals of South Carolina
ASD	Autism Spectrum Disorder
BH	Behavioral Health
BHC	Behavioral Health Clinician
BHDD	Department of Behavioral Health and Developmental Disabilities
BHTF	Behavioral Health Task Force
CHIP	Community Health Improvement Plan OR Children's Health Insurance Program
CHNA	Community Health Needs Assessment
CHW	Community Health Worker
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
DBP	Developmental Behavioral Pediatrics
DHHS	Department of Health and Human Services
DPH	Department of Public Health
DSS	Department of Social Services
EI	Early Intervention
EMERGE	EMERGE Family Therapy Center & Teaching Clinic
FOCUS CAFE	Family Options in Cherokee, Union, and Spartanburg Counties: Center for Adolescent & Family Engagement
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IBH	Integrated Behavioral Health
LHSC	Live Healthy South Carolina
LISW-CP	Licensed Independent Social Worker – Clinical Practice
LMHC	Licensed Marriage and Family Therapist
LPC	Licensed Professional Counselor
MCO	Managed Care Organization
MUA	Medically Underserved Area
MUP	Medically Underserved Population
MUSC	Medical University of South Carolina
OIDD	Office of Intellectual and Developmental Disabilities
OMH	Office of Mental Health
OSUS	Office of Substance Use Services
PCMH	Patient-Centered Medical Home
PCO	Primary Care Office
PCP	Primary Care Provider
PCR	Parent Caretaker Relative
PSS	Peer Support Specialist
QTIP	Quality Through Innovation in Pediatrics (QTIP)
RBHS	Rehabilitative Behavioral Health Services
SAM	Spartanburg Academic Movement
SAMH	Spartanburg Area Mental Health
SBHA	School Behavioral Health Academy

Abbreviation	Complete Name
SBHC	School Based Health Center
SC	South Carolina
SCAHEC	South Carolina Area Health Education Consortium
SCCHWA	South Carolina Community Health Worker Association
SCCMHCA	South Carolina Clinical Mental Health Counselors Association
SCIMHA	South Carolina Infant Mental Health Association
SCORH	South Carolina Office of Rural Health
SCPHCA	South Carolina Primary Health Care Association
SCSHARE	South Carolina Self-Help Association Regarding Emotions
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SMA	Spartanburg Metropolitan Area
SMHS	School Mental Health Services
SNAP	Supplemental Nutrition Assistance Program
SRHS	Spartanburg Regional Health System
TANF	Temporary Assistance for Needy Families
TEAM UP	TEAM UP Scaling & Sustainability Center
Triple P	Positive Parenting Program
YAP-P	Youth Access to Psychiatry Program

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