Appropriate funds to expand co-located pediatric and behavioral health care models, allowing families to access physical and mental health services in a single visit.

Quick Facts

Children's Mental Health

In 2022-23

63%

of Tennessee youth with a past year Major Depressive Episode did not receive mental health services.[1]

1/3

of Tennessee parents reported their child had a mental or behavioral health condition. Of those, **37%** did not receive specialized care for their child's condition.[2]

The Problem

For many Tennessee families, a child's behavioral or mental health need means a separate referral, a separate waitlist, and a separate provider from their pediatrician. This new provider is often in a different location entirely. In 2022-23, 63% of Tennessee youth with a past year Major Depressive Episode did not receive mental health services.[1] In a poll of Tennessee parents, one in three reported their child had a mental or behavioral health condition. Of those, 37% did not receive specialized care for their child's condition.

For families already managing work schedules, transportation, and the demands of caring for other children, a second system to navigate is often the barrier that causes care to be delayed or skipped altogether. This is compounded by Tennessee's existing pediatric workforce shortage, meaning families without reliable access to a pediatrician are even less likely to have access to co-located behavioral health support.

Why this Matters

Co-locating behavioral health providers within pediatric primary care allows a child's physical and mental health needs to be addressed in the same visit, by a coordinated care team, without a new referral or a new relationship with an unfamiliar provider. Tennessee already has working models for this process. ETSU's Institute for Integrated Behavioral Health has embedded behavioral health providers into pediatric, family medicine, internal medicine, and OB/GYN residency training clinics across Northeast Tennessee. Its Baby Steps Clinic pairs a pediatrician with a behavioral health consultant and a broader interdisciplinary team for children affected by prenatal substance exposure.

The benefit of co-located care extends well beyond behavioral diagnoses. Many Tennessee children are managing chronic physical health conditions, and co-located behavioral health support can help children and families navigate the behavioral and physical management of these conditions, including blood sugar control and asthma symptoms. This model also gives pediatricians an earlier, lower-barrier entry point for identifying adolescent mental health conditions that carry serious medical risk, including eating disorders, which have the highest mortality rate of any mental health condition and often first present through physical symptoms a pediatrician is positioned to catch.[4,5]

The evidence base is well established nationally. The Collaborative Care Model has over 90 randomized controlled trials behind it, has proven effective in rural and underserved settings, and carries dedicated Medicare and Medicaid billing codes that support long-term financial sustainability.[6] For the state, this is a prevention investment: addressing behavioral health needs early, in a primary care setting, is more cost-effective than addressing them later through crisis services, hospitalization, or juvenile justice involvement.

How we can fix it

Tennessee doesn't need to build this model from scratch, rather the state can invest in scaling models that are already working. Appropriating funds to expand co-located care lets the state build directly on existing pediatric practices, academic partnerships like ETSU's Institute for Integrated Behavioral Health, and federally qualified health centers, rather than creating new infrastructure. A phased, competitive grant approach, prioritizing counties with the greatest gaps in pediatric and behavioral health access and structured around billing codes already reimbursed by Medicaid and Medicare, would let the state target investment where it's needed most, measure outcomes, and scale based on results.

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