



North Carolina Telepsychiatry Program

2020 Profile (Data from State Fiscal Year 2020 and current as of 6/30/2020)

Program Facts*

\$1.8M

Annual grant State appropriation and carry forward from the General Assembly to NC-STeP

\$200K

Program support in funding from North Carolina Department of Information Technology

54

Participating Consultant providers

47

Average Length of stay of IVC in hours

24

Median Length of stay of IVC in hours

53

Total number of Telepsychiatry referring sites

6,091

Total number of involuntary commitments (IVCs) that were overturned since SFY 2013

18,233

Total number of reports of involuntary commitment since SFY 2013

43,025

Assessments provided since SFY 2013

Overview

There are 94 counties in NC that are classified as Mental Health Shortage Areas (an increase from 90 in SFY 2019). Though, not designated, there are additional counties that have a very low supply of mental health professional in proportion to the population.

The N.C. Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology. General Statute 143B-139.4B, subsequently, has expanded NC-STeP services to include community-based sites. As of SFY 2020, there are eight community-based sites serving patients' behavioral health needs.

Overall, the program has generated cost savings that are counted from overturned involuntary commitments, which benefitted state psychiatric facilities, hospitals, law enforcement agencies, Medicare, Medicaid, and many other stakeholders. Specific to state psychiatric facilities, the program has achieved estimated cumulative cost savings of \$32,891,400.

Return On Investment and Economic Impact

Source: IMPLAN

NC-STeP Expenditures

\$1,846,995



Created Economic Impact

\$1,448,107



Total Impact

\$3,339,549

Each NC-STeP grant dollar has a total economic impact of

\$1.78

Generates



30

additional jobs from the economic impact

\$145,202



Generated in state and local taxes which goes back into the local and state economy

\$1,441,872



In employee compensation impacted from the grant



*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments (IVCs), thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

The expansion into community-based settings will reduce costs by engaging individuals before a mental health crisis that requires a hospital level IVC assessment. If the community sites are preventing an unnecessary hospital-based IVC assessment, then costs savings are realized by preventing an IVC from occurring. This upstream approach works to address health issues before it progresses to high-cost service and time, for both individual and provider.

34% Involuntary Commitments Overturned
910 patients avoided unnecessary hospitalizations due to overturned IVCs in SFY 2020

*Grantee reported measures were impacted by the COVID-19 Pandemic in Quarters 3 and 4





North Carolina Telepsychiatry Program

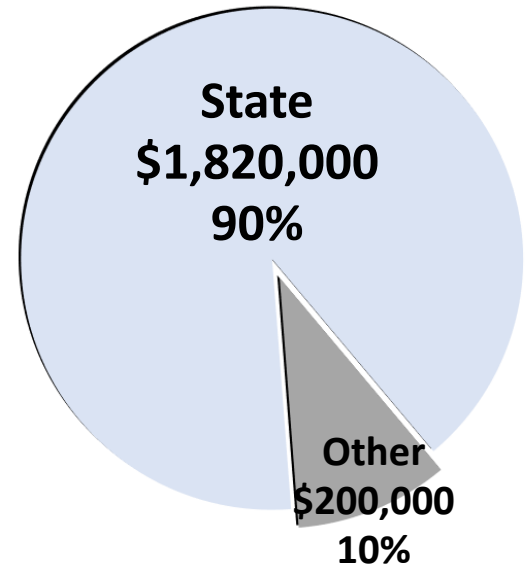
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Technical Assistance

14 Activities to 11 Counties Provided by ORH Staff

Total Program Funding*



Site Development Assistance 6 Activities

Training Sessions 1 Activity

Community Development Assistance 6 Activities

Disseminate Rural Health Information 1 Activity

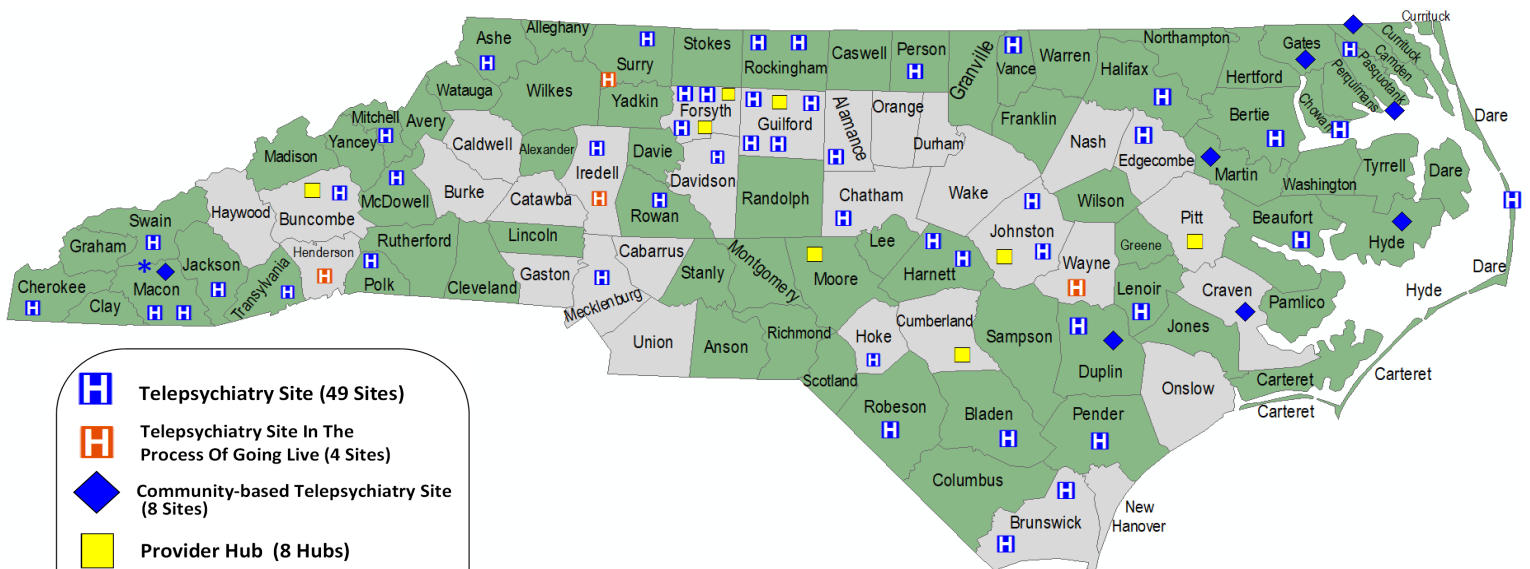
Program Reach

49 Live Hospitals

4 Hospitals in Process

8 Community-based Telepsychiatry Site

8 Provider Hubs



- Telesychiatry Site (49 Sites)
Telesychiatry Site In The Process Of Going Live (4 Sites)
Community-based Telesychiatry Site (8 Sites)
Provider Hub (8 Hubs)
Rural County (70 Counties)
Urban County (30 Counties)

* Represents Community-based Telesychiatry Site funded by the Fullerton Foundation



If you have further questions, please contact:
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