



North Carolina Telepsychiatry Program

2021 Profile (Data from State Fiscal Year 2021 and current as of 6/30/2021)

Program Facts

\$1.8M

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

42

Participating Consultant providers

54

Average Length of stay of IVC in hours

29

Median

41

Total number of Telepsychiatry referring sites

7,339

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

21,347

Total number of reports of involuntary commitment since SFY 2013

48,322

Assessments provided since SFY 2013

\$39.7M

Estimated cumulative Return on Investment since SFY 2013

Overview

There are 94 counties in NC that are classified as Mental Health Shortage Areas. 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 2021, there are twelve 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 \$39,734,800.

Return On Investment and Economic Impact

Source: IMPLAN

NC-SteP Expenditures

\$1,986,278



Created Economic Impact

\$1,244,917



Total Impact

\$3,231,195

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

\$1.63

Generates



54

additional jobs from the economic impact

\$166,866



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

\$1,028,502



In employee compensation impacted from the grant

63%

ROI

\*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.

40%

Involuntary Commitments Overturned



1,212 patients avoided unnecessary hospitalizations due to overturned IVCs in SFY 2021





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Technical Assistance

103 Activities to 39 Counties Provided by ORH Staff

Budget Detail Total: \$1,820,000

Web Portal \$240,000 (13%)

Operating Expenses \$887,516 (49%)

Staffing \$692,484 (38%)

Software Assistance 48 Activities

Site Development 20 Activities

Contract Development 11 Activities

Community Development 20 Activities

Other 4 Activities

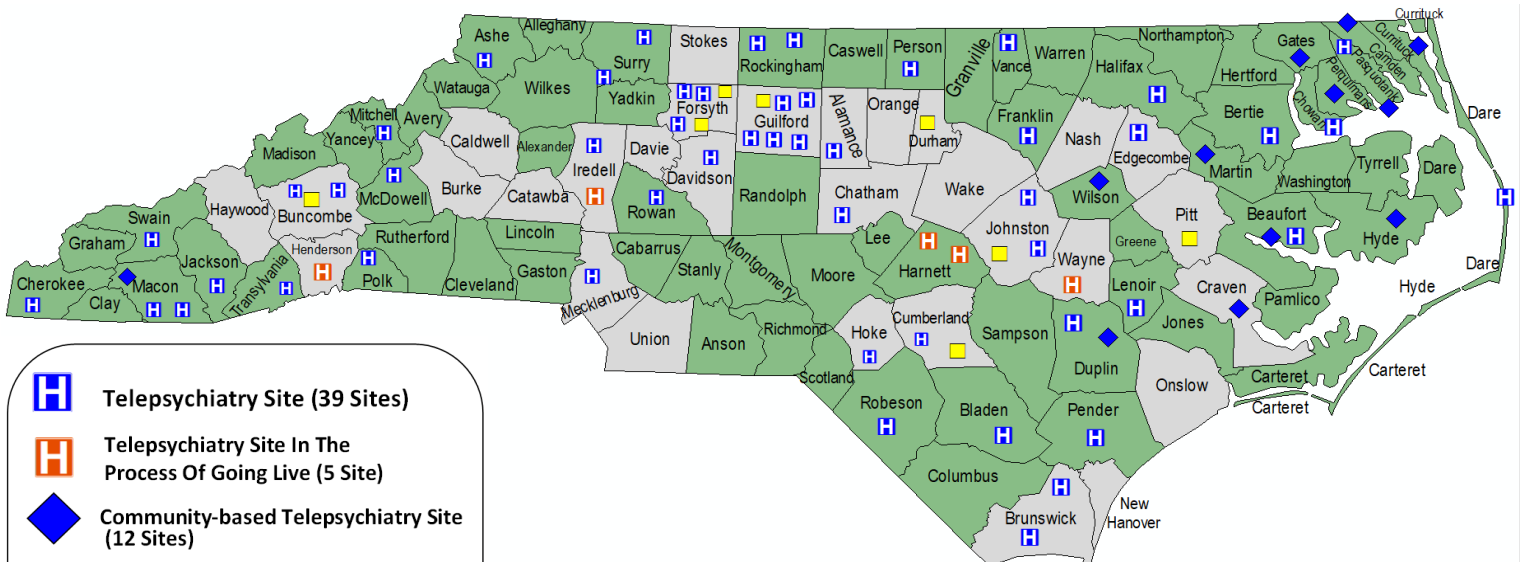
Program Reach

39 Live Hospitals

5 Hospitals in Process

12 Community-based Telepsychiatry Site

8 Provider Hubs



If you have further questions, please contact: Renee Clark - Rural Hospital Specialist Phone: 919-527-6442 Renee.Clark@dhhs.nc.gov