

# **Walk-In Crisis & Immediate Psychiatric Aftercare and Telepsychiatry**

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# House Bill 2436: Expansion of Crisis Continuum

- 30 Mobile Crisis Teams
- Walk-in Crisis and Immediate Psychiatric Aftercare
- 6 START Teams (Systemic, Therapeutic, Assessment, Respite, and Treatment) & Respite beds
- 80 community psychiatric hospital beds

# Walk-In Crisis & Immediate Psychiatric Aftercare

- Purpose: improve access to care, for routine, urgent, & emergent
- Collaborate/co-locate with Mobile Crisis Teams
- Funding for 30 psychiatrists & related staff: \$6,113,947

# Minimum Staffing Requirements

- Psychiatrist, Clinical social worker, Nurse
- Service in person or via telepsychiatry
- 1 year experience: emergent, urgent, routine care

# Minimum Staffing Requirements

- Orientation within 90 days
  - Mobile crisis teams
  - Referral process to ERs
  - Consumer/family perspective
  - Local community resources
  - Policies/procedures

# Service Type/Setting

- Direct, out-patient service
- 5 days/week, 8AM to 5PM (Mobile Crisis: after hrs.)
- Face-to-face or via telepsychiatry
- Provided by psychiatrist, social worker, or nurse

# Program Requirements

- Immediate psychiatric care
- Evaluate, triage/assess adult/child/adol MH & SA needs
- immediate intervention, referral, coordination of care
- Interim care, incl. med. mgt.
- Link with other providers (e.g., primary care)

# Psychiatrist's Responsibilities

- Direct services: evals, dx., tx. planning, tx.
- Assess medical aspects of care
- With clinicians, assure appropriate care
- Administrative duties

# Telepsychiatry sites

## Approx. number & location

- At least 2 remote sites (consumer end) for each hub site (psychiatrist end)
- 82 sites (hub & remote)
  - 61 sites currently operational
  - Most are compatible with others
- Within 17 regional catchment areas

# Growth of use of Telepsychiatry

Previously – 10 LMEs funded by Office  
of Rural Health and Community Care

2008 SFY funding: \$1,650,000 for  
equipment at hub & remote sites

# Growth of use of Telepsychiatry Claims Paid

- 2008 SFY:
  - 340 individuals via IPRS [\$45,181]
  - 1483 individuals via Medicaid [\$266,424]
  - 902 children (IPRS/Medicaid)
  - 921 adults (IPRS/Medicaid)

# Growth of use of Telepsychiatry Claims Paid

- 2009 SFY (thru March):
  - 490 individuals via IPRS [\$82,959]
  - 2159 individuals via Medicaid [\$424,568]
  - 1273 children (IPRS/Medicaid)
  - 1376 adults (IPRS/Medicaid)

# Growth of use of Telepsychiatry Claims Paid

- From 2008 SFY thru 3 Qtrs. of 2009 SFY:
  - 69% increase: individuals served
  - 61% increase: dollars paid

# Growth of use of Telepsychiatry Claims Paid

- Top 5 Services 2009 SFY thru March  
(by # served, units, amt. paid)
  - Clinical Intake – TM
  - Med Check Ind – TM
  - EM Detail New – TM
  - EM Detail Estab – TM
  - EM Moder Estab - TM

# Growth of use of Telepsychiatry Claims Paid

- Top 5 LMEs 2009 SFY thru March (by # served)
  - Southeastern Regional (663)
  - Albemarle (447)
  - Eastpointe (244)
  - Western Highlands (243)
  - Alamance-Caswell-Rockingham (159)

# Telepsychiatry

- Telemedicine collaboration
  - Outer Banks Hospital
    - ER
    - Oncology
      - NC Tumor Board consultation/education
      - Screening and treatment

# Telepsychiatry

- DMH/DD/SAS Web Page:  
<http://www.ncdhhs.gov/mhddsas/telepsyc/index.htm>
- Discussion group:  
<http://groups.google.com/group/nc-telepsychiatry>

# Telepsychiatry Resources

- <http://www.ncdhhs.gov/mhddsas/telepsyc/index.htm>
- <http://groups.google.com/group/nc-telepsychiatry>
- <http://www.ecu.edu/telemedicine/>

# Telepsychiatry Resources

- <http://www.americantelemed.org/i4a/pages/index.cfm?pageid=1>
- <http://www.telehealthlawcenter.org/>
- <http://www.rbha.net/>