



NORTH CAROLINA

STATEWIDE TELEPSYCHIATRY PROGRAM

47th Quarterly Progress Update

Sy Atezaz Saeed, MD, MS, FACPsych,
Founder and Executive Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)
Professor and Chair Emeritus
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine - East Carolina University





NC-STeP Advisory Council Meeting

Thursday, June 5th, 2025

10:30 am – 12:00 pm

Virtual Meeting via Zoom Video Conference

Agenda

- | | |
|-------------------|---|
| 10:30- 10:35 a.m. | Welcome and Introductions |
| 10:35- 10:40 a.m. | Review and Approval of February 26, 2025 Minutes |
| 10:40- 11:30 a.m. | NC-STeP FY25-Q3 (January – March 2025) Performance Data |
| 11:30- 11:40 p.m. | Updates on Grants-Funded Programs <ul style="list-style-type: none">• MOTHeRS Project• NC-STeP-Peds• Elizabeth City State University Project |
| 11:40- 11:50 a.m. | Site visits |
| 11:50- 11:55 a.m. | Old Business |
| 11:50- 11:55 a.m. | New Business |
| 11:55- 12:00 p.m. | Announcements <ul style="list-style-type: none">• New C-TeBH Medical Director• APA Award and presentation• UNC System Office 2025 Behavioral Health Convening |
| 12:00 p.m. | Adjourn |



Join Zoom Meeting

<https://us06web.zoom.us/j/81455197961?pwd=divUFGwLmCtboZcGWflqLug02PGrP.1>

Meeting ID: 814 5519 7961

Passcode: 746801



Advisory Council

1. **Teresa Bowleg, MSN, RN**
Chief Nursing Officer, Erlanger Murphy Medical Center
2. **Scott W. Brown, MD, FACEP**
NCCEP Board of Directors/ Harnett Heath System
3. **John Bigger**
Corporate Director of Behavioral Health, Cape Fear Valley Health
4. **Joy Futrell, MBA**
Chief Executive Officer, Trillium Health Resources
5. **Katy Kranze**
Executive Director, North Carolina Psychiatric Association
6. **Gary R. Maslow, MD,**
Professor of Psychiatry and Behavioral Sciences, Duke Health
7. **Keith McCoy, MD**
Deputy CMO for Behavioral Health and I/DD Community Systems, NC-DHHS
8. **Shakeerah McCoy, MSN,RN,PCCN**
Director, Rural Health Innovation
9. **Sy Atezaz Saeed, MD, MS, FACPpsych**
Professor and Chair Emeritus, Department of Psychiatry and Behavioral Medicine,
ECU Brody School of Medicine
Founding Executive Director, NC-SteP (*Chair*)
10. **Tracy W. Ethridge, RNBC, PMH-BC, CMGT-BC, MS**
Emergency Department Behavioral Health Case Manager, Carteret Health Care
11. **Ashley Stoop, MPH**
Health Director, Albemarle Regional Health Services

Ex Officio Members

1. Ryan Baker, NC-SteP/ECU
2. Jeremy R. Landvater, MD, MBA/ECU
3. Lucia Smith-Martinez, MD/ECU
4. Renee Clark, MSW, DHHS-ORH
5. Sheila Davies, Ph.D., NC-SteP/MedAccess Partners
6. Phil Donahue, NC-SteP/MedAccess Partners
7. Nick Galvez, DHHS-ORH
8. Katherine Jones, Ph.D., NC-SteP/ECU
9. Maggie Sauer, DHHS-ORH

NC-STeP Quality Management and Outcomes Monitoring Processes: January – March 2025

- 28 hospitals were live
- 24 hospitals reporting Telepsychiatry patients in their ED
 - not all live hospitals had telepsychiatry patients
- Total number of assessments for this quarter = 895
- Total number of encounters for this quarter = 808

NC-STeP Quality Management and Outcomes Monitoring Processes: January – March 2025

- The Median Length of Stay was 32.9 hours
- The Average Length of Stay was 65.5 hours
 - 43.6 hours for those discharged to home
 - 52.6 hours for those transferred to another facility
- Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 4 hours and 11 minutes.

NC-STeP Quality Management and Outcomes Monitoring Processes: January – March 2025

- 556 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
 - 182 (32.7%) of those patients did not have an IVC in place when discharged.
- Of the ED patients who received telepsychiatry services:
 - 47.9% were discharged to home
 - 43.5% were discharged to another facility

NC-STeP Quality Management and Outcomes Monitoring Processes: January – March 2025

- 24 Community based sites were live as of 03/31/2025.
- There were 2,186 total behavioral health visits.
 - 89 visits with a Psychiatrist.
 - 2,096 visits with a behavioral health manager
 - 1 did not specify if visit was with psychiatrist or BHM.



	Since project inception in November 2013	Quarter Jan- Mar 2025	Quarter Apr- Jun 2025	Quarter Jul- Sep 2025	Quarter Oct- Dec 2025
Total Patient Encounters	52,241	808			
Model 1 Hospital Patient Encounters	34,496	743			
Model 2 Hospital Patient Encounters	17,745	65			
Total Number of Assessments (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)	66,239	895			



	Since project inception in November 2013	Quarter Jan- Mar 2024	Quarter Apr- Jun 2024	Quarter Jul- Sep 2024	Quarter Oct- Dec 2024
Total Patient Encounters	52,241	799	917	909	865
Model 1 Hospital Patient Encounters	34,496	738	834	839	803
Model 2 Hospital Patient Encounters	17,745	61	83	70	62
Total Number of Assessments (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)	66,239	890	1,036	1,018	956

NC-STeP Benchmarks



	Goals	Values Reached		
	Cumulative Target to be reached by (06/30/2025)	Value Reached as of most recent previous quarter (12/31/2024)	Value Reached as of this reporting quarter (03/31/2025)	Year-to-Date Total with % of the Yearly Target (03/31/2025)
Number of IVCs	2,229	608	556	1,782 79.9% of Yearly Target
Number of IVCs Overturned	1,133	191	182	574 50.6% of Yearly Target
Total Number of Assessments (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.)	3,400	956	895	2,869 84.3% of Yearly Target

NC-STeP Status as of March 31, 2025

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2024	TARGET TO BE REACHED BY 06/30/2025	VALUES/MEASURES REACHED AS OF 03/31/2025
1. The number of full-time equivalent (FTE) positions supported by these contracts	4.30 FTEs	4.30 FTEs	4.30 FTEs
2. The number of overturned involuntary commitments (inpatient admission prevented)	903	1,133	182 in this quarter Cumulative total since program inception 11,536
3. The number of participating consultant providers	23	24	24

NC-STeP Status as of March 31, 2025

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2024	TARGET TO BE REACHED BY 06/30/2025	VALUES/MEASURES REACHED AS OF 03/31/2025
4. The number of telepsychiatry assessments conducted.	4,092	3,400	895 in this quarter Cumulative total since program inception 66,239
5. The number of telepsychiatry referring sites	28	29	28
6. The reports of involuntary commitments to enrolled hospitals	2,649	2,229	556 in this quarter Cumulative total since program inception 32,328

NC-STeP Status as of March 31, 2025

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2024	TARGET TO BE REACHED BY 06/30/2025	VALUES/MEASURES REACHED AS OF 03/31/2025
7. The average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions.	61.2 hours	72.25 hours	QTD Average = 65.5 QTD Median = 32.9
8. Cumulative return on investment to state psychiatric facilities through overturned involuntary commitments. (inpatient admissions prevented)	\$4,876,200	\$5,929,200	QTD = \$982,800 Project to date = \$62,294,400

Map of Participating NC-STeP Facilities

NC-STeP Medical Facilities

- NC-STeP Hospital Site
- NC-STeP Hospital Site Coming Soon
- NC-STeP Community Site
- NC-STeP Community Site Coming Soon
- NC-STeP University Site
- NC-STeP University Site Coming Soon
- NC-STeP Pediatric Site Coming Soon
- NC-STeP Pediatric Site

MOTHeRS Sites

- LIVE
- PENDING

NC-STeP Counties

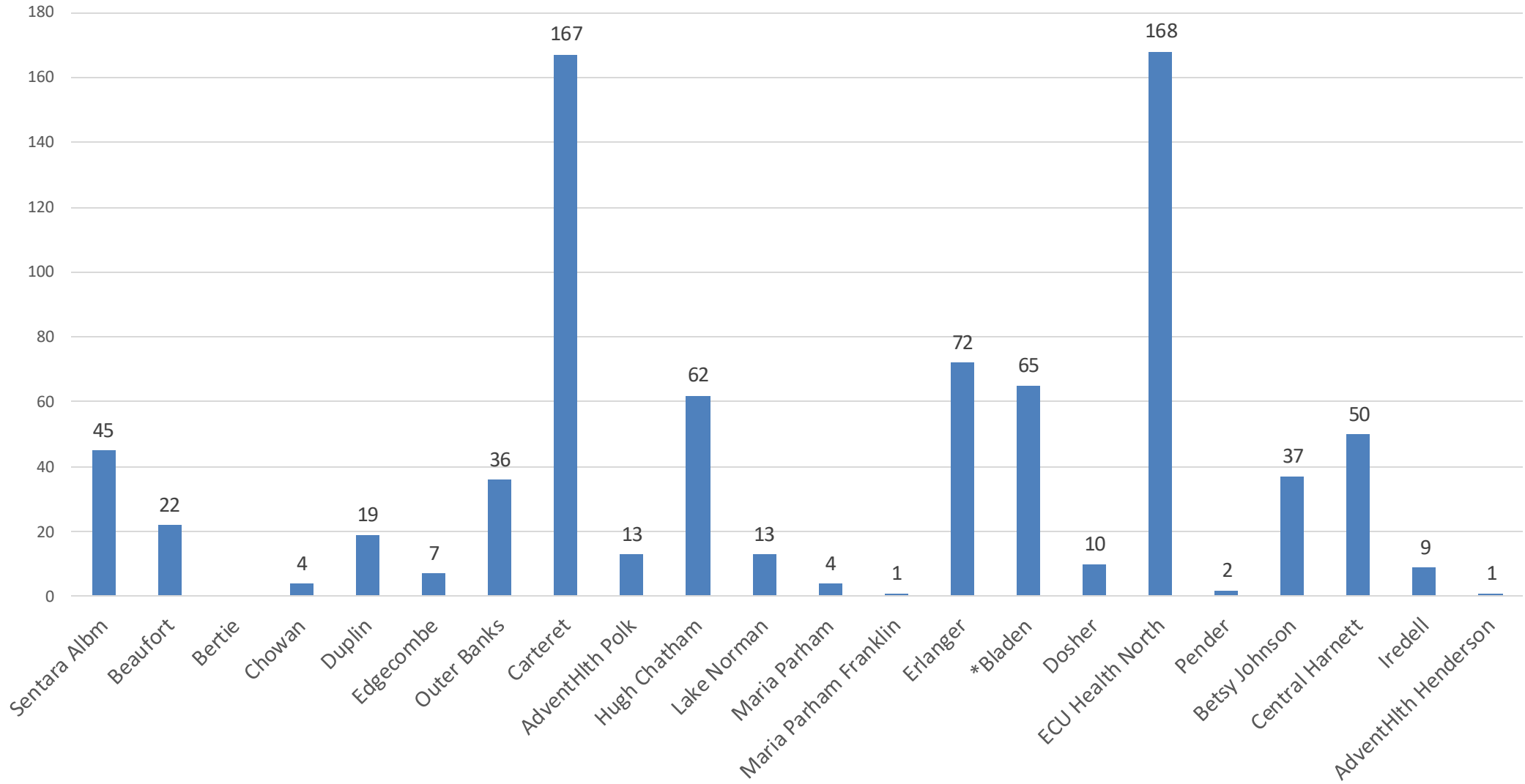
- LIVE
- IN PROGRESS
- NEIGHBORING

NC-STeP

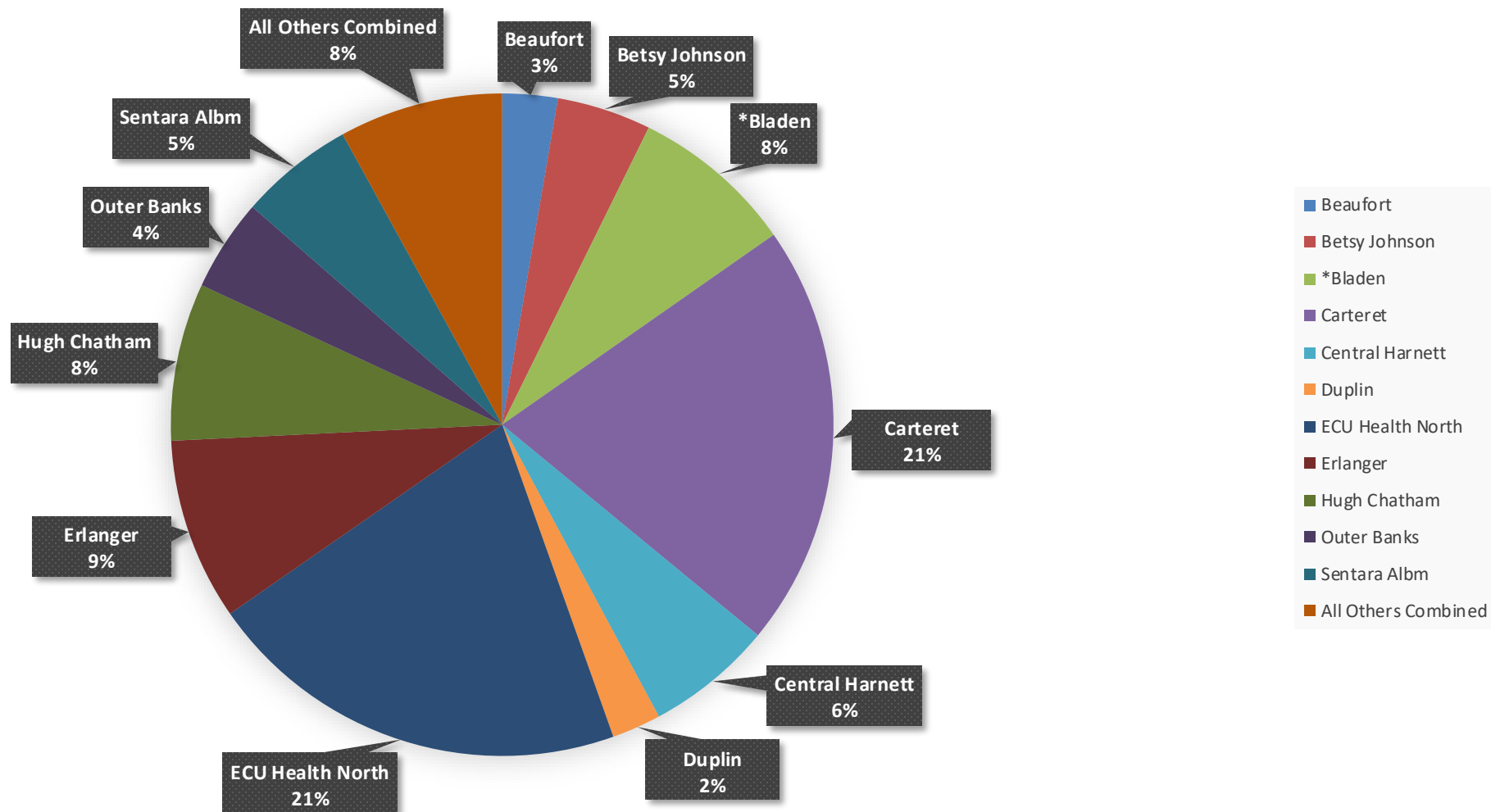


Number of NC-STeP Patients by Hospital

January-March 2025

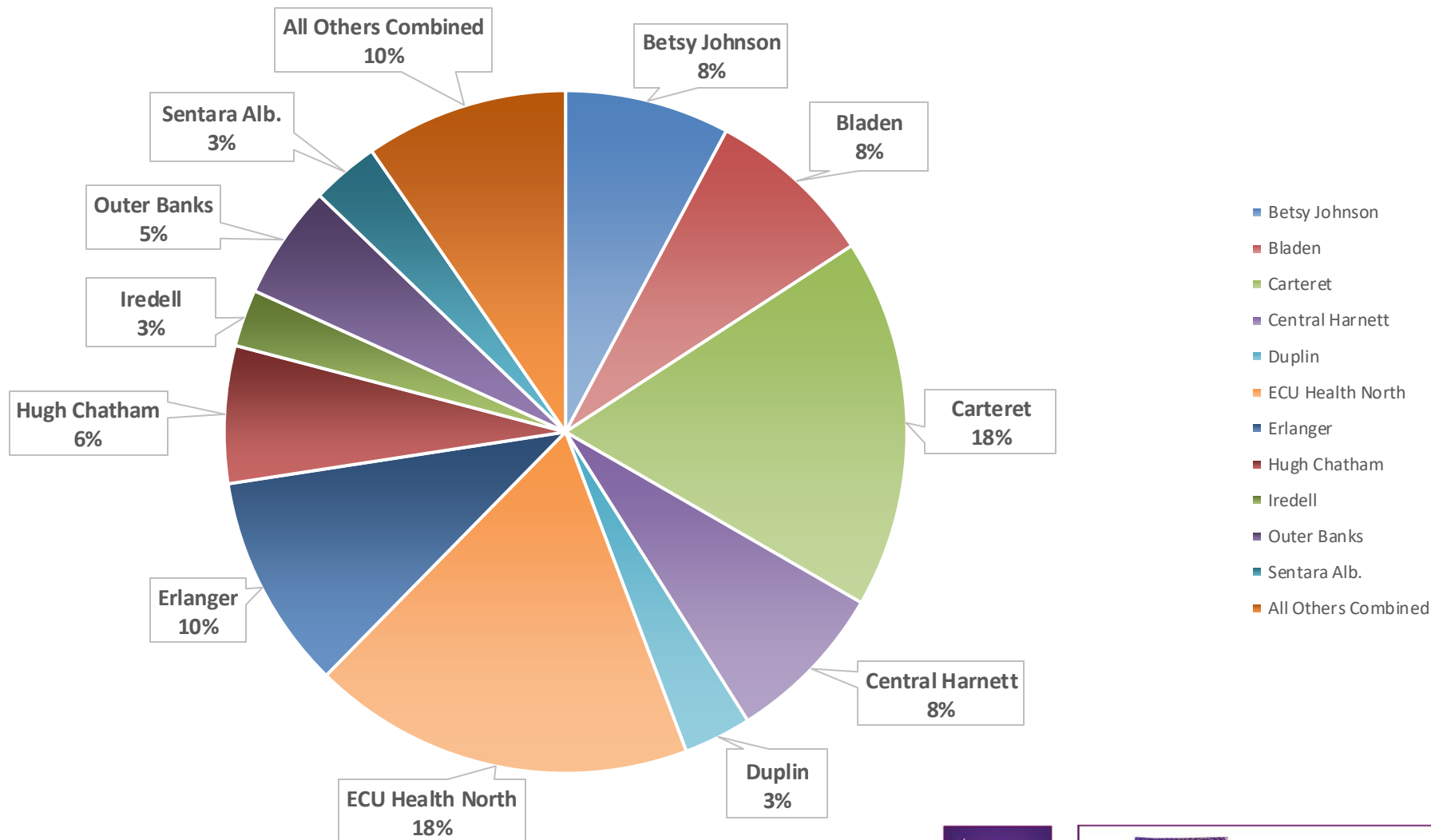


Percent of Use by Hospital for Model 1 and Model 2 Jan-Mar 2025 (based on number of patients)



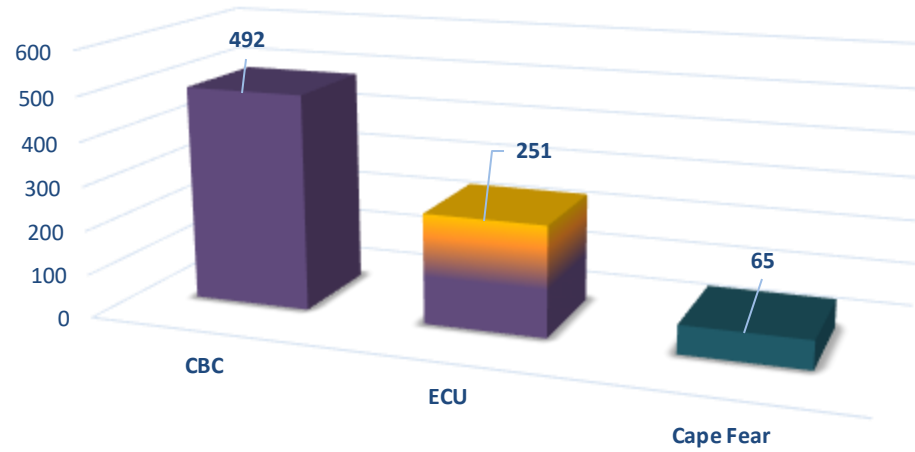
Percent of Use by Hospital Jan - Dec 2024 (Model 1 and Model 2)

(based on number of patients)

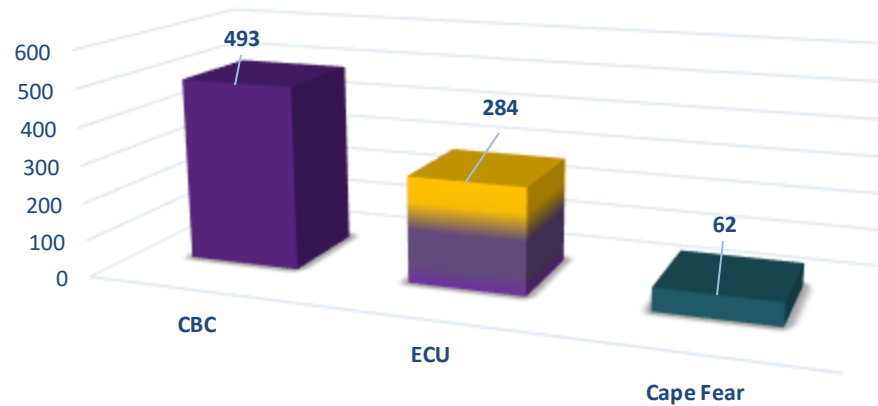


Number of Patients by Provider

Jan-Mar 2025

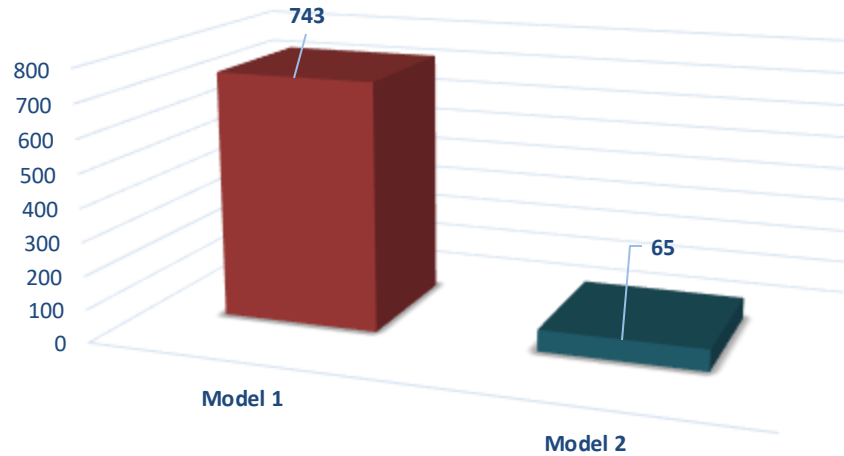


Oct-Dec 2024

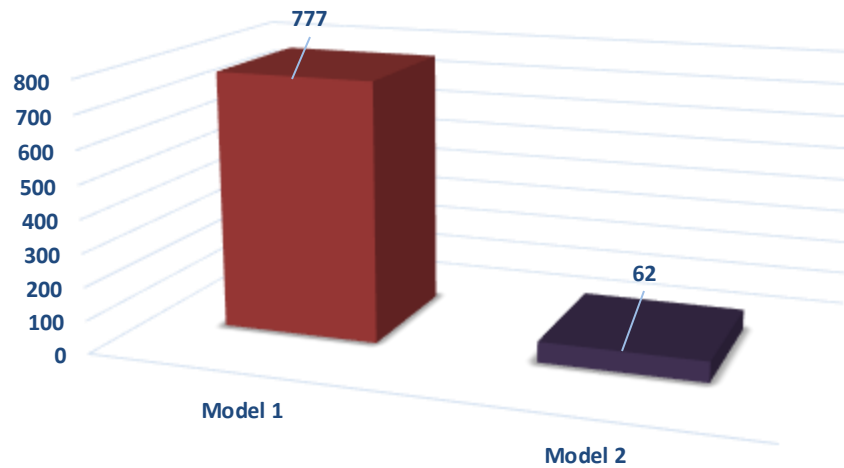


Number of Patients by Model

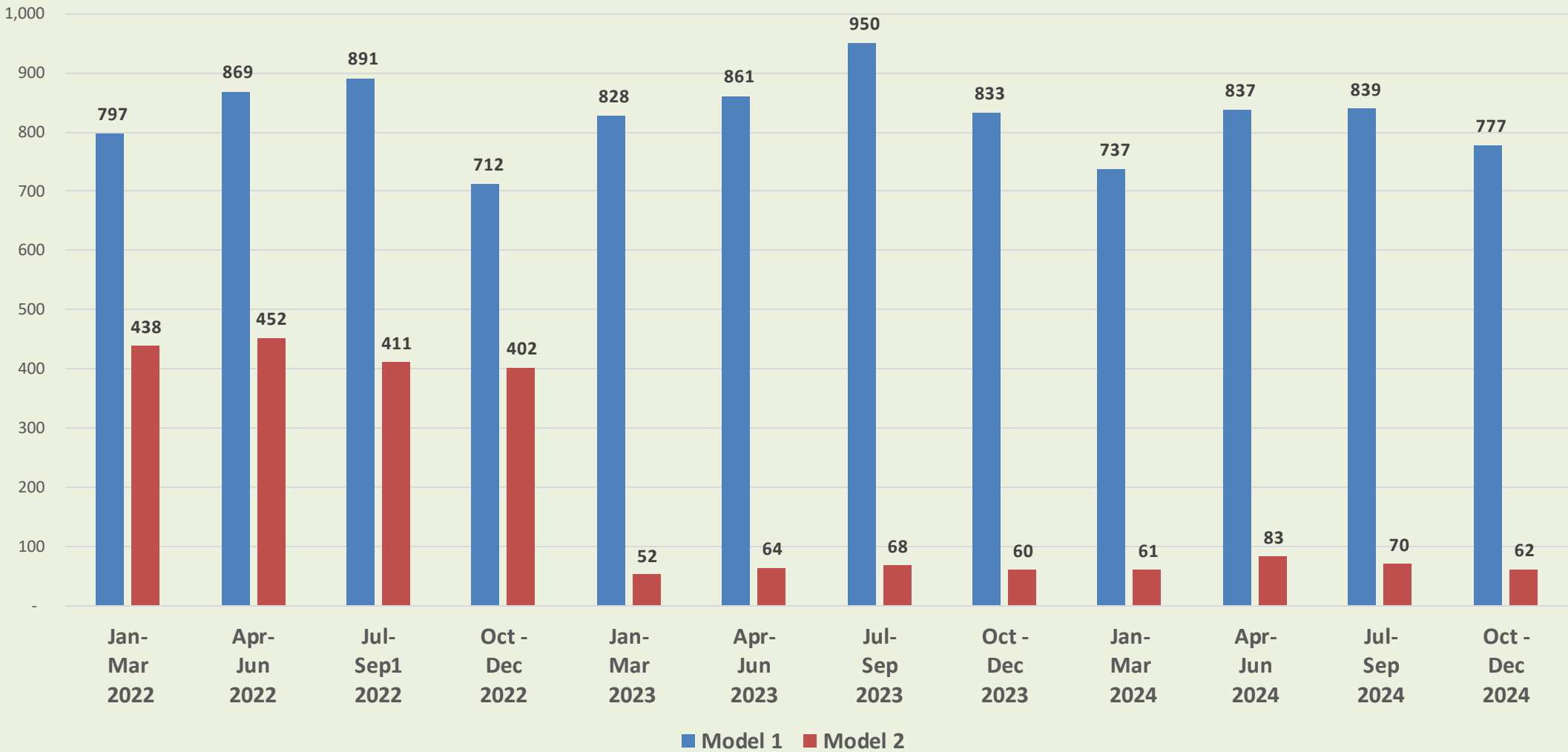
Jan-Mar 2025



Oct-Dec 2024

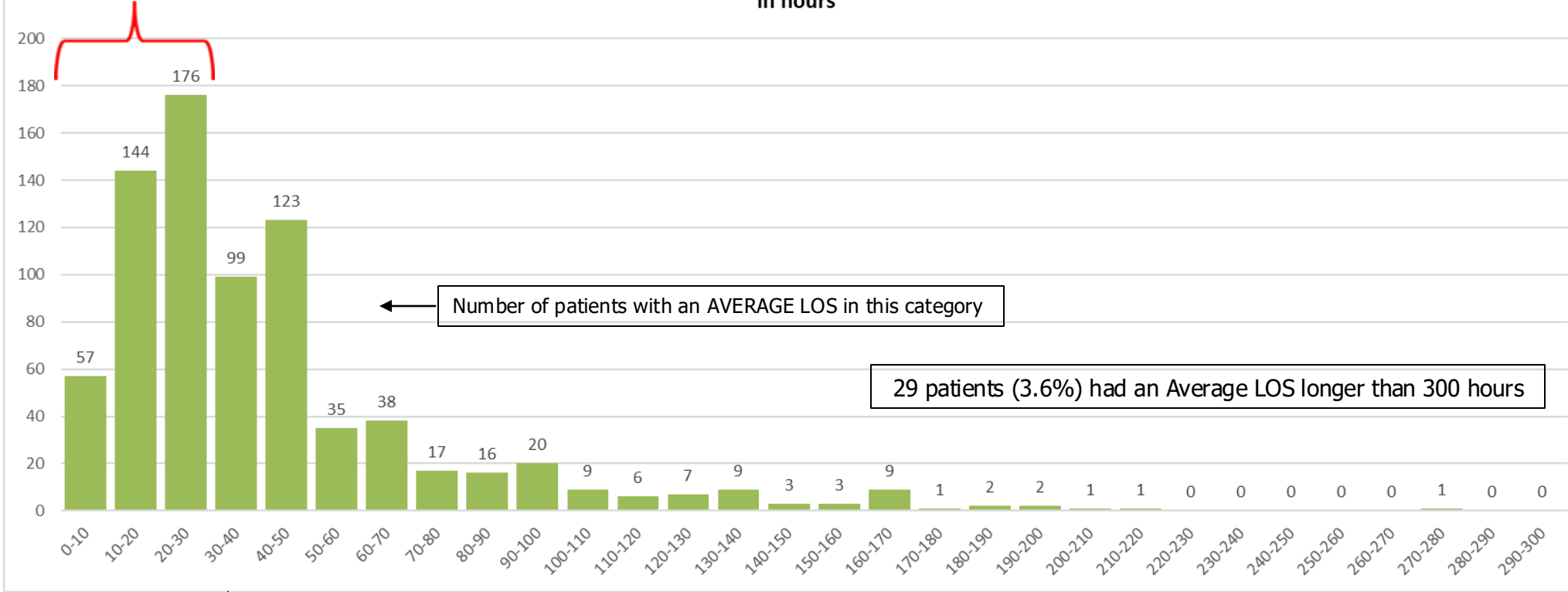


Number of NC-STeP Patients by Model by Quarter January 2022 - December 2024



Number of NC-STeP Patients by LOS Category
Based on Patient Average Length of Stay
January - March 2025
in hours

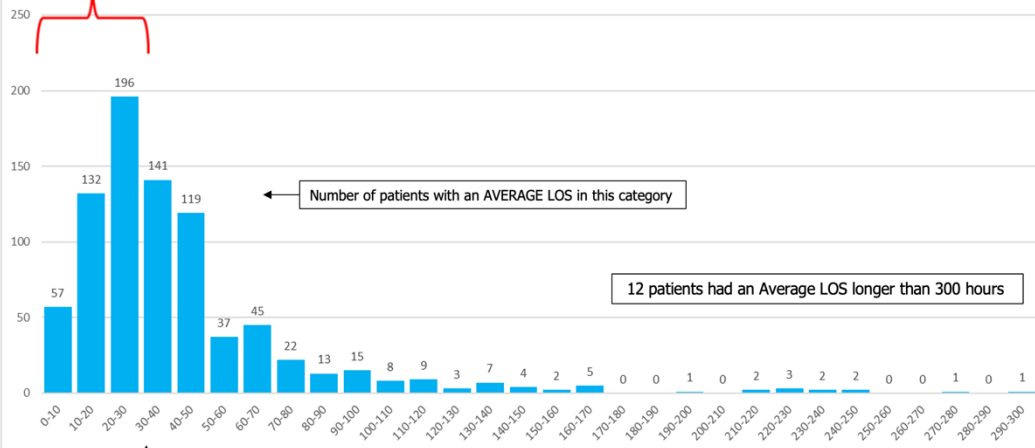
46.6% percent of patients
had an Average LOS of 30 hours or less



Median Patient Length of Stay for Jan-Mar 2025 = 32.9 hours

Number of NC-SteP Patients by LOS Category
Based on Patient Average Length of Stay
October - December 2024
in hours

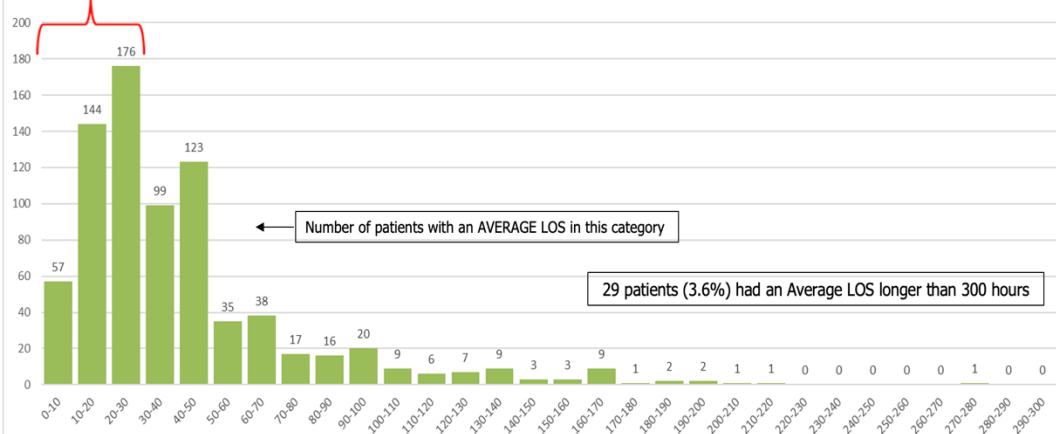
46% percent of patients had an Average LOS of 30 hours or less



Median Patient Length of Stay for Oct-Dec 2024 = 32.7 hours

Number of NC-SteP Patients by LOS Category
Based on Patient Average Length of Stay
January - March 2025
in hours

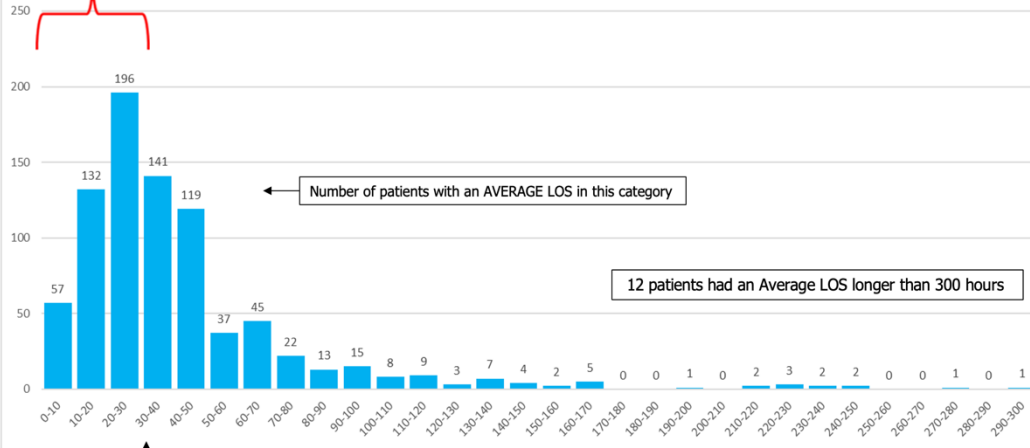
46.6% percent of patients had an Average LOS of 30 hours or less



Median Patient Length of Stay for Jan-Mar 2025 = 32.9 hours

Number of NC-SteP Patients by LOS Category
Based on Patient Average Length of Stay
October - December 2024
in hours

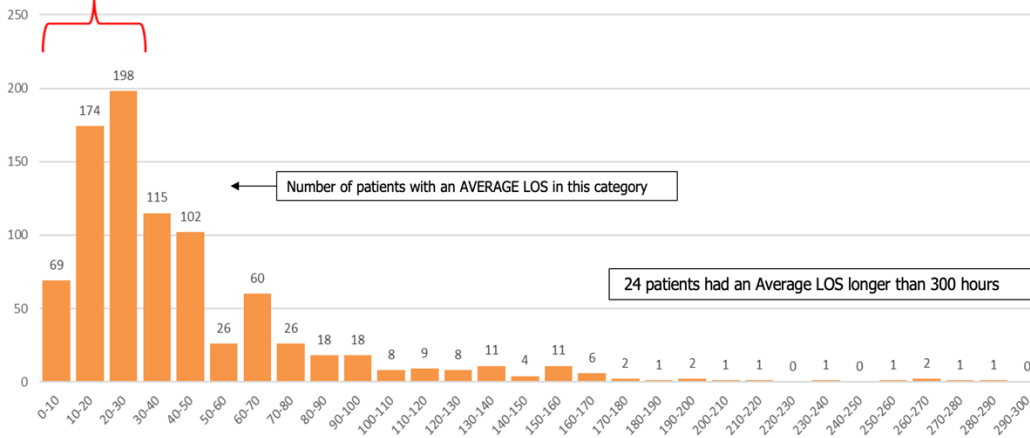
46% percent of patients had an Average LOS of 30 hours or less



Median Patient Length of Stay for Oct-Dec 2024 = 32.7 hours

Number of NC-Step Patients by LOS Category
Based on Patient Average Length of Stay
July - September 2024
in hours

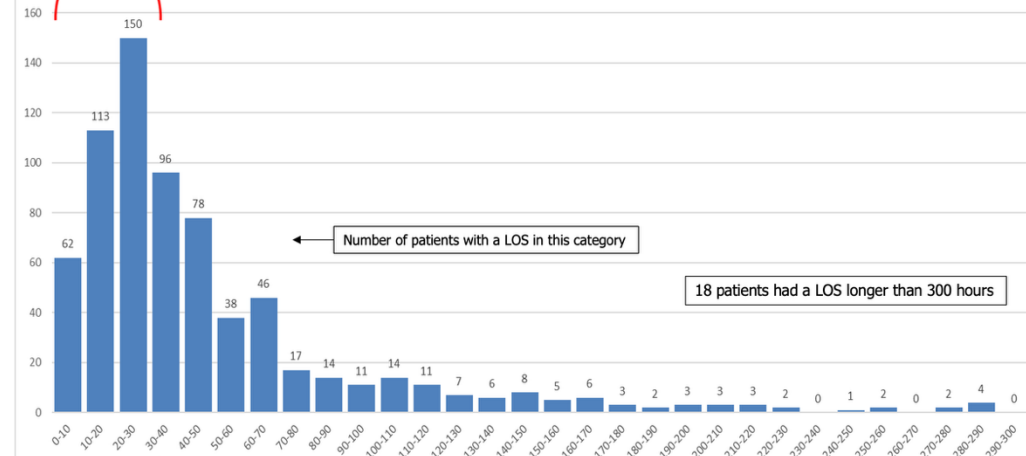
49% percent of patients had an Average LOS of 30 hours or less



Median Patient Length of Stay for Jul-Sep 2024 = 30.6 hours

Number of NC-SteP Patients by LOS Category
January - March 2024
in hours

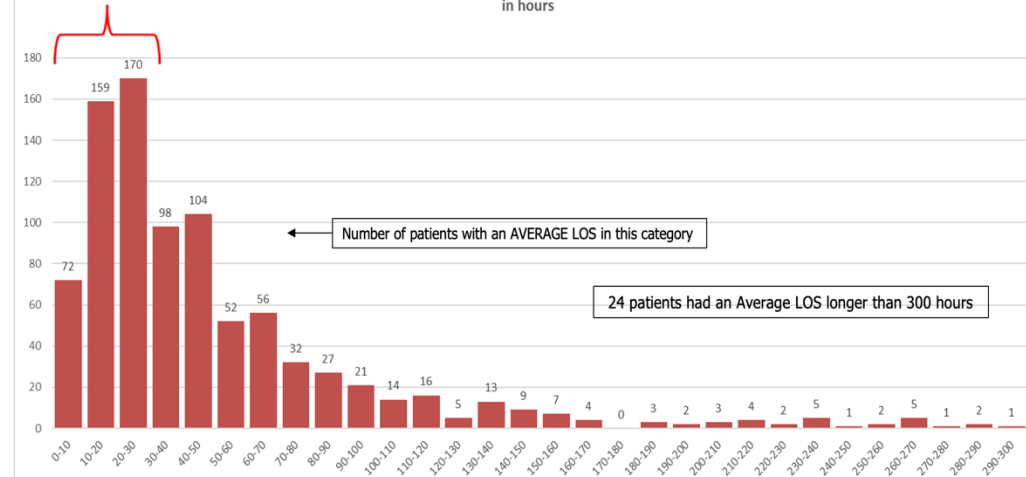
45% percent of patients had a LOS of 30 hours or less



Median Length of Stay for Jan-Mar 2024 = 34.8 hours

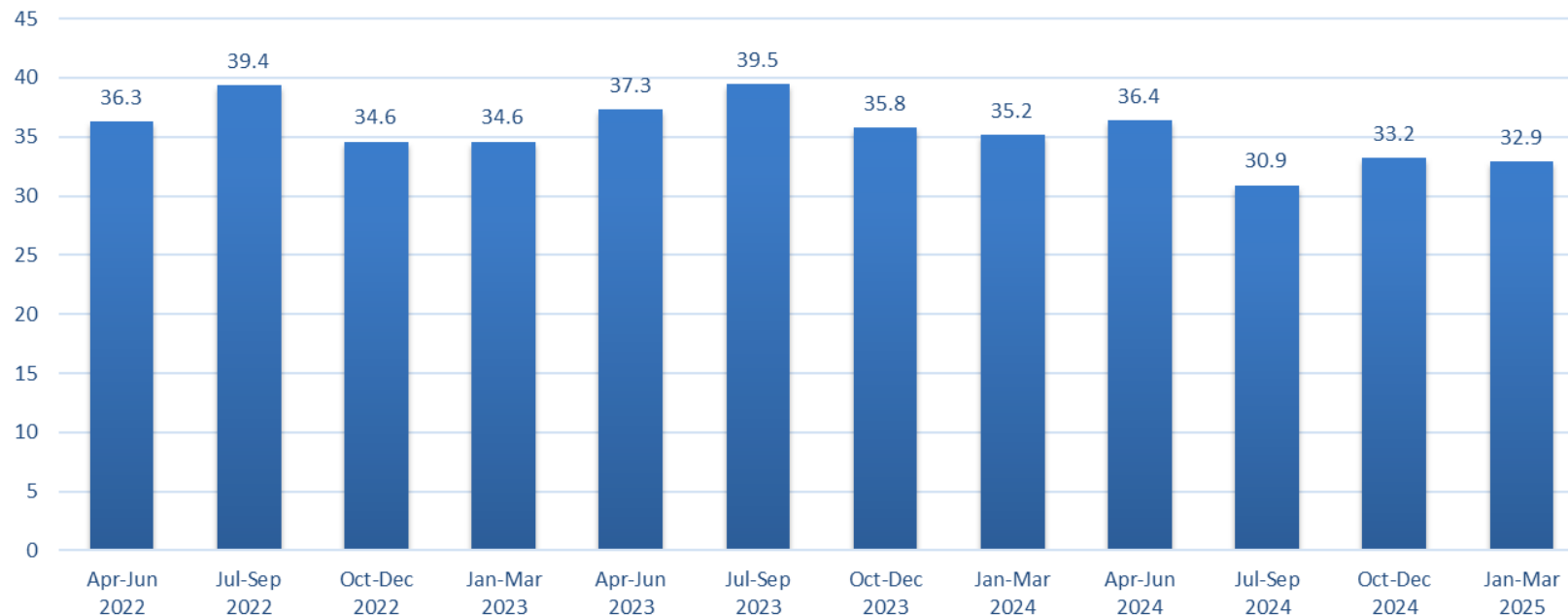
Number of NC-SteP Patients by LOS Category
Based on Patient Average Length of Stay
April - June 2024
in hours

44% percent of patients had an Average LOS of 30 hours or less

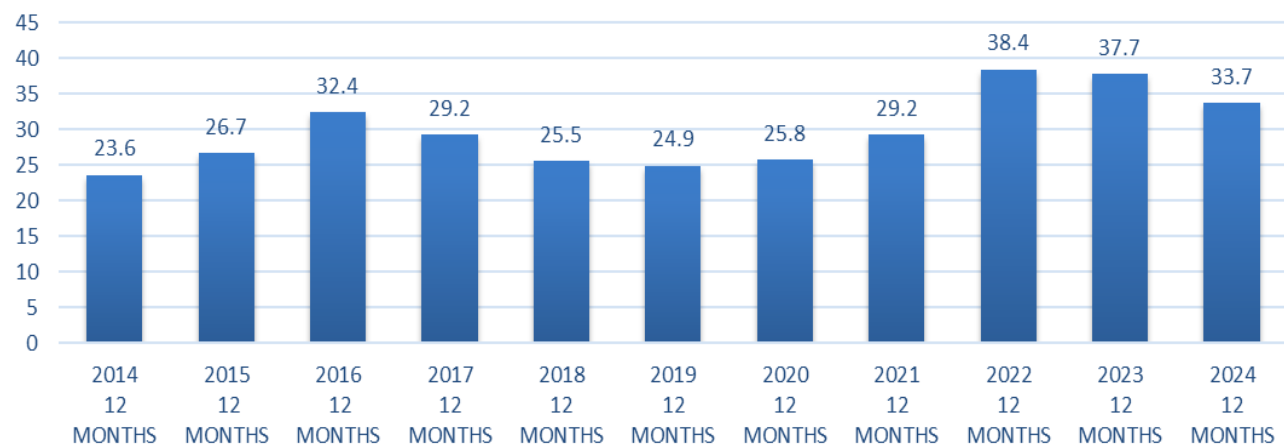


Median Patient Length of Stay for Apr-Jun 2024 = 34.8 hours

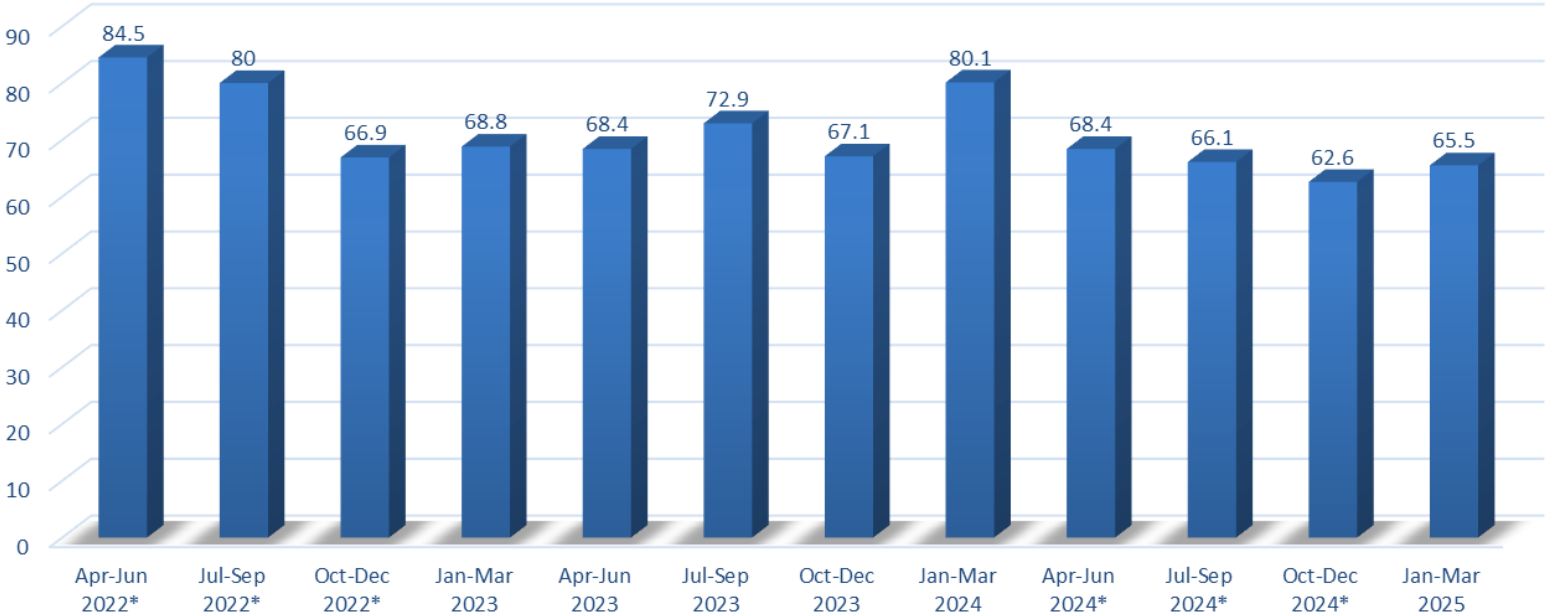
Median Length of Stay by Quarter (in hours)



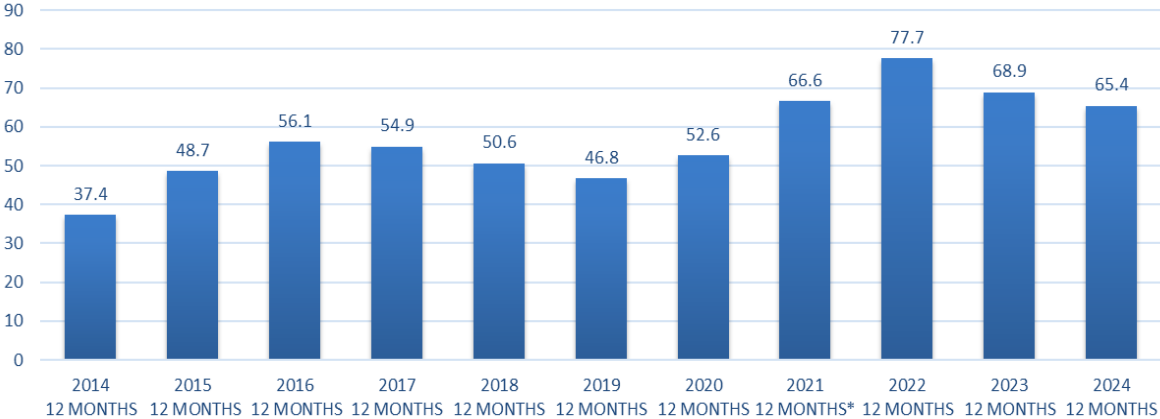
Median Length of Stay by Year (in hours)



Average Length of Stay by Quarter for Hospitals Participating in NC-STeP
(in hours)



Average Length of Stay by Year
(in hours)



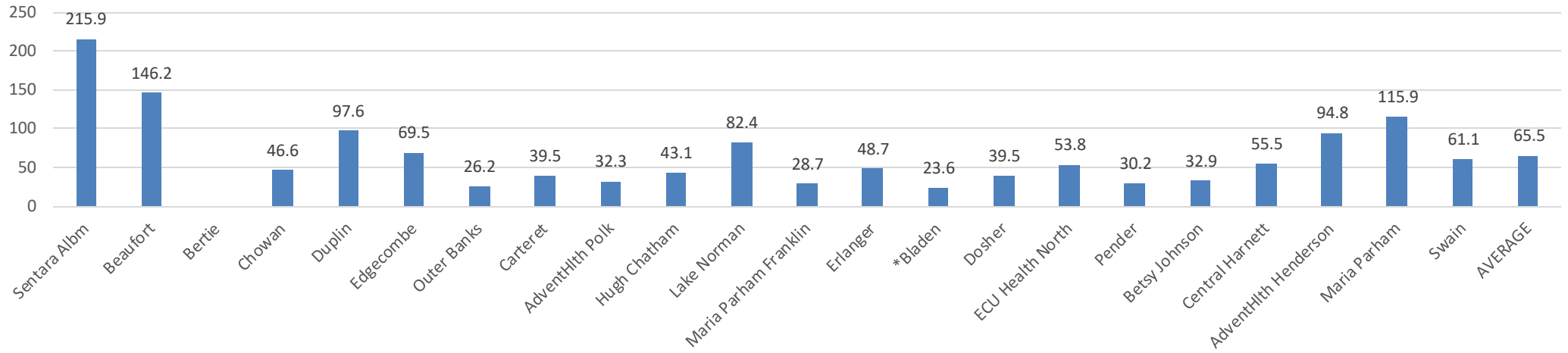
*Indicates average was adjusted to include back data



Average Length of Stay for NC-SteP Patients by Hospital

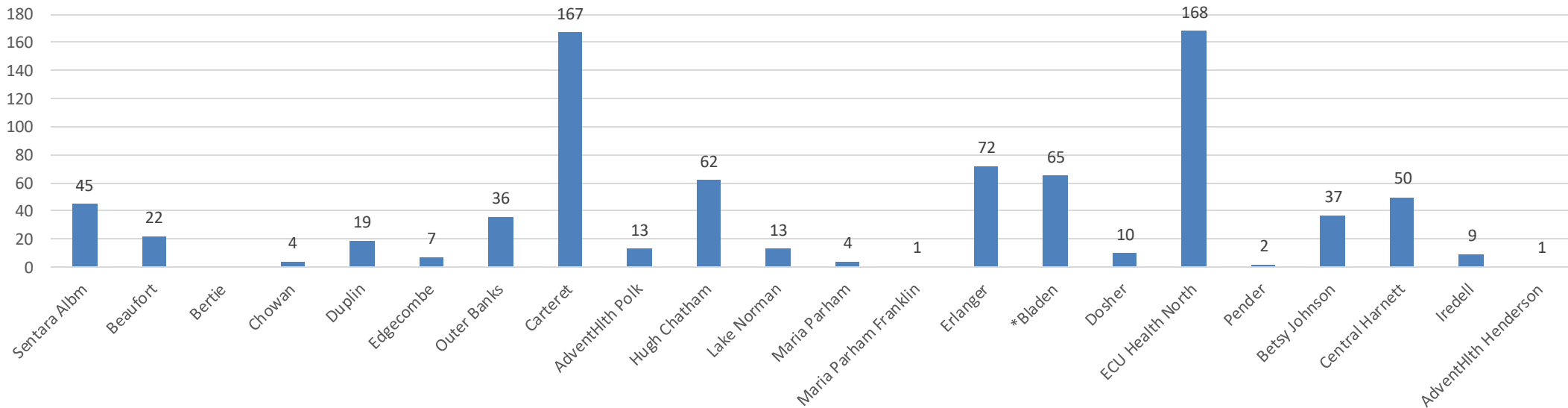
January-March 2025

(in hours)

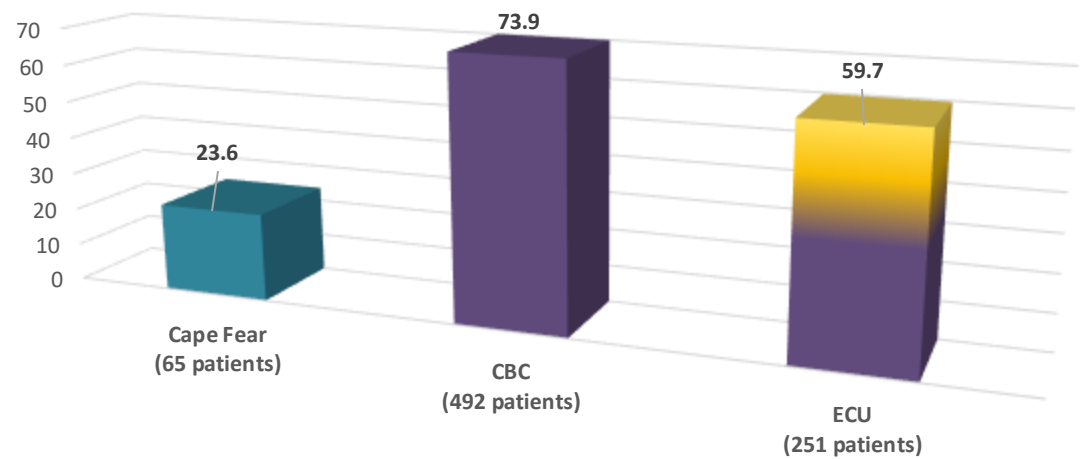


Number of NC-SteP Patients by Hospital

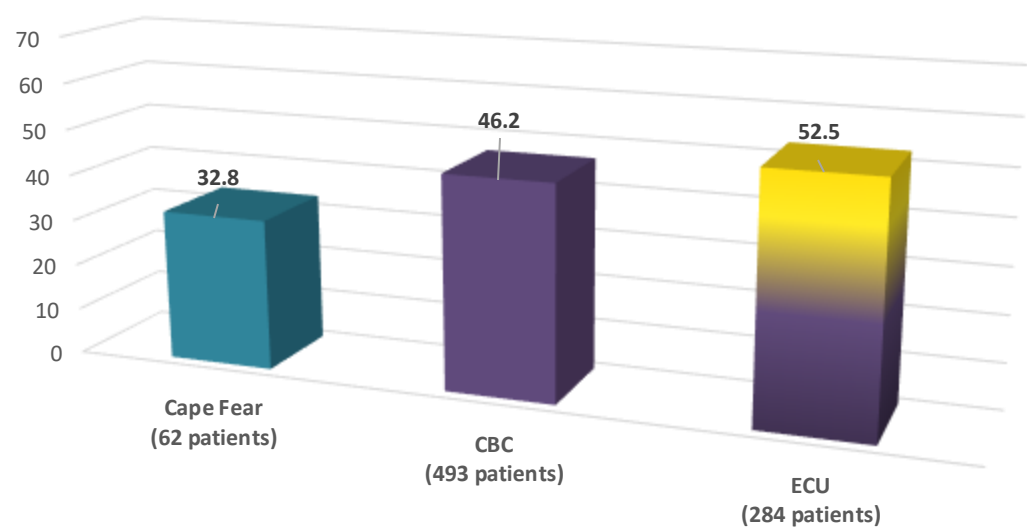
January-March 2025



Jan-Mar 2025 (in hours)



Oct-Dec 2024 (in hours)

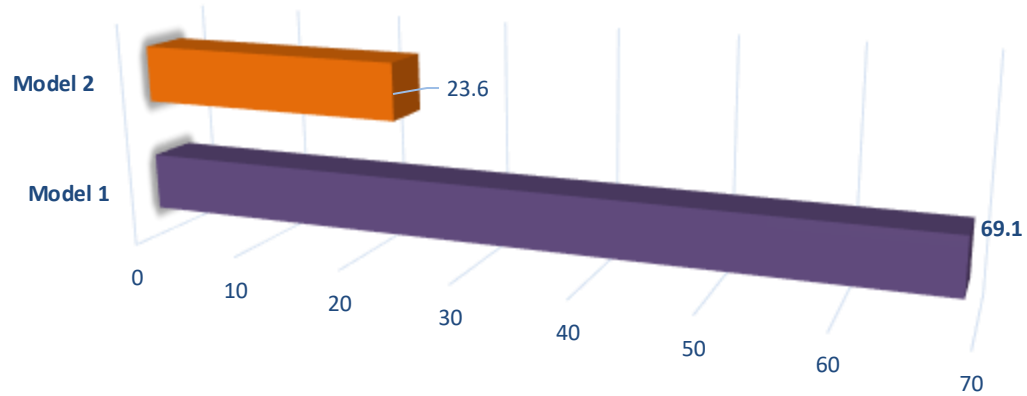


Average Length of Stay by Provider

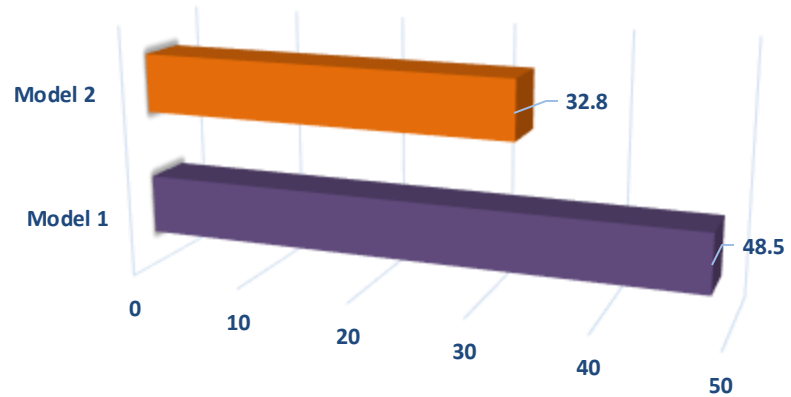


Average LOS by Model

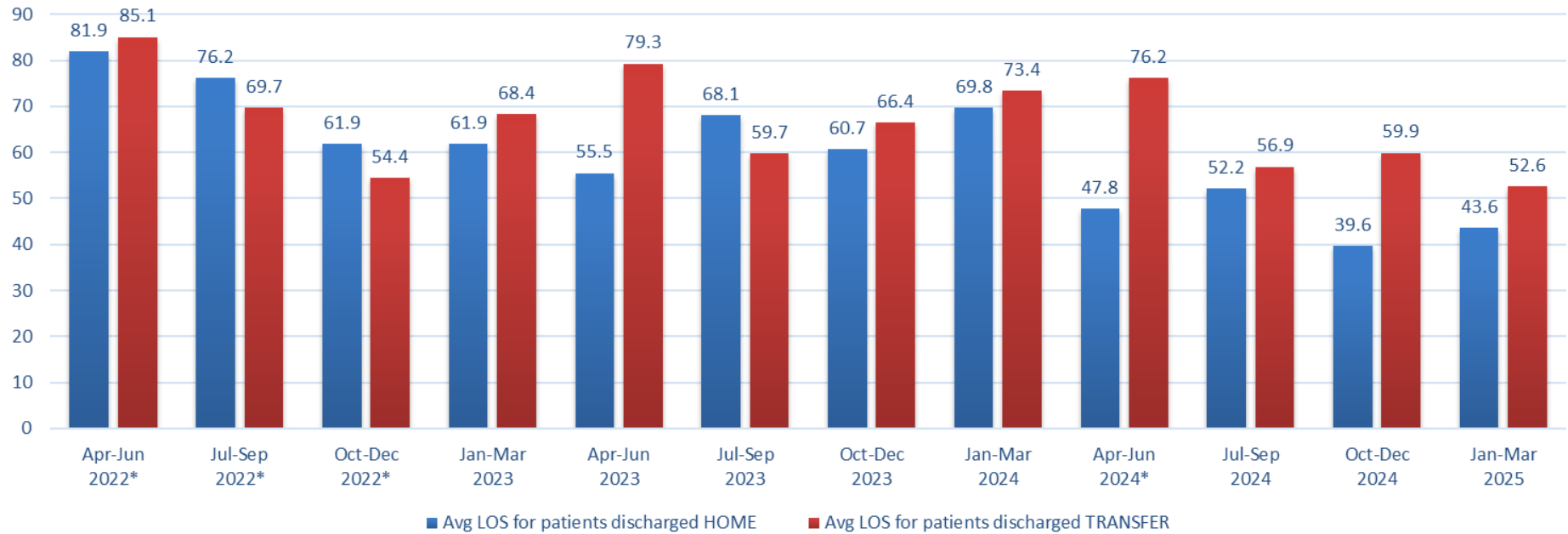
Jan-Mar 2025 (in hours)



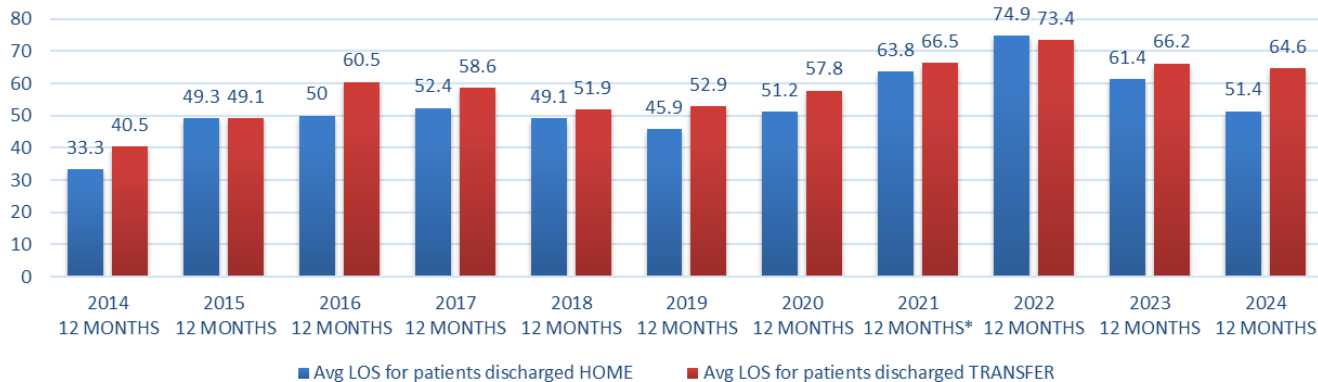
Oct-Dec 2024 (in hours)



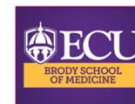
Average Length of Stay by Quarter for Patients Discharged to Home or Transfer (in hours)



Average Length of Stay by Year for Patients Discharged to Home or Transfer (in hours)

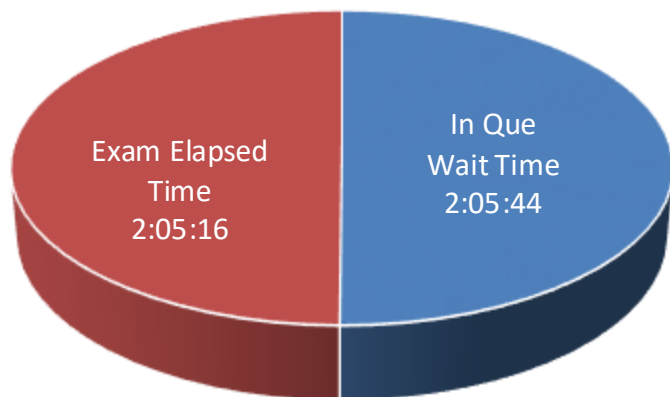


*Indicates average was adjusted to include back data



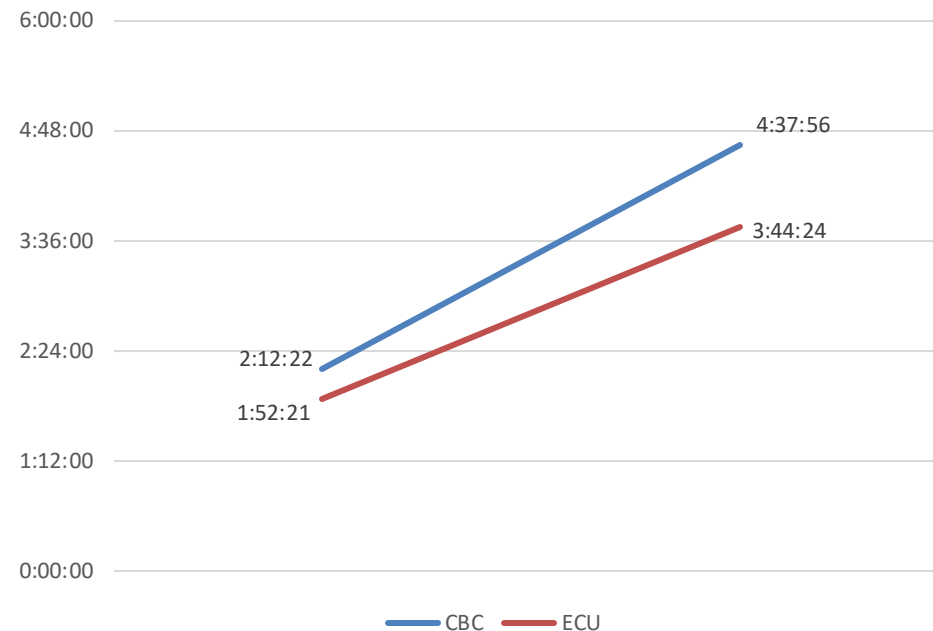
Consult Elapsed Time: January – March 2025

CBC & ECU
Average Consult Exam Elapsed Time
In Que to Exam Complete
FY25 January - March 2025
4 hrs. 11 mins. 00 secs



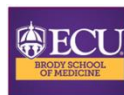
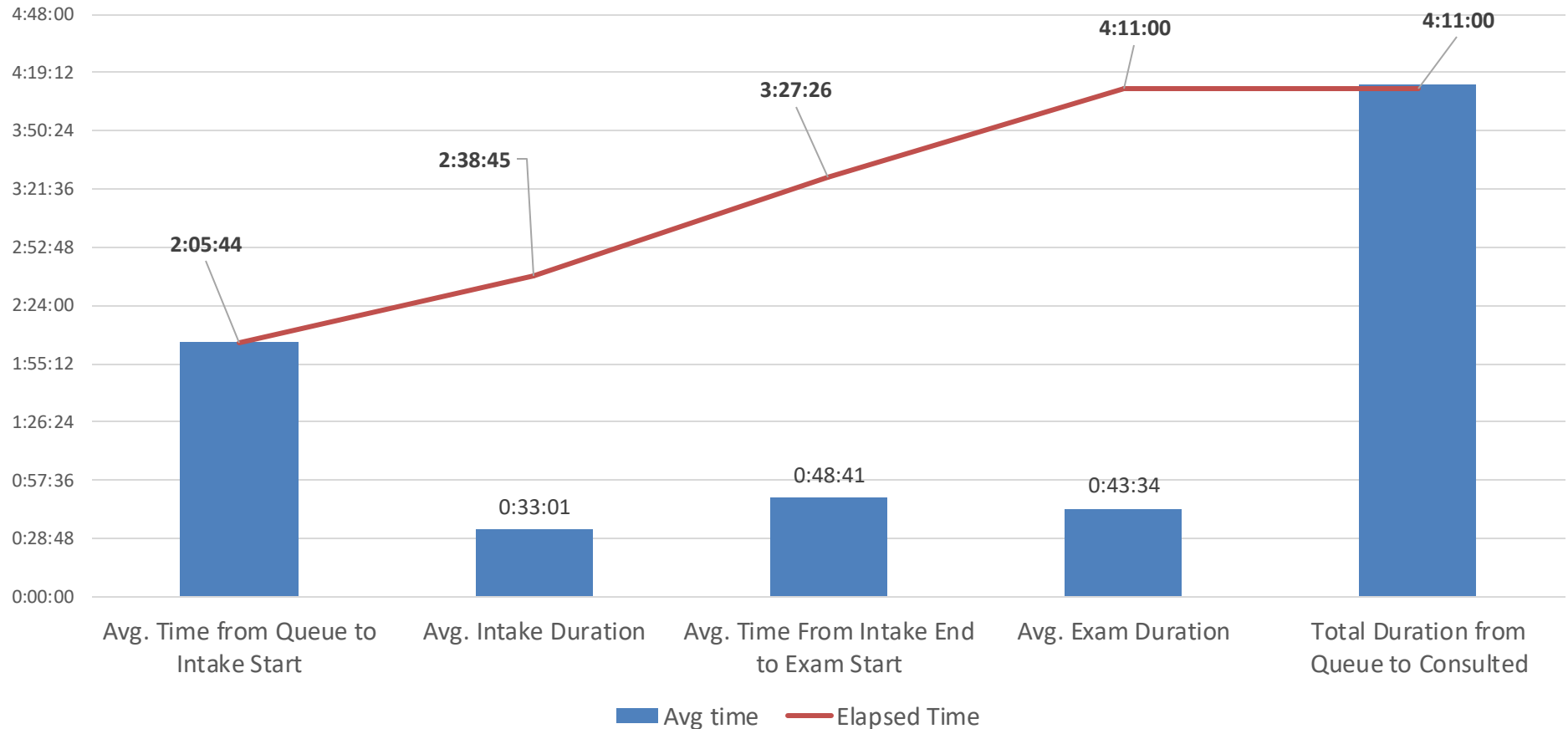
■ In Que Wait Time ■ Exam Elapsed Time

Comparison CBC & ECU
Average Consult Elapsed Time
In Que to Exam Complete
FY 25 January - March 2025



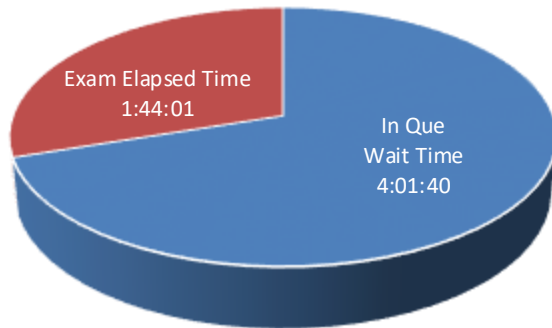
Key Processes and Elapsed Times Averages

CBC and ECU: January – March 2025

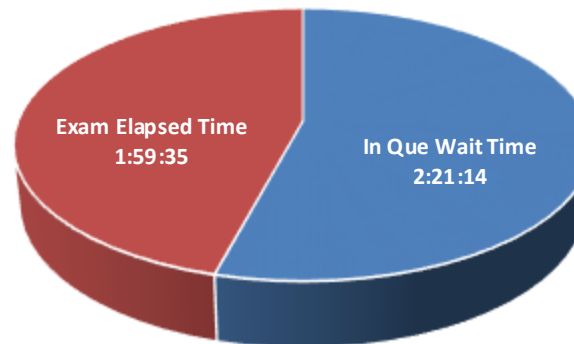


Consult Elapsed Time

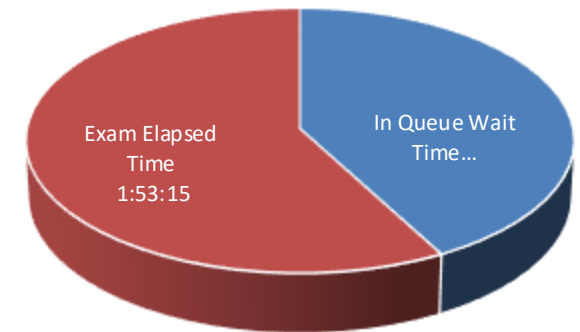
CBC & ECU
Average Consult Elapsed Time
In Que to Exam Complete
January - December 2022
(5 hrs. 42 min.)



CBC & ECU - All Hospitals
Average Consult Exam Elapsed Time
In Que to Exam Complete
January - December 2024
(4hrs. 20mins.)



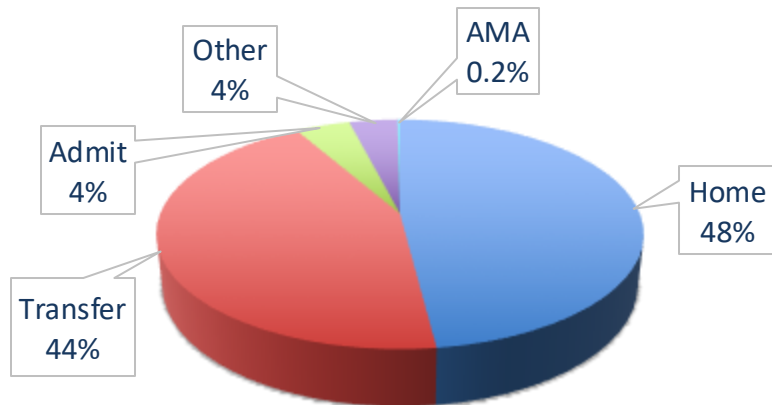
CBC, OVBHS, and ECU
Average Consult Elapsed Time
In Queue to Exam Complete
January - December 2019
(3 hrs. 16 min.)



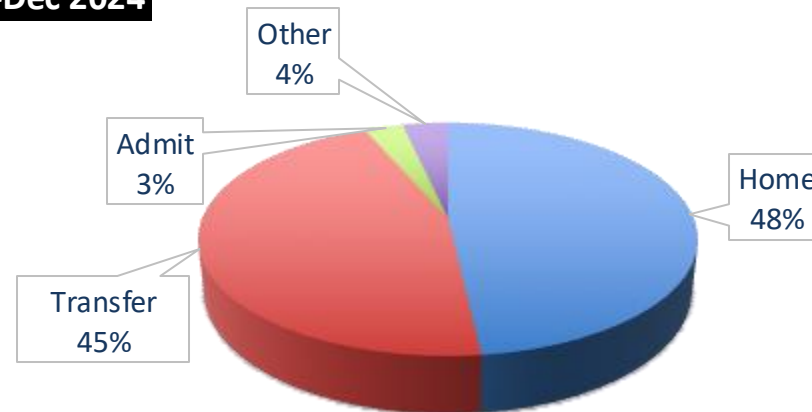
■ In Queue Wait Time ■ Exam Elapsed Time

Percent of Patients by Discharge Disposition

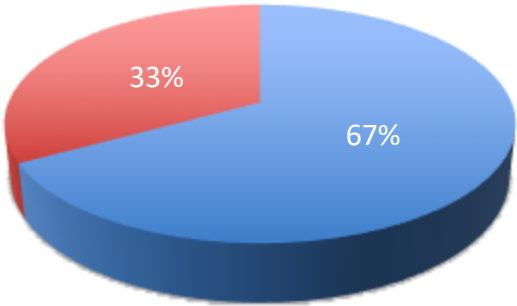
Jan-Mar 2025



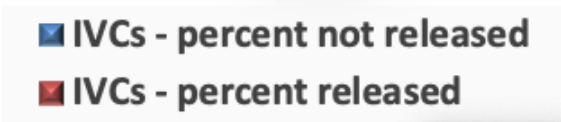
Oct-Dec 2024



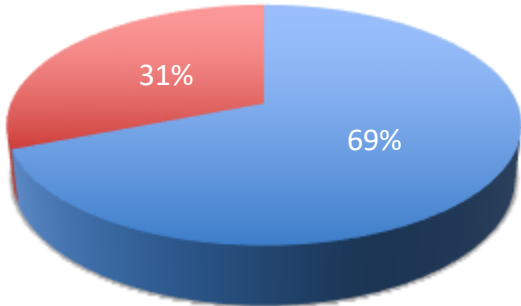
Jan-Mar 2025



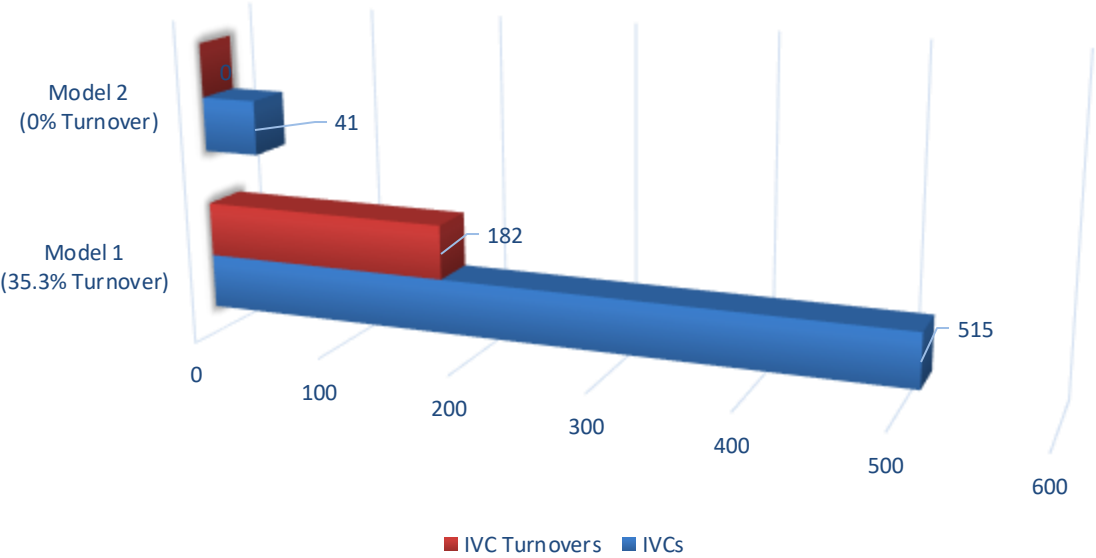
IVCs –
By Release Status



Oct-Dec 2024

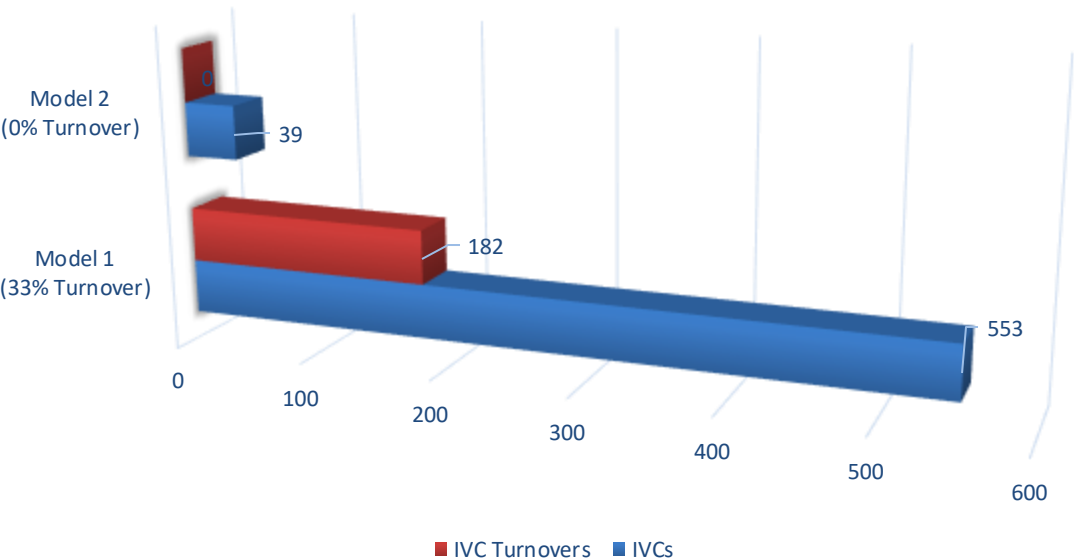


Jan-Mar 2025

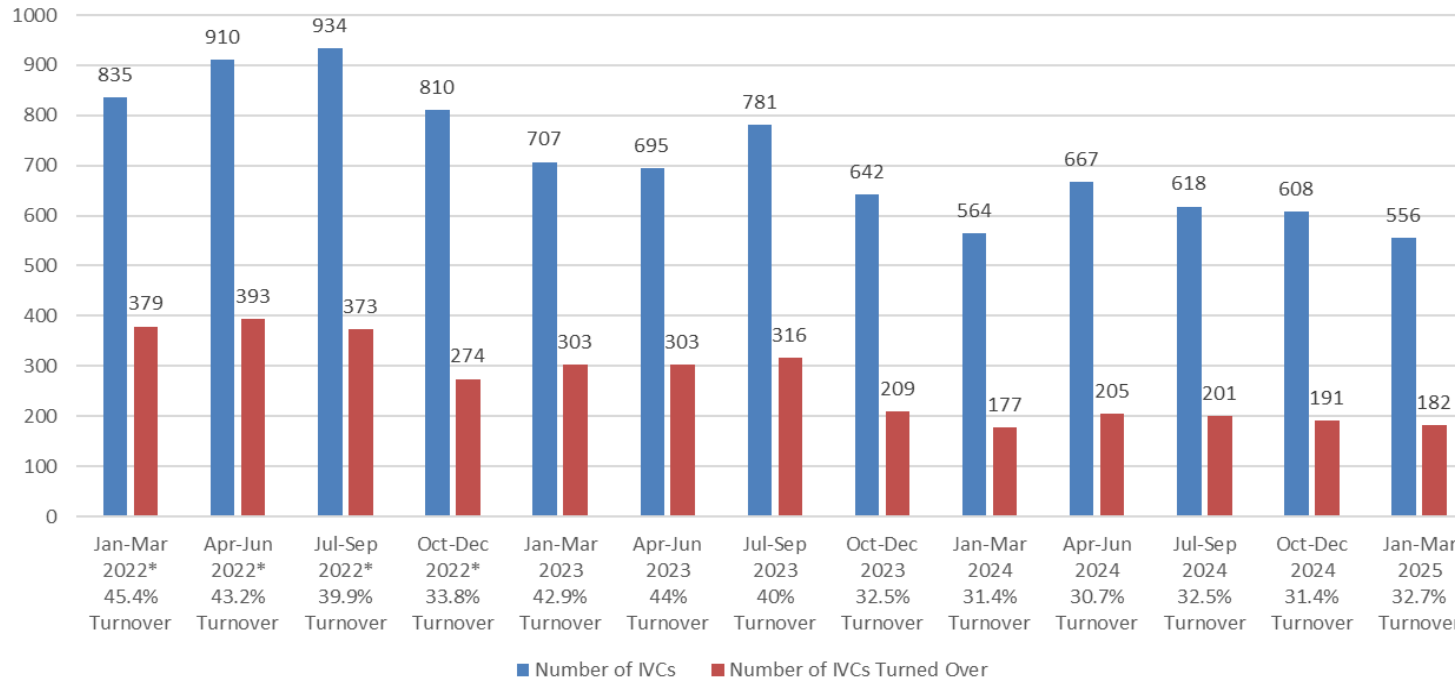


Number of IVCs and IVC Turnovers by Model

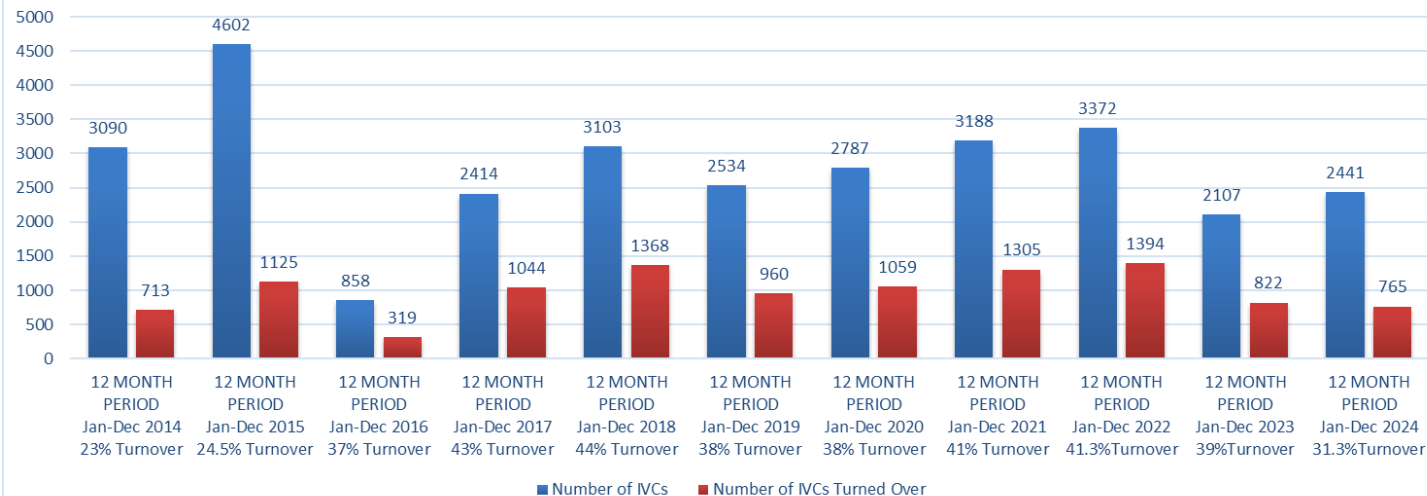
Oct-Dec 2024



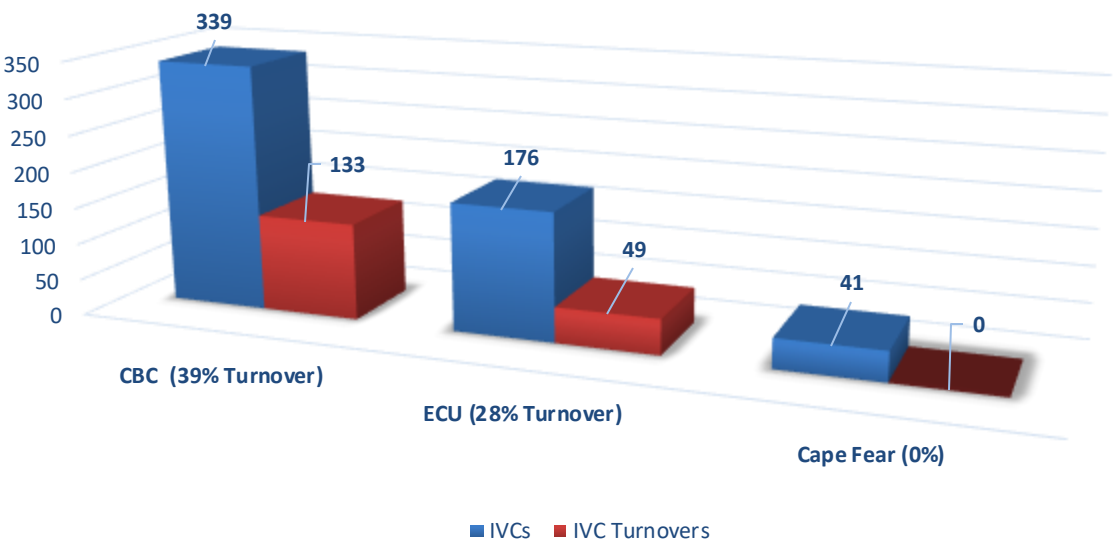
Number of IVCs and IVCs Turned Over by Quarter



Number of IVCs and IVCs Turned Over by Year

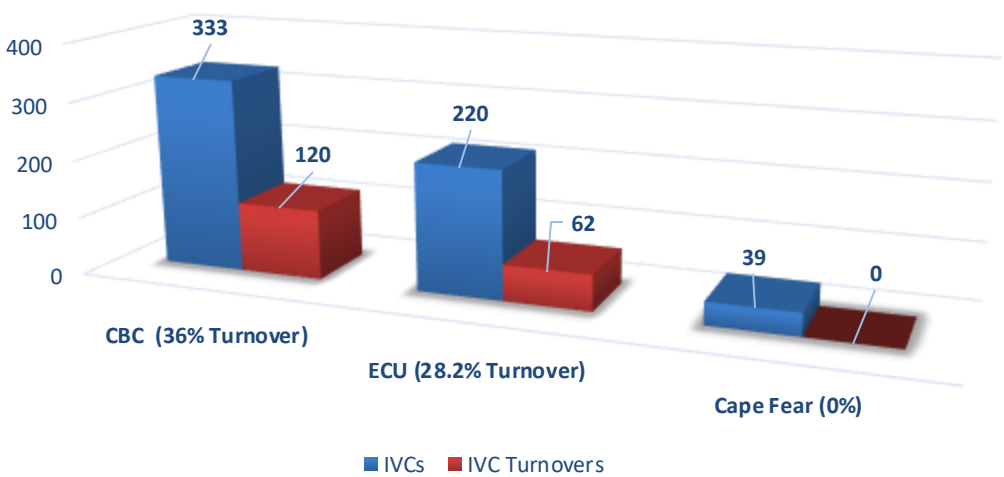


Jan-Mar 2025



Number of IVCs and IVC Turnovers by Provider

Oct-Dec 2024



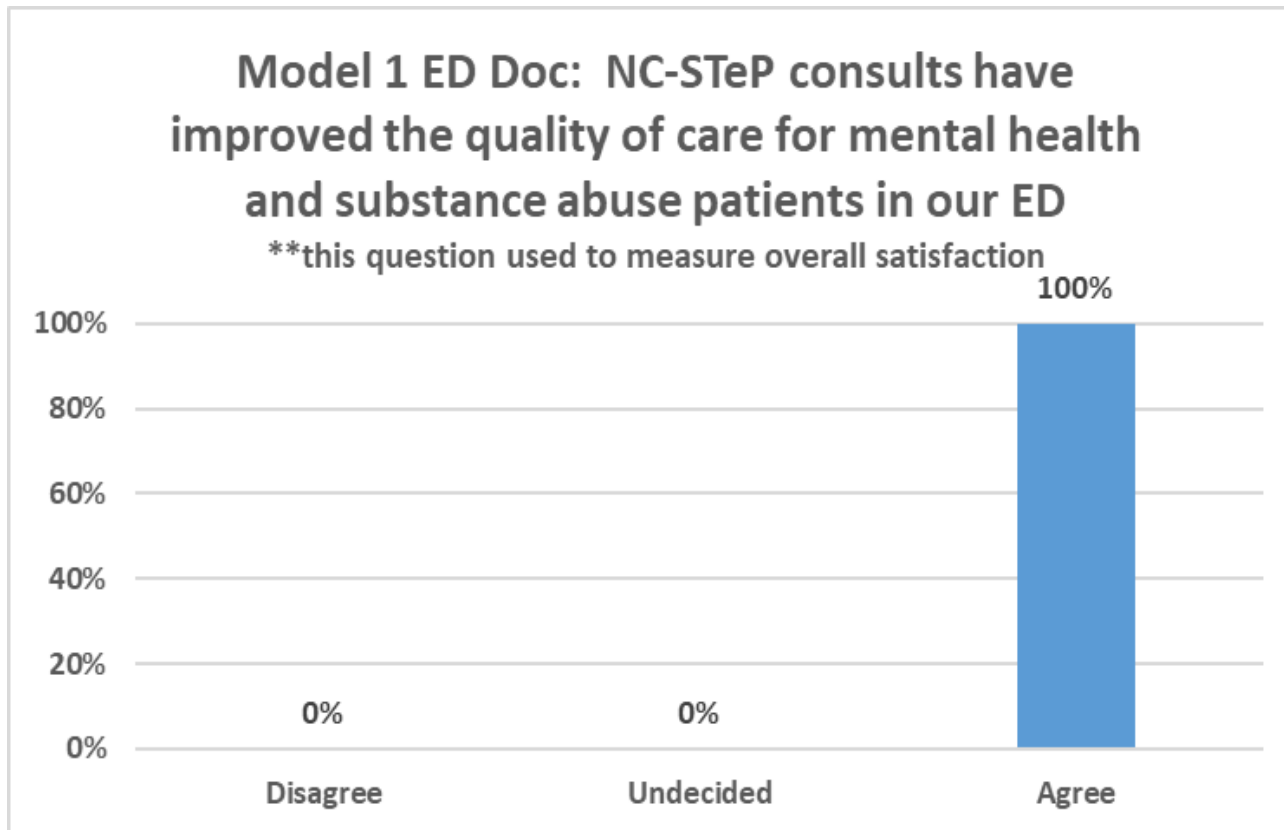
Satisfaction Surveys

- Satisfaction surveys are done twice a year.
- Most recent surveys were conducted in March 2025.
- Invitations to participate were sent via electronic mail
- Surveys were completed online via Qualtrics software

Satisfaction Surveys Methodology

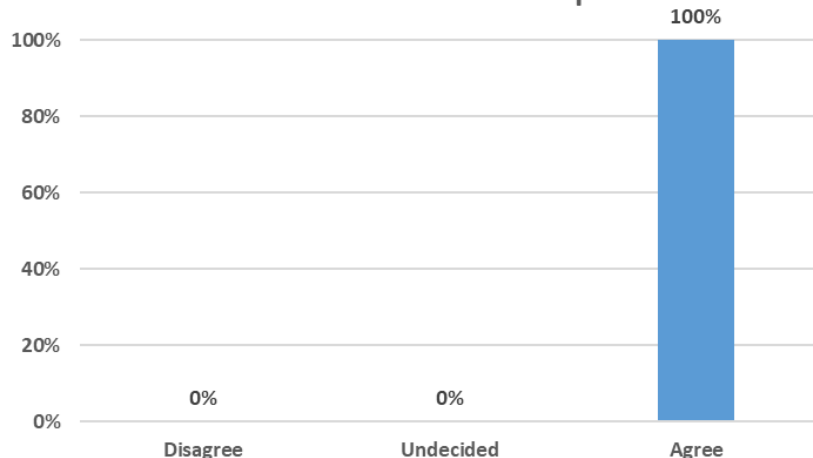
- 53 individuals responded to the survey.
- For each group, one summary question was selected for an overall “satisfaction” rate.
- **The overall satisfaction rate was 81%.**

Model 1 Hospital ED Physicians Results (n= 7)

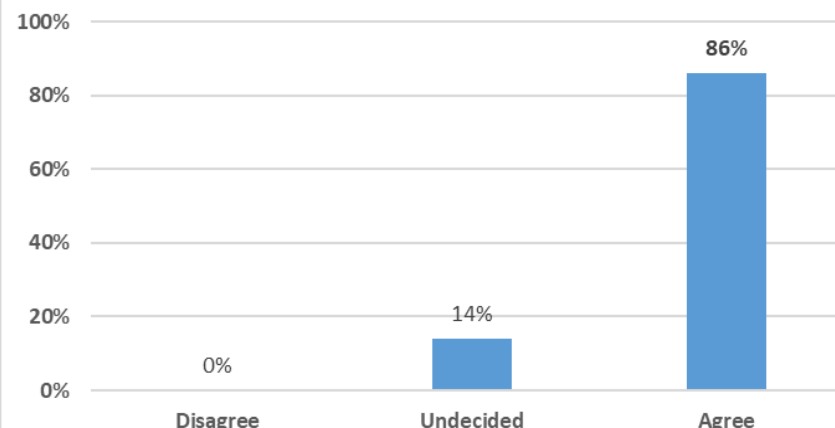


Model 1 Hospital ED Physicians Results (n= 7)

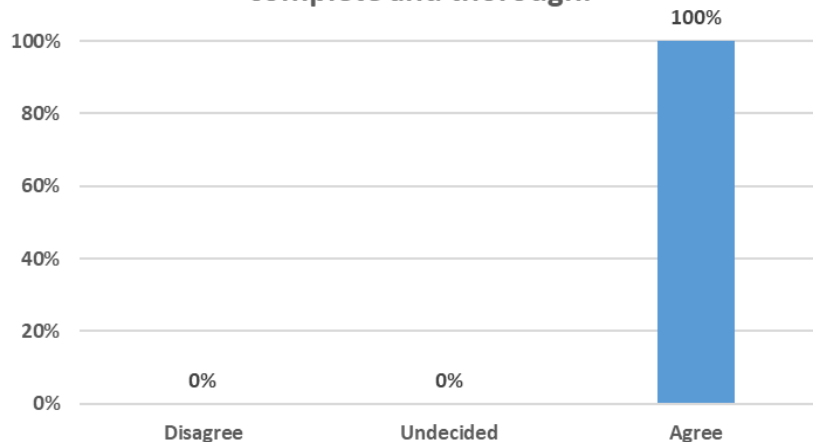
Model 1 ED DOC: NC Step disposition recommendations are helpful



Model 1 ED Doc: NC STeP consultants respond quickly to telepsychiatry requests.



Model 1 ED DOC: NC STeP consults are complete and thorough.

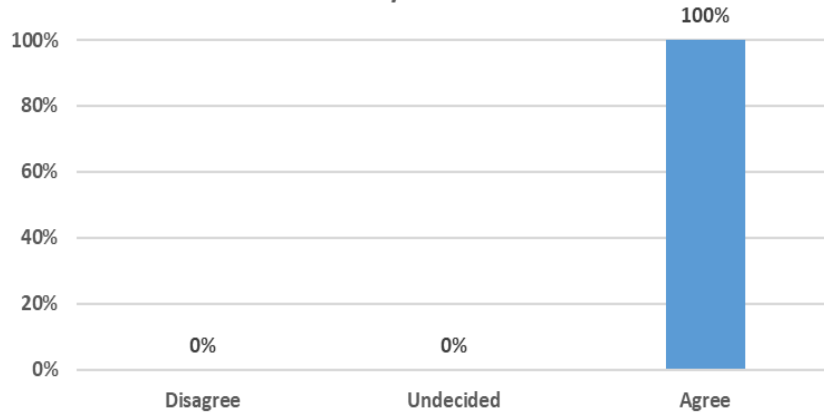


Model 1 ED Doc: NC STeP consults are easy to obtain

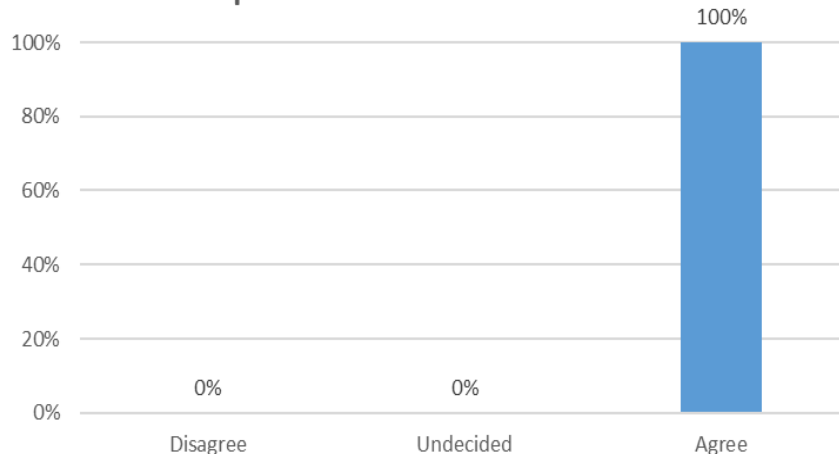


Model 1 Hospital ED Physicians Results (n= 7)

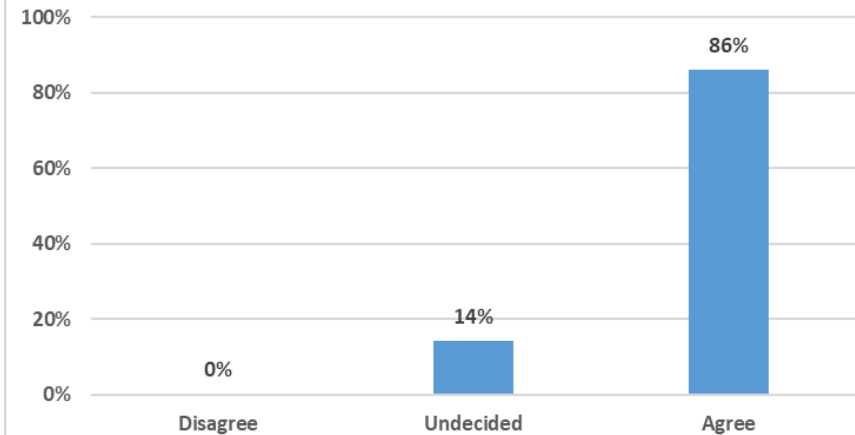
Model 1 ED Doc: NC-STeP consults have made me more comfortable assessing and treating patients with mental health/substance abuse issues



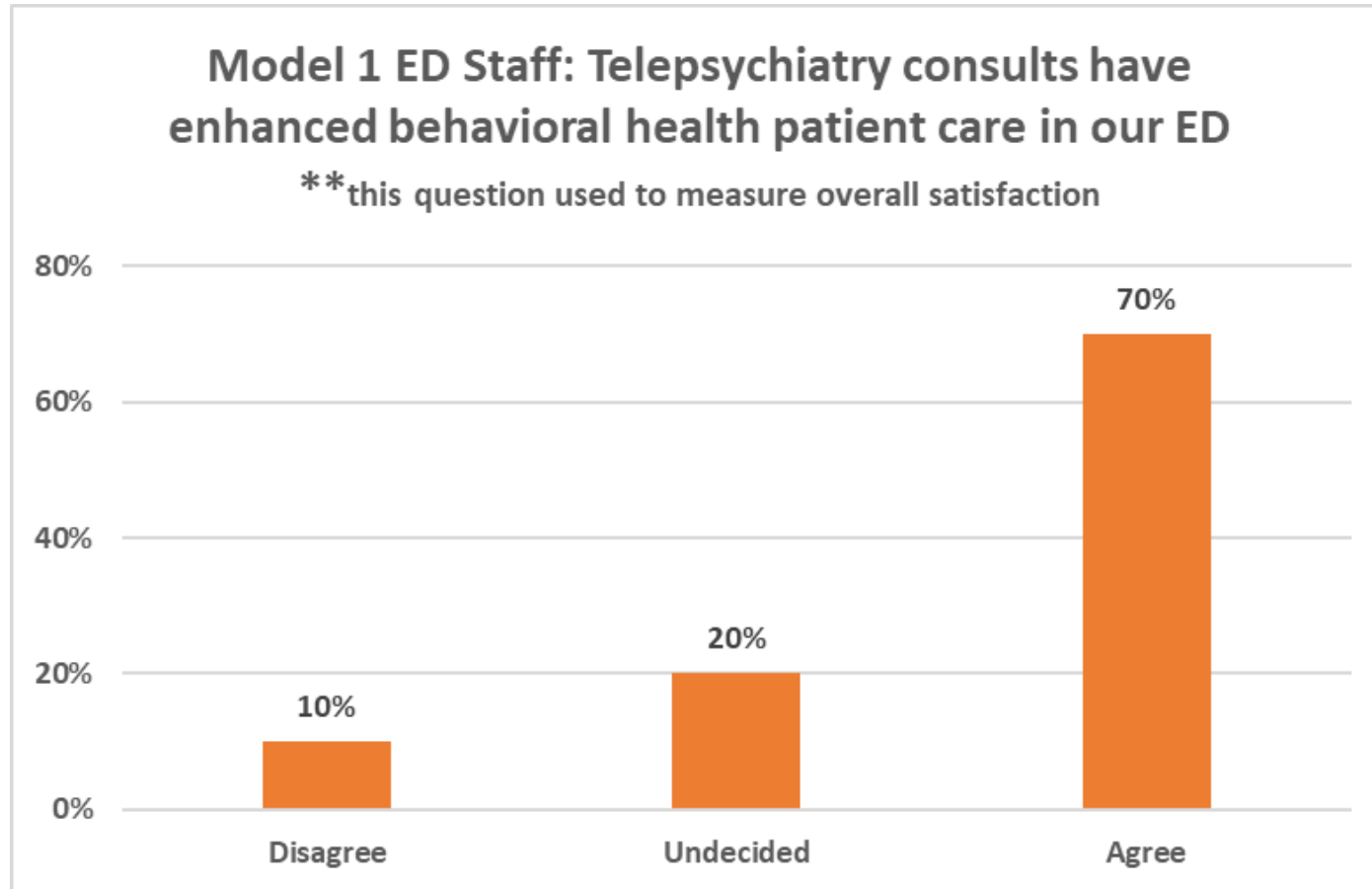
Model 1 ED Doc: Telepsychiatry consults have improved the work flow in the ED



Model 1 ED Doc: NC STeP documentation is straightforward

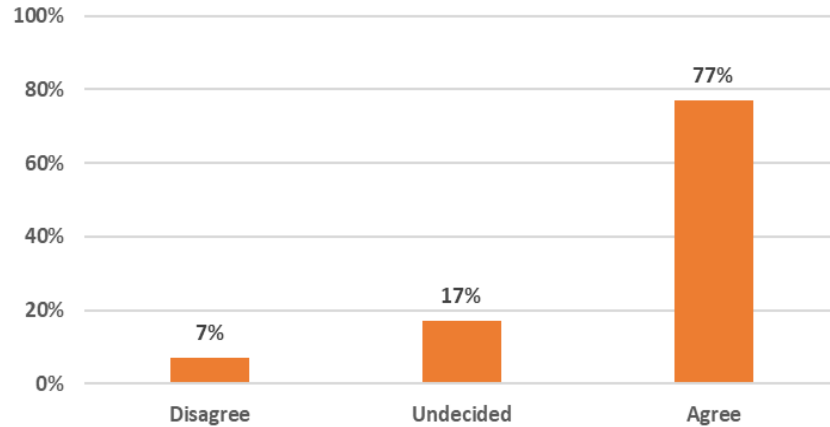


Model 1 Hospital ED Staff Results (n= 30)

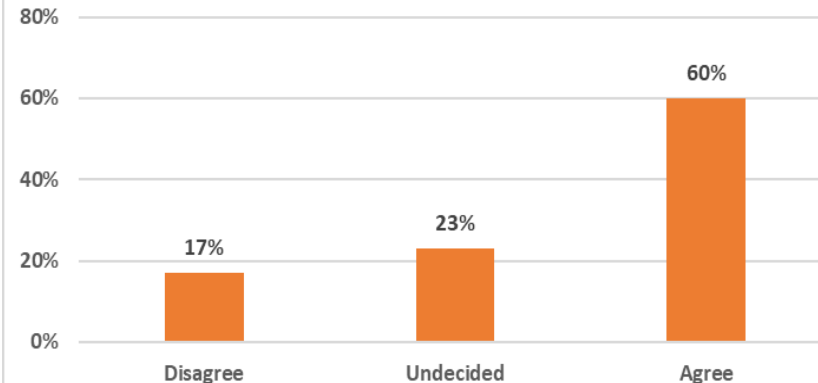


Model 1 Hospital ED Staff Results (n= 30)

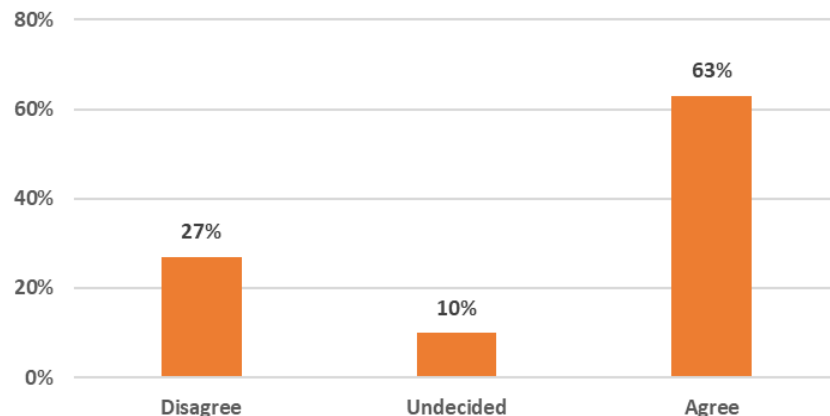
Model 1 ED Staff: The telepsychiatry equipment is easy to use



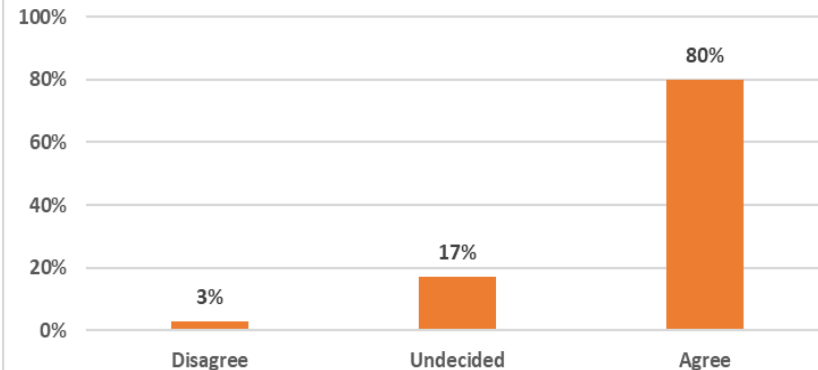
Model 1 ED Staff: I received adequate training/instruction preparing me to use the telepsychiatry cart



Model 1 ED Staff: The telepsychiatry equipment is reliable and seldom goes down.

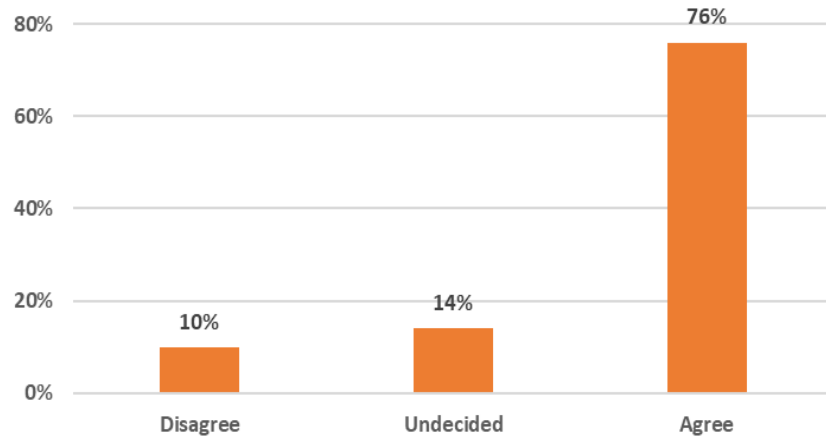


Model 1 ED Staff: Patients appear comfortable interacting with the psychiatric providers via telepsychiatry

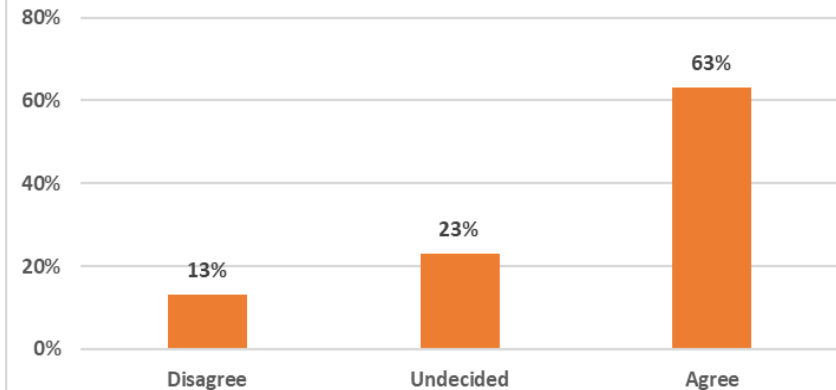


Model 1 Hospital ED Staff Results (n= 30)

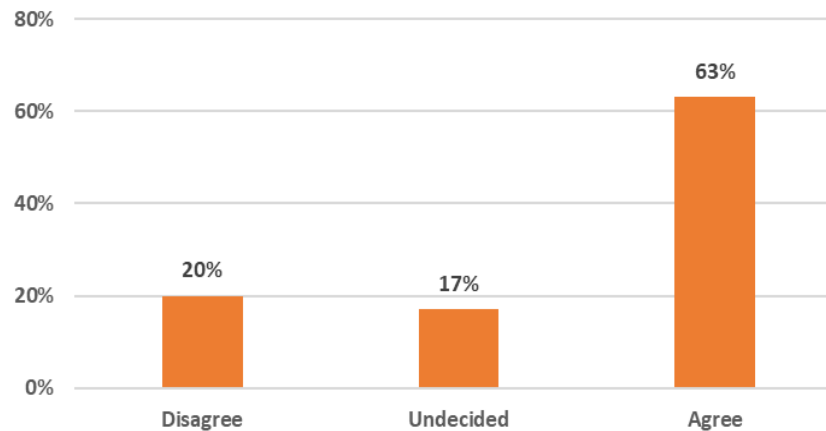
Model 1 ED Staff: The NC-STeP portal is easy to use.



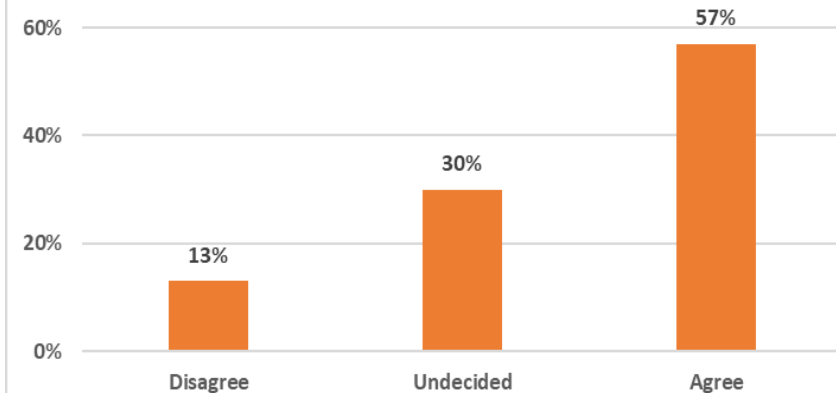
Model 1 ED Staff: The training and resources provided adequately prepared me to use the NC-STeP portal.



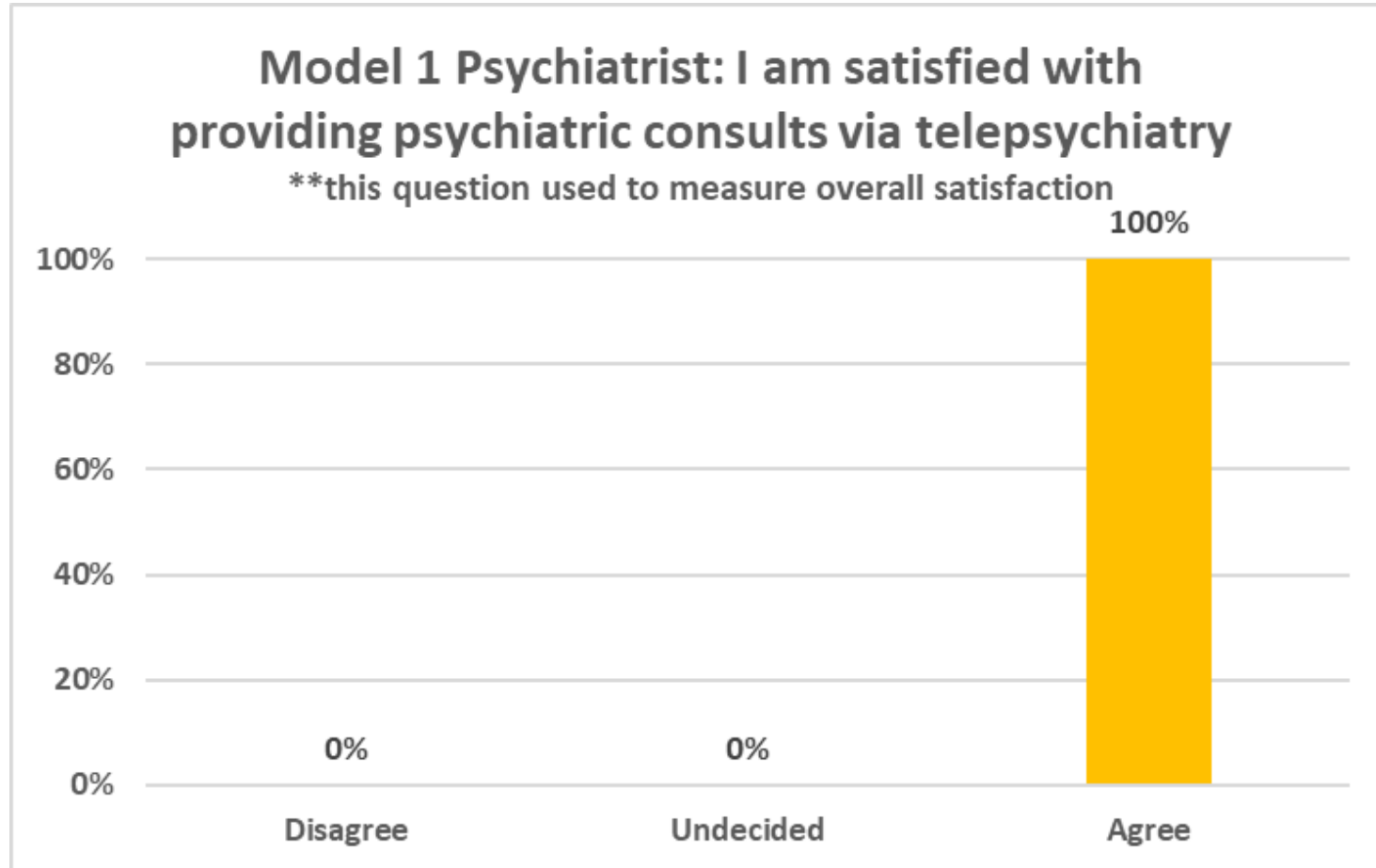
Model 1 ED Staff: The NC-STeP portal is reliable and unscheduled downtime is rare.



Model 1 ED Staff: The level of technical expertise provided by NC-STeP support is adequate.

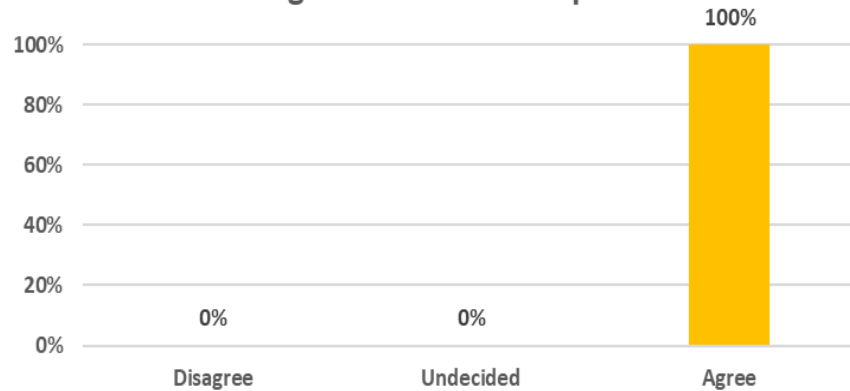


Model 1 Provider Psychiatrist Results (n= 5)

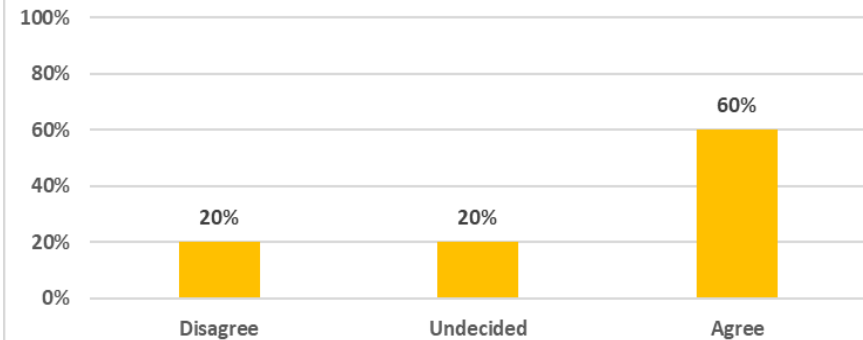


Model 1 Provider Psychiatrist Results (n= 5)

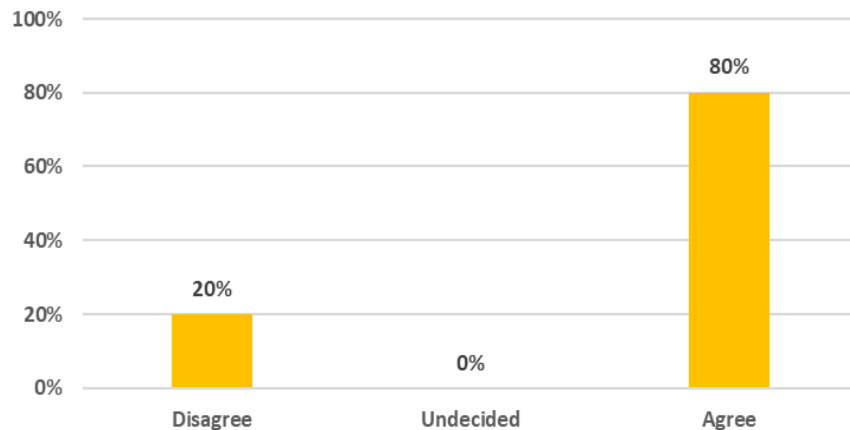
Model 1 Psychiatrist: Telepsychiatry is an effective and efficient way of assessing and treating behavioral health patients



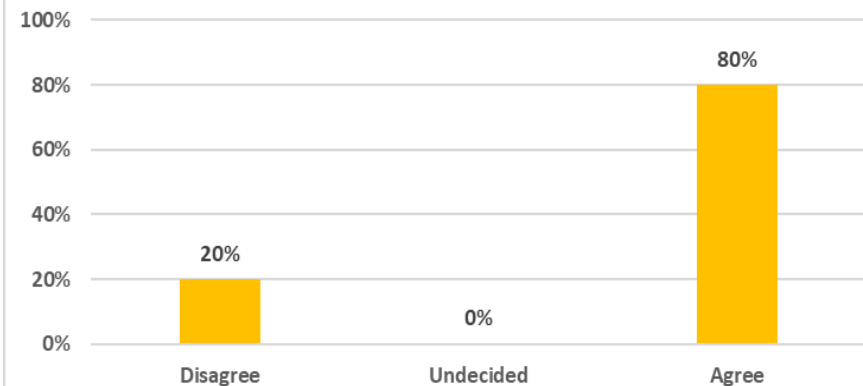
Model 1 Psychiatrist: I believe the quality of psychiatric care I provide via telepsychiatry is comparable to the quality of care I deliver face to face



Model 1 Psychiatrist: Telepsychiatry increases my productivity and/or efficiency.

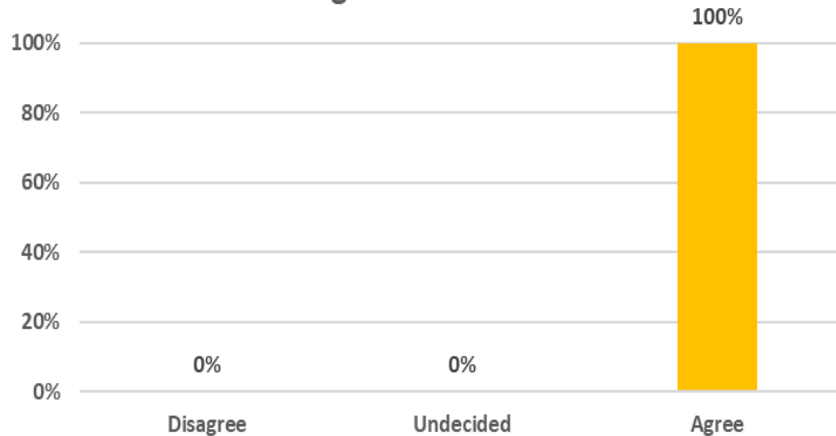


Model 1 Psychiatrist: I am satisfied with the ability to provide disposition recommendations via telepsychiatry

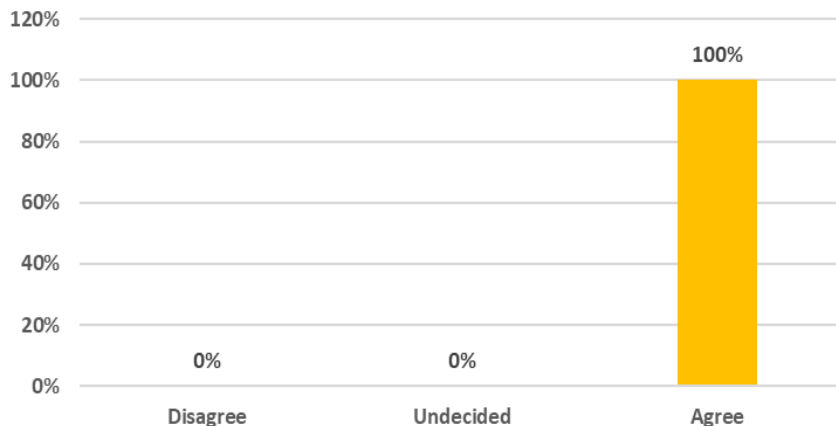


Model 1 Provider Psychiatrist Results (n= 5)

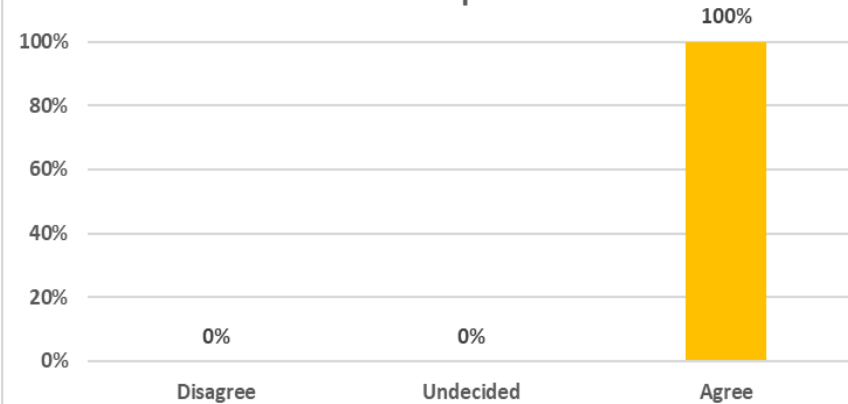
Model 1 Psychiatrist: The NC-STeP portal is straightforward to use.



Model 1 Psychiatrist: The NC-STeP portal works well without excessive delays or downtime



Model 1 Psychiatrist: I received adequate training and resources preparing me to use the NC-STeP portal

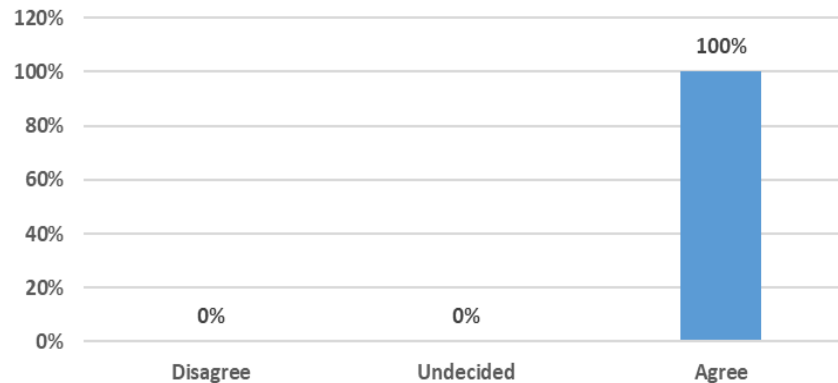


Model 1 Psychiatric Intake Specialist Results (n=5)

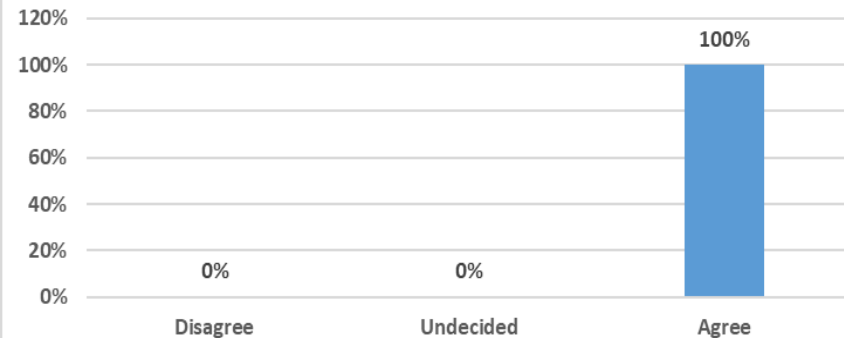


Model 1 Psychiatric Intake Specialist Results (n=5)

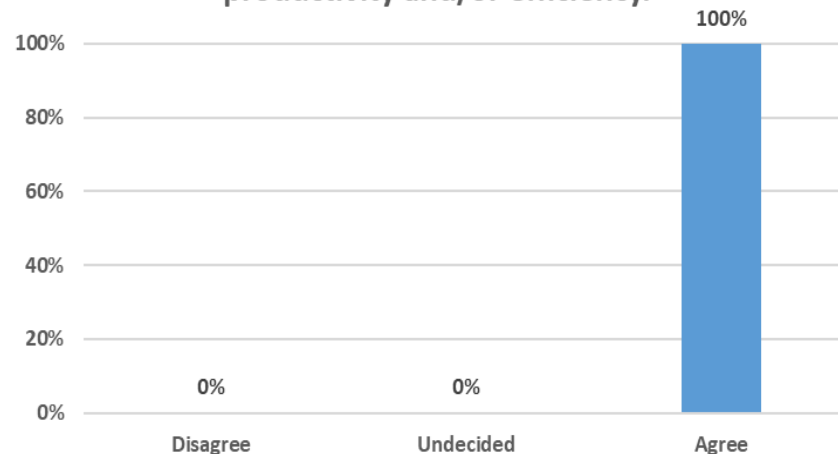
Intake Specialist: Telepsychiatry is an effective and efficient way of assessing and treating behavioral health patients



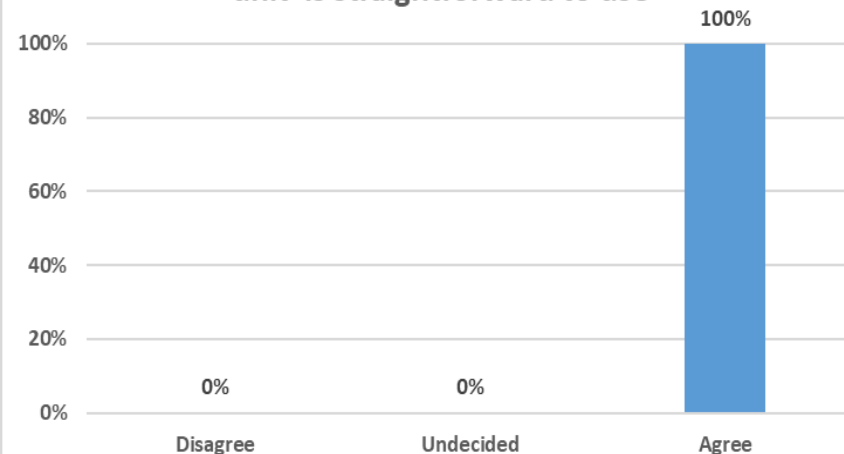
Intake Specialist: I believe the quality of psychiatric care I provide via telepsychiatry is comparable to the quality of care I deliver face to face



Intake Specialist: Telepsychiatry increases my productivity and/or efficiency.

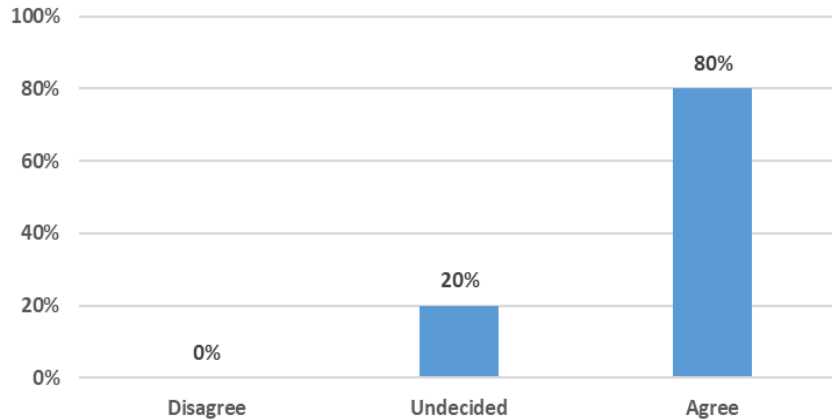


Intake Specialist: The telepsychiatry desktop unit is straightforward to use

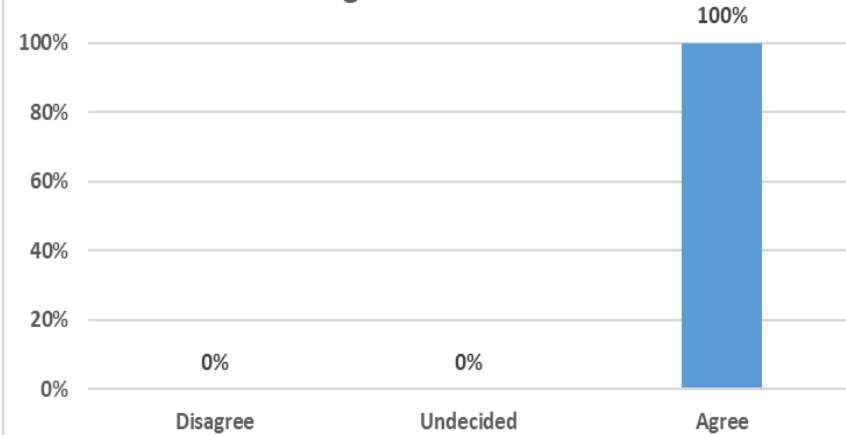


Model 1 Psychiatric Intake Specialist Results (n=5)

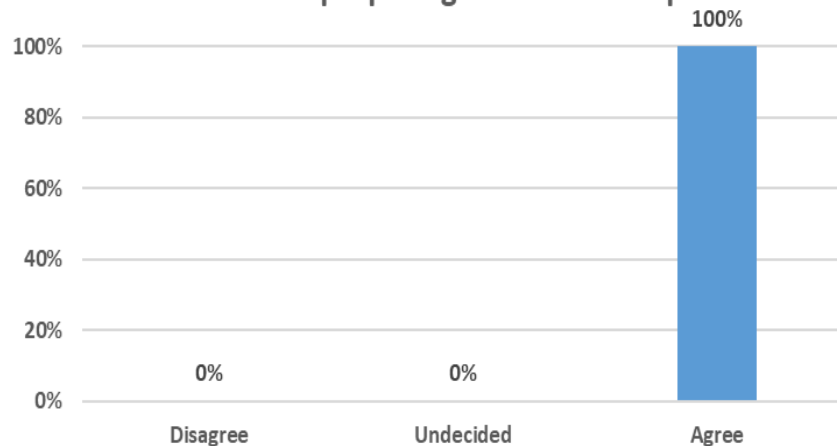
Intake Specialist: The telepsychiatry desktop unit is reliable and seldom down



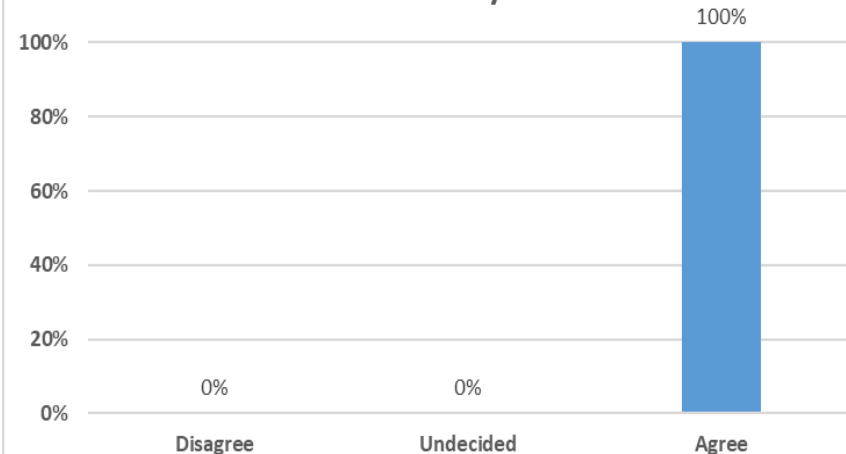
Intake Specialist: The NC-STeP portal is straightforward to use



Intake Specialist: I received adequate training and resources preparing me to use the portal



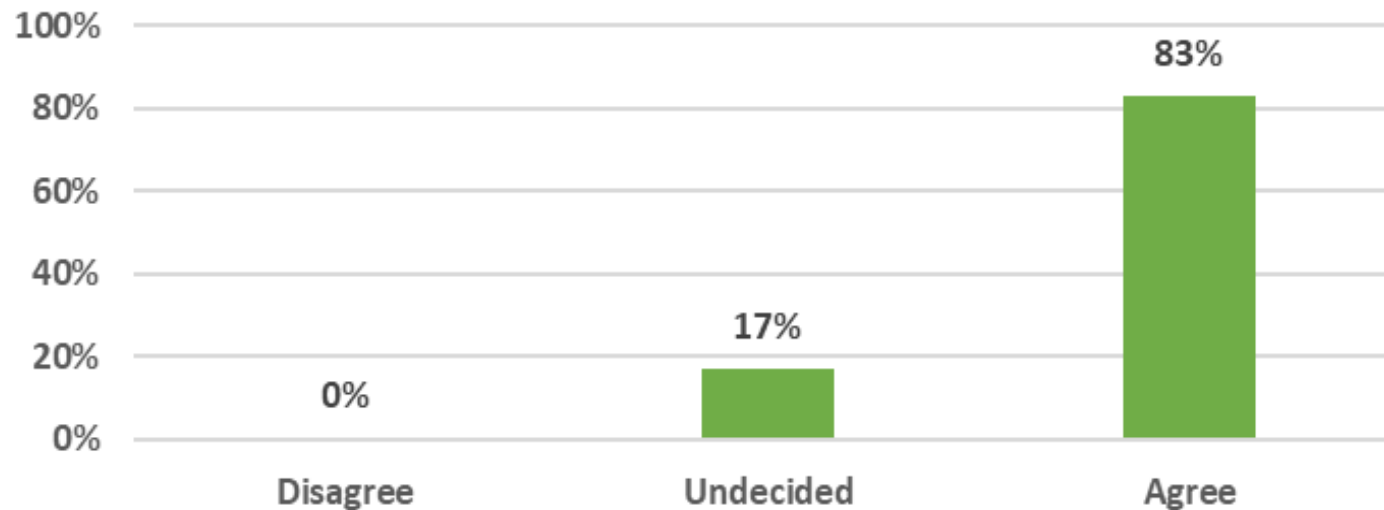
Intake Specialist: The NC-STeP portal works well without excessive delays or downtime



Model 1 CEO/CNO/CFO Results (n= 6)

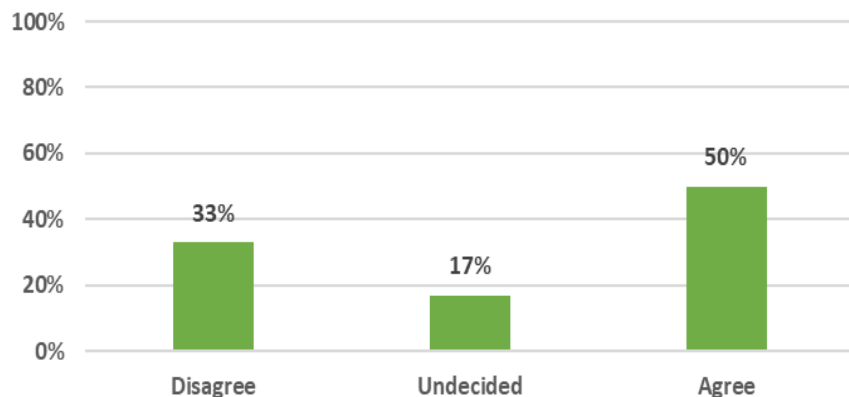
Model 1 Hospital CEO: The overall quality of care for psychiatric patients utilizing our ED has improved

****this question used to measure overall satisfaction**

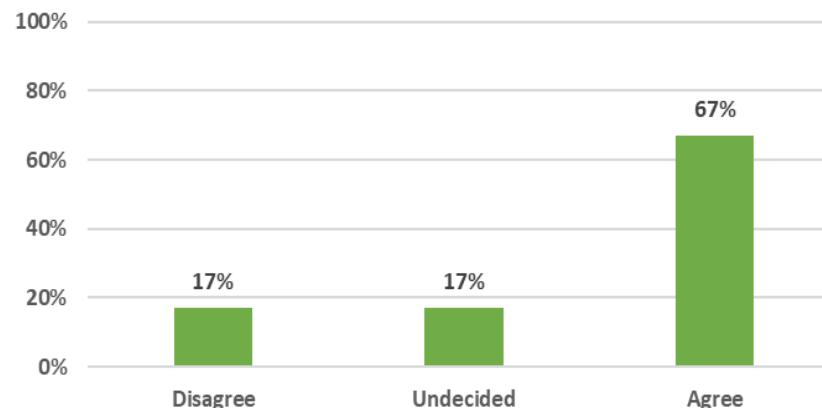


Model 1 CEO/CNO/CFO Results (n= 6)

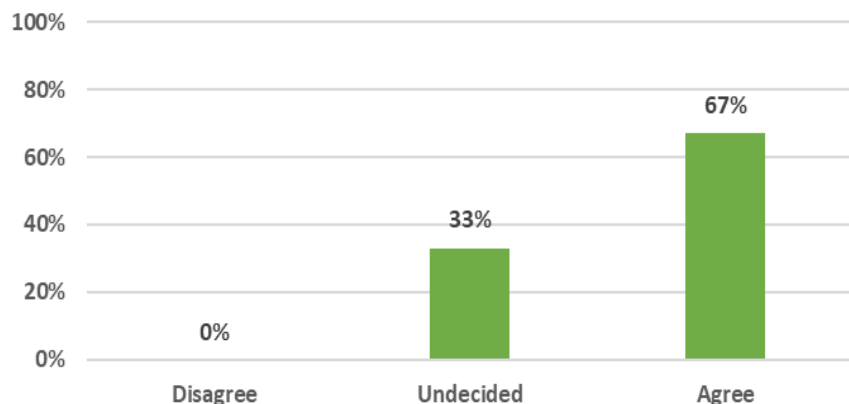
Model 1 Hospital CEO: The LOS for psychiatric patients in our ED has reduced



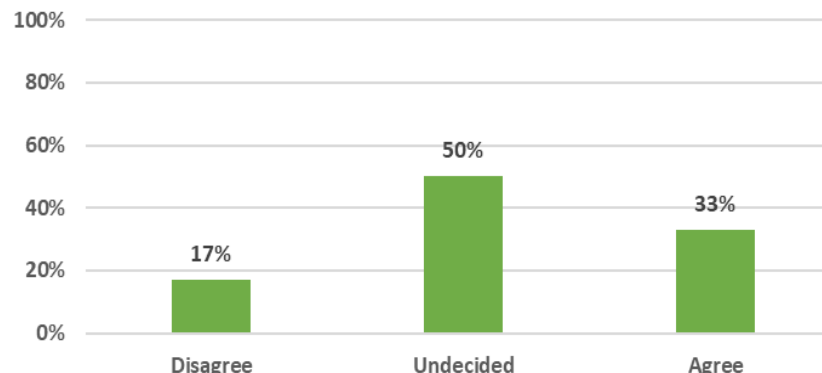
Model 1 Hospital CEO: Overall, ED throughput has improved.



Model 1 Hospital CEO: Overall, ED staff satisfaction has improved

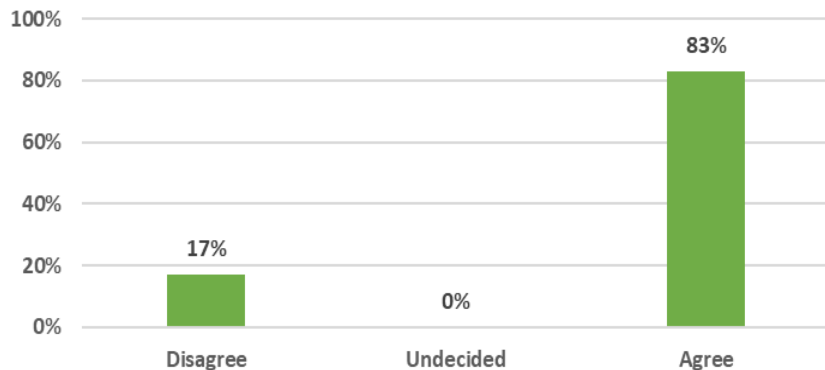


Model 1 Hospital CEO: There has been an improvement in discharge planning and referrals for psychiatric patients in our ED

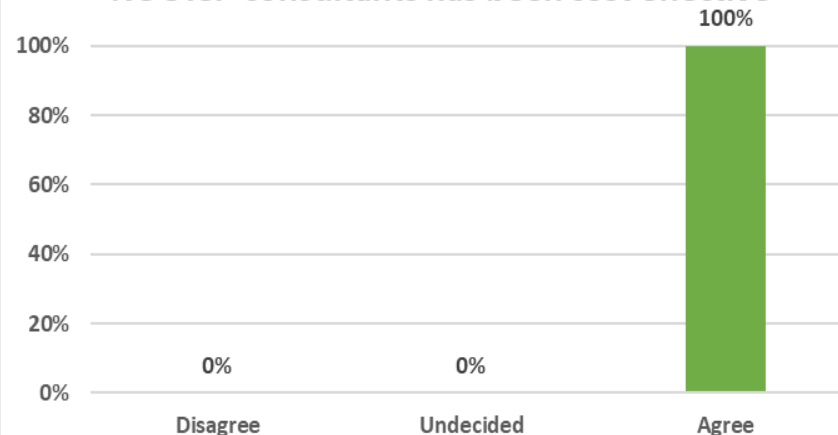


Model 1 CEO/CNO/CFO Results (n= 6)

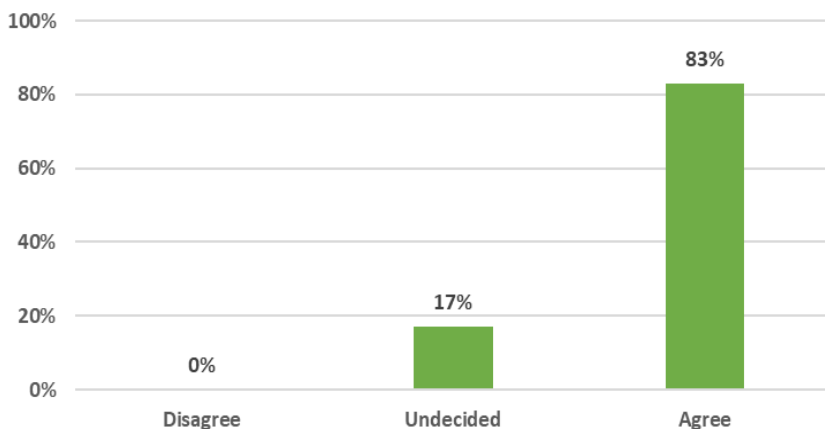
Model 1 Hospital CEO: Medical staff's understanding of mental health issues and treatment options in our ED has improved



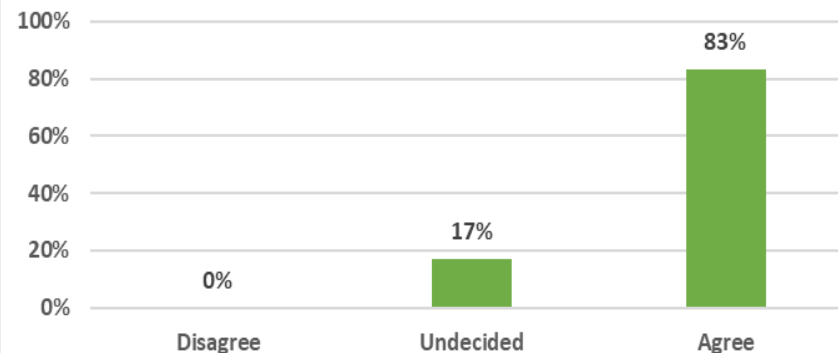
Model 1 Hospital CEO: Our hospital's use of NC-STeP consultants has been cost effective



Model 1 Hospital CEO: I would recommend NC-STeP to other hospitals

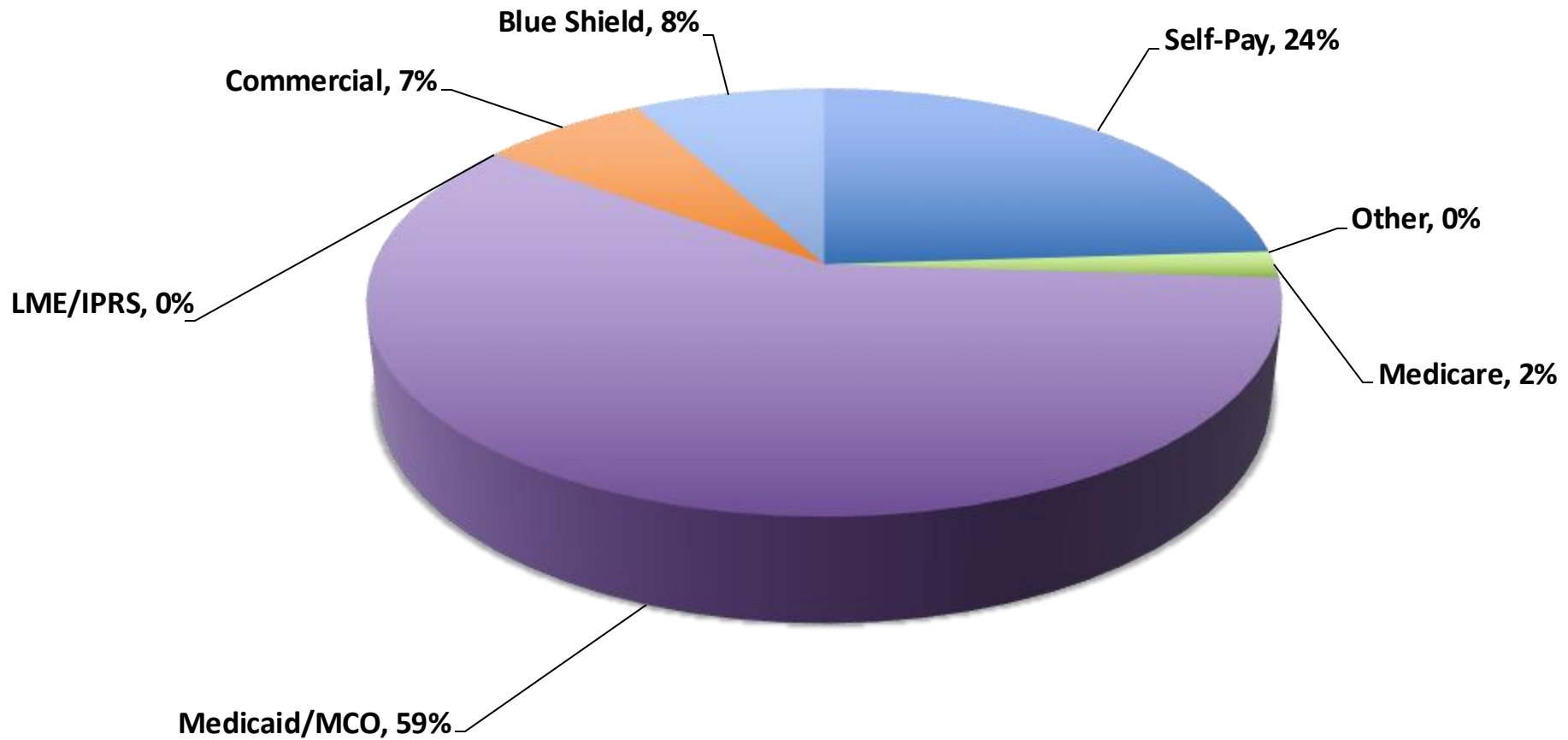


Model 1 Hospital CEO: I would pursue additional uses of telemedicine technology for other medical specialty areas



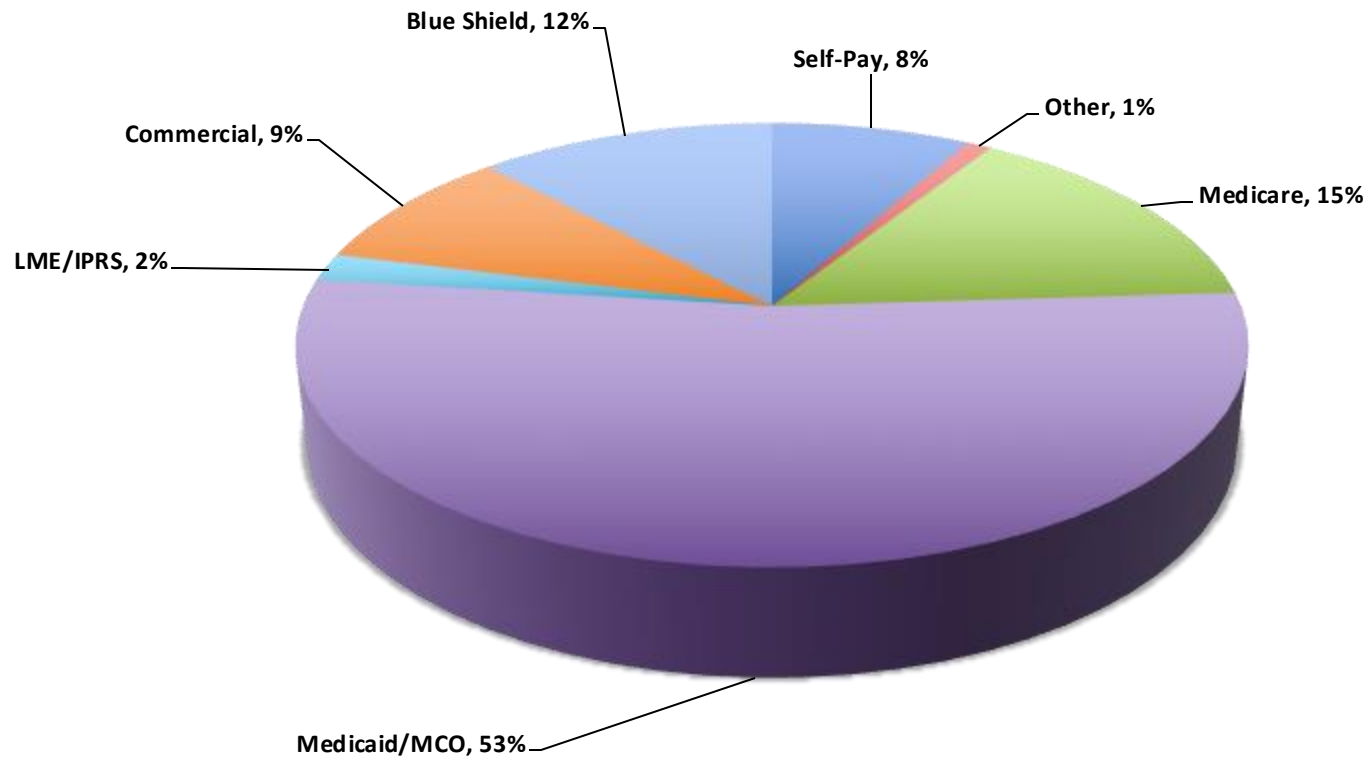
NC-STeP Charge Mix

QTD FY2025 - Quarter 3



NC-STeP Charge Mix

QTD FY2025 - Quarter 2



■ Self-Pay

■ Other

■ Medicare

■ Medicaid/MCO

■ LME/IPRS

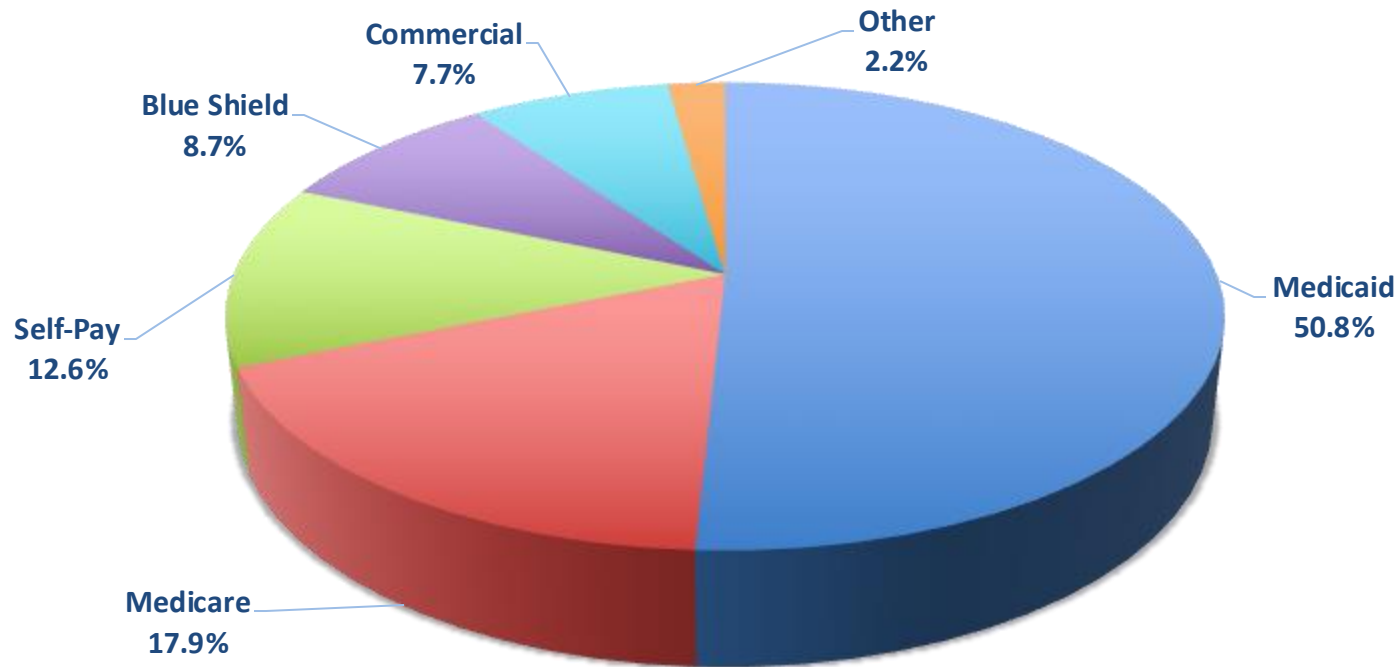
■ Commercial

■ Blue Shield



NC-STeP Charge Mix

Calendar Year 2024

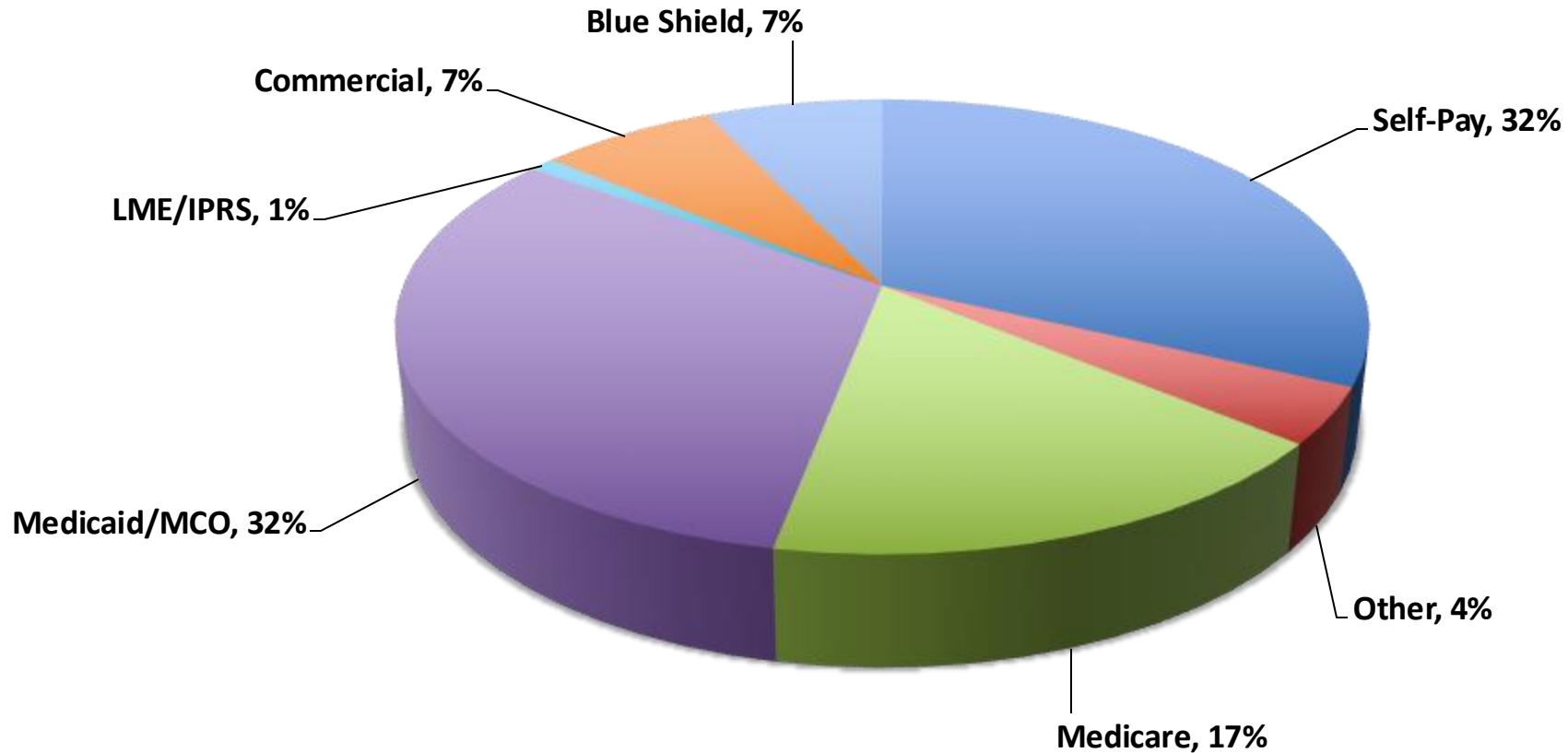


■ Medicaid ■ Medicare ■ Self-Pay ■ Blue Shield ■ Commercial ■ Other



NC-STeP Charge Mix - Project to Date

Service Dates: October 1, 2013 – March 31, 2025



Community-Based Sites as of March 31, 2025

EVALUATION CRITERIA	VALUES/MEASURES REACHED AS OF 12/31/2024
1. The number of full-time equivalent (FTE) providers supporting the program	.90 FTEs
2. The number of community-based sites contracted	24
3. Number of patient visits with medical (psychiatric) doctor	89 PTD= 2,989
4. The number return visits	1,802 PTD= 27,448
5. The number of patient visits with a mid-level provider	2,096 PTD= 31,575
6. The number of new patient visits	370 PTD= 7,7172

NC-STeP Community Patient Visits

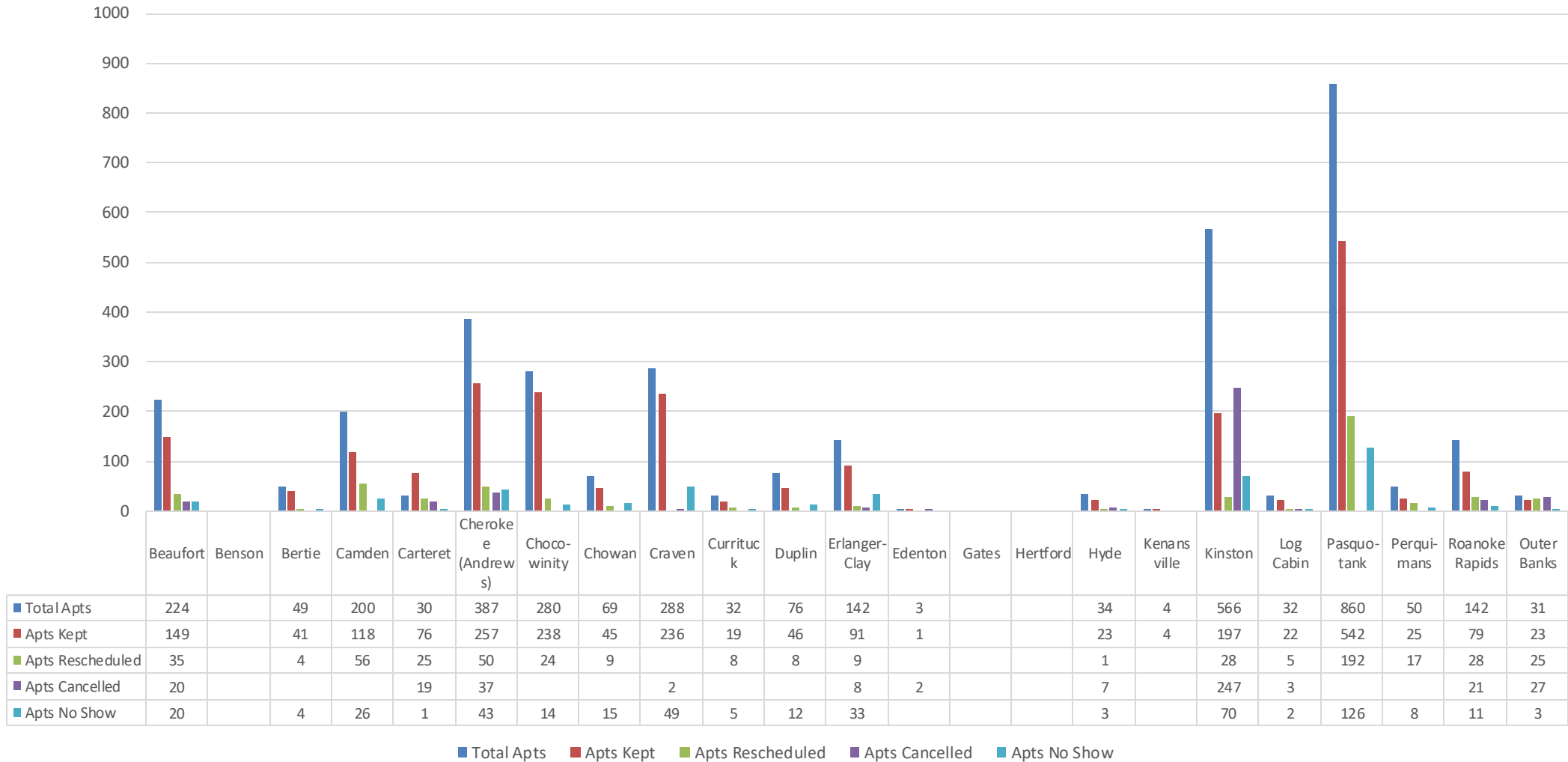
Patient Visits	Since project inception in October 2018	During Calendar Year 2018	During Calendar Year 2019	During Calendar Year 2020	During Calendar Year 2021	During Calendar Year 2022	During Calendar Year 2023	During Calendar Year 2024
With Medical Doctor	2,989	8	536	260	316	567	743	470
With Mid-Level Provider	31,575	7	2,006	3,212	4,122	4,669	7,324	8,139
Total Patient Visits	34,684	15	2,633	3,477	4,440	5,253* 17 visits did not specify provider type	8,068	8,612



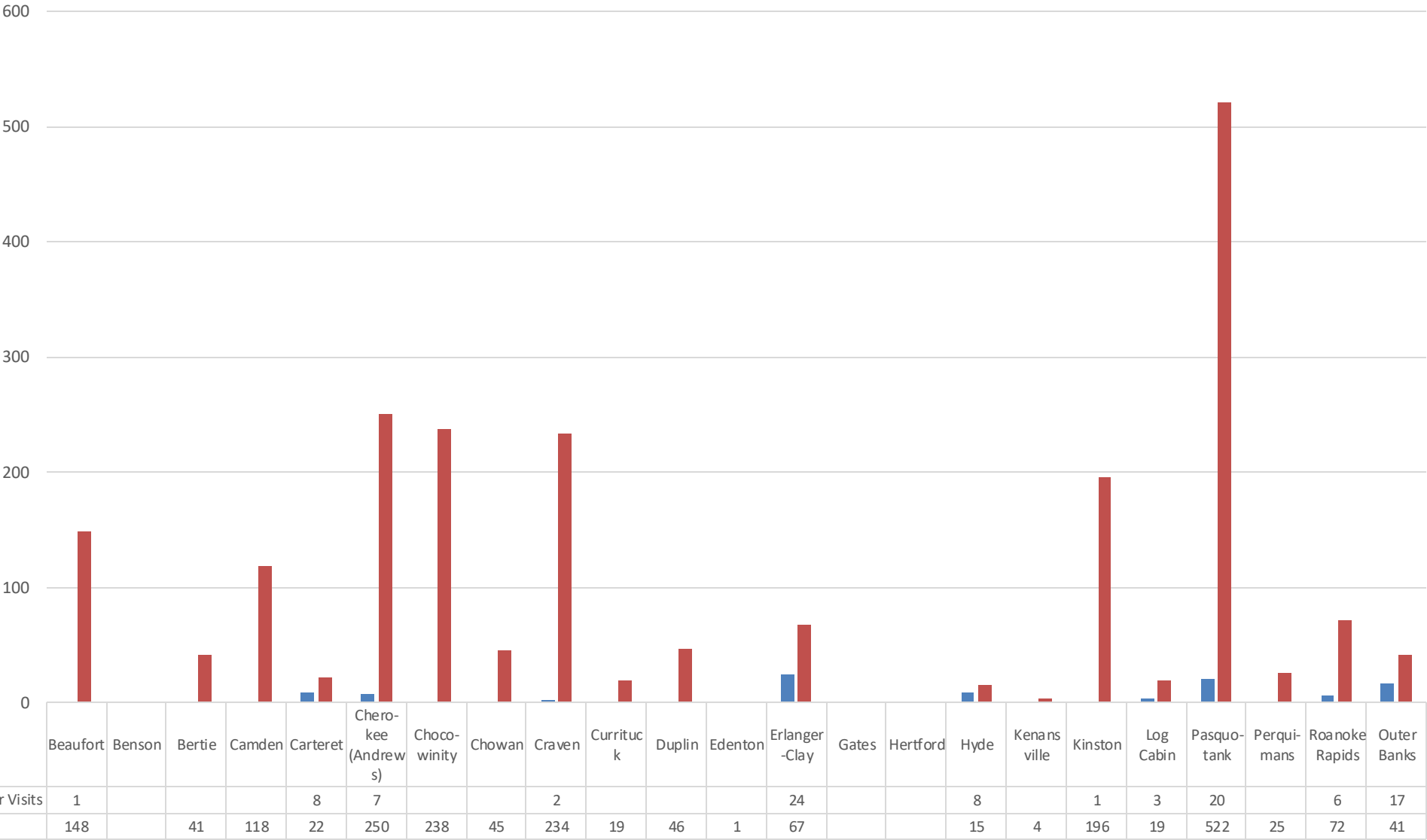
NC-STeP Appointment by Site

Appointments, Visits Kept, Rescheduled, Cancelled, No Show

January - March 2025



NC-STeP Community Visits by Site by Provider Type
January - March 2025

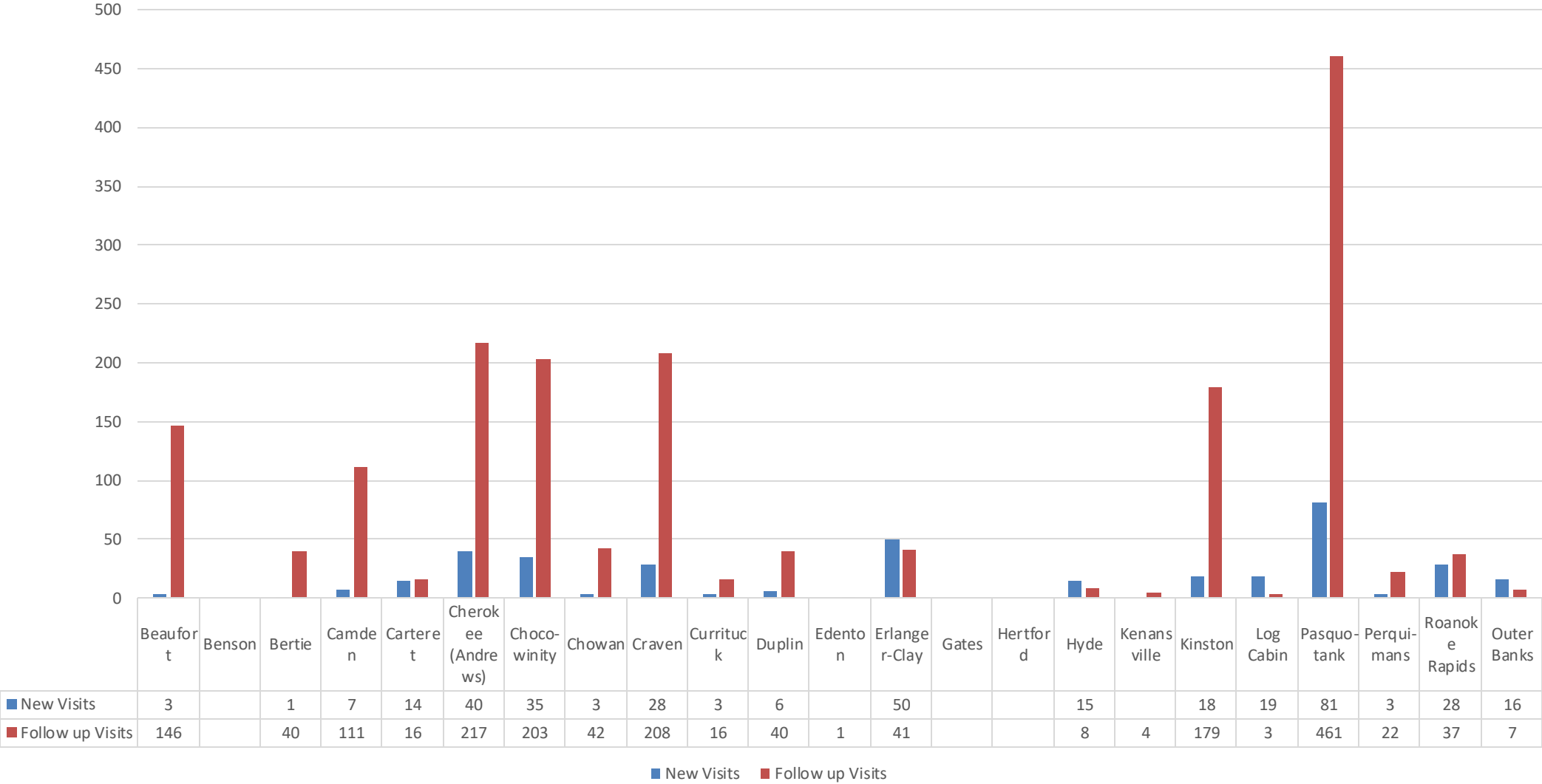


Psychiatric Provider Visits	1			8	7			2				24			8		1	3	20		6	17
BH Mgr Visits	148		41	118	22	250	238	45	234	19	46	1	67		15	4	196	19	522	25	72	41

Psychiatric Provider Visits BH Mgr Visits



NC-STeP Community Visits by Site
New and Follow-Up
January - March 2025



NC-STeP Status as of March 31, 2025

- 28 hospitals live.
- 66,239 total psychiatry assessments since program inception
- 11,536 IVCs overturned
 - Cumulative return on investment = \$62,294,000
(savings from preventing unnecessary hospitalizations)
- Three Clinical Provider Hubs with 24 consultant providers
- 32% of the patients served had no insurance coverage



NC-STeP Status as of March 31, 2025

- 24 community-based sites.
- 34,564 total patient visits since program inception in October 2018.
 - 2,989 total patient visits with a psychiatrist
 - 31,575 total patient visits with a mid-level provider



Updates on Grants-Funded Projects

MOTHeRS Project

NC-STeP-Peds

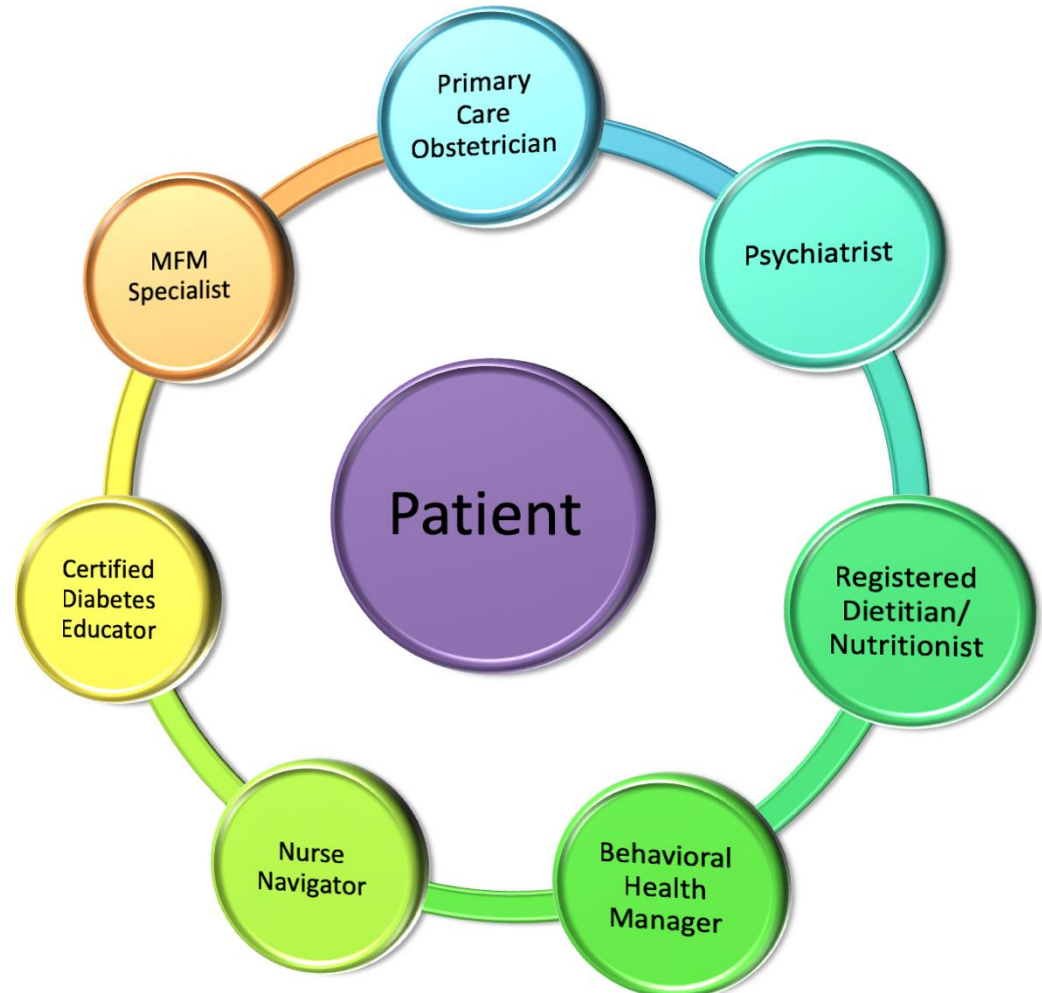
NC-STeP Expansion: Elizabeth City State University

HRSA: NC-STeP Expansion

MOTHeRS Project

Maternal Outreach Through Telehealth for Rural Sites

Saeed SA, Jones K, Sacks AJ, Craven K, Xue Y. Maternal Outreach Through Telehealth for Rural Sites: The MOTHeRS Project. NCMJ. 2023;84 (1).





Psychiatric Services Achievement Awards

AMERICAN
PSYCHIATRIC
ASSOCIATION

ANNUAL MEETING
May 17-21, 2025 • Los Angeles



The Psychiatric Services Achievement Awards recognize outstanding programs that deliver services to people with mental illness or disabilities that have overcome obstacles and that can serve as models for other programs.



Psychiatric Services Achievement Awards

The Psychiatric Services Achievement Awards recognize outstanding programs that deliver services to people with mental illness or disabilities that have overcome obstacles and that can serve as models for other programs.



MOTHeRS Project Results

As of March 31, 2025

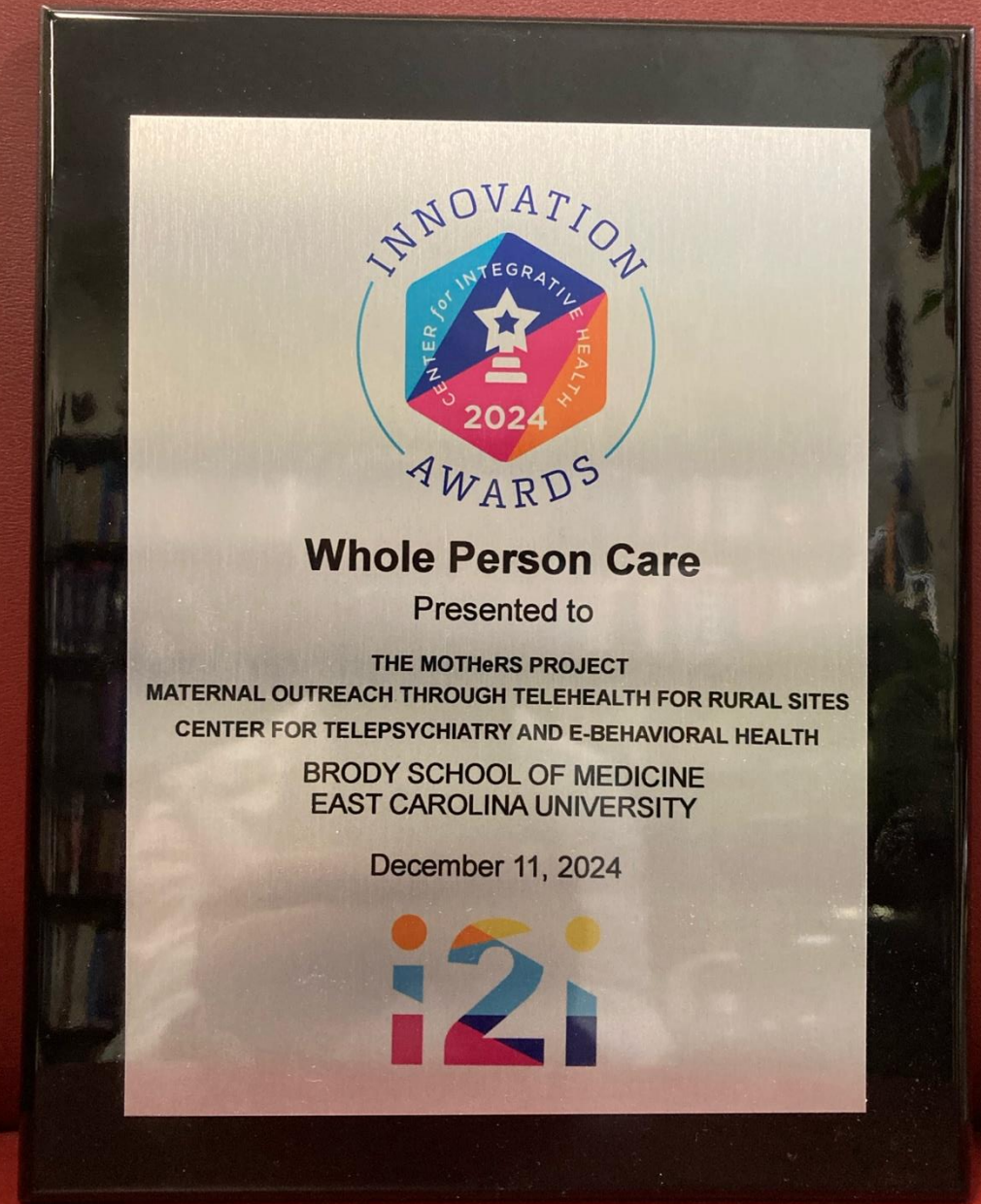
Impact on Patient Access to Care	Number pf perinatal patients who received care (visits with MFM specialist)		122*
	Impact on patient access (calculated as driving miles saved per MFM specialist visit and Diabetes educator/Medical Nutrition Specialist visit: Carteret		36,784 driving miles saved*
	Number of patient visits with Diabetes Educator or Medical Nutrition Therapist		116
	Number of women served for mental health reasons	LCSW visits	1,822
		Psychiatrist visits	670
		Total Mental Health visits	2,492
	Impact on patient access (calculated as driving miles saved per Psychiatrist and LCSW visit		414,807 driving miles saved
Food Security	Number of Food Boxes sent to Clinics		1,195**
	Number of Patients Screened for Food Insecurity		41,229**
	Number of Food Boxes Distributed		888**

* MFM part of the MOTHeRS Project was completed on March 31, 2023

**Food Insecurity part of the MOTHeRS Project was completed on December 31, 2024



**Programs that
demonstrate
integrative
approaches and
address Social
Determinants of
Health (SDOH) in
providing care**





- As of March 31, 2025, the program has screened **31,525** children. Of these:
 - PSC-17 screening **25,886**
 - GAD-7 screening **13,789**
- 3,770 children (14.6%) of those screened with PSC-17 had scores of 15 or higher, indicating an increased likelihood of a behavioral health disorder being present.
- 2,501 children (18.1%%) of those screened with GAD-7 had scores of 8 or higher, indicating at least a “mild to moderate” level of anxiety being present.

Screening Data Details

(2024 Q4, 2025 Q1, and Inception-2025 Q1)

Pediatrics Clinic Name:	Clinton Medical Clinic	Clinton Medical Clinic	ECU Pediatrics	ECU Pediatrics	Peachtree Pediatrics	Peachtree Pediatrics	Robeson Pediatrics	Robeson Pediatrics	Surf Pediatrics	Surf Pediatrics	All sites	All sites	All sites	All sites
Reporting Month	2024 Q4	2025 Q1	2024 Q4	2025 Q1	2024 Q4	2025 Q1	2024 Q4	2025 Q1	2024 Q4	2025 Q1	2024 Q4	2025 Q1	Incep.-24Q3	Incep.-25Q1
Number of patients screened during the reporting period	778	661	440	450	678	926	1225	1347	1327	1083	4448	4467	22610	31525
Number of patients who completed PSC-17 screening	778	652	387	450	589	710	633	711	1315	1077	3702	3600	18584	25886
Number of patients whose PSC-17 score < 15	707	417	304	402	410	498	575	629	1160	945	3156	2891	16065	22112
Number of patients whose PSC-17 score >= 15	71	231	83	48	179	212	58	82	155	132	546	705	2519	3770
Number of patients who completed GAD-7 screening	298	330	164	183	328	437	592	636	686	548	2068	2134	9587	13789
Number of patients whose GAD-7 score <8	239	213	118	157	282	337	507	513	556	432	1702	1652	7924	11278
Number of patients whose GAD-7 score >=8	59	113	46	26	46	100	85	123	130	116	366	478	1657	2501



Reporting Period	2024Q4	2025Q1	24Q4&25Q1	inception-093024****
Number of patients seen by a psychiatrist	44	54	95*	181
Number of patients seen by behavioral health provider	139	148	237*	330
Number of patients receiving follow-up counseling with behavioral health provider	47	47	95**	138
Number of patients receiving re-consults by a psychiatrist	1	1	4**	5
Number of patients receiving integrated care	148	158	246*	331
Number of new visits (involving mental health service)	148	158	246*	331
Number of follow-up visits (involving mental health service)	98	115	273**	458
Percentage of visits kept	85.1%	59.5%***	61.6%	76.8%

Dimensions and Items	Scores
Satisfaction	4.63
Satisfaction - 1. I am satisfied with the overall services my child received	4.78
Satisfaction - 2. Staff helping my child stuck with us no matter what	4.65
Satisfaction - 3. I felt my child had someone to talk to when he/she was troubled	4.58
Satisfaction - 4. Services that my child received were right for us	4.66
Satisfaction - 5. My family got the help we wanted for our child	4.55
Satisfaction - 6. My family got the help we needed for our child	4.55
Service Effectiveness	3.94
Service Effectiveness - 1. My child is better at handling daily life	3.96
Service Effectiveness - 2. My child gets along better with family members	3.93
Service Effectiveness - 3. My child gets along better with friends and other people	3.88
Service Effectiveness - 4. My child is doing better in school	4.01
Service Effectiveness - 5. My child is better able to cope when things go wrong	3.73
Service Effectiveness - 6. I am satisfied with our family life right now	4.13
Cultural Sensitivity	4.79
Cultural Sensitivity - 1. Staff treated my child and me with respect	4.82
Cultural Sensitivity - 2. Staff respected my family's religious/cultural beliefs	4.78
Cultural Sensitivity - 3. Staff spoke with my child in a way that she/he understood	4.81
Cultural Sensitivity - 4. Staff were sensitive to my family's cultural/or ethnic background	4.74
Participation	4.66
Participation - 1. I helped choose my child's treatment goals	4.62
Participation - 2. I participated in my child's treatment	4.70
Access	4.65
Access - 1. The location of the service was convenient	4.68
Access - 2. Services were available to us at convenient times	4.63

Top 4 Diagnoses Codes (Inception – 09/30/24)

Diagnosis	N (789)	Percentage
F90.2. ADHD (attention deficit hyperactivity disorder), combined type	266	33.7
F41.1. GAD (generalized anxiety disorder)	120	15.2
F33.1. Major Depressive Disorder F33.A. Unspecified Depression	40	5.0
F41.9. Anxiety disorder, unspecified type	35	4.4
Total	461	58.3



**East Carolina University and Blue Cross and Blue Shield of North Carolina:
A Partnership to Bridge the Behavioral Health Care Gap at
Elizabeth City State University**

ECSU Screening and Service Data

April 2022 through March 2025 (3 years)

- 2,316 PHQ-9 screenings
- 2,317 GAD-7 screenings
- 184 referrals to LCSW/counselors
- 100 referrals to psychiatrists/Psych NPs
- 481 scheduled mental health service sessions
- 1,026 e-mail follow-ups
- 786 phone check-ins
- 26 on-call/evening sessions,
- 99 walk-ins seen
- 170 marketing/outreach activities

Developing Innovative and Evidence-Based Models to Support Student Mental Health, Well-Being, and Social Connectedness: ECU-ECSU Partnership to Bridge the Behavioral Health Care Gap

Sy Atezaz Saeed, MD, MS, FACPsych; Kevin J. Wade, EdD;
Nicole Stoneback, MSN, PMHNP-BC, CARN-AP; and
Angela Richardson, MA, NCC, LCMHCA, LCAS-A



ECSU Student Screening and Service Data: From Program Inception to March 31, 2025

	2022					2023												2024												2025			
	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	Total
Number of Patients Seen By Practitioner:	67	122	112	127	23	62	72	87	131	9	1	0	99	87	126	59	19	101	117	83	85	8	3	0	89	120	113	103	34	62	133	63	2317
Number of Patients Referred To See LCSW/Counselor:						0	5	2	8	1	1	6	2	10	19	8	0	11	13	7	7	2	0	0	9	19	14	16	3	4	14	3	184
Number of Patients Referred To See Psychiatrist:						0	1	2	3	2	1	0	2	3	5	8	1	6	11	4	12	1	0	0	3	7	6	8	5	0	0	9	100
PHQ9's Completed:	67	122	112	127	23	60	70	87	129	8	4	4	96	87	125	59	19	101	115	82	84	8	5	7	88	120	113	103	34	62	133	62	2316
PHQ-9 score <10						54	58	75	108	6	3	3	90	73	121	49	11	89	88	71	72	6	3	3	80	103	98	75	27	52	112	53	1583
PHQ-9 score ≥10						6	12	12	21	2	1	1	6	14	24	10	8	12	27	11	12	2	2	4	8	17	15	28	7	10	21	9	302
GAD-7's Completed:	67	122	112	127	23	60	70	87	129	8	4	4	96	87	126	58	19	101	114	82	82	8	6	8	89	120	113	103	34	62	133	63	2317
GAD-7 score <8						52	50	72	102	6	2	2	89	73	99	43	12	84	87	70	66	6	4	6	72	94	91	73	26	51	108	51	1491
GAD-7 score ≥8						8	20	15	27	2	2	2	7	14	27	15	7	17	27	12	16	2	2	2	16	26	22	30	8	11	25	12	374
Number of NC-STeP Scheduled Sessions Held						1	7	6	22	18	8	5	14	33	51	22	8	22	36	15	21	6	7	9	13	19	21	23	11	21	28	21	468
Number of NC-STeP Follow-up by Email						*	*	*	4	28	12	16	24	32	34	32	17	49	56	50	33	28	78	42	33	110	43	31	29	74	87	84	1026
Number of "On-Call"/Evening Sessions						*	*	*	0	0	0	0	1	3	1	1	3	1	1	0	0	0	0	0	3		3	2	0	3	1	3	26
Number of NC-STeP Check-Ins by Phone						*	*	*	5	13	3	14	32	21	24	61	20	25	30	27	49	59	55	25	57	38	40	36	27	49	40	36	786
Number of "Walk-Ins"/Not Scheduled						*	*	*	2	2	1	1	12	5	11	4	1	6	11	4	2	0	0	0	4	6	8	3	2	3	8	3	99
Marketing Efforts Completed/Outreach Opportunities									11	5	16	5	9	7	8	5	0	8	7	3	9	2	9	6	6	9	9	8	6	6	9	7	170

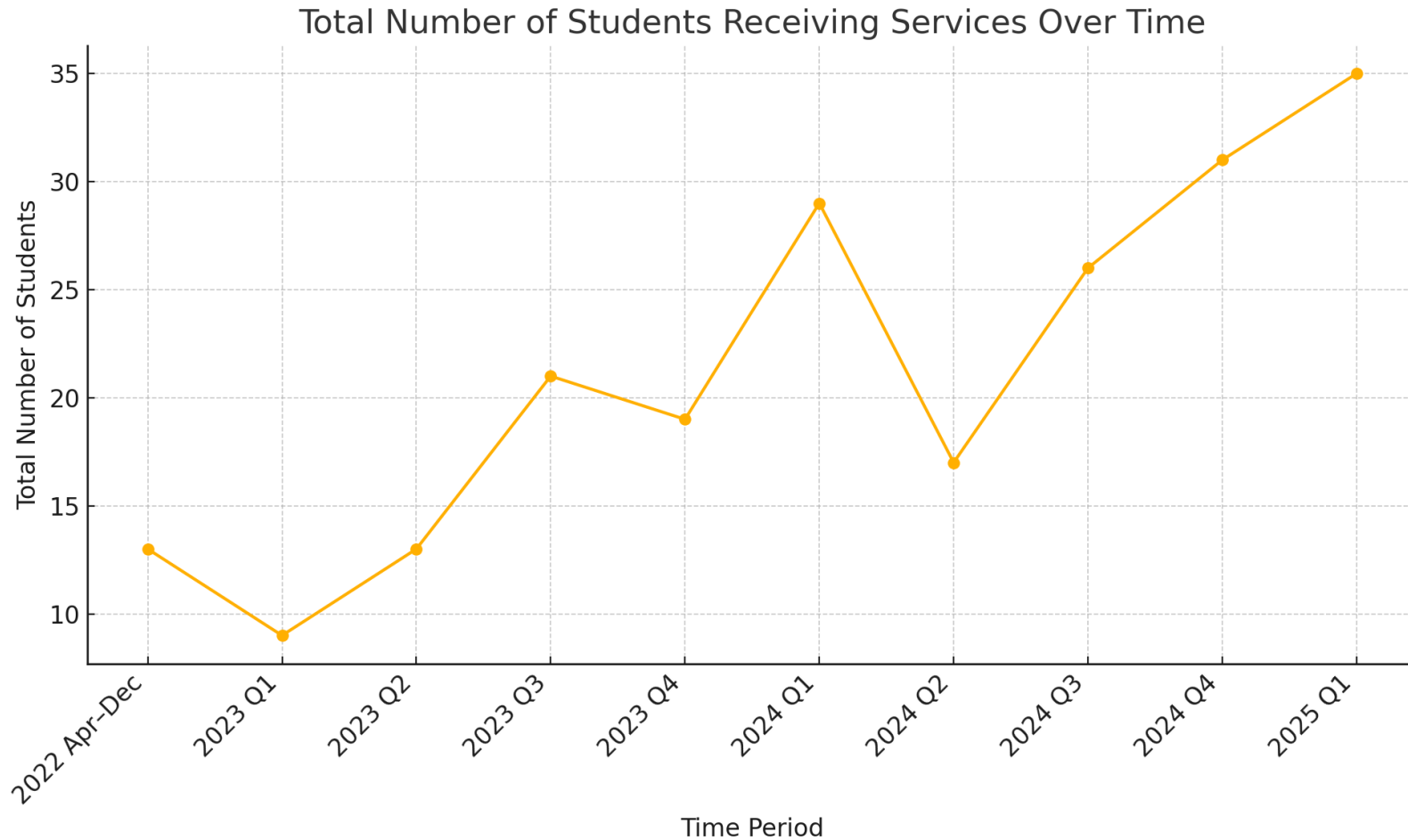
* No data to show, the NC-STeP Counselor was hired April 3, 2023.

** Please note the following factors that had an impact on the decrease in numbers: Spring/Fall break, Summer, and State/National Holidays



Number of Students Served Over Time

April–December 2022 (3Qs) through Q1 2025



Student Satisfaction Survey

- Students reported overwhelmingly positive experiences, with session-related ratings averaging from 4.52 (understanding their condition) to 4.83 (feeling listened to) and service-related ratings even higher—from 4.74 (comfort sharing information) to 4.95 (would recommend to a friend)—out of 5.
- The sample (N = 66) was primarily aged 18–22 (62.1%) and female (75.8%).

NC-STeP Published Papers and Book Chapters

1. Xue, Y., Saeed, S.A., Muppavarapu, K.S. et al. Exploring the Impact of Education Strategies on Individuals' Attitude Towards Telemental Health Service: Findings from a Survey Experiment Study. *Psychiatr Q* (2023). <https://doi.org/10.1007/s11126-023-10033-y>
2. Saeed SA, Shore JH, Yellowlees P. Using Technology for Providing Care. (2023). In Saeed SA, Lauriello J, and Roberts LW (Editors). Textbook of Psychiatric Administration and Leadership, Third Edition. American Psychiatric Association Publishing, Washington, DC. ISBN 978-1-61537-337-6
3. Saeed SA, Kolodner RM, Balog DJ. Health Information Technology. (2023). In Saeed SA, Lauriello J, and Roberts LW (Editors). Textbook of Psychiatric Administration and Leadership, Third Edition. American Psychiatric Association Publishing, Washington, DC. ISBN 978-1-61537-337-6
4. Muppavarapu K, Saeed SA, Jones K, Hurd O, Haley V. (2022). Study of impact of telehealth use on clinic "no show" rates at an academic practice. *Psychiatric Q*. 2022. April 12. Online ahead of print.
5. Saeed SA, Jones K, Sacks AJ, Craven K, Xue Y (Lucky). Maternal Outreach Through Telehealth for Rural Sites: The MOTHeRS Project. *North Carolina Medical Journal*. 2023;84 (1).
6. Xue Y, Saeed SA, Liang H, Jones K, Muppavarapu KS. (2022). Investigating the impact of COVID-19 on telepsychiatry use across sex and race: a study of North Carolina emergency departments. *Telemedicine and e-Health*. Vol.00, No.00, Month 2022. Online first March 2022. DOI: 10.1089/tmj.2021.0549.
7. Saeed SA, Jones K, Muppavarapu K. The Impact of NC Statewide Telepsychiatry Program (NC-STeP) on Cost Savings by Reducing Unnecessary Psychiatric Hospitalizations During a 6½ Year Period. *Psychiatric Q*. 2021 Nov 18. Online ahead of print.
8. Saeed, S.A., Masters, R.M. Disparities in Health Care and the Digital Divide. *Curr Psychiatry Rep*. 23, 61 (2021).
9. Saeed SA, Lluberes N, Buwalda VJA (2021). Applications of Technology. In Sowers WE and Ranz JM (Editors) Seeking Value: Balancing Cost and Quality in Psychiatric Care. Chapter 10, pp 245-273.
10. Kothadia RJ, Jones K, Saeed SA, Torres MJ, (2020). The Impact of NC-Statewide Telepsychiatry Program (NC-STeP) on Patients' Dispositions from Emergency Departments. *Psychiatric Services*. Online in Advance of print, October 2020.
11. Saeed SA (2020). North Carolina Statewide Telepsychiatry Program (NC-STeP): Using telepsychiatry to improve access to evidence-based care. *European Psychiatry*, Volume 33, Issue S1: Abstracts of the 24th European Congress of Psychiatry, Cambridge University Press: 23 March 2020, pp. S66. DOI: <https://doi.org/10.1016/j.eurpsy.2016.01.968>.
12. Saeed SA. (2018). Successfully Navigating Multiple Electronic Health Records When Using Telepsychiatry: The NC-STeP Experience. *Psychiatric Services*. 2018 Sep 1; 69(9):948-951
13. Saeed SA (2018). Tower of Babel Problem in Telehealth: Addressing the Health Information Exchange Needs of the North Carolina Statewide Telepsychiatry Program (NC-STeP). *Psychiatric Quarterly*. 2018 Jun;89 (2):489-495.
14. Saeed SA, Johnson TL, Bagga M, Glass O. (2017). Training Residents in the Use of Telepsychiatry: Review of the Literature and a Proposed Elective. *Psychiatric Quarterly*. Volume 88. No.2. June. pp. 271-283.
15. Saeed SA, Anand V. (2015). Use of Telepsychiatry in Psychodynamic Psychiatry. *Psychodynamic Psychiatry*. Vol.43, No.4, pp.569-583.
16. Saeed SA. (2015). Telebehavioral Health: Clinical Applications, Benefits, Technology Needs, and Setup. *NCMJ*: Vol. 76, Number 1, pp 25-26.

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