

PROMISING PRACTICES



When rural patients can't travel to psychiatric services, the services travel to them

Weekend hours and a clinic on wheels help divert emergency room visits

"You got the need? We got the speed!" Those words reverberate in the halls and offices in [Charleston Dorchester Mental Health Center \(CDMHC\)](#) in Charleston, South Carolina. The motto has served the center's staff members well over the past two years as they launched two innovative projects to become more effective, efficient, and client centered.

The projects' development began after two behavioral health crisis centers serving three counties closed in 2009. In response, CDMHC opened a psychiatric urgent care clinic, or PUC, for persons in psychiatric distress who might otherwise seek help at a hospital emergency room.

It soon became apparent that PUC clients wanted the Monday through Friday hours expanded to weekends, too. In the face of scarce funding, a local provider of general hospital-based services volunteered its grant writer to apply for the weekend project's funding. In the meantime, CDMHC staff members began to design an expanded PUC program, identify outcomes measures, and project the return on investment.

In their design of what became known as the "Weekend PUC" project, staff members realized that even a PUC clinic with expanded hours would fail to meet the needs of persons in rural areas who do not have reliable transportation to the PUC location in Charleston.

The staff's solution was direct yet bold: Purchase a full-service mental health clinic on wheels that trained clinicians could drive to areas with limited or no access to mental health treatment.

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With permission from the state's Department of Mental Health, CDMHC staff members explored ways to make the recreational vehicle project a reality. Thanks to a grant from The Duke Endowment fund, the project, named "Highway to Hope RV," hit the road in November 2010.

The goals for both projects mirror each other in that each is designed to divert appropriate patients from hospital emergency rooms and inpatient psychiatric facilities. The combined annual return on investment is projected to result in diverting more than 260 clients and saving taxpayers \$279,000 annually. The Highway to Hope RV project not only diverts inpatient and emergency room hospitalizations, it also attracts new clients.

CDMHC staff members pay close attention to the two projects' data and outcomes. To rein in costs, the projects use the newest technology, including electronic medical records and satellite connections for the Internet. Staff members hope to implement on-call physician coverage via a webcam.

"The challenges facing psychiatric healthcare are daunting and far more complex than most people imagine," says J. Matthew Dorman, CDMHC director of special operations. "Yet, despite enormous obstacles standing in the way of creating ways to better serve our clients, the community healthcare leaders of Berkeley, Charleston, and Dorchester counties in South Carolina found a way to address one of our bigger challenges. Our two projects will not solve the nation's psychiatric emergency room visit crisis, but, in our community, they might just have solved ours."

He concludes, "Our customers -- clients, family members, community partners, and colleagues -- need to trust that we are doing everything we can to provide the best care we can. A downturn in the economy can challenge the capability of an agency to deliver services. Nevertheless, our customers do not accept economic issues as an excuse for inefficient or ineffective service, and we don't accept that excuse, either. For our customers, that's as good as it gets!"

Below: CDMHC's clinic on wheels is ready to roll, extending mental health services to rural parts of South Carolina.



For more information about Charleston Dorchester Mental Health Center's programs and services, please contact J. Matthew Dorman, CDMHC director of special operations, at jmd64@scdmh.org or (843) 958-3530. The center's website is at www.cdmhc.org.

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