

From The President And The CEO/Medical Director

During 2001 we felt an increasing need for our services, and we planned an expansion, not only in bed capacity but in our scope of services.

More than ever we saw that our services can only be as good as the system in which we work. As a result, we increased our collaboration with other providers so that together we can create a seamless system that better serves the needs of all consumers.

We go forward with renewed energy in promoting mental health in our community. We are committed to providing excellence in intervention, a safe and compassionate environment through innovation and teamwork, and assistance to our clients in improving the quality of their lives.

We thank our Board Members, volunteers, staff, and the community for making this possible.

Hudson B. Scattergood
President, MCES Board of Directors

Rocio Nell, MD, CPE
CEO/Medical Director

Annual Report To The Community

In this issue we look at some of the things that we did in 2001, and look ahead to some things that we plan to do in 2002 (and beyond).

2001 In Summary

Administrative Reorganization

William Myers, MBA, former Director of Business Services, was named Chief Financial Officer, and William Leopold, ACSW, MBA, MCES Administrator, was named Chief Operating Officer.

Patient Services

4500 individuals were served by our 24-hour hotline and outpatient crisis program. Our Mobile Crisis Team served 294 individuals. There were 2360 inpatient admissions to the unit and our Crisis Residential Program had 233 admissions.

Compliance Program

A Compliance Plan outlining practices to assure full conformance with all applicable governmental regulations was adopted. The Plan goes into effect in 2002.

Facility Renovations and Expansion

Work began to increase inpatient beds from 63 to 73. The patient recreation area was relocated to the ground floor. One room was added to the Crisis Residential Program to bring its capacity to 8 residents.

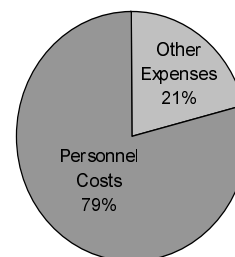
Management Information System

Phase one of a new MIS was completed with support from The Pew Charitable Trust, the van Ameringen Foundation, the Hoxie Harrison Smith Foundation, and the Montgomery County Office of Mental Health/Mental Retardation – Drug & Alcohol Programs.

WWW.MCES.ORG

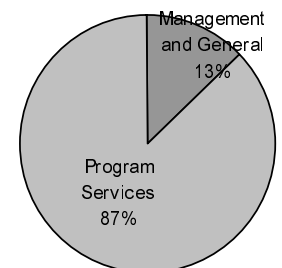
Offering information about our programs, educational material for consumers and families and links to other providers.

Fiscal Year '01 Operating Budget \$10.3 Million



\$.79 of every dollar spent on staff related expenses.

\$.87 of every dollar spent on direct services





Seeing Us as We See Ourselves

This year we revisited our identity and image and identified some concerns. There is a disparity between how we are perceived by those we serve and what we actually do.

Many consumers know us as “Building 50,” the facility at Norristown State Hospital that seriously mentally ill individuals briefly pass through on their way to long-term residential care.

To many providers we are the entity that handles all involuntary psychiatric hospitalizations in Montgomery County. A few also recognize our work with the criminal justice system.

Law enforcement agencies see us as a source of help in situations involving high-risk individuals in psychiatric emergencies.

Few in the general public experience a psychiatric emergency and thus do not make our acquaintance. Those who do are typically too stressed to get a clear “read” on what we are all about.

This issue gives a holistic view of MCES: *A unique, independent, integrated, and innovative system of crisis intervention, psychiatric emergency, and criminal justice diversion services.*

MCES Mission Statement

MCES provides round-the-clock intensive and comprehensive behavioral health services to all in need in our community while maintaining and advocating for their rights and individual dignity.

Pursuit of this mission involves dedication to the following goals:

1. Clients and their families: Provide the highest quality of services with emphasis on treatment, support, and education.
2. Criminal justice system: To assure the most appropriate disposition of the mentally ill involved with the criminal justice system through direct services, education, and support.
3. Health care system: To promote system-wide innovation, collaboration, and teamwork to assure the highest standard of patient care in the most efficient, cost-effective manner.
4. Staff: Encourage all employees to reach their maximum potential by promoting an environment conducive to personal development through teamwork and education.
5. Community: To provide education to the community regarding mental health issues in an effort to assure appropriate utilization of resources and to help reduce stigma.

These goals set the context for our services, our community activities, and our operations. We will look at what we did in relation to each of these goals.

Goal 1: Serving Clients and Families

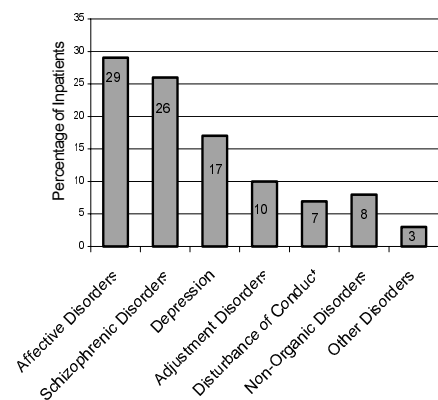
Most of those whom we serve never see our facility. They contact us without ever leaving home. These are individuals experiencing a serious psychiatric crisis. The majority are helped through telephone crisis counseling and referrals.

The next largest group we serve are those experiencing psychiatric emergencies and needing hospitalization. Demographically our inpatient population looks like this:

- 55% male and 45% female
- About 88% are in the 18-64 age range, 4% are age 65/over, and 8% are under 18
- 75% are white, 20% are Afro-American, 2% are Latino, 3% are Asian or other.

Geographically our inpatients are distributed by residence as follows: Norristown area 41%, Pottstown area 16%, Lansdale area 15%, Abington area 10%, Lower Merion area 6%, Souderton/Telford area 3%, Bucks and Chester counties 8%, and Philadelphia 1%.

Primary diagnoses of our inpatients



An active and highly visible, but little known, service component is the MCES Emergency Medical Service (EMS). Ours was the first psychiatric ambulance unit to meet state certification standards in 1981. Our Emergency Medical Technicians (EMTs) are cross-trained as Psychiatric Techs and they made 1589 emergency runs in 2001.

Serving Those with “Double Trouble”

Many MCES patients have co-occurring alcohol, drug abuse, or other substance problems. MCES has a special program for the more complicated needs of such patients.

Our Dual Diagnosis Program can stabilize acute symptoms, maintain supportive and therapeutic treatment, provide education on psychiatric disorders and substance abuse and facilitate the patient’s sobriety and compliance with his or her treatment plan in the community.

Treatment includes appropriate medications, dual diagnosis workshops, one-on-one recovery counseling, group and individual therapy, and daily Twelve Step meetings. Detoxification for stabilization of acute withdrawal symptoms is available as necessary.



“The Fifth Vital Sign”

The biggest fear of patients who suffer from chronic pain is “uncontrolled pain.” Severe depression and other disorders may be accompanied by psychological pain, a highly stressful condition that is often a factor in suicidality. Unrelieved pain has long term physical and psychological effects. Psychological pain can bring about a crisis and bring an affected individual to MCES.

Pain with an organic basis or associated with physical trauma is also common in our patients. They may have chronic illnesses that may be accompanied by chronic pain and/or they may have injuries causing acute pain.

Undiagnosed or under-treated pain can lead to or exacerbate depression and other disorders. It may lead to self-medication, and in turn, to a substance abuse problem.

In 2001, the MCES Medical Staff initiated a comprehensive pain management program that starts with screening and offers a range of treatments. This assures that all staff are competent to assess and treat pain. We can meet a need often overlooked and remove a distraction that interferes with treatment.

We continue our efforts to identify barriers to quality pain management.

The Case of “Tony Doe”

In August 2001, the Whitmarsh Township Police found a man who was seemingly healthy and well cared for, but who had no idea as to who he was. His condition was obviously organic and he was unable to care for himself which justified his admission to MCES. We found no sign of any injuries that would account for his condition.

The MCES social service staff immediately set about to identify the individual, who thought that his name might be “Tony” and recalled some connection to Philadelphia. Missing person lists, police, hospitals, and providers throughout the region were contacted to no avail.

Weeks gave way to months, and still no one appeared to be looking for “Tony.” His

photograph and description were posted on our web site, circulated to every hospital and crisis center, and distributed to the media.

An item about “Tony” was seen by a case-worker who knew his mother. We learned that Tony was developmentally disabled and had been living with his mother until they were moved to separate shelters when their home was condemned. He had left the shelter to find her.

Tony was completely unknown to the MH/MR system. While he and his mother were quickly reconnected, mobilizing living arrangements for Tony took longer. The MCES social services staff made a placement and after one more trek to the suburbs, Tony settled down.



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Mental Health Resource for Courts

Dealing with mentally ill individuals who become involved with the criminal justice system is a serious issue for the county court system. The courts are often involved with people who have police contact because of the nature of their mental illness. They must also deal with defendants with severe mental illness and substance abuse problems.

MCES developed a resource to make this task easier. The *MCES Mental Health Resource Manual* contains documentation not previously available in one source for judges, district justices, and other court personnel. Rocio Nell, MD, CPE, the CEO and Medical Director of MCES and Donald F. Kline, MS, the Criminal Justice Director, organized the *Manual*.

The *Manual* gives an overview of the Pennsylvania Mental Health Procedures Act, the basic concepts of mental illness and psychiatry, landmark court cases involving mental illness, guidelines for dealing with a behavioral health crisis, and copies of all of the forms used in hospitalizing the mentally ill.

Goal 2: Criminal Justice System

MCES has had ties to law enforcement from its planning stages. One reason that it was created was to give police a place where they could take anyone who might have a behavioral health problem for a psychiatric evaluation any time of the day or night.

Since our first years we have been nationally recognized for our efforts on behalf of the mentally ill who come into contact with the criminal justice system. MCES engages in an extensive range of activities in this area. Our core focus is to divert the mentally ill from incarceration as appropriate.

Our longstanding activities in this area include distribution of the MCES Police Card that outlines our services and how to access an emergency psychiatric evaluation and the MCES Police School that provides education on mental health and crisis intervention.

MCES does both pre-booking and post-booking diversion. The former focuses on avoiding arrest and arraignment. The latter focuses on competency evaluations, alternative sentencing, treatment options, and expanding mental health service availability to inmates.

In 2001, MCES had the following outcomes:

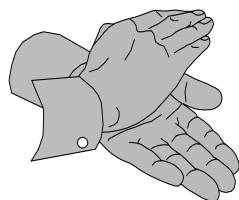
- Over 1100 Criminal Justice Program admissions.
- 90 individual competency examinations.
- Provided training for staff of the Montgomery County Correctional Facility (MCCF).
- Provided psychiatric evaluation and medication management services at MCCF.
- Maintained a full-time Forensic Social Worker at MCCF.
- Established the post of Transitional Case Manager to work with parolees.
- Distributed the MCES Mental Health Resource Manual to Judges and Justices.

In addition, MCES continued its support of the Montgomery County Forensic Task Force, a multi-agency body that works to improve the disposition of the mentally ill involved with the criminal justice system at any level from the police to the courts and corrections.

Police Officer Recognition

MCES cited twelve police officers from Montgomery County for their efforts on behalf of mentally ill individuals in 2001. MCES annually recognizes representatives of the law enforcement community who aid someone in crisis in the course of their duties.

Officer James J. Baitinger of the Lower Merion Police Department was named "Officer of the Year." In April 2001, Officer Baitinger responded to a call that involved a child who was very emotionally disturbed and at high risk of harming herself. Officer Baitinger stayed on the scene for almost three hours calming and helping the child's family and trying to arrange emergency care.



MCES awarded Special Recognition Certificates to Officer Jane Tucker, Lower Merion; Sgt. Michael W. Diamond, Hatfield; Officer Hollie Ellis, Cheltenham; Officer Frank Addali, Lower Salford; Officer Elena Anigati, Officer Declan Coyle, Officer Dennis T. Regan, and Detective Patrick Krouse, all of Upper Merion; Detective John A. Cotton, Springfield; Detective Randall S. Floyd, Telford; and Officer Michael Romano, Norristown.

Goal 3: Health Care System

MCES is a strong promoter of continuity of care among the private and public sectors, between providers, and with the behavioral health, human services, and health care systems. Our longest and strongest collaboration is with the Montgomery County Office of Mental Health/Mental Retardation-Drug & Alcohol Programs (MH/MR).

Our relationship with MH/MR is at work every day. It is most prominently reflected in two critical aspects of the "MCES model." The first is the status of MCES as the sole provider for all involuntary hospitalizations. This is the foundation for our highly centralized and integrated behavioral health emergency services.

Another unique arrangement is the location of the Montgomery County Mental Health Delegates at MCES. These highly trained specialists review all cases indicating a possible need for involuntary hospitalization. Being centrally based at MCES they are immediately involved as a psychiatric emergency occurs in the community.

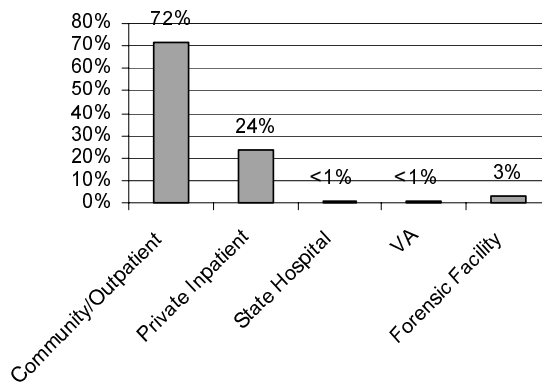
These two arrangements make it easier for police and other emergency personnel to get help for an individual in crisis. They minimize the time that police must take from other public safety duties when dealing with a psychiatric emergency.

In 2001, MCES continued to sponsor and support the Montgomery County Drug and Alcohol Task Force. Since its initiation by MCES, this body has become a major means of sharing information and solutions among public and private agencies addressing substance abuse.

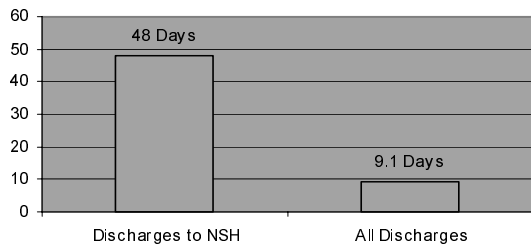
We voiced our concern about the need for long-term residential psychiatric care for those who need such care. We support patient care in the least restrictive setting appropriate to their needs and safety. We advocate that the present continuum of care must be maintained and expanded to meet the needs of all consumers.

Patient Care Settings After Discharge

More than 70% of our inpatients are discharged to outpatient or community care settings. Less than 25% continue treatment at a private hospital. Less than 1% need long term residential care at a state hospital or a VA facility. Most of the remaining 3% move to forensic facilities.



2001 Average Length of Stay

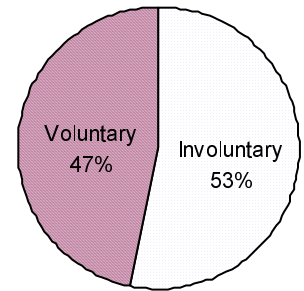


In 2001, our average length of stay for all patients was 9.1 days. A small number of our inpatients are transferred to the Norristown State Hospital (NSH). The length of stay for this group of patients averages 48 days.

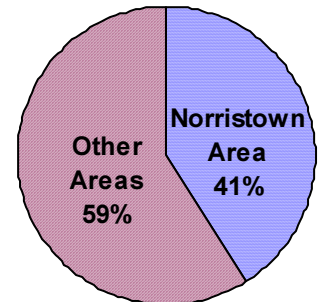


2001 Patient Statistics

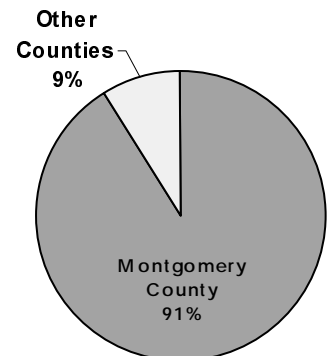
Type of Inpatient Admissions



Distribution of Montgomery County Patients



Regional Distribution of Patients





2001 Donors

MCES relies on contributions to continue our work with the seriously mentally ill. Following is a list of our 2001 donors. Thank you for your continued support.

Bob Beyer
 Mike Bilynsky
 Bristol-Myers Squibb
 Margaret Bailey
 Barra Foundation
 Susan Beneman
 Bergey's Ford
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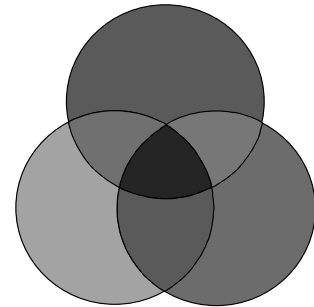
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Goal 4: Staff Development

The MCES philosophy recognizes the role that our staff play in realizing our mission. As an organization we value professionalism and a learning environment for both our employees and our volunteers. Our principal means of realizing these values is a comprehensive internal education program developed and administered by our staff Education Committee.

Staff are encouraged and welcomed to participate in MCES planning and quality improvement activities. The staff join members of the MCES Board of Directors and administration in the Annual Board/Staff Retreat where areas for long-term planning are identified and a review of progress is made on previously identified areas.

All levels of staff are involved in the MCES Continuous Quality Improvement Program through which problem-oriented committees identify areas throughout MCES that could be strengthened to assure the quality of our care. This has enabled MCES to nurture a culture of patient-focused care and a commitment to teamwork.



Goal 5: Community Activities

MCES has a strong tradition of community involvement. One of our core values is to maintain a community-oriented perspective. We take our services into the community, we try to identify community concerns about problems that we address, we share what we learn in our work with providers and consumers, and we strive to be open to community feedback.

In 2001, MCES continued to lend its support to efforts to meet unmet and underserved needs on the part of the mentally ill and other groups, to advocate for those whom we serve, and to increase the awareness and understanding of communities, consumers, and providers about the risks of psychiatric emergencies and inappropriate incarceration of the mentally ill.

Community information and education is a significant means through which MCES attempts to provide a "return" on the social and financial investment that the community has made in us over the years. Last year we

expanded the scope of our community information and education.

In addition to describing our programs, our new web site, www.mces.org, offers information for consumers and providers on dealing with a psychiatric emergency, hospitalization, and related topics. The Quest completed its first year and has fulfilled our expectations as a resource for communicating with the community. Our range of brochures and other printed public information has been broadened.

The Community Lecture Series is another means by which we convey knowledge and skills related to our mission to the community. Led by MCES clinicians and professionals this series puts topics ranging from fundamental concepts of psychiatry to crisis intervention techniques and the mental health law into the context of the mental health system and situations likely to be encountered by participants.

Current Memberships

American College of Forensic Examiners
 American College of Healthcare Executives
 American College of Physician Executives
 American Health Information Management Association
 Association of Behavioral Healthcare Management
 Association of Practitioners of Infection Control (APIC)
 Care Consortium of the Main Line, Inc.
 Greater Philadelphia Health Assembly (GPHA)
 Healthcare Financial Management Association (HFMA)
 Interagency Council of Norristown (ICN)
 Montgomery County Ambulance Association
 Montgomery County Chamber of Commerce
 Montgomery County Support Program
 North Penn Interagency Consortium
 Norristown State Hospital Community Advisory
 Committee
 Southeastern PA Association for Healthcare Quality
 The Hospital and Health Association of PA (HAP)
 The Montgomery County Association For Excellence In
 Service (MAX)

Helping MCES

MCES serves all in need of its services regardless of ability to pay. We welcome your help in assuring the continuing availability of our services on this basis and in realizing the outcome we envision for 2002. Please use the enclosed envelope to make your contribution.

MCES is a non-profit corporation meeting the criteria of Section 501(c) (3) of the IRS code. All contributions are tax deductible and are acknowledged individually and in our annual report.

Kindly keep MCES in mind when you make your United Way Pledge. Be sure to enter "Montgomery County Emergency Service" and Donor Option No. 01801 in the Specific Care Section. We also appreciate receiving your receipts from Genuardi's Markets, which can be dropped off or mailed to us at 50 Beech Drive, Norristown, PA 19403-5421. Thank you!

(Cut on dotted line)

I Want To Learn More About MCES

I am interested in being included on your mailing list to receive future issues of all MCEC literature. At this time I am particularly interested in obtaining the literature I have checked below.

Ongoing Literature

- 2002 Lecture Series Brochure
- Comprehensive MCES Services

MCES Quest Back Issues

- Suicide Issue
- MCES Inpatient Program Issue
- MCES Forensic Program Issue
- MCES Crisis Residential Program Issue

Pamphlets

- Overview of Services
- Crisis Residential Program
- Information For Visitors
- Suicide Pamphlet

Name: _____

Company: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Please mail your request to: MCES, Attn: Development, 50 Beech Drive, Norristown, PA 19403-5421. Thank you!

Looking Ahead

These are some of the needs and objectives that we plan to meet in 2002.

- ☞ Ambulance Replacement – MCES operates two ambulances. The oldest is scheduled for replacement after 100,000 miles of service to assure reliability and economy.
- ☞ Relapse Prevention – Many psychiatric disorders sometimes involve a return of symptoms that may precipitate a crisis. Relapse can often be avoided if the risks and signs are known. We are enhancing the help that we give our patients with this challenge.
- ☞ Police Training – There are 50 local departments, the State Police, and Park Police in Montgomery County. Any of these officers may become involved with a person in crisis at any time. We want as many as possible to be trained for this eventuality.
- ☞ Suicide Prevention – This year MCES will examine its policies and practices in this area and look at the effectiveness of suicide prevention efforts in our service area.
- ☞ Crisis Services Accreditation – It is our philosophy to weigh ourselves against the highest accepted standards. In the coming year we will consider submitting our Crisis Center to accreditation by the American Association of Suicidology.
- ☞ Community Residential Program – The CRP is an innovative alternative to short-term hospitalization of individuals in crisis. Over the year we plan to evaluate and expand its services and increase the number of consumers that it serves.
- ☞ MIS Project Phase 2 – We will complete the second phase of an upgrade of our information system capabilities across all of our programs and departments. This will include an electronic patient record and greater reporting capacity.

Liability Insurance Crisis Impacts MCES

In 2001, many health care providers in southeast Pennsylvania found it almost impossible to obtain liability and malpractice insurance. Physicians left the state and hospitals threatened to eliminate trauma centers and other specialty services. MCES was directly impacted by this development.

In August, our insurance carrier, now in liquidation, informed us that our policy would not be renewed. We secured new coverage but our premiums increased by \$380,000 to more than twice what we paid in 2000. Our

physicians' professional liability expense rose over 450%. This forced us to place some critically needed expenses on hold.

MCES joined other health care providers in contacting the Governor and calling on our state representatives and our state senators to support tort reform, CAT Fund reform, and to promote additional liability coverage options for this area.



2001 Donors (Continued)

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Pennsylvania
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Valley Forge Medical Center
van Amerigen Foundation
Vanderslice, Dockx,
Wildemore, Inc.
Weber Display & Packaging
Company
Whitpain Township
William Penn Inn
Holly Wisniewski



Volunteer Opportunities

MCES is strongly committed to voluntarism. We are looking for volunteers who would like to get involved with any of the following projects:

📁 The Annual MCES Challenge Golf Tournament: Our 9th Annual Golf Tournament is planned for September 2002 and is our main friend-raiser and fund-raiser. Help in planning, promoting, and making it happen would be greatly appreciated.

📁 The Farm Park Fun Run/Walk for Mental Health: Help us organize a new event to introduce the community to MCES and local mental health services while enjoying the beautiful Montgomery County Farm Park setting.

📁 The 30th Anniversary of MCES: In February 2004 MCES turns 30 and we need help in observing this milestone. What we have in mind is an event that will help raise the public's awareness of the availability of help for suicide and other psychiatric emergencies.

Please contact the MCES Development Office at 610-279-6100, Extension 227 or mail@mc.es.org. Thank you!

Behavioral Health Trends Impacting MCES

MCES is monitoring several trends that directly relate to our mission and vision.

- ✓ Long-term psychiatric inpatient beds: Almost 1200 state hospital beds have been eliminated in southeastern Pennsylvania. Since 1995 nearly 500 beds have been closed at Norristown State Hospital (NSH) and closures are ongoing. New long-term residential facilities are coming on line, but in the near-term they will be used largely by former NSH patients.
- ✓ Managed behavioral health care: Techniques such as gatekeeping and case management seem to be most applicable to assuring cost-effective care of those with mild to moderate mental illness. The seriously mentally ill, especially those with dual diagnoses and disabling or progressively debilitating conditions, are at high risk of being underserved under this approach.
- ✓ Improved medications: A new generation of atypical antipsychotic medications has been introduced which minimize side effects and offer a broader range of efficacy. This has been paralleled by new antidepressants, selective serotonin reuptake inhibitors. Such developments promise to improve treatment effectiveness, enhance compliance, and reduce relapse. Some payer formularies do not include these drugs.
- ✓ Primary care providers: Primary care physicians are increasingly prescribing antidepressants and related medications, screening patients for depression and suicidality, and arranging treatment. Boundary spanning between the mental health and primary care systems must more aggressively follow this development.
- ✓ Short-term psychiatric inpatient treatment: Private hospital psychiatric beds in the state declined almost ten percent from 1996-2000, and the length of stay in such facilities dropped more than twelve percent. Both are likely outcomes of managed behavioral health care. Whatever the driver, a critical element of the continuum of care is becoming less available.
- ✓ Mental health courts: "Pre-booking" diversion pioneered by MCES works to minimize the mentally ill's contact with the criminal justice system. Interest is growing in a "post-booking" approach. Mental health courts with specially trained personnel and sentencing options are being funded by the US Department of Justice, backed by the National Alliance for the Mentally Ill (NAMI), and are the subject of legislation pending in the Pennsylvania General Assembly.
- ✓ Aging and mental health services: Consumers are moving into the 65+-age range and more elderly are experiencing depression and other disorders. The mental health and aging systems are playing catch up. "Geri-psych" resources are in short supply. The elderly under-utilize mental health services in general and crisis intervention in particular.

Praise Patient ~~Complaint~~ Form

In our ongoing efforts to better our system, Patient Complaint Forms are always available for our clients to give us negative or positive feedback. In December 2001, we received one from a client and we felt it summed up MCES care.

“I have been here 4 1/2 days now,....I have been very impressed at the professionalism displayed by each and every one on staff; from the lady that stocks the fridges to the doctors...and everyone in between. I live nearby, but had no idea that this wonderful facility even existed....Thank you for all you have done for me and my family.”

2001 Report To The Community

Address Service Requested

Montgomery County Emergency Service, Inc.
Comprehensive Behavioral Health Services
50 Beech Drive
Norristown, PA 19403-5421

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