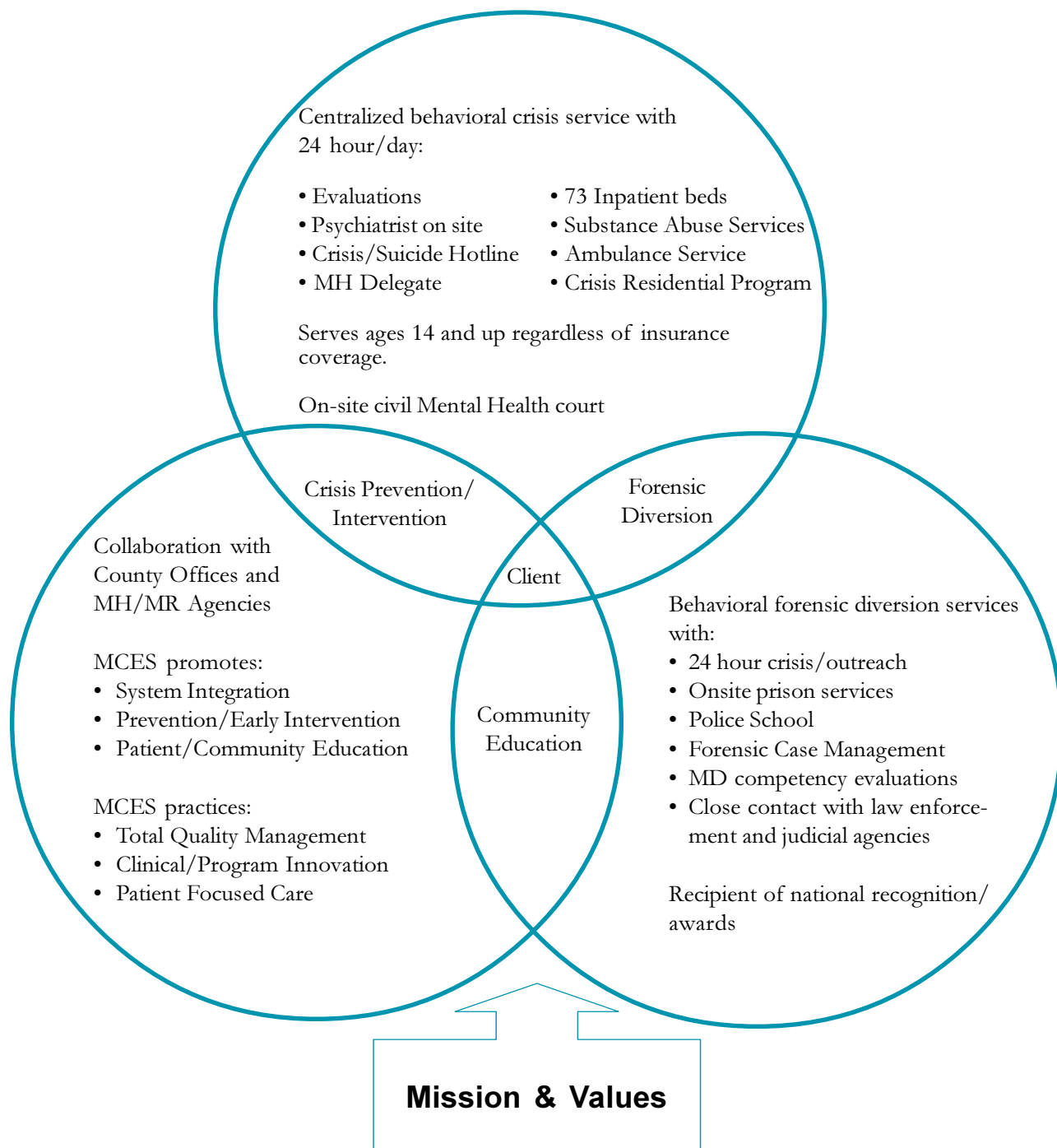


2002 Annual Report to the Community

“MCES AT A GLANCE”





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The Year in Review: Selected Highlights

- January** William Marrone, MD, Member of the MCES Board and William Leopold, MCES Chief Operating Officer, visit state legislators in Harrisburg to discuss the impact of the malpractice insurance crisis on MCES.
- March** MCES gives public testimony on the need for an intermediate level of care between the acute level that it offers and the long-term care provided by Norristown State Hospital.
- April** MCES inaugurates use of a new patient recreation area on the ground floor of the East Wing.
- The MCES Board of Directors and staff hold joint annual retreat to review and amend the MCES Long Range Plan.
- MCES gives public comments to the Commonsense Firearms Safety Caucus of the Pennsylvania House on measures to minimize access to firearms by high-risk individuals.
- May** MCES Mobile Crisis Intervention Service (MCIS) staff are honored at the annual Montgomery County Mental Health Luncheon.
- MCES participates in the annual Montgomery County Mental Health Walk.
- The Pennsylvania House and Senate, at MCES's request, adopt resolutions recognizing May 6-12, 2002, as "Suicide Awareness Week" and urging the development of suicide prevention plans.
- MCES opens a new ten-bed inpatient care section, which officially increases its patient capacity to 73.
- MCES Criminal Justice staff begin working with a suicide prevention task force at the Montgomery County Correctional Facility.
- June** MCES presents workshops on suicide at the Southeast Regional Meeting of the National Alliance for the Mentally Ill of Pennsylvania (NAMI) in Norristown.
- MCES begins implementation of a model relapse prevention program with the distribution of "MAP" (My Action Plan) Workbooks to inpatients, ongoing relapse group sessions, and other activities.

The Year in Review: Selected Highlights

- July** MCES presents at the Southeastern Regional Forensic Summit.
- MCES participates in the Southeastern Regional Public Forum on the "Pennsylvania Youth Suicide Prevention Plan."
- The Fall 2002 Community Lecture Series is approved for continuing education credits for Licensed Social Workers.
- The MCES Crisis Residential Program (CRP) holds an open house to observe its increased capacity and its new "8 AM to 8 PM" on-site admission policy.
- MCES gives public comment to the Judiciary Committee of the Pennsylvania House on House Bill 2374, on the criteria for involuntary hospitalization.
- August** The Pennsylvania Certification Board approves the Fall 2002 Community Lecture Series for continuing education credits.
- MCES provides mental health and crisis intervention training to the Medical Unit staff of the Montgomery County Correctional Unit.
- September** 9th MCES Golf Tournament held at the Westover Country Club.
- October** MCES issues its Suicide Prevention Card, a wallet-sized summary of the warning signs of suicide, how to help a suicidal person, and who to call.
- November** A full-time on-site psychologist was added to the MCES Mental Health Team at the Montgomery County Correctional Facility.
- December** The second phase of work on a new clinical information system is completed with start-up scheduled for the second quarter of 2003.
- MCES is awarded a two-year grant from the Pew Charitable Trusts to expand police mental health training and other services.



MCES 2002 Contributors

Thank you to these donors, staff, friends, local businesses and vendors (listed in the side bars) who have contributed through United Way Donor Choice pledges (our Donor Option Number is 01801), donations to our holiday party, to our Patient Fund, participation in the MCES Golf Tournament and other fund raising events in 2002.

- Abbott Laboratories
- Charlotte Altieri
- Ambler Care
- Amedeos Too
- Amelyn Donuts
- Ronald Anderson
- Arnold's Go-Kart Center
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- Connelly Foundation
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- Commissioner Ruth S. Damsker
- Amy Denno

SAVE THIS DATE!

Monday, 6/30/03
The 10th MCES Golf Tournament
Sandy Run Country Club - Oreland, PA

1:00 PM Shotgun Start - Call for Sponsorship Information
Early Registration Discounts (by 4/1/03)
610-279-6100 x312

In Memory of Griffith S. Miller, Jr.
(1936 - 2002)

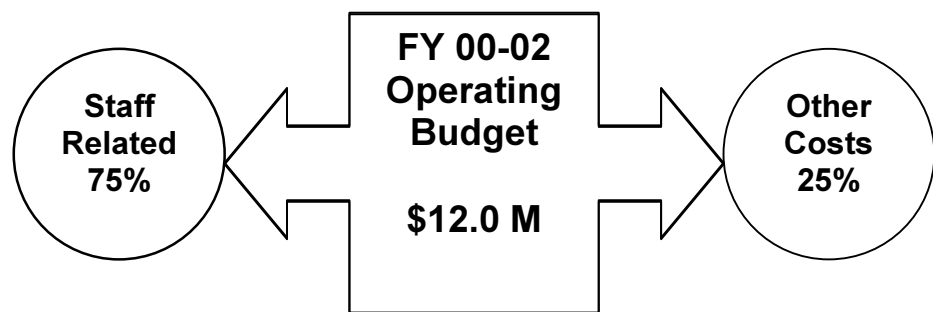


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 Thomas Marrone, MD

MCES in Numbers

<i>Activity</i>	2001	2002
Crisis Hotline & Emergency Outpatient Clients	4500	4600
Mobile Crisis Intervention Service (MCIS) Clients	294	179
Total psychiatric evaluations	2985	3090
Inpatient admissions (voluntary and involuntary)	2360	2449
Nonadmissions to inpatient care	625	641
Average daily inpatient census	58.6 Days	60.9 Days
Average inpatient length of stay	9.1 Days	9.1 Days
Inpatient discharges	2368	2447
Crisis Residential Program (CRP) Admissions	233	328



MCES Operating Expense Summary

More detailed statistical and financial information is available in the 2002 Annual Report and the 2001-02 Audited Financial Statement. Copies are available upon request.

A Closer Look At Some Key Activities

Relapse Prevention

At the close of 2001, 52% of our inpatients were readmissions. Studies indicate that, on average, 30%-40% of psychiatric patients are rehospitalized in six months. 62% of our patients were coming back in three months.

What had happened?

Our readmitted patients had experienced a worsening of their current condition or a return of past symptoms or behaviors — they had relapsed. This disrupted their treatment, employment, family relationships, and community living arrangements. It precipitated a crisis.

Why do our patients have such high vulnerability to relapse?

We identified these factors:

- We serve those with the highest acuity level and the highest risk.
- We provide short stays offering little time for more than intervention and stabilization.
- We work with the treatment decisions made in regard to involuntary patients by the court.
- We serve an area with a high concentration of former long-term state hospital patients.
- We rely on other providers to follow-through on the plans that we develop with patients.

How could we do more to prevent relapse and encourage psychiatric wellness?

The MCES Relapse Prevention Program was our answer.

In January 2002, we began a review of existing relapse prevention strategies. We found none to directly fit our needs. Most attention had been given to relapse among substance abusers, very little was available about mental illness relapse, and less still in regard to those with dual diagnoses.

We opted to create our own program. We wanted patients to have a clear understanding of the relapse process and the personal means for dealing with it. We also wanted a program that could be readily shared with other providers.

The product was narrative, self-assessment checklists, “how to’s,” where-to-get-help lists, when to contact our crisis center, and other self-help tools for patients and families. We integrated these components into a wellness-oriented patient workbook entitled My Action Plan (MAP).

The MCES Relapse Prevention Program includes:

- Giving inpatients a copy of the MAP workbook (copy available on request)
- Running psychoeducation groups on relapse for inpatients
- Educating all MCES clinical staff about relapse
- Developing relapse information for family members
- Distributing copies of the MAP workbook to community-based providers

Feedback from patients and other providers is positive. In 2003, we will begin more formally evaluating the program.



MCES 2002 Contributors

- Merck Company Foundation
- Griffith S. Miller, III
- County of Montgomery
- The Montgomery County Foundation
- William Myers, MBA
- Rocio Nell, M.D.
- Rebecca Palat
- PECO Hypernion Communications
- Eleanor Perri
- Pfizer Inc.
- The Pew Charitable Trusts
- Philadelphia Area Combined Federal Campaign
- Plymouth Township
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- Sellersville Theatre
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- Jackie Szakal
- Tartan Textile Services
- United Way of Chester County
- United Way of Southeastern Pennsylvania
- United Way Tri-State Area
- Upper Dublin Lutheran Church
- Upper Dublin Township
- Urologic Associates of Montgomery County



The Behavioral HealthChoices Program

The Pennsylvania's Department of Public Welfare administers a managed care program for those enrolled in the Medicaid program, called HealthChoices.

Counties ensure high quality medical care and access to mental health and substance abuse services and facilitate coordination with other services.

Each county contracts with a Behavioral Health Managed Care Organization (BHMCO). The BHMCO establishes a network of agencies and facilities to deliver services.

In February 1997, the Montgomery County Office of Mental Health/Mental Retardation-Drug & Alcohol Services initiated the behavioral health component of the program. Since January 2000, Magellan Behavioral Health (MBH) has been the BHMCO for Montgomery County.

A Closer Look At Some Key Activities

A Collaborative Care Management Process

Over the past three years, MCES, the Montgomery County Office of Mental Health/Mental Retardation-Drug & Alcohol Services (MH/MR), and Magellan Behavioral Health (MBH), have developed a three-way collaboration for dealing with Medicaid adult consumers who are high utilizers of psychiatric inpatient care. (See sidebar.) The process is based on integration and improvement, intervention, and investment.

“Integration” is characterized by the access of each partner to information needed for decision-making. It takes the form of scheduled weekly on-site visits by an MBH care management nurse to MCES. The MBH nurse speaks with patients and participates in clinical conferences, meets with the patient's multidisciplinary care team, and participates in sessions with MH/MR staff to determine ongoing care arrangements. This onsite relationship supplants exchanges by telephone, fax, or computer between remote “faceless” case managers at distant “call centers.”

Direct provider/payer interaction breaks down bureaucratic barriers, fosters trust, encourages a focus on needs and problem-solving, and gives the consumer access to all of the parties involved in her or his care. These attributes are conducive to a “win-win-win” outcome in which provider, payer, and consumer can reach a consensus in regard to the course of inpatient care, aftercare, and long-term care arrangements to minimize the prospects for readmission.

“Intervention” relates to an effort to use a consumer's inpatient stay to “leverage” a solution to the factors precipitating repeat

inpatient admissions. The effects of co-morbidities and dual diagnoses are targeted. Psychoeducation on mental illness, self-help and relapse prevention is provided.

Intervention also applies to a continuum of services around MCES provided by MCES staff, some of whose salaries are funded by the county. These include transition specialist services to help consumers establish linkages to community-based resources, interfaces with community mutual self-help programs that connect with consumers at discharge, and a crisis residential program that serves as both an alternative to rehospitalization and a bridge to the community.

“Investment” describes the mindset of the partners. Each of the partners is willing to put at risk their respective resources to better assure a positive outcome for particular patients. MCES works with MBH to devise treatment plans that reflect necessity rather than primarily length of stay. MBH has recognized the benefits of providing an “up front” service coverage cluster during one cost-effective hospital stay instead of spreading coverage and costs over a series of increasingly costly and decreasingly effective stays.

At every level, the investment mindset underwrites a shared sense of common ownership in the overall process and its outcomes. Investment is what overrides a “we/they” mentality and supports a shared “we/us” service culture where the three partners meet.

A Closer Look At Some Key Activities

Update on Suicide Prevention at MCES

As an emergency psychiatric facility and crisis response center, MCES has always been involved with suicide. In the past year MCES efforts in this area included:

❑ **Post-discharge Suicide Prevention**

The period following a psychiatric hospitalization is a high-risk time, especially for those who had been suicidal. The structure of the hospital is removed, acute symptoms have abated, and family and friends may be less vigilant. In 2002, we looked at our assessment practices and the information given to patients about suicide. In 2003, we plan to introduce an inpatient program on suicide prevention involving psychoeducation and a personal suicide prevention handbook.

❑ **Suicide Prevention Card**

In 2002 we issued the “MCES Suicide Prevention Card,” which summarizes warning signs of and ways to help someone who might be suicidal. All of this is printed on a wallet-sized bi-fold card. This makes it convenient for anyone concerned about suicidality to have a ready reference to critical information at all times. Copies of the card are available by calling or sending an e-mail to MCES (mail@mc.es.org).

❑ **MCCF Prison Suicide Prevention**

Prisons have a high incidence of suicide. MCES provides a broad range of mental health services at the Montgomery County Correctional Facility (MCCF) (full-time psychologist and social worker, part-time psychiatrists, and a transitional case manager). In 2002, the MCES team at MCCF joined with correctional personnel to expand prison suicide prevention efforts. MCES also addressed suicide measures in its training of MCCF staff.

❑ **Community and Provider Education**

In 2002, MCES expanded the coverage of suicide related topics in the MCES Community Lecture Series, our well-received educational resource for consumers, providers, and the community. In 2003, we will include further sessions. In addition, we have stepped up our suicide education programs to other mental health agencies. MCES staff run workshops on suicide prevention and related issues for health and human service providers and community groups.

❑ **Support for State and County Suicide Prevention Plans**

MCES closely supports suicide prevention efforts at every level. In 2003, MCES participated in a regional session on the Draft Pennsylvania State Youth Suicide Prevention Plan. MCES also joined a coalition of organizations led by the Montgomery County Department of Health that is developing a plan for local suicide prevention efforts. MCES also worked with Senator Connie Williams and other legislators who had resolutions passed in the PA House and Senate supporting state and county suicide prevention programs.



Some Suicide Prevention Resources

Greater Philadelphia Chapter of the American Foundation for Suicide Prevention
Suite 4047
3535 Market Street
Philadelphia, PA 19104
215-746-7256

Supports suicide prevention research and program development.

Survivors of Suicide, Inc.
2064 Heather Road
Folcroft, PA 19032
215-545-2242
www.phillysos.tripod.com

Sponsors support groups for those who have lost a loved one to suicide.

Feeling Blue Suicide Prevention Committee
P.O. Box 7193
St. Davids, PA 19087
www.feelingblue.org

Provides caregivers with resources to aid persons at risk, identify support for survivors, and increase community awareness.



Crisis Department Mission

“To provide 24-hour emergency telephone hotline service, face-to-face crisis intervention services (assessment and brief supportive counseling), and emergency psychiatric services (evaluation, medication, brief counseling) with the goal of empowering our clientele to stabilize their lives in times of crisis.”

The “what and how” of their job is *“...to reduce or relieve psychological pain and symptoms as quickly as possible through empathetic, compassionate contact and the use of innovative therapeutic/intervention techniques”* (from the department’s vision statement).

MCES 2002 Contributors

Valley Forge Medical Center
Vanderslice, Dockx, Wildemore, Inc.
Wal-Mart
Weber Display & Packaging Co.
Gerald Weintraub
Whitpain Township
Kenneth Wilson
Wyeth Pharmaceuticals
Senator Connie Williams
Wood’s Golf Center
William Zane

Featured MCES Program

The MCES Crisis Department

This is where MCES began. Even before we had a building, we had a Crisis Department. Actually it wasn’t exactly a department. It was a crisis hotline staffed by some of our first employees (one of whom is still with us – Robert Bond, Crisis Intervention Director) that operated out of a rented room in a small hotel in Norristown. It was countywide and accessible around-the-clock, just like the organization that quickly grew up around it. It was kept very busy by a constant stream of incoming calls involving desperate pleas for help, and fast unfolding psychiatric emergencies.

Now, almost thirty years later, there are more calls and more emergencies. The Crisis Department sorts things out, responds with information or a referral, and initiates immediate crisis counseling or intervention as indicated. Some calls come directly from a person facing an emergency, others are from family members, friends, or others concerned about someone else. Most of the 4,500-5,000 individuals that the department serves every year are helped through telephonic interactions or interventions.

The Crisis Department is the “ER” for MCES. Like any emergency room it focuses on screening, assessment, treatment, and transfer or referral to other levels of care. The department’s primary focus is on behavioral health crises and psychiatric emergencies. The latter are by definition life-threatening situations in which an individual may be at high risk of harming himself/herself, others or both, and which typically require a psychiatric evaluation and hospitalization.

The Crisis Department obviously does not take appointments. However, as is sometimes the case in a medical ER, there are occasionally

times of high volume, which may result in delays in being seen. All clients are triaged, or seen in terms of the degree of severity of their emergency as well as in the order of their arrival at MCES.

Who calls the crisis hotline? The majority of the callers have probably never had a prior contact with any behavioral health services. For many this will (hopefully) be their only contact. For others the hotline is part of a support system, to turn to when signs and symptoms of serious mental illness return. Some have been hospitalized at MCES and are following through on an aftercare plan. Others are consumers served by community-based providers that rely on MCES for backup in emergencies. Some have gone into crisis because their illness or circumstances affecting it have worsened. Others may have experienced something in their lives that “triggered” a crisis. Some may have discontinued their treatment. Relapse precipitates many crises.

Many of the incoming calls received by the Crisis Department originate with the police or other sources of emergency help. While some of these calls can be handled on the phone, they may, more likely than not, involve a more serious problem. Depending on the situation the police may take the individual to MCES or MCES may dispatch its Mobile Crisis Intervention Service to the scene. The Crisis Department remains in communication and helps determine the best course of action.

Accessibility, availability, capability and communication are prerequisites of an effective crisis service. The MCES Crisis Department has developed these components



The MCES Crisis Department

with the support of the Montgomery County Office of Mental Health/Mental Retardation – Drug & Alcohol Services and through a strong working relationship with the Montgomery County Emergency Operating Center. The MCES Crisis Department is brought on-line into any appropriate 9-1-1 call coming into the county’s emergency coordinating center involving a behavioral health issue. Such integration expedites the response and sharing of essential information.

What happens when someone “walks in” to the MCES Crisis Department? All those seeking care are met by a crisis worker who determines if they should be seen by a physician (an MCES psychiatrist is on-site at all times). In addition to looking for any pressing physical complaints, injuries, or other acute medical needs, the crisis worker screens for the presence of suicidal or self-injurious behavior, acute psychosis, agitation, assaultiveness, panic, anxiety, and other conditions. The individual’s willingness to seek treatment is also determined. An MCES psychiatrist sees all of those with acute physical and/or psychiatric symptoms. An MCES physician assistant (PA) may help with the medical assessment. Those in need of immediate medical attention are transported to a local hospital by the MCES ambulance. Those with non-critical medical conditions receive a comprehensive psychiatric evaluation. Almost 3,000 psychiatric evaluations are conducted every year in the MCES Crisis Department. About 80% of those evaluated are determined to need psychiatric hospitalization. Those who do not need inpatient care may receive counseling from the crisis worker or psychiatrist, or be given medications, and then be discharged to home or another care setting.

The MCES psychiatrist makes the clinical decision regarding hospitalization, but the admission decision is a separate matter. When someone is a clear and present danger to themselves or others, but is incapable or unwilling to consent to hospitalization, a

County Mental Health Delegate is called upon. The delegates represent the Montgomery County Mental Health Administrator who has authority to order involuntary psychiatric evaluations and hospitalizations. In Montgomery County, the delegates, highly trained crisis specialists, are based at the MCES Crisis Department. A county delegate is usually on-site.

The Crisis Department functions as intake for MCES. In addition to crisis intervention, the crisis department gathers insurance information and contacts payers for treatment authorization. “Crisis” also screens incoming patients for potentially harmful implements and substances, takes possession of patient personal property during their stay, and greets all visitors to MCES. It also assures that those visiting patients comply with MCES safety and security policies.

The MCES Crisis Department staff includes both full-time and part-time personnel. All are highly qualified and very well experienced. The majority of both the Crisis Caseworkers and the Mental Health delegates have graduate degrees in health and human service professions such as social work, psychology, nursing, and criminal justice. Half of the current staff has worked in the Crisis Department for more than five years.



The MCES Crisis Department is the only state-licensed crisis center in Montgomery County. It serves all in need regardless of insurance coverage or ability to pay. In the near future the department plans to seek accreditation as a crisis center from the American Association of Suicidology.



Crisis Support to Seriously Mentally Ill Consumers

Those with psychiatric disorders that interfere with major life activities tend to experience periodic crises. This may happen even when they are receiving care and support.

Because of this vulnerability, crisis assistance is an essential part of the overall community support system for consumers with serious mental illness.

The MCES Crisis Department tries to help consumers maintain or resume community living and to develop alternatives to hospitalization as appropriate.

This is accomplished by:

- Stabilizing consumers to help them return to a pre-crisis level of functioning
- Assisting consumers and those in their support system to resolve situations that may have led to the crisis
- Linking consumers to community services and supports to meet their ongoing needs



Psychiatric Emergency Services

Southeastern Pennsylvania

Bucks County
800-499-7455

Chester County
Chester County Crisis
Center
610-918-2100

Northern Delaware County
Mercy Catholic Medical
Center
610-237-4210

Southern Delaware County
Crozer Chester Medical
Center
610-447-7600

Montgomery County
MCES, Inc.
610-279-6100

Philadelphia County
215-685-6440

Southern New Jersey

856-428-HELP

Northern Delaware

Mobile Crisis Intervention
Service
New Castle CMHC
302-577-2484
800-652-2929

National Hopeline
Network

1-800-SUICIDE
(800-784-2433)

In Memoriam

MCES lost these friends in 2003. May they rest in peace.

Kathleen Angone
Nurse

Jay Fischer
Psychologist

Sam Monroe
Psychiatric Technician

Griffith S. Miller, Jr.
Former Board Member

Louis Roberto
Ambulance/Psychiatric Technician

Charles Shaw
Psychiatric Technician

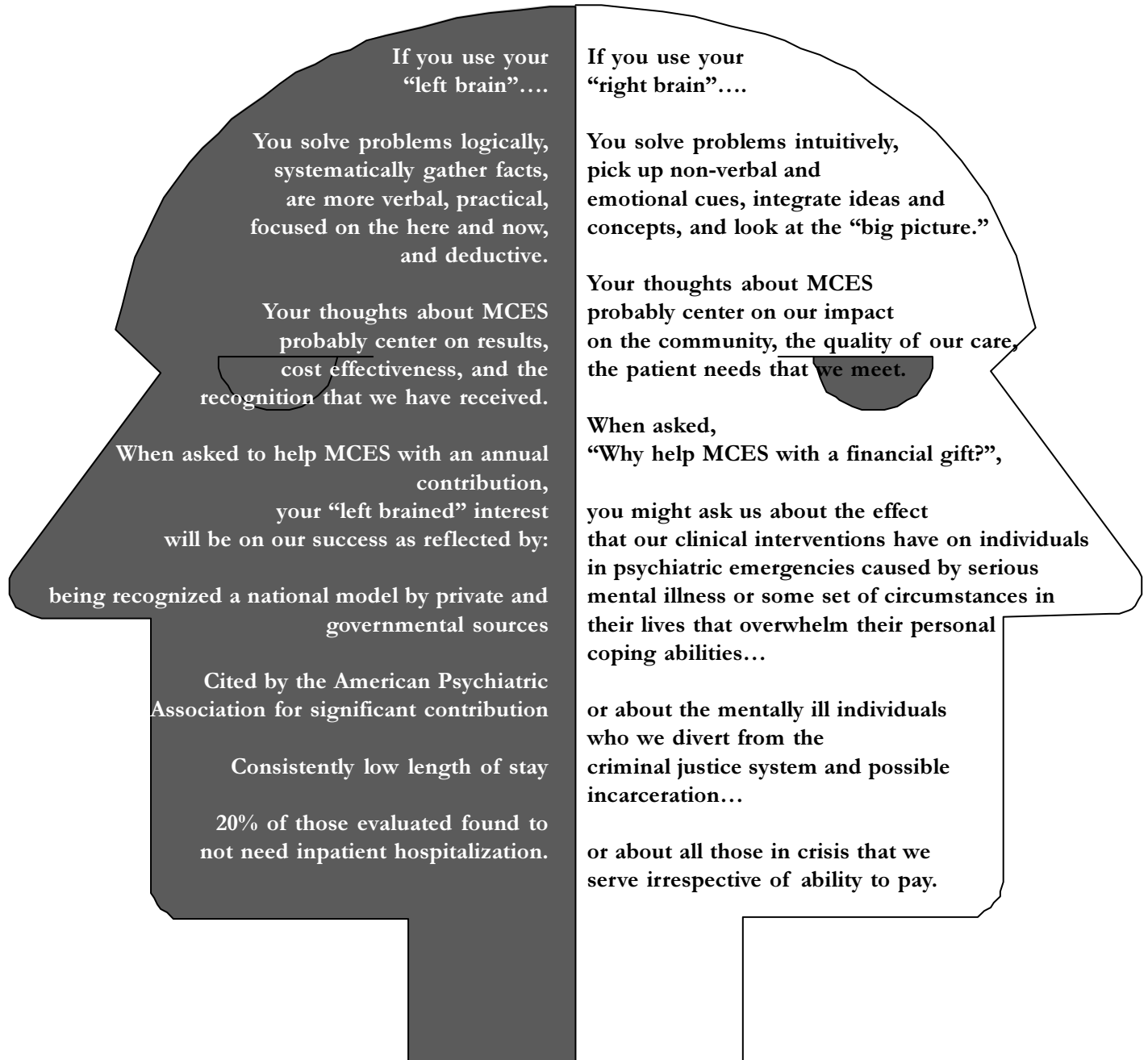
Nelson Taylor
Environmental Service Worker

SUPPORT MCES THROUGH E-SCRIP WHEN YOU SHOP AT GENUARDI'S MARKETS

Every time you swipe your Club Card at any Genuardi's location a donation will be made to MCES.
Stop by Customer Service at any Genuardi's and give them our Group # 2140536 or give us a call at 610-279-6100 and we'll enroll you. Thanks!

Give Some Thought to Helping MCES in 2003

What's your thinking style? Do you use your "right brain" or your "left brain"? We tend to rely on one side of our brain or the other. This determines how we see things.



Looked at from either side of your brain, you can see that our services are excellent.

Your contribution directly enhances the ability of MCES to provide psychiatric care 24/7 to all in need irrespective of ability to pay. Please return the enclosed envelope with your generous tax-deductible gift or pledge today! Thank you.



Thank You Too To:

Abbott Laboratories
 AstraZeneca International
 Forest Pharmaceuticals
 GlaxoSmithKline
 Eli Lilly and Company
 Janssen Pharmaceuticals, LP
 Organon, Inc.
 Pfizer, Inc.
 Wyeth Pharmaceuticals

These companies helped MCES meet the medication needs of many indigent and uninsured patients over the course of the year.

Looking Ahead in 2003

April and May

MCES Spring Community Lecture Series

June

MCES Golf Tournament

October - November

MCES Fall Community Lecture Series

MCES Crisis Residential Program (CRP) Fifth Anniversary

THANKS! for Helping Us Out

On Sunday, November 10, 2002, we had to temporarily evacuate our building after some patients and members of our staff became ill. It was decided that until the nature of the problem could be determined the best thing to do was to move everyone to another location. This was accomplished in a safe, timely manner with a great deal of help, cooperation, and caring thanks to our staff and the following organizations:

BLS Ambulance Transport	Bridgeport, PA
East Norriton Police Department	East Norriton, PA
Fairmont Fire Company	Norristown, PA
Hancock Fire Company	Norristown, PA
Humane Fire Company	Norristown, PA
Jefferson Fire Company	Jeffersonville, PA
King of Prussia Fire Company No. 1	King of Prussia, PA
Lincoln Fire Company	Conshohocken, PA
Lower Providence Community Center Ambulance	Eagleville, PA
Lower Providence Fire Company	Eagleville, PA
Lower Providence Township Police Department	Eagleville, PA
Montgomery County Correctional Facility	Eagleville, PA
Montgomery County Emergency Operating Center	Eagleville, PA
Montgomery County Health Department	Norristown, PA
Montgomery County Sheriff's Department	Norristown, PA
Montgomery Hose Company	Norristown, PA
Norristown Police Department	Norristown, PA
Norristown State Hospital	Norristown, PA
Norriton Fire Company	East Norriton, PA
North Penn Goodwill Service	Souderton, PA
Norris Hose Company 1	Norristown, PA
Plymouth Community Ambulance	Plymouth Meeting, PA
Trappe Fire Company Ambulance	Trappe, PA
Volunteer Medical Service Corps of Lansdale	Lansdale, PA
Volunteer Medical Service Corps of Lower Merion & Narberth	Narberth, PA
West End Fire Company No. 3 Ambulance	Phoenixville, PA
West Norriton Police Department	West Norriton, PA
Whitemarsh Ambulance	Lafayette Hills, PA
Worcester Fire Company	Worcester, PA

The most likely source of the illness was a contaminant brought into our building with a box of clothing for a patient. All those affected recovered completely.

We realize that we could again confront such a situation under various circumstances. We hope that this is not the case, but if we do, we know that the resources are in place to assure the safety of all concerned.

MCES Community Lecture Series

- 4/3/03 Improving Service Effectiveness by Changing Organizational Culture
- 4/10/03 Basic Psychiatry
- 4/24/03 Psychotropic Medications
- 5/1/03 Forensic Psychiatry I
- 5/15/03 Demystifying the Montco Criminal Justice System for MH/MR Providers and Consumers
- 5/22/03 Crisis Intervention Communication Skills
- 6/5/03 Crisis Intervention & Psychiatric Emergencies
- 6/12/03 Forensic Psychiatry II – The Montgomery County System

All lectures are held at MCES, 50 Beech Drive, Norristown from 9:00 am to 12:00 pm. Cost is \$20 per person and payable in advance. Please call 610-279-6100 extension 110 to reserve your spot.

Quest Annual Report Issue

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