



The MCES Communicator

August 2012

Montgomery County Emergency Service, Inc.
Building Better Tomorrows



Nell's News

By Rocio Nell, MD, CPE
CEO/Medical Director

August, a month that is associated with vacations and a chance to rest, but not at MCES where the need for our services have been as high as ever.

Census

In the month of July we experienced an increase in the census. This is the product, in part, of a delay in discharges since there are few programs available to meet the needs of some of the individuals we treat. Norristown State Hospital is no longer an option and alternatives for care are not yet available. As well, there is an increase of people seeking our services. We'll try to review the data to better understand what is happening and work with other agencies in putting systems in place that will provide treatment in the least restrictive settings and prevent, whenever possible, escalations of crises into psychiatric emergencies, as is happening now. We appreciate the commitment of our staff and their willingness to work with a mix of chronic and acute patients that makes the delivery of our services more difficult. Recently I had an opportunity to observe an interaction with one of our long-term refractory to treatment patients. I was impressed by how the staff helped the person remain in control, avoid restraints and resolved the situation in the most effective, humanitarian manner. My recognition to all who were involved in that and other similar situations.

Changes

As we enter the new fiscal year, we find ourselves still in a holding pattern. We have not yet received feedback from the County about the RFP, but did get our current outreach and forensic programs funded through the next year. A good sign...we hope they will continue to do the excellent work that they do with reduced staff, since with the budget cuts, we were unable to fill the case management position on the Outreach team. Case management can be conducted by the Recovery Coaches at the mental health clinics, and we decided that was one area in which we could reduce our budget. Brad Powers has delayed his retirement so he can train the person who will be taking his position. The Crisis Department has been extremely busy, and although we are referring to lesser levels of care or other agencies as many people as we admit, we still have a very high acuity and census. I appreciate all of you who make efforts to provide the care needed while creating a safe environment. On August 10, I'll be participating in the Pro-Act training, along with other staff members. Our goal is for all clinical staff to become Pro-Act certified.

Farewells

It appears that there have been an unusual number of deaths recently of people, who, in one way or another, have been connected with MCES. Former patients have died of natural causes or suicides, Bryce Holton, our Peer Specialist who participated in Police School Trainings, died on July 20 of natural causes in his home. The significant other of our engagement specialist, Valerie Landis from Central Montgomery Mental Health Cen-

ter, died in his sleep. Judge Hodgson, a supporter of MCES for many years, died after a long illness. My condolences to all who were touched by these losses. Death appears to be all around us. There is the reality that death is a part of life, but when it happens to people younger than one's self, it does not feel natural. For me, it brings the awareness that life is very fragile and it should be lived with great appreciation and care, as one never knows when our time will come. Let's help each other have quality time while at work.

Surveys

DPW will be surveying MCES in September. The 25th - 26th will be inpatient, 27th will be Outpatient, Outreach and Crisis and the 28th will be CRP. We are preparing for that survey. A reminder of how important it is that we perform our job duties as they are meant to be done. If we do so, we will meet all their requirements. TJC can show up at any time, but most likely in the late fall. We are doing tracers to help staff prepare for the survey and all staff is encouraged to participate. At times we are combining the tracers with case conferences. Debbie Shanley and Ginny Graves are doing an outstanding job assisting the staff with this preparation.

Grapevine

A reminder that this is a good time for pruning. Please use your words to build, not to destroy, and become a part of the positive force that helps MCES be a center of emotional healing...for the staff and the people we serve.





Operations Outlook

Bill Myers
Chief Operating Officer

MCES experienced an extremely high census in July with the average daily census at 67.5 for the month. Although it has been very busy, it is a good way to start off the new fiscal year. Thanks for everyone's hard work during this busy time.

Pay Raise: This year's pay raise went into effect for eligible employees the pay starting July 9. Once again, the amount of each individual raise was based on individual performance ratings. For those employees that had an evaluation and raise due, it was reflected in your 7/27/12 paycheck. Those employees who are due in January will receive their evaluation and pay raise at that time. Please remember that your evaluation must be completed prior to receiving the raise as the evaluation rating determines the percentage. Please see your supervisor if you are due for a performance evaluation and you have not received it yet.

Aetna Refund: If you are a full time employee receiving Aetna healthcare benefits, you should have received a letter indicating that our medical benefits plan is due a rebate. This rebate is a requirement of the Affordable Care Act. This Act requires all major medical health plans to spend at least 85% of plan premiums on health care services. Aetna, our healthcare provider only spent 83.7%, so the remaining 1.3% of our premium is due back to the MCES plan. The government has specific rules as to how group plans or employer sponsored plans, in which the employee and employer pay a portion of the premium, such as ours, may use this rebate. Currently our employee benefits broker is research-

ing the options. Once the options have been determined regarding the use of the rebate and MCES' fiduciary responsibilities, a decision will be made on how to proceed. More information will be forthcoming.

Patient/Staff Picnic

A Patient and Staff picnic will be held on Wednesday, August 22 in the Courtyard at Noon. The food will be provided by Linton's and everyone is invited to attend.

Lending a Helping Hand

From Sharon Bieber

I love working here....MCES has the best staff! Our co-worker Shawanda and her family were the victims of a devastating house fire....and we came through for her big time!

In the two weeks since the fire, MCES staff and Administration have given cash and gift cards totaling: \$1200! We have also donated household items and supplies to the point where they have just about everything they need.

Welcome to MCES



Christopher Seasholtz,
Part-Time
3-11 Psych Tech



Cory McLaurin
Full-Time
3-11 Psych Tech



Michael Mazza
Part-Time
EMT/Psych Tech



Natasha Gonzalez
Part-Time
EMT/Psych Tech



Dr. Umar Khayyam
Part-Time
Psychiatrist

MCES Statistics June

Total Admissions - 6/30/12	170
Total Patient Days - 6/30/12	1,816
Average Number of Patients Per Day	60.5
Average Length of Patient Stay in Days	10.1
Percentage of Occupancy	82.9%
Year-to-Date % of Occupancy	80.6%
Total Admissions - 2/1/74 - 6/30/12	70,710

MCES Statistics July

Total Admissions - 7/31/12	199
Total Patient Days - 7/31/12	2,092
Average Number of Patients Per Day	67.5
Average Length of Patient Stay in Days	9.8
Percentage of Occupancy	92.4%
Year-to-Date % of Occupancy	92.4%
Total Admissions - 2/1/74 - 7/31/12	70,909



Remembering Bryce

From Michelle Monzo

Forensic Diversion Education Specialist

On Friday evening, July 20, MCES received some bad news. Bryce Holten, CPS, who had been a Peer Specialist in our Outreach Department, had been found dead in his apartment in Narberth.

Bryce had worked at MCES on a part-time basis for a number of years and continued to participate in our Crisis Intervention Specialist (CIS) training, which provides skills to law enforcement personnel in safely dealing with individuals with mental illness.

A willingness to disclose personal mental illness to other mental health consumers is a basic part of the peer specialist role. Bryce readily did that, but he did much more.

Bryce shared his experience with mental illness, involuntary hospitalization, and recovery with MCES inpatients, police officers taking our CIS training, and provider staff and others attending our Community Lecture Series.

Bryce shared with us what it is like to be suicidal, to have suicidality persist despite treatment and support, to sustain a long-term plan to take your life

through hospitalization and incarceration, how he came to act on his suicide plan, and how he survived a near fatal suicide attempt with a handgun. He also shared with us, in great detail what it was like to experience auditory hallucinations and delusions. Bryce's story was powerful and inspiring!

Bryce overcame a lot to achieve recovery and he represented a model of recovery. Bryce not only came to terms with serious mental illness, he recovered from the emotional and physical trauma of a nearly lethal suicide attempt.

Bryce gave us insight into what we are up against in crisis intervention with someone at such high risk as he was at times. Bryce also gave other consumers hope that they too could survive problems as he had.

We owe Bryce our gratitude for his dedication to helping us and others develop an understanding of how to help individuals suffering from mental illness.

Condolences

Helen Slanker (Medical Records) recently lost her brother to cancer.

Christopher Seasholtz (New Part-Time Psych Tech) lost his father in July.

The stepson of Mike Melcher (Allied Therapy) recently passed away.

Upcoming DPW Survey

DPW will be here to do a survey from Tuesday, September 25 to Friday, September 28.

Congratulations

Edward Mitchell Yavuz arrived on July 11 weighing 7 lb 4 oz and was 22.5 inches long. He is the first child born to Kent and Dawn (CRP) Yavuz.

On The Move

Effective August 6, Beverly Durham will take the position of full-time Psych Tech and continue as our Ward Clerk on weekends.

Trauma Conference

From Fred McLaren, MS, CPS

Along with several allied therapy staff, I attended a recent all day trauma conference at Montgomery County Community College. One of the main things I enjoyed were the two workshops by Beth Filson, a peer specialist who works with individuals that have experienced trauma. I also enjoyed the two lectures by Sandra Bloom. Sandra is an associate professor at Drexel University. She is very famous for being the founder of the Sanctuary Model and Sanctuary Institute. She has written several books on the Sanctuary Model and lectures all over the world.

I also shared my personal story of trauma in the afternoon. I shared my story of being mugged in 1986, the PTSD it caused, and that by working things thru with my therapist I have been able to overcome the PTSD. Now I am able to use my experience and training to help individuals who have had trauma in their lives. The only downside was the re-enactment of my story by a theater group. I found that it was a bit re-traumatizing, but I was okay by the time I left that day at 5:00. All in all, it was a very worthwhile training and enjoyable day.



Community Support Program (CSP) Workshop

From Fred McLaren, MS, CPS

I participated in a 3 hour, two-part workshop on the Community Support Program (CSP) at the recent Pennsylvania Mental Health Consumers Association (PMHCA) conference in Harrisburg. The workshop focused in particular on leadership within CSP. Mary Fala, myself, and several other consumers were part of a roundtable discussion on CSP and leadership within CSP in particular. The workshop was very well attended and participants asked a lot of good questions and shared a lot of their experiences about CSP.

I have been a part of the Montgomery County CSP since 2006 and am presently provider co-chair. I also represent MCES on the committee. From 2008 – 2010 I was also Technical Assistant for Regional CSP, which covers the five county area. Mary Fala is the current Technical Assistant for Regional CSP.

Mary and I shared how we talk to potential co-chairs about being a co-chair of CSP and why they would be good at it. Many people develop their leadership qualities by being involved with one of the three CSP subcommittees. Montgomery County CSP currently has an advocacy, public policy, and social subcommittee. Many people such as Mary and myself write articles for the CSP newsletter. Finally, Mary and I shared the leadership roles we have held within Montgomery County CSP and Regional CSP, and most importantly how we got those positions. Mary and I look forward to involvement with CSP for many years to come.

Peer Support at MCES

From Fred McLaren, MS, CPS

We have three peer specialists at MCES. I work in allied therapy, which is the department that does educational groups and activities. We also have a peer specialist that works in our outreach department, Dan Wilson, who engages individuals out in the community and helps keep them out of the hospital. We have a third peer specialist that works at our Crisis Residential Program, Mike Solomon.

We offer peer support at MCES in a variety of ways. We talk about our experiences of recovery in the educational groups. Pretty much every week we offer a WRAP group, treatment planning, anger management, coping with depression, coping with anxiety. We also offer a group called messages of hope, which is about recovery, what helped our recovery, and what has kept us out of the hospital for a long time. We have a welcome/orientation group, for new patients. We have gym/outdoor courtyard, where we engage individuals over ping pong or throwing around a football, while talking to them and offering peer support.

We also offer peer support and use our experiences in recovery in a variety of training settings. We help out every month with training for new employees. We have a Crisis Intervention School for law enforcement, where we talk about putting yourself in the shoes of someone in crisis. In-

termittently, we do inservice trainings for MCES staff. We have done a training on transportation options for consumers. Another training we have done for staff is entitled: *Going From Patient to Staff – What Helped My Recovery Can Also Help Our Patients*. We have done a variety of 3.5 hour Community Lectures for the general public on topics such as WRAP, non-verbal communication, understanding recovery, and suicide prevention.

We work 1:1 with individuals a lot, both on the inpatient unit and out in the community. We offer peer support and talk about recovery and WRAP. We talk to them about ways of staying out of the hospital, help them with housing and things like community integration. We also talk to them about the importance of coming to groups. We help them get hooked up with things like the Community Support Program (CSP), community WRAP groups, and how to become a peer specialist or WRAP facilitator themselves. We use our skills

like active listening and the cycles of engagement to help individuals and meet them where they are.

In the outreach department we go out in the community and help them in a variety of ways. In some cases we meet individuals in a crisis situation





Olympic Trivia

From www.triviaplaining.com

1. How many of Carl Lewis' Olympic gold medals were won in long jump competitions?
2. What woman was the only U.S. athlete to win a gold medal at the 1968 Winter Olympics?
3. What U.S. team did 59% of American viewers root against during the 1996 Olympics, according to an ESPN poll?
4. What sport did Margaret Abbott play to become the first U.S. woman to win Olympic gold, in 1900?
5. What future screen star was the first person to swim 100 meter in under a minute, in 1922?
6. What Olympic champ played an HIV-infected chorus boy in the play "Jeffrey" in 1993?
7. What did members of the Canadian swim team swear to give up during the 1996 Olympics?
8. What alpine city hosted the Winter Olympics in 1964 and 1976?
9. What L.A. Laker star's height was listed as two meters in 1996 Olympic programs?
10. What Soviet gymnast performed the first back somersault in a balance beam?
11. What contest of team strength was an official Olympic event from 1900 to 1920?
12. What Olympic aquatic event includes such positions as the Flamingo, crane and fishtail?
13. How many athletes competed for Israel in the 1994 Winter Olympics?
14. What event earned Norway's Johan Olay Koss three golds at the 1994 Winter Olympics?
15. What decathlon champ was the first black student body president at UCLA?
16. What legendary strongman laid out the 600-foot race course for the only event in the early years of the ancient Olympics?
17. What 37-year-old middle distance runner qualified for her fourth Olympic team in 1996?
18. What apparatus do male gymnasts refer to as "the pig"?
19. Who passed Eric Heiden to become the most decorated U.S. Winter Olympian ever?
20. What grueling Olympic event saw Josia Thugwane become the first black man from South Africa to win a gold medal, in 1996?

Olympic Trivia Answers

- | | |
|------------------------|---------------------------|
| 1) Three | 11) Tug of War |
| 2) Peggy Fleming | 12) Synchronized swimming |
| 3) The Dream Team | 13) One |
| 4) Golf | 14) Speed skating |
| 5) Johnny Weissmuller | 15) Rafer Johnson |
| 6) Greg Louganis | 16) Hercules |
| 7) Sex | 17) Mary Slaney |
| 8) Innsbruck | 18) The pommel horse |
| 9) Sahquille O'Neals's | 19) Bonnie Blair |
| 10) Olga Korbut | 20) The Marathon |





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