

AMHC

ANNUAL REPORT 2008





From the Board President and Chief Executive Officer

Everyday AMHC staff offers customers a vision of what renewed health and wellness can look like. They help with establishing achievable goals and objectives and offer guidance as to what activities an individual can take on to reach them. In this year's report we want to share stories of three of our clients with you. With their permission, or that of their family, each story is real and we hope that they will inform and educate about how mental illness, substance abuse, and brain injury impacts people's lives. Please note that in deference to confidentiality, and to protect their privacy, we have not used our clients' real names.

Treatment is available and recovery is possible. Coping with injury, illness, and infirmity is a part of life that each of us must face at one time or another and we at AMHC view ourselves as key resources in the provision of integrated health services to help ease suffering and provide a pathway to healing and recovery.

We want to thank all AMHC staff for their excellent work and dedication to making a difference in the lives of so many. You make us proud every day.

In closing, this year AMHC lost a respected colleague and former staff member. Before retiring in 2002, David Green treated hundreds of individuals living with and recovering from substance abuse. He was a fine example of dedication to helping others recover and live a productive life. He is and will continue to be sorely missed.

A handwritten signature in black ink, appearing to read 'Athill Hebert'.

Athill Hebert
Board President

A handwritten signature in black ink, appearing to read 'Wesley R. Davidson'.

Wesley R. Davidson
Chief Executive Officer

MISSION

We work together to promote the well being of our community by providing health care, social, and educational services.



AMHC offers customers a vision of what renewed health and wellness can look like. Treatment is available and recovery is possible.



BOBBY

when love is not enough

By the tender age of 5, Bobby had experienced more pain and disillusionment than many of us experience in an entire lifetime. Removed from his birth family due to abuse and neglect at the age of 18 months, Bobby, and his older brother, was placed in foster care. Over the course of the next 3 ½ years, Bobby was placed in 18 different foster homes and separated from his brother before he was placed with a family who adopted him at the age of 7.

Bobby is diagnosed with reactive attachment disorder, which arises from a failure to form normal attachments to primary caregivers in early childhood. Such a failure results from severe early experiences of neglect and abuse, abrupt separation from caregivers between the ages of six months and three years, a frequent change of caregivers, or a lack of caregiver responsiveness to a child's communicative efforts. Bobby lived through all of these experiences before he was adopted by his family.

From the moment Bobby came to live with his adopted family, he was loved by a stable family with a mom, dad and two older siblings—all of whom were ready to make Bobby a part of their safe and loving world. Quickly, however, life with Bobby proved chaotic, challenging and even dangerous for his adoptive family. Because Bobby's basic needs for comfort, affection, nurturing and stimulation weren't met as an infant/toddler, he didn't learn how to create loving and caring attachments with other people and as a result he couldn't give or accept and receive affection. Bobby is a smart and handsome boy. Since joining his adopted family, they have experienced him as being charming and engaging to anyone he comes into contact with, especially strangers he feels he can manipulate, but shows no affection to his adoptive parents or siblings. He lacks impulse control, has no empathy or conscience, and has trouble understanding cause and effect. He is argumentative, throws frequent tantrums and flies into a rage when he doesn't get his way.

Because of their experience with him, the family sought counseling from the very beginning for Bobby and themselves in an attempt to understand his behaviors, their effects on the family, and how to work through them. They worked with therapists on an outpatient basis for several months with some limited success until they felt they could no longer safely keep him at home. They loved Bobby and wanted to keep him at home, but they also feared for their other children's safety and therefore sought residential treatment for Bobby at AMHC's Grand Isle Family Treatment (GIFT) home.

Since coming into the GIFT home's structured therapeutic setting, GIFT home staff has worked collaboratively with the outpatient therapists that were treating him to make the clinical transition as smooth as possible and with the family to ensure that they are optimally involved in Bobby's life and treatment. Because a GIFT counselor is assigned to Bobby exclusively at all times when he is in the home, he is safe—from himself and from hurting others—and has been making some good progress in treatment. Because of the severity of Bobby's condition, he has an intensive, long term treatment plan that anticipates that progress will come in small increments; and that it will take an extended period of time for him to learn and internalize compassion and empathy for others and to develop an attachment to and trust that his family won't abandon him. Progress has been made in correcting his manipulative and disruptive behaviors. He has learned that his bad behavior has consequences. He is held accountable and must perform extra chores to atone for the bad behavior. He has made progress correcting many of his harmful



*“We love Bobby very much, but love is not enough
and his being at the GIFT home is a blessing.”*

behaviors and is learning new ways to be accountable and establish healthy relationships. Significantly, in the year he has been at GIFT, Bobby has not been hospitalized for treatment at all; whereas in the six months prior to coming to the GIFT home, he was hospitalized for a two month period while living at home with his adopted family.

Bobby's adopted family is recovering along with him. They are grateful that they have a service resource that understands what they are going through and that treatment is helping. His family lives close by and calls or visits Bobby every day, helping with homework, meals and ensuring he does his chores and follows the rules that are identified to correct and modify his behavioral tendencies. Bobby attends elementary school and the GIFT service team and his family work together with his teacher and the administration to ensure consistency and that everyone is informed with respect to his treatment and their complementary roles at home and in school.

Bobby's adoptive mother says, “We love Bobby very much, but love is not enough and his being at the GIFT home is a blessing. I don't know where we would be without the home and the staff. Our goal is to increase Bobby's attachment to us, improve his accountability for his actions and their effects on others, and to work with him to try and correct and modulate his everyday behavior so that we can live a more normal life when he comes home. We don't know when he can come home yet, but we have a clear plan that guides us day by day and faith that it won't be too far in the future.” With the family's love, and support of the GIFT home staff, we at AMHC hope that day will come soon.



DAVID

a second chance for a better life

In just 10 short months, David has begun to turn his life around. Born with severe epilepsy, it wasn't until the age of 24 that David had surgery to repair the part of his brain that caused the seizures, which had plagued him all his life. Recovering from his surgery, David was left with memory loss, an inability to focus and make good decisions, and poor social and communication skills. Unable to work and dependent on disability income, during his recovery from surgery David became addicted to the painkillers he was prescribed, which led to addictive use of various other drugs and to two drug-related arrests.

Following the second arrest, David was court-referred to AMHC for mandated substance abuse treatment as a pre-sentencing condition. When he first came into treatment he was unemployed and didn't have a driver's license. All of which affected his ability to maintain a relationship with his former girlfriend and provide for his newborn child. As such, improving his relationship, getting a job, and dealing with his substance abuse and depression were all identified as treatment goals. He wasn't in treatment for more than a few weeks, however, when his substance abuse and mental health counselors identified that due to his history of seizures and brain surgery, he was an excellent candidate for AMHC's new Center for Integrated Neuro-Rehab. Working collaboratively with the substance abuse and mental health counselors, the Neuro-Rehab team were able to develop a complementary treatment plan that would help him achieve his treatment goals and improve his ability to remember things, make better decisions, foster more effective social and communication skills, and develop a step-by-step plan to attain gainful employment.

Now fast forward 10 months from when David first came into treatment. The progress that David has made is remarkable. Once his substance abuse and mental health treatment was coordinated with Neuro-Rehab services, David improved his decision making, memory and social skills; he now communicates more effectively; he has made new friends; and significantly, he has stayed clean and sober. David has gotten his driver's license back, has his own vehicle, and is studying to become an automobile mechanic. David values all of the guidance and support he has received from his treatment team and gives them all a lot of credit for helping him achieve his success, indicating that they are "awesome!"

If David stays clean and sober, and continues to maintain his many positive gains, the drug charges will be dropped when he goes back to court in a few months. Best of all for David, he takes his second chance at a better life seriously and he's working at being the best dad he can be to his son.

Once his substance abuse and mental health treatment was coordinated with Neuro-Rehab services, David improved his decision making, memory and social skills.



JIM

recovering day-by-day

Every Tuesday afternoon, eight people meet in a substance abuse treatment group focused on wellness and recovery to gain strength and support from other group members. The group is for individuals in long-term recovery and was developed as a supportive therapeutic group to complement AMHC's Opioid Replacement Therapy (ORT) clinic services. All members of the group have been in recovery for a period of time, ranging from as few as 8 months to 3 years of sobriety. Led by a substance abuse counselor, the group meets for two hours and during this time individuals are encouraged to provide and accept support through sharing the highs and lows of the week and to work on problem solving and developing skills and strategies to stay clean and successful in recovery, one day at a time.

With more than 3 years of sobriety under his belt, Jim, 35, recalls that he was one of the founding members of the group when AMHC started it a couple years ago. According to Jim, "I am here every week. The group is like family and we look out for one another. My life is more secure now. I have a loving girlfriend, two wonderful sons, a good job, and a nice apartment. My mother is proud of me." It wasn't always that way though.

Jim started drinking and smoking marijuana when he was 15. He doesn't remember there being much peer pressure to do it and admits, "I was the peer pressure when it came to using. I was really into rock and roll and it seemed like the thing to do." He says he had a good home life with his mother and sisters, but his parents divorced when he was 3 and his father, who Jim indicates is an alcoholic, moved out of state. Although he's always been close with his mom and sisters, he didn't spend a lot of time with his father while growing up.

When Jim graduated from high school in 1995, he had had a girlfriend, a supportive family and he got a good job as a cook. He was also a high functioning alcoholic. But by 1999, he lost his license for 90 days due to a DUI charge. After that, he did not get his driver's license back and over the next 6 years, his life spiraled down into a haze of drinking and drug use. His girlfriend often joined him and even though they had a son in 2002, it didn't stop the drug use. The bottom came quick when Jim started shooting Oxycontin. "I went from a 3 bedroom trailer to a hotel room. I lost my family, everything but my job. My boss was loaning me money and over time more and more of my paycheck was going to drugs. He warned me that he heard that someone was going to report me and my girlfriend to the Department of Health and Human Services because we were living in a hotel and doing drugs with my son around. I wouldn't have blamed them. Then my girlfriend and son moved out and went to live with her mother. I was separated from my family for a year before I finally decided to get help in 2005."

Jim detoxed at a hospital downstate for 10 days and then went into sober living and outpatient treatment at a half-way house program for 60 days. After relapsing a couple times, he came back to Aroostook and entered into outpatient treatment with AMHC, starting with ORT. Today, his life has turned around. He has reunited with his girlfriend and has two sons now; they also have good jobs and a nice apartment. Jim continues to participate in the ORT service where he benefits from a coordinated treatment plan that includes regular meetings with his psychiatrist to ensure that his medication is working, attending the wellness group, and seeing a new primary care physician—who is encouraging him to quit smoking. "It's hard to quit smoking. I have a new doctor and I plan to start working on it." We have faith that Jim will be working on staying well and recovering, day-by-day.

"The group is like family and we look out for one another. My life is more secure now ... I have two wonderful sons ... My mother is proud of me."

SENIOR LEADERSHIP TEAM

- Wesley R. Davidson, CSW-IP
Chief Executive Officer
- Gregory P. Disy, LCSW
Chief Operations Officer
- Dinah Tungol, MD
Medical Director
- Lorraine Chamberlain, LCSW
Director of Outpatient Operations
and Emergency Services
- Christine Y. Brown, LCSW
Program Director
- Peter G. McCorison, LCSW, LADC
Program Director
- Tamara Player, LCSW
Program Director
- Jennette Hitchcock, LCSW
Director of Quality Management
- Jamie D. Owens, MSB
Director of Marketing
and Development
- John Thibodeau
Chief Financial Officer
- Charles Collishaw
Director of Human Resources
and Personnel Services



BOARD OF DIRECTORS

- | | |
|---|---|
| President: Athill Hebert Retired from TD Banknorth-Commercial Department | Rachel Albert, PhD, RN Vice President of Academic Affairs University of Maine at Fort Kent |
| Vice President: Fred Putnam Retired from the Department of Human Services | Ervin MacDonald Retired Educator |
| Treasurer: Dan Foster Town Manager Town of Fort Fairfield | Richard Marston Retired from Fraser Papers, Inc. |
| Secretary: Betsy York District Librarian Central Aroostook Jr/Sr High School | Frank McElwain Superintendent of Schools Caribou School Department |
| | Peter Sirois Associate Director Northern Maine Medical Center |

Front row, AMHC executive leadership left to right: Gregory P. Disy, AMHC COO; Wesley Davidson, AMHC CEO; and John Thibodeau, AMHC CFO. Back row, board members left to right: Athill Hebert, Peter Sirois, Rachel Albert, Richard Marston, and Ervin MacDonald. Board members absent from photo: Fred Putnam, Dan Foster, Betsy York, and Frank McElwain



SERVICE AWARDS

5-YEAR SERVICE AWARDS

- Daniel Corey**
Peer Support Counselor
HELPLine/ACSU
- Susan Deveau**
Community Support Counselor--Mental Health
Houlton Outpatient Office
- Tamara Goodrich**
Administrative Support Specialist (Outpatient)
Houlton Outpatient Office
- Mary Grice, LCSW**
Quality Management Specialist (Clinical)
Fort Kent Outpatient/Central Administrative Office
- Betty Hendrickson**
Rehabilitation Technician
Center for Integrated Neuro-Rehab (CINR)
- Lois Levasseur**
Substitute Staff Resource Team Counselor
Central Administrative Office
- Nancy Putnam**
Children's Behavioral Health Counselor
Houlton Outpatient Office
- Donna Tilley**
Substitute Staff Resource Team Counselor
Central Administrative Office
- Iva West**
Residential Counselor
Skyhaven

10-YEAR SERVICE AWARDS

- Travis Christie**
Administrative Support Specialist
HELPLine/ACSU
- Judith Feibus, LCSW**
Therapist/Consultant
Houlton Outpatient Office
- Terry Guerrette**
Administrative Assistant
Central Administrative Office
- Ann Hull**
Administrative Support Specialist--Access Center
Central Administrative Office
- Lori Ann Kilcollins, LCSW**
Therapist/Consultant
Caribou Outpatient Office/CCSU

15-YEAR SERVICE AWARDS

- Pam Hubbard**
Benefits/Payroll Specialist
Central Administrative Office
- Paula Perfitt, OQMHP-C, MHRT-II**
3/5th Community Support Counselor--Mental Health
Houlton Outpatient Office

20-YEAR SERVICE AWARDS

- Rose Cote**
Administrative Assistant--Fraser EAP (Retired)
Madawaska Outpatient Office
- Paulette Garrison, MHRT-I, MHRT-II, MHRT-CSP**
Emergency Service Specialist
HELPLine/ACSU
- Andrea Kjenstad, LADC, LSW, MHRT-II**
Substance Abuse Counselor (Residential Treatment)
Residential Treatment Facility
- Ronald Thibodeau**
Assistant Director of Personnel Services
Central Administrative Office

25-YEAR SERVICE AWARD

- Lorraine Chamberlain, LCSW**
Director of Outpatient Operations
and Emergency Services
Central Administrative Office

30-YEAR SERVICE AWARD

- John Thibodeau**
Chief Financial Officer
Central Administrative Office



AMHC TEAM RECOGNITION

Access Center Team for their exemplary dedication to improving timely client access to AMHC outpatient and residential treatment facility services.

ACSU/HELPLine Team for their outstanding work improving client access and utilization of Adult Crisis Stabilization Services while providing back-up support to other AMHC service sites.

AMHC High Performing Team (HPT) Coaches for their commitment to AMHC, dedication to our mission of service, and outstanding work providing HPT coaching supports and guidance to AMHC's self-managed teams.

Grand Isle Family Treatment Home Team for going above and beyond to meet the reunification needs of Maine children and families.

Caribou ORT Team for their consistent dedication addressing the substance abuse needs of the community and working to provide integrated services within the ORT clinic.

St. John Valley-IOP Team for their dedicated efforts in improving access to intensive outpatient services through the use of telehealth technology.

Therapeutic Foster Care/Targeted Case Management Team for their demonstrated commitment to supporting the Grand Isle Family Treatment Home in achieving its mission to serve Maine children and families seeking reunification.

AMHC COMMUNITY RECOGNITION

Vernon Ouellette of the Aroostook County Emergency Management Agency for his consistent dedication to working with AMHC to ensure that Aroostook County's behavioral health service needs are responded to immediately in times of community crisis.

Randy Browne of DHHS for his commitment in working with AMHC to eliminate barriers and improve services for children and families at risk who are in need of behavioral health services.

The Aroostook Medical Center (TAMC) for its commitment to working collaboratively with AMHC to provide behavioral health assessment and consultation services for TAMC patients.

Judge Bernard O'Mara, Maine District Court, for his collaborative work with AMHC and his support of individuals in need of substance abuse treatment.

Community Health and Counseling Services for its commitment to working collaboratively with AMHC's GIFT Home to meet the needs of children and families in need of intensive reunification services.

2007-2008 REVENUE

Fee for Service (FFS)

| | |
|-------------------------------|-------------|
| Private Sector Funding | |
| [1] Self-Pay | \$425,595 |
| [2] Other FFS | 810,512 |
| [3] Insurance | 706,280 |
| Public Sector Funding | |
| [4] DHHS | 7,861,094 |
| [5] Federal | 132,804 |
| Percent of Total Revenue: 80% | \$9,936,285 |

Grants/Contracts

| | |
|---------------------------------|-------------|
| [1] DHHS | \$1,868,565 |
| [2] DHHS Detox Benefit Program* | 229,336 |
| [3] Other Grants | 416,904 |
| Percent of Total Revenue: 20% | \$2,514,805 |

REVENUE TOTAL \$12,451,090

2007-2008 EXPENSES

Expenses by Program

| | |
|----------------------------------|-------------|
| [1] Mental Health | \$4,983,700 |
| [2] Substance Abuse | 1,484,860 |
| [3] Community Support | 3,203,242 |
| [4] Emergency Services | 1,757,686 |
| [5] Speech and Language Services | 786,076 |
| [6] DHHS Detox Benefit Program* | 235,526 |

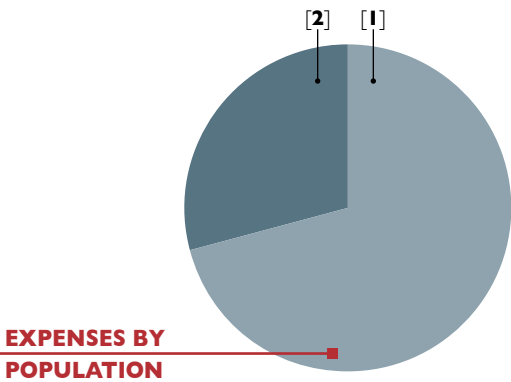
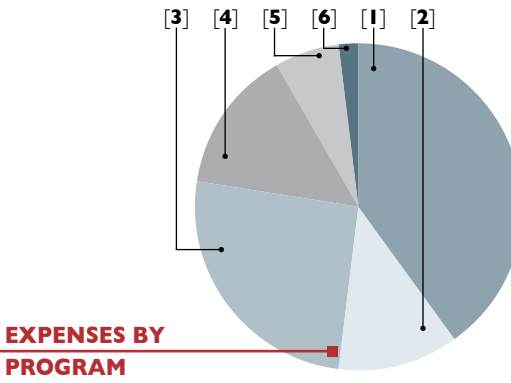
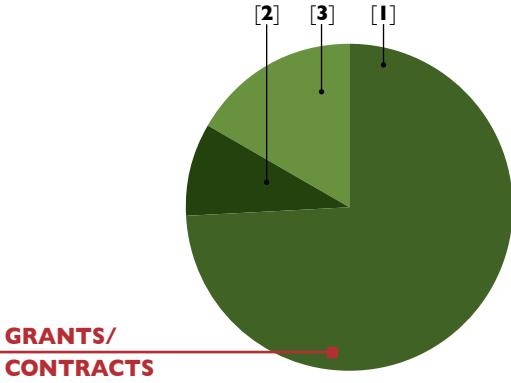
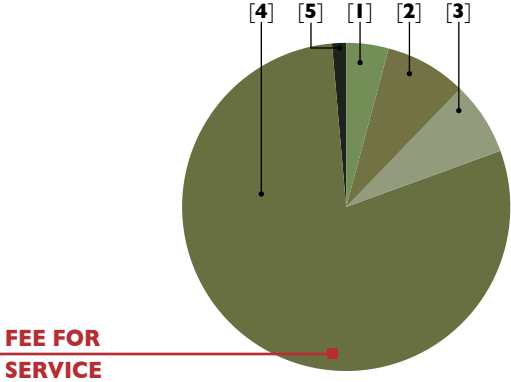
EXPENSES TOTAL \$12,451,090

Expenses by Population

| | |
|--------------|-------------|
| [1] Adult | \$8,826,364 |
| [2] Children | 3,624,726 |

EXPENSES TOTAL \$12,451,090

*This benefit is offered to Region III Counties including: Aroostook, Hancock, Penobscot, Piscataquis, and Washington



2007-2008 CLIENT SERVICES

Total Individual Clients Served 4,955

| | |
|-----------------|-------|
| Clients by Age | |
| [1] Up to 20 | 1,356 |
| [2] 21-60 | 3,179 |
| [3] 61 and over | 420 |

| | |
|-------------------|-------|
| Clients by Gender | |
| [1] Male | 2,590 |
| [2] Female | 2,365 |

Total Clients for all Programs* 5,158

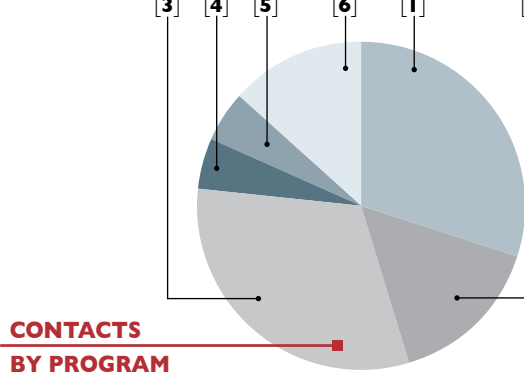
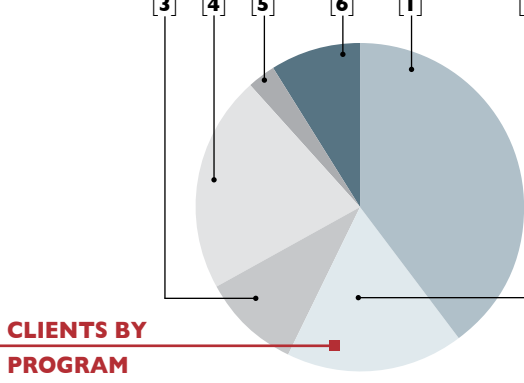
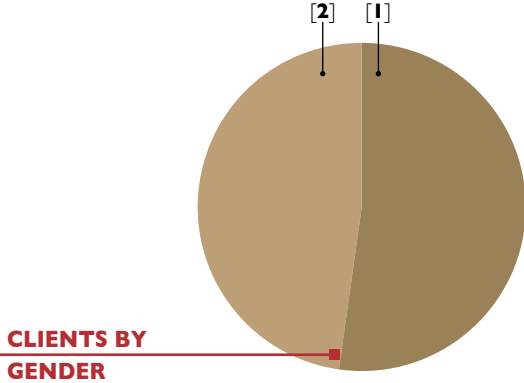
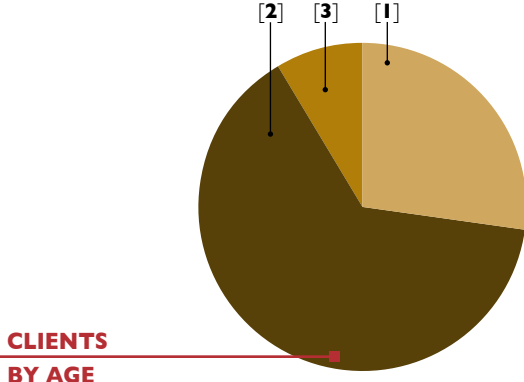
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|----------------------------------|-------|
| [1] Mental Health | 2,061 |
| [2] Substance Abuse | 891 |
| [3] Community Support | 511 |
| [4] Emergency Services | 1,100 |
| [5] Speech and Language Services | 146 |
| [6] Co-occurring Services | 449 |

Total Contacts by Program 65,451

| | |
|----------------------------------|--------|
| [1] Mental Health | 19,718 |
| [2] Substance Abuse | 10,044 |
| [3] Community Support | 20,587 |
| [4] Emergency Services | 3,127 |
| [5] Speech and Language Services | 3,295 |
| [6] Co-occurring Services | 8,680 |

*Reflects clients receiving duplicate services.

It is the policy of AMHC that no person shall on the grounds of race, color, national origin, ancestry, religion, gender, age, physical or mental disability, or other classification that is protected by Federal law or by Maine State law be discriminated against in any access to and provision of services or the privilege of employment in the agency's programs. Nor shall any person be discriminated against by AMHC on the grounds of sexual orientation.





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