



ANNUAL REPORT 2020

Making a difference in your community every day.

Photo by Paul Cyr

LETTER FROM OUR LEADERSHIP



Ellen Bemis, CEO



Ryan Pelletier, Board Chairman

As we reflected on this year's letter to the community, we considered how many organizations will report on 2020 being a year like no other and how the challenges at times seemed insurmountable. While we felt this at AMHC as well, what is also clear is the resiliency of our team during this time of uncertainty and change.

We are so impressed by our staff and how quickly everyone pulled together to problem-solve and create contingency plans. As a result, our clients continued to receive the services they need. The pandemic caused many obstacles, but we never lost sight of our mission to provide critical behavioral healthcare services to the people of Aroostook, Washington, and Hancock counties. For our organization, COVID-19 prompted a paradigm shift in service delivery that has made us stronger. We have taken every opportunity to reach our clients by any means possible to make sure they feel supported during this difficult time. This included growing and expanding program and service offerings. We are pleased to share the following highlights from 2020.

AMHC was recognized by Iris Telehealth, a national telepsychiatry group, for its quick adaptation to telehealth for the majority of our clients. In June 2020, community health clinics across the United States reported a 43% drop in the number of client visits during the quarantine. However, AMHC amplified its use of technology during COVID-19, which resulted in a 20% increase in client visits.

In March 2020, when Maine's Governor Mills issued a mandatory quarantine, the agency quickly responded by adding an additional 80 HIPPA-compliant Zoom accounts in order for providers to continue client visits. Transportation in rural Maine is a major barrier for many individuals receiving services. AMHC experienced a significant decrease in no-show or cancellation rates due to our clients' ability to access their provider through telehealth.



AMHC's Residential Treatment Facility (RTF) is celebrating its 45th anniversary. Affectionately known as "The Farm" the RTF is located in Limestone, Maine. Staff members planned special activities throughout the anniversary year including (left to right) Stacie Holton, Rebecca Fournier, Gabriel Brown and Keith Trudel.

The agency has expanded, or is in the process of expanding, services in several ways:

- Our Residential Treatment Facility (RTF) is celebrating its 45th anniversary this year. Located in Limestone and commonly referred to as "The Farm," RTF is the only 28-day substance use treatment facility in the State of Maine serving both men and women ages 18 and older. During their anniversary year, RTF started a gardening project to help support residents in their understanding of growth in recovery. Since opening in 1975, RTF has supported up to 150 individuals per year in their recovery journey.
- AMHC was awarded a new contract with the Maine Youth Access Network to enhance our prevention services in Aroostook County. In addition, our sexual assault services received an increase in funding to improve program impact and visibility. As a result, the senior leadership team determined that this was the right time to bring on an additional program director. We were very pleased to have Julia Miller join our Senior Leadership Team in May 2020.
- Suicide Prevention Awareness is more important than ever, and we are grateful to the United Way of Aroostook for assisting us with expansion efforts across Aroostook County. In addition, AMHC received a State of Maine contract to provide Youth and Family Navigator services in Aroostook, Washington, and Hancock counties for those youth who are at higher risk for suicide.
- The pandemic has hit individuals in recovery particularly hard. Because substance use in Washington County is higher than any other county in the State, AMHC has partnered with the State of

Maine and other organizations to pilot a project to offer the Washington County Information and Referral Line. Available 24/7, anyone involved with those challenged by substance use can call the referral line and receive immediate access to information and resources.

- AMHC was honored to receive a \$200,000 Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Planning grant in September 2020. This 18-month project aims to reduce the morbidity and mortality of opioid use disorder. AMHC will work with a consortium, including healthcare, law enforcement, tribal, and social service leaders, to improve the capacity and infrastructure of prevention, treatment, and recovery services in Aroostook County.

In closing, we would like to thank all staff for their hard work and commitment during this unprecedented time. Equally important is our dedicated board of directors who continue to meet monthly and help us navigate these uncharted waters. It is our privilege to work with each of you and our community members to provide the best possible behavioral health services offered in our state and beyond.

With gratitude,



Ellen Bemis
Chief Executive Officer



Ryan Pelletier
Board Chairman

BOARD OF DIRECTORS

Ryan Pelletier, Chairman
Aroostook County Administrator
Caribou, Maine

Tanya Sleeper, RN, Vice Chairman
Assistant Professor of Nursing
University of Maine at Fort Kent
Caribou, Maine

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MSAD #20 (Fort Fairfield)
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Clergy
Fort Fairfield, Maine

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Retired Banker
Caribou, Maine

Richard Marston
Retired Businessman
St. Agatha, Maine

Al Martin
Human Resources Manager
Twin Rivers Paper Company
Madawaska, Maine

Traci Peabody, RN
Emergency Department Nurse
Manager, Houlton Regional Hospital
Houlton, Maine

Peter Sirois
Chief Executive Officer
Northern Maine Medical Center
Fort Kent, Maine

SENIOR LEADERSHIP TEAM

Ellen Bemis, CPA
Chief Executive Officer

Jennette Hitchcock, LCSW
Chief Operations Officer

Christy Daggett, MPP
Chief Financial and
Administrative Officer

Christine Brown, LCSW
Program Director of Community
Integration Services

Lorraine Chamberlain, LCSW, CCS
Program Director of Integration
and Behavioral Health, Aroostook
County

Clement Deveau, LCSW, CCS
Program Director of Behavioral
Health Services, Washington and
Hancock Counties

Michelle Ferris, LCSW
Program Director of Emergency
Services

Debra Jacques
Director of Marketing and
Development

Julia Miller
Program Director of Prevention
and Sexual Assault Services

CHILDREN'S CRISIS STABILIZATION UNITS



AMHC would like to express its thanks to local organizations that provided funding to support our children's crisis stabilization units. In Aroostook County, County Federal Credit Union's gift of \$2,000 allowed the agency to purchase new playground equipment. We are also grateful to Aid for Kids who donated six new dressers, one for each bedroom of the unit. In addition, Machias Savings Bank contributed \$500 toward the purchase of new sports/outdoor equipment for our unit in Washington County.



Outside play is critical to mental health and was even more significant this year. "During the first months of COVID-19, visits by families and others were restricted to virtual meetings," explains Michelle Ferris, AMHC Program Director of Emergency Services. "It was extremely difficult for the children we serve, making it even more important to provide healthy outlets for them to be active and to play. We are grateful for the donations that helped us make a difficult situation a little easier."



Serving up to 200 children each year, AMHC's Children's Crisis Stabilization Units (CCSU) in Aroostook and Washington counties provide short-term crisis stabilization and referral(s) to community resources. Open 24/7, 365 days a year, the goal of the units is to help youth and families stabilize their situations and return to a pre-crisis level of functioning. Services include individual, group, and family counseling to address the issues that contributed to the crisis. Case review meetings occur on-site in order to work closely on a treatment plan with other providers, and crisis counselors provide information and resources to families to access once the child is discharged to the home.

"AMHC CCSU approaches each family's crisis as unique to that family," says Ferris. "As such, we work from a perspective that seeks to meet the individual mental and behavioral health needs of the child and their family. Many families have been able to successfully remain together in the community with the support of outpatient services and avoid higher levels of care such as psychiatric hospitalization, residential care, or incarceration. CCSU services create life-altering moments where timely intervention keeps a family together in a healthy way."

AMHC CCSUs are located in Fort Fairfield (Aroostook County) and Calais (Washington County). More information can be obtained by calling the AMHC Access Center at 1-800-244-6431.



CRISIS CARE COORDINATION FOR CHILDREN



The Children's Crisis Care Coordination team includes (l to r) Child and Family Crisis Support Specialists Rick Bragg and Melissa Sanders, and Jim Cyr, LCSW, Therapist-Consultant.

Earlier this year, AMHC was approached by the State of Maine's Department of Health and Human Services (DHHS) to pilot a program known as Crisis Care Coordination for Children (CCC). The local hospital emergency room is often the place children experiencing a mental health crisis are taken for care. A review of data found that children from Aroostook and Washington counties may languish in the emergency room for up to 10 days before being admitted to an appropriate service.

The first step is having a child assessed in the emergency room by an AMHC Mobile Crisis Provider. Depending on their level of crisis, if appropriate, they will be referred to the CCC program, which provides 45–60 days of short-term intervention overseen by Jim Cyr, LCSW, AMHC Therapist-Consultant. The goal is to reduce wait time in the hospital from several days to no more than 10 hours.

"Trained crisis providers go to the youth's home to work with both the child and family," said Cyr. "The

CCC pilot is intended to be layered with other home community-based services and/or be the interim program that supports the family until other services can be set up. The State recognized the need for more intervention services, and we are excited to see how the pilot will more quickly assist children in crisis."

The needs of each family differ, and staff is ready to assist in whatever way the child and family requires for support. While there are many causes that lead to a child being in crisis, common reasons include thoughts or attempts of suicide, thoughts of violence toward themselves or others; a breakdown in family relationships; and other psychiatric and behavioral issues. "The resources provided by this pilot will allow us to de-escalate the challenge(s) and more quickly move to the intervention process," shared Cyr.

CCC also supports children who have been discharged from a more intense level of service (residential, psychiatric, etc.) and need extra support as they integrate back into their community and home. "Our focus is to ensure the children we serve are set up for success," explained Cyr, "and that they have the resources that help prevent families from thinking the emergency room is their only option."

The pilot launched in September 2020 and serves children from birth to age 18. In closing, Cyr said: "We're building this program from the ground up to include collecting data that may offer insight on how children's services are currently offered and opportunities for improvement. AMHC is grateful to be part of this effort."

MAKING A DIFFERENCE

Tim* is a typical seven-year-old boy. He likes to play, loves his family pets, and enjoys video games. Tim has been in foster care for several years with the same family, which includes mom, dad, and several siblings. In the last few years, Tim has struggled with behavioral challenges that required him to have frequent short-term stays at the Children's Crisis Stabilization Unit (CCSU) in Fort Fairfield. A new pilot project, Crisis Care Coordination for Children (CCC), is a partnership between the State of Maine and AMHC to help reduce delays for children in need of services and/or the level of service required. Due to Tim's frequent stays at the Children's Crisis Stabilization Unit, he was deemed an ideal candidate for CCC.

The CCC staff has worked with Tim and his family in their home for several weeks providing tools and resources that help mom and dad develop new patterns of behavior. For example, it is not always easy for a little boy to identify the emotions he is experiencing. CCC staff provided Tim with a visual tool to help him better express how he is feeling, which in turn helps mom and dad know better how to respond to his needs. Learning new skills takes time, but Tim and his foster parents are embracing the positive changes and see a brighter future together. *name changed to protect privacy

ADULT RESIDENTIAL TREATMENT FACILITIES

*"I am happy to be here and I want to get ready to live on my own again."
Madawaska Group Home Resident*



(l to r) Brittney Beaulieu, Parise Dionne, and Brianna Boulier (not pictured) create educational boards for the residents at Madawaska Group Home. Their "Fall into Healthy Habits" display encourages residents to be mindful of the sugar and calories consumed during the holidays.

For more than 40 years, AMHC has been providing residential services to individuals with severe and persistent mental illness at two group homes in Aroostook County. Madawaska Group Home (MGH) in Madawaska and Skyhaven Transitional Facility in Presque Isle together offer rehabilitative services to 17 residents, ages 18+.

"Since the opening of the homes, AMHC has provided hundreds of individuals with a safe, structured living setting," shared Christine Brown, Program Director of Community Integration. "The homes are a place in which residents work on their personal goals tailored to their specific needs."

Each home has a dedicated staff that provides services 24/7. The fundamental philosophy of a group home is that each resident's choice and voice is paramount to their rehabilitation. "At AMHC, we support the understanding that the staff

comes to work to support the residents in their home rather than the resident is living in the team's place of work," explained Jamie McClay, Residential Services Manager for Skyhaven and MGH. "This is an important distinction in residential group homes that helps ensure the respect and dignity of the individuals living there."

Residents learn how to function independently by working with staff to increase their skills and abilities in the daily responsibilities of household living and improve their overall health and self-care. Staff also supports residents in fostering interpersonal relationships as well as developing and/or expanding personal interests and talents. "This is done through daily community living supported by focused individual counseling and group sessions," said McClay. "Residents are encouraged to contribute to the planning of activities, groups, and creative events. Also important, both homes value fun, as evidenced by a high investment in celebrations and entertainment."

Residential Homes and Adult Behavioral Health Home Services (BHH) interface for a powerful synergy.

An AMHC service known as Adult Behavioral Health Home (BHH) is comprised of a Nurse Care Manager, Health Home Coordinators and Peer Support Specialists. The team supports individuals having a serious mental illness and co-occurring medical problems to effectively manage their conditions and improve their overall wellness. The program serves community members throughout Aroostook and Washington counties, including individuals living in AMHC's group homes.

The BHH Health Home Coordinator works in tandem with the residential staff around each person's planning efforts for optimal integration into the community setting of their choice once discharged from the group home. For example, Beth* is in her 50's, has an extensive history of serious mental illness and lived in a group home for many years. The residential and BHH teams worked together to support her goals to function independently and help her learn how to take care of her medical and mental health needs. Last year Beth took that first step by moving to AMHC's Caribou Apartments, a partially independent housing community. As the BHH team continued to work with Beth, after several months she moved to fully independent living in her own apartment and is doing very well.

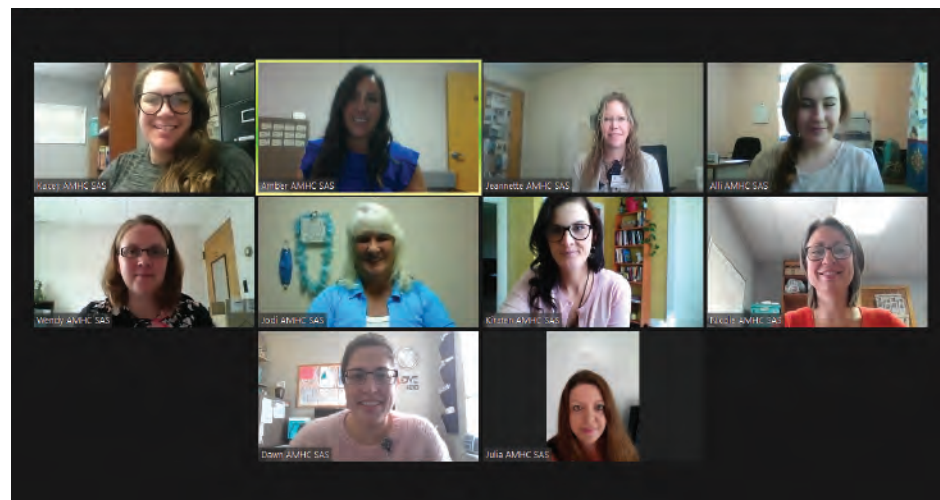
**name changed to protect privacy*

SEXUAL ASSAULT SERVICES & CHILDREN ADVOCACY CENTERS

AMHC Sexual Assault Services (SAS) has been providing services to individuals affected by sexual violence since 1984. Located throughout Aroostook, Washington, and Hancock counties, advocates promote healing, wellness, and emotional support to all affected by sexual violence through advocacy, education, and prevention.

AMHC SAS is funded through the Maine Coalition Against Sexual Assault (MECASA). Last year, additional funding allowed SAS to expand staffing and programming efforts. “In the past year, our advocates have supported 296 clients,” explained Julia Miller, Program Director of Prevention and Sexual Assault Services.

Part of the programming under AMHC SAS includes the Aroostook Children’s Advocacy Center (ACAC) and the Downeast Children’s Advocacy Center (DCAC), which is part of a larger system of CACs throughout the State of Maine. CACs are committed to minimizing the trauma that may be caused by the intervention systems following an allegation of sexual abuse. The ACAC was established in 2018, and the DCAC is in progress with a potential opening date of January 2021. Both CACs are a welcomed resource for the three counties they serve because otherwise, individuals would be traveling to another part of the state for this much-needed service. AMHC Sexual Assault Services Advocates can be reached by calling the 24-hour Sexual Assault Helpline at 1-800-871-7741. Text and chat is also available Monday through Friday from 8:00 a.m. to 11:00 p.m. Calls, texts, and chats are free and confidential. For more information, visit AMHC Sexual Assault Services at www.amhcsas.org



MAKING A DIFFERENCE



In 2014, Patty* recognized her deep despair had turned dangerously suicidal. It took great courage for her to reach out to a therapist and begin the long journey of dealing with a secret she had been carrying for 25 years. At that time, Patty was working overseas when she was sexually assaulted by a man with more seniority than her. It was her word against his, and she never reported it. Instead, she tried to get as far away from her supervisor as she could. It took months to return to the United States, and in the meantime, Patty learned she was pregnant. While she couldn’t imagine bringing a child into the world that had been conceived through rape, the feelings of guilt and shame for having an abortion nearly destroyed her.

Patty’s therapist encouraged her to seek support through AMHC’s Sexual Assault Services (SAS). SAS staff described Patty as very guarded and unwilling to share, but she kept coming. In the following months, as Patty opened up, SAS staff and her support group helped validate her feelings, and she began the slow process of healing. Five years later, Patty is thriving. She is active in her community and is particularly passionate about supporting veterans and youth. Her SAS support team connects with her three times a year as they help her through the painful dates associated with her assault, the abortion, and the approximate date her baby would have been born. Today, Patty shares her story with others to let them know that AMHC SAS supports individuals who have been sexually assaulted regardless of when the assault occurred—it’s never too late. **name changed to protect privacy*

AROOSTOOK COUNTY JAIL



(l to r) Sgt. Shanna Morrison, Raymond Demko, Christina Omvlee, Mark Nelson, and Regina Spencer

AMHC is pleased to partner with the Aroostook County Jail (ACJ) to offer services to inmates affected by substance use disorders. “We estimate 90% of individuals who are incarcerated experience challenges with chronic health conditions such as substance use disorder,” explained Lorraine Chamberlain, Program Director of Behavioral Health and Integration. “Our goal is to help provide services that will support their efforts to engage in a recovery driven lifestyle once they are released.”

During the intake process, the on-site medical staff and AMHC staff will screen each individual for all health conditions. The screening addresses their medical history and what services they may benefit from, including the need for mental health, sexual assault, and substance use services.

Christina Omvlee, AMHC Substance Use Disorder Counselor, spends the majority of her week at the Aroostook County Jail assisting individuals. “It is incredibly difficult to break free from any addiction,” shared Omvlee. “The list of barriers can be long, including a lack of coping skills and changing the people, places, and things that pull you back into using again. We may not be able to ‘fix’ people, but we work hard to offer tools and resources that can put them on the right path. Each day I remind myself that today I am making a difference in someone’s life.”

AMHC Substance Use Disorder Counselors, Aides, and Substance Use Peer Recovery staff offer several opportunities to gain a better understanding of how substances have affected their lives. Groups such as “Breaking Free,” Open Group services for both men and women, as well as MAT services and peer recovery programming options are available. Each service is specific to the individual that will focus on understanding their addiction and be able to build coping skills, learning to identify one’s stress triggers, and learning more information about resources available in the community to help them on their recovery journey.

In July 2020, a Medication-Assisted Treatment (MAT) clinic was fully implemented in the jail. MAT Induction is when an individual suffers from an Opioid Use Disorder (OUD) and is determined to be an appropriate candidate for suboxone, a prescription medication used to treat adults with OUD. An individual who begins MAT in the jail is then set up for resources in the community of their choice. A counselor or aide also provides follow-up for 30 days post-release to encourage individuals to follow their treatment plan and attend their appointments. Care coordination is critical to bridging the individual back into the community. The goal is to maintain the skills gained in jail and have them used successfully in the community.

Individuals attending a MAT clinic at AMHC outpatient offices are required to see a provider in person or by telehealth, receive a drug screen weekly, attend support groups and have access to substance use peer recovery services. Participation in other services offered through peer recovery centers is also encouraged.

“It’s important to remember that those who are involved in the criminal justice system may have suffered trauma, neglect and/or abuse,” said Chamberlain. “No one says, ‘When I grow up I want to be an addict.’ Our role is to meet them where they are at, and sometimes a fresh start begins in jail.”

BUCKSPORT REGIONAL HEALTH CENTER



Holistic, integrated healthcare is something AMHC and Bucksport Regional Health Center (BRHC) have been partnering together on since 2015, and it has transformed the way BRHC patients receive their services. “Primary care, dental care, and behavioral health care all happen under

the same roof,” explained David Harlan, LCSW, AMHC behavioral health provider. “This innovative model of service delivery allows for physical and behavioral health services to occur simultaneously.”

BRHC’s main campus is located in Bucksport with a satellite campus in Ellsworth. Providers at both sites work in close proximity, making the referral process seamless. “After 43 years of providing services, I believe this model creates a great experience for patients,” said Harlan. “When medical, dental, and behavioral health providers are physically located down the hall from one another, it means we are easily accessible to seek advice regarding the needs of our patients.”

Doctors (medical and dental) attend staff meetings with behavioral health providers to discuss cases where they believe a mental health professional can help (all patient information is de-identified). When a referral is made, there is an opportunity for both providers to meet with the client. This “warm hand-off” allows for introductions and reassures the client that they are all part of the treatment team.

The behavioral health team has grown from three full-time licensed clinicians to seven, and increased

capacity means the team is always ready to accept a new referral. Clients are even seen on Saturdays. David sees approximately 75 people per week, including those in group therapy. The team takes approximately 60 new referrals per month, and approximately one-third of the caseload is with individuals challenged by substance use disorder (SUD). Medication-Assisted Therapy for SUD was added several years ago, and there are about 120 active patients at any given time.

David has also created a “Pain on the Brain” program that helps patients manage their pain without the use of medications. “When a patient asks a doctor for a prescription for pain, in many cases, we are able to work together to find an alternative that allows the individual to manage pain without drugs,” explains Harlan. “This is significant in helping us reduce the morbidity and mortality of opioid use.”

One measure of client satisfaction is the rate of no-show/cancellations for appointments, which is less than 5% for AMHC/BRHC. In some cases, this is much lower than what other programs experience and speaks to this partnership's success. Harlan concluded, “we’re very proud of how AMHC and BRHC have come together to deliver services.”

MAKING A DIFFERENCE

Sara*, a Bucksport Regional Health Center patient, has not had an easy life. A series of poor choices led to her child being taken into custody by the State of Maine’s Department of Health and Human Services. Experiencing high anxiety, she asked her doctor for medication to help calm her. Instead, Sara’s doctor referred her to AMHC behavioral health provider David Harlan, LCSW, who works on site at BRHC. Recognizing her challenges with substance use disorder, David helped Sara with MAT (Medication Assisted Treatment) Induction.

She was then moved to a higher level of care at the DownEast Treatment Center and this was a turning point for Sara. By providing her a more intense treatment program, Sara had the additional tools and resources she needed to be successful. Her doctor continued to follow her progress carefully and after nine months she returned to BRHC clean and sober.

Two years later Sara is living a full life! She has been reunified with her child and has added a new little one to her family. To ensure her success, Sara remains on a once a month maintenance program. She is raising her children and grateful for the second chance she has been given, thanks to the integration of care that exists through a partnership between BRHC and AMHC.

**name changed to protect privacy*

STAFF RECOGNITION

5-YEAR SERVICE AWARDS

Gina Clark, BHP

School-Based Behavioral Health Professional
Calais Alternative School

William Costa, MHRT-CSP, LSX

Mobile Emergency Services Specialist
Ellsworth Outpatient Office

Julie Crocker Cramer

Administrative Support Specialist (Outpatient)
Calais Outpatient Office

Erica Cyr, CADC

Substance Use Counselor (Outpatient)
Caribou Outpatient Office

Marion Donahue

Administrative Support Specialist (Outpatient)
Presque Isle Outpatient Office

Samantha (Sam) Doughty

Administrative Support Specialist (Outpatient)
Presque Isle Outpatient Office

Tiffany Duchesneau, OQMHP-C, OQMHP-C-PNMI

Children's Behavioral Health Specialist
Calais Outpatient Office

Charlotte (Charlie) Hanning, MHRT-I

Adult Crisis Counselor
Adult Crisis Stabilization Unit (ACSU)

David Hodgkins, LCSW

Therapist-Consultant (Outpatient)
Calais Outpatient Office

Jennifer Johnson

Administrative Support Specialist (Outpatient)
Machias Outpatient Office

Alicia Lambert, MHRT-CSP

Mobile Emergency Services Specialist
Ellsworth Outpatient Office

Karen Levesque

Administrative Support Specialist (Outpatient)
Madawaska Outpatient Office

Devon McPhee, BHP

School-Based Behavioral Health Professional
Calais Alternative School

Judith-Eve Moulton, MHRT-CSP

Mobile Emergency Services Specialist
Fort Kent Outpatient Office

Tammy Pelletier

Credentialing Specialist
Central Administrative Office

Pamela Searles, OTR/L, CBIS

Neuro-Rehabilitation Services Manager
Center for Integrated Neuro-Rehab (CINR)

Karen Stevens, MHRT-CSP

Mobile Emergency Services Specialist
Calais Outpatient Office

Diane Vo, Psy.D.

Psychologist
Caribou Outpatient Office

Christina Wall, LCSW

Therapist-Consultant/Service Site Coordinator
Adult Crisis Stabilization Unit (ACSU)

10-YEAR SERVICE AWARDS

Amanda Brown, BHP

School-Based Behavioral Health Professional
Calais Outpatient Office

Amber Fitzpatrick, MHRT-CSP, OQMHP

Children's Crisis Counselor
Children's Crisis Stabilization Unit (CCSU)

Michele Fitzpatrick

Electronic Service Record Coordinator
Houlton Outpatient Office

David Kneeland, OQMHP-C, PNMI, MHRT-I

Residential Shift Lead,
Calais Residential Office

Ashley Pesek, LCSW, MHRT-CSP

Emergency Services Supervisor
(Hancock/Washington County)
Ellsworth Outpatient Office

15-YEAR SERVICE AWARD

Jason Cyr

Systems Analyst/IT Manager
Central Administrative Office

Christopher Ramsey, MHRT-CSP, MHRT-I

Adult Crisis Counselor, HELPLINE/ACSU

20-YEAR SERVICE AWARD

Christine Brown, LCSW, CCS

Program Director, Community Integration
Services, Central Administrative Office

Maria DuBois, MHRT-I, MHRT-C, MHRT-CSP

Mobile Emergency Services Specialist
Caribou Outpatient Office

25-YEAR SERVICE AWARDS

Kelly Scott, LADC, CCS, OQMHP-C

Substance Use Disorder Counselor (Outpatient)
Outpatient-Service Site Coordinator
Caribou/Presque Isle Outpatient Office

Michael Yarema, LADC

Substance Use Counselor
Residential Treatment Facility (RTF)

35-YEAR SERVICE AWARDS

David Harlan, LCSW

Therapist-Consultant (Outpatient)
Ellsworth Outpatient Office

Al Whitten, OQMHP-CR, LSW, MHRT-CSP, MHRT-C

Children's Crisis Counselor
Children's Crisis Stabilization Unit (CCSU)

40-YEAR SERVICE AWARDS

Karen Dube

Administrative Support Specialist (Outpatient)
Madawaska Outpatient Office

David Goodrich, LCSW

Therapist-Consultant
Houlton Outpatient Office

AMHC recognizes **34** staff
for length of service in 2020.
Altogether these individuals
have provided **415** years of
service to AMHC and we
celebrate this tremendous
accomplishment!

IMPACT REPORT

MISSION

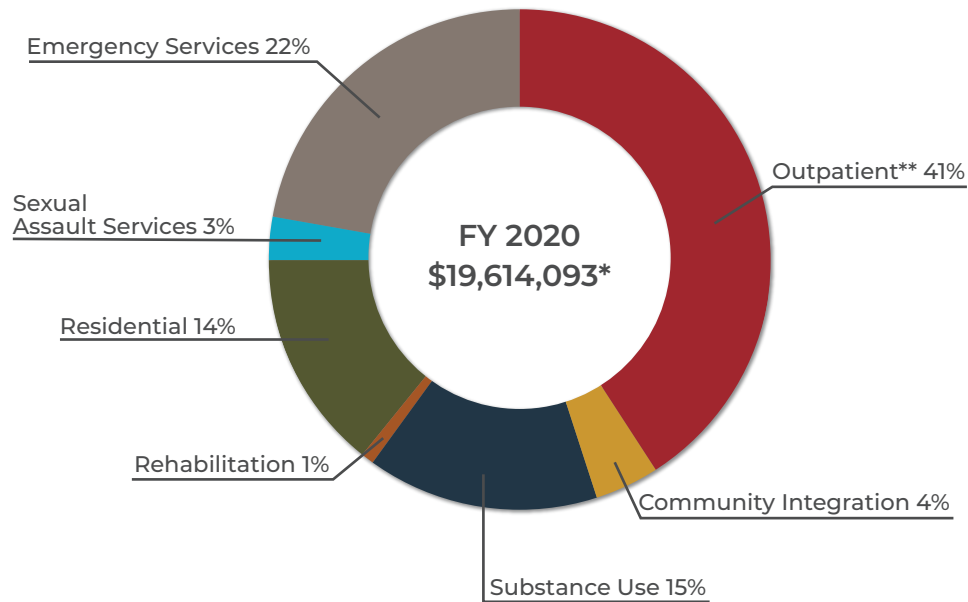
To provide integrated healthcare services that maximize an individual's potential to recover and improve their quality of life.

VISION

To improve the well-being of our community.

PURPOSE

To offer comprehensive mental health, substance use, crisis and sexual assault services across Aroostook, Washington and Hancock counties.



*Unaudited Financials
**Mental Health, Family, & Prevention Services

325
employees

5,500
clients served

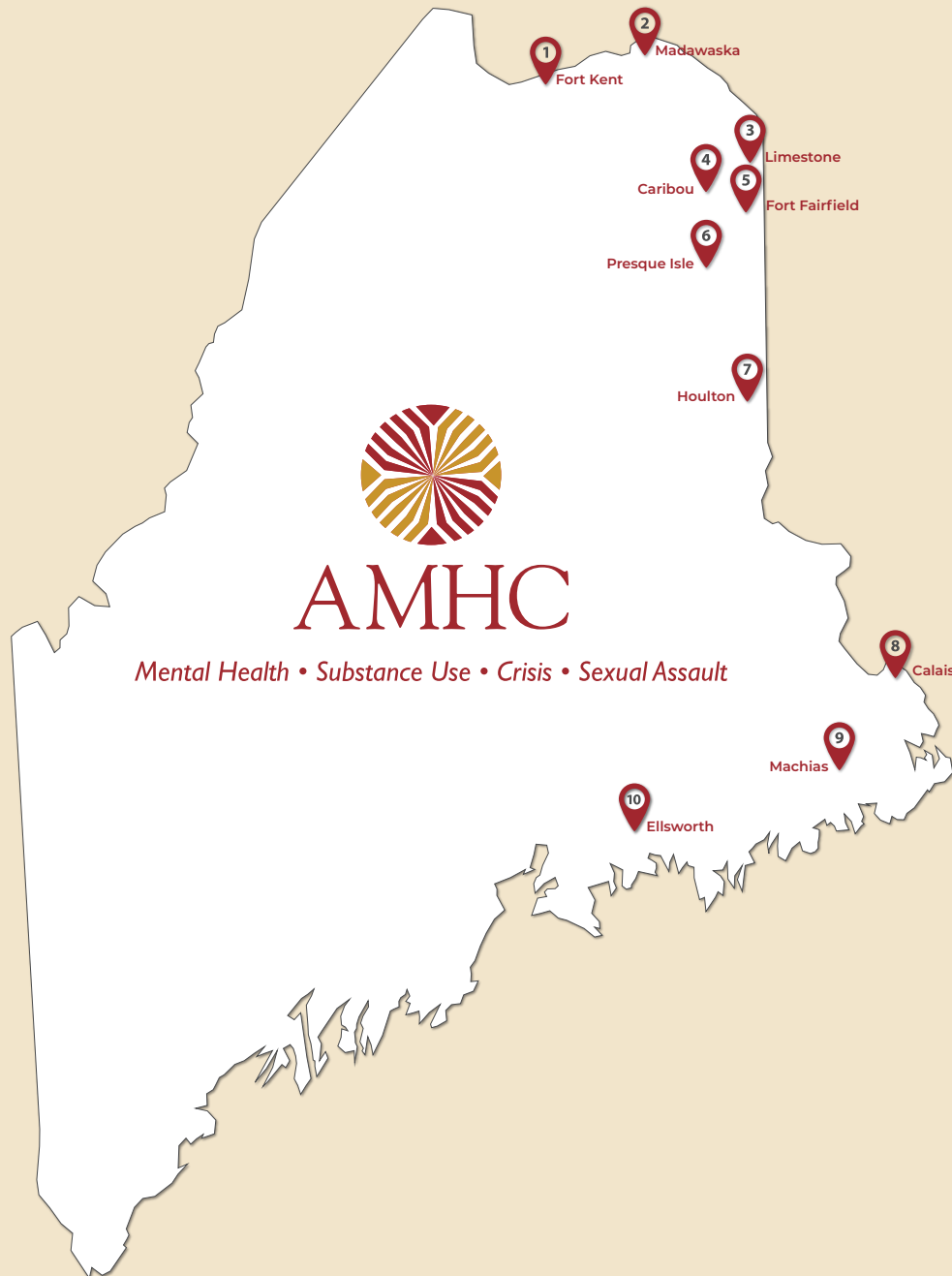
374
received
specialty
services

5,126
received
outpatient
services

21,314
service/bed
days

74,455
units of
service/visits

SERVICE AREA & LOCATIONS



1. FORT KENT

Fort Kent Outpatient

2. MADAWASKA

Madawaska Outpatient
Madawaska Group Home
Madawaska Peer Run Recovery Center

3. LIMESTONE

Residential Treatment Facility (RTF)

4. CARIBOU

Administration
Caribou Outpatient
Harvest Inn Peer Recovery Center
Roads to Recovery Peer Community Center
Center for Integrated Neuro Rehab
Caribou Apartments

5. FORT FAIRFIELD

Children's Crisis Stabilization Unit (CCSU)
Children's Advocacy Center

6. PRESQUE ISLE

Presque Isle Outpatient
Skyhaven
Adult Crisis Stabilization Unit (ACSU)

7. HOULTON

Houlton Outpatient
Aroostook Recovery Center of Hope

8. CALAIS

Calais Outpatient
Children's Residential
Children's Crisis Stabilization Unit (CCSU)
Calais Alternative School
Downeast Peer Recovery Center

9. MACHIAS

Machias Outpatient
Children's Advocacy Center
Downeast Peer Recovery Center

10. ELLSWORTH

Ellsworth Outpatient
Downeast Treatment Center