

Community Health and Counseling Services Annual Report to the Community

2022-2023

Message from Leadership

Community Health and Counseling Services (CHCS) has reached another milestone as we celebrate our 140th year. CHCS continues to push forward to meet the needs of people in our community. Our mission is accomplished one person at a time. While our impact is significant our presence isn't always readily noticed by the larger community. CHCS is not an island and we cannot carry out the mission that was established by a community of churches in 1883 without community input.

We provide many services including homeless outreach, housing, home care, hospice, mental health, residential, crisis, special education services, and school-based support. We believe that we are just one part of the larger community. Our success is defined by our ability to live up to the word *Community*.

Collectively we must recognize that need is outpacing resources. This is not an issue that is easily resolved. It is incumbent on organizations like CHCS to think differently, innovate and work collaboratively to meet more needs with fewer resources. Organizations do not survive 140 years without the ability to change. Our commitment is to build on our legacy of caring and support.

We are a community resource and we need and value the involvement of the community. It is our hope that you will take a moment to learn more about CHCS and reach out to share your thoughts and ideas. Together we can improve the lives of individuals, families, and communities. I want to thank you in advance for reaching out and becoming involved in our organization which has a long history of providing valuable support.

Glenn D. Goodwin President, Board of Directors



Community Health
and Counseling Services

1-800-924-0366

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www.chcs-me.org

contact@chcs-me.org

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CHCS Mission

Community Health and Counseling Services will provide community health care services which are needed and valued by the communities and individuals we serve.

CHCS VISION

CHCS will be a leading community healthcare organization in the State of Maine and will be an employer of choice and foster a culture of excellence.



Governance

Community Health and Counseling Services is a non-profit corporation governed by a volunteer Board of Directors and Corporate Members.

The Board and Corporate Members represent a cross-section of interests throughout the CHCS service area. They are representatives of business, professional communities, and persons knowledgeable about the region's health care needs.

President: Glenn D. Goodwin

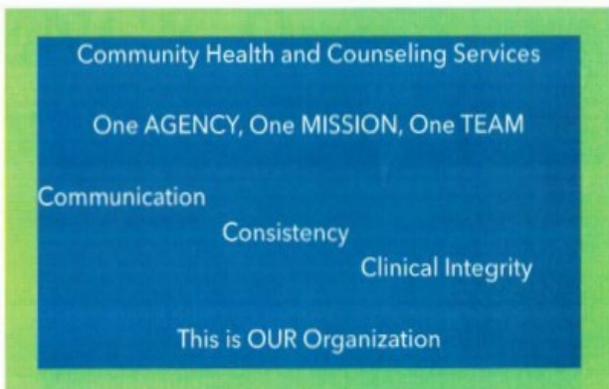
Vice President: John B. Miller

Second Vice President: Dr. Beatrice M. Szantyr

Treasurer: Angela T. Butler

Secretary: Judge Elizabeth O. LaStaiti

One AGENCY, One MISSION, One TEAM



Health Services—A Home Health Patient’s Story

A home health patient story....

A 74-year-old female patient was admitted into home health services in May 2023 for post-surgical care following surgical intervention for bilateral foot wounds and other medical comorbidities including alcoholism and tobacco use. The patient had lived in *social isolation for up to 20 years* but because of her acute medical event and surgery, she would require the assistance of in-home skilled services to avoid further medical complications/deterioration of her wounds.

During her course of care, the patient received skilled nursing, physical therapy, and occupational therapy services. With the help of this multidisciplinary team, the patient made excellent progress and reached positive clinical outcomes including improvement in her functional mobility (ability to walk, bathe herself and transfer safely) and her wounds healed without complications. This is a special story because our nurses and therapists knew that they were there to treat her medical condition, but what they did not know was the significant impact their care would have on her psychosocial and emotional wellbeing at the end of the story. By staff treating this individual with compassion, dignity, respect, listening to her and encouraging her self-worth while being in her home- they not only helped her reach her medical treatment goals, but they enabled her to stand strong and begin her road of recovery from alcohol addiction. The patient confessed that she had kept herself isolated from both her family and friends for nearly 20 years because she was so ashamed, they would learn of her alcohol and tobacco use.

Below are quotes that the patient shared. They reflect various dialogues exchanged between the patient and her daughter while receiving our services.

- In reference to her nurse Meaghan – “I would adopt this sweet caring nurse if I could. She would be a little sister to you girls. I have developed a strong bond with her. Please share the value in a woman that I will never forget, a nurse that has people-skills, loving and caring skills, as well as nursing skills. She says I am doing a good job changing all my bandages, that’s where Meaghan’s people-skills come into play.”
- In reference to her OT Jodi – “She had praise in my ability, how far I have come since her first visit. She attributes to my confidence to move forward, leave behind thoughts of addictions, take to heart the support I have received, and continue to receive. She is like sunshine even on a cloudy day. We walked with my cane; I passed her expectations. I no longer need my walker.
- “Strangers and caring people I’ve come to love have entered my life because of my addiction [medical complications]. I have come a long way in hiding behind closed doors. I will never let you girls down again. I am confident I will overcome and stand tall; quality of life is on the menu.”
- “I want to shout it from a mountain top, I am so excited and blessed from my experience with CHCS. Please share to any that will listen how 58 years of self-infliction led to a road of recovery from behind a black closed door, now with sunshine like I have never experienced before. The continued care I receive from CHCS gives me a daily boost of confidence. I had not had company in my home in over 20 years, once a beautiful condo that turned into a cloud of smoke. Please share my journey. It’s like a contract, signed, sealed, delivered.”



Mental Health Restructuring

Since 1883, we have always looked at new ways to provide innovative and dynamic services to the people we serve and to support our staff. During the past 3 years, we have really demonstrated that we can adapt and thrive as an agency. CHCS is excited to present your new leadership team for Mental Health: Brian Moynihan (Manager of Specialized community Services), Lori Wilson (Manager of Community Services), Karen Wheelock (Manager of Residential and Transitional Services), Jody Raymond (Director of Stillwater Academy), Alexis Petterson (Manager of Crisis Services) and Leslie Lennig (Clinical Director). Our goal in moving from a regionalized leadership structure to a programmatic leadership team is to continue to reduce silos as we have over the last three years and unify our exceptional agency! We are excited and dedicated to providing strong leadership to help guide CHCS with Clinical Integrity, Consistency and Communication!

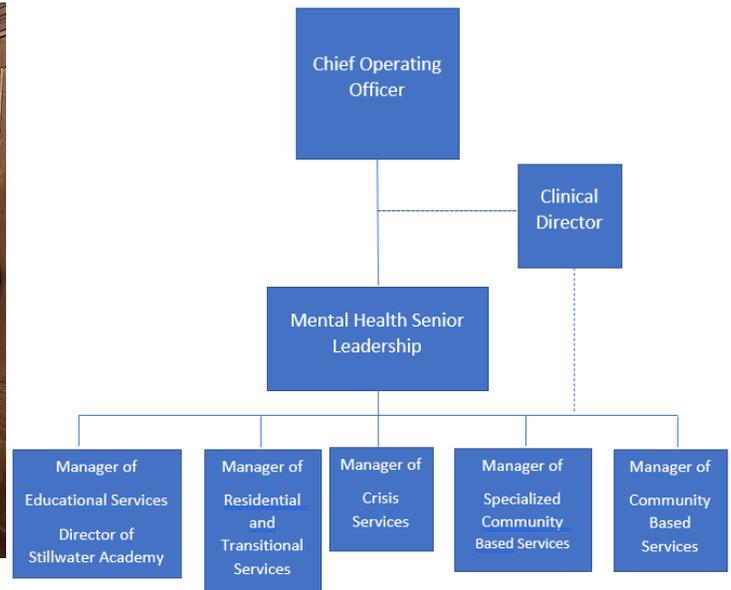
Please feel free to contact any of us through the MH Managers email group with thoughts and ideas!

Mental Health Managers Team MHManagersEMailGrp@chcs-me.org

-Pictured below left to right: Karen, Jody, Lori, Brian, Alexis, Leslie



Mental Health Leadership Structure



Educational Services	Residential and Transitional Services	Crisis Services	Specialized Community-Based Services	Community-Based Services	Clinical Director Functions
Stillwater Academy (Day Treatment)	Adult Group Homes	Adult and Child Mobile Services	Certified Community Behavioral Health Clinic (CCBHC)	Behavioral Health Homes (BHH)	Clinical Team Intervention (CTI) or RPCT
	Community Rehabilitation Services	Sojourn Crisis Stabilization Unit-Clinical oversight	Penobscot County Sheriff's Office - consultations, assessments, and patrol division clinician.	Community Integration	Early Childhood Consultation Program
	Sojourn Crisis Stabilization Unit-Administrative oversight	Safe Harbour Crisis Stabilization Unit-Clinical oversight	PATH- Homeless Outreach	Outpatient Therapy Services	MH Clinical Quality Oversight
	Safe Harbour Crisis Stabilization Unit-Administrative oversight	Youth and Family Navigators	Options	Treatment Foster Care (TFC)	MH clinical peer reviews
	Rental Assistance	Rapid Aftercare Stabilization Services	ACT	Targeted Case Management (TCM)	Evidence-Based Practices
		Mobile Child Outreach	*Contracted services or specialized community-based grants	Tele-behavioral Health (outpatient)	Clinical support for Health Services social workers
				HUB Services	
				*Medication Management	
				**HCT	

Recreational Therapy in Residential Settings

“You learn more about a person in an hour of play than in a lifetime of conversation.”-Plato

Recreation Therapy, also known as Therapeutic Recreation, is a treatment service that utilizes recreation and activity-based interventions to address the needs of individuals with illness and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being. Recreation Therapy uses a variety of interventions to include, but not limited to, arts and crafts, music, sports, games, and community integration. These activities are provided to clients in a one-to-one, small, and large group settings. These activities help to improve quality of life, maintain and/or improve functional abilities, improve mental health, and develop or strengthen social and leisure skills.

Some of the current programming being provided in our group homes include exercise group, book club, games group, ceramics, crafts, community integration, and camping. Some of the homes have gardens which clients tend, helping them connect with nature, work collaboratively on a mutual goal, and strengthen fine and gross motor skills. The games and crafts support the development of social skills, cognitive and physical functioning, as well as leisure skill building. The community integration activities help clients connect with their community, increase their independence and confidence, increase cultural awareness, and offer opportunity to develop the skills and resources needed to be able to live on their own. Some of the recent community activities have been ballet performances, movies, hiking, fishing, sporting events, cook off challenges, and agricultural fairs. These interventions support overall quality of life for the clients we serve in our group homes.

Camping, which is held for a week every August at Camp Roosevelt, focuses on social skills, spending time in nature, outdoor recreation engagement, and having time away from daily routines and stressors. Research has shown the benefits of camping include decreasing mental health symptoms, decreasing rumination, and increasing positive mood. While at camp, clients participate in swimming, games, corn hole, music, and campfires. Each year, t-shirts are tie-dyed and printed with the voted-on theme design. They really like “bigfoot,” so keep an eye out for the colorful t-shirts around CHCS. Clients (and staff!) look forward to this weeklong event every year, many participating in the planning and organization of the event. To watch the reduction of symptoms, and the true peace and joy clients’ experience while camping is just incredible!

This year we have been able to expand recreation therapy services by having two therapists working within the units as well as in the community. This expansion will help clients better prepare for independent living, increase their leisure and social opportunities, help reduce stress, depression, and anxiety, and improve overall wellbeing and quality of life. The benefits of recreation therapy are endless! Huge kudos and appreciation to Deb Morrisette and Chris Jordan, our incredible recreation therapists in our residential programs who bring light, laughter, and fun to us all! **“Play keeps us vital and alive. It gives us an enthusiasm for life that is irreplaceable. Without it, life just doesn’t taste good.”- Lucia Capocchione**



Group Home Recognition

During a Maximus assessment on one of the clients at Fieldstone, the Maximus nurse reported:

- “The nurse stated that we provide excellent care for [a client], that with how often [the client] lays down and her incontinence, she should have some sores on her. The nurse was amazed when told her that she never has. She also stated we had the best documentation she has seen at any group home. “

Rachael and Heather...you both and the entire Fieldstone team should be very proud of your hard work in supporting this client!! This speaks volumes to have an outside provider reflect on the phenomenal care you all give day in and day out! Please take this in and know you have done the absolute best for this client throughout her stay with us!! Saying goodbye to her will be very difficult but knowing she is going to the right level of care for her needs gives us comfort! Thank you for all your efforts, care, and commitment to her and all the clients we serve!! Well done!!

Recognition of Emily Genever

CHCS believes in supporting the educational growth, development, and service of employees. Not only do many of our positions offer flexible work life balance that make pursuing continuing education more feasible, but the culture we foster of communication, consistency, and clinical integrity acknowledges the importance and value to our fields of service. Our agency's and programs support of internship opportunities also aligns with this as we support development of the next generation of workforce. One example of this occurrence is the case of Emily Genever PhD, LCPC, MHRT/CSP. Emily has been with the agency for 10 years and has provided service in many roles. She currently works as clinical back up of crisis services and level 3 on call, in addition to operating her private practice, full time faculty at the University of Phoenix, and part time faculty at Walden University. Emily looked back on her career so far at CHCS and noted that the agency played a huge role in pursuing her PhD. She recounted how another CHCS clinician at the time had noted her ability and thought she would thrive in crisis services, encouraging her to join the team. In doing so, she found her passion and love for crisis, and now states proudly that it runs in her blood. She starts describing the decision of pursuing her degree by, "You know I don't do bored well," and recalls a two-week period where she did not receive calls on her shift. She laughs, and states that never happened again, but that space allowed her to think, what is next? She recalls being on shift at Sojourn Crisis Stabilization Unit when she got an email from Walden University providing information on their programs. We could stop here and spotlight how she is utilizing this most recent degree to teach and provide field education to the next generation, but Emily also used her time within her education to directly impact the service she calls home. Her dissertation at Walden was researching the psychological implications on being a crisis worker. She looked at themes in a qualitative research study to help determine what were the positives and negative implications of the job she knew and loved. She researched what influenced crisis worker resilience and taking part in self-care. Through this research she found that data indicated the biggest thing that helped to grow resilience and to withstand moral injury, compassion fatigue, burnout, and vicarious trauma was personal self-care and growth, as well as team support. She also found that previous perception of emergency situations played a key role in development of resiliency, with those individuals who saw these as positive events or calls to actions, rather than scary circumstances. If you saw these emergency situations as filled with excitement and meaning, then crisis ran in you. She identified that, within her research, most came into the field with poor self-care. While working in crisis service participants recognized the demands of the job and found it necessary to focus on it and noted that the job itself caused them to take self-care seriously and develop it as a result. She also found that team support, more than clinical or administrative, was more positively impacting on the service provider. As we look at our one agency, one mission, one team, her research shows the importance of recognizing that team. We thank Emily for her continued support to the growth of our workforce, recognition of the importance of staff wellbeing, and honor the role that CHCS played and continues to play in her story. (Emily is pictured below)

Youth and Family Drop-in Center

Through our continued collaboration and commitment to crisis services in our state OCF Children's Behavioral Health Services Children's Crisis Program Department reached out again in Spring of 2023 to request to partner for a drop-in center pilot for youth and families for July 2023 through June of 2024. The goal of the center is to increase access for youth and families in crisis with community mental health providers and reduce emergency service utilization for youth and families. Through evaluating high volume need times for youth and families the center will offer extended hours 12 PM until 8 PM Monday through Friday to provide crisis assessment and support. The center will utilize a co response approach with crisis service providers and peers to meet the individual needs of clients. Outreach with community providers and emergency services will occur to increase center utilization and community awareness with the ultimate goal of reducing emergency service response and emergency room utilization for mental health crisis that can be managed in a community mental health setting. CHCS is excited to pilot this program and looks forward to the continued collaboration and expansion of the crisis system of care and meeting children and family's needs in least restrictive settings.



Mobile Child Outreach

Mid contract year of 2022 OCF Children's Behavioral Health Services Children's Crisis Program Department reached out to CHCS and requested a proposal for how we could utilize additional funding in order to further support the children in our catchment areas with increased follow up and outreach efforts. We submitted our proposal for the Mobile Child Outreach program to meet two needs:

- Follow up service to families who have been discharged from local emergency departments, crisis stabilization units, inpatient hospitals, residential facilities, and community-based crisis program
- Crisis education to families, schools, mental health agencies, and the community

At six months in operation the program received a total of 119 individual family referrals, with 55 served, 26 pending service, and 38 declining due to not needing service. The program supports these families through crisis aftercare, coping skills development, safety planning, crisis education, and resource coordination. The program has also completed extensive outreach through providing 14 individualized presentations in various community settings in addition to continued communication and crisis educational outreach to 46 community providers, schools, and organizations.

Behavioral Health Home

Community Health and Counseling Services' Behavioral Health Home Program (BHH) continues to grow and expand across Maine! As we continue to provide the highest quality, most comprehensive care through our BHH Program, we have celebrated several successes. Some success has been felt within the agency and program while other successes have been the achievements of individual clients who are meeting goals and experiencing an improved quality of life! We would like to share some of these successes with you!

Over the past year we have successfully rolled BHH out in the Southern Region and we now provide BHH services out of the Skowhegan and Dover Offices. This has brought our coverage area up to six counties including Aroostook, Hancock, Penobscot, Piscataquis, Somerset, and Washington.

We have developed and rolled out a joint Medical and Psychiatric Clinical Consultation with clinical feedback, guidance and training being offered by Dr. Lesley Fernow and Dr. Eve Wolinsky. This two-hour consultation occurs twice a month and brings our entire BHH and CCBHC Teams together to present cases, ask questions, share resources and to build a cohesive team.

Goals of BHH can include addressing symptoms of mental health and remaining safely in their community; improving overall physical health and wellness; and to increase independence and to experience a greater sense of community. Below we would like to share with you real examples of three BHH clients who have achieved their goals with the help and support of their team, including Community Integration Workers.

Michelle Crate, Bangor BHH CIW shares: My client has been struggling with anxiety and frequent use of the crisis unit. She worked with me to explore skills and activities to help decrease her anxiety. She tried working with art and has found this very helpful with being mindful. Each week she comes in with a piece of art she has worked on, and she shares the story behind her work. She continues to increase her confidence and is trying more types of art. This week we are working on collage work. She finds it also uplifts her mood and she gets positive feedback from her husband on her work. She states she only had one admission to the crisis unit since we have been doing this work and that was due to a death in the family. She was provided with art supplies with the help from the Katherine Giles Fund.

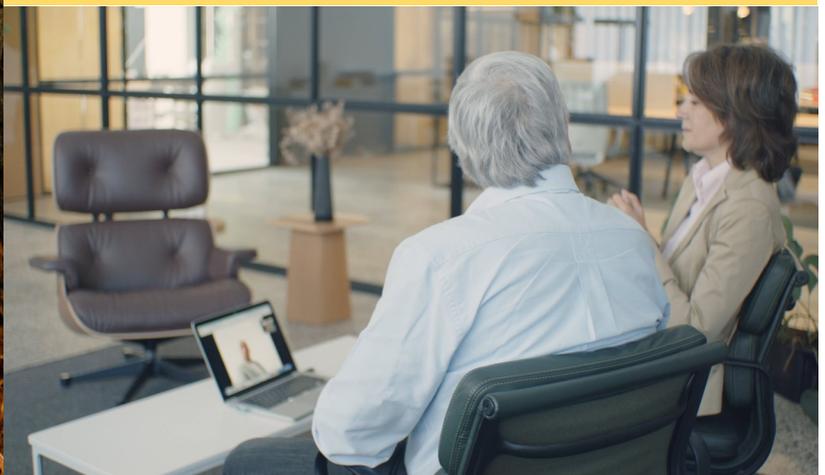
Amanda Moores, Calais BHH CIW, shares: My client initially set a goal of losing enough weight to get her drivers license and to be able to drive herself places due to anxiety she experiences around others driving her. What started as a weight loss goal, to get her license, has developed into a great deal of success and has motivated her further. She has now lost a substantial amount of weight and is still losing. She has obtained her license and a vehicle of her own. She has completed her high school equivalency to get her diploma and this week she is signing up for college classes with the goal of joining the work force!

Michelle Mitchell, Ellsworth BHH CIW, shares: My client recently "graduated" from services after recognizing his readiness to discharge from BHH. When I opened with him nearly three years ago, he had just recently opened with Vocational Rehabilitation. He did not have his driver's license, was struggling with money management and was experiencing several disruptions with his employment. After working consistently with BHH and Voc Rehab, he now has a driver's license and a car of his own. He is making better decisions with his finances and has reduced the number of impulsive financial choices. He has held a stable job for several months and is thriving in his employment. He has also continued to take online college courses. He has worked hard and we are excited to celebrate his success and graduation from BHH!



Quote from a BHH client:

"CHCS Staff has helped me out over and beyond any company/person I have ever had". ~BHH Client, Machias Office



The School Based Tele-Behavioral Health Pilot

Community Health and Counseling Services (CHCS) has partnered with Ellsworth Elementary, Middle School, and Piscataquis Community Secondary School in Guilford to bridge the gap of resources available to our school age population through a new pilot program called School Based Tele-Behavioral Health (SBTBH). The grant funded pilot has been running since August 2022, but the program began slowly while staff were recruited and hired for these positions. Since January 2023, there have been thirty-five students actively accessing the SBTBH program. CHCS is thrilled to share that School Based Tele-Behavioral Health program has been approved for another academic school year.

The mission of the pilot is to increase the accessibility of behavioral health services and supports to students to mitigate socio-emotional stressors that impact attendance, academic performance, and aptitude. The project pairs a community health worker with a tele-behavioral health clinician. Students who could benefit from mental health support self-refer or are referred by school staff or parents. In some cases, these youth will then be scheduled with the clinician who will provide therapy via zoom. In other cases, networking to acquire access to other resources may be indicated and the community health worker can assist in making referrals for additional supports. Advantages of this project include the fact that being seen at school allows them to remain in a familiar setting with their existing support system. It also addresses the barrier of transportation which can be a challenge for many families in rural Maine. Because the program connects students to therapists through telehealth, it provides students with access to skilled clinicians, despite extensive challenges with recruitment in more remote parts of the state. With lengthy wait lists at most mental health agencies, this program allows students access to services much more quickly than typically possible. Parents have expressed gratitude for the convenience for both themselves and their children as well as appreciation for the lack of interruption to their work schedules.

This pilot flourished due to the robust collaboration of the partners both at the state level and within the school settings. All parties have worked diligently to not only launch the pilot program but to ensure its success. Tasks that support the continuation of the program include referral management, case management, scheduling, data collection, maintenance of client documentation, completing reports, and developing relationships with school personnel and the greater community.

To learn more about the School Based Tele-Behavioral Health program, please contact Leslie or Lori.

Leslie Lennig, LCSW

Clinical Director

207-922-4600 ext. 6014

llennig@chcs-me.org

Lori Wilson, LCSW

Manager of Community Services

207-922-4600 ext. 6073

lwilson@chcs-me.org

SBTBH Data

- 32 clients served in the first year
- 292 telehealth sessions held
- 91 client cancellations



Pictured—Jaso Arndt and Kiana Woodworth, SBTBH staff

Stillwater Academy

On June 23, 2023, Maine Administrators of Services for Children with Disabilities (MADSEC) presented Cathy Emerson, case manager at Stillwater Academy, with the Special Education Support Person of the Year Award. The ceremony was held at the Atlantic Oceanside Hotel in Bar Harbor and was attended by Special Education Directors from around the state. Cathy was nominated by a group of public-school special education directors based in Penobscot county. All the directors within that group recognize the hard work Cathy puts in, year-round, in the support of students and their families. During his presentation speech at the annual meeting for MADSEC, director Jody Raymond spoke of Cathy's ability to put new students and staff at ease, helping them to start their journey at Stillwater Academy on a positive note. All the staff at Stillwater Academy want to congratulate Cathy and thank her for all her amazing work these past fifteen years. Great job Cathy! (Pictured below with Jody Raymond)



Patsy Oversmith from Stillwater Academy has spent many hours this school year on her efforts to get a playset (pictured above) donated to the school. Through her connections with the Darling's Auto Group, planning meetings started with representatives from both Stillwater Academy and Darlings. The resultant pirate ship playset was built and delivered by Cabinfield, based in Pennsylvania. Darling's and Stillwater Academy students and staff dedicated the playset with WA-BI news and the Darlings Ice Cream truck coming for the event. All the students at Stillwater have really enjoyed having this new piece of equipment. They all wrote thank you letters to the staff at Darlings and got a chance to thank some of those staff in person at the dedication event. Darling's has been a great neighbor and partner these past three years.

Caught Ya!

"I believe that one of the highest compliments we can receive as a professional comes from recognition by our peers. Our "Caught Ya" program was implemented for this very purpose. It is wonderful to read the submissions and learn about our incredible team members. Many of the submissions for the past quarter identified staff who went above and beyond during a period of great uncertainty, fear and change. Thank you to the staff who made the submissions, thank you to the staff who were recognized, and thank you to all CHCS staff who make this an amazing organization. " - Dale Hamilton, Executive Director

Winners!!!

Quarter 1: Ashley Brown

Quarter 2: Meadowview Group Home

Quarter 3: Melanie Thompson

Quarter 4: Ronda Savage



Project for Assistance in Transition from Homelessness (PATH)



The CHCS Homeless outreach program, PATH (Project for Assistance in Transition from Homelessness) is a program aimed at meeting the needs of individuals who are homeless, primarily those without any shelter or in homeless shelters, to connect with basic resources and secure safe, stable housing. Over the past year in Bangor, the PATH team has been a core part of large-scale community efforts to provide support and assistance to large numbers of individuals who have been homeless, living outdoors in Bangor. In the fall of 2022, with support of an emergency technical assistance team from the US Department of Housing and Urban Development, the PATH team partnered with the City of Bangor and other organizations

to provide intensive support to engage with individuals living in a large homeless encampment in Bangor, successfully helping numerous individuals moving into permanent housing and others in accessing other services and transitional supports. The new approaches and collaborative relationships developed through this process are now being applied to the PATH team's work with other groups of individuals experiencing homelessness.

The challenges and needs of individuals facing homelessness in our communities are serious and are more complex and expansive than any one organization can effectively address alone, and the CHCS PATH team recognizes this and has taken on a central role in building and maintaining the kinds of collaborative relationships needed to achieve the goal of our provider network as a whole working together to meet the needs of some of the most vulnerable individuals in our community.

Community Health and Counseling Services
STREET OUTREACH WORKER
P.A.T.H.
207.922.4427



Pay it Forward

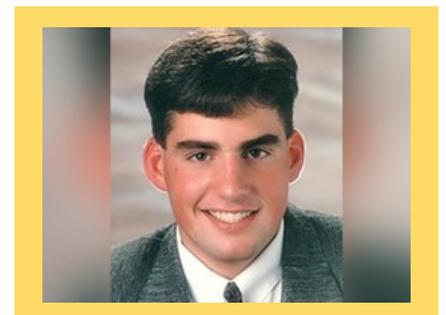
The **Christopher Paul Pickering Pay It Forward Resource Fund** exists to support the needs of people employed by and served by CHCS. The fund is used to help others at their time of need. It is not a loan or a handout. It is the first step in the process of overcoming a challenge through an act of kindness. Recipients of the CHCS Pay It Forward funds are encouraged to share their unique resources, skills, and caring when an opportunity arises to help someone else.

Pay it Forward empowers people with the freedom to use their strengths to help another person when they are ready. There is no checking, no reporting; no obligation – there is only a personal commitment to look for that future opportunity to Pay it Forward.

Examples of requests might include, but are not limited to:

- A family's urgent need for one month of fuel assistance,
- Purchase of adaptive or durable medical equipment,
- A crib or car seat for a baby,
- Grocery gift cards for meal assistance.

To submit a Pay It Forward request for yourself or a client, please visit: <https://chcsmaine.sharepoint.com/SitePages/Christopher-Pickering-Pay-It-Forward.aspx?>



Thank you!

In Memory Of...

LEGACY SOCIETY

(Those who have remembered us in their wills)

Mr. Charles F. Bragg, 2nd
Mr. Charles Braun
Ms. Estelle B. Habenicht
Ms. Marie L. Hughes
Mrs. Mascha Litten
Ms. Sanford Miller
Mr. G Pierce Webber

1883 SOCIETY MEMBERS

Second Century Circle

Eaton Peabody

Founder's Circle

Barbara Cassidy Foundation

Partner

Dale Hamilton
United Way of Aroostook

ANNUAL APPEAL

Associate

E.J. Perry Construction Co., Inc.

Organizational

Suzanne Fougere
Jace Farris
Joel Makowski
Kristen Robinson
Leslie Sadler
Lori Reynolds
Michelle Farmer
Hannaford—Broadway
Brent Leighton

Contributor

Courtney Benson
Bruce Wiersma
Jessica Boucher
Michael Kashey
Valerie Hart
Elizabeth Thurston

Friend

Rachel Slater
Rose St Louis
Alexandria McDade
Christina Carr
Nicole Roberts
Lauryn Bissonnette
Theresa Clifford
Colby Hamilton
Samantha Beaulieu
Jeannine Caulkins

SPECIAL GIFTS

Donations that are directed to specific programs and services. These gifts are of cash, goods, and/or services.

\$5,000+

Fidelity Charitable
Darling's Auto Group
Scot Miller

\$2,500-\$4,999

Brookings-Smith

\$500-\$2,500

Vistra Corporate Company
Joseph Pickering
Kandyce Powell
Amanda Reynolds
DECCO, INC.
Gary Smith
John Miller

Up to \$499

St Paul the Apostle Parish Roman Catholic Bishop of Portland
Beatrice Szantyr
Lowe's—Bangor
Amber Murphy
All Souls Congregational Church
Benjamin Elliott
Michael Pickering
Carol Kelley
Janice Cox
Lesley Fernow
Samuel Anderson
Rachael Noble

Betty Flores

Charlette Buescher

Carl Carpenter

Cheryl Carpenter

Carol McElarney

Angela Smith
Barbara Howland
Boston Financial Management LLC
Carla & Charles Sabin
Carla Small
Charles Bagnaschi
Diana Rush
Ellen Settimelli
Joan Dalton
Katherine Small
Linda Clark
Mary Hult
Nancy Kuziemski
Paula Settimelli
Peter Voce
Robert & Jane Doggett
Stephanie Cuddeback-Salim

Daniel Fairbrother

Edwina Beal
Jeanne Day

Gloria Feeney

Billy & Jane Coffin
Carol Zack
Cathy Merritt
John Casey
Peter Feeney

Karen Baldauski

Susan Boland

Louise Carr

Sharon Goddeau

Norman Burpee

Carlene Gilpatrick

Patricia Look

AOS 96—Superintendent's Office
Juanita Boyd

Perry Drew

Linda Nielson
Nancy Tracy

Rosalie Carver

Lisa Carver

Thank
You

Municipals

Addison
Bowdoin
Brooklin
Brooksville
Canaan
Carroll Plantation
Clifton
Cooper
Crawford
Cutler
Dedham
Detroit
Eastbrook
Edinburg
Embden

Etna
Freedom
Garland
Greenbush
Greenville
Guilford
Hallowell
Hudson
Lamoine
Lubec
Ludlow
Machias
Madawaska
Mariaville
Mattawamkeag

Maxfield
Medford
Milford
Monson
Newburgh
Orient
Orrington
Palmyra
Passadumkeag
Plymouth
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Prospect
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Rome
Searsmont

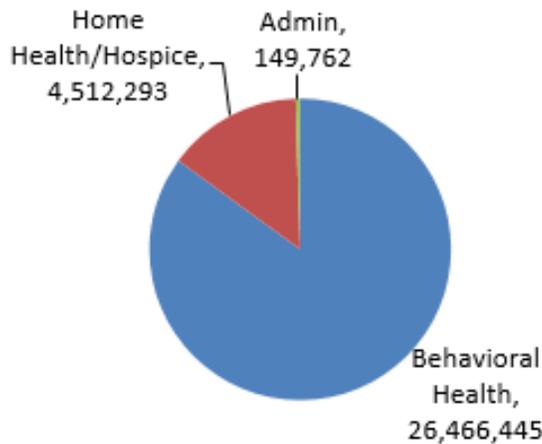
Sedgwick
Solon
Sorrento
Springfield
Sullivan
Swans Island
Veazie
Waltham
Washburn
Wellington
Weston
Whitneyville
Windsor
Winn
Winter Harbor

Financial Statistics

Service Statistics:

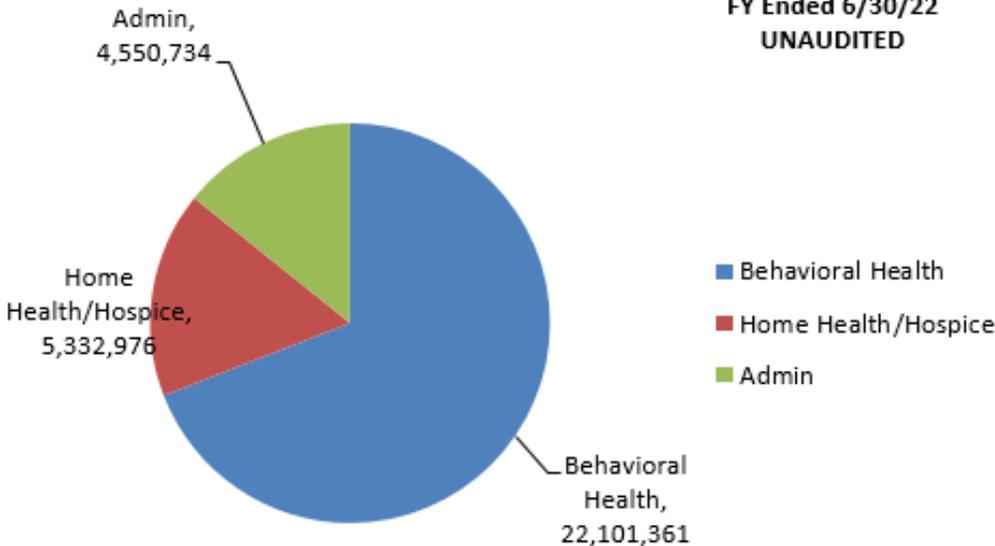
Hospice Days: 12,534
Health Service Visits: 26,749
Behavioral Health Client Hours: 77,805
Adult Group Home Days: 10,354
Crisis Residential Days: 2,569
Foster Care Placement Days: 18,000
Staff Miles: 1,390,883

**Revenues by Department
FY Ended 6/30/22
UNAUDITED**



■ Behavioral Health
■ Home Health/Hospice
■ Admin

**Expenses by Department
FY Ended 6/30/22
UNAUDITED**



■ Behavioral Health
■ Home Health/Hospice
■ Admin

