



Maine Behavioral Healthcare  
MaineHealth

## 2017 Annual Report



Read about  
Jennifer's journey  
to a better life on  
page 8







# 2017 Annual Report

October 2016 - September 2017

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 Maine Behavioral Healthcare

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### **Jane Cleaves (1947 - 2018)**

This annual report is dedicated to the late Jane Cleaves in honor of her long nursing career and years of service on the Maine Behavioral Healthcare Board of Trustees and Trauma Intervention Program Advisory Board. She will be sorely missed.

# Dear Friends,

Fiscal year 2017 was marked by important steps that will shape Maine Behavioral Healthcare (MBH) in the coming years. We made great strides toward achieving our strategic goals. Perhaps most crucial, we advanced our goal of strengthening the links in our continuum of care. As the behavioral healthcare provider for the MaineHealth system, we offer an impressive breadth and depth of services; therefore, we work hard to enhance collaboration to provide the best care possible for those we serve. We accomplish this by investing in our strongest resource, our talented employees, who provide outstanding care every day.

Although we are spread out geographically and program-matically, we continue to work together better. We pitched in and worked toward “OneMBH,” our common goal of cohesion, not just within MBH, but throughout all of MaineHealth. In 2017, we provided 336,501 services to clients and patients, which is a 4.7% increase from last year. While it’s affirming to see increased numbers as a measure-ment of growth, it’s also important to consider the context in which this growth occurred. For instance, these num-bers reflect a dramatic surge in the demand for behavioral healthcare services. We responded to this demand while continuing to innovate and further integrate our services.

We take tremendous pride in our accomplishments; most important, we witnessed remarkable improvements in the health of those we serve. As you read the stories of some of our patients in this report, know that we owe great appreciation to those courageous individuals for sharing their stories and to our dedicated staff who do so much to support them.

Through a unified response to the opioid epidemic, we saw greater integration between acute care and community-based services, and between mental health and substance use services. MBH is proud to lead MaineHealth’s system-wide implementation of the Integrated Medication Assisted Treatment (IMAT) program. IMAT is an evidenced-based practice that provides the most appropriate level of care at a location closest to home. As you will read in this report, recovery from opioid addiction is difficult and requires a coordinat-ed approach among caregivers, including that of primary



*Nancy Hasenfus, MD and Stephen Merz, FACHE*

care providers. More than 823 people have accessed treatment, which means those individuals – particularly those with co-occurring disorders – are in recovery and improving their lives.

In 2018 we remain focused on growth, innovation, and the fulfillment of our vision of delivering quality, integrated behavioral healthcare. We do this while keeping the needs of those we serve a priority and their care at the heart of all we do.

Our accomplishments would not be possible without the steadfast commitment of our staff, Board leadership, volunteers, donors, and friends. We recognize your many contributions and extend our heartfelt thanks to you all.

Kind regards,

Stephen M. Merz  
President and CEO, FACHE

Nancy Hasenfus, MD  
Board Chair

# We Are

the **most comprehensive**  
behavioral healthcare provider in **Maine**

30+

clinical  
programs



89

psychiatrists,  
physician assistants,  
& nurse practitioners



30

service locations  
from York to Belfast



responding to a **surging demand**  
for **behavioral health services**



Spring Harbor Hospital  
average daily census

rose by:

19%  
in FY16-17



and is predicted to rise  
an additional

3%  
in FY18



with **compassion, respect**  
& **clinical expertise**



# Service Directory by Location

## Counseling, Therapy, Case Management

Belfast  
15 Mid Coast Drive

Biddeford  
2 Springbrook Drive

Brunswick  
11 Medical Center Drive

Damariscotta  
18 Belvedere Road

Norway  
193 Main Street, Suite 14

Portland  
165 Lancaster Street

Rockland  
12 Union Street

Springvale  
474 Main Street

## Inpatient Mental Health/ Educational Services

Westbrook  
*Spring Harbor Hospital*  
123 Andover Road

- Inpatient mental health services
- Developmental Disorders Unit
- Spring Harbor Academy

## Substance Use Services

### *Substance Use Counseling:*

Rockland  
*Embark Program*  
12 Union Street

### *Integrated Medication Assisted Treatment (IMAT):*

Biddeford  
235 Main Street

Springvale  
474 Main Street

## Center for Autism and Developmental Disorders

South Portland  
236 Gannett Drive

## Crisis Services

### *Crisis Stabilization Units:*

Saco  
31 Beach Street

Rockland  
39 Glen Street

### *Southern Maine Outreach Coordinator:*

Biddeford  
2 Springbrook Drive

Springvale  
474 Main Street

### *Crisis Response at Local Hospitals:*

- *Maine Medical Center*, Portland
- *Mid Coast Hospital*, Brunswick
- *Lincoln Health* - Miles Campus,  
Damariscotta
- *Pen Bay Medical Center*, Rockland
- *Southern Maine Health Care*,  
Biddeford and Sanford
- *Waldo County General Hospital*,  
Belfast

## Assertive Community Treatment

Biddeford  
2 Springbrook Drive

Brunswick  
*CORE ACT Program*  
66 Baribeau Drive

Damariscotta  
18 Belvedere Road

Portland  
*ACCESS ACT Program*  
576 St. John Street

*ACTION ACT Program*  
106 Gilman Street

Springvale  
474 Main Street

## Adult Residence/ Supported Housing Services

*Residential programs are located in the  
following towns:*

- Belfast
- Biddeford
- North Berwick
- Owl's Head
- Saco
- Sanford
- Rockland
- York

## Peer Support Centers

Biddeford  
15 York Street

Rockland  
12 Union Street

Sanford  
19 Washington Street

## Behavioral Health Integration

*MBH clinicians are imbedded in  
primary care practices throughout  
Southern and Midcoast Maine. For  
a full listing, please visit us online at  
[MaineBehavioralHealthcare.org/  
Services](http://MaineBehavioralHealthcare.org/Services)*

## Learn More

For a complete listing of services, visit us at:  
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About](http://MaineBehavioralHealthcare.org/About)**

To set up an appointment, call us toll free:  
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# FY17 at a Glance

**336,501**

Total client and patient visits  
(includes community and  
hospital services)

**2,073**

Clients provided with case  
management and Behavioral  
Health Home services

**151**

Operational behavioral health  
beds across our members

**2,654**

Patients served at Spring  
Harbor Hospital (1,954 adults  
and 700 children)

**10,900**

Crisis calls responded to in  
communities throughout  
southern and midcoast Maine

**217**

Children and adolescents with  
Autism Spectrum Disorder served  
at the Center for Autism and  
Developmental Disorders



**Act with kindness  
and compassion.**

**Be an active listener.**

**Be a role model.**

**Set high standards.**

**Take responsibility.**

**Embrace change.**

## Our Mission

Maine Behavioral Healthcare will provide a seamless and compassionate continuum of care through a community of providers collaborating to promote recovery and the overall mental and physical well-being of those we are privileged to serve.

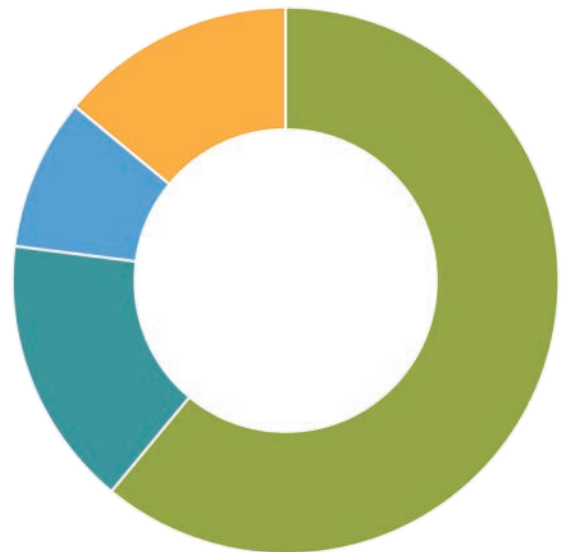
## Our Vision

Working together so our communities are the healthiest in America, Maine Behavioral Healthcare will provide the highest quality integrated and compassionate behavioral healthcare through a collaborative and engaging workplace.

## Financials

### Revenues

State patient service revenue	\$54,253,241	61%
Commercial patient service revenue	\$14,455,649	16%
Medicare patient service revenue	\$7,659,161	9%
Other revenues	\$12,975,491	14%
<b>Total Revenue</b>	<b>\$89,343,542</b>	



### Expenses

Inpatient care - Spring Harbor Hospital	\$37,015,574	43%
Outpatient services	\$14,495,460	17%
Case management and behavioral health homes	\$5,979,261	7%
Crisis and emergency services	\$6,165,243	7%
Residential services	\$4,590,482	5%
ACT programs	\$4,250,731	5%
Inpatient care - contracts	\$3,878,001	4%
Behavioral health integration	\$2,707,247	3%
Other expenses	\$8,246,449	9%
<b>Total Expenses</b>	<b>\$87,328,448</b>	







## Jennifer's Story: Journey to a Better Life

*"If you had asked me two years ago, I never would have said I could have the life I have now."*

Much of Jennifer's life has been marked by uncertainty and instability. Her high school years were shaped by a learning disability, depression, anxiety, and chronic pain syndrome. She bounced back and forth between clinicians, took more than a dozen medications, and experienced devastating bouts of anxiety and depression. At 18, she was diagnosed with borderline personality disorder, a condition marked by unstable moods and behavior.

"I was high-functioning and could manage a lot of work-related stress, so I didn't quite fit the picture of borderline personality," explains Jennifer. "My diagnosis was questioned, and I didn't get the treatment I needed even though I had real difficulty managing my own stress."

As the years went by, Jennifer became increasingly exhausted, physically and mentally, and desperate enough to attempt suicide. She was clinically dead when she was found after her suicide attempt, and ended up on life support for five days.

At the lowest point in her life, Jennifer promised herself that she would find the help she needed. She was referred to Maine Behavioral Healthcare's Assertive Community Treatment Integrating Outpatient Network (ACTION) program in Portland. The ACTION program provides round-the-clock residential care with intensive community-based treatment, and includes a multi-disciplinary team that supports adults who have a major mental illness diagnosis and co-occurring disorders.

At first, Jennifer had many ups and downs at ACTION. She was resistant to treatment and had attendance issues.

"There was so much I didn't like and didn't understand," says Jennifer. Her treatment included group and individual therapy with Glenn Mayer, ACTION's program manager, as well as a problem-solving group and a compassion group.

Participation in her compassion group helped her develop empathy for herself and others and made her want to work



more on her own treatment. She learned to trust the team and was encouraged to do the work that was necessary if she wanted to change her life.

Jennifer's treatment also included a dialectical behavior therapy skills course, where she learned to manage painful emotions and decrease conflict in relationships through mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

"For a long time, I wrestled with anxiety and perfectionism," says Jennifer. "Now I know it's okay to make mistakes and have setbacks. I'm also able to stay present, instead of always focusing on the past or the future. I enjoy living in the moment."

In retrospect, Jennifer values her experience at ACTION. "I understand what Glenn and my team were trying to do to help me," adds Jennifer. "I didn't like certain things at the time, but now I appreciate them."

Just two years after her suicide attempt, Jennifer lives on her own. She focuses on helping people with mental health problems, especially those with borderline personality disorder. She's involved in the Yellow Tulip Project, a local non-profit organization created by a young woman who lost two friends to suicide. Project participants plant yellow tulips to foster hope, raise awareness, and destigmatize mental illness.

Jennifer is also an advocate and volunteer for the American Foundation for Suicide Prevention (AFSP).

"One of my proudest moments in the last year was leading the AFSP's Out of Darkness Walk for Suicide Prevention while carrying the banner," shares Jennifer with enthusiasm. "I also attended the AFSP leadership conference, and will be going to Capitol Hill to meet with legislators and advocate on behalf of suicide prevention."

"I want people to know that treatment isn't a bad thing," adds Jennifer. "At ACTION, I learned about accountability by working on my attendance issues. I'm now able to stick to my commitments which are very important to me."

"I never expected to be where I am today," concludes Jennifer. "If you work at it, you can have a better life."



I never expected to be where I am today. If you work at it, you can have a better life.

## ACT ACTION

Assertive Community Treatment (ACT) is an intensive community-based (outpatient) treatment program with a multi-disciplinary team that supports adults who have a major mental illness diagnosis and co-occurring disorders. Rather than receiving multiple services from numerous agencies and providers, behavioral health needs are addressed by a multi-disciplinary team that collaborates to provide treatment. The goal of ACT is to improve functioning in the least restrictive setting, while strengthening family, work, school, and community ties. Support is accessible 24/7.

Maine Behavioral Healthcare has several ACT programs, each with its own characteristics and service specialties. One of these programs, Assertive Community Treatment Integrating Outpatient Network (ACTION), has a unique focus, providing a strong connection between crisis and community mental health services. All services are organized through a shared treatment plan; round-the-clock skills coaching is available to each client; and clients are welcome to continue working as long as it takes to stabilize their lives and as long as they continue to work toward treatment goals.



418

In 2017 Maine reported 418 deaths due to overdose, representing an 11% increase from 2016. The majority (85%) of those deaths involved at least one opioid.

*Source:  
Office of the Maine Attorney General*

## Dustin's Story: Stability and Sobriety Are Possible

Imagine spending years battling substance use and severe mental health issues that result in incarceration and homelessness. Sadly, that was Dustin's experience. He often wondered what his chances were for getting clean, becoming mentally healthy, staying out of jail, and finding housing he could afford.

Dustin had a history of using substances to cope when he had a motorcycle accident, was prescribed opioids for his pain, and became addicted to painkillers. As is often the case with opioid use disorder (OUD), his prescription drug dependence led to a heroin habit. His addiction became so severe that he resorted to robbery which resulted in being apprehended by police at gunpoint.

Amazingly, Dustin was off of his medication and living at a local shelter when the unlikely opportunity to improve his circumstances became a real possibility. While there his case worker referred him to a Maine Behavioral Healthcare (MBH) intensive treatment program in Portland called ACCESS Assertive Community Treatment.

At last, he found hope.

Complicating Dustin's challenges with OUD was a diagnosis of schizoaffective disorder, which means he

experiences symptoms such as hallucinations or delusions, depression, and mania. With the support of the ACCESS multi-disciplinary team, Dustin learned how to better manage his mental health. Then, to address his addiction, Dustin received medication assistance through MBH's Integrated Medication Assisted Treatment (IMAT) program in Biddeford.

For a few months, Dustin received different kinds of care in MBH's community clinics in Biddeford and Portland, but was ultimately moved to Biddeford to get all of his care at the same location. Both of his teams frequently coordinate on his treatment.

"It used to be that mental illness was treated, but substance abuse was not," says Dustin's addiction counselor, John Nelson, LADC. "Our programs have a lot of coordination, depth, and strength. Because we treat mental illness and substance abuse, our patients are able to get a lot better."

"The Portland team was so helpful," says Dustin. "Someone would drive from Portland to Biddeford to make sure I had my medication for my schizoaffective disorder."

When Dustin arrived at the Biddeford IMAT program, he would stare at the floor all the time. Then he slowly began

to participate in groups. Dustin rarely missed sessions with John and talked with him almost every day.

A final turning point was when Dustin began taking Suboxone (buprenorphine), a medication used to help people reduce or quit their opioid use. Since he started, Dustin hasn't used drugs.

"With Suboxone, the cravings are minimal," Dustin explains. "I've also learned a lot about relapse prevention." By using the prevention tools he learned at IMAT, he has removed drug-use triggers from his life.

"Dustin did a ton of work and deserves the credit," says John. "If patients are willing to make the effort, they will get better."

After six weeks of intensive outpatient treatment, Dustin graduated and is now in early recovery. He meets with addiction psychiatrist Dr. Jonathan Fellers regularly to discuss his medications. He also participates in an after-care group that helps individuals continue to maintain their hard-won sobriety.

"Dustin has done an exceptional job," adds Jessica DiSanto, LCPC, an addiction counselor who facilitates the after-care group and also has one-on-one meetings with Dustin. "He's a great example of what can happen when someone has the motivation to want to do things differently. His story shows that medication assistance and therapy together are effective."

"Dustin's story is particularly remarkable because he has a pretty significant co-occurring issue," continues Jessica. "It isn't often that we see that level of severity with our clients."

Dustin is thankful for the opportunity he has been given and grateful to those who have helped him.

"I really appreciate all that Jessica, John, and Dr. Fellers have done for me."

He now lives with a friend in Biddeford and has started a job. Aside from his friends and family, Dustin's number one priority is staying sober, which he works at very hard every day. At one time, he may have wondered what his chances were for stability and sobriety, but now he knows they are possible.

## Addressing the Opioid Crisis

In 2016, MaineHealth, Maine's largest integrated health care delivery system, developed a multi-faceted approach to address the opioid epidemic. The plan integrates safe prescribing, education, and treatment through collaboration among behavioral health, primary care, and other specialty providers.

In a culture of compassion and respect, each individual with opioid use disorder is evaluated to identify the appropriate care level for treatment, which span a continuum of approaches from inpatient detoxification through outpatient Integrated Medication Assisted Treatment (IMAT). Treatment is delivered through a "hub and spoke" model.

Maine Behavioral Healthcare (MBH) is proud to be leading this "hub and spoke" treatment model, which partners with Patient Centered Medical Home primary care providers to offer IMAT treatment across the MaineHealth footprint. The "hub" is an intensive outpatient program to treat patients in more acute phases of their disease. Using IMAT, clients receive behavioral and counseling therapies along with medication that reduces opioid craving and symptoms of withdrawal. The hubs are also responsible for connecting clients to social services and other supports necessary to facilitate their recovery.

Once stabilized, patients receive ongoing IMAT treatment from primary care Patient Centered Medical Home practices in local communities (the "spoke"), in which the primary care provider works collaboratively with integrated behavioral health clinicians to continue treatment for patients with opioid use disorder. In several rural regions that do not have hubs, primary care practices have taken on the responsibility of treating patients with higher levels of acuity. These practices work collaboratively with clinical experts from MBH to meet this vital need within their communities.





## JB's Story: Collaboration and Perseverance Lead to Progress

JB is an enterprising man. He's written three novels and developed a video game, all while working full time. Now he's making plans to pursue higher education. All that is a long way from a short time ago when he lacked mental clarity and struggled to achieve his goals.

A soft-spoken and thoughtful individual, JB grew up in Texas, and came to Maine for a job in the home automation industry. He had been previously diagnosed with depression, obsessive compulsive disorder, and complex post-traumatic stress disorder (CPTSD). CPTSD results from prolonged, repeated trauma – childhood trauma in JB's case – and involves additional symptoms and different treatment. JB also has Type 2 diabetes, high blood pressure, and high cholesterol.

His relationship with Maine Behavioral Healthcare (MBH) began when he was in crisis during an emergency mental health episode precipitated by unemployment and homelessness. He was subsequently treated in a partial hospital setting, receiving day treatment at the hospital and going home at night. At the end of this treatment, JB was assigned to Dan Clark, a case manager with MBH's

Behavioral Health Home program, a service that takes an integrated, team approach to improving mental and physical health.

JB and Dan worked together to get JB's life back on track. JB's circumstances and mental and physical health improved, but he continued to be unable to focus. For example, he had difficulty with filling out paperwork or figuring out the order in which to do things. Dan was there to help JB achieve his mental and physical health goals by assisting him with paperwork, support, and referrals.

JB stresses the value of having a case manager to help navigate the system.

"It's a crucial and integral part of care and just as important as treatment," says JB. "Without Dan, I would not have made it through. He's become a friend."

A turning point came when JB had a neuropsychological evaluation, an in-depth assessment of abilities and skills linked to brain function.

"I always knew I was smart," shares JB without a trace of



## There is zero shame in struggling.

vanity. “But I wasn’t able to accomplish anything. I knew something was missing.” For instance, it took him eight years to get his associate’s degree.

Dan was instrumental in getting JB the evaluation.

“Dan really listens to people,” says JB. “He doesn’t make decisions for anyone. He worked to help me get to where I wanted to go.”

JB’s results from the rigorous testing were superior in almost every category; however, he was diagnosed with severe attention deficit hyperactivity disorder. Once he began taking medication, JB cried with relief after realizing the difference in himself.

“When you’re living inside a mental illness, it’s very difficult to get any distance from it,” explains JB. “Everything you’re experiencing is your ‘normal,’ and you don’t have the perspective to see what’s really going on.”

After more than four decades of spinning his wheels, JB finally has some traction. He now lives in Old Orchard Beach and makes his living as a bus driver. He plans to get his PhD in psychology and use his degree to help others. For now, he’s proud to be an advocate and show how behavioral healthcare can positively affect people’s lives. His advice to those who are having difficulties is to not take it personally.

“There is zero shame in struggling,” adds JB. “Everyone struggles. If you’re having difficulties, get help.” JB got help and now has the ability to concentrate and use his gifts to get wherever he wants to go.

“The efforts of Maine Behavioral Healthcare have been life-changing and made my accomplishments possible,” says JB. “I’m grateful.”

## How Does a Behavioral Health Home Help Clients?

The Behavioral Health Home is a set of services designed to help clients manage their mental and physical health. Adults with mental health challenges often have co-occurring health issues, such as diabetes, heart disease, or lung disease, that underscore the reciprocal relationship between mental and physical health.

The approach to care is what sets the Behavioral Health Home apart from other treatment methods. A case manager monitors use of services and coordinates care between a client and their providers and natural supports to form a team that will help the client reach both their mental and physical health goals.

Among other things, the Behavioral Health Home helps clients to:

- Avoid going to the emergency room or being hospitalized;
- Get needed referrals, services, and support;
- Become involved in effective treatment groups;
- Learn self-advocacy;
- Access nurse care management;
- Make individual plans that include mental and physical health strengths, needs, and goals; and
- Get information about care, including patient and family support and education.



# Grants

## Autism Inpatient Collection

The Autism Inpatient Collection (AIC) study is being performed by the Autism and Developmental Disorders Inpatient Research Collaborative (ADDIRC) and is directed by Matthew Siegel, MD, and Susan Santangelo, ScD. It is funded by a \$1.2 million grant from the Simons Foundation Autism Research Initiative (SFARI) and the Nancy Lurie Marks Family Foundation.

The study began in October 2013 and was designed to produce a collection of phenotypic and genetic data from children with a clinical diagnosis of autism who have been admitted to one of six specialized inpatient child psychiatry units in the United States. Spring Harbor Hospital is proud to count itself among one of these six distinguished providers in the country.

## Research Seeks to Predict Childhood Aggression in Autism Spectrum Disorder

A \$394,409 grant from the National Institute of Health/ National Institute of Child Health and Human Development will develop a new measure of emotion regulation for Autism Spectrum Disorder (ASD), called the Emotion Dysregulation Inventory (EDI). Guidelines from the Patient-Reported Outcome Measurement Information System and gold-standard statistical approaches will be utilized to complete psychometric analysis of the EDI. This study, subcontracted with the University of Pittsburgh Medical Center will produce the largest existing dataset on emotion dysregulation in ASD, which will be used to identify emotional profiles and treatment needs in this population.



*Channel 13's Kim Block interviews Rebecca Brown, LCSW (right) of The Children's Initiative on Adverse Childhood Experiences.*

## The Children's Initiative

A \$99,000 grant from the United Way of Greater Portland focuses on addressing Adverse Childhood Experiences (ACEs) and trauma for children and their parents. Part of the THRIVE 2027 Campaign of the United Way of Greater Portland, The Children's Initiative addresses critical deficits in the behavioral and physical health needs of children and adolescents ages three to eighteen in the Greater Portland community. The Children's Initiative activities include Trauma Focused Cognitive Behavioral Therapy treatment services for children, clinical services for parents, and community-based training.



*Representatives from the Simons Foundation visiting the Center for Autism and Developmental Disorders in South Portland.*



## Simons Foundation Powering Autism Research for Knowledge (SPARK)

A \$150,000 grant from Simons Foundation Autism Research Initiative (SFARI) will fund the Northern New England clinic site for the SPARK study. The study seeks to create a group of 50,000 individuals with Autism Spectrum Disorder (ASD) and their families to identify causes of autism and accelerate future clinical research on ASD. SPARK includes 25 data collection sites nationwide including Maine Medical Center. Biosamples and extensive clinical information are collected from participants. Learn more: [SparkforAutism.org/MaineMedicalCenter](http://SparkforAutism.org/MaineMedicalCenter)

## Expanding Community-Based Recovery Art Program

A \$5,000 grant from the Maine Community Foundation will improve the health of low-income adults by expanding community-based recovery services to individuals with mental health and/or substance use challenges. The Community Based Art Program provides structured reflective, recovery-focused art classes as well as stress reduction art classes for clients at our Rockland Peer Support Center. The program will showcase client art in local businesses or galleries as well as identify a community-based art project.

## Elderworks/WISE, Life Enrichment Art Program, and the Client Assistance Program

A \$20,000 grant from the CWG Fund of the Maine Community Foundation will support three unique programs:

Elderworks and WISE are day support programs for adults age 50+ with long-term mental health needs. Programs provide individualized treatment within a nurturing, supportive environment and assists individuals to live as independently as possible with socialization, management of health conditions, and wellness activities.

The Life Enrichment Art Program (LEAP) builds a supportive community for people interested in improving their physical, spiritual, and emotional wellness through a variety of creative and interactive experiences.

The Client Assistance Program provides support to low-income clients to enhance the quality of life of an

individual in the area of social/recreational needs and activities. This support allows clients the opportunity to engage in enjoyable activities, which they typically wouldn't be able to access due to economic barriers.



**Dream On:** The “Dream Tree” above was a collaboration between Maine Behavioral Healthcare’s Life Enrichment Art Program (LEAP) and ARTVAN, a mobile arts therapy organization that provides services to local children. The project encouraged the artists (LEAP students) to consider the types of hopes and dreams they would like to see grow on a dream tree. The mural was displayed at the Ross Community Center in Biddeford.

L-R: Peer Support Specialist Patricia Rimmer, Kelly Christopher, and Jamie Sylvestri of ARTVAN.



*The Annual Signs of Hope fundraiser generated more than \$190,000 to benefit the Lunder Family Alliance at Spring Harbor Hospital. (L-R): Leonard Lauder and Judith Glickman Lauder, Melissa and Matthew Rubel (event hosts), Sheri and Joe Boulos.*

## Honor Roll of Donors

Thank you to the following donors who supported Maine Behavioral Healthcare between October 1, 2016 and September 30, 2017. We are pleased to recognize your commitment to our mission.

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Sea Tours  
Portland Harbor Hotel  
Portland House of Pizza  
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Portland Pie Company  
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*Drive Against Child Abuse Golf Tournament. (L-R): Steve Merz, MBH President and CEO; Michael Abbatiello, MBH Chief Financial Officer; and John Bouchard, Tournament Founder*

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Maine Hardware  
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 South Portland Fire  
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 South Portland Police  
 Department  
 Southern Maine Health Care  
 Springer's Jewelers  
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 Ann St. John Gray  
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**We greatly appreciate each gift given in support of Maine Behavioral Healthcare, and we have made every effort to ensure the accuracy of this listing. Should you identify inaccurate information, please contact Michelle Zichella, Vice President of Development and External Relations, at 207-661-6100 or [zichem@MaineBehavioralHealthcare.org](mailto:zichem@MaineBehavioralHealthcare.org)**

*Thank you.*

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