The Maryland Health Benefit Exchange again selected HCAM to be the Connector Entity for the Central Region of Maryland, including Baltimore City, Baltimore County, and Anne Arundel County. HCAM used lessons learned from the first enrollment period to enhance our level of service to residents in the Central Region. To increase accessibility, we opened satellite offices in retail spaces in Pasadena and Reisterstown that offered evening and weekend hours. In our home office at 201 E. Baltimore Street in Baltimore City, the Eligibility and Connector programs combined on the 15th floor, creating a true “no wrong door” for consumers seeking assistance with health insurance programs. We also set up five large-scale enrollment events on weekends throughout the second open enrollment period, including an event on November 15, 2014—the very first day of open enrollment—that received attention from national news media.

HCAM also received an important grant from the Maryland Health Community Resources Commission to implement our successful case management model in Sinai Hospital’s Emergency Room with the Access Health program. The three goals of that initiative are to reduce the number of readmissions and over-utilizers of the hospital’s emergency department, improve the health and well-being of the clients enrolled in the program, and save the hospital money by ensuring appropriate medical resources are utilized. HCAM is very excited about our hospital partnerships, and we hope to extend the reach of our case management model to other hospitals in the future.

Our legacy programs continue to thrive and are the backbone of the organization, enabling us to continue to develop new programs and services. Our nurses, social workers, and paraprofessional staff provide invaluable services to a variety of vulnerable populations, such as pregnant/postpartum women, individuals and families experiencing homelessness, children in foster care, and individuals in drug treatment. These staff are the heartbeat of HCAM.

Clearly, our achievements would not be possible without HCAM’s talented staff, the governmental agencies and foundations that make our funding possible, and our dedicated board of directors. On behalf of all the individuals whose work and support make HCAM a model for health care reform and service delivery, I am very proud to share that our organization has once again successfully completed Maryland Nonprofits’ Standards for Excellence accreditation program. HCAM met or exceeded over 50 accreditation standards relating to program quality, ethics, financial reporting, board and resource development, and more.

In its assessment of our application for reaccreditation, Maryland Nonprofits commended HCAM for three items: (1) our program evaluation dashboard and our emphasis on continuous improvement of programs and services; (2) our Corporate Compliance Program; and (3) our strategic plan and responsiveness to the rapidly changing health care environment.

Kathleen Westcoat
President and CEO
MISSION
We are making Maryland healthier by connecting residents to insurance and care, educating the community about healthier living, and advocating a more equitable health care system.

VISION
We envision Maryland as a place where all people have equal access to health care and where there are no disparities in health outcomes based on income or race. HealthCare Access Maryland will be a state and national leader in reforming the health care system.

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Behavioral Health Outreach Programs

BHOP partners with clients experiencing substance use disorders and/or mental illness to strengthen their self-determination by linking them to a full range of support and treatments that promote their overall health, wellness, and recovery. BHOP consists of the following initiatives.

**Baltimore Buprenorphine Initiative.** This collaboration with the Baltimore City Health Department and Behavioral Health System Baltimore connects substance abuse treatment providers, community health centers, and primary care physicians in the fight to end heroin and prescription drug addiction in Baltimore.

**Information & Referral Line.** Through this hotline, behavioral health specialists and certified addiction counselors assess caller needs and connect them to appropriate treatment resources and other services.

**Eviction Prevention and Rapid Rehousing.** Individuals and families experiencing or at risk of homelessness receive security deposits and rental assistance to get them on the road to stable housing.

**Homeless Outreach Program.** HCAM’s outreach staff conduct targeted street and site based outreach to provide individuals in Baltimore City experiencing homelessness or at imminent risk of homelessness with intensive case management services and referrals to housing.

**Recovery Care Services.** Services in the Recovery Care Services division of the Behavioral Health Outreach Program are designed to enable clients to overcome barriers to successfully completing treatment for a substance use disorder. The division includes HCAM’s Jurisdictional/State Care Coordination, Maryland RecoveryNet, and the Women and Children’s Program.
Care Coordination Program -
The Care Coordination Program conducts outreach to provide short-term care coordination services to Baltimore City residents who are covered by Maryland’s Medicaid Managed Care Program, HealthChoice.

Health Insurance Programs -
Connector Program. Connector Program staff work in Baltimore City, Baltimore County, and Anne Arundel County to enroll Maryland residents in qualified health insurance plans through Maryland’s insurance exchange, Maryland Health Connection.

Eligibility Services. Staff of the Eligibility Department assess Baltimore City residents’ eligibility for the Maryland Children’s Health Program, Medical Assistance for Families, and the Medicaid Expansion programs, and help to enroll those who qualify.

Making All the Children Healthy (MATCH).
Through a partnership with the Baltimore City Department of Social Services, the MATCH program provides health care coordination and medical case management to Baltimore City children in foster care.

Population Health.
HCAM’s Population Health Department houses programs that help to improve overall community health by focusing on specific populations, primarily those who are socioeconomically disadvantaged and face persistent barriers to accessing appropriate care and sustaining health and well-being. In particular, HCAM’s Access Health program, a partnership with Sinai Hospital, utilizes care coordination to address the needs of frequent users of the hospital’s emergency services.
Behavioral Health Outreach Programs

Delivering a cohesive portfolio of services to reach our community’s most vulnerable residents

In April 2015, HCAM reorganized its behavioral health related activities under one Behavioral Health Outreach Program (BHOP) department with two divisions. The Recovery Care Services division includes Maryland RecoveryNet, State Care Coordination services, and Care Coordination for Women and Children. (Maryland RecoveryNet replaces Maryland’s Access to Recovery program, which discontinued operation in September 2014.) Other BHOP initiatives include the Baltimore Buprenorphine Initiative, Eviction Prevention and Rapid Rehousing program, Homeless Outreach Services, Information and Referral Line, Needle Exchange, and Operation Care 911. Across its initiatives, BHOP served more than 4,000 individual clients.

In collaboration with the Baltimore City Health Department and Behavioral Health System Baltimore, the Baltimore Buprenorphine Initiative (BBI) enrolled more than 700 new clients and delivered recovery support services to almost 1,000 individuals.

HCAM’s Eviction Prevention and Rapid Rehousing program enrolled 57 new households experiencing or at imminent risk of homelessness and helped a total of 112 households in Baltimore City remain stability housed.

The Homeless Outreach Services program provided case management to over 200 individuals experiencing homelessness, connecting them to housing (emergency shelter, transitional housing, and permanent supportive housing), health care, and mental health and substance use disorder treatment.

HCAM behavioral health specialists and certified addiction counselors provided mental health and substance use disorder treatment information to 2,147 individuals who called the Information and Referral Line. Almost 900 of those clients received referrals to Baltimore City treatment providers as needed, callers also received assistance with applying for insurance to cover the cost of treatment services. Also during FY15, the Information and Referral Line moved forward with plans to collaborate with Baltimore Crisis Response to offer 24/7 telephone access to crisis services as well as information and referral assistance.
Recovery Care Services

The Recovery Care Services (RCS) division of the Behavioral Health Outreach Program provides access to services and resources that help clients overcome barriers to engagement in treatment for substance use disorders. During fiscal year 2015, the RCS division served a total of 2,263 unique clients, including 1,931 State Care Coordination enrollments and 332 referrals, and made a total of 6,798 client contacts.

HCAM’s Jurisdictional/State Care Coordination (SCC) program assists clients referred by residential or outpatient substance use disorder treatment programs in Anne Arundel County, Baltimore City, and Baltimore County. By facilitating access to a wide range of needed recovery support services and resources, HCAM’s Care Coordinators help clients overcome barriers to making and maintaining progress in recovery. During fiscal year 2015, SCC assisted 1,931 clients.

Through Maryland RecoveryNet (MDRN), HCAM connects Maryland residents engaged in clinical recovery services to a variety of medical and nonclinical support resources, funded by State and other sources, to promote completion of treatment for substance use disorders. From November 2014 through June 2015, HCAM’s RCS division enrolled 111 clients in MDRN.

The Care Coordination for Women and Children (CCWC) program provides care coordination and intensive case management services to women who are in or have completed treatment for a substance use disorder, have custody of at least one child, and are enrolled in Behavioral Health System Baltimore’s Women and Children Supportive Housing Project. HCAM served 53 clients in FY15. The CCWC, like other HCAM programs, recognizes substance use disorders as chronic illnesses that affect whole families and require whole person approaches to treatment.
During FY15, HCAM’s Care Coordination Program (CCP) conducted outreach to approximately 12,100 clients, 78 percent (about 9,500) of whom were successfully located and served. Of those referred to CCP, pregnant and postpartum women constituted the largest population, with 81 percent of those referred to the program located and provided with care coordination services. CCP referred 1,003 higher need women and infants to Baltimore City’s home visiting programs for long-term case management.

Part of FY15’s success resulted from the addition of a dedicated Care Coordination Associate who focused on pregnant women referred to the program but not located with the program’s initial 10-day outreach period. This staff member and colleagues, utilizing nontraditional approaches, were able to locate and assess over 90 percent of these clients, leading to referrals to WIC, home visiting, the City’s Infants and Toddlers program, and case management (through the state’s Medicaid managed care organization).

In collaboration with B’more for Healthy Babies, HCAM’s Crib Assistance Program helped to reduce the number of infant sleep related deaths in Baltimore by more than 50 percent over the number in 2009—from 27 that year to 13 in 2014. The Crib Assistance Program provided Baltimore families 206 free cribs plus safe sleep education.

Other notable CCP accomplishments in FY15 include the launch of the Mercy ED Project, a partnership with B’more for Healthy Babies and Mercy Hospital. The goal of this effort is to increase the percentage of pregnant women who receive prenatal care during the first trimester. Women seen in the Mercy Hospital emergency department who have a positive pregnancy test are referred, as needed, to the The Care Coordination Program at HCAM which serves as the City’s Medicaid Administrative Care Coordination Unit (ACC) and HCAM for education, assessment, and referrals to other services and resources.

HCAM’s ACCU funded staff boosted their ability to assist prenatal clients with smoking cessation through the MDQuit Line’s PATCH (Pregnancy and Tobacco Cessation Health) project, which trained staff to provide telephonic cessation support and referrals to pregnant and postpartum women who currently smoke.

Each year, HCAM’s CCP team collects and delivers a basket of groceries and other items for Thanksgiving to one of their client families. This year, the recipient family included a mother with five children (one a newborn) and the children’s grandmother, who was providing the family a place to live.
Communications

Ensuring our audiences have information they need about HCAM’s programs and services and how to use them

To enhance the way our program messaging is received by our audiences, in FY15 HCAM’s Communications department developed new systems and improved existing ones. The new HCAM website was a centerpiece of that effort. Emphasizing ease of navigation and clear, to the point text, the site served as a valuable resource to consumers seeking information and assistance during the Open Enrollment period and year-round for Medicaid clients and our partners. Improving our outreach to Spanish-speaking residents was a Communications goal during FY15. To that end, we developed and launched a new Spanish language video that explains in 60 seconds how to connect to affordable health care coverage. Bilingual navigators used it and HCAM’s other Spanish language resources, including the website’s new “En Español” page and radio and TV ads, to reach new clients and communities in FY15.

Social media remained a central component of our social media strategy last year. Communications staff initiated a social media calendar and made 370 unique posts to Facebook and Twitter, which continue to serve as valuable channels for sharing information about available resources with new and potential clients throughout our service area.

Open enrollment marketing and PR included a robust and successful mass media campaign. We aired consistent radio spots throughout open enrollment and created strategic television ads. Press releases, media alerts, and press event landed positive coverage in national and local outlets, including the New York Times, HuffPost Business, the Baltimore Sun, Baltimore Business Journal, WJZ, WBAL, Fox, and others. We were proud and excited to host a press events featuring Adam Jones. Attendees were the first to hear his radio campaign letting listeners know how to get help enrolling in qualified health plans.

As in FY14, the Communications department worked with the Maryland Health Benefit Exchange and local partners to hold open enrollment events. Five events during the Qualified Health Plan open enrollment period (up from three in FY14) attracted 930 individuals and resulted in 790 enrollments. A sixth event in June 2015, part of our new Medicaid Resource Zone series designed to promote health insurance literacy and provide enrollment assistance, served another 45 clients and resulted in 32 new enrollments in health care coverage. In all, during FY2015 the Communications department coordinated 117 outreach and enrollment events and presentations, reaching more than 5,850 clients.

822 clients enrolled at 6 enrollment events
Health Insurance Programs

Expanding consumer access to skilled health insurance selection and enrollment services

Connector

HCAM continued to serve as one of six regional Connector entities in Maryland, helping thousands of residents make informed decisions about health care plans, then successfully apply and enroll for coverage. An HCAM open enrollment event held in Anne Arundel County was the only place in the entire state of Maryland in which walk-in clients could receive assistance with enrolling in health care plans the day open enrollment began, on November 15, 2014.

An important development in FY15 was expanding our walk-in service options by increasing the number of Navigators available to assist clients at the organization’s office and by opening two satellite locations, Reisterstown and Pasadena, to serve clients in Baltimore and Anne Arundel Counties. Those new locations proved value by consumers. More than 3,400 sought services at our Baltimore County location, and more than 5,000 visited our Anne Arundel location in the six month period beginning December 22 (see figure). Extrapolated to calculate walk-ins for Open Enrollment (November 15) forward, we served approximately 14,761 consumers from November 15, 2014 through June 29, 2015.

The Connector Call Center fielded approximately 43,300 calls in FY15; more than 41,100 of those calls came in the last three quarters of the fiscal year.

In order to have more control over Navigator training and oversight, the Connector program reduced the number of partners from 17 (in FY14) to 11 and hired more HCAM staff Navigators. The program also moved to a new floor in HCAM’s office building and opened up 15 booths to assist walk-in clients. Altogether, in FY15 the Connector program assisted more than 14,750 walk-in clients.

Following strong results in FY14, Maryland continued funding HCAM’s Technical Unit in FY15 to assist clients from across the state with complicated application problems.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Walk-in Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore County</td>
<td>3,417</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>4,330</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>5,072</td>
</tr>
<tr>
<td>Total walk-ins for central region:</td>
<td>12,819</td>
</tr>
</tbody>
</table>

Eligibility Services

In November 2014, Maryland’s Department of Health and Mental Hygiene moved the Medicaid application process from the former Medicaid processing system (MMIS) to the Maryland Health Connection. HCAM’s Eligibility program assisted 19,100 individual clients in FY15. To manage the volume, HCAM initiated a ticketing system to ensure clients were served in the order they arrived. The volume of applications processed by Eligibility in FY15 remained within the top three local health departments in the state.

Clients themselves offered evidence of the value of HCAM’s Eligibility program. Over 90 percent of consumer satisfaction surveys collected by the program during FY15 indicated that consumers believed program staff provided great service!
Making All the Children Healthy (MATCH)

Providing health care coordination for children in foster care in Baltimore City

At the end of FY14, HCAM’s MATCH program, which serves all children in the Baltimore City foster care system, had begun a program improvement planning process that led to significant service delivery model enhancements in FY15. Among the improvements was a shift to population specific case management teams, allowing those teams to focus in on challenges specific to each group. In addition, the updated model increased case reviews for higher risk populations, including those identified as very young children (early childhood), pregnant/parenting teens, medically complex children, those at moderate behavioral health risk, and those at high behavioral health risk.

Also in FY15, HCAM formalized a partnership with the Baltimore Child Abuse Center and Sinai Medical Center/Lifebridge Health, which will serve as the providers completing all initial health screens for children entering foster care.

Over the course of the fiscal year, MATCH provided health care coordination for 781 children who had entered foster care. Of these, 86 percent received their initial health screening no later than five business days after entering their out of home placement. Likewise, 91 percent of children entering foster care received medical, dental, and mental health assessments within 60 days of placement. The program provided updated health passports for children who had been in foster care for more than a year to 84 percent of caregivers.

Overall, MATCH staff completed 3,307 health case reviews, ensuring that children in the foster care system have updated health plans (inclusive of mental health treatment plans).
Performance Improvement

Creating an outcomes based, data driven culture of continuous improvement to ensure delivery of high-quality programs and services

Created in FY14, HCAM’s Performance Improvement (PI) department made significant progress in FY15 toward achieving its founding objectives and supporting the ongoing efficient, effective, and accountable operation of the organization’s programs.

In the fall of 2014, the department increased its own capacity by bringing on a new data manager to focus on the consolidated Behavioral Health Outreach Program and the Population Health programs.

In January 2015, the department finalized a new core competencies framework and training curriculum for all outreach, program support, and administrative support staff. The framework conforms to national case management and community health worker standards, incorporating 7 competency areas and 30 specific skills, such as trauma informed care, motivational interviewing, home visiting safety, and standards based case documentation and reporting, among others.

In line with the new framework, PI worked with program directors to strengthen program operation procedures and data collection practices across HCAM. To support this effort, the organization began work with an outside contractor to develop a new case management database to facilitate sophisticated, thorough, and secure case documentation and reporting while boosting the organization’s ability to collaborate with other provider agencies.
Population Health – Access Health Program

Promoting the well being of socioeconomically disadvantaged groups through improved access to health and mental health care services

HCAM’s Population Health Department, established in June 2015, seeks to improve overall health outcomes of Baltimore City, Baltimore County, and Anne Arundel County residents, with a focus on socioeconomically disadvantaged groups.

HCAM’s Access Health program, a partnership with Sinai Hospital, identifies and assists patients who are frequent users of the hospital’s emergency services or who may be at risk of pregnancy complications, by connecting them to appropriate services and resources and providing post discharge care coordination. During FY2015, the first full year of program operation, 267 patients were referred to the Health Access program.

The Access Health program’s strategy is to reduce barriers to non-emergency health care and behavioral health services and supportive resources for enrolled patients, thereby increasing their use of care that will keep them healthier and reduce their risk of future hospital admissions or readmissions. HCAM care coordinators working onsite at Sinai Hospital assess emergency department patients’ eligibility and needs (covering medical and mental health, insurance status, and social barriers to accessing and complying with care) while they are still hospitalized. Once discharged, eligible patients are enrolled in the Access Health program and work with a dedicated HCAM care coordinator for up to three months to implement their individualized care plan.

A 62 year old man who had utilized the Sinai Hospital emergency room three times within the last 4 months enrolled in the Access Health program. An assessment by the onsite HCAM Care Coordinator found that the patient had a substance use disorder and mental health challenges, needed medication management services, lacked a primary care provider, and was without stable housing or reliable transportation. Access Health program staff helped to stabilize the patient’s housing situation, connected him with a primary care provider and psychiatrist, and referred him to other needed services and resources. The patient did not return to the hospital during the 3 month follow up period.

During his last home visit by an HCAM Care Coordinator, the client expressed satisfaction with his new living arrangement and said, “Life is good now.”
### Healthcare Access Maryland

#### Balance Sheet

**as of June 30, 2015 (Audited)**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
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<tr>
<td>Cash</td>
<td>$936,049</td>
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<tr>
<td>Total Accounts Receivable</td>
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<tr>
<td>Prepaid Expenses</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
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<tr>
<td><strong>Fixed Assets</strong></td>
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<tr>
<td>Furniture</td>
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<tr>
<td>Equipment</td>
<td>458,673</td>
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<tr>
<td>Software</td>
<td>218,648</td>
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<tr>
<td>Leasehold Improvements</td>
<td>58,076</td>
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<tr>
<td>Accumulated Depreciation</td>
<td>(444,478)</td>
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<tr>
<td><strong>Total Fixed Assets</strong></td>
<td><strong>$423,691</strong></td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$3,367,174</strong></td>
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</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
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<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Accounts Payable</td>
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<tr>
<td>Accrued Salaries and Expenses</td>
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<tr>
<td>Accrued Vacations</td>
<td>371,914</td>
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<tr>
<td>Due to Grantor</td>
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<tr>
<td>Loans Payable</td>
<td>200,000</td>
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<tr>
<td>Deferred Rent</td>
<td>104,421</td>
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<tr>
<td>Deferred Revenue</td>
<td>979,544</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>$2,779,861</strong></td>
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<table>
<thead>
<tr>
<th>FUND BALANCE</th>
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<tbody>
<tr>
<td>Prior Year Fund Balance</td>
<td>$587,313</td>
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<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>$587,313</strong></td>
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<tr>
<td><strong>Total Liability and Fund Balance</strong></td>
<td><strong>$3,367,174</strong></td>
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<table>
<thead>
<tr>
<th>REVENUE</th>
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<tbody>
<tr>
<td>Grants</td>
<td>$17,353,972</td>
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<td>Program Revenue – FFS</td>
<td>723,115</td>
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<tr>
<td>In Kind Rent</td>
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<tr>
<td>Miscellaneous</td>
<td>67,487</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$18,280,876</strong></td>
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<tr>
<th>EXPENSES</th>
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<tbody>
<tr>
<td>Program Services</td>
<td>$16,586,040</td>
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<tr>
<td>Administrative Expenses</td>
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</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$18,036,097</strong></td>
</tr>
</tbody>
</table>

| Income (Loss) | $244,779 |

| Overhead Ratio | 8% |
**Board of DIRECTORS**

H. Duane Taylor, Esq., MPP, MCPH  
*Board Chair*  
Mid-Atlantic Association of Community Health Centers

Frederick H. Strieder, Ph.D, MSSA, LCSW-C  
*Board Vice Chair*  
University of Maryland School of Social Work

Paula Brooks-McLellan, MSW  
*Board Secretary*  
Family Health Centers of Baltimore

Charlie H. Camp  
*Board Treasurer*  
M&T Bank

Linda Aldoory, Ph.D.  
University of Maryland School of Public Health

Peter L. Beilenson, MD, MPH  
Evergreen Health Cooperative, Inc.

Jacqueline Duval-Harvey, Ph.D.  
Baltimore City Health Department

Tammi Fleming, Ph.D.  
The Annie E Casey Foundation

Steven M. Galen  
Primary Care Coalition of Montgomery Co.

Michael Christopher Gibbons, MD, MPH  
Johns Hopkins Urban Health Institute

Leslie Graham, MSHA  
Primary Care Coalition of Montgomery Co.

Raegan McDonald-Mosley, MD, MPH, FACOG  
Planned Parenthood of Maryland

William (Bill) McLennan  
Paul’s Place, Inc.

Wendy M. Merrick  
Total Health Care, Inc.

Martha Nathanson, Esq.  
LifeBridge Health Systems

Sarah Polk, MD, ScM  
Johns Hopkins University Department of Pediatrics

K. Mark Puente  
Riverside Health Inc.; Riverside Health of MD, Inc.

Leana Wen, Ph.D. c/o Dawn O’Neill  
Baltimore City Health Department

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**Executive Team**

Kathleen Westcoat, MPH,  
President/Chief Executive Officer

Brigette P. Crawford, BA,  
Vice President, Administration

Lena Hershkovitz, MPH,  
Vice President, Health Insurance Programs

Traci Kodeck, MPH,  
Vice President, Population Health

Susan Markley, MS, MBA,  
Vice President, Business Development

Bruce Berkey, Vice President,  
Chief Financial Officer

---

**Directors**

Vanessa Daniel, Director, Eligibility

Rachel Dodge, MD, MPH, Medical Director, MATCH

Brien Dulaney, Director, Information Management

Dudley Greer, LCSW-C, LCADC,  
Director, Behavioral Health Outreach Program

Lynell Medley, RN, Director, Medicaid Outreach

Tashima Ricks, MSN, PHCNS-BC, RN, Director,  
Population Health

Kris Rusch, MPP, MFA, Director, Communications

Karen Stone, MPP,  
Director, Performance Improvement
HealthCare Access Maryland would like to thank all of its funders who supported our programs and services during the fiscal year of 2015. We look forward to your continued support and collaboration.

- Anne Arundel County Department of Health
- Baltimore City Department of Social Services
- Baltimore City Fire Department
- Baltimore City Health Department
- Baltimore City Mayor’s Office of Human Services
- Baltimore County Department of Health
- Behavioral Health System Baltimore
- Maryland Department of Health and Mental Hygiene
- Maryland Department of Health and Mental Hygiene Behavioral Health Administration
- Department of Health and Mental Hygiene Office of Health Services, Maryland Medicaid
- Maryland Health Benefit Exchange
- Maryland Community Health Resource Commission
- Maryland Department of Human Resources
- U.S. Department of Housing and Urban Development
- Stulman Foundation
- Kaiser Foundation