



Health-General §10-621
Annual Report on Facilities Requesting to be an
Emergency Facility

Behavioral Health Administration

Pursuant to Md. HEALTH-GENERAL Code Ann. § 10-621

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I. Background

The Health-General Article § 10-621 in the Annotated Code of Maryland requires the Maryland Department of Health (MDH) to:

1. At least once a year, publish a list of emergency facilities and their addresses; and give the list to each health department, judge of a court, sheriff's office, police station, local behavioral health authority, and Secret Service office in this State; and
2. Each year, the MDH shall report to the General Assembly, per § 2-1257 of the State Government Article, on:
 - a. The number of facilities that have sought to be designated an emergency facility;
 - b. The number of the facilities reported under item (1) of this subsection that have attempted to meet the model facility standards developed under Health-General Article § 10-621(c);
 - c. The progress of the facilities reported under item (2) of this subsection toward meeting the model facility standards;
 - d. The development of collaborative models between State, local, and private entities; and
 - e. In consultation with stakeholders, the MDH has determined that any changes to the model facility standards are necessary.

II. Overview

The Health-General Article § 10-620 in the Annotated Code of Maryland defines an “Emergency Facility” as “a facility that the MDH designates, in writing, as an emergency facility and includes a licensed general hospital that has an emergency room, unless the MDH, after consultation with the health officer, exempts the hospital.”

Emergency facilities include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers established under Health General § 7.5-207, as well as outpatient mental health clinics that meet the model program structure.

The Maryland Department of Health’s Behavioral Health Administration (BHA) model program structure describes the main components facilities require to become a designated psychiatric emergency facility that accepts emergency petitioned individuals. They include:

1. Comprehensive services and adequate staffing;
2. 24/7 hours of operation;
3. Assessment timelines;
4. Medical evaluation;
5. Withdrawal management capabilities for all substances along with initiation of medication for the treatment of opioid use disorder (MOUD); and
6. Secure locked facility.

Maryland has 37 facilities currently designated as psychiatric emergency facilities (see Appendix A), all of which are hospital emergency departments. BHA continues to work with stakeholders to expand the number and type of facilities designated as psychiatric emergency facilities across the State. Appendix B

provides a complete description of the Model Program Structure of Designated Psychiatric Emergency Facilities.

III. Reporting Requirements

The Health-General Article § 10-621 requires MDH report annually on:

1. The number of facilities seeking to be designated as an emergency facility

In FY 22, only one facility, the Luminis Health Doctors Community Medical Center (Luminis) Emergency Department, located in Lanham, MD, sought to be designated as a psychiatric emergency facility. Luminis started providing services in September 2022.

To note, some crisis providers in the State have expressed an interest in becoming designated psychiatric emergency facilities. However, they are awaiting the establishment of provider reimbursement rates through the Medicaid Administration and regulations for the new provider-type Crisis Stabilization Centers. MDH is in the process of advancing these efforts. The interested crisis providers are:

1. Grassroots Crisis Intervention, Inc. (Howard County);
2. The University of Maryland Upper Chesapeake Health System-Klein Crisis Center (Harford County);
3. Anne Arundel Lodge/Anne Arundel Medical Center (Anne Arundel County);
4. RI International (Prince George's County); and
5. Sheppard Pratt (Statewide interest).

2. The number of the facilities that attempted to meet the model facility standards developed under Health-General Article § 10-621(c);

One facility, Luminis Health Doctors Community Medical Center, Inc., took steps to meet the model facility standards developed under Health-General Article § 10-621(c).

3. The progress of the facilities reported under item (2) of this subsection toward meeting the model facility standards;

Luminis Health Doctors Community Medical Center, Inc. took steps toward meeting the model facility standards for designation by completing an upgrade of its emergency department's behavioral health services, including recruiting additional staff. The facility became a designated psychiatric emergency facility in September 2022.

4. The development of collaborative models between state, local, and private entities:

MDH continues to work with stakeholders across the state to design and implement an innovative, comprehensive, integrated behavioral health crisis system that serves children, youth, adults, and senior adults. The integrated crisis system is based on best practices and includes an

immediate, recovery-oriented solution to support individuals in crisis, avoids unnecessary emergency department visits and hospitalizations, and avoids unnecessary incarceration. The Maryland Crisis System Workgroup (MCSW), composed of over 100 stakeholders, has been the convening body to develop the integrated behavioral health crisis system since February 2021. In addition, working through numerous partners, the workgroup provides a platform for statewide collaboration, exploration, and implementation of national, state, and local models.

5. The Department's consultation with stakeholders to determine changes to the model facility standards is necessary.

As mentioned in above, MDH continues to partner with stakeholders in designing and implementing an integrated behavioral health crisis system. This includes consultation on changes and refinements to the model facility standards. See Appendix C for the stakeholders involved in developing the model program structure.

IV. Conclusions

MDH continues to work with stakeholders to expand the number and type of facilities designated as psychiatric emergency facilities across the state under the goal of designing and implementing an innovative, comprehensive, integrated behavioral health crisis system serving children, youth, adults, and senior adults in the State while operating with a regional and local approach.

In collaboration with diverse stakeholders, including hospital and behavioral health providers, people with lived experiences, advocacy organizations, and numerous state partners, MDH will continue to identify and determine changes and refinements to the model facility standards and work to expand the number of facilities seeking designation as psychiatric emergency facilities across the State.

**Appendix A
2022 DESIGNATED PSYCHIATRIC
EMERGENCY FACILITY LIST**

Allegheny County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
U P M C Western Maryland	12500 Willowbrook Road	Cumberland	MD	21502	(240) 964-7000

Anne Arundel County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Luminis Health Anne Arundel Medical Center, Inc	2001 Medical Parkway	Annapolis	MD	21401	(443) 481-1000
UM Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	MD	21061	(410) 595-1967

Baltimore City

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Grace Medical Center	2000 West Baltimore Street	Baltimore	MD	21223	(410) 362-3000
Johns Hopkins Bayview Medical Center	4940 Eastern Avenue	Baltimore	MD	21224	(410) 550-0123
Johns Hopkins Hospital, The	600 North Wolfe Street	Baltimore	MD	21287	(410) 955-5000
Medstar Union Memorial Hospital	201 East University Parkway	Baltimore	MD	21218	(410) 554-2227
Sinai Hospital Of Baltimore	2401 West Belvedere Avenue	Baltimore	MD	21215	(410) 601-5131
University Of Maryland Medical Center	22 South Greene Street	Baltimore	MD	21201	(410) 328-8667
University Of Md Medical Center Midtown Campus	827 Linden Avenue	Baltimore	MD	21201	(410) 225-8996

Baltimore County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Medstar Franklin Square Medical Center	9000 Franklin Square Drive	Rosedale	MD	21237	(443) 777-7850
Northwest Hospital Center	5401 Old Court Road	Randallstown	MD	21133	(410) 521-2200
University Of Md St Joseph Medical Center	7601 Osler Drive	Towson	MD	21204	(410) 337-1000

Calvert County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Calvert Health Medical Center	100 Hospital Road	Prince Frederick	MD	20678	(410) 535-8240

Caroline County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
UM Shore Medical Ctr At Chestertown	100 Brown Street	Chestertown	MD	21620	(410) 778-7668
UM Shore Medical Ctr at Dorchester	300 Byrn Street	Cambridge	MD	21613	(410) 228-5511
UM Shore Medical Center At Easton	219 South Washington Street	Easton	MD	21601	(410) 822-1000

Carroll County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Carroll Hospital Center	200 Memorial Avenue	Westminster	MD	21157	(410) 848-3000

Cecil County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Union Hospital Of Cecil County	106 Bow Street	Elkton	MD	21921	(410) 392-7009

Charles County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
University Of Md Charles Regional Medical Center	5 Garrett Avenue	La Plata	MD	20646	(301) 609-4265

Dorchester County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
UM Shore Medical Ctr at Dorchester	300 Byrn Street	Cambridge	MD	21613	(410) 228-5511

Appendix A
2022 DESIGNATED PSYCHIATRIC
EMERGENCY FACILITY LIST

Frederick County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Frederick Health Hospital	400 West Seventh St	Frederick	MD	21701	{240} 566-3300

Garrett County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Garrett Regional Medical Center	251 North Fourth Street	Oakland	MD	21550	{301} 533-4173

Harford County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
University Of Md Harford Memorial Hospital	501 South Union Avenue	Havre De Grace	MD	21078	{443} 643-3303
University Of Md Upper Chesapeake Medical Center	500 Upper Chesapeake Drive	Bel Air	MD	21014	{443} 643-3303

Howard County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Howard County General Hospital	5755 Cedar Lane	Columbia	MD	21044	{410} 740-7890

Kent County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
UM Shore Medical Ctr At Chestertown	100 Brown Street	Chestertown	MD	21620	{410} 778-7668

Montgomery County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Adventist Healthcare Shady Grove Medical Center	9901 Medical Center Drive	Rockville	MD	20850	{240} 826-6527
Adventist Healthcare White Oak Medical Center	11890 Healing Way	Silver Spring	MD	20904	{240} 637-4000
Holy Cross Hospital	1500 Forest Glen Road	Silver Spring	MD	20910	{301} 754-7000
Medstar Montgomery Medical Center	18101 Prince Philip Drive	Olney	MD	20832	{301} 774-8771
Suburban Hospital	8600 Old Georgetown Road	Bethesda	MD	20814	{301} 896-2576

Prince George's County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Luminis Health Doctors Community Medical Ctr, Inc	8118 Good Luck Road	Lanham	MD	20706	{301} 552-8118
Medstar Southern Maryland Hospital Center	7503 Surratts Road	Clinton	MD	20735	{301} 868-8000
UM Laurel Medical Center	7300 Van Dusen Rd	Laurel	MD	20707	{301} 725-4300
University of Maryland Prince George's Hospital Center	3001 Hospital Drive	Cheverly	MD	20785	{301} 618-2000

Queen Anne's County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
UM Shore Medical Ctr At Chestertown	100 Brown Street	Chestertown	MD	21620	{410} 778-7668
UM Shore Medical Ctr At Easton	219 South Washington Street	Easton	MD	21601	{410} 822-1000

St. Mary's County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Medstar Saint Mary's Hospital	25500 Point Lookout Road	Leonardtown	MD	20650	{301} 475-6001

Somerset County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Tidalhealth Peninsula Regional, Inc	100 East Carroll Avenue	Salisbury	MD	21801	{410} 546-6400

Appendix A
2022 DESIGNATED PSYCHIATRIC
EMERGENCY FACILITY LIST

Talbot County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
UM Shore Medical Center At Easton	219 South Washington Street	Easton	MD	21601	(410) 822-1000

Washington County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Meritus Medical Center	11116 Medical Campus Road	Hagerstown	MD	21742	(240) 313-9500

Wicomico County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Tidalhealth Peninsula Regional, Inc	100 East Carroll Avenue	Salisbury	MD	21801	(410) 546-6400

Worcester County

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Phone
Tidalhealth Peninsula Regional, Inc	100 East Carroll Avenue	Salisbury	MD	21801	(410) 546-6400

Appendix B: Model Program Structure of Designated Psychiatric Emergency Facilities

Introduction

The Designated Psychiatric Emergency Facilities list, published by the Maryland Department of Health (MDH) Behavioral Health Administration (BHA), is required to meet the criteria listed in Health-General Article § 10-621:

1. Is adequately staffed to provide 24-hour emergency petition services
2. Provides the necessary services required for an emergency petition
3. Has written procedures in place that provide for involuntary admissions, through an emergency petition, including to a licensed hospital, as necessary
4. Provides additional support to respect the due process rights of patients received through the emergency petition process
5. Complies with additional procedures as otherwise determined by the Department

The Health-General Article § 10-620 in the Annotated Code of Maryland defines an "Emergency Facility" as "a facility that the MDH designates, in writing, as an emergency facility and includes a licensed general hospital that has an emergency room, unless the MDH, after consultation with the health officer, exempts the hospital."

Emergency facilities include comprehensive crisis response centers, crisis stabilization centers, crisis treatment centers established under Health General § 7.5–207, and outpatient mental health clinics that meet the model program structure.

The BHA model program structure describes the main components facilities require to become a designated psychiatric emergency facility that accepts emergency petitioned individuals. They include:

1. Comprehensive services and adequate staffing;
2. 24/7 hours of operation;
3. Assessment timelines;
4. Medical evaluation;
5. Withdrawal management capabilities for all substances along with initiation of medication for the treatment of opioid use disorder (MOUD); and
6. Secure locked facility.

Comprehensive services and adequate staffing: Designated Psychiatric Emergency facilities require higher staff numbers than non-designated facilities with the capacity and expertise to handle high psychiatric emergencies from emergency petitioned individuals without impacting the care of others in the facility. Psychiatrists or psychiatric nurse practitioners can provide psychiatric care, and the facility's medical director is to be a psychiatrist. Unlike hospital-based emergency rooms, free-standing crisis facilities do not have extra staff to respond immediately and assist in a psychiatric or medical emergency; thus, the minimum staffing requirement for all shifts is 24 hours a day.

24/7 hours of operation: Health-General Article § 10-621 requires Psychiatric Emergency Facility to be open 24 hours a day, seven days a week, this differentiates them from crisis facilities or urgent care centers that serve only individuals presenting voluntarily for assessment and treatment.

Assessment timelines; - Designated Psychiatric Emergency Facilities are to have the capacity to provide the Core Components of the Behavioral Health Assessment and Treatment: these are

1. comprehensive services
2. on-site behavioral health crisis stabilization,
3. withdrawal management capabilities for all substances,
4. screening for suicide risk,
5. comprehensive suicide risk assessment and planning,
6. violence risk and comprehensive risk assessment,
7. initiation of medication for the treatment of opioid use disorder
8. There should be a linkage of services provided to existing community behavioral health service providers.
9. Individuals provided care linked to follow-up and outpatient support services upon discharge. Finally, for those needing hospitalization, there should be written agreements with nearby community hospitals for admission to their psychiatric units or a medical admission if indicated.
10. Withdrawal management capabilities for all substances along with initiation of medication for the treatment of opioid use disorder (MOUD).

Medical evaluation: Medical evaluation and physical exam, with a medical review of systems and medical history, should accompany the initial behavioral assessment by a psychiatrist or psychiatric nurse practitioner in these facilities. Initial evaluations done by telehealth are to be followed up by an in-person physical exam conducted by a psychiatrist or psychiatric nurse practitioner when next on-site, but no later than 24 hours after admission. In addition, provision of needed medical treatment interventions, assessment of medical stability, and evaluation of laboratory and diagnostic orders as indicated.

Secure locked facility: Designated Psychiatric Emergency Facility must be secure to accept individuals presenting voluntarily with behavioral health issues and involuntarily on an emergency petition. The receiving facilities must have a secure and locked dedicated drop-off space for mobile crisis, law enforcement, or medical services personnel bringing in individuals to the facility with minimal turnaround time.

Legal and accreditation processes and activities

Respect for the due process, rights of patients received through the emergency petition, and certification for involuntary hospitalization must follow all emergency petition and involuntary hospitalization procedures

The patient's right to an Involuntary Admission hearing before an administrative law judge as provided in Health-General Article §10-632. Relevant statutes include Health General §§10-613, 10-614, 10-615, 10-616, and 10-617, Health-General Article §§10-620, 10-621, 10-622, 10-623, 10-624, and 10-625, and Health-General Article §§10-631, 10-632, and 10-633.

Summary

As Maryland moves towards improving crisis care across the state through initiatives like redirecting behavioral health-related 911 calls to mobile crisis teams instead of law enforcement, statutory change may be needed to facilitate access to care for emergency petitioned individuals. There is also a need to facilitate accreditation of designated facilities such as the Behavioral Health Crisis Stabilization Center from the appropriate accrediting bodies such as the Joint Commission or CARF, With BHA providing oversight to ensure facilities are up to date.

Appendix C: Stakeholders Involved in the Development of the Model Program Structure

MARYLAND CRISIS SYSTEM WORKGROUP STAKEHOLDERS			
September 6, 2022			
Full Name	First	Last	Organization
Adrienne Mickler	Adrienne	Mickler	Anne Arundel LBHA
Allen Twigg	Allen	Twigg	Meritus Health
Aliya Jones	Aliya	Jones	Luminis Health
Ameejill Whitlock	Ameejill	Whitlock	Middle River Volunteer Fire and Rescue
Andrea Brown	Andrea	Brown	Black Mental Health Alliance
Andrew Guy	Andrew	Guy	Medicaid
Angela Onime	Angela	Onime	BHA
Ann Ciekot	Ann	Ciekot	Public Policy Partners Maryland
Ann Geddes	Ann	Geddes	Md. Coalition for Families
Ashley Johnson	Ashley	Johnson	Carefirst
Barry Page	Barry	Page	BHA
Billina Shaw	Billina	Shaw	Prince George's Co. Health Dept.
Brendan Welsh	Brendan	Welsh	BHA
Carmen Lopez-Arvizu	Carmen	Lopez-Arvizu	Kennedy Krieger
Catherine Gray	Catherine	Gray	Anne Arundel LBHA
Connie Martin	Connie	Martin	BHA
Christine Milano	Christine	Milano	BHA
Crista Taylor	Crista	Taylor	BHSB LBHA
Dan Martin	Dan	Martin	Mental Health Association of Maryland
Daniel Kornfield	Daniel	Kornfield	Dignity Best Practices
Daniel Rabbitt	Daniel	Rabbitt	BHSB Baltimore (GBRICS)
Darren McGregor	Darren	McGregor	BHA
Daryl Plevy	Daryl	Plevy	Consultant
Deana Krizan	Deana	Krizan	Balto.Crisis Response
Del. Karen Lewis Young	Karen	Young	Delegate
Dionne Bowie	Dionne	Bowie	BHA
Dorne Hill	Dorne	Hill	Montgomery County Dept. Health Human Services
Dr. Lisa A. Burgess	Lisa	Burgess	Acting Deputy Secretary for Behavioral Health
Ed Soffe	Ed	Soffe	BHA
Kate Farinholt	Kate	Farinholt	NAMI
Elizabeth Kasameyer	Elizabeth	Kasameyer	Medicaid
Eric Weintraub	Eric	Weintraub	UMD SOM

Erin Dorrien	Erin	Dorrien	Maryland Hospital Association
Fred Chanteau	Fred	Chanteau	Retired from Affiliated Sante Group
Gina Eckart	Gina	Eckart	Health Management
Harsh K. Trivedi	Harsh	Trivedi	Sheppard Pratt Health Systems
Heather Shek	Heather	Shek	MDH
Holly Wilcox	Holly	Wilcox	Johns Hopkins School of Medicine
Howard Ashkin	Howard	Ashkin	Medmark
Jacqueline E. Somerville	Jacqueline E.	Somerville	Prince George's Co. Health Dept.
James Yoe	James	Yoe	BHA
Jeff O'Neal	Jeff	O'Neal	CEO, Brook Lane in Western Maryland
Jennifer Corbin	Jennifer	Corbin	Anne Arundel Crisis System
Jennifer Lowther	Jennifer	Lowther	Univ. Md. Innovations Institute
Jennifer Redding	Jennifer	Redding	Un. Md. Upper Chesapeake Health, Klein Crisis Center
Jessica Kraus	Jessica	Kraus	Harford County CSA
Joe Petrizzo	Joe	Petrizzo	Holy Cross Health
Kandy McFarland	Kandy	McFarland	Adventist Healthcare
Kate Farinholt	Kate	Farinholt	NAMI
Kathleen Rebbert-Franklin	Kathleen	Rebbert-Franklin	BHA
Kathryn Dilley	Kathryn	Dilley	Mid Shore Behavioral Health, LBHA
Katie Rouse	Katie	Rouse	OOO
Kaylin McJilton	Kaylin	McJilton	BHA
Kelsey Hulteng	Kelsey	Hulteng	Carroll County Youth Services Bureau
Kevin Keegan	Kevin	Keegan	Catholic Charities of MD
Kevin Keegan	Kevin	Keegan	Duplicate different address
Laura Burns-Heffner	Laura	Burns-Heffner	BHA
Lisa Fassett	Lisa	Fassett	BHA
Lori Doyle	Lori	Doyle	MDCBH
Mara Weinstein	Mara	Weinstein	Pew Charitable Trusts
Margaret Fowler	Margaret	Fowler	Executive Director, TLC.MD.org
Maria Rodowski-Stanco	Maria	Rodowski- Stanco	BHA
Marian Bland	Marian	Bland	BHA
Mariana Izraelson	Mariana	Izraelson	Grassroots Crisis System
Marianne Gibson	Marianne	Gibson	OCCC
Marion Katsereles	Marion	Katsereles	BHA
Marshall Henson	Marshall	Henson	BHA
Mary Viggiani	Mary	Viggiani	BHA
Megan Peters	Megan	Peters	MDH
Megan Renfrew	Megan	Renfrew	Health Services Cost Review Commission
Michael Clark	Michael	Clark	Pew Charitable Trusts
Michael Udwin	Michael	Udwin	Carefirst

Michelle Zabel	Michelle	Zabel	Univ. Md. Innovations Institute
Mindy Kim-Woo	Mindy	Kim-Woo	MDH Office of Facilities Management & Development
Moira Cyphers	Moria	Cyphers	NAMI, Compass Advocacy
Nancy Rosen-Cohen	Nancy	Rosen-Cohen	National Council Alcoholism and Drug Dependency
Oleg Tarkovsky	Oleg	Tarkovsky	Carefirst
Patricia Miedusiewski	Patricia	Miedusiewski	Community Advocate
Quinton Askew	Quinton	Askew	211 Maryland
Rebecca Raggio	Rebecca	Raggio	Medicaid
Rhonda Callum	Rhonda	Callum	BHA
Robin Rickard	Robin	Rickard	OCCC
Rodney Kornrumpf	Rodney	Kornrumpf	Anne Arundel Health Systems, Behavioral Health
Samantha Moorhead	Samantha	Moorhead	Dignity Best Practices
Sarah Myers	Sarah	Myers	MDH
Scott Graham	Scott	Graham	Holy Cross Health
Scott Rose	Scott	Rose	Sheppard Pratt Health Systems
Senator Katie Fry Hester	Katie Fry	Hester	Senator
Serina Eckwood	Serina	Eckwood	NAMI
Sharon Lipford	Sharon	Lipford	BHA
Shelly Gullede	Shelly	Gullede	BHA
Stacey Walker, MSC, LCSW-C	Stacey	Walker	Tidal Health
Stacy DelVecchio	Stacy	DelVecchio	St. Mary's County Health Department
Stephanie House	Stephanie	House	BHA
Stephanie Knight	Stephanie	Knight	UMD SOM
Stephanie Slowly	Stephanie	Slowly	BHA
Steve Schuh	Steve	Schuh	Medicaid
Steve Thomas	Steve	Thomas	Anne Arundel Police Department
Steven Whitefield	Steven	Whitefield	BHA
Susan Bradley	Susan	Bradley	BHA
Tammy M. Loewe	Tammy	Loewe	St. Mary's County Health Department
Tatiana Reyes	Tatiana	Reyes	Gov's Office of Crime Prevent, Youth, and Victim Srvs.
Thomas Merrick	Thomas	Merrick	BHA
Tiffany Russell	Tiffany	Russell	Pew Charitable Trusts
Timothy Feist	Timothy	Feist	Tidal Health
Tricia Roddy	Tricia	Roddy	Medicaid
Uma Ahluwalia	Uma	Ahluwalia	Health Management
Vamsi Kalari	Vamsi	Kalari	Kennedy Krieger
Vickie Walters	Vickie	Walters	IBR/REACH Executive Director
Victor Welzant	Victor	Welzant	ICISF