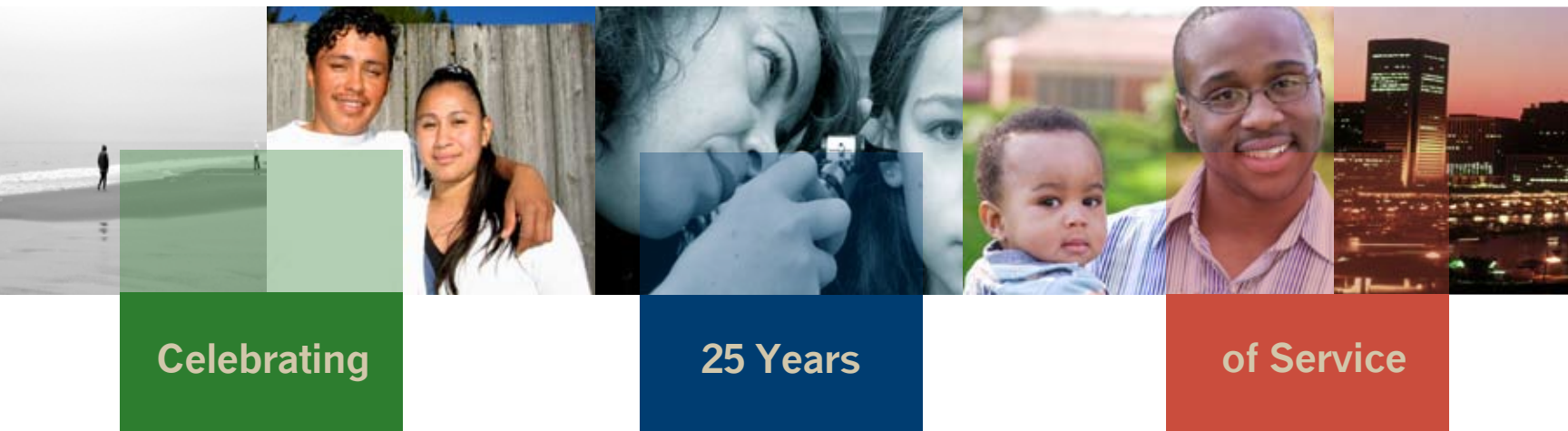


MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS



Celebrating

25 Years

of Service

25th ANNIVERSARY ANNUAL REPORT

2007

The community health center movement

was born from the convergence of ideas and momentum of the Civil Rights Movement of the 1960's and President Lyndon B. Johnson's War on Poverty. Its humble beginnings started as pilot programs, contemporaneously, in a troubled housing project in Columbia Point, Boston and rural Mound Bayou, Mississippi. The Mound Bayou location was kept undisclosed to help prevent racial strife in the embattled area. The health center model was a new concept brought from South Africa by way of Dr. Jack Grieger; its focus on outreach, prevention, curative care and community involvement came at a time when the government and people were looking for new ways to bring much needed medical care to poor communities. Health centers gained support in Congress and grew rapidly over the years, despite occasional efforts to end the program. Now, over 40 years have past and the health center movement has spread to every state and Puerto Rico, providing essential health care to over 15 million underserved Americans. It has become the safety-net institution for our nation's poor, the uninsured and anyone lacking access to health care.

Southbridge Medical Advisory Council in Wilmington, DE is established. Will later become the Henrietta Johnson Medical Center.

1968

Delmarva Rural Ministries, Inc in Dover, DE, Park West Health Systems, Inc in Baltimore City, and Greater Baden Medical Services in Prince George's, are established.

1972

Family Health Centers of Baltimore and Caroline Health Services, are founded. Caroline Health Services will later become Choptank Community Health Services, Inc.

1977

1964-1965

During his 1964 State of the Union address President Lyndon B. Johnson declares *'War on Poverty'* - which led to the passage of the Economic Opportunity Act and the Office of Economic Opportunity (OEO). Almost immediately, the OEO began to search for a program to bring medical care to the poor. In the next year, 1965, Dr. Jack Geiger of Tufts University introduces the *'community-oriented primary care'* concept. Two neighborhood health center demonstration projects obtain funding from the OEO under this concept-model.

1969

The health center program grew rapidly under the support of champions like Senator Ted Kennedy. By the late sixties approximately 60 federally-funded health centers were in existence.

1970

Health centers governance policy moves toward creating a more community-centered health center model, where residents who are eligible for health center services are now expected to sit on the governing boards of the centers.

1971

Despite an overall reduction in government spending under President Richard Nixon's *'New Federalism'*, health centers continue to expand throughout the nation. By 1971 there were 150 health centers in urban and rural locations.

1975

The health center program is targeted for elimination, instead they gain programmatic authority through legislation passed. Led by Senator Ted Kennedy and Congressman Paul Rogers, this legislation delineated specific required services health centers had to offer and mandated them to have a consumer-majority governing body.

Mid-Atlantic Association of Community Health Centers (MACHC) was first organized in 1982 by leaders in the community health movement. The goal of the association was to create an organization that would actively advocate and work to the benefit of community health centers where collective action and coalitions of health centers were needed. Still today, 25 years later MACHC sees as its mission:

To advance and sustain the Bureau of Primary Health Care supported programs and other locally based safety net community health systems of care throughout Delaware and Maryland through public development, community education, and representing our member interests in collectively adapting to an ever-changing industry and political environment.

Since 2000, MACHC has worked aggressively to help establish new health centers and expand upon our existing network, capitalizing on George W. Bush's Presidential health center expansion program. In that same time period, our organization has created over \$50 million dollars in locally available funds to enhance and expand patient care at community health centers. In its 25th year of service to communities in need, the Mid-Atlantic Association of Community Health Centers is a very proud member of the community health center movement in Delaware and Maryland and looks forward to many more years of rewarding service.

Mid-Atlantic Association of Community Health Centers is founded.

1982

Baltimore Medical Systems, Inc. is founded.

1984

Total Health Care, Inc. of Baltimore City is founded.

1989

Walnut Street Community Health Center is founded in Hagerstown, Maryland.

1999

La Red Health Center is founded in Georgetown, Delaware.

2001

Mountain Laurel Medical Center is founded in Garrett County, Maryland.

2006

1980-1982

By 1980, the number of health centers grew to 872, serving 5 million individual nationwide. The Reagan Administration proposes to move health center funding, to a state-block grant, with total funds to be cut by 25%. Ultimately the health center program was able to avoid being added to a block grant, however the program was cut by \$47 million and 197 grantees were phased out altogether during this time.

1989-1990

The Federally Qualified Health Center program is developed. Under this program, health centers would receive Medicaid and Medicare cost-related reimbursement rates, increasing total payments to closer reflect closer patient costs. As a result, Medicaid replaced grants as the largest income source for health centers.

1990's

The Clinton Administration brought to office the *White House Health Care Reform Task Force*. Many health programs were targeted for reforms and considerable efforts were made by health center advocates and Congressional staff to ensure continued support of health centers. At this same time, Congress led the way for health center appropriation increases from \$757 million in 1995 to \$1.169 billion in 2001.

2001

President George W. Bush takes office and implements an ambitious health center expansion program. The program called for adding 1,200 health centers or expansion sites and increasing the number of patients to 16 million within five years.

2005-2007

Despite significant cuts to the proposed funding increases of 2001, funding in 2005 was up to \$1.75 billion. By 2007, there are 1,067 grantees serving over 16 million patients across the United States.

A MESSAGE FROM MACHC BOARD PRESIDENT

Dear Colleagues,

It has been a pleasure to serve as the MACHC Board President these past two years. This year is especially significant, as 25 years ago the leadership among our health centers came together to form the organization that would become Mid-Atlantic Association of Community Health Centers. In this last, seminal year, our organization has experienced a tremendous amount of growth and success - to which I am very proud. Last year we exceeded the \$1 million revenue mark for the first time in the history of the organization. This is a superlative accomplishment given that this figure is three times the revenue amount from just 6 years ago. We have added two entirely new positions within the organization to help support our health centers and our growing program list. This includes our Continuous Quality Improvement initiative, a program in which our organization has already received national recognition as being a leader among primary care associations in quality improvement.

I note these accomplishments not only to congratulate our staff at MACHC, but to also extend my praise to our members as well. MACHC was created by health centers - and remains a health center controlled organization. The successes we have experienced in recent years are as much a result of the hard work of our MACHC staff as it is the participation and leadership of our membership. For that reason, let me commend each of our members and their staff for their efforts in supporting MACHC.

As we look to the future and prepare our plans for building upon our accomplishments, it is my hope that we can continue to be leaders among health centers and grow as an organization. Being the MACHC Board President has been a wonderful experience for me - and I thank you for the opportunity.

Debra Singletary

A MESSAGE FROM MACHC CHIEF EXECUTIVE OFFICER

Dear Friends,

As we celebrate our 25th anniversary, the following verse comes to mind:

"The race is not to the swift, nor the battle to the strong, neither yet bread to the wise, nor yet riches to men of understanding, nor yet favour to men of skill; but time and chance happeneth to them all."

Ecclesiastes 9:11

This statement was true when it was first penned and remains true to date. Over the last 25 years, health centers in Maryland and Delaware have faced challenging political, economic and social obstacles in delivering care to underserved families. These obstacles have presented themselves in the past as limited political will or financial support for health center related initiatives; an unwillingness, by politicians or other health care providers, to recognize the role that health centers play in serving the needs of underserved communities throughout Maryland and Delaware; and the increasing health care needs of our patients as the rates for chronic diseases such as diabetes, cardiovascular disease, hypertension and HIV increased significantly. Throughout these difficult times, the Mid-Atlantic Association of Community Health Centers (MACHC) has remained vigilant as the voice for underserved families and health centers in Maryland and Delaware. This lone voice, at times, has remained consistent in demonstrating the important role that health centers play in improving health care access and outcomes in communities that others choose not to serve.



As noted in the last part of the verse *"time and chance happeneth them all"*, we have seen a dramatic change in the political will and support for expanding the health center business model. This was demonstrated at the federal level with the introduction of the President's Health Center REACH Initiative. Under this initiative, the President committed an additional billion dollars to the health center budget to ensure the creation of an additional 1200 new health center access points throughout the country. This federal commitment was matched at the state level with the passage of the Safety Net Access Act in 2005 and the Oral Health Access Act in 2007 in Maryland and increased funding by the Delaware Health Care Commission to support health center expansion among the Delaware Health Centers. The state legislation and state support has resulted in over \$55 million in funding now available to support access related initiatives throughout Maryland and Delaware. Again, MACHC played a critical role in ensuring the passage of the state legislation and success of these initiatives.

The resulting impact from this support on our safety-net system has been significant; since 2001 the number of service delivery sites in Maryland and Delaware have increased by 50% - while the number of centers receiving Section 330 funding has increased by nearly 30%. These increases have allowed for more than 100,000 additional patients to be seen at our health centers - bringing the number of patients served in our region to almost a quarter of a million!

We look forward to working another 25 years to serve the needs of underserved families and our health center constituency. We recognize that while the race may not be to the swift it is definitely is for those that can endure.

We look forward to your continued support.

Miguel McInnis, MPH

25 YEARS OF SERVING COMMUNITIES IN NEED

At MACHC, our philosophy is simple - we believe health services are a right, not a privilege. All people have a right to accessible, affordable, quality health care. Finally we believe that community partnerships help to maximize the use of resources to enhance well-being and health. MACHC works diligently to represent our membership across a diverse spectrum of community groups and coalitions. This representation ensures that the voices of our health centers and their patients are heard in a variety of forums. MACHC currently represents health centers in a number of different committees, projects and coalitions. Below are a few of the partnerships that MACHC works with;

- ↳ Miguel McInnis is a member of the Maryland Medicaid Advisory Committee which advises the state legislature on Medicaid policy and regulations.
- ↳ The Place Matters Baltimore Collaborative is a Baltimore city coalition of organizations that are examining the social determinants of poverty and health disparities. Partnering groups include the Baltimore City health department and Associated Black Charities.
- ↳ Barbara DeBastiani represents our membership at meetings for boards and commissions in Delaware include the Delaware Health Care Commission and the Delaware Health Resources Board. Furthermore, she is a member of the Delaware Immunization Coalition and the Medical Society of Delaware - Charitable Services Committee.
- ↳ MACHC is the coordinating organization between the University of Maryland and our health centers for the Maryland Research Collaborative (MaRC) - Primary Care Practice Based Research Networks (PBRN). This work will involve

CONTINUOUS QUALITY IMPROVEMENT

MACHC LAUNCHES CQI in 2007

On May 17, 2007, MACHC hosted a kick-off event introducing our Continuous Quality Improvement (CQI) Initiative at a day long face-to-face meeting. This initiative evolved from the Health Resource Services Administration's (HRSA) directive issued earlier in the year that the focus of clinical quality improvement, inclusive of the Health Disparities Collaborative would make a shift to the state level. Primary Care Associations such as MACHC would assume responsibility in supporting overall Quality Improvement efforts both clinical and operational at the state level for the Community Health Centers whom they serve. This shift from a regional support to a state support took effect April 1, 2007.

In preparation for this initiative MACHC contracted with Management Solutions Consulting Group, (MSCG) and Delmarva Foundation, a national, not-for-profit organization with a mission to improve health in the communities they serve.

MSCG developed a survey to determine the needs of the health centers relative to their Quality Improvement process. Their initial report yielded priority areas as reported by the health centers such as Health Information Technology, Workforce Recruitment and Retention, and Quality and Process Improvement technical support. The Delmarva Foundation began collecting and analyzing data to determine benchmarking standards across organizations serviced by MACHC and to ascertain areas of strength and weakness across health centers to aid in prioritizing the clinical focus of MACHC and the health centers to which they provide support.

practicing clinicians asking and answering clinical and organizational questions central to primary health care. The MaRC - PBRN will focus on 3 initial focus points for health center patients; diabetes, hypertension and breast cancer screenings.

- ↪ MACHC cofounded the Maryland Health Disparities Coalition which serves as a resource to distill and disseminate information on health disparities, health quality and health parity. Such issues have included environmental justice, cultural sensitivity, public safety, and legislative initiatives aimed at creating high quality and parity for Maryland residents.
- ↪ The Federal Housing Authority, Baltimore City Housing Authority and MACHC have developed a partnership to examine health care access issues for public housing residents.
- ↪ MACHC is a member of the Maryland Oral Health Advisory Committee which makes recommendations and helps to prioritize areas for funding opportunities in the state for dental health care.
- ↪ The Health Access Network of Delaware (HAND) is a coalition of statewide volunteer and non-profit health organizations, businesses, and individuals, including MACHC, working together on health care issues. HAND is a service created through the cooperation of organizations, individuals and industries concerned about protecting every Delawarean's access to important health information and access to safe and effective medicines.

On October 10, 2007 MACHC hosted its second face-to-face CQI event. This meeting yielded over 100 participants inclusive of FQHCs throughout Maryland and Delaware. Presentations encompassed information relating to the various data collected in the previous months, and the development of next steps as identified by participants to this event. Sub-committees were developed based on the five priority areas identified by health centers including Clinical Quality Indicators (relative to UDS clinical measures and best practices), Business Case & Process Improvement, Workforce Development, Health Information Technology, and Finance. Participants were asked to commit to participation within a desired work group recognizing that a quality improvement effort could only be achieved with the commitment and support of the health centers that MACHC serves. The group further assisted in the development of the work plan that would drive the CQI process forward.

Since these two very important face to face meetings, MACHC'S CQI initiative has continued to flourish. Focus has included the new quality of care and clinical outcome measures that will be required for reporting by all Community Health Centers within their 2008 UDS reports. Continuity of data collection, sampling methodology and the focus of improvements on base line data has maintained the focus of this group.

Sub-committees continued to meet by conference call or in person to advance their efforts in their respective areas. Additionally through MACHC's CQI process, we have built an overall foundation for quality improvement in health centers. This is evidenced through our continued partnership with the University of Maryland School of Medicine and MACHC's involvement in the Practice Based Research Network.

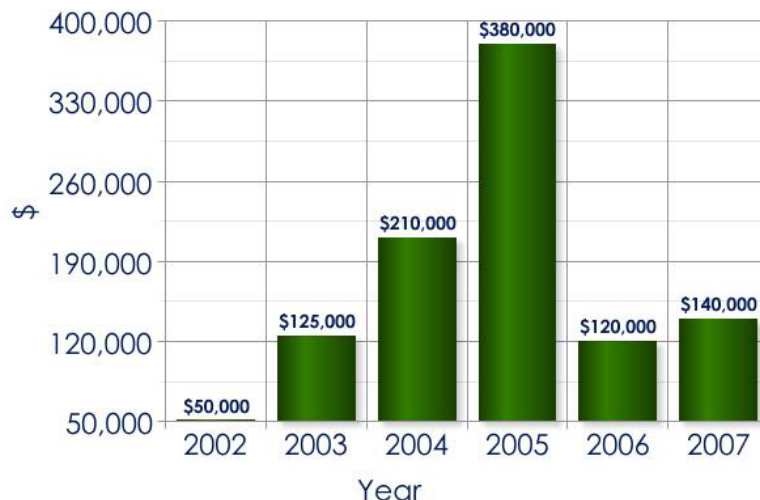
MACHC is very excited about the level of commitment health centers have exhibited to the Continuous Quality Improvement Process and look forward to seeing the impact the CQI process has on our health centers and the patients they serve.

EMERGENCY PREPAREDNESS

MACHC SURPASSES \$1 MILLION DOLLAR MARK FOR EMERGENCY PREPAREDNESS IN 2007

Over the past five years, Mid-Atlantic Association of Community Health Centers has been collaborating with FQHCs in Maryland and Delaware to assess, foster and develop their individual capabilities in emergency preparedness and response. MACHC has worked strongly with local and state health departments to ensure that FQHCs are an integral part of both local and state emergency preparedness plans. We have offered technical assistance to health centers through hands-on-training at individual health centers, including web-based table tops, as well as conference style training where we have addressed National Incident Management Systems (NIMS) Compliance, Mass Casualty and Pandemic Influenza. We have leveraged over \$500,000 in grants and contracts with our strategic partners to assist our health centers in this important effort.

MACHC Grant Funding for Emergency Preparedness



COMMUNITY HEALTH AND ADDICTION SERVICES

In 2002, MACHC made a commitment to help improve the publicly funded substance abuse treatment system. Funded by generous grants from the Open Society Institute-Baltimore, our work originally centered around pilot projects in Baltimore City. These pilots demonstrated the value and practicality of providing a new medication for opioid dependence, buprenorphine, through collaboration between drug addiction treatment providers and community health center physicians. As a result of these pilots, FQHCs and MACHC became central participants in the Baltimore City Buprenorphine Initiative. Today, three quarters of the physicians accepting patients under this initiative for long term addiction treatment are Community Health Center providers. The numbers will continue to grow as both the demand and the public funding for this new and effective treatment builds.

Over the past 2 years, MACHC has served in an advisory capacity, helping tie CHC pilot program experience to the development of the new Baltimore City program. That program has grown steadily. At last count, over 1,100 patients had been treated. Furthermore, MACHC is proud that Baltimore's buprenorphine initiative has become a model for state-wide replication. Through supplemental funding made available by the Maryland Alcohol and Drug Abuse Administration (ADAA), all Maryland jurisdictions are now able to offer buprenorphine to opioid dependent patients.

MACHC Director of Special Projects, Rebecca Ruggles, now also serves on the ADAA Task Force to plan for a Recovery Oriented System of Care in Maryland. Focusing on recovery, rather than exclusively on treatment, is a new theme for the public health side of the addictions field. We expect the role of FQHCs to be prominent in this movement, just as they were in developing the buprenorphine system of care. The ADAA task force is charged with assessing gaps in the publicly funded system of addiction related services, and with developing recommendations for moving Maryland towards a Recovery Oriented System of Care. MACHC looks forward to contributing to this important work.

HERS!

MACHC HOLDS 2nd SYMPOSIUM ON WOMEN'S HEALTH

Mid-Atlantic Association of Community Health Centers hosted a health symposium entitled: HERS! Health, Empowerment and Resource Symposium for Women. HERS was a day long women's educational health fair that was free to the public. The event was held on May 26, 2007 at the Sheraton Baltimore City Center in Baltimore, MD. HERS! provided free health screenings, exhibitor and vendor tables, plenary/information sessions on specific women's health issues, exhibition areas, giveaways and door prizes.

Health topics included Breast and Cervical Cancer, Healthy Lifestyles, Smoking Cessation, Healthy Eating and Nutrition, Heart Health, Spirituality and Health, Mental Health, Relationships, Stress, Diabetes, Weight Management, Pregnancy and Reproductive Health.

The participants were females, 18 years and older, from all races and ethnicities, with incomes, education and occupations across the spectrum. A large proportion of our attendees were low-income (200% or less of the federal poverty level), underinsured or uninsured, and minority women.

MACHC was proud to have Pfizer as a sponsor of HERS! Health Empowerment and Resource Symposium for Women.



Dr. Berkeley - a Maryland Chiropractor scans the spine of a HERS! participant to screen for back problems.



ADVOCACY

MACHC has a strong advocacy presence at the local, state and the national level. Our advocacy efforts support improved quality of care and increased access to care. Furthermore, working with legislators helps to create public-private partnership that increase the pool of funds available to those in need of health care services. Over the last several years we have been able to put forth legislation that has increased access to care for thousands of uninsured and underinsured individuals.

MARYLAND

In the last legislative session, MACHC did not put forth legislation as we have in previous years, including the Community Health Access Act of 2006, but rather supported such efforts as the following:

Oral Health: In 2007, MACHC continued its efforts, in partnership with the University of Maryland Dental School and other Oral Health Advocates, to ensure passage of the Oral Health Bill. This bill provided significant new funding for the Department of Health and Mental Hygiene's oral health initiative. The oral health initiative resulted from the Oral Health Workgroup, which MACHC was a member, that deliberated over the interim after the death of Diamonte Driver triggered a focused review of dental health services. The result, \$400,000 in operating revenue and \$500,000 in capital revenue was appropriated in the operating and capital budgets respectively. Further, the legislation expands the scope of practice for dental hygienists in certain settings was also enacted. This legislation expands staffing options to assure enhanced access to necessary dental services. Finally, \$7 million was appropriated to increase dental reimbursement rates with the stated goal of increasing the participation rate of private dentists in the medical assistance program. MACHC has actively been involved in supporting this effort for many years.

STATEWIDE ENVIRONMENTAL ASSESSMENT

Federally Qualified Health Centers (FQHCs) provide essential services to insure high quality health care to the medically underserved and uninsured. Yet, as the demand for services increases, FQHCs find themselves competing for increasingly limited federal dollars. FQHC fulfill a vital role in the American health care delivery system because of the niche they fill, however they fight to exist in a fast changing environment. In many cases FQHCs face challenges in competition from group physician practices and minute clinics as well as the daunting task of providing care for the increasing number of uninsured. In order to thrive and continue to grow, new opportunities must be investigated. This scenario is no different for FQHCs in Maryland and Delaware.

The Mid-Atlantic Association of Community Health Centers (MACHC) conducted its Statewide Environmental Assessment (EA) as required by the Health Resources and Service Administration/Bureau of Primary Health Care. The purpose of this assessment was to analyze broad market, state issues and trends that present the greatest opportunities and/or threats to the underserved, unserved and Health Center safety net. In March 2007 a Kick-off Meeting was conducted to present Maryland and Delaware Health Centers with trending data for FQHCs in their prospective states and the environment in which they operate. Health Centers were asked to identify statewide priority areas they believed germane to the overall growth and survival of the centers. The topics and issues that were discussed were broken down into 6 core areas; market penetration, market share, emergency department diversion, advocacy, chronic disease management, and workforce development.

Community Health Resources Commission

House Bill 1279 / Senate Bill (Maryland Community Health Resources Commission - Modifications) was enacted that extends the sunset of the Commission for an additional three years; enhances the authority of the Commission to implement programs in addition to providing grant funding; clarifies the rules regarding the ability of Commissioners who serve to also be affiliated with community resources that receive funding; and other technical clarifications that strengthen and enhance the mission of the Commission.

Chronic Care Management

House Bill 1395 (Department of Health and Mental Hygiene and Maryland Health Quality and Cost Council - Chronic Care Management Plan) was enacted. This legislation requires that the Department of Health and Mental Hygiene, in conjunction with the Governor's Health Quality and Cost Council work to develop a chronic care management program for the State. A number of stakeholders were delineated in the bill and the Senate amended FQHCs to that list to ensure that MACHC will be at the table as this plan is developed.

DELAWARE

Beginning in 2007, MACHC contracted with Wheeler and Associates Management Services in Delaware to establish a local presence to represent the Delaware MACHC members. Since that time, MACHCs advocacy and legislative work in the state has increased substantially. Work in this area includes monitoring the General Assembly for health related legislation and providing regular updates to members through the Delaware legislative Watch reports. No significant legislation affecting federally qualified health centers was introduced or passed in the 2007 Delaware legislature.

From this meeting MACHC was charged with the task of investigating potential service models for increasing revenue and expansion opportunities for Maryland health centers and a key stakeholder analysis for Delaware health centers. Based on this analysis, strategies and actions that may result in increased access to preventative and primary care services to underserved communities were identified and presented.

During the time frame prior to the Environmental Assessment Kick-off, data was collected by MACHC to assess the current environment. Results from the data were used to determine the areas of focus. Through the EA, MACHC worked with the Health Centers (HC) to collect and analyze objective data and subjective information on health care trends and the state/market level to identify and address industry-wide issues affecting FQHCs.

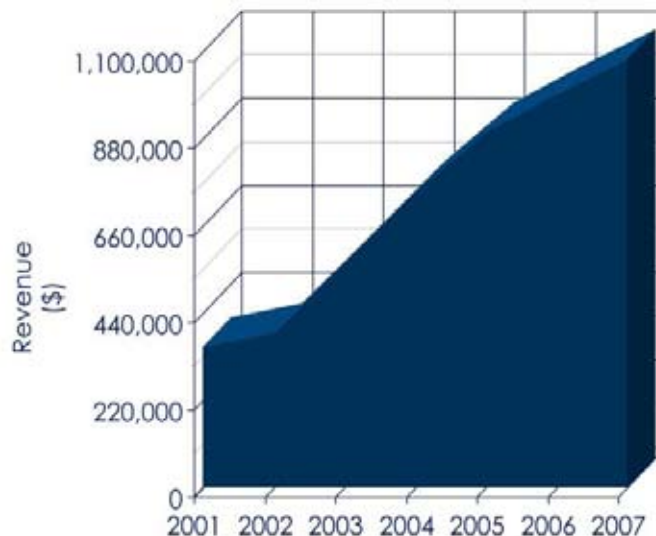
The data collected was compiled and this information was presented to the Health Centers at the EA Final Retreat for each state which was conducted in August 2007. Upon completion of the EA, the Health Centers were given a framework in which to plan and prioritize collective strategies with assistance from MACHC for HC growth and improvement. One strategy selected by Delaware FQHCs included developing a plan for provider recruitment and retention, while Maryland FQHCs decided to develop strategies to address the increasing number of uninsured. Both states agreed that a marketing/branding strategy was needed to address HC image and increase visibility of the services unique to FQHCs. These strategies will be addressed within the next 12-24 months.

FINANCIAL INFORMATION

MACHC REVENUE GROWTH

Since 2001, MACHC revenue has grown by over 200%. 2007 was the first year that our organization surpassed the \$1 million dollar revenue mark in the history of the organization.

	2006	2007
Membership Dues	\$29,628	\$32,128
Revenues	\$991,467	\$1,078,206
Expenditures	\$993,693	\$1,079,116
Revenues over Expenditures	(\$2,226)	(\$910)



ASSETS

Current Assets

	2006	2007
Cash and Cash Equivalents	\$294,231.00	\$243,923.48
Grants Receivable	\$6,000.00	\$70,194.77
Total Current Assets	\$300,231.00	\$314,117.25

Fixed Assets

Furniture	\$23,256.02	\$23,256.02
Equipment and Software	\$48,335.36	\$48,335.36
Leasehold Improvements	\$2,100.00	\$2,100.00
Subtotal Furniture and Equipment	\$73,691.38	\$73,691.38
Less Accumulated Depreciation	(\$41,492)	(\$53,402)
Total Fixed Assets	\$32,199.38	\$20,289.38

Other Assets

Security Deposits	\$2,575.00	\$2,575.00
TOTAL ASSETS	\$335,005.00	\$336,981.63

LIABILITIES & EQUITY

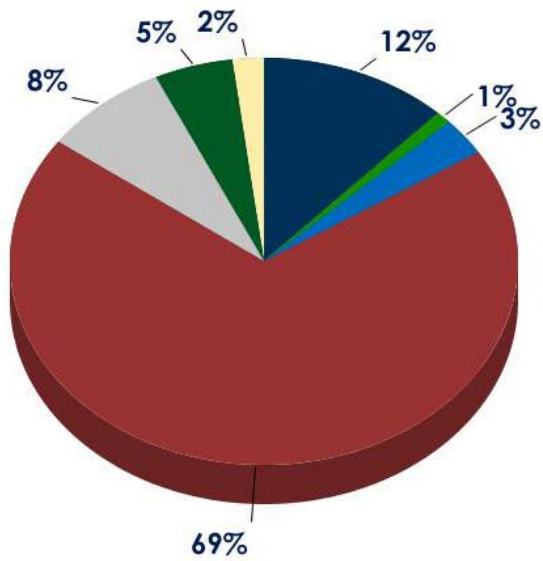
Current Liabilities

	2006	2007
Accounts Payable	\$71,272.00	\$14,680.70
Accrued Expenses	\$00.00	\$25,191.67
Deferred Grant Revenue	\$62,634.00	\$24,000.00
Total Current Liabilities	\$133,906.00	\$63,872.37

Net Assets - Unrestricted	\$201,099	\$160,462.00
Other Equity	\$00.00	\$112,647.26
Total Equity	\$201,099.00	\$273,109.26

TOTAL LIABILITIES & EQUITY	\$335,005.00	\$336,981.63
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MACHC FUNDING SOURCES



MACHC BOARD OF DIRECTORS

President

Debra Singletary, CEO
Delmarva Rural Ministries, Inc.

Vice President for Maryland

Dr. Allen Bennett, President & CEO
Park West Health Systems, Inc.

Vice President for Delaware

Rosa Rivera, CEO
Henrietta Johnson Medical Center

Secretary

Dr. Sarah Leonhard, Executive Director
Greater Baden Medical Services

Treasurer

Dennis Cherot, President
Total Health Care, Inc.

Board Members At-Large

Beth Little-Terry, Executive Director
Mountain Laurel Medical Center

Paula McLellan, CEO
Family Health Centers of Baltimore

Kim Murdaugh, Executive Director
Walnut Street Community Health Center

Jay Wolvovsky, President and CEO
Baltimore Medical System, Inc.



From left to right: Mr. Cherot, Mr. McInnis, Mrs. Singletary, Ms. Rivera and Dr. Bennett. MACHC Board Members at the 2007 Annual Meeting in Wilmington, Delaware.

MACHC MEMBERS

Delaware

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Tel. 302-655-6187
www.hjmc.org

La Red Health Center
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Tel. 302-855-1233
www.laredhealthcenter.org

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Baltimore Medical System, Inc.
3501 Sinclair Lane, Baltimore, MD 21213
Tel. 410-732-8800
www.bmsi.org

Choptank Community Health System, Inc
60301 Randolph Street, Denton, MD 21629
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www.choptankhealth.org

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Fax 410-728-4412

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