



Celebrating Ideas with Impact

**The musical, *Rent*, famously asks “how do you measure a year in the life?”
To which PCC replies, how do you measure 30?**

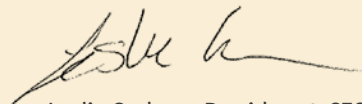
For us, it began with designating FY2023 as our official 30th Anniversary Year and launching proper celebrations at our November 2022 30th Anniversary Storytelling Show—excerpts of which you’ll see throughout this report. Really measuring those years, though, begs the question: **how do we measure PCC’s place in our community?**

Is it about the tens of thousands of patients served over 30 years who might otherwise have missed out on essential care? Is it the architecture for community care we’ve helped engineer? Is it our ability to leverage collective learning to limit harm during one of the worst public health crises in several generations? As we chart our way forward at the ripe old age of 30, there are two things we know for certain: **we play a key role in building our community’s health, and we know we don’t do any of those things alone.**

Our tagline, “making health happen,” is accurate but nebulous. At first glance, our 30th Anniversary catchphrase, “celebrating ideas with impact,” is too. Both capture something important about PCC’s unique contribution to our local health landscape: our ability to take a concept or value and operationalize it as a collaborative effort. The world is full of good ideas that never get off the ground. Fully launching a concept and guiding its arc toward the targeted impact—that is the distinction between having an idea and making a difference.

We are so proud to celebrate 30 years of impact with you.

Sincerely,



Leslie Graham, President & CEO

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Our mission is to improve the health of vulnerable individuals and families by building partnerships and strengthening systems.

The Primary Care Coalition envisions a strong, vibrant community that supports all people in achieving healthy lives.

When Systems Work

Stephanie Narayanan, PCC Director of Development and External Relations

Despite the really crap luck of having advanced ovarian cancer in the first place, my mom's luck with the healthcare system was actually pretty incredible. Her internist referred her to her gynecologist who referred her to her gynecological oncologist (try saying that five times fast) and within the space of two weeks she was in surgery.

All these years later, my mom's not here because of one hero doctor. She has some combination of treatment advances and private insurance and wildly good luck to thank for that. **There are all these systems of diagnosis and referral that weren't just *capable of working for her but actually did.***

Now I'm a fundraising professional for an organization that's much more about stitching together the strongest possible safety net than it is about those individual doctor visits. And I spend my days explaining why this matters so much. And I don't tell it very often, but my mom's is usually the story in my head. A single hero great surgeon couldn't have been that proverbial airplane doctor if her other doctors hadn't seen the signs and referred her quickly. If she hadn't had that private health insurance and short-term disability coverage and sick leave, being sick could have bankrupted her. Instead, she was able to work as she could, rest when she needed, and follow treatment recommendations as they came. And we should all be so lucky. Truly.



Sharing Solutions Beyond Montgomery County

When the Maryland General Assembly considered 2023 legislation to authorize reimbursement for collaborative care by Maryland Medicaid, PCC's Director of Behavioral Health, Sarah Frazell, prepared to testify in support. The Montgomery Cares Behavioral Health Program, staffed by PCC, has nearly two decades of collaborative care experience to share.

Beyond service metrics, Sarah was able to offer legislators a real-life example of how our community has piloted collaborative care for patients:

- When Josefina, a 42-year-old woman originally from El Salvador, attended her annual physical with her primary care provider, her pulse was high and her provider asked if there was anything that was causing her stress. Josefina shared that she was not feeling safe at home. **That conversation prompted a same-day evaluation by the Behavioral Health Care Manager integrated into the primary care practice.**
- The Care Manager learned about severe symptoms of depression, anxiety, and PTSD, along with a history of abuse and trauma. The Care Manager spoke with the consulting psychiatrist, who recommended an anti-depressant and brief therapy, which was provided by the Care Manager. The primary care provider prescribed an antidepressant based on the psychiatrist's recommendation. The Care Manager provided counseling and medication education, as well as connections with services to meet material needs like internet, food, and clothing.
- Josefina reported significant improvement within a few months of treatment. **treatment she likely would never have found without the collaborative care model, since Josefina told her Care Manager she had never considered seeking treatment and would not have known where to start.**

The State legislation passed, and the collaborative care model became an option for Maryland Medicaid recipients on October 1, 2023, nearly two decades after Montgomery Cares led the way.

The Kicker

Chad Matthews, former Crisis Response Section Supervisor,
Montgomery County Police Department

One of my officers said, hey, Sarge, we've got animal services looking for help with somebody that's struggling with mental illness. They live on a farm, they have animals, there's an active adult protective services case, there are code enforcement issues, there's issues with other animals on the property. But the kicker was the fact that there were horses living inside the house. I said, **"Hey, let's do something different. I'm gonna try to corral everybody, and I want to provide the best care in a single, focused mission."**

When we arrived at the house, here comes our buddy. He comes storming out of the house, and he is fired up. He looks at me: "Oh and you brought the SWAT team? What are you gonna do? Lock me up? Take my animals?"

I was able to de-escalate him and calm him down enough to let us walk on his property.

We walked in, we were able to look into everything that we needed to look into, and it was going well. This guy was fist bumping us and saying, "Hey, you guys are alright. I really appreciate you all just taking the one opportunity to meet with me instead of making me come back and forth." Still, we hadn't seen the horses.

We come out and there they are in the living room. Two horses. Just standing right there. So we got to learn about the lifespan of these Icelandic ponies and how they're a rare breed. **It was a great experience.**

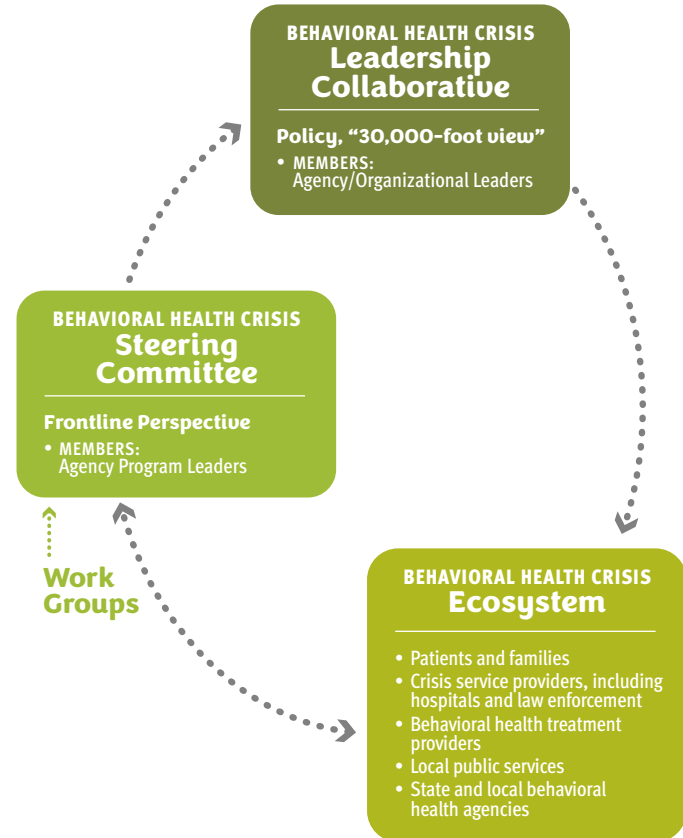


Community Collaboration for Behavioral Health Crisis

Nexus Montgomery, a collaboration among all six hospital systems in Montgomery County staffed by PCC, facilitates shared approaches to meeting our community’s behavioral health needs at both the policy (**Behavioral Health Crisis Collaborative**) and frontline service delivery levels (**Behavioral Health Crisis Steering Committee and Workgroups**).

From the people seeing patients in crisis to the organizational decision-makers, we have created structures to shape a coordinated response. In FY23, these groups supported efforts to win approval for a new county Diversion Center adjacent to the county police central processing unit—where individuals with mental health or substance use issues can be helped, as an alternative to hospital emergency departments or jail.

The Behavioral Health High Utilizer Workgroup worked together across agencies and organizations to resolve specific cases among high utilizers of behavioral health crisis services. Guided by **Avital Graves**, Manager of the Mobile Integrated Health Program at Montgomery County Fire and Rescue Service, and her nearly real-time data on patient interactions with emergency medical services, the group’s work led to fewer average hospital encounters per patient. **The results show how much magic there is in partnership—the willingness of providers to work together on common challenges and improve health in their communities.**



Big Moments from Little Steps

Mindy Pierce, PCC Senior Director of Population Health

I went back to live at my mom's house before college and there was this VCR tape. Step Reebok was just invented, and this is a very simple up-up, down-down move—but to music. I loved music. I loved the beat. All of a sudden 20 minutes, 30 minutes, 40 minutes went by. I found myself down in the basement with this little step and my VCR tape every single day. I loved it so much that I majored in it in college.

Fast forward a few years into my career, and I was working with a health care system trying to help their thousands of employees get healthy. I brought these blood pressure machines on site. Simple—come down on your break, take your blood pressure. Well, we thought that until everybody was mad because their blood pressure was sky high. They said, “You’ve got to be kidding me. I don’t have high blood pressure. I work here.” Well, they work in the hospital. They probably were just having a coding patient, they may have had another short staff situation, and it’s very, very stressful.

So we finally had another “aha” moment: **the stress that was going on inside the careers of our healthcare workforce was causing our healthcare workforce to be unbelievably unhealthy.** This is where I started my big quest to get everybody moving. I wanted people to figure out how they could use movement to be able to help get them through all of life’s challenges.



Getting Stronger

That back-to-basics approach applies to all sorts of things, including PCC.

- **For the first time in years, we ran a significant deficit in FY23.** It was a conscious decision to invest some reserves in our organization and staff—in the things that keep our work moving each and every day.
- **We are investing in an even broader range of professional development opportunities for staff.** From an online, on-demand learning lab to personalized coaching and individual trainings, this professional development support helps PCC staff bring the best versions of ourselves to the work we do.
- **We have taken a close look at the many IT systems that support our work—specifically, how they can work more seamlessly together so program teams serve patients more efficiently.** Our IT consultants looked under the hood of those systems, and our employees developed use cases to test the fit of commercial software packages. We look forward to recommendations for system upgrades in FY24.

We're proud of the systems we've developed and made work over these thirty years. We're also proud to be doing the primary care workup on ourselves, for PCC to remain healthy and able to care for our community in the years ahead.

Care for Kids

IN FISCAL YEAR 2023:

8,648 children served, including **3,047** new enrollees (a 29% increase over FY22):

- **75** countries of origin, with **71%** from Central America's Northern Triangle region.
- **34** primary languages, **93%** spoke Spanish.
- **60%** were from households below **185%** of the federal poverty level.
- **2,503** new enrollees arrived in the county as unaccompanied minors, up 25% from FY22.

3,014 children received case management assistance either with specialty services or with interventions related to their primary care services.

89 children received **319** behavioral health visits, including substance abuse treatment.

552 children received **1,081** prescriptions.

140 children received specialty dental care and **535** received glasses.

Point of Entry Project CHWs assessed **1,033** families, submitted **561** applications to the Montgomery County Office of Eligibility and Support Services (OESS) for Care for Kids eligibility approval, and referred **512** families to community-based food assistance.





Montgomery Cares

IN FISCAL YEAR 2023:

22,693 patients served in **61,007** encounters.

66% of patients reported income below the federal poverty level.

Patients spoke more than **70** languages; **81%** spoke Spanish.

Telehealth encounters decreased **40.5%** in FY23 v. FY22, accounting for less than **7%** of patient encounters in FY23 (v. more than 13% in FY22).

MedBank served **1,373** patients in FY23, a **9%** increase over FY22, and secured **\$8.4 MIL** worth of brand name medications for patients, an increase of nearly **30%** over FY22.

Project Access served **796** patients in FY23, a **27%** increase over FY22.

1,322 patients received Montgomery Cares Behavioral Health Program services in FY23.

Community Health is Hard

Isabel Rodriguez, former PCC Program Manager, Diabetes

I've worked with low-income, immigrant, under-resourced, and often forgotten communities. Like the ones I grew up in.

I can't recall my father ever going to see a doctor at all until I was in my thirties. Growing up in New York City, my family was low-middle class. We struggled because the cost of living there was so high, but we never went without. That meant my father worked seven days a week most of his life. Which, understandably, meant going to the doctor when he felt okay was not on his radar. When he finally went to the doctor, he was diagnosed with diabetes and went straight on insulin and other meds. He is doing well now. He's taking his meds, checking his sugar almost every day, and trying to eat better—sometimes.

I get it, though, because despite my knowledge, degrees, and work experience I confess that I myself struggle with weight and physical activity ever since I was a teen. So yes, I feel like a hypocrite at times preaching the words that I know may be difficult to stick to.

Public health work is hard. It is promoting services that many times people don't want. It is working to give information in a way that resonates with people and triggers (or hopefully triggers) some behavior change. **It is giving people hope that small changes can have a big impact.**



Hard Lessons Learned

Service organizations, funders, and community members alike struggle to find the right balance between what we know will make a difference now and what might serve us well in the future.

Delayed savings is one of the biggest barriers to funding chronic disease prevention and management programs. This was a specific challenge for our Nexus Montgomery Diabetes Program, which we had to sunset in FY23 as it was not meeting service targets at a level that would bring savings soon enough.

We knew the program would be a challenge, given its intense program participation requirements—Diabetes Prevention Program participants are signing on for a year-plus commitment—but we had a solution to make these evidence-based programs more accessible in our diverse community.

We had a promising concept that recognized the biggest preventive and savings potential lay in reaching patients at the community level

before they ever needed a hospitalization. We went big, to try to capture the best positive health impact for our community members most at risk of diabetes and its debilitating complications. But we weren't able to do enough, fast enough, to demonstrate the future cost savings. Our interim process measures of bringing new programs and patients online were steadily growing, but our scale measures of impact floundered. We've been working in public health for so long, you'd think we would have been prepared to fail.

But as always, we did learn. **While our vision remains ambitious, we've learned to ask ourselves the hard questions about how much time we really need to make a difference and whether that's a good fit with funding goals.**

Because I Know You

Shawn Bartley, Immediate Past Chair, PCC Board of Directors

I typed in my symptoms specifically looking to see if I had COVID-19 or not, but what popped up troubled me. The diagnosis from “Dr. Google” was something that I said couldn’t fit me. I was 49. I was in relatively good shape, and this diagnosis fit my old man.

I said, you know what, I’m gonna call a do-it-all doctor that lives right up the street from me, Dr. Efi. He says, “Are you serious man?” I say, “Yeah, I’m serious.” He says, “What is your pain?” I say, “It’s a 10.” He says, “Come see me right now.”

Dr. Efi gets to work. He hooks me up to the EKG: perfect reading. He hooks me up to the oxygen sensor: 100. He hooks me up to the heart rate monitor: resting heart rate 59.

He leans in, and he says, “Shawn, is it really a ten? Look at you!” I say, “Dr. Efi, this is the worst pain I’ve ever felt, and Pepto-Bismol is not working.” Dr. Efi says, **“Because I know you, Shawn, and because I trust you, I’m gonna do something that I normally wouldn’t do.** There’s only one definitive way to know if Google’s diagnosis is correct.”

He sends me to the emergency room. The doctor comes in, leans against the wall, and says, “All your vital signs are perfect, but Mr. Bartley, you’re having a heart attack.” But for Dr. Efi and his instincts, but for me belonging to the same community as Dr. Efi, he would have passed on me too. Instead, he helped save my life.



Embracing Diversity in Population Health

How do we build systems that acknowledge people's differences? Not as outliers or problems but as additional pathways to the same goal of health? That's part of the challenge PCC's population health team addressed in 2023 with two very different programs that share a similar grounding point:

- In partnership with the **Montgomery County Asian American Health Initiative**, PCC administered the **Healthy Communities Fund** and the **Asian American Center for Excellence (AACE) Microgrants** programs. Both were designed to fund work by organizations serving the diverse local Asian American and Pacific Islander (AAPI) communities in Montgomery County but from different perspectives: immediate client-facing services and investment in organizational growth, respectively. Most importantly, these programs recognize that Asian Americans are not monolithic and work to build more knowledge about the diversity of the AAPI community. As *Yi et al* noted in a February 2022 Health Affairs article, if we can't identify differences by ethnicity within that broader group, we miss a key opportunity to build community health.*
- FY23 also saw the launch of workforce capacity programming in partnership with **Nexus Montgomery**, **WorkSource Montgomery**, and the **American Muslim Senior Society (AMSS)**. Our initial pilot expanded the reach of an existing AMSS program to recruit un- and under-employed residents—often immigrants—from underserved ethnic groups and train them for entry-level healthcare roles like certified nursing assistant. The program expanded AMSS's existing training capacity and offered a pipeline for new healthcare workers who reflect our community diversity. In FY24 and beyond, we're working to build from an entry-level pipeline into a pathway for career growth—so participants can pursue nursing and other healthcare careers with increased skill levels and higher wages.

* <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01417>

Good Works, Still Alive

Philip Jackson, son of former PCC employee Mary C. Jackson

Like most kids, I really had no idea what my mother did for a living. But the one thing I know about her PCC gig was she got elevated to be part of the leadership team, and it seemed she had found the place that she had long sought as her professional home.

In 2002 she was diagnosed with lung cancer that had metastasized to her brain. What she wanted to do more than anything in her time of dying was continue going to work every day. Every day for nearly four months people came to her house, they picked her up, they drove her to work, they chaperoned her in the office, and they brought her home at night.

On the Wednesday before she died, she went to the Primary Care Coalition's annual board meeting, and she was recognized for her good works done well. I was there that day, and I know she was deeply touched by their validation of her. That weekend her condition was deteriorating, and despite her diminished cognitive state, she had enough to know that she wasn't going to work on Monday. So she died on Sunday.

Shortly after she died, we worked with the PCC to establish the **Mary C. Jackson Good Works, Done Well Award**. For years I've had the opportunity to meet people who worked with my mother, who worked on programs that she started, and what I've gotten is a profound gift. I've gotten to experience her as being fully alive in the world even though she exited this plane of existence 20 years ago.





In Gratitude

For nearly 20 years, we've given out **Good Works, Done Well** awards to PCC staff and partners in honor of the late Mary C. Jackson. PCC received our own version of that recognition this year, as the second-ever recipient of the **Montgomery County Medical Society's Webster Sewell, M.D. Access to Care Award**.

Dr. Sewell was a Black physician who practiced in Montgomery County for decades. "He never turned away a sick person who couldn't pay," according to the Montgomery County Medical Society profile, "and his practice quickly became primarily pro-bono."

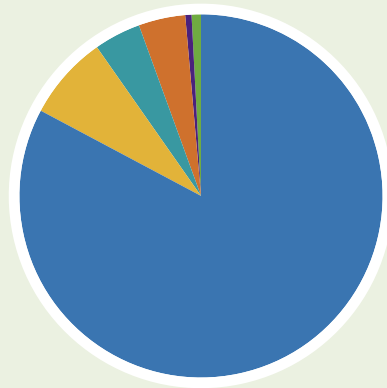
In her nomination of PCC for the award, PCC co-founder and former Montgomery County Health Officer **Dr. Carol Garvey** noted the profound impact our work has had on this community—the thousands of residents served by a system for comprehensive care, and, sometimes, future generations of public servants, too. The nomination called back to a story shared by **Marisol Ortiz**, PCC's Director of Family Centered Care, at our first storytelling show in 2019. In a chance encounter, a former Care for Kids enrollee said, "Thanks to your help and generosity and the program you changed our life: I finished college. I work for a nonprofit organization providing assistance to families like mine."

We're grateful to be recognized in Dr. Sewell's honor. As we wrap up our 30th Anniversary celebrations, we look forward to many more years of service.

Financial Statements

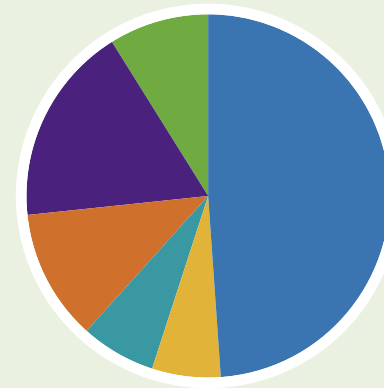
Sources and uses of funds for the fiscal year ended June 30, 2023.

Revenue and Support



	Unrestricted
● County Funders	\$ 19,484,757
● Hospital Funders	1,795,154
● In-Kind Medical Services	989,959
● State Funders	937,459
● Grants, Donations, and Other Income	171,408
● Federal Funders	140,734
Total Revenues	\$23,519,471

Expenses



	Unrestricted
● Montgomery Cares	\$ 11,757,158
● Care for Kids	1,483,100
● Nexus Montgomery	1,610,904
● LHI-PNSB	2,800,612
● Other Projects	4,229,384
● General Administration	2,117,645
Total Expenses	\$ 23,998,803

FY23 Partners

PARTNERS AND COLLABORATORS

MONTGOMERY CARES PARTICIPATING CLINICS

- Catholic Charities Center
- Chinese Culture and Community Services Center – Pan Asian Volunteer Health Clinic
- CCI Health Services
- Community Reach of Montgomery County – Mansfield Kaseman Health Clinic
- Holy Cross Health Centers
- Mary's Center
- Mercy Health Clinic
- Mobile Medical Care, Inc.
- Muslim Community Center Clinic
- Proyecto Salud

CARE FOR KIDS PROVIDERS

- APlus Pediatrics, LLC.
- JoAnn Leleck Elementary at Broad Acres School-Based Health Center
- Casa Ruben CRI Clinic
- CCI Health and Wellness Centers
- Gaithersburg Elementary School-Based Health Center
- Gaithersburg HS Wellness Center
- Gold Pediatrics, LLC
- Harmony Hills Elementary School-Based Health Center
- Highland Elementary School-Based Health Center
- Holy Cross Health Center Germantown
- John F. Kennedy HS Wellness Center
- Kaiser Permanente of the Mid-Atlantic
- Mary's Center

- Mercy Health Clinic
- New Hampshire Estates Elementary School-Based Health Center
- Northwood HS Wellness Center
- Rolling Terrace Elementary School-Based Health Center
- Seneca Valley HS Wellness Center
- Summit Hall Elementary School-Based Health Center
- Veirs Mill Elementary School-Based Health Center
- Watkins Mill HS Wellness Center
- Weller Road Elementary School-Based Health Center
- Wheaton HS Wellness Center
- My Eye Doctor
- James Clarke Physical Therapy
- MRB Counseling Services, Inc.
- Capital Children's Healthcare LLC & Dental Surgery Center of DC
- Dr. Vu A. Tran, DDS, PC
- Endodontic Associates of Greater Washington
- Potomac Care Pharmacy
- Optum Rx Pharmacy
- OMFS-MD, PA - Dr. Sreenivasan Sivakumar
- Dr. Sasan M. Jafari, MS, DDS
- Drs. Delany and Moiseiwitsch, P.C.

PROJECT ACCESS PARTICIPATING PRACTICES

- Advanced Neuro and Orthopedic Physical Therapy
- Adventist HealthCare Imaging
- Adventist HealthCare Medical Group Physician Services
- Affiliated PET Systems, LLC

- American Oncology Partners
- Anesthesia Connections – Virginia
- ARSO Neuro Rehab and Orthopedic Center
- Arthritis & Rheumatism Associates, P.C
- Bayada
- Dr. Mario Belledonne
- Capital Cardiovascular and Thoracic Surgery Associates
- Capital Choice Pathology
- The Centers for Advanced ENT Care – Feldman Group
- Charles Regional Medical Center
- Dr. James Clarke
- Community Audiology Services
- Community Radiology Associates
- ENT & Facial Plastic Surgery Specialists of Shady Grove
- Family Eye Care and Surgery
- Foot & Ankle Specialists of the Mid-Atlantic
- Dr. George Gibeily
- Greenbelt Anesthesia Associates
- Greenbelt Endoscopy Center
- Dr. Marcia Hutcheon
- James Clarke Physical Therapy
- Dr. Alan Kravitz
- Dr. Daniel Lahr
- LeVisage ENT & Facial Plastic Surgery
- Maryland Oncology Hematology
- Dr. John Merendino, Jr.
- Metro Renal
- Mid Atlantic Epilepsy & Sleep Center, LLC
- MobileMed-NIH Endocrine Clinic at Suburban
- Montgomery Eye Physicians & Surgeons, PA
- Montgomery Medical Clinic
- Montgomery Renal Associates
- Montgomery Sports Medicine
- Montgomery Surgery Center
- Dr. Kasey Morrison
- National Capital Neurosurgery
- Nephrology Associates of Montgomery County
- Olney Medical Group
- Ophthalmic Plastics and Orbital
- Dr. Patricia Oneal
- Park Center Surgical Center
- Potomac Eye Surgeons
- Potomac Oncology and Hematology
- Precision Orthopedic and Sports Medicine
- Pulmonologists PC
- Radiology Associates
- REHABNEEDS
- Dr. Jonathan Rhee
- Dr. Nirupma Rohatgi
- Dr. Mushtaq A Shah, M.D., PA
- Suburban Hospital Interventional Radiology
- Takoma Surgical Associates, P.A.
- The Centers for Advanced ENT Care Feldman ENT Division
- The Friendship Ambulatory Surgical Center
- The Radiology Clinic
- Washington Brain & Spine
- Washington Podiatrist AKA: Foot and Ankle Specialists
- Dr. Laurie Wenger
- White Oak Medical Center Interventional Radiology

HOSPITALS AND HEALTH SYSTEMS

- Adventist HealthCare – Shady Grove Medical Center
- Adventist HealthCare – White Oak Medical Center
- Doctors Community Hospital-Luminis Health Systems
- Holy Cross Health – Holy Cross Germantown Hospital
- Holy Cross Health – Holy Cross Hospital
- MedStar Montgomery Medical Center
- Sheppard Pratt Health System
- Suburban Hospital
- Nexus Montgomery LLC

PUBLIC SECTOR PARTNERS

- Housing Opportunities Commission of Montgomery County
- Montgomery County Department of Health and Human Services – Public Health
- Montgomery County Department of Health and Human Services: Behavioral Health and Crisis Services:
 - Trauma Services
 - Crisis Center
 - Adult Behavioral Health
 - Access to Behavioral Health
 - Child and Adolescent Mental Health Program
- Montgomery County Fire and Rescue Service
- Montgomery County Police Department
- Montgomery County Public Schools
- Montgomery County Special Needs Housing – Health Care for the Homeless
- Prince George’s County Department of Social Services
- Prince George’s County Health Department
- Maryland Department of Health

ACADEMIC INSTITUTIONS

- Georgetown University Department of Psychiatry
- Montgomery College School of Nursing
- University of Maryland Schools of Pharmacy Baltimore and Eastern Shore
- University of Maryland School of Nursing
- University of Maryland schools of Social Work at Baltimore County and Shady Grove

SKILLED NURSING FACILITIES

- Althea Woodland Nursing and Rehabilitation Center
- Arcola Health and Rehabilitation
- Asbury Methodist Village (Wilson Health Care Center)

- Bedford Court
- Bel Pre Nursing and Rehabilitation
- Bethesda Health and Rehabilitation
- Brighton Gardens of Tuckerman Lane
- Brooke Grove
- Cadia Hyattsville
- Cadia Springbrook
- Cadia Wheaton
- Carriage Hill
- Collingswood
- Crescent Cities
- Fairland Center
- Fox Chase
- Friends Nursing Home
- Hebrew Home of Greater Washington
- Hillhaven
- Kensington
- Layhill
- Manor Care Adelphi
- Manor Care Bethesda
- Manor Care Chevy Chase
- Manor Care Hyattsville
- Manor Care Potomac
- Manor Care Silver Spring
- Manor Care Wheaton
- Montgomery Village
- Oak Manor
- Oakview
- Potomac Valley
- Regency Care of Silver Spring
- Shady Grove Center
- Sligo Creek Center
- The Village at Rockville

OTHER PROGRAMS AND ORGANIZATIONS

- Affiliated Sante Senior Services
- ALFA Specialty Pharmacy
- American Muslim Senior Society (AMSS)
- Ayuda

- Agencies of the Emergency Assistance Coalition
- Caring Matters
- C-4 Clothing Closet
- Capital Area Food Bank
- Capital Breast Care Center
- Coaching Salud Holistica Community Health and Empowerment through Education and Research (CHEER)
- Cornerstone Montgomery
- Cross Community
- EveryMind
- The Equity Center
- Gaithersburg HELP
- Gilchrist Center
- Healthcare Council
- Healthcare Initiative Foundation
- HealthPro Consulting
- Interfaith Works
- Intercultural Counseling Connection
- Innovative Clinical Associates
- Jewish Social Services Agency
- Manna Food Center
- Mental Health Association
- Mil Mujeres
- Montgomery County Coalition for the Homeless
- Montgomery County Collaboration Council for Children, Youth, and Families
- Montgomery County Food Council
- Montgomery County Holiday Giving Project
- Mid County United Ministries (MUM)
- Ministries United Silver Spring/ Takoma Park (MUSST)
- National Alliance on Mental Illness
- Nonprofit Montgomery
- The Arc Montgomery County

FUNDERS AND SUPPORTERS

FOUNDATIONS

- Delta Dental Community Care Foundation
- Eagle Bank Foundation
- The Morris and Gwendolyn Cafritz Foundation

PUBLIC GRANTS

- Maryland Cancer Fund
- Maryland Community Health Resources Commission
- Maryland Department of Health
- Maryland Health Services Cost Review Commission
- Montgomery County Department of Health and Human Services

FAMILY FOUNDATIONS AND CHARITABLE FUNDS

- The Allaben Chambers Family Fund of Vanguard Charitable
- Belle Negrin Davis Family Fund of the Jewish Communal Fund
- Cliff and Deborah White Family Fund of the Greater Washington Community Foundation
- Engel Giving Fund of Fidelity Charitable
- Julia Ann Doherty Giving Fund of Fidelity Charitable
- Katalin Roth and Philip Singerman Gift Fund of Fidelity Charitable
- Kaufman Fund of Schwab Charitable
- The Greene-Milstein Family Foundation
- The J & E Myerberg Charitable Fund
- Jonathan E. Hardis Charitable Fund of Fidelity Charitable
- Rossetter Foundation

ORGANIZATIONS

- All Set Hospitality LLC
- CareFirst BlueCross BlueShield
- Giant Foods
- Holy Cross Church
- Kaiser Permanente of the Mid-Atlantic States
- Nexus Montgomery
- North Bethesda United Methodist Church
- Resnick, Chodorow and Associates
- WorkSource Montgomery

INDIVIDUALS

- Michelle Adams
- Uma Ahluwalia
- Jhosalynd Argueta
- Michele Arnaud
- Beth Barnett
- Shawn Bartley
- Francine & Harvey Berger
- Marc Berk
- Horace Bernton
- Ron Bialek
- Donna Bigler
- Shirley Blakely
- Mike Bock
- Richard & Elizabeth Bohrer
- Lynn & Arthur Booth
- George Borababy
- Samuel Buckner
- Lynda Bush
- Frederick Byron
- Maria Caro
- Elizabeth Carrier
- Maggie Chandler
- Brenda Chase
- Robin Chernoff
- Archana Chidanandan
- Ling Chin
- Andrea Chomistek

- Kenneth Chomistek
- Tony Conrad
- Michelle & Scott Comblatt
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- Jose Luis Diaz
- Julia Doherty
- Jennifer Dreyfus
- Naresh Duggal
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- Steven Galen
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- Carol & Thomas Garvey
- Kathleen Gillespie
- Tabitha Gingerich
- Margaret Goodall
- Leslie Graham
- Anita Greenstone
- Kathryn Grill Hoeppel
- Holly Gross
- Kirsten Haalboom
- Lisa Han
- Jay & Cheryl Hoofnagle
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- Maria Jackson
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- Tristram Kruger
- John Lachin
- Eileen Lacy
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- Carole Lambert
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- Sarah Laughlin
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- Jim Manuel
- Emma Mccagg
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- Naira Melkumyan
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- Bethany Sanders
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- Claudia Schur
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- Ruth Enid Zambrana
- Fariborz Zarfeshan

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- Faaiza Ahmed[†]
- Flor Alfaro
- Fareed Anjum
- Alma Aviles
- Mauricette Ayechemi
- Eve Bailey-Cerna
- Jenny Bernal de Baker**
- India Ball
- Nilsa Benavides
- Eshetu Bogale
- Amanda Bonilla
- Rosemay Botchway*
- Jerome Brown[†]
- Jamal Browne[†]
- Beth Burdette
- Cristina Cabezas*
- Lucia Campos[†]
- Maria Caro
- Danielle Carter
- Cesar Cervantes Castillo*
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- Diana Escobar
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- Sarah Frazell
- Kristine Gallagher Sargsyan
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- Ana Gamero
- Roberto Garza Rodriguez
- Puneet Gill*
- Tabitha Gingerich
- Leslie Graham
- Rachel Graham*
- Liza Greenberg[†]
- Monica Grey*
- Jenna Hall**
- Yvette Hammond*
- Lisa Han
- Adriana Hernandez**
- Arpine Hovhannisyan*
- Gloria Iglesias
- Mary Jane Joseph
- Celia Juarez
- Rachel Lee
- Thomas Lewis
- Sara Limpert Woods**
- Tabitha Long[†]
- Alejandra Lopez
- Elsy Marin
- Jennifer Marquez*
- Sucely Marroquin
- Omarlina Marsh
- Xenia Monterosa
- Joshua Montgomery*
- Juhi Morrison[†]
- Stephanie Narayanan
- Ogechukwu Okeke
- Heidi Ore
- Sabina Orellana
- Marisol Ortiz

- Temitope Oshiyoye**
- Mindy Pierce
- Sandra Pocasangre
- Dalila Quinteros*
- Melissa Ramalho*
- Rafael Ramirez
- Cecia Ramos
- Julie Resendiz**
- Belqui Rios
- Joanna Rivera
- Aisha Robinson
- Isabel Rodriguez*
- Karla Rodriguez
- Gabriela Rosales
- Mariana Serrani*
- Joshua Singer
- Ryane Sloan
- Shawnda Sullivan*
- Maria Torres
- Grace Townsend
- Hillery Tsumba
- Lorennia Valencia[†]
- Leydi Vanegas
- Pamela Vega*
- Veronica Vela[†]
- Nelly Velazquez
- Nikia Wilson
- Sean Wright
- Sophy Yang
- Wesene Yatema**
- Miriam Zamudio Coria

* Left the organization in FY23

** Left the organization since FY23

[†] Joined the organization in FY24

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- Ruth Enid Zambrana, PhD, MSW

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- Leslie Graham

[†] Joined the Board since FY23

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This Annual Report has not been reviewed by the Montgomery County Department of Health and Human Services, Nexus Montgomery Board of Directors, or any of our partners or funders.

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