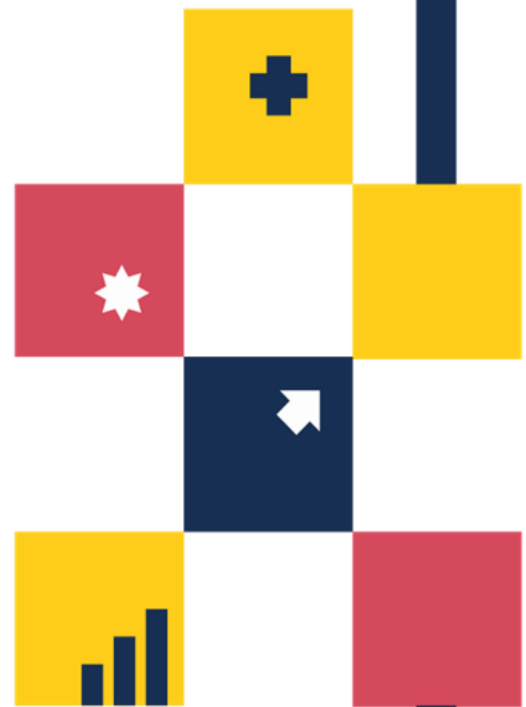


# Senate Bill 700 – Preventing Workplace Violence in Health Care Settings Public Awareness Campaign

## Report to the Legislature

**Randolph S. Sergent, Esq.**  
CHAIRMAN

**Ben Steffen**  
EXECUTIVE DIRECTOR



**MARYLAND  
Health Care  
Commission**



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## Background

Employees and staff in healthcare settings face significant risk of workplace violence. The Office of Safety and Health Administration (OSHA) defines workplace violence as “...any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.”<sup>1</sup>

Workplace violence in *healthcare settings* is a growing threat. Seventy-five percent of approximately 25,000 annually reported workplace assaults occur in healthcare settings. Healthcare employees are four times more likely to be a victim of workplace violence and four times more likely to take time off due to violence-related injuries.<sup>1</sup> However, these statistics are likely underreported. Unfortunately, many healthcare personnel consider violence to be “part of the job” and may not bother or have the system support to report the incident. This makes it challenging to measure the true prevalence of the issue.<sup>1</sup>

Workplace violence can have physical, personal, emotional, and professional consequences. Injuries due to workplace violence may lead to missed days of work resulting in staffing shortages and overall operational challenges. In turn, this may impact patient care and lead to potential for reduced quality of care or even adverse medical events. Violence in the workplace is also a contributor to professional burnout.<sup>1</sup>

Violence can occur in hospitals, nursing homes, assisted living facilities, and any other type of setting that provides care to patients, however, it is particularly prevalent in emergency departments and hospital inpatient settings. Frustration due to long wait times, limited staff, mental health issues, and substance abuse can all contribute to potentially dangerous environments. Often in these stressful situations, healthcare personnel become the target or victim of angry patients and/or family members. According to the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA), almost half of emergency room physicians and approximately 70 percent of emergency room nurses reported being assaulted on the job.<sup>2</sup> Because nurses are typically the first to provide patient care, they are the most common group of hospital employees to be victims of violence. According to the American Nurses Association, approximately one in four nurses reported being assaulted at work.<sup>3</sup>

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<sup>1</sup> US. Department of Labor Occupational Safety and Health Administration (OSHA)

<https://www.osha.gov/workplace-violence>; <https://www.osha.gov/hospitals/workplace-violence/>

<sup>2</sup> ACEP and ENA: <https://stopedviolence.org/about-us/>

<sup>3</sup> American Nurses Association: <https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/>



### *Local and National Efforts*

There is no federal law that makes violence against a healthcare worker a felony. In Maryland, the penalty for assaulting a healthcare worker is only a misdemeanor with few repercussions for the offender. One of the few protections afforded to Maryland healthcare employees is that MD HB364 was enacted in 2020 allowing personnel to wear identification badges that do not include last names.<sup>4</sup> This prevents potential repercussions (e.g., stalking, harassment) from dangerous patients once they leave the facility.

Many state hospital associations, including the Maryland Hospital Association (MHA) have taken a leading role to help prevent and reduce such incidences. MHA conducted a survey in 2019 and found that 92% of member hospitals increased security-related spending over the past five years to keep employees safe. A major finding of the survey noted that hospitals reported needing more resources to address and prevent workplace violence.<sup>5</sup> In response, MHA has compiled a [webpage](#) with local, state, and federal resources for hospitals, medical practices, practices, and other healthcare stakeholders to access and refer to at no cost.

There are a variety of toolkits and resources available from federal and national organizations such as the Joint Commission and OSHA to help facilities establish violence and prevention policies. However, the resources put the onus on hospitals and health systems to provide safe environments and do not address ways to increase accountability from the patient or their families.

Recognizing the disparate number of violent incidents that occur in the emergency department, the ACEP and the ENA collaborated to create a media campaign called “No Silence on ED Violence.” The campaign uses a variety of mediums including social media videos, podcasts ads, toolkits, and a dedicated hashtag to help spread awareness and stop the violence in emergency departments.<sup>6</sup> In a parallel campaign, the American Nurses Association uses similar mediums to help bring awareness to the violence, threats, assaults, and abuse nurses face on a daily basis.<sup>7</sup>

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<sup>4</sup> <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/HB0364?ys=2020RS>

<sup>5</sup> ACEP and ENA: Maryland Hospital Association: <https://mhaonline.org/transforming-health-care/workforce/workplace-violence-prevention>

<sup>6</sup> <https://stopedviolence.org/>

<sup>7</sup> American Nurses Association: <https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/>



The literature demonstrates a clear problem facing the healthcare industry. Building upon existing resources to educate the public and increase accountability is a necessary introductory step to address workplace violence in facilities that are typically known for helping and healing.

### **Senate Bill 700**

Recognizing the need to address workplace violence in healthcare settings in Maryland, Senate Bill 700 ([Appendix A](#)) requires the Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup. The workgroup was required to develop a public awareness campaign on preventing workplace violence in health care settings and to create a plan for implementing the campaign. The goals of the Workgroup were as follows:

1. Develop a public awareness campaign on preventing workplace violence in health care settings to provide the public with information on:
  - a. the magnitude of incidences of workplace violence in health care settings in the State; and
  - b. the consequences of workplace violence in health care settings in the State
  - c. urge the public to respect the State's health care providers and protect the State's health care providers from workplace violence;
2. Recognize and accommodate the needs of patients with mental health disorders and substance abuse disorders in the development of the campaign
3. Create a plan for implementing the public awareness campaign, including distributing information on workplace violence in a health care setting in the State.

The Workgroup must report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, on the public awareness campaign developed under subsection (b) of this section.

### **Approach**

The Secretary of Health at the Maryland Department of Health (MDH), Dennis Schrader, asked the Maryland Health Care Commission (MHCC) to lead this project. MHCC identified and contacted potential candidates from various industries outlined in SB700.

All interested parties were required to submit an application, resume, and ethics form to the MDH Office of Appointments and Executive Nominations website. Applications were thoroughly vetted to ensure nominees met professional and ethical requirements. Once approved, nominees were officially appointed to the Workgroup and notified via a letter from MDH.



Dr. Blair Eig, President and CEO of the Maryland Patient Safety Center, acted as the Workgroup Chair and Theresa Lee, Director, Center for Quality Measurement and Reporting at MHCC acted as Vice Chair. The Workgroup included industry representatives from all required fields identified in SB700 including hospitals, nursing homes, security, and more (see [Appendix B](#) for a full list of members).

Three meetings were held to establish the scope of the problem, discuss and brainstorm potential campaign ideas, and develop final recommendations. A recording of each meeting and associated materials are available on the MHCC Workplace Violence Public Awareness Workgroup [webpage](#).

*Meeting 1 – September 2020.* The introductory meeting included presentations that established the scope of the problem, the goals for the workgroup, and preliminary discussion and brainstorming. MHCC staff and industry experts presented an overview of the environmental landscape of workplace violence in healthcare settings along with an overview of current hospital, state, and national prevention efforts. Workgroup members also shared personal experiences with assault, threats, and other violent acts which provided compelling perspectives and ideas to consider for campaign development.

*Meeting 2 – October 2022.* After the first meeting, a smaller team of Workgroup members with expertise in communications formed a sub-committee to develop a draft campaign. This draft campaign was shared amongst the larger workgroup for feedback and discussion during the second meeting. Discussion included the intended audience, messaging, and various mediums for dissemination.

*Meeting 3- November 2022.* The third and final meeting aimed to finalize the public awareness campaign and recommendations moving forward. The communications sub-committee presented an updated draft of the plan ([Appendix C](#)) for discussion.

## Recommendations

### Audience

Violence in healthcare settings can occur from both patients and family members in hospitals, nursing homes, and many other care settings. Thus, the target audience should focus on all members of the general public, spanning across all socioeconomic levels in every county in Maryland. Though healthcare workers are not the primary target audience, they would also absorb the message as a secondary audience and members of the general Maryland population. Maryland is a demographically diverse state, thus the campaign will use plain, simplified language to reach all levels of health literacy.



## **Messaging**

The tone and messaging of the campaign must delicately balance the need to explain the seriousness of the issue without deterring potential employees and recruits from joining the health sector and without scaring or deterring patients from getting the care they need.

The Workgroup reviewed a number of existing campaigns from state hospital associations, trade associations and health systems across the country. The most effective campaigns provided context into the reality of the incidence of workplace violence while simultaneously humanizing employees. Key themes of these campaigns including respect, patience, safety, and kindness toward healthcare workers have been used to show that patients' words and behaviors matter. The campaign should also demonstrate the ripple effect that violence may have on the ability for staff to deliver quality patient care if operations are impacted due to absent or injured staff.

The communications subgroup developed several potential messages that the campaign may focus on. More specific content would be tailored to the overall messages and advertising platforms after funding is secured. The Workgroup identified the following examples:

- Frontline health care workers put their lives on the line to help you. They deserve our respect and a safe working environment.
- There is no excuse for threats or violence.
- Threats or violent actions towards health care workers are not part of their job.
- '5 Tips for a Good Visit'

Finally, messaging must be inclusive of all healthcare employees, not just geared toward those in clinical roles. This includes, but is not limited to environmental services staff, food services staff, and those in administrative positions. Such roles are critical to operations and these employees are not exempt from encountering violence from patient or families.

## **Dissemination**

The communications sub-committee recommended a multi-pronged approach as the most feasible way to reach the greatest number of Marylanders. Dissemination should occur through a variety of mediums. Each advertising platform will use either impressions (how often a consumer sees or hears the ad) and/or click rates (how often a consumer clicks on the ad) to measure the reach. The communications plan includes advertising dissemination via the following channels:

- Television advertising
  - Rationale: Broadcast advertising will reach television watchers across the state. Targeted cable advertising will reach television watchers in counties that border Virginia and the District of Columbia.

- Metrics: Impressions (number of viewers)
- Radio – FM
  - Rationale: Radio advertising is an effective medium to reach certain demographics such as black or Hispanic populations.
  - Metrics: Impressions (number of listeners)
- Paid social media
  - Rationale: Advertising on a variety of social media channels will expand the reach to younger audiences to help educate them and empathize with frontline workers.
  - Metrics: Click rate, impressions (number of users and viewers)
- Digital advertising
  - Rationale: Digital advertising can reach younger viewers on targeted websites.
  - Metrics: Click rate, impressions measured (number of users and viewers)
- Media relations
  - Rationale: Media relations includes a targeted approach to reach various new outlets. This would include interviews, stories, op-eds, and more to offer key points and practical tips to help prevent workplace violence in healthcare.
  - Metrics: Impressions
- Free Downloadable toolkits
  - Rationale: Free downloadable resources (e.g., flyers, posters, social media content) will be made available to help hospitals, health systems, medical practices, and other care settings to reiterate the commitment to safety of employees.
  - Metrics: Number of downloads

## Funding

The Workgroup consulted with the Maryland State Ad Agency to develop a realistic and reasonable budget based on similar statewide public service campaigns conducted in the past. Two budgeting plans were developed to account for varying levels of funding availability; Plan A is the most preferable plan to reach the greatest number of Marylanders, but Plan B provides an effective alternative should funding be limited. See [Appendix C](#) for a detailed breakdown of proposed cost for each advertising medium.

### *Media Plan A*

The most effective option consists of a one year-long plan that would cost two million dollars. The media platforms described above would be used to reach the greatest number of Marylanders. Advertising would run in intervals. For example, television commercials and radio ads may run on alternative weeks to use resources most effectively while also limiting





oversaturation. The Workgroup feels confident that this budget allows for cost-effective state-wide reach and impressions.

#### *Media Plan B*

Should funding not be available to meet the needs outlined in Plan A, Plan B provides an alternative that would consist of a six month-long plan costing one million dollars. Mediums used would be similar to Plan A, however with less frequency in the desired markets and running for half of the amount of time.

#### **Other Considerations**

As previously stated, the true prevalence of workplace violence is unknown. It's important to note that a public service campaign of this nature will educate the public and likely empower healthcare workers to report instances of workplace violence. Though increased reporting may occur, this does not indicate an increase in incidence. It will, however, highlight the severity of the problem and likely provide a better understanding of the true prevalence of events.

Though a public service campaign is an important step toward making progress, the Workgroup also vocalized the importance of continuous funding and attention to the issue to result in real, quantifiable change.

#### **Summary**

Healthcare employees, both nationally and in Maryland, work tirelessly to keep patients healthy. COVID-19 presented unprecedented challenges and demonstrated that healthcare workers are an invaluable asset to the community. It is imperative that the public is educated to understand the severity of problem and are equipped to manage emotions, behaviors, and actions to prevent workplace violence against and help protect healthcare staff. Campaign messaging must humanize healthcare personnel and use a multi-pronged advertising approach to reach the greatest number of Marylanders as possible. Though this effort won't completely prevent or eliminate violent acts in the healthcare industry, bringing awareness to the public is a crucial first step toward identifying the problem to have an impact on long-term behavior change.



## Appendix A: Senate Bill 700

LAWRENCE J. HOGAN, JR., Governor

Ch. 519

Chapter 519

### (Senate Bill 700)

AN ACT concerning

#### **Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup**

FOR the purpose of requiring the Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup to develop a public awareness campaign on preventing workplace violence in health care settings and to create a plan for implementing the campaign; and generally relating to the Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup.

#### Preamble

WHEREAS, According to the Occupational Safety and Health Administration, approximately 75% of the workplace assaults reported annually occurred in health care settings; and

WHEREAS, Workers in health care settings are four times more likely to be victims of workplace violence than workers in other settings; and

WHEREAS, Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries; and

WHEREAS, Alarming, the actual number of violent incidents involving health care is much likely higher than reported, because episodes of workplace violence are grossly underreported; and

WHEREAS, The experience of workplace violence has not only physical consequences, but personal, emotional, and professional consequences as well; and

WHEREAS, Hospitals and health care providers are actively working to prevent workplace violence with electronic systems for reporting and tracking incidences of workplace violence, implementing zero tolerance policies, providing training on de-escalation techniques, increasing security, and disseminating personal wearable safety alarms; and

WHEREAS, While health care providers were lauded as health care heroes and celebrated at the beginning of the COVID-19 pandemic, today they are experiencing an alarming rise in violence in the workplace; and

WHEREAS, The increase in workplace violence is contributing to the burnout of health care professionals who are leaving the profession or changing practice locations; and

- 1 -



WHEREAS, Having an increased public awareness of the magnitude of and consequences associated with workplace violence in health care settings would help combat this phenomenon; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

(a) (1) The Secretary of Health shall establish a Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup.

(2) The Workgroup shall include the following members, appointed by the Secretary:

(i) at least one licensed health care provider, including a provider who has experienced workplace violence;

(ii) at least one individual who works in a hospital;

(iii) at least one individual who works in a nursing home;

(iv) at least one public communications professional;

(v) at least one individual who works in a facility that provides mental health services;

(vi) at least one individual who works in a facility that provides treatment for substance abuse disorders;

(vii) ~~at least one individual who works in a facility that provides health care services to individuals with disabilities~~ one representative from the Maryland State's Attorneys' Association;

(viii) at least one representative who works to provide security services at a health care facility; and

(ix) any other representative that the Secretary determines necessary.

(b) The Workgroup shall:

(1) develop a public awareness campaign on preventing workplace violence in health care settings to:

(i) provide the public with information on:

1. the magnitude of incidences of workplace violence in health care settings in the State; and

2. the consequences of workplace violence in health care settings in the State; and

(ii) urge the public to respect the State's health care providers and protect the State's health care providers from workplace violence;

(2) recognize and accommodate the needs of patients with mental health disorders, and substance abuse disorders, ~~and disabilities~~ in the development of the campaign; and

(3) create a plan for implementing the public awareness campaign, including distributing information on workplace violence in a health care setting in the State.

(c) On or before November 1, 2022, the Workgroup shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article, on the public awareness campaign developed under subsection (b) of this section.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2022.

**Enacted under Article II, § 17(c) of the Maryland Constitution, May 29, 2022.**

## Appendix B: Workgroup Members

**Blair Eig, MD, Workgroup Chair**

President and CEO  
Maryland Patient Safety Center

**Theresa Lee, Workgroup Vice Chair**

Director, Center for Quality  
Measurement and Reporting  
Maryland Health Care Commission

**Stacie Arigbamu**

Vice President of Clinical Care  
Autumn Lake Health Center

**Loraine Arikat**

Senior Policy Analyst  
1199 SEIU United Healthcare Workers  
East

**Branville G. Bard, Jr.**

Vice President for Public Safety  
Johns Hopkins University and Medicine

**Maggie Beetz**

Public Affairs Officer  
MDH Office of Communications

**Kirsten Brown**

Deputy State's Attorney  
Maryland State's Attorney's Office

**Karen Carloni**

Executive Director  
Southern Maryland Community  
Network

**Erin Dorrien**

Vice President, Policy  
Maryland Hospital Association

**James Gannon**

Chairperson  
TraumaNet

**Amy Goodwin**

Vice President,  
Communication  
Maryland Hospital  
Association

**Margaret Garrett**

Vice President of Risk  
Management  
American Society of Health  
Care Risk Management

**Matt Hombach**

Executive Vice President  
Nevin and Associates

**Christina Hughes**

Vice President, Healthcare  
System Preparedness  
MedStar Health

**Anna Koerbel**

Director of Marketing  
Maryland Patient Safety  
Center

**Matthew J. Levy, DO, MSc**

Region III Medical Director,  
MIEMSS  
Rep: TraumaNet

**Mark Marino**

Director for Workplace Violence  
Prevention Programs  
MedStar Health

**Suzanna Martin, MD**

Board Member  
Maryland Chapter, American College of  
Emergency Physicians

**Kandy McFarland**

Vice President, Behavioral Health  
Service Line  
Adventist Healthcare, Shady Grove  
Medical Center

**Sharon Owens**

Director of Nursing  
Johns Hopkins Hospital

**Lisa Tenney**

Patient Care Experience Coach  
Holy Cross Hospital  
Rep: Emergency Nurses Association of  
Maryland

**Pegeen A. Townsend**

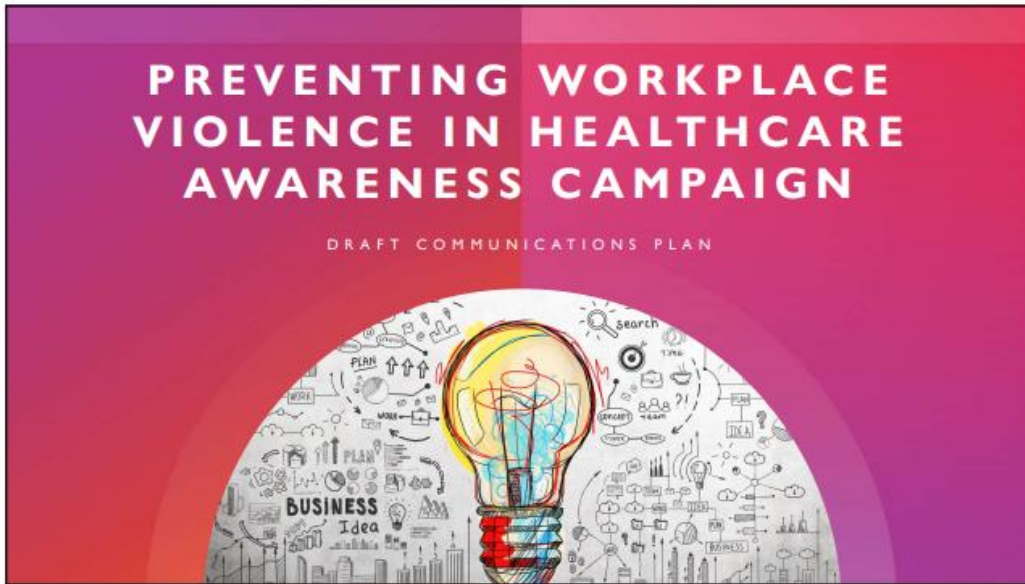
Vice President, Government Affairs  
MedStar Health

**Donna Zankowski**

Independent Occupational Health  
Nurse Consultant  
Rep: Maryland Nurses Association



## Appendix C: Draft Communications Plan



1



### AUDIENCE

- ✓ **General Public**
  - TARGET- Median income to reach maximum number of consumers
    - \*\*No income levels excluded
  - Every county in Maryland
- ✓ **Healthcare Workers**
  - *not targeted, but will absorb messaging aimed at other audiences*
- ✓ **Legislators**
  - *not targeted, but will absorb messaging aimed at other audiences*

2



# MEDIUMS

- ✓ **Television Advertising**
  - targeted cable advertising (in Maryland suburbs of DC)
  - select broadcast advertising in central Maryland and other portions of the state
  - **impressions measured**
- ✓ **Radio – FM**
  - **impressions measured**
- ✓ **Paid social media (Facebook, Twitter, Instagram, Youtube)**
  - educating the public on the issue, helping them empathize with the frontline workers
  - **click rate and impressions measured**
- ✓ **Digital advertising**
  - website banners on targeted sites
  - **click rate and impressions measured**
- ✓ **Media Relations – earned media/PR**
  - statewide campaign targeting all news outlets (TV, print, radio news) focused on interviews with and stories featuring advocates driving home key points and offering practical tips on how to empathize with healthcare workers and prevent workplace violence in the medical field
  - **impressions measured**
- ✓ **Free Online Downloadable Tool Kit for Hospitals, Health Systems and Medical Practices**
  - fliers, posters, social content
  - **measured - # of downloads, etc.**



3



# BUDGET

*This tentative plan was developed in consultation with the **MARYLAND STATE AD AGENCY**, a division of Maryland Public Television and a review of other states' plans to accomplish similar goals.*

*This media plan is similar to other campaigns designed to influence public thinking and educate them on issues such as anti-smoking, no texting while driving, COVID vaccine importance, and others.*

*The ad spend would likely be overseen by the Maryland State Ad Agency for paid media, and they would sub-contract with Nevins & Associates, a Towson based marketing and public relations firm for earned media and select social media.*

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## BUDGET: MEDIA PLAN A

**\$2.0 million**

*This would run for 1 YEAR, but with intervals for example, on one month, off the next, etc.*

- ✓ **Broadcast TV**
  - Baltimore - \$400,000
  - Washington - \$200,000
- ✓ **Cable TV**
  - Eastern Shore, Southern Md. - \$200,000
  - Western Md. And D. C. Suburbs - \$100,000
- ✓ **Broadcast TV:** i.e., Eastern Shore, Western Md. - \$100,000
- ✓ **Print and Digital Advertising** - \$200,000
  - Baltimore Sun, Washington Post, Montgomery County, Prince George's County, Western Md., Southern Md. And Eastern Shore Papers
- ✓ **Radio Advertising** - \$100,000
  - Miscellaneous stations throughout State geographically diverse and ethnically diverse
- ✓ **Social Media** - \$400,000
  - Throughout State including Facebook, YouTube, Instagram, TikTok, and other outlets. Plus, SEO, video production, Google Ad words, GEO Fencing, and myriad other outlets.
- ✓ **Public Relations and Earned Media** - \$200,000
  - Stories throughout the year in all State media (TV, radio interviews, newspaper, magazines, etc.) featuring interviews with healthcare leaders, MPSC leaders, and others talking about violence and its consequences in the healthcare workplace. Unlike paid media, this would occur regularly throughout the year with no intervals "off-air".
- ✓ **Miscellaneous** - \$100,000
  - This would include taking advantage of select opportunities that arise, i.e., well placed billboards and others.

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## BUDGET: MEDIA PLAN B

**\$1.0 million**

PLAN B would be **half** as effective and would more than likely cut all the above expenditures across the board by approximately half, blanketing the State for **6 months** rather than one year.

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*Please note for both Plan A and Plan B that final decision regarding expenditures would be made at a later date pending the specific allocation of dollars and pending seasonal adjustments in media pricing in order to get the most cost-effective purchasing opportunities.*



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## SAMPLE CAMPAIGNS

### Vermont Association of Hospitals and Health Systems:

- ✓ *This is a place of healing and mutual respect.*
- ✓ *Your words matter. Your behaviors matter. Our patients and our staff matter.*
- ✓ <https://vahhs.org/wpv>



### Virtua Health System (NJ):

- ✓ *Health care workers are here to help and to heal — not to be hurt* (Op-Ed)
- ✓ *Kindness and patience are good for your health*
- ✓ *Take a deep breath or take it outside, just don't take it out on our staff*

### Michigan Health and Hospital Association:



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## MESSAGING

- ✓ Frontline health care workers put their lives on the line to help you. They deserve our respect and a safe working environment.
- ✓ There is no excuse for threats or violence.
- ✓ The pandemic, continued polarization of our society, and staffing challenges in the industry are exacerbating workplace violence.
- ✓ Threats or violent actions towards health care workers CANNOT be accepted as 'just part of the job' and are being proactively addressed.
- ✓ Provide '5 Tips for a Good Visit'
- ✓ The challenges facing health care workers need to be recognized and better understood. Collectively, we must be more mindful and more empathetic and intentional with our thinking toward and treatment of health care workers.



8





**MARYLAND**  
**Health Care**  
**Commission**

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