

Established in 1987, the AIDS Control Administration provides public education and surveillance, professional education, and patient support services for persons with acquired immune deficiency syndrome (AIDS). The Administration consults and coordinates its work with twenty-four local health departments. Each local health department has counseling and testing sites where free tests and free consultations are available.

The Administration funds clinical activities for the diagnosis and evaluation of patients with AIDS. It also administers grants to community organizations for gay and minority outreach efforts. In addition, the Administration is responsible for the Maryland Center for AIDS-Related Educational Services (MDCARES). The Center coordinates all professional training concerned with AIDS.

MENTAL HYGIENE ADMINISTRATION

Henry T. Harbin, M.D., Ph.D., *Director*

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The Mental Hygiene Administration originated in 1886 as the State Lunacy Commission (Chapter 487, Acts of 1886). The Commission was established to inspect public and private institutions for the insane and to advise their boards of managers. In 1922, the Commission was replaced by the Board of Mental Hygiene (Chapter 29, Acts of 1922). The Board, in turn, was superseded by the Department of Mental Hygiene in 1949 (Chapter 685, Acts of 1949). The 1949 law abolished not only the Board of Mental Hygiene, but also the separate governing boards of the State mental hospitals, and gave the Department of Mental Hygiene responsibility for the custody, care, and treatment of mentally ill persons. The Department of Mental Hygiene became part of the Department of Health and Mental Hygiene in 1969 (Chapter 77, Acts of 1969) and subsequently was renamed the Mental Hygiene Administration.

The Administration is headed by a Director, certified in psychiatry by the American Board of Psychiatry and Neurology and appointed by the Secretary of Health and Mental Hygiene. The Director is responsible for duties assigned by the Secretary and for supervision of Mental Hygiene Administration hospitals and facilities.

Under the provisions of the Maryland Community Mental Health Services Act of 1966, the Director of Mental Hygiene, with the approval of the Secretary of Health and Mental Hygiene, is empowered to make State grants-in-aid to further community mental health services (Chapter 125, Acts of 1966). The Director supervises the programs receiving these grants-in-aid. The Act also provided for the establishment of local mental health advisory committees (Code Health — General Article, sec. 10-208).

To improve continuity of care between community and hospital programs, the Administration has adopted a regionalized structure. Assistant Directors serve Eastern, Western, Southern and Central Maryland. Their regional offices implement policies to shorten length of hospital stays and improve community mental health programs for the severely psychiatrically ill.

The Administration oversees the Walter P. Carter Community Mental Health and Retardation Center; Crownsville Hospital Center; Eastern Shore Hospital Center; Thomas B. Finan Hospital Center; Highland Health Psychiatric Unit; Clifton T. Perkins Hospital Center; the Regional Institutes for Children and Adolescents at Baltimore, Cheltenham, and Rockville; Springfield Hospital Center; Spring Grove Hospital Center; Upper Shore Community Mental Health Center; and Tawes-Bland Bryant Nursing Home.

Maryland Advisory Council on Mental Hygiene

Chairperson: Stephen T. Baron, 1988

Diane Cabot, 1987; Joseph Cowen, M.D., 1987; M. Sue Diehl, 1987; Margaret P. L. Kostritsky, 1987; Patricia A. Newton, M.D., 1987; Rev. Ralph Ciampo, 1988; Josephine L. Kohn, 1988; Marie C. McCarthy, 1988; Joseph I. Pines, 1988; Joseph Sachs, 1988; Katrina Boverman, 1989; Michele S. Dear, 1989; Richard Grumbacher, 1989; Marjorie M. Kabwit, 1989; Bilha D. Marcus, 1989; Irma Van Sickle, 1989; *one vacancy.*

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The Maryland Advisory Council on Mental Hygiene was created in 1976 (Chapter 746, Acts of 1976). It advises the Mental Hygiene Administration in carrying out policies regarding the social, economic, and medical problems of mental hygiene.