

RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Maryland Department of State Planning and the Office on Aging jointly study the feasibility of converting or adapting surplus State buildings and their property sites to continuing care communities; and be it further

RESOLVED, That should these agencies find this idea feasible, they should encourage and promote this plan as a priority State use; and be it further

RESOLVED, That a copy of this Resolution be sent to the Secretary of the Department of State Planning; Constance Leider, 301 West Preston Street, Baltimore, Maryland 21201; and Dr. Matthew Tayback, Director, Office on Aging, 310 West Preston Street, Baltimore, Maryland 21201.

Signed May 12, 1981.

-----

No. 10

(Senate Joint Resolution No. 61)

A Senate Joint Resolution concerning

Deinstitutionalization

FOR the purpose of recognizing deinstitutionalization as a high priority of the State.

WHEREAS, The Maryland General Assembly's Legislative Policy Committee established the Joint Oversight Committee on Deinstitutionalization for the purpose of conducting a review and evaluation of deinstitutionalization in the mental hygiene and mental retardation programs in the State of Maryland. This issue is of deep concern to the legislature and remains the number one priority of the Department of Health and Mental Hygiene; and

WHEREAS, Deinstitutionalization defined as the process of preventing both unnecessary admission to and retention of people in large State hospitals, finding and developing appropriate alternatives in the community for housing, treatment, training, education, and rehabilitation of persons who do not need to be in State hospitals, and improving conditions, care and treatment for those who need to be in hospitals, focuses on people and humane programs for Maryland citizens rather than on places for people; and

WHEREAS, Several major stumbling blocks to the development of a deinstitutionalization process for Maryland continually surfaced in the testimony received by the Joint Committee and including (1) the absence of high level responsibility and accountability for a deinstitutionalization process; (2) the lack of overall